

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

September 4, 2024

2:00 p.m.

Sweetwater County Commissioner Meeting Room – Green River, Wyoming

AGENDA

- I. Call to Order Barbara Sowada
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Mission and Vision](#) Barbara Sowada
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. [Minutes](#) *(For Action)* Barbara Sowada
 - A. August 7, 2024 Regular Meeting
- IV. Community Communication Barbara Sowada
- V. Old Business Barbara Sowada
 - A. Medical Staff Bylaws *(Remains under review/development, no request for action)*
 - B. Critical Access Hospital Requirements Regarding Approval of Medical Staff Policies *(FYI – No action required)* Kari Quickenden
- VI. New Business *(Review and Questions/Comments)* Barbara Sowada
 - A. [Board Policy - Medical Staff Direct Consultation with the Board - Recommend to Retire](#) *(For Review)* Kerry Downs, *Director of Medical Staff Services*
 - B. [Scope of Services](#) *(For Review)* Ann Marie Clevenger, *Chief Nursing Officer*
- VII. Chief Executive Officer Report Irene Richardson
- VIII. President of the Medical Staff Report Dr. Brianne Crofts, *Medical Staff President*
- IX. Committee Reports
 - A. [Quality Committee](#) Barbara Sowada
 - B. Human Resources Committee Kandi Pendleton
 - C. Finance & Audit Committee Marty Kelsey
 - 1. [Capital Expenditures](#) *(For Action)*
 - 2. [Medical Office Building Entrance Recommendation of Award](#) *(For Action)*
 - 3. [Information Services Report](#)
 - 4. Bad Debt *(For Action)*
 - 5. [Finance & Audit Committee Meeting Information](#)
 - D. [Foundation Board](#) Craig Rood
 - 1. New Foundation Members *(For Action)*
 - E. Executive Oversight and Compensation Committee Barbara Sowada
 - F. [Joint Conference Committee](#) Barbara Sowada

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

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

September 4, 2024

2:00 p.m.

Sweetwater County Commissioner Meeting Room – Green River, Wyoming

AGENDA

- | | |
|---|--|
| G. Building & Grounds Committee | Craig Rood |
| H. Compliance Committee | Kandi Pendleton |
| I. Governance Committee | Marty Kelsey |
| X. Contract Review | Suzan Campbell, <i>In-House Counsel & Compliance</i> |
| A. Contract Consent Agenda <i>(For Action)</i> | |
| 1. Marketing and Sponsorship Agreement with UW Athletics Dept. | |
| B. Contracts Approved by CEO Since Last Board Meeting <i>(FYI – No action required)</i> | |
| 1. Varian | |
| 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 |

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



Memorial Hospital

OF SWEETWATER COUNTY

OUR MISSION

Compassionate care for every life we touch.

OUR VISION

To be our community's trusted healthcare leader.

OUR VALUES

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

OUR STRATEGIES

Patient Experience

Quality & Safety

Community, Services & Growth

Employee Experience

Financial Stewardship

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

August 7, 2024

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on August 7, 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; and Mr. Taylor Jones, Sweetwater Board of County Commissioners.

Pledge of Allegiance

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

Mission and Vision

Mr. Rood read aloud the mission and vision statements.

Mission Moment

Ms. Richardson shared a mission moment that occurred during the recent computer outage that affected the world. She recognized the Information Services Department and every employee who assisted in the process. She gave a huge shout out and thank you to everyone and said she is very proud of everyone for taking care of each other so we could take care of our patients.

Dr. Sowada said she and Ms. Richardson visited Converse County Memorial Hospital. Ms. Richardson was saluted by their CEO for the way we handled things during Covid. Dr. Sowada said it is nice to hear people around the state recognize our hospital.

AGENDA

The motion to approve the agenda as presented was made by Judge James; second by Mr. Rood. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the July 1, 2024, regular meeting as presented was made by Mr. Rood; second by Judge James. Ms. Pendleton abstained and the motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

Medical Staff Bylaws

Dr. Sowada reported the bylaws are still under review.

Board of Trustees Policy – Appointment to Board Committee Policy

The motion to approve the Appointment to Board Committee Policy as presented was made by Mr. Kelsey; second by Ms. Pendleton. Motion carried.

CY24 Infection Control Plan

The motion to approve the Calendar Year 2024 Infection Control Plan as presented was made by Ms. Pendleton; second by Judge James. Motion carried.

NEW BUSINESS

There was no new business presented.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson provided a strategic plan update including patient experience, quality and safety, community outreach and growth, employee experience, and financial stewardship activities. She said the stoplight and responsibility reports are built. We are still refining some items. Ms. Richardson said we hope to report to the Board quarterly. Critical Access Hospital provisional licensing is effective October 1, 2024. Cerner started the buildout with the expectation of being complete by September 1. The Joint Commission and the Wyoming Department of Health will visit for surveys. Ms. Richardson said we are closer to getting bids for the front of the Medical Office Building expansion project. The lab expansion project continues. Ms. Richardson invited Trustees to join her for any of the upcoming KREO radio live programs. The Wyoming Hospital Association annual meeting is in late August. Ms. Richardson said she was unable to attend the American Hospital Association leadership program due to the recent worldwide computer issues. The annual meeting is scheduled in February. The Board is invited to attend the September 17 event to celebrate nurse practitioners, physician assistants, and certified nurse midwives. Ms. Richardson thanked the Medical Staff Services (MSS) Department for always putting together great events to recognize our providers. Ms. Richardson recognized Ms. Pendleton for putting on a wonderful county fair and said we appreciate the opportunity to participate and be a part of this great community event. Ms. Richardson thanked the Board of Trustees for their ongoing support.

PRESIDENT OF THE MEDICAL STAFF REPORT

Ms. Kerry Downs, Medical Staff Services Director, shared a report from Dr. Crofts. She said the Medical Executive Committee met at the end of July. The General Medical Staff will meet September 18. Our new liability insurance company will present to the group. A bylaws meeting will be scheduled to discuss changes. Dr. Crofts expressed appreciation to the medical staff and to the MSS Department.

COMMITTEE REPORTS

Governance Committee

Mr. Kelsey said they did not meet. He said we need to see that policies are reviewed. The group identified some improvements to the policy on policies. Mr. Kelsey said it is a responsibility to assess the educational needs of the Board. He asked if anyone has any thoughts, ideas, or suggestions regarding board education to please e-mail Ms. Pendleton, Mr. Kelsey, or Ms. Richardson.

Quality Committee

Dr. Sowada said a summary is available in the meeting packet. She thanked the Quality Department for putting that information together. She said the team is working to pull together a comprehensive document to incorporate quality goals and strategic plan initiatives. Ms. Stephanie Mlinar, Director of Quality, said she is presenting the information to groups that report in and she is getting good feedback.

Human Resources Committee

Ms. Pendleton said they did not meet in July.

Finance & Audit Committee

Mr. Kelsey said the Committee has not typically met in July but needed to this year.

Capital Expenditure Requests: The request to approve capital expenditure request FY25-1 for \$522,820 for an x-ray system (sole source and budgeted) to replace 17-year-old equipment as presented was made by Mr. Kelsey; second by Judge James. Motion carried.

The request to approve capital expenditure request FY25-2 for \$316,373 for an x-ray system (sole source and budgeted) to replace 24-year-old equipment as presented was made by Mr. Kelsey; second by Judge James. Motion carried.

Laboratory Expansion Change Order – Sewar Line: The motion to approve the change order for \$134,013 as presented was made by Mr. Kelsey; second by Ms. Pendleton. Motion carried.

Medical Imaging Phase II CMAR – Groathouse: The motion to accept the guaranteed maximum price proposal from Groathouse for \$1,184,137 as presented was made by Mr. Kelsey; second by Judge James. Motion carried.

Bad Debt: Mr. Kelsey said the amount presented is the highest he has seen. Mr. Ron Cheese, Director of Patient Financial Services, said we have been working with CliftonLarsonAllen and one of the items identified was all the smaller accounts over a year old. Mr. Cheese said we dedicated an employee to review those accounts. They were mainly self-pay accounts moved to bad debt. Mr. Cheese said we should not have to do this amount again. The motion to approve the net bad debt and recoveries as presented of \$2,740,545.46 was made by Mr. Kelsey, second by Ms. Pendleton. Motion carried.

Foundation Board

Mr. Rood said he was unable to attend the last meeting. Ms. Richardson said we are having a casino night in October and the Red Tie Gala in February. The Foundation Board is reviewing the expenditure process.

Buildings & Ground Committee

Mr. Rood said the information is in the meeting packet and has been reviewed by the Finance and Audit Committee.

Compliance Committee

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

GOOD OF ORDER

There were no comments.

EXECUTIVE SESSION

The motion to go into executive session at 2:51 p.m. to discuss personnel and legal 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 4:50 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 Judge James; second by Ms. Pendleton. Motion carried.

Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from July 9, 2024

1. Initial Appointment to Active Staff (2 year)
 - Dr. Kyle Hoffman, General Surgery
 - Dr. May Poundstone, Adult and Pediatric Hospitalist
2. Reappointment to Active Staff (2 year)
 - Dr. Cody Christensen, Urology
 - Dr. James Fierbaugh, Emergency Medicine
 - Dr. Jacob Johnson, Family and Occupational Medicine
3. Reappointment to Consulting Staff (2 year)
 - Dr. Katharine Clapham, Cardiovascular Disease (U of U)
4. Reappointment to Non-Physician Provider Staff (2 year)
 - Katherine Moczulski, Family Nurse Practitioner
 - Michal Zanetti-Love, Clinical Social Work (SWCS)

The motion to approve the CEO salary of \$395,000 retro to July 15, 2024, as discussed in executive session was made by Judge James; second by Ms. Pendleton. Motion carried.

ADJOURNMENT

Dr. Sowada reminded the Trustees the September meeting will be in Green River.

There being no further business to discuss, the meeting adjourned at 4:52 p.m.

Dr. Barbara Sowada, President

Attest:

Judge Nena James, Secretary

DRAFT



Board Meeting Date:9/4/2024

Topic for Old & New Business Items:

Policy - Medical Staff Direct Consultation with the Board

Policy or Other Document:

Revision

New

Brief Senior Leadership Comments:

- This form was drafted and established in 2021. However, at the last Joint Conference Committee meeting, it was decided that this policy is no longer needed. The Joint Conference Committee is bringing this to the Board with the recommendation to archive the policy. Dr. Sowada said that since a medical staff member attends the board meetings, she feels that it does take care of the communication requirements between the board and medical staff.

Board Committee Action:

Approval Needed to Sunset or Retire this Policy

Policy or Other Document:

For Review Only

For Board Action

Legal Counsel Review:

In House Comments: Suzan recommended retiring this policy, as it is no longer needed.

Board Comments:Click or tap here to enter text.

Senior Leadership Recommendation:

Recommend approval to retire this policy at the September meeting.



Approved 05/2021
Review Due 05/2023

Document Board of
Area Trustees &
Medical Staff
Reg. CMS Appedix
Standards A 482.12(a)
(10), A-0053

BOT - Medical Staff Leadership Direct Consultation with the Hospital Board of Trustees



Board of Trustees

STATEMENT OF PURPOSE:

- To establish process for periodic direct consultation with the Memorial Hospital of Sweetwater County (Hospital) Board of Trustees (Board) by designated Medical Staff leader on matters related to quality of medical care provided to patients of the hospital in accordance with CMS [§482.12\(a\) \(10\), A-0053](#)

SCOPE:

- This policy applies to the Medical Staff and Board.

DEFINITIONS:

- **“Direct consultation”** means that the Board meets with the leader(s) of the Medical Staff, or his/her designee(s) either face-to-face or via a telecommunications system permitting immediate, synchronous communication.
- **“Designee”** means an individual recognized by the Hospital as a Medical Staff leader.

POLICY:

- **Approach**

- Direct consultation will be with the Board, at least twice yearly, at the monthly board meetings.
- **Medical Staff Leader Designee**
 - In accordance with CMS, the Board may determine if the Medical Staff leader must make the designation in writing when he/she chooses to designate another individual to make the periodic consultations or whether the leader of the Medical Staff may make informal, ad hoc designation; and if advance notice of a designation is required.
 - The Board has determined:
 - the designation may be informal and adhoc; and
 - the Board requires no advance notice.
- **Frequency of Periodic Consultation**
 - The Medical Staff leader or designee is required to meet at least twice during the fiscal year.
 - The Board may increase the number of consultations based upon the scope and complexity of the Hospital services offered, specific patient populations served by the Hospital, and any issues of patient safety and quality of care that the Hospital's quality assessment and performance improvement program might periodically identify as needing the attention of the Board in consultation with it's Medical Staff.
 - The Medical Staff leader may also increase the number of consultations with the Board based upon the criteria listed above.
- **Required Elements of the Consultation**
 - The required consultation must include discussion of matters related to the quality of medical care provided to patients of the Hospital.
- **Board Responsiveness**
 - The Board is expected to be responsive to any periodic and/or urgent requests from the leader of the Medical Staff or designee for timely consultation on issues regarding the quality of medical care provided to patients of the Hospital.
- **Documentation**
 - Consultation with the Medical Staff leader or designee will be documented in minutes, including attendees and the matters discussed.

REFERENCES

CMS State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 151, 11-20-15), §482.12(a) (10), A-0053 retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/>

Approval.

MEC 02/23/2021

Quality Committee of the Board 03/10/2021

Board of Trustees 5/21/21 (Pres. Jones, Sec. Kelsey)

Approval Signatures

Step Description	Approver	Date
Board of Trustees	Ann Clevenger: CNO	05/2021
	Irene Richardson: CEO	04/2021
	Tami Love: CFO	02/2021
	Kari Quickenden: Chief Clinical Officer	02/2021
	Ann Clevenger: CNO	02/2021



Board Meeting Date:9/4/2024

Topic for Old & New Business Items:
PolicyStat: "CAH – Scope of Services"

Policy or Other Document:

- Revision
- New

Brief Senior Leadership Comments:

"CAH – Scope of Services" (previously "Plan for Providing Patient Care Services and Scopes of Care")
was edited to reflect current services and prepare for CAH Designation. This document needs completed approval for our initial CAH Survey.

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:

Input and edits were received from leadership and departments listed within the document. Document reviewed in its entirety by myself and Kari Quickenden, along with Robin Fife. Recommend approval.



Approved N/A
Review Due N/A

Document Area Administration
Reg. TJC LD
Standards 01.03.01 EP
3, TJC
LD.04.03.01,
TJC
LD.04.03.07

CAH - Scope of Services

STATEMENT OF PURPOSE:

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

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

- **Our Mission** - Compassionate care for every life we touch.
- **Our Vision** - To be our community's trusted healthcare leader.
- **Our Values** - Be kind. Be respectful. Be accountable. Work collaboratively. Embrace excellence.

Accreditations:

- The Joint Commission (TJC)
- College of American Pathologists (CAP)
- American Academy of Sleep Medicine
- American College of Radiology

The process for providing patient care takes into consideration:

1. The areas of the organization in which care is provided to patients and its defined scope of service.
2. The mechanisms used in each area to identify patient care needs.
3. The needs of the population(s) served and how decisions are guided by care provided directly or through referral, consultation, contractual arrangements or other agreements.

4. The process used for assessing and acting on staffing variances.
5. The plan for improving the quality and safety of patient care in each area.

MHSC's Scope of Services document is approved by the organization's Board of Trustees and its leadership team.

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

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

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

PATIENT SERVICES

- I. Founded in July of 1890, the MHSC continues to extend services to persons as far as north as Big Piney, Wyoming, as far west as Utah, as far east as Rawlins, Wyoming, as far south as Utah and Colorado border areas, and any person in need who passes through Sweetwater County. Patient- and family-centered care is promoted through therapeutic relationships, compassionate care and the use of evidence-based practice. Essential services provided by MHSC include, but are not limited to:
 - Anesthesia services
 - Cardiac and pulmonary rehabilitation
 - Cardiopulmonary care
 - Sleep lab
 - Care management
 - Care transition

- Case management
- Chronic care management
- Clinical documentation improvement
- Chronic hemodialysis and peritoneal dialysis
- Diagnostic imaging
 - Cat Scan
 - Mammography
 - MRI
 - Nuclear medicine
 - Ultrasound
- Dietary and nutritional service
- Emergency and trauma care
- Endoscopy
- Infection prevention and control services
- Medical records/information technology
- Nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, and end stage chronic dialysis
- Oncology
 - Radiation Oncology including outpatient radiation treatments.
 - Medical Oncology including outpatient chemotherapy/biotherapy administration/blood transfusions. Pathology/histopathology, and a clinical laboratory are available.
- Pharmaceutical
- Physical rehabilitation, occupational therapy, and speech therapy
- Provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, Occupational medicine, pulmonology, nephrology, neurology, urology and ear/nose and throat and a walk-in clinic
- Quality improvement
- Social work
- Telemedicine - stroke, burn, ICU, neurology, acute psychiatric services
- Volunteers.

II. Services not available at the MHSC include acute cardiology and cardiac surgery, acute intensive burn care, neurosurgery, transplantation of major organs, pediatric cancer services, and infectious disease as an advanced specialty. The organization does not have skilled long-term care or inpatient rehabilitation beds.

III. MHSC is affiliated with the following organizations (including, but not limited to):

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

IV. Patient services provided by contracted organizations include:

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

V. Contractual arrangements for extension of care include:

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

VI. Data related to services in calendar year 2023:

Campus Size	Hospital = 188,470 square feet, Medical Office Building = 77,392 square feet, Specialty Clinic = 14,797 square feet, Central Plant = 19,781 square feet, Paving area = 378,865 square feet and Total lot area = 1,472, 289 square feet or 33.8 acres
Licensed Beds	25 inpatient beds (excludes observation beds)
Staffed Beds	25
Employees	550
Full-time employee equivalent (FTE)	499.04
FTEs/Occupied Bed	7.36

Average patient length of stay (LOS)	3.5
Average (LOS) Medicare Patients	Not to exceed 96 hours on average annually
Average Daily Inpatient Census	13.5
Inpatient Discharges	1823
Births	398
Non-ED Outpatient Visits	94,189
ED Visits	16,212
ED Visits Admitted	1,610
Inpatient Surgeries	607
Outpatient Surgeries	1,288
Medical Office Building Clinic Visits	70,637

- VII. Located on the I-80 corridor, MHSC provides trauma care as an essential service and is an Area Trauma Center as designated by the State of Wyoming.
- VIII. As an important part of clinical care the hospital serves as a clinical practice site for schools of nursing (Western Wyoming Community College and University of Wyoming being the majority), and schools of medicine (Wyoming, Montana, Alaska and Idaho educational program).
- IX. Care provided to the patient is determined by the types and availability of services offered within the organization. If the service cannot be provided, patients can be transferred via fixed wing air ambulance, helicopter service, or ground transportation after consultation other healthcare facilities in the surrounding area that may offer the needed services and can accept the patient. During times in which weather does not permit safe transportation patients will be stabilized to the best of the organization's ability to provide emergency care.
- X. Every effort is made to prevent diversion of patients from MHSC. Patients are brought to the hospital where solutions for care are investigated. MHSC does have the ability to transfer care to other hospitals if the medical condition meets the necessary transfer criteria. MHSC has an emergency plan for patient surge that is activated when immediate problem solving is not successful.
- XI. Patients with the same diagnosis and health care needs can be expected to receive the same standard and level of care throughout the organization. Each patient care area has a scope of service describing the focus of care, capacity of the area, staffing for the area, triage of patients from the area and competencies of staff. Outcomes are measured and monitored through quality improvement processes.
- XII. The Medical Staff of the organization is a key partner in the success of patient care outcomes. The role of the Medical Staff is defined in the organizational Medical Staff Bylaws. As partners in care the Medical Staff is to be actively engaged in the patient care and quality work of the organization. The structure through which this is accomplished is defined in the Bylaws. The

Medical Staff is actively involved in the process of policy development and approval, service improvement through customer relations scores, quality improvement processes, governance through committees and representation, communication through daily mechanisms, information management through electronic medical records (EMR), and oversight of care through peer review and utilization management.

INFRASTRUCTURE

I. PROFESSIONAL PATIENT CARE STAFF

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

II. PATIENT CARE STANDARDS

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

III. PATIENT CARE OUTCOMES

- Desired patient outcomes are outlined in the strategic plan of the organization and throughout a variety of patient care standards. Patient and family centered care is the care delivery model that is essential to the success of patient outcomes.
- Further patient care outcomes are defined in the Performance Improvement and Safety Plan, and in the Utilization Review plan.

IV. PATIENT CARE QUALITY AND PATIENT SAFETY PLAN

- Refer to Performance Improvement and Patient Safety (PIPS) Plan.

V. ORGANIZATIONAL STRUCTURE

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

VI. SERVICE AVAILABILITY

- Each patient area defines service availability specific to the patient care area, which

is found under each scope of service outlined in this document. Medical Staff Bylaws define medical care coverage and rules.

VII. FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY

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

VIII. STAFF EDUCATION

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

IX. PATIENT RIGHTS AND RESPONSIBILITIES

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

X. RISK MANAGEMENT

- The purpose of the Hospital's Risk Management Program is to identify, assess and control internal and external threats to the Hospital's physical environment and to patient's safety and care, as well as identifying risks that could include financial uncertainty, legal liabilities, accidents, clinical incidents and natural disasters. This is

accomplished by proactive mitigation of organizational risks and efficient response to risk events. Hospital has a designated Risk Manager that oversees the Risk Management Program.

- RISK MANAGEMENT DUTIES AND RESPONSIBILITIES (Conducted by Quality Department)
 - Develop a process and procedure to respond to and report Sentinel Events and adverse events/occurrences. Such response shall include completion of a root cause analysis (RCA) or other appropriate analysis methods. [See Sentinel Event Policy.](#)
 - Develop and track a process for staff to file occurrence reports. Occurrence reporting is intended to provide a systematic, Hospital-wide program of reporting risk exposures to identify process improvements, improve patient safety as per the Performance Improvement and Patient Safety Plan, as well as mitigate potential future liability.
 - The Risk Management Program includes an occurrence reporting system that is used to identify, report, track, and trend patterns of events with the potential for causing adverse patient outcomes or other injuries to people, property or other assets of the organization. It is designed to reduce or eliminate preventable injuries and property damage, minimize the financial severity of claims, and improve patient safety.
 - Essential to the success of occurrence reporting is the non-punitive response to error and reporting. MHSC is committed to creating and maintaining a non-punitive "Just Culture" throughout the organization. [See Occurrence Reporting.](#)
 - Enhance patient safety through participation in National Patient Safety Goals, organizational safety strategies and other patient safety initiatives.
 - Conduct a Hospital-wide risk assessment, on at least a biennial or triennial basis. The results of this assessment are provided to In House Counsel who then provides the information to the Compliance Committee.
 - Collaborate with department directors to manage adverse events and injuries to minimize financial loss.
 - Evaluate systems that may contribute to patient care, error or injury.
 - Conduct Proactive risk assessments periodically. Proactive risk assessments are intended to reduce possible risk of a process prior to causing patient harm. Many different review methods may be employed depending on the nature of the process.
- Additional Risk Management duties conducted by other departments:
 - Patient grievances/complaints referred to Patient Relations Coordinator and Grievance Committee. [See Grievance Process.](#)
 - Chief Financial Officer (CFO) and In House Counsel are responsible for facility wide insurance program.

- In House Counsel responsible for legal claims management. [See Claims Management - Legal.](#)
- Emergency Management and Environmental Safety Coordinator responsible for Emergency Management program.
- Facilities is responsible for Environment of Care and Life Safety program.

XI. FAIR BILLING PRACTICE

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

XII. CONTRACTED SERVICES

- A full list of contracted services can be obtained from General Legal Counsel.

GOVERNANCE

I. BOARD OF TRUSTEES

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

- **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Hospital Association (AHA)
- Wyoming Hospital Association (WHA)
- Veralon/Iprotean-educational resource for healthcare boards

II. SENIOR LEADERSHIP

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

III. LEADERSHIP TEAM

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

SCOPES OF SERVICE

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

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

SCOPE OF SERVICE: ANESTHESIA

DEFINITION OF SERVICE:

- The Medical Director of Anesthesia in collaboration with the Chief of Surgery is responsible for all anesthesia standards of care and practice. All types of non-flammable agents may be provided by an Anesthesiologist where deemed appropriate and necessary. All anesthesia is provided by credentialed anesthesia providers.
- Types of anesthesia services provided are:
 - General
 - Inhalational
 - Major conduction block, caudal, epidural, spinal
 - Local with or without intravenous analgesia and monitored anesthesia care
 - Pain control
 - Airway management
 - Intravenous regional blocks
 - Major vascular access placement
- Approved anesthesia locations are:
 - OR-all types (4 suites and endoscopy)
 - OB-all types (1 Suite and labor and delivery)
 - ED-topical, local, nerve block, intravenous sedation

- Radiology-local and moderate sedation

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Board of Anesthesiologists
- American Society of Anesthesiologists

SCOPE OF SERVICE: CARDIAC/PULMONARY REHABILITATION

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

Monday through Thursday, 8:00 a.m. - 4:30 p.m., Friday 8:00 a.m. - 12:00 p.m., except holidays.

TYPES OF SERVICES

- Phase II: Cardiac Rehabilitation/Secondary Prevention and Pulmonary Rehabilitation provide adult outpatient and family centered interdisciplinary care including but not limited to

assessment, exercise prescription, monitored and supervised progressive exercise program and interdisciplinary education. Outcomes are managed and reported to meet the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) requirements.

- Phase III: Unmonitored exercise sessions that are paid for directly by the participant after completing Phase II. These are provided on a monthly basis. Continuing education and support are provided by the staff.
- Objectives of the service are to ensure proper care and support of patients suffering from Cardiovascular and Pulmonary Disease, ensure the educational development of the patients and their family, so as to promote an understanding of Cardiovascular and Pulmonary disease and related risk factors, provide a complete Phase II Cardiac and Pulmonary Rehabilitation Program, and permit the staff to carry out its works under favorable conditions.

CONTRACTED SERVICES

- None

STAFFING

- The department is assigned a Medical Director and Department Director with the following responsibilities:
 1. The Medical Director will direct the medical administrative activities of the Cardiac/ Pulmonary Rehabilitation Service and will provide medical consultation.
 2. The Department Director will oversee operational activities of the Cardiac/ Pulmonary Rehabilitation Service and provide direction to staff.
- The staffing for the department is determined but not limited by the following:
 1. Patient volume
 2. Staff competencies
 3. Operational budget
 4. Scheduling staff to meet core and nonproductive needs
- Staff may consist of Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) certified RN, Exercise Specialist, Physical Therapist and other certified staff members.

AFFILIATIONS OR SOURCES OF REFERENCE

- Guidelines for Cardiac Rehabilitation Programs, 6th ed. (2021). American association of Cardiovascular and Pulmonary Rehabilitation
- Guidelines for Pulmonary Rehabilitation Programs, 5th ed. (2020). American association of Cardiovascular and Pulmonary Rehabilitation

SCOPE OF SERVICE: CARDIOPULMONARY

DEFINITION OF SERVICE:

- MHSC operates a fully functional Cardiopulmonary Services Department. The combination of Respiratory Care, Cardiovascular, and Sleep Lab allow for an interdisciplinary approach to the

provision of patient care. Patient care is provided to inpatients and outpatients. Cardiopulmonary services provide optimum assistance to nurses and physicians in maintaining preventive and restorative health needs for patients. Cardiopulmonary Services staff provides quality, conscientious, cost effective, and competent care with respect for life and dignity at every stage of the human experience.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

- a. Small and large volume nebulizers
 - b. Metered dose inhalers (MDI)
 - c. Small particle aerosol generators (SPAG)
 - d. Direct instillation via endotracheal tubes or tracheostomy routinely or during emergency resuscitation procedures under direct supervision of a physician
4. Qualified and trained respiratory therapists can perform:
- a. Nasotracheal, nasopharyngeal and oral suctioning, as well as suctioning of all forms of artificial airways
 - b. Placement of nasopharyngeal and oral airways
 - c. Assist with respiratory emergencies and performing CPR as a member of the code team.
 - d. Set-up, monitor and change all oxygen and aerosol therapy equipment and supplies for inpatients
 - e. Manually ventilate patients when required
 - f. Accompany patients requiring assisted ventilation during hospital transports.
 - g. Assessments of respiratory status of patients with recommendations to physicians for the care plan.
 - h. Administration of medical gases, including medical air, medical oxygen, helium/oxygen mixtures, and nitric oxide
 - i. Administration of high flow Oxygen therapy
 - j. Perform non-invasive Oxygen exchange assessment
 - k. Directed cough with various devices
5. Diagnostic Services
- a. Complete assessment of respiratory status
 - b. Measurement of pulmonary mechanics
 - c. Capnography & end-tidal monitoring
 - d. Pulse oximetry
 - e. Arterial/capillary blood gas drawing
 - f. Exercise testing for evaluation of hypoxemia and/or hypoxia
 - g. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
 - h. Assist physicians with bronchoscopy procedures
 - i. Electroencephalogram (EEG) procedures
6. Sleep Lab

- a. Polysomnography - Reports contract to off-site pulmonologist
- b. PAP titration studies
- c. Oxygen titration studies
- d. Home Sleep Apnea Testing (HSAT)
- e. Nocturnal Oxygen studies

7. Support Services

- a. Training of nurses and physicians in applied respiratory care
- b. Monitoring, updating, stocking, and maintaining records on code carts
- c. Ordering and maintaining inventory of oxygen and aerosol therapy equipment and supplies
- d. Stocking of respiratory supplies and equipment
- e. Collaborate with biomedical engineering to maintain preventive maintenance records on equipment

8. Education

- a. The hospital serves as a clinical teaching facility for students from Western Wyoming Community College and CoArc approved schools of respiratory therapy. MHSC has formal agreements with both schools and department staff members may be asked to serve as clinical mentors.

CONTRACTED SERVICES

- Holter/Event Monitors
- Cardiology - EKGs, stress test interpretations
- Sleep study reports

STAFFING

- There is always at least one (1) licensed respiratory therapist on shift at all times to assist patients and physicians with procedures, treatments, ventilator care and any other emergencies requiring his/her assistance. Availability of therapists on various shifts meet the needs of our patients. Daily patient volume is assessed and staffing adjustments are made as necessary.

AFFILIATIONS OR SOURCES OF REFERENCE

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

- American College of Cardiology (ACC)

SCOPE OF SERVICE: CARE MANAGEMENT

DEFINITION OF SERVICE

- Patients at MHSC benefit from individualized Care Management Services for inpatients or outpatients as needed, including ED patients. Case Managers bridge the clinical and financial aspects of health care. Discharge planning, utilization management, and coordination of care are key focus areas of this department.
- The Case Manager works with the patient, family, and the clinical team to set priorities for coordination of care, planning for anticipated needs at discharge, and insurance authorization. Specific services may include but are not limited to:
 - Level of care determination in conjunction with the attending physician
 - Insurance precertification and continued stay approvals
 - Acute rehabilitation, extended care and long-term acute care and assisted living facility placement
 - Home Health Care, Hospice, outpatient therapy and durable medical equipment arrangements
 - Providing social support and resources for patients who have complex social needs to provide resources related to prescription vouchers, travel assistance, etc.
- The Care Transition Nurse works with the patient, family and the clinical team in patient follow-up contact post hospitalization. Specific services may include but are not limited to:
 - Teach disease specific information
 - Teach early signs of worsening illness and what to do about them
 - Advocate and encourage patient and or caregivers to take a lead in their care to have a better quality of life
 - Coach patient and or caregivers regarding the importance of follow up and how to communicate with their primary caregivers
 - Ensure services are on place and are adequate

HOURS / DAYS OF THE WEEK OF SERVICE

- Care Management provides full time service Monday - Friday with hours typically that of 8:00 a.m. - 4:30 p.m., though the Case Managers work variable hours to meet the needs of patients and families. There is no holiday coverage.

TYPES OF SERVICES

- Case findings are determined through use of census reports and the work list each business day. Patient records will be accessed and the patient is interviewed by a Case Manager to assess discharge needs to ensure a safe discharge. Communication with medical staff, nursing staff and interdisciplinary staff to develop plans of care and promote patient centered care amongst the team is the foundation of Care Management.
- Referrals for all Discharge Planning and Care Management services are accepted from

physicians, hospital personnel, patients, families, outside agencies and other health care professionals as appropriate. The Case Managers work closely with interdisciplinary teams to develop a holistic plan of care for the patient.

- Case Managers work with patients who are experiencing complex social needs related to diagnosis, support, adjustment and resources.
- Case Managers are not qualified to assist in treatment modalities including crisis intervention, situational counseling, or psychosocial assessments for patients who have complex psychosocial needs.

CONTRACTED SERVICES

- InterQual for determination of patient criteria of admittance

STAFFING

- Case Manager Registered Nurses: 5 full time (1 which serves as Director), 1 Part time, 2 PRN and 1 Care Transition/Case Manager cross-trained on an as needed basis. Care Management Assistant: 1 full time.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINIC DOCUMENTATION IMPROVEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Hours vary between 8:00 a.m. - 12:00 p.m., Monday - Friday but are flexible to match inpatient hospital census.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINICAL INFORMATICS

DEFINITION OF SERVICE

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

HOURS/DAYS OF THE WEEK OF SERVICE:

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

TYPES OF SERVICES

- Maintain and support the informatics component of the hospital EMR system.
- Education relating to using the EMR.

STAFFING

- The Clinical Informatics department is staffed by three (3) Nursing Informatics Specialists and one (1) Clinical Informatics Specialist.

CONTRACTED SERVICES

- Cerner Community Works
- Renvio

AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)
- American Nursing Informatics Association (ANIA)
- American Nurses Association (ANA)
- Healthcare Information and Management Systems Society (HIMSS)

SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT (CCM)

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The CCM is typically available 8:00 a.m. - 4:30 p.m., Monday through Friday excluding holidays. On-call services provided everyday - after office hours, weekdays and weekends.

TYPES OF SERVICES

- All ages throughout the life span are served who have at least two chronic conditions and consent to services, with the majority of those served are 65 years of age and older.
- The chronic care nurse provides CCM services which are typically provided outside of face-to-face patient visits through phone calls, and electronic health record patient portal messages as needed to provide the following:
 - Teach disease specific information:
 1. Medication management
 2. Use of equipment
 3. Disease process
 4. Provide patients with specialized, written material, information and self-management skills
 5. Prepare patient and caregivers to identify and respond quickly to worsening symptoms.
 - Assist patient and caregivers to create/update personal health record.
 - Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life.
 1. Teach patients about how to communicate with healthcare providers.
 2. Coach patient and/or caregivers regarding the importance of follow up with their primary care providers.

- Support patients with chronic diseases to achieve health goals.
- Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care.
- Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals.
- Identify and address patient priority risk factors and symptoms.
- Promote consensus on the plan of care between patients and members of the care team.
- Prevent breakdowns in care when patients have a PCP and multiple specialty care providers.
- Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.
- Focus on characteristics of advanced primary care, such as a continuous relationship with the patient, and the patient with a designated member of the care team.

CONTRACTED SERVICES

- None

STAFFING

- 2 registered nurses

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: COMMUNITY OUTREACH & VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

- Community Outreach is responsible for facilitating access to healthcare, creating awareness campaigns and education through community partnerships.
- Volunteer/Auxiliary Services provide volunteers who assist in daily activities throughout the facility providing focused assistance to departments as needed.
- Volunteers may assist in patient care and no-patient care areas.
- Volunteers may also assist in large hospital events, including but not limited to health fairs and Foundation events.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Build mutually beneficial partnerships between employers, community-based organizations and the populations we serve.
- Foster stakeholder and community partnerships to improve the health of the community.
- Create awareness campaigns and education through health events, employer sponsored events, presentations, social media, traditional news outlets, and other venues to reach our community members.
- Develop and implement effective employee wellness campaigns in partnership with local employers.
- Responsible for planning and implementing policies under Marketing and Community Outreach, working closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.
- Provide mail service, flower delivery, Comfort Cart, Gift Shop, Chaplain Services, and assistance to departments such as filing, laminating and clerical duties.

CONTRACTED SERVICES

- None

STAFFING

- Community Outreach & Volunteer Services Director
- Volunteers
- Chaplains are provided on an on call basis

AFFILIATIONS OR SOURCES OF REFERENCE

-

SCOPE OF SERVICE: COMPLIANCE

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays.

TYPES OF SERVICES

- **Compliance**
 - This department ensures that staff in the facility follow any and all regulations governing the function of MHSC. The goal is to stay current with new regulations as they become available. This is done through compliance monitoring, and proactive survey/audit preparation throughout the Hospital.
- **Overseeing and monitoring the implementation and maintenance of the Compliance Program.**
 - Reporting on a regular basis to the Board of Trustees (no less than annually) on the progress of implementation and operation of the Compliance Program and assisting the CEO in establishing methods to reduce the Hospital's risk of fraud, abuse and waste.
 - Periodically reviewing and recommending changes to the Compliance Program in light of changes in the needs of the Hospital and changes in applicable statutes, regulations and government policies.
 - Reviewing, at least annually, the implementation and execution of the elements of this Compliance Program.
 - Developing, coordinating and participating in educational and training programs that focus on elements of the Compliance Program with the goal of ensuring that all appropriate Staff are knowledgeable about, and act in accordance with, this Compliance Program and all pertinent federal and state requirements.
 - Ensuring that independent contractors and all other non-Staff of the Hospital are aware of the requirements of this Compliance Program as it applies to and affects the services provided by such contractors and agents.
 - Ensuring that employees, independent contractors, and agents of the Hospital have not been excluded from participating in Medicare, Medicaid or any other federal or state health care program.
 - Ensuring that the Hospital does not employ or contract with any individual who has been convicted of a criminal offense related to health care within the previous five years, or who is listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in Medicare, Medicaid, or any other federal or state health care program.
 - Coordinating internal compliance review and monitoring activities.
 - In conjunction with supervisors and the Human Resources Department, investigating and acting on matters related to compliance, including design and coordination of internal investigations and making recommendations for any corrective action.

CONTRACTED SERVICES

- Cerner P2 Sentinel HIPAA Compliance
- Code of Conduct
- FairWarning HIPAA Compliance program for legacy systems
- Red Flag Reporting

STAFFING

- Oversight Compliance Officer
- Compliance auditor

AFFILIATIONS OR SOURCES OF REFERENCE

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- OIG (Office of Inspector General)
- HIPAA
- STARK Act
- Anti-Kickback Act
- False Claims Act
- DHHS-OIG

SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

- The MHSC Dialysis Unit provides chronic hemodialysis and peritoneal dialysis care to patients in an outpatient setting. The eight (7) chair unit, plus one (1) Isolation chair is located on the third floor of the Medical Office Building adjacent to the hospital.
- Chronic hemodialysis is offered to patients in Sweetwater County and the surrounding area who are experiencing end-stage renal disease (ESRD). The age range of the population served is 16 years of age and above. Acute dialysis is not offered at MHSC at this time. Patients in need of acute dialysis are transferred to a facility with acute dialysis care services.
- The primary goal of the chronic hemodialysis and peritoneal dialysis are to adjust and/or restore the health, and functional status of patients with ESRD or kidney disease to improve quality of life to the greatest extent possible. In an effort to meet the needs of these patients, their families and significant others, a holistic and multidisciplinary approach is used, involving social, medical, economic, spiritual, nutritional, educational and psychological aspects of care.
- In addition to hemodialysis, peritoneal dialysis is a treatment modality of choice offered at the MHSC Dialysis Unit when appropriate. Patients are educated to, and assisted with the further exploration and possible change to this modality by dialysis staff of MHSC.
- Arrangements for those interested in kidney transplant are made with the kidney transplant programs of the University of Colorado Medical center in Denver, Colorado, the University of Utah in Salt Lake City Utah, or Intermountain Health Hospitals in Salt Lake City Utah.
- An additional goal of staff in the MHSC Dialysis Unit is to provide education for the care of patients receiving hemodialysis or peritoneal dialysis or who are experiencing chronic renal disease to other health care professionals within the MHSC and any other interested community individuals, groups, or educational institutions. Care for patients requiring chronic hemodialysis or peritoneal dialysis augments the medical and nursing care provided by at the MHSC.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

- During the hours of operation the hemodialysis unit is covered by two to five staff members, a combination of registered nurses and patient care technicians. One nurse covers the peritoneal dialysis service with additional staff members cross-trained to allow nursing care coverage to patients on peritoneal dialysis. The unit nursing director oversees the day-to-day operations and care of patients. Each dialysis patient is visited monthly by the multidisciplinary care team that includes the nephrologist, registered nurse, social worker, dietician, and patient financial navigator during multidisciplinary (MDR). Once a month the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide services to them.

AFFILIATIONS OR SOURCES OF REFERENCE

- End Stage Renal Disease Network #15: <http://www.esrdnet15.org/>
- <http://www.fistularfirst.org/Home.aspx>

- Dialysis Facility Reports
- <http://www.dialysisreports.org/>
- American Nephrology Nurses Association

SCOPE OF SERVICE: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

- The Education Department facilitates lifelong learning and professional development activities for personal and professional growth, competency, and proficiency for all employees at MHSC, including clinical and non-clinical departments.
- Professionals in the Education Department use knowledge and skills in educational theory and application, career development, leadership, curriculum, and program management to assist employees in providing safe and exceptional patient care.
- The learning needs of employees in all departments guide meaningful continuing education opportunities necessary and pertinent to the position description.
- Continuing education opportunities include mandatory education that is needed to meet the requirements of regulatory agencies. In addition, the Education Department disseminates information to employees that they may not otherwise know to exist, thus expanding learning opportunities, critical thinking, and looking at issues from multiple perspectives.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Education department has standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as-needed basis.
- The Education Department hours are typically 7:00 AM-4:30 PM, Monday through Friday.
- However, hours of availability in the Education Department are flexible, dependent on the learning needs of employees who work in an organization that functions twenty-four hours a day, seven days a week.

TYPE OF SERVICE PROVIDED

- Services provided by the staff in the Education Department include, but are not limited to: teaching classes, organizing classes, and in-services, administering and managing the organization's learning management system, coordinating American Heart Association courses to meet compliance, conducting competency assessments, and assisting in the development of competencies throughout the organization, conducting preceptor training and evaluating the effectiveness of educational activities. Staff in the Education Department provides career and academic counseling and guidance. The Education Department develops individualized orientation plans for newly hired nurses, certified nursing assistants, and medical assistants.
- The Education Department allows individuals in specific departments and others with the most appropriate expertise to conduct department-specific orientation and training on using the electronic medical record. The Education Department serves as a resource whenever needed. The Education Department routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning.

- Currently, continuing education courses are not offered through MHSC's Education Department but are available through the Symplr Learning Management System. Lippincott Learning, and University of Utah Tele-ICU Courses.

CONTRACTED SERVICES

- Lippincott
- Up To Date
- Symplyr
- University of Utah
- Relias
- RQI - Resuscitation Quality Improvement with American Heart Association

STAFFING

- The Education Department reports to the Chief Nursing Officer and consists of the Director of Education and the Clinical Nurse Educator.
- The Education Department uses a self-directed orientation process. As a result, yearly competencies are developed to reflect the dynamic nature of the health care environment. See Job descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

- The Education Department has developed relationships with educators at the University of Utah and Primary Children's Hospital in Salt Lake City, Utah, which have led to opportunities to be involved in certain educational activities provided by these larger organizations.
- Other affiliations include but are not limited to the following:
 - American Nurses Association/ Wyoming Nursing Association
 - American Nurses in Professional Development
 - Centers for Medicare and Medicaid
 - Infusion Nursing Society
 - Occupational Safety and Health Administration
 - The Joint Commission
 - Wyoming State Board of Nursing

SCOPE OF SERVICE: EMERGENCY DEPARTMENT

DEFINITION OF SERVICE

- The Emergency Department (ED) is a full service, ambulance receiving department that provides emergency services including but not limited to the following:
 - Assessment and prioritizing with triage for all the emergency situations: abdominal, cardiovascular, dental, ENT, environmental, genitourinary, gynecological, neurological, obstetrical, ocular, orthopedic, psychiatric, respiratory, substance abuse, toxicological, and trauma.

- Stabilization and care for all patients with transfer by ground/air to tertiary and specialty care centers as needed.
- Care for sexual assault victims.
- The health status of patients ranges from minor illness or injury to acute and/or critically ill or injured.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Emergency services without acute hemodialysis, interventional cardiology, neurosurgery and interventional radiology.
- Access to telehealth services.
- The ED is designated as an Area Trauma Hospital by the State of Wyoming which correlates to a Level III trauma designation by the American College of Surgeons.
- The department consists of 22 private patient rooms, including 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.
- Behavioral Health
 - Oversees and collaborates with physicians, counselors, case management and behavioral health staff in the monitoring care of behavioral health patients.
 - Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.
 - A member of the Care Management Team assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.

CONTRACTED SERVICES

- University of Utah Emergency Department Physicians
- University of Utah Telehealth Services as outlined in contract
- Qler psychiatric consults

STAFFING

- The ED is staffed by board certified emergency physicians 24/7, and provides physician overlap coverage from 11:00 a.m. - 11:00 p.m.
- Registered nurses (RN) staff the unit by census and acuity trends and work 12 hours shifts that are staggered throughout the day to meet volume demands. Staffing ratios are routinely evaluated per recommendations of national nursing bodies and evidence-based practice.

- Additional support staff include nursing unit secretaries, ED technicians, EMTs, and certified nursing assistants (CNA) with varying hours and coverage.
- The ED has access to other physician specialties that fulfill call availability to the department including, but not limited to; hospitalists, pediatrics, orthopedics, general surgery, urology, and obstetrics.
- Behavioral health staff consists of 1 coordinator, and nine on-call monitors that assist with behavioral health issues, and report to the Director of Emergency Department.

AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah
- Air Med Flight Services
- Emergency Nurses Association (ENA)
- American Nurses Association (ANA)
- Crisis Prevention Intervention (CPI)
- University of Utah
- Sweetwater County Sheriff's Office (SCSO)
- Center for Domestic Preparedness (CDP)

SCOPE OF SERVICE: EMERGENCY MANAGEMENT

DEFINITION OF SERVICE

- Memorial Hospital of Sweetwater County's (MHSC) Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies or incidents, both external and internal, which could confront the Hospital and the surrounding community based upon the annual Hazard Vulnerability Assessment (HVA).

HOURS / DAYS OF THE WEEK OF SERVICE

- 24/7

TYPES OF SERVICES

- The Emergency Operations Plan describes a comprehensive "all hazards" continuity of operation plans with command structure that uses the Hospital Incident Command System (HICS) for coordinating six (6) critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities.
- The overall response procedures include emergencies that can temporarily affect demand for services, along with emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time.
- Multi-agency collaboration will encourage familiarity and networking between community partners as well as promote much needed priority setting, information-sharing, and joint decision-making during a true incident.

CONTRACTED SERVICES

- None

STAFFING

- Oversight by the Security Supervisor
- Emergency Management Coordinator

AFFILIATIONS OR SOURCES OF REFERENCE

- NIMS National Incident Management System

SCOPE OF SERVICE: EMPLOYEE HEALTH

DEFINITION OF SERVICE

- The Employee Health Department provides a safe and healthful work environment and assists the employees to maintain optimum health and efficiency in their job responsibility. Family Practice physicians and providers who offer occupational health services work with Employee Health to regulate and educate about immunizations for preventable infectious diseases, blood-borne pathogen prevention, and follow-up when applicable or noted by CMS, local and state public health, The Joint Commission, and OSHA.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Employee Health Department operates from 8:00 a.m. - 4:30 p.m., Monday through Friday, no holidays. Available after hours as needed.

TYPES OF SERVICES

- New hire health screening
- Annual employee health assessments
- Evaluating employee's ability to use of personal protective equipment
- Coordinating the treatment of occupational illnesses and injuries
- Workers' compensation case management
- Managing occupational exposures to communicable disease(s)
- Consultation and oversight for provision of the respiratory protection
- Assessing the need for and administering required immunizations
- Promotes a safe working environment
- Education of personnel to prevent injury through ergonomics, body mechanics, appropriate use of PPE, safety designed sharps and non-slip shoes
- Coordinating the employee's safe return-to-work after illness or injury
- Promotes employee health education and wellness
- Provision of safety -designed sharps and disposal systems, in accordance with the Needlestick Safety and Prevention Act
- Bloodborne Pathogen Standard Implementation
- Provide educational opportunities that promote employee health, safety, and wellbeing

- Education of personnel to recognize and protect against potential hazards to themselves and other personnel

CONTRACTED SERVICES

- UL Services – Pure OHS Employee Health EMR

STAFFING

- One RN staffs this department who is licensed in the State of Wyoming.
- A qualified physician licensed in the State of Wyoming acts as the Medical Director.

AFFILIATIONS OR SOURCES OF REFERENCE

- Centers for Disease Control and Prevention (CDC)
- The Joint Commission (TJC)
- Association of Occupational Health Professionals in Health Care (AOHP)
- Healthcare Infection Control Practices Advisory Council (HICPAC)
- Occupational Safety and Health Administration (OSHA)
- National Institute for Occupational Safety and Health (NIOSH)
- American Society of Healthcare Engineering (ASHE)
- Department of Health (DOH)
- Facilities Guideline Institute
- Wyoming Department of Health (WDOH)
- Sweetwater County Public Health

SCOPE OF SERVICE: ENVIRONMENTAL SERVICES

DEFINITION OF SERVICE

- The Environmental Services Department is responsible for the hygienic and aesthetic cleanliness of the hospital's internal physical environment. The Department's objectives are to ensure that the services provided by the department are effective in maintaining a hygienic and aesthetically pleasing environment for patient care, also to identify problems in, and opportunities to improve the quality and cost-effectiveness of these services.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Fibertech Window Cleaning
- Martin Ray Laundry Equipment Services

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICE:

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

improve interdisciplinary processes and to eliminate avoidable patient harm, injury and or even death.

- The FSS Director oversees and Facilitates the Environment of Care (EOC) Committee. This Committee's membership includes a cross-section of various hospital disciplines who work collaboratively.
- The Committee is tasked with managing risks in the environment and intervening in situations that pose a threat to people or property. It manages those risks by collecting a wide variety of information about EOC issues, conducting risk management activities, and then communicating the results of those activities.
- There is also an Environmental Safety Officer, tasked with actively supporting those listed functions. That officer utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the EOC Committee, and the facility Performance Improvement and Patient Safety Plan.
- All staff members in FSS aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

HOURS / DAYS OF THE WEEK OF SERVICE

- On-call FSS personnel are available 24 hours a day, 7 days a week.
- FSS working hours are typically Monday-Friday from 6:30 a.m. - 5:00 p.m. Saturday, Sunday and holiday hours vary. Typically, on weekends and holidays the on-call staff member will work 10 hours during the day.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Original Equipment Manufacturer (OEM) or other professional services are contracted on the basis of bids, time and material contracts or annual/multiyear contract basis to perform repair, services and maintenance on select systems and components. This is especially true where certifications, advanced training, or where special tools and equipment are required.
- These contracts include, but are not limited to, boiler overhauls, emergency generator repairs and load testing, fire alarm and monitoring system inspection and repairs, central plant water chemistry support, pest control, medical gas system certification, and asbestos abatement.

STAFFING

- Typically, an FSS staff-member is on site for approximately 10.5 hours on week days and 10 hours on weekends. A rotating schedule of on-call FSS staff provide 24/7 support in the case of emergencies. The ED operator, and House Supervisors, and security are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to ED operators, House Supervisors, and Security. The ED operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX operator and House Supervisor.
- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as AST/UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.
- Environmental Safety Coordinator.

AFFILIATIONS OR SOURCES OF REFERENCE:

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

SCOPE OF SERVICE: FISCAL SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Services provided include Payroll, Accounts Payable, Fixed Assets, Budgeting, General Ledger

and Financial and Statistical reporting.

CONTRACTED SERVICES

- CliftonLarsenAllen

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

SCOPE OF SERVICE: GUEST RELATIONS/GRIEVANCES

DEFINITION OF SERVICE

- Guest Relations provides oversight of multiple disciplines that are critical to successful delivery of quality care. The department works with both clinical and non-clinical departments within the facility. The department also works with all regulatory bodies that govern the operation of health facilities and business function.
- Resolution and appeal processes of patient grievances are accessed through the Patient Relations Specialist/Grievance Coordinator, Patient Experience Coordinator and the Grievance Committee.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays.

TYPES OF SERVICES

- Guest Relations/Grievances
 - Guest relation services provide for patient advocacy, complaint management, and crisis intervention and ethics consultation in a non-judgmental, non-defensive, harassment free manner. Consumers are provided with access to health care information and resources in a safe environment of care. Services include a centralized system for addressing patient and guest concerns, complaints and grievances, the provision of information related to MHSC policies, procedures and services as well as a compassionate advocate within the health care system and community. The Patient Experience Coordinator, the Patient Relations Specialist/Grievance Coordinator and the Grievance Committee facilitates the resolution of complaints and grievances per CMS/Joint Commission requirements, and hospital.

CONTRACTED SERVICES

- None

STAFFING

- Oversight by Patient Relations Specialist/Grievance Coordinator

AFFILIATIONS OR SOURCES OF REFERENCE

- The Joint Commission (TJC)
- Wyoming Department of Health (WDOH)
- Center for Medicare and Medicaid (CMS)

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Health Information Management Department is staffed as follows:
 - **Medical Records Department Access:**
 - Monday through Friday, 6:30 a.m. - 4:30 p.m.
 - Saturday and Sunday – Closed
 - Holidays Recognized by Hospital – Closed
 - **Health Information Management Director**
 - Monday through Friday, 7:00 a.m. - 3:30 p.m.
 - Saturday and Sunday, or after hours, available by cell phone

TYPES OF SERVICES

- All patients – Information sent to continuing care facilities per request
- Previous patients – Provide copies of charts per patient requests
- Birth certificate completion and submission to State of Wyoming
- Completing Affidavit Acknowledging Paternity and Affidavit Denying Paternity document with single parents
- Collecting paper chart documentation from all patient care areas in the hospital
- Analyzing and verifying that patient documentation (including orders for admission) are in the correct chart and the documentation is complete
- Scanning paper documents into electronic medical record into the correct section and attaching to the appropriate patient's record
- Verifying that practitioners have completed necessary documentation in each patient's chart
- Notifying practitioners of deficient or delinquent information in patient records
- Locating and accessing microfilm records for patient care
- Verifying that appropriate orders are documented before coding chart

- Verifying appropriate ICD-10 codes to correspond with patient's diagnosis
- Verifying CPT or procedure codes are correct for the patient's procedures
- Verifying inpatient data has correct codes before being submitted to Medicare
- Coding and abstracting charts in a timely manner to allow days in AR to be minimal
- Provide Health Information to requesting practitioners from outside clinics or hospitals
- Faxing information to other health care providers for continuing patient care
- Identifying and submitting all cancer cases diagnosed at our hospital to the State of Wyoming
- Locating and copying records for attorneys and patients
- Bill for records copied and submitted to attorneys and patients (usually taken care of by our vendor)
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed
- Maintaining personal health information
- Notifying practitioners to complete outstanding dictations or authenticate incomplete patient records
- A notary is located in our office. We will notarize any legal documents for the convenience of patients and staff members
- Working with Care Management and rest of care team to improve practitioner documentation
- Work closely with admission staff to ensure proper identification of patients
- In conjunction with Information Technology, merge together duplicate medical records on the same patient
- In conjunction with Compliance Officer, responsible for policies regarding personal health information
- Locating Advanced Directives for patient, when not present in most recent record.

CONTRACTED SERVICES

- United Auditing Services (external chart review and back-up coding)
- Care Consultants Better Solutions (release of information for legal charts)
- Copier and Supply (copy/fax)

STAFFING

- 1 - Health Information Management Director
- 1 - Inpatient coders
- 6 - Outpatient coders
- 5 - Health Information Management Technicians (5 FT)
- 4 - Pro-Fee Coders
- 1 - Clinical Documentation Improvement RN

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: HUMAN RESOURCES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Human Resource staff is available 7:30 a.m. - 4:00 p.m., Monday through Friday, except holidays.

TYPES OF SERVICES

- Services provided include recruitment, orientation, benefits administration including mental health services provided to all employees, management and maintenance of employee information, leadership training, compensation analysis and management, policy deployment and interpretation, performance management support and assistance.

CONTRACTED SERVICES

- Focus One Staffing Services for contract personnel

- CompHealth for the recruitment of therapist positions
- TELUS through Unum for the provision of Employee Assistance Program
- Alliance Benefit Group (ABG) for Retirement Benefits
- Arthur J. Gallagher for the Administration of Health/Dental/Vision/Disability and Life insurances, EAPs and compensation analysis

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Society for Healthcare Human Resource Administration (ASHHRA)
- Employers Council - Compensation, Employment Law
- Society for Human Resource Management (SHRM)
- Human Resources Certification Institute (HRCI)
- High Desert Human Resources (HDHRA) -SHRM Regional Affiliate
- Wyoming Hospital Association (WHA)
- Compensation Data Exchange (CompuData)

SCOPE OF SERVICE: INFECTION PREVENTION

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Infection Prevention Department operates from 8:00 a.m. - 4:30 p.m., Monday through Friday, no holidays. Available after hours as needed.

TYPES OF SERVICES

- IP provides monitoring and investigation of any infectious diseases, whether occurring in patients or employees; assures that hospital policies regarding infections are correctly followed.
- IP is also responsible for reducing the risk for the transmission of infections in the health care environment for patients, employees and visitors.

- Other functions include serving as the institution's liaison to regulatory agencies and health departments regarding incidence reporting and other communications concerning communicable diseases and conditions as needed. Hospital acquired infection performance improvement, and emergency management and disaster preparedness are also included in the scope of service.
- IP ensures that a sanitary environment is present to avoid sources and transmission of infections and communicable diseases. The entire campus, departments and all services are included. Construction activities are carefully monitored to ensure a safe and sanitary environment by the IC department.
- This department does not provide on-site Infectious Disease Physician or services of an Infectious Disease physician, except for phone consultation through the affiliation of the University of Utah.

CONTRACTED SERVICES

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

STAFFING

- One (1) RN licensed in the State of Wyoming or person qualified with Masters in Public Health or equivalent, staff this department.
- A qualified physician licensed in the State of Wyoming acts as the Medical Director.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: INFORMATION TECHNOLOGY SERVICES

DEFINITION OF SERVICES

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The IT department provides hardware and software supports to all hospital employees and related services of the organization.
- The IT department provides network infrastructure and maintains the hospital data center.
- The IT department does not provide IS support to personal equipment of employees or patients.
- Contact for the department is through the Help Desk at ext. 8425 or by email at helpdesk@sweetwatermemorial.com

CONTRACTED SERVICES

- NetDais – Networking professional services
- CompuNet – System professional services

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The IT department consists of the following job titles:

- IT Director
- Senior Systems Administrator
- Systems Administrator
- Senior Network Administrator
- Help Desk Analysts

AFFILIATION OR SOURCES OF REFERENCE

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

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

DEFINITION OF SERVICE

Intensive Care Unit (ICU) Level I cares for patients with severe and life-threatening severe illnesses and injuries that require constant, close monitoring and support from specialized equipment and medications in order to treat the underlying causes of the illness and ultimately restore or stabilize the patient's health status.

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Seven days a week, 24 hours per day, 365 days a year. The unit is only closed when no patients are present, however, there will always be a Level I trained RN in house. Additional staff will remain available per on call standards to assist the Level I RN once the unit is reopened to accept ICU level patients.

TYPES OF SERVICES

- The Intensive Care Unit has 5 Inpatient beds.
- Designation of inpatient beds may vary based on patient needs and census; not to exceed 25 total inpatient beds at any given point in time.
- ICU Level I
 - The patient population is predominantly adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms are camera monitored and have bedside monitors with central

monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO₂, respiratory rate, EtCO₂ monitoring and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has the following, but not limited to: 3 oxygen outlets, vacuum, compressed air, and 2 suction outlets. Other equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.

- ICU Level II / Step-down
 - The population is predominately adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the ICU Level 1 status, Medical/Surgical Unit, Obstetrical Services, or from PACU, or admitted directly from physicians' offices. All Step-down rooms are camera monitored, have bedside monitors with central monitoring and recording. There is the capability of monitoring of cardiac rhythms, blood pressure, SpO₂, EtCO₂ monitoring and respiratory rate. Each patient head wall has oxygen outlets, compressed air, and suction outlets. Other equipment available includes volumetric pumps, PCA pumps, enteric feeding pumps, BiPAP, and Vapotherm.
- The ICU has one (1) negative pressure room.
- ICU Level 1 and ICU Level II are physically located in the same department.
- In the event of a higher census in other areas, either the step-down or intensive care unit may take non-ICU patients as overflow for patient care needs, care and treatment.

CONTRACTED SERVICES

- University of Utah Tele-ICU, Tele-Stroke, Tele-Burn, and Tele-Neurology

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: LABORATORY & PATHOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday - Friday 7:00 a.m. - 5:30 p.m. and Saturday - Sunday 9:00 a.m. - 2:00 p.m. Walk-in Clinic hours are Monday - Saturday 7 a.m. - 7 p.m.

TYPES OF SERVICES

- The Laboratory provides service to all ages of clients. Test information is also available online at www.testmenu.com/mhsc. Services provided include, but are not limited to:
 - Clinical Laboratory
 - General chemistry
 - Special chemistry
 - Therapeutic drug testing
 - Microbiology
 - Bacteriology
 - Parasitology by PCR
 - Urinalysis
 - Hematology
 - Coagulation
 - Immunology
 - Drug screens
 - Serology and molecular testing
 - Point of care (POC) blood gas analysis
 - Transfusion/blood bank services
 - Prenatal screening
 - Cord blood workup
 - ABO, Rh
 - Antibody screens
 - Antibody identification
 - Compatibility testing
 - Blood products
 - Packed RBC units
 - Frozen plasma
 - Cryoprecipitate
 - Platelets-by special order

DRAFT

- Histopathology
 - Non-gynecology cytology
 - Complete histology
 - Special stains
 - Frozen sections
 - Testing not provided in house by MHSC Laboratory will be sent to a reputable and licensed reference laboratory.

CONTRACTED SERVICES

- Vitalant – provides blood and blood products
- ARUP Laboratories
- Summit Pathology

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Accupath Diagnostic Laboratories
- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- CAP (College of American Pathologists)
- CARIS MPI, INC, DBA CARIS Life Sciences
- Colorado Department of Public Health
- Foundation Medicine, INC
- Genomic Health
- Labone, LLC DBA, Quest Diagnostics
- Laboratory Corporation of America
- Mayo Clinic Laboratories
- Myriad Genomic Laboratories
- Natera Inc.
- Neogenomics Laboratories, INC
- Prometheus Laboratories, INC
- Quest Diagnostics Infectious Diseases
- Summit Pathology

- Vitalant
- Wyoming Public Health Laboratory American Society of Clinical Pathologists (ASCP)
- American Association of Blood Banks (AABB)
- Food and Drug Administration (FDA)
- The Joint Commission (TJC)

SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

DEFINITION OF SERVICE

- Marketing & Public Relations is a non-clinical department in charge of marketing and promotion of the Memorial Hospital of Sweetwater County, all of its Specialty Clinics, service lines, providers and employees, and programs. It deals directly with media and advertising companies. The department performs duties pertaining to the marketing and promotion of a positive public image for MHSC, its Specialty Clinics, service lines, providers and employees, and programs. It directs overall marketing functions for the entire organization including all publicity, advertising, marketing, promotion activities, and material for the press and public.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

TYPES OF SERVICES

- Create, implement, and measure the success of a comprehensive marketing, communications and public relations programs that include communication and public relations activities and materials including publication, media relations, and community relations.
- Development of an annual department budget to cover advertising, sponsorship requests, digital needs, promotional materials, etc. for Memorial Hospital of Sweetwater County, its Specialty Clinics and its service lines.
- Oversees all branding – including use of logo(s) – for Memorial Hospital of Sweetwater County, its Specialty Clinics, service lines, medical staff, employees, and programs.
- Responsible for creating, editing and designing physical layout of print and digital advertising, as well as marketing materials including all brochures, rack cards, flyers, pamphlets, etc. for anything distributed internally or externally for a clinic, department or the entire organization.
- Oversees planning and implementation of all publicity, advertising, marketing, and promotional activities and material that represent the organization to the press and public.
- Responsible for planning and implementing policies under Marketing and Public Relations, working closely with the MHSC Community Outreach Director, MHSC Events Coordinator and Memorial Hospital Foundation Executive Director.
- Establishes, maintains and monitors all official social media accounts including but not limited to: Facebook, Twitter, Instagram, and SnapChat.
- Designs, updates information, and maintains hospital website at <https://sweetwatermemorial.com>.

CONTRACTED SERVICES

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

STAFFING

- Staff consists of the Marketing & Public Relations Director, who also serves as the hospital's lead Public Information Officer.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Hospital Association's Society for Healthcare Strategy & Market Development
- Wyoming Press Association
- Associated Press Style Guide/MHSC Style Guide

SCOPE OF SERVICE: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Purchasing Office is available Monday through Friday 6:00 a.m. - 4:30 p.m., no holidays.
- The Central Supply department is available Monday through Friday 6:30 a.m. - 5:00 p.m., no holidays.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Vizient

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The normal operating hours for:
 - Diagnostic Radiology section of the Medical Imaging Department are 24 hours per day, seven days a week.
 - Out-patient Ultrasound Monday through Friday. There will be an Ultrasound technologist available for ultrasound emergencies seven days a week.
 - Out-patient MRI Monday through Friday. There will be an MRI technologist available for MRI emergent studies seven days a week.
 - Out-patient CT Monday - Friday. There is a CT Technologist available for CT emergencies seven days a week.
 - PET/CT services are available every other Friday.
- After routine hours of the Imaging Services Department, a technologist is on duty to cover all Imaging Services Department general radiology procedures. The technologist is to be contacted by the hospital Nursing Supervisor/Charge Nurse on duty for any and all emergencies, external and internal disasters, etc. The technologist is directly responsible to the Director of Medical Imaging at all times.

TYPES OF SERVICES

- Diagnostic radiology (X-ray):

- The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
 - There is a registered and licensed radiologic technologist on duty at all times.
 - Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
 - After hours fluoroscopic procedures, will be performed on an emergent basis only and after direct physician consultation with the radiologist on call.
- Ultrasound:
 - The normal operating hours for Ultrasound are 7:30 a.m.-6:30 p.m., Monday through Friday.
 - Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
 - There will be an Ultrasound technologist on call for Ultrasound emergencies from 6:30 p.m. until 7:30 a.m. Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
 - The normal operating hours for Nuclear Medicine are 7:00 a.m. - 3:30 p.m., Monday through Friday. There is no evening, night or weekend coverage available.
 - Unit doses are supplied by a radiopharmaceutical company. Unit doses must be ordered through the Radiopharmacy no later than 11 am for procedures to be done the same day.
 - Due to the specialized nature of Nuclear Medicine and the inability to secure unit doses after 11am, these procedures will not be performed after normal operating hours for emergencies.
- CT:
 1. The normal operating hours for outpatient CT are 7:30 a.m. – 4:00 p.m.
 2. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, and after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
 - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 5:00 p.m.
 - Due to the specialized nature of MRI and the limited number of time slots available, emergencies or add-on scans must be approved by a radiologist.
 - There will be an MRI technologist on-call for MRI emergencies from 5:00 p.m. until 6:30 a.m. Monday through Friday and all day Saturday and Sunday.
- PET Scanning
 - PET Services are provided through a mobile service.

- The normal operating hours for the PET scanner are every Thursday beginning at 8:00 a.m.
- Due to the specialized nature of the PET/CT exam, scheduling for this exam will cease at noon the day preceding the exam. The mobile service company reserves the right to ask that the PET exam be rescheduled in the event only one patient is scheduled for any day of contracted service.
- Radiologist Consultation
 - A radiologist is available for consultation 24/7 per the physician call schedule.
 - Imaging studies are read daily.
 - In the event there is a "critical" finding (as defined in the attachment of the Critical Values policy) the radiologist will call the report to the requesting physician.
- Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

CONTRACTED SERVICES

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

STAFFING

- Diagnostic Radiology is staffed 24 hours per day with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming. The techs are scheduled on staggered shifts to allow for more coverage during peak hours.
- Mammography is staffed with one technologist Monday through Friday. No after-hours coverage is provided. Technologists are registered by the American Registry of Radiologic Technologists and certified by the State of Wyoming.
- Ultrasound is staffed with 3 to 4 technologists from 7:30 a.m. - 6:30 p.m. Monday through Friday. One technologist is scheduled for after hours and weekend stand-by to cover emergent procedures. Ultrasound technologists must be registered in Ultrasound by the American Registry for Diagnostic Medical Sonography (ARDMS) or American Registry of radiologic Technologists (ARRT).
- Nuclear Medicine is staffed with one technologist Monday through Friday. There is no weekend or after-hours coverage. Technologists are registered by the American Registry of Radiologic Technologists, and/or the Nuclear Medicine Technology Certification Board and must be certified by the State of Wyoming.
- CT is staffed 24 hours per day. Technologists are registered by the American Registry of Radiologic Technologists and must be certified by the State of Wyoming.
- MRI is generally staffed 6:30 a.m. - 5:00 p.m. Monday through Friday. One technologist is scheduled for after hours and weekend stand-by to cover emergent procedures.

Technologists are registered by the American Registry of Radiologic Technologists.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL ONCOLOGY

DEFINITION OF SERVICE

- Medical Oncology is a branch of medicine that involves the prevention, diagnosis, treatment and post treatment follow up of cancer. Treatment may involve chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer while they are on active treatment with cancer. A medical oncologist also collaborates with hospice to provide end of life care and may coordinate treatment given by other medical specialists. Care is provided by nurses certified to give chemotherapy/immunotherapy. A multidisciplinary patient navigation team which consists of a dietitian, social worker, patient navigator and financial navigator are also available to the patients.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- In the Medical Oncology and Hematology Infusion Area, the patient's medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the plan of care for the patient. Patients will be started on a treatment plan, admitted to the hospital, or referred to another physician.
- In the Medical Oncology and Hematology infusion area, patients may receive chemotherapy, immunotherapy, targeted therapy, adjunctive treatments such as zoledronic acid or denosumab, lanreotide, blood transfusions, or iron infusions. Each patient will receive education and patient navigation team services. Our care team focuses on symptom management and triage to help patients get through treatment as smoothly as possible.
- Diagnostic bone marrow aspirates and biopsies may be performed as necessary.
- Sweetwater Regional Cancer Center also performs observational/survivorship clinical trials.

CONTRACTED SERVICES

- None

STAFFING

- The clinic area is staffed by a medical assistant, a receptionist, a Medical Oncology/Hematology Director, and a Medical Oncologist/Hematologist physician.

- The chemotherapy infusion area is covered daily by 2 chemotherapy certified nurses.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- The Medical/Surgical Unit has 15 Inpatient beds.
- Designation of inpatient beds may vary based on patient needs and census; not to exceed 25 total inpatient beds at any given point in time.
- Additional sleeper-beds are available for partners/guardians of patients receiving care at the hospital.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitian, laboratory, respiratory therapy, case managers, physicians, nurses, pharmacy, telepsych (QLER) and behavioral health counseling.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

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

CONTRACTED SERVICES

- None

STAFFING

- The staff on the unit includes a Unit director, one Clinical Coordinator, Registered Nurses, Certified Nursing Assistants, and Nursing Unit Secretaries.
- The typical staffing standard is 1 RN to 5 patients. Each shift is staffed by a charge nurse or

Clinical Coordinator, RNs and 1-2 CNAs. Staffing adjustments are made according to census and acuity. Typical shifts are 6:00 a.m. - 6:00 p.m. and 6:00 p.m. to 6:00 a.m. CNA 12-hour shifts start at 6:00 a.m, and 6:00 p.m.

- Student nurses rotate through this unit for clinical practicum training. Students in other disciplines also participate in multidisciplinary training with appropriate preceptors in their specialty in this unit.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Staff Services Office is open Monday through Friday, 8:00 a.m. - 4:30 p.m., with the exception of holidays.

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

- Supports the MHSC organized medical staff leadership and committees by providing expert consultation and assists in ensuring leaders and members adhere to the MHSC Medical Staff Bylaws, Rules and Regulations, and all pertinent policies.
- Ensure current compliance with all state, federal, health plan, and non-federal national regulations and requirements.
- Ensures that all medical staff and Non-Physician Providers (NPP) members are properly vetted according to the requirements of the Medical Staff Bylaws, The Joint Commission, State of Wyoming, Centers for Medicare and Medicaid Services (CMS), and other regulatory requirements by providing primary-source and accurate verification services.
- Facilitates and supports the Focused Professional Practice Evaluation (FPPE) programs of the medical staff, NPP staff and mental health providers. Works with the Quality & Accreditation Department to ensure medical staff quality assurance and improvement and assists Quality and Accreditation with Ongoing Professional Practice Evaluation (OPPE).
- Maintains and/or supervises the maintenance of required medical staff documentation and credentialing database.
- Coordinates and manages the Medical Staff Department, committees, subcommittees, and general staff meetings. Ensures all department and committee recommendations and

correspondence are channeled from one committee/department to another.

- Arranges for and schedules locum tenens physicians to provide adequate call coverage, arranges housing.
- Oversees completion of provider billing paperwork for Medicare, Medicaid, Blue Cross, and other entities.
- Oversees hospital owned apartment complex and townhouses, coordinates scheduling, maintenance, and cleaning schedules.
- Compiles and distributes monthly emergency on-call schedule.
- Oversees, schedules, and conducts physician orientation.
- Assists the CEO with physician contracts.
- Assists the CEO and Human Resources with J1/H1B waiver requirements.

CONTRACTED SERVICES

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

STAFFING

- Staff includes the director of Medical Staff Services, the credentialing clerk, the provider enrollment clerk and an administrative assistant.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: NUTRITION SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- In room dining for patients is available from 7:00 a.m. - 7:00 p.m. (hotline closes at 6:30 pm, salads/sandwiches/other cold items available from 6:30 p.m. to 7:00 p.m.), Monday through Sunday, 365 days a year. The Cafeteria hours are Monday through Sunday: Breakfast 8:00 a.m. - 9:30 a.m.; Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:00 p.m.

TYPES OF SERVICES

- Both inpatients and outpatients are given a room service menu and have the opportunity to select their menu according to their diet order.
- The hospital cafeteria is open to all employees and visitors.

- The Executive Chef/Manager and Nutrition Services staff prepare a wide range of dishes.
- Visitors are welcome to order room service (for a fee) while visiting patients, and are also welcome to utilize the cafeteria for meal service.
- The Nutrition Services staff may cater internal and external events or meetings.
- MHSC offers two full time Registered Dietitians for inpatient and outpatient services based on the needs of the patient.
- The dietitians are responsible for the nutritional care of all Dialysis unit and Cancer Center patients.
- Dietitians assess inpatient and outpatient nutritional needs, develop and implement nutrition care plans and advise people on what to eat in order to achieve specific health related goals.
- Dietitians are part of the community Diabetes Self Management Education and Support (DSMES) program.

CONTRACTED SERVICES

- Dining management services are provided by Unidine (excludes dietitians)
- Hobart Services – Dishwasher
- Shadow Mountain -water and coffee

STAFFING

- Director of Dining Services
- Executive Chef/Manager
- Registered Dietitians
- Nutrition Services support staff

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OBSTETRICAL SERVICES

DEFINITION OF SERVICE

- The Level I Maternal Care Obstetrical Department has 5 Inpatient beds.
- Designation of inpatient beds may vary based on patient needs and census; not to exceed 25 total inpatient beds at any given point in time.
- Additional sleeper-beds are available for partners/guardians of patients receiving care at the hospital.
- The (OB) provides a securely locked badge-access only unit. The unit is comprised of 3 labor &

delivery room (LDR) suites, 5 private postpartum rooms, a Level I Nursery that accommodates nine well-newborn beds, a special care nursery that accommodates two sick-newborn beds, a procedural/isolation room for newborns, 1 surgical suite, and a two bay Post-Anesthesia Care Unit (PACU).

- The (OB) provides outpatient, observational, and inpatient services to pregnant patients, postpartum patients, and newborns up to twenty-eight days of age. The OB staff coordinates care with the Surgical Services Department to meet the needs of patients who require Cesarean section delivery or postpartum tubal ligations.
- The unit uses a multidisciplinary approach of care that includes services of case management, dietitians, laboratory, respiratory therapy, radiology, anesthesia providers and physicians.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Populations served include adolescent and adults who are of childbearing age and neonates 0 to 28 days of age.

- **Obstetrical Observational/Antepartum Services:**

- Obstetrical Triage Services
- Non-Stress Test
- External Fetal Monitoring
- Oxytocin Challenge Test
- External Version
- Premature Labor Management
 - Subcutaneous, Oral, and IV tocolytics
 - Betamethasone injections (Intramuscular)
 - Fetal Fibronectin Testing
- Ultrasound evaluation
- IV Therapy, Hydration
- ROM (rupture of membranes) Plus Testing
- Hyperemesis Gravidarum
- Pyelonephritis
- Preeclampsia

- **Intrapartum**

- Low-Risk Pregnancies
- Stabilization/Transport of High-Risk Pregnancies
- Labor and Delivery Care
 - > 35 Weeks Gestation

- External/Internal Fetal Monitoring
- Wireless External Fetal Monitoring
- Cesarean Section Delivery
- Gestational Diabetes
- Preeclampsia, Eclampsia, HELLP Syndrome
- Spontaneous rupture of membranes (SROM) and artificial rupture of membranes (AROM)
- IV Therapy, Hydration
- Fetal Demise
- Induction and Augmentation of labor
- Amnioinfusion
- Epidural Services
- Intrauterine Growth Restriction
- Nitrous oxide administration

- **Postpartum**

- Couplet Care
- Postpartum Care
 - Up to 6 weeks postpartum
- Post-op cesarean section care
- Postpartum tubal ligation
- Preeclampsia, Eclampsia, HELLP
- Post-op Gynecology

- **Level I Nursery**

- Provide neonatal resuscitation at every delivery
- Evaluate and provide postnatal care to stable term newborn infants
- Stabilize and provide care for infants born 35-37 week gestation who remain physiologically stable
- Stabilize newborn infants who are ill and those born at < 35 weeks gestation until transfer to a higher level of care
- Couplet Care
- Safe Haven Nursery
- IV Therapy
- Glucose Management
- Oxygen Support
- Phototherapy
- Circumcisions up to 12 weeks of age

- Newborn Hearing Screen
- Newborn Genetic Screening
- Breastfeeding Support (Certified Lactation Counselors)

CONTRACTED SERVICES

STAFFING

- The Director of OB has 24/7 responsibility for the day to day operations of the unit with assistance of the Clinical Coordinator. Staffing is comprised of Registered Nurses, Certified Nursing Assistances, and Unit Secretaries. On occasion, the department may utilize Licensed Practical Nurses (LPNs).
- Staffing for the OB Department follows AWHONN Perinatal Nursing Staffing Guidelines ensuring safe patient care for antepartum, intrapartum, postpartum and newborn patients. At a minimum, 2 RNs are staffed at all times.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OUTPATIENT INFUSION AND WOUND CARE

DEFINITION OF SERVICE

- Outpatient Services provides for the patients who require infusions of medications, treatments, transfusions, or wound care that doesn't require a hospital stay.
- Outpatient Services operates out of the Outpatient Infusion Clinic located on the main floor of the hospital next to Medical Imaging.

HOURS / DAYS OF THE WEEK OF SERVICE

- Typically, Monday through Friday excluding holidays, 8:30 a.m. - 5:00 p.m., but alternate arrangements can be made for after hours and weekends.

TYPES OF SERVICES

- Services for a diverse patient population includes:
 - vaccines
 - intravenous antibiotics
 - medication injections
 - central line care
 - hydration therapy

- antibiotic therapy
- therapeutic phlebotomy
- blood transfusions
- wound care
- monoclonal antibody therapy

CONTRACTED SERVICES

- None

STAFFING

- 2 full time RNs, 1 part time RN and 1 Unit Secretary with support from hospital-wide nursing staff

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: PATIENT ACCESS/ADMISSIONS

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The College Hill Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 7:00 p.m., except holidays.
- The Medical Imaging Admitting area is staffed Monday through Friday from 6:30 a.m. until 5:00 p.m., except holidays.
- However, all services are also able to be admitted in the Emergency Department admitting area 24 hours per day 7 days per week.
- The Clinic Admitting areas are staffed from Monday through Friday from 8:00 a.m. until 5:00 p.m., except the Walk-in clinic is staffed Monday through Saturday from 7:00 a.m. until 7:00 p.m., except holidays.

- The Communications department is staffed from 6:30 a.m. until 9:00 p.m. Monday through Friday and from 8:00 a.m. until 9:00 p.m. on weekends and holidays.
- The Central Scheduling Department is staffed Monday through Friday from 8:00 a.m. until 5:00 p.m., except holidays.

TYPES OF SERVICES

- Initial welcoming of patient's and visitors to our facility.
- Arranges for the accurate, efficient, and orderly scheduling and registration of patients into inpatient, outpatient, and ancillary departments of our facility.
- Ensure that accurate, comprehensive demographic information is acquired and keyed into the hospital's database.
- Available to answer any questions patients might have and works to ensure that the patient's registration is an exceptional experience.

CONTRACTED SERVICES

- Companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification.

STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 7:00 a.m. - 5:30 p.m., Monday through Friday. College Hill and Walk-in Clinic coverage between 7:00 a.m. – 7:00 p.m. Monday through Saturday. Clinic coverage between 8:00 a.m. – 6:00 p.m., Monday through Friday. Along with 24/7 coverage in the Emergency Department.
- The staff includes a Patient Access Manager, Patient Access Specialists, Lead Pre-Admissions Registrar, Pre-Admissions Registrars, and Operator/Receptionists.
- All personnel report directly to the Director of Patient Financial Services.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

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

rendered.

- PFS attempts to qualify indigent patients for our Medical Assistance program and sets up payment arrangements.
- PFS works to acquire free and replacement drugs, copay assistance, assistance with Medicare, Medicaid, and ACA applications in an effort to reduce financial toxicity for our patients that are uninsured or under insured.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Services provided include charge master preparation, charge capture, claim preparation, claim submission, claim follow-up and appeal, account collection, statement and letter preparation, payment plan assistance, Medical Assistance education and application, acquire assistance for our uninsured or under insured patients, and patient accounting.

CONTRACTED SERVICES

- Contracted services include electronic transactions through SSI
- Ability Network: statement and correspondence preparation and mailing through RevSprings
- Out-of-state Medicaid collections through Express Medicaid Billing Services
- Patient collections through Express Recovery Services

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Finance Management Association (HFMA)

SCOPE OF SERVICE: PHARMACY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

promote positive patient outcomes. Monitoring includes but is not limited to:

1. Therapeutic dose monitoring of aminoglycosides and vancomycin
 2. IV to PO Conversions
 3. Adverse drug reaction monitoring
 4. Creatinine clearance estimation/renal dosing
 5. Antibiotic streamlining
 6. TPN electrolyte monitoring
 7. Medication use evaluation
- Medication therapies targeted for specific monitoring include those that are high volume, potentially problem prone, and/or possess a narrow therapeutic index.
 - The Department of Pharmacy is committed to supporting the hospital's mission and goals. This includes but is not limited to: budgetary and financial responsibility, active participation in multi-disciplinary task forces and committees, and participation in education programs.
 - Important functions are identified by hospital leaders as those that have the greatest impact on patient care. Those processes which are high-volume, high risk, or problem prone are the aspects of care given the highest priority for monitoring and evaluation.
 - The Pharmacy, in collaboration with other departments, addresses the following important functions and processes:
 1. Infection prevention and control
 2. Management of information
 3. Management of human resources
 4. Management of environment of care
 5. Improving organization performance education
 6. Patient rights and organizational ethics
 - The Director of Pharmacy is a co-chair on the Pharmacy and Therapeutics (P&T) Committee. Committee activities include:
 1. Developing medication-related policies and procedures.
 2. Developing policies for therapeutic interchange.
 3. Developing and maintaining a formulary system and approving a formulary (list of medications) acceptable for use in the facility.
 4. Defining and reviewing significant adverse drug events (medication errors, adverse drug events, incompatibilities).
 5. Participating in activities relating to the review and evaluation of medication usage.
 6. Participating, as necessary, in establishing standards and protocols for the use of investigational drugs and medications in clinical trials.
 7. Communicating decisions to the medical, pharmacy, and patient care area staff.
 - The Department of Pharmacy provides drug information and education to patient care

providers via newsletters, in-service education programs, IV administration guidelines, flow rate charts, and patient medication specific information.

- Pharmacy provides education and information to the medical staff via presentations at medical committees, newsletters, the clinical pharmacy intervention program, the antibiogram, and patient/medication specific information as requested.
- The Pharmacy participates in the organization-wide Performance Improvement and Patient Safety (PIPS) Program.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards

SCOPE OF SERVICE: PROVIDER PRACTICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients are seen by appointment.
- Office hours vary in Clinics, Monday through Friday between 8:00 a.m. to 6:00 p.m. or 7:00 a.m. to 7:00 p.m. The offices are closed on holidays.
- Appointments can be made for acute conditions within 24 hours, in most cases.
- New patients are accepted regardless of type of insurance and self-pay is accepted. Patients can be referred or self-referred.

TYPES OF SERVICES

- The clinic provides comprehensive medical services, including but not limited to, medication management, injections, immunizations, well child checks, primary care, disease process

management and education, employment and DOT physicals, audiology services, allergy testing, flu shot clinics, minor invasive office procedures, preventive health maintenance assessments and services, ordering of diagnostic tests, and ordering of preventative health services and patient education to patients throughout the lifespan. Services are provided to people of all ages, from newborn to geriatrics.

- Medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition of the patient. Patients may be discharged home, be admitted to the hospital, or referred to another physician.
- Primary care services are provided to the Wamsutter community area.
- Primary care services are provided to community nursing homes.
- Primary care and occupational medicine services are provided at the Jim Bridger Power Plant, Simplot, Church & Dwight and Solvay in Sweetwater County.
- Procedural sedation is not performed in the clinic.
- These services are provided in keeping with the philosophy, mission, vision, values of MHSC; the philosophy of the Department of Nursing Service; and in compliance with the standards of nursing practice, and all pertinent MHSC hospital policies and procedures.

CONTRACTED SERVICES

- None

STAFFING

- Providers: MDs, DOs, PAs, NPs
- Medical staff is supported by a Nursing Director, Practice Coordinator, Nurses, MAs, reception and billing staff

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: QUALITY, ACCREDITATION, & PATIENT SAFETY

DEFINITION OF SERVICE

- The Quality, Accreditation, & Patient Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement of patient outcomes and effective delivery of services in acute care and

outpatient settings. The department also provides direction, coordination, and facilitation of patient safety through the development of processes that promote and support a strong culture of safety, as well as effective management of identified risks and prevention of adverse events. Every department and service organization – wide is involved in quality improvement and patient safety work. The department is dedicated to providing support and assistance in a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday- 7:30 a.m. to 4:00 p.m., except holidays.

TYPES OF SERVICES

- The Quality, Accreditation, & Patient Safety Department, functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety (PIPS) Plan. The Quality, Accreditation, & Patient Safety Department proactively monitors and works collaboratively to improve system issues that arise in providing health care services to patients. Services provided impact all patients, visitors, advocates, and employees, through a multi-disciplinary, systematic approach. The scope of the organizational quality program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided throughout the hospital.
- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all departments/services and disciplines of the facility in an effort to improve outcomes. A summary of the significant findings is reported at the Medical Executive Committee and the Quality Committee of the Board for further review, evaluation and action, as indicated.
- The Quality, Accreditation & Patient Safety Department maintains Joint Commission accreditation through facilitation of continuous improvement in providing evidence based care, and by ensuring organizational functions that are essential to providing safe, high quality care are in place.
- Patient and Staff Safety in conjunction with Environmental Safety initiatives allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and death. This department utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the facility Performance Improvement and Patient Safety Plan (PIPS). All staff members aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk. Occurrence reporting by all staff is advocated as a means to pro-actively resolve hazards, eliminate risks and improve patient and staff safety. Reporting supports learning, safety and improved care quality. The purpose is to identify safety hazards, adverse or sentinel events, accidents or injuries and good catches.
- MHSC Leadership supports continuous performance improvement through:
 - Professional development
 - Efforts towards quality and safety goals

- Encouraging and engaging all employees in quality improvement initiatives

CONTRACTED SERVICES

- Clinical quality data requiring vendor submission
- Press Ganey
- The Joint Commission (TJC)
- Advanced Medical Reviews
- MD Stat
- Synergi

STAFFING

- Quality Department
 - RN Quality Analysts
 - Quality Analyst(s)

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: RADIATION ONCOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- External beam radiation therapy serves mostly adult patients, or those not requiring intubation or anesthesia for treatment. Pediatric patients may be referred to a pediatric hospital for specialty oncologic care.
- Radiation therapy uses high energy x-rays to damage the tumor cells, thereby preventing them from dividing, growing and spreading. During radiation therapy, some normal cells are damaged as well. However, normal cells are able to repair this damage better. In order to give normal cells time to heal and to reduce side effects, treatments are typically given in small daily doses, five days a week, Monday through Friday, for a period of time prescribed by the radiation oncologist. During external radiation a beam of radiation is directed at the treatment site from outside the body. This is typically done using a machine called a linear accelerator.
- We offer advanced treatments, including: IMRT, RapidArc, Breath-hold, Stereotactic Body Radiotherapy (SBRT) and Stereotactic Radiosurgery (SRS) -which use high dosing of very localized and focused radiation to ablate tumors.
- We also treat various benign medical conditions, including osteoarthritis, keloids, heterotopic ossification, plantar fasciitis, etc. Very low doses of radiation can be highly effective at reducing pain or helping these benign conditions with minimal to zero side effects.
- We use state-of-the-art equipment, including: Large bore CT scanner with 4D capability, Varian linear accelerator with on-board imaging and gating, Protura robotic couch that improves delivery of radiation to within millimeter accuracy.

CONTRACTED SERVICES

- Physics support is provided by Mountain States Medical Physics

STAFFING

- The department is staffed with a receptionist, a nurse, two radiation therapists, a dosimetrist/director, a physicist, a clinical trials facilitator, a social worker, a Wyoming Cancer Resources

Services coordinator, a financial navigator and a radiation oncologist.

- Staff to Patient ratio: A minimum of two (2) radiation therapists per day on the treatment machine, as recommended by the American Society of Radiologic Technologists (ASRT).

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: REHABILITATION DEPARTMENT

DEFINITION OF SERVICE

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

- Cooperate with providers by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- Promotes an environment that strives for optimum care to the patient.
- Schedule treatments at a time most convenient to the patient and to the therapist.
- Maintains the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- Documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- Assessment of our services enabling positive change.

HOURS / DAYS OF THE WEEK OF SERVICE

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

- Licensed Physical Therapists provide outpatient and inpatient services from 8:00 a.m. - 5:00 p.m., Monday through Friday.
- Licensed Speech Therapist provide services PRN.
- Each therapist's personal hours may be changed in accordance with the patient and department's needs as approved by department head.

TYPES OF SERVICES

- Physical therapy and speech therapy provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not

have aquatic therapy available.

- Treatment occurs in the hospital facilities.
- Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities, and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties.

- **Physical Therapy Services**

- Provision of modalities and treatments such as hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin, Phonophoresis · with 1% hydrocortisone cream, Iontophoresis - with Dexamethasone and/or Lidocaine, and Hydrotherapy.
- Provision of physical assessment, therapeutic exercise, proprioceptive neuromuscular facilitation, gait training - with appropriate assistive devices, functional development training, balance and coordination, therapeutic massage, joint and soft tissue mobilization.
- Fit for custom made support stocking, prefabricated braces, and orthotics.
- Rehabilitative application and use of therapeutic equipment.
- Provision wound care.

- **Speech Therapy Service**

- Assessment, diagnostic, treatment, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency.
- Services for people who cannot produce speech sounds or cannot produce them clearly.
 - Speech rhythm and fluency problems
 - Voice disorders
 - Problems understanding and producing language
 - Communication skills improvement
 - Cognitive communication impairments, such as attention, memory, and problem-solving disorders
- Assessment and treatment patient with swallowing difficulties.
- Development of individualized plan of care, tailored to each patient's needs.
 - Educate patients on how to make sounds, improve their voices, or increase their oral or written language skills to communicate more effectively.
 - Education of individuals on how to strengthen muscles or use compensatory strategies to swallow without choking or inhaling food or liquid.
 - Speech-language pathologists help patients develop, or recover, reliable communication and swallowing skills so patients can fulfill their educational, vocational, and social roles.

- Counseling of individuals and their families concerning communication disorders and how to cope with the stress and misunderstanding that often accompany them.
 - Work with family members to recognize and change behavior patterns that impede communication and treatment.
 - Show them communication-enhancing techniques to use at home.

CONTRACTED SERVICES

- None

STAFFING

- Personnel for the Rehabilitation department includes 2 full-time, one acting as the director of the department, and a full-time secretary
- PRN speech therapist
- Medical Director

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: SECURITY DEPARTMENT

DEFINITION OF SERVICE

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

at all times

- **Compliance to ethical standards**
 - To ensure the integrity and adherence to professional standards of the department by receiving and investigating all complaints against departmental personnel of alleged misconduct or misuse of force.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

STAFFING

- The Supervisor of security is responsible for any and all actions of the department. Additional staff includes security officers.

AFFILIATIONS OR SOURCES OF REFERENCE

- International Association of Hospital Safety and Security (IAHSS)
- Managing of Aggressive Behaviors training (MOAB)
- Crisis Prevention Institute (CPI)
- Sweetwater County Sheriff's Office (SCSO)

- Rock Springs Police Department (RSPD)
- Green River Police Department (GRPD)

SCOPE OF SERVICE: SURGICAL SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Surgical Services Department is covered 24-hours a day, seven days a week including holidays. Elective scheduled cases are performed Monday through Friday with normal business hours of 5:30 a.m. to 4:30 p.m.
- Routine sterile processing hours are from 6:00 a.m. to 6:30 p.m., Monday through Friday, with weekend and holiday coverage from 6:00 a.m. to 10:00 a.m., and on call availability 10:00 a.m. to 10:00 p.m.

TYPES OF SERVICES

- The patient population served by the Surgical Services Department consists of the newborn, pediatric, adolescent, adult and geriatric patients requiring or seeking surgical intervention to maintain or restore an optimum level of wellness.
- The Surgical Services Department provides a safe and comfortable environment for both patients and personnel in order to provide optimum assistance to the surgeons in meeting the emergency, preventative and restorative health needs of the patients. The Surgical Services staff provides safe, high quality, and cost-effective care with respect for life and dignity.
- Procedures performed in the Surgical Services Department include general, ENT, pediatric dental, limited vascular, urological, orthopedic, pain management, diagnostic and treatment

endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.

- PICC line placement is performed via scheduling with the PICC line team.
- Procedures not performed are thoracic, organ transplant, neurology, spine, and ophthalmology.
- The patient's physical, psychological and social needs are assessed initially upon admission. Intra-operatively and postoperatively, the patient is continually reassessed; modifications to that plan of care are based on reassessment of the patient. In the immediate postoperative phase, the patient is under the direct supervision of the anesthesiologist who maintains responsibility for the needs of the patient until the patient has been appropriately discharged from the PACU. Disposition of the patient from the PACU is based on the complexity of the patient's care needs. This decision is made collaboratively between the anesthesiologist and surgeon, with information related from clinical data provide by the PACU staff. Upon discharge from PACU phase 1, the patient is under the direct supervision of the surgeon who maintains responsibility for the needs of the patient until the patient has been appropriately discharged home or care is transferred to the hospitalist for inpatients.

CONTRACTED SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The basic staffing plan for each operating suite is at least one Registered Nurse, a scrub nurse/ tech. Additional circulator and/or scrub tech will be added to the case based on the patient's complexity and/or complexity of the instrumentation and care needs required of the specific procedure. There is a nursing unit secretary.
- The PACU is staffed with at least 2 RN, with at least 1 of those RNs being PACU trained to care for the patient. Additional supplemental RN staff is provided based on the patient's acuity and assessment of the patient's needs.
- Ambulatory Care Unit for both pre/post procedure is staffed on a 1:3 patient ratio and a nursing unit secretary that can assist as a certified nursing assistant.
- Central Sterile has 3.5 sterile processing technicians who work staggered shifts to accommodate instrumentation processing needs for MHSC Department of Surgery, Nursing Units, and Clinics.
- Biomedical Engineering and volunteer services are used as needed.
- Surgeons and anesthesiologists who provide care through the Surgical Services Department follow medical staff bylaws, rules and regulations

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Operating Room Nurses (AORN)
- American Society of Peri-anesthesia Services (ASPA)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Association of Moderate Sedation Nurses (AAMSN)
- American Academy of Ambulatory Care Nurses (AAACN)

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

Reviewed and Approved:

MHSC Board of Trustees:

Approval Signatures

Step Description	Approver	Date
	Irene Richardson: CEO	12/2022
	Tami Love: CFO	10/2022
	Ann Clevenger: CNO	10/2022
	Kari Quickenden: Chief Clinical Officer	10/2022
	Suzan Campbell: General Legal Counsel	10/2022



Approved N/A
Review Due N/A

Document Area Administration
Reg. TJC LD
Standards 01.03.01 EP
3, TJC
LD.04.03.01,
TJC
LD.04.03.07

CAH - Scope of Services

STATEMENT OF PURPOSE:

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

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

- **Our Mission** - Compassionate care for every life we touch.
- **Our Vision** - To be our community's trusted healthcare leader.
- **Our Values** - Be kind. Be respectful. Be accountable. Work collaboratively. Embrace excellence.

Accreditations:

- The Joint Commission (TJC)
- [College of American Pathologists \(CAP\)](#)
- American Academy of Sleep Medicine
- American College of Radiology

The **planprocess** for providing patient care takes into consideration:

1. The areas of the organization in which care is provided to patients and its defined scope of service.
2. The mechanisms used in each area to identify patient care needs.
3. The needs of the population(s) served and how decisions are guided by care provided directly or through referral, consultation, contractual arrangements or other agreements.

4. The process used for assessing and acting on staffing variances.
5. The plan for improving the quality and safety of patient care in each area.

The ~~MHSC's Scope of Services document is approved by the~~ organization's ~~plan is approved by the~~ organization's Board of Trustees and its leadership team.

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

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

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

~~PLAN FOR~~ PATIENT SERVICES

1. ~~MHSC is licensed as a 99-bed acute care, non-profit community hospital with a multi-specialty physician/provider clinic.~~ Founded in July of 1890, the MHSC continues to extend services to persons as far as north as Big Piney, Wyoming, as far west as Utah, as far east as Rawlins, Wyoming, as far south as Utah and Colorado border areas, and any person in need who passes through Sweetwater County. Patient- and family-centered care is promoted through therapeutic relationships, compassionate care and the use of evidence-based practice. Essential services provided by MHSC include, but are not limited to:
 - Anesthesia services
 - Cardiac and pulmonary rehabilitation
 - Cardiopulmonary care
 - ~~Cardiac stress testing~~
 - Sleep lab

- Care management
 - Care transition
 - Case management
 - Chronic care management
 - Clinical documentation improvement
- Chronic hemodialysis and peritoneal dialysis
- Diagnostic imaging
 - Cat Scan
 - Mammography
 - MRI
 - Nuclear medicine
 - Ultrasound
- Dietary and nutritional service
- Emergency and trauma care
- Endoscopy
- Infection prevention and control services
- Medical records/information technology
- Nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, and end stage chronic dialysis
- Oncology, ~~including outpatient chemotherapy administration and radiation oncology/pathology/histopathology, clinical laboratory and transfusion services~~
 - Radiation Oncology including outpatient radiation treatments.
 - Medical Oncology including outpatient chemotherapy/biotherapy administration/blood transfusions. Pathology/histopathology, and a clinical laboratory are available.
- Pharmaceutical
- Physical rehabilitation, occupational therapy, and speech therapy
- Provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, Occupational medicine, pulmonology, nephrology, neurology, urology and ear/nose and throat and a walk-in clinic
- Quality improvement
- Social work
- Telemedicine - stroke ~~and~~, burn, ICU, neurology, acute psychiatric services
- Volunteers.

II. Services not available at the MHSC include acute cardiology and cardiac surgery, acute

intensive burn care, neurosurgery, transplantation of major organs, pediatric cancer services, and infectious disease as an advanced specialty. The organization does not have skilled long-term care or inpatient rehabilitation beds.

III. MHSC is affiliated with the following organizations (including, but not limited to):

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

IV. Patient services provided by contracted organizations include:

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

V. Contractual arrangements for extension of care include:

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

VI. Data related to services in calendar year ~~2021~~2023:

Campus Size	Hospital = 188,470 square feet, Medical Office Building = 77,392 square feet, Specialty Clinic = 14,797 square feet, Central Plant = 19,781 square feet, Paving area = 378,865 square feet and Total lot area = 1,472, 289 square feet or 33.8 acres
Licensed Beds	99
<u>Licensed Beds</u>	<u>25 inpatient beds (excludes observation beds)</u>
Staffed Beds	58 <u>25</u>

Employees	550
Full-time employee equivalent (FTE)	487.51 <u>499.04</u>
FTEs/Occupied Bed	8.61 <u>7.36</u>
Average patient length of stay (LOS)	2.7 <u>3.5</u>
Average (LOS) Medicare Patients	<u>Not to exceed 96 hours on average annually</u>
Average Daily Inpatient Census	<u>13.5</u>
Inpatient Discharges	1768 <u>1823</u>
Births	394 <u>398</u>
Non-ED Outpatient Visits	106,791 <u>94,189</u>
ED Visits	13,357 <u>16,212</u>
ED Visits Admitted	1,423 <u>610</u>
Inpatient Surgeries	278 <u>607</u>
Outpatient Surgeries	1,414 <u>288</u>
Medical Office Building Clinic Visits	56,660 <u>70,637</u>

- VII. Located on the I-80 corridor, MHSC provides trauma care as an essential service and is an Area Trauma Center as designated by the State of Wyoming.
- VIII. As an important part of clinical care the hospital serves as a clinical practice site for schools of nursing (Western Wyoming Community College and University of Wyoming being the majority), and schools of medicine (Wyoming, Montana, Alaska and Idaho educational program).
- IX. Care provided to the patient ~~are~~is determined by the types and availability of services offered within the organization. If the service cannot be provided, patients can be transferred via fixed-wing air ambulance ~~and~~, helicopter service, or ground transportation after consultation other healthcare facilities in the surrounding area that may offer the needed services and can accept the patient. ~~Consultation via telephone with Wyoming, Utah, Colorado and other major medical centers takes place as needed.~~ During times in which weather does not permit safe transportation patients will be stabilized to the best of the organization's ability to provide emergency care. ~~MHSC does not use a process in which emergency medical services (EMS) are requested and used to divert patients to other health care facilities. Rather, patients are brought to the hospital where solutions for care are investigated. MHSC has an emergency plan for patient surge that is activated when immediate problem solving is not successful.~~
- X. Every effort is made to prevent diversion of patients from MHSC. Patients are brought to the hospital where solutions for care are investigated. MHSC does have the ability to transfer care to other hospitals if the medical condition meets the necessary transfer criteria. MHSC has an emergency plan for patient surge that is activated when immediate problem solving is not successful.

- XI. Patients with the same diagnosis and health care needs can be expected to receive the same standard and level of care throughout the organization. Each patient care area has a scope of service describing the focus of care, capacity of the area, staffing for the area, triage of patients from the area and competencies of staff. Outcomes are measured and monitored through quality improvement processes.
- XII. The Medical Staff of the organization is a key partner in the success of patient care outcomes. The role of the Medical Staff is defined in the organizational Medical Staff Bylaws. As partners in care the Medical Staff is to be actively engaged in the patient care and quality work of the organization. The structure through which this is accomplished is defined in the Bylaws. The Medical Staff is actively involved in the process of policy development and approval, service improvement through customer relations scores, quality improvement processes, governance through committees and representation, communication through daily mechanisms, information management through electronic ~~medical staff of the organization is a key partner in the success of patient care outcomes. The role of the medical staff is defined in the organizational Medical Staff Bylaws. As partners in care the medical staff is to be actively engaged in the patient care and quality work of the organization. The structure through which this is accomplished is defined in the Bylaws. The medical staff is actively involved in the process of policy development and approval, service improvement through customer relations scores, quality improvement processes, governance through committees and representation, communication through daily mechanisms, information management through electronic~~ medical-records (EMR), and oversight of care through peer review and utilization management.

INFRASTRUCTURE

I. PROFESSIONAL PATIENT CARE STAFF

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

II. PATIENT CARE STANDARDS

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

III. PATIENT CARE OUTCOMES

- Patient~~Desired patient~~ outcomes are ~~described in the mission and vision~~outlined in the strategic plan of the organization and throughout a variety of patient care

standards. Patient and family centered care is the care delivery model that is essential to the success of patient outcomes.

- Further patient care outcomes are defined in the ~~Quality Assurance~~ Performance Improvement (~~QAPI~~) and Safety Plan, and in the Utilization Review plan.

IV. PATIENT CARE QUALITY AND PATIENT SAFETY PLAN

- Refer to Performance Improvement and Patient Safety (PIPS) Plan.

V. ORGANIZATIONAL STRUCTURE

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

VI. SERVICE AVAILABILITY

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

VII. FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY

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

VIII. STAFF EDUCATION

- MHSC maintains specific policies and standards on orientation, competency and annual education. Each clinical area is responsible for outlining education needs and how the education needs will be met. Education needs are re-evaluated annually and then periodically as needed. The Wright Competency Model is used, which is also the competency model preferred by The Joint Commission.
- MHSC maintains resources available to all staff on a variety of educational topics through on-line resources such as Lippincott, NetLearningSymplr, UpToDate, and

Ovid. Education is also available through the University of Utah with offerings such as Grand Rounds from various disciplines, STABLE, Neonatal Resuscitation Program (NPR/NRP), and similar offerings. The Education Department, a collaboration between Nursing and Human Resources, is MHSC's contact for educational resources.

- Course certifications through the American Heart Association include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS) are required for specific departments and employees. Additionally, Trauma Nurse Core Course (TNCC) is required for all Emergency Department nurses.

IX. PATIENT RIGHTS AND RESPONSIBILITIES

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

X. RISK MANAGEMENT

- ~~Risk Management provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care:~~
 - ~~Compliance~~
 - ~~Emergency Management~~
 - ~~Environmental Safety~~
 - ~~Guest Relations~~
 - ~~Occurrence Reporting~~
 - ~~Patient & Staff Safety~~
 - ~~Risk Management Program Oversight~~
- ~~Risk Management services are under the direction and support of Senior Leadership, medical staff, administrative and other health care providers throughout the organization. The designated officers are notified of any significant occurrences to patients, visitors, volunteers or personnel which have the potential for serious harm or impact. Appropriate documentation of unusual occurrences is performed after investigation.~~
- ~~Educational support is provided to all personnel and volunteers to ensure the provision and respect of patient rights. Assuring patient rights is the responsibility of all hospital personnel, members of the medical staff and volunteers.~~

RISK MANAGEMENT

- The purpose of the Hospital's Risk Management Program is to identify, assess and control internal and external threats to the Hospital's physical environment and to patient's safety and care, as well as identifying risks that could include financial uncertainty, legal liabilities, accidents, clinical incidents and natural disasters. This is accomplished by proactive mitigation of organizational risks and efficient response to risk events. Hospital has a designated Risk Manager that oversees the Risk Management Program.
- RISK MANAGEMENT DUTIES AND RESPONSIBILITIES (Conducted by Quality Department)

- Develop a process and procedure to respond to and report Sentinel Events and adverse events/occurrences. Such response shall include completion of a root cause analysis (RCA) or other appropriate analysis methods. See [Sentinel Event Policy](#).
- Develop and track a process for staff to file occurrence reports. Occurrence reporting is intended to provide a systematic, Hospital-wide program of reporting risk exposures to identify process improvements, improve patient safety as per the Performance Improvement and Patient Safety Plan, as well as mitigate potential future liability.
- The Risk Management Program includes an occurrence reporting system that is used to identify, report, track, and trend patterns of events with the potential for causing adverse patient outcomes or other injuries to people, property or other assets of the organization. It is designed to reduce or eliminate preventable injuries and property damage, minimize the financial severity of claims, and improve patient safety.
- Essential to the success of occurrence reporting is the non-punitive response to error and reporting. MHSC is committed to creating and maintaining a non-punitive "Just Culture" throughout the organization. See [Occurrence Reporting](#).
- Enhance patient safety through participation in National Patient Safety Goals, organizational safety strategies and other patient safety initiatives.
- Conduct a Hospital-wide risk assessment, on at least a biennial or triennial basis. The results of this assessment are provided to In House Counsel who then provides the information to the Compliance Committee.
- Collaborate with department directors to manage adverse events and injuries to minimize financial loss.
- Evaluate systems that may contribute to patient care, error or injury.
- Conduct Proactive risk assessments periodically. Proactive risk assessments are intended to reduce possible risk of a process prior to causing patient harm. Many different review methods may be employed depending on the nature of the process.
- Additional Risk Management duties conducted by other departments:
 - Patient grievances/complaints referred to Patient Relations Coordinator and Grievance Committee. See [Grievance Process](#).
 - Chief Financial Officer (CFO) and In House Counsel are responsible for facility wide insurance program.
 - In House Counsel responsible for legal claims management. See [Claims Management - Legal](#).
 - Emergency Management and Environmental Safety Coordinator responsible for Emergency Management program.
 - Facilities is responsible for Environment of Care and Life Safety program.

XI. FAIR BILLING PRACTICE

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

XII. CONTRACTED SERVICES

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

GOVERNANCE

I. BOARD OF TRUSTEES

- The hospital Board of Trustees' role is to serve as the governing body of the hospital.
- Board of Trustee (BOT) meetings are open to the public and take place the first Wednesday of every month beginning at 2:00 PM. Hospital Board members also serve on standing board committees ~~committees~~ that meet at various times, dates and hours of the day.
- Board members are assigned to standing committees by the Board President.
- The BOT is responsible for oversight of the hospital.
- The BOT responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing safe, quality care, overseeing the organization's financial well-being, staying educated in health care industry news and best practices, and being a representative of the organization in the community.
- The BOT is not involved in the day-to-day operations of the hospital. The daily operation of the hospital is Senior Leadership's responsibility.
- The Board of Trustees consists of five (5) members who are citizens of Sweetwater County and appointed by the Sweetwater County Commissioners.
- A County Commission liaison attends monthly Board of Trustee meetings and other meetings attended by Board of Trustee members whenever possible.
- **BOT'S CONTRACTED SERVICES**
 - Legal services
- **AFFILIATIONS OR SOURCES OF REFERENCE**
 - American Hospital Association (AHA)

- Wyoming Hospital Association (WHA)
- [Veralon/Iprotean-educational resource for healthcare boards](#)

II. SENIOR LEADERSHIP

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

III. LEADERSHIP TEAM

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

SCOPES OF SERVICE

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

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

SCOPE OF SERVICE: ANESTHESIA

DEFINITION OF SERVICE:

- The Medical Director of Anesthesia in collaboration with the Chief of Surgery with collaboration of Anesthesiology is responsible for all anesthesia standards of care and practice. All types of non-flammable agents may be provided by an Anesthesiologist where deemed appropriate and necessary. All anesthesia is provided by credentialed anesthesia providers.
- Types of anesthesia services provided are:
 - General
 - Inhalational
 - Major conduction block, caudal, epidural, spinal
 - Local with or without intravenous analgesia and monitored anesthesia care
 - Pain control
 - Airway management
 - Intravenous regional blocks
 - Major vascular access placement
- Approved anesthesia locations are:
 - OR-all types (54 suites and endoscopy)
 - OB-all types (1 Suite and labor and delivery)
 - ED-topical, local, nerve block, intravenous sedation
 - Radiology-local and moderate sedation.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Board of Anesthesiologists
- American Society of Anesthesiologists

SCOPE OF SERVICE: CARDIAC/PULMONARY REHABILITATION

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

Monday through ~~Friday~~Thursday, 8:00 a.m. - 4:30 p.m., Friday 8:00 a.m. - 12:00 p.m., except holidays.

TYPES OF SERVICES

- Phase II: Cardiac Rehabilitation/Secondary Prevention and Pulmonary Rehabilitation provide adult outpatient and family centered interdisciplinary care including but not limited to assessment, exercise prescription, monitored and supervised progressive exercise program

and interdisciplinary education. Outcomes are managed and reported to meet the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) requirements.

- Phase III: Unmonitored exercise sessions that are paid for directly by the participant after completing Phase II. These are provided on a monthly basis. Continuing education and support are provided by the staff.
- Objectives of the service are to ensure proper care and support of patients suffering from Cardiovascular and Pulmonary Disease, ensure the educational development of the patients and their family, so as to promote an understanding of Cardiovascular and Pulmonary disease and related risk factors, provide a complete Phase II Cardiac and Pulmonary Rehabilitation Program, and permit the staff to carry out its works under favorable conditions.

CONTRACTED SERVICES

- None

STAFFING

- The department is assigned a Medical Director and Department Director with the following responsibilities:
 1. The Medical Director will direct the medical administrative activities of the Cardiac/ Pulmonary Rehabilitation Service and will provide medical consultation.
 2. The Department Director will oversee operational activities of the Cardiac/ Pulmonary Rehabilitation Service and provide direction to staff.
- The staffing for the department is determined but not limited by the following:
 1. Patient volume.
 2. Staff competencies.
 3. Operational budget.
 4. Scheduling staff to meet core and nonproductive needs.
- Staff may consist of Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) certified RN, Exercise Specialist, Physical Therapist and other certified staff members.

AFFILIATIONS OR SOURCES OF REFERENCE

- Guidelines for Cardiac Rehabilitation Programs, 6th ed. (2021). American association of Cardiovascular and Pulmonary Rehabilitation
- Guidelines for Pulmonary Rehabilitation Programs, 5th ed. (2020). American association of Cardiovascular and Pulmonary Rehabilitation

SCOPE OF SERVICE: CARDIOPULMONARY

DEFINITION OF SERVICE:

- MHSC operates a fully functional Cardiopulmonary Services Department. The **combining combination** of Respiratory Care, Cardiovascular, and Sleep Lab allow for an interdisciplinary approach to the provision of patient care. Patient care is provided to inpatients

and outpatients. Cardiopulmonary services provide optimum assistance to nurses and physicians in maintaining preventive and restorative health needs for patients. Cardiopulmonary Services staff provides quality, conscientious, cost effective, and competent care with respect for life and dignity at every stage of the human experience.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

3. Medications are administered by respiratory therapists via the following routes:
 - a. Small and large volume nebulizers
 - b. Metered dose inhalers (MDI)
 - c. Small particle aerosol generators (SPAG)
 - d. Direct instillation via endotracheal tubes or tracheostomy routinely or during emergency resuscitation procedures under direct supervision of a physician

4. Qualified and trained respiratory therapists can perform:
 - a. Nasotracheal, nasopharyngeal and oral suctioning, as well as suctioning of all forms of artificial airways
 - b. Placement of nasopharyngeal and oral airways
 - c. Assist with respiratory emergencies and performing CPR as a member of the code team.
 - d. Set-up, monitor and change all oxygen and aerosol therapy equipment and supplies for inpatients
 - e. Manually ventilate patients when required
 - f. Accompany patients requiring assisted ventilation during hospital transports.
 - g. Assessments of respiratory status of patients with recommendations to physicians for the care plan.
 - h. Administration of medical gases, including medical air, medical oxygen, helium/oxygen mixtures, and nitric oxide.
 - i. Administration of high flow Oxygen therapy
 - j. Perform non-invasive Oxygen exchange ~~assessments~~.assessment
 - k. Directed cough with various devices

5. Diagnostic Services
 - a. Complete assessment of respiratory status
 - b. Measurement of pulmonary mechanics
 - c. Capnography & end-tidal monitoring
 - d. Pulse oximetry
 - e. Arterial/capillary blood gas drawing
 - f.
 - g. Exercise testing for evaluation of hypoxemia and/or hypoxia
 - h. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)

- i. Assist physicians with bronchoscopy procedures
- j. Electroencephalogram (EEG) procedures

6. Sleep Lab

- a. Polysomnography - Reports contract to off-site pulmonologist.
- b. PAP titration studies
- c. Oxygen titration studies
- d. Home Sleep Apnea Testing (HSAT)
- e. Nocturnal Oxygen studies

7. Support Services

- a. Training of nurses and physicians in applied respiratory care
- b. Monitoring, updating, stocking, and maintaining records on code carts
- c. Ordering and maintaining inventory of oxygen and aerosol therapy equipment and supplies
- d. Stocking of respiratory supplies and equipment
- e. Collaborate with biomedical engineering to maintain preventive maintenance records on equipment

8. Education

- a. The hospital serves as a clinical teaching facility for students from Western Wyoming Community College and CoArc approved schools of respiratory therapy. MHSC has formal agreements with both schools and department staff members may be asked to serve as clinical mentors.

CONTRACTED SERVICES

- ~~University of Utah - Read Holter Monitor Studies and occasionally ECGs~~
- ~~Biotel & ZioSuite - Holter/Event Monitors~~
- ~~Siemens - EPOC Blood Gas Analyzer~~
- ~~Cardiology - William Marcus Brann~~
- ~~Sleep Specialist - sleep study reports~~
- Holter/Event Monitors
- Cardiology - EKGs, stress test interpretations
- Sleep study reports

STAFFING

- There is always at least one (1) licensed respiratory therapist on shift at all times to assist patients and physicians with procedures, treatments, ventilator care and any other emergencies requiring his/her assistance. Availability of therapists on various shifts meet the

needs of our patients. ~~There shall be at least one credentialed staff member in-house 24 hours per day 7 days per week.~~ Daily patient volume is assessed and staffing adjustments are made as necessary.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CARE MANAGEMENT

DEFINITION OF SERVICE

- Patients at MHSC benefit from individualized Care Management Services for inpatients or outpatients as needed, including ED patients. Case Managers bridge the clinical and financial aspects of health care. Discharge planning, utilization management, and coordination of care are key focus areas of this department.
- The Case Manager works with the patient, family, and the clinical team to set priorities for coordination of care, planning for anticipated needs at discharge, and insurance authorization. Specific services may include but are not limited to:
 - Level of care determination in conjunction with the attending physician
 - Insurance precertification and continued stay approvals
 - Acute rehabilitation, extended care and long-term acute care and assisted living facility placement
 - Home Health Care, Hospice, outpatient therapy and durable medical equipment arrangements
 - Providing social support and resources for patients who have complex social needs to provide resources related to prescription vouchers, travel assistance, etc.
- The Care Transition Nurse works with the patient, family and the clinical team in patient follow-up contact post hospitalization. Specific services may include but are not limited to:
 - Teach disease specific information
 - Teach early signs of worsening illness and what to do about them
 - Advocate and encourage patient and or caregivers to take a lead in their care to have a better quality of life
 - Coach patient and or caregivers regarding the importance of follow up and how to communicate with their primary caregivers
 - Ensure services are on place and are adequate

HOURS / DAYS OF THE WEEK OF SERVICE

- Care Management provides full time service Monday - Friday with hours typically that of 8:00 a.m. - ~~54:00~~30 p.m., though the Case Managers work variable hours to meet the needs of patients and families. There is no holiday coverage.

TYPES OF SERVICES

- Case findings are determined through use of census reports and the work list each business day. ~~Each patients record~~ Patient records will be accessed and ~~patients~~ the patient is interviewed by a Case Manager to assess discharge needs to ensure a safe discharge. Communication with medical staff, nursing staff and interdisciplinary staff to develop plans of care and promote patient centered care amongst the team is the foundation of Care Management.
- Referrals for all Discharge Planning and Care Management services are accepted from physicians, hospital personnel, patients, families, outside agencies and other health care professionals as appropriate. The Case Managers work closely with interdisciplinary teams to develop a holistic plan of care for the patient.
- Case Managers work with patients who are experiencing complex social needs related to diagnosis, support, adjustment and resources.
- Case Managers are not qualified to assist in treatment modalities including crisis intervention, situational counseling, or psychosocial assessments for patients who have complex psychosocial needs.

CONTRACTED SERVICES

- ~~Interqual~~ InterQual for determination of patient criteria of admittance

STAFFING

- Case Manager Registered Nurses: 45 full time (1 which serves as ~~Supervisor~~ Director), 1 Part time, 2 PRN and 1 Care Transition/Case Manager cross-trained on an as needed basis. Care Management Assistant: 1 full time.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINIC DOCUMENTATION IMPROVEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Hours vary between 8:00 a.m. - 12:00 p.m., Monday - Friday but are flexible to match inpatient hospital census.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINICAL INFORMATICS

DEFINITION OF SERVICE

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

HOURS/DAYS OF THE WEEK OF SERVICE:

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

TYPES OF SERVICES

- Maintain and support the informatics component of the hospital EMR system.
- Education relating to using the EMR.

STAFFING

- The Clinical Informatics department is staffed by three (3) Nursing Informatics Specialists and one (1) Clinical ~~Systems Analyst~~Informatics Specialist.

CONTRACTED SERVICES

- Cerner Community Works
- ~~Visonex~~Renvio

AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)
- American Nursing Informatics Association (ANIA)
- American Nurses Association (ANA)
- Healthcare Information and Management Systems Society (HIMSS)

SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT (CCM)

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The CCM is typically available 8:00 a.m. - 4:30 p.m., Monday through Friday excluding holidays. On-call services provided everyday - after office hours, weekdays and weekends.

TYPES OF SERVICES

- All ages throughout the life span are served who have at least two chronic conditions and consent to services, with the majority of those served are 65 years of age and older.
- The chronic care nurse provides CCM services which are typically provided outside of face-to-face patient visits through phone calls, and electronic health record patient portal messages as needed to provide the following:
 - Teach disease specific information:
 1. Medication management
 2. Use of equipment
 3. Disease process

4. Provide patients with specialized, written material, information and self-management skills
 5. Prepare patient and caregivers to identify and respond quickly to worsening symptoms.
- Assist patient and caregivers to create/update personal health record.
 - Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life.
 1. Teach patients about how to communicate with healthcare providers.
 2. Coach patient and/or caregivers regarding the importance of follow up with their primary care providers.
 - Support patients with chronic diseases to achieve health goals.
 - Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care.
 - Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals.
 - Identify and address patient priority risk factors and symptoms.
 - Promote consensus on the plan of care between patients and members of the care team.
 - Prevent breakdowns in care when patients have a PCP and multiple specialty care providers.
 - Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.
 - Focus on characteristics of advanced primary care, such as a continuous relationship with the patient, and the patient with a designated member of the care team.

CONTRACTED SERVICES

- None

STAFFING

- 2 registered nurses

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: COMMUNITY OUTREACH & VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

- Community Outreach is responsible for facilitating access to healthcare, creating awareness

campaigns and education through community partnerships.

- Volunteer/Auxiliary Services provide volunteers who assist in daily activities throughout the facility providing focused assistance to departments as needed.
- Volunteers may assist in patient care and no-patient care areas.
- Volunteers may also assist in large hospital events, including but not limited to health fairs and Foundation events.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Build mutually beneficial partnerships between employers, community-based organizations and the populations we serve.
- Foster stakeholder and community partnerships to improve the health of the community.
- Create awareness campaigns and education through health events, employer sponsored events, presentations, social media, traditional news outlets, and other venues to reach our community members.
- Develop and implement effective employee wellness campaigns in partnership with local employers.
- Responsible for planning and implementing policies under Marketing and Community Outreach, working closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.
- Provide mail service, flower delivery, Comfort Cart, Gift Shop, Chaplain Services, and assistance to departments such as filing, laminating and clerical duties.

CONTRACTED SERVICES

- None

STAFFING

- Community Outreach & Volunteer Services Director
- Volunteers
- Chaplains are provided on an on call basis

AFFILIATIONS OR SOURCES OF REFERENCE

.

SCOPE OF SERVICE: COMPLIANCE

DEFINITION OF SERVICE

- The Compliance Department provides logistical and functional oversight of multiple

disciplines that are critical to successful delivery of quality care. The department works with both clinical and non-clinical departments within the facility. The department also works with any and all regulatory bodies that govern the operation of health facilities and business function. ~~Staff in the Compliance Department are responsible for:~~

- ~~◦ Compliance and Regulatory Oversight~~
- Staff in the Compliance Department are responsible for:
 - Compliance and Regulatory Oversight

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays.

TYPES OF SERVICES

- **Compliance**
 - This department ensures that staff in the facility follow any and all regulations governing the function of MHSC. The goal is to stay current with new regulations as they become available. This is done through compliance monitoring, and proactive survey/audit preparation throughout the Hospital.
- **Overseeing and monitoring the implementation and maintenance of the Compliance Program.**
 - Reporting on a regular basis to the Board of Trustees (no less than annually) on the progress of implementation and operation of the Compliance Program and assisting the CEO in establishing methods to reduce the Hospital's risk of fraud, abuse and waste.
 - Periodically reviewing and recommending changes to the Compliance Program in light of changes in the needs of the Hospital and changes in applicable statutes, regulations and government policies.
 - Reviewing, at least annually, the implementation and execution of the elements of this Compliance Program.
 - Developing, coordinating and participating in educational and training programs that focus on elements of the Compliance Program with the goal of ensuring that all appropriate Staff are knowledgeable about, and act in accordance with, this Compliance Program and all pertinent federal and state requirements.
 - Ensuring that independent contractors and all other non-Staff of the Hospital are aware of the requirements of this Compliance Program as it applies to and affects the services provided by such contractors and agents.
 - Ensuring that employees, independent contractors, and agents of the Hospital have not been excluded from participating in Medicare, Medicaid or any other federal or state health care program.
 - Ensuring that the Hospital does not employ or contract with any individual who has been convicted of a criminal offense related to health care within the previous five years, or who is listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in Medicare, Medicaid, or any other federal or

state health care program.

- Coordinating internal compliance review and monitoring activities.
- In conjunction with supervisors and the Human Resources Department, investigating and acting on matters related to compliance, including design and coordination of internal investigations and making recommendations for any corrective action.

CONTRACTED SERVICES

- Cerner P2 Sentinel HIPAA Compliance
- Code of Conduct
- FairWarning HIPAA Compliance program for legacy systems
- Red Flag Reporting

STAFFING

- Oversight Compliance Officer
- Compliance auditor

AFFILIATIONS OR SOURCES OF REFERENCE

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- OIG (Office of Inspector General)
- HIPAA
- STARK Act
- Anti-Kickback Act
- False Claims Act
- DHHS-OIG

SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

- The MHSC Dialysis Unit provides chronic hemodialysis and peritoneal dialysis care to patients in an outpatient setting. The eight (8) chair unit, plus one (1) Isolation chair is located on the third floor of the Medical Office Building adjacent to the hospital.
- Chronic hemodialysis is offered to patients in Sweetwater County and the surrounding area who are experiencing end-stage renal disease (ESRD). The age range of the population served is 16 years of age and above. Acute dialysis is not offered at MHSC at this time. Patients in need of acute dialysis are transferred to a facility with acute dialysis care services.
- The primary goal of the chronic hemodialysis and peritoneal dialysis are to adjust and/or restore the health, and functional status of patients with ESRD or kidney disease to improve quality of life to the greatest extent possible. In an effort to meet the needs of these patients, their families and significant others, a holistic and multidisciplinary approach is used, involving social, medical, economic, spiritual, nutritional, educational and psychological aspects of care.

- In addition to hemodialysis, peritoneal dialysis is a treatment modality of choice offered at the MHSC Dialysis Unit when appropriate. Patients are educated to, and assisted with the further exploration and possible change to this modality by dialysis staff of MHSC.
- Arrangements for those interested in kidney transplant are made with the kidney transplant programs of the University of Colorado Medical center in Denver, Colorado, the University of Utah in Salt Lake City Utah, or Intermountain Health Hospitals in Salt Lake City Utah.
- An additional goal of staff in the MHSC Dialysis Unit is to provide education for the care of patients receiving hemodialysis or peritoneal dialysis or who are experiencing chronic renal disease to other health care professionals within the MHSC and any other interested community individuals, groups, or educational institutions. Care for patients requiring chronic hemodialysis or peritoneal dialysis augments the medical and nursing care provided by at the MHSC.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- B-Braun-annual contract for maintenance on the dialysis machines, water purification system and supplies.
- Fresenius USA for dialysate and dialyzers.
- [Spectra Labs](#)

STAFFING

- During the hours of operation the hemodialysis unit is covered by two to five staff members, a

combination of registered nurses and patient care technicians. One nurse covers the peritoneal dialysis service with additional staff members cross-trained to allow nursing care coverage to patients on peritoneal dialysis. The unit nursing director oversees the day-to-day operations and care of patients. Each dialysis patient is visited monthly by the multidisciplinary care team that includes the nephrologist, registered nurse, social worker, dietician, and patient financial navigator during multidisciplinary (MDR). Once a month the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide services to them .

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

- The Education Department facilitates lifelong learning and professional development activities for personal and professional growth, competency, and proficiency for all employees at MHSC, including clinical and non-clinical departments.
- Professionals in the Education Department use knowledge and skills in educational theory and application, career development, leadership, curriculum, and program management to assist employees in providing safe and exceptional patient care.
- The learning needs of employees in all departments guide meaningful continuing education opportunities necessary and pertinent to the position description.
- Continuing education opportunities include mandatory education that is needed to meet the requirements of regulatory agencies. In addition, the Education Department disseminates information to employees that they may not otherwise know to exist, thus expanding learning opportunities, critical thinking, and looking at issues from multiple perspectives.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Education department has standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as-needed basis.
- The Education Department hours are typically 7:00 AM-4:30 PM, Monday through Friday.
- However, hours of availability in the Education Department are flexible, dependent on the learning needs of employees who work in an organization that functions twenty-four hours a day, seven days a week.

TYPE OF SERVICE PROVIDED

- Services provided by the staff in the Education Department include, but are not limited to: teaching classes, organizing classes, and in-services, administering and managing the

organization's learning management system, coordinating American Heart Association courses to meet compliance, conducting competency assessments, and assisting in the development of competencies throughout the organization, conducting preceptor training and evaluating the effectiveness of educational activities. Staff in the Education Department provides career and academic counseling and guidance. The Education Department develops individualized orientation plans for newly hired nurses, certified nursing assistants, and medical assistants.

- The Education Department allows individuals in specific departments and others with the most appropriate expertise to conduct department-specific orientation and training on using the electronic medical record. The Education Department serves as a resource whenever needed. The Education Department routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning. ~~Currently, continuing education courses are not offered through MHSC's Education Department but are available through the Healthcare Source Learning Management System. Lippincott Learning, and University of Utah Tele-ICU Courses.~~
- Currently, continuing education courses are not offered through MHSC's Education Department but are available through the Symplr Learning Management System. Lippincott Learning, and University of Utah Tele-ICU Courses.

CONTRACTED SERVICES

- ~~Lippincott~~
- ~~Up To Date~~
- ~~Healthcare Source~~
- ~~American Association of Critical Care Nurses (AACN)~~
- ~~University of Utah~~
- ~~Relias~~
- Lippincott
- Up To Date
- Symplr
- University of Utah
- Relias
- RQI - Resuscitation Quality Improvement with American Heart Association

STAFFING

- The Education Department reports to the Chief Nursing Officer and consists of the Director of Education and the Clinical Nurse Educator.
- The Education Department uses a self-directed orientation process. As a result, yearly competencies are developed to reflect the dynamic nature of the health care environment. See Job descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

- The Education Department has developed relationships with educators at the University of

Utah and Primary Children's Hospital in Salt Lake City, Utah, which have led to opportunities to be involved in certain educational activities provided by these larger organizations.

- ~~Other affiliations include but are not limited to the following:~~
- ~~American Nurses Association/ Wyoming Nursing Association~~
- ~~American Nurses in Professional Development~~
- ~~Infusion Nursing Society~~
- ~~Wyoming State Board of Nursing~~
- ~~The Joint Commission~~
- ~~Centers for Medicare and Medicaid~~
- ~~Occupational Safety and Health Administration~~
- Other affiliations include but are not limited to the following:
 - American Nurses Association/ Wyoming Nursing Association
 - American Nurses in Professional Development
 - Centers for Medicare and Medicaid
 - Infusion Nursing Society
 - Occupational Safety and Health Administration
 - The Joint Commission
 - Wyoming State Board of Nursing

SCOPE OF SERVICE: EMERGENCY DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Emergency services without acute hemodialysis, interventional cardiology, neurosurgery and

interventional radiology.

- Access to ~~tele-stroke~~[telehealth](#) services.
- The ED is designated as an Area Trauma Hospital by the State of Wyoming which correlates to a Level III trauma designation by the American College of Surgeons.
- The department consists of 22 private patient rooms, including 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.
- ~~Oversees and collaborates with the behavioral health coordinator with monitoring of behavioral health patients~~[Behavioral Health](#)
 - ~~Behavioral Health~~
 - ~~Once~~[Oversees and collaborates with physicians, counselors, case management and behavioral health staff in the monitoring care of behavioral health patients in this population are evaluated by a Licensed Professional Counselor \(LPC\), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.](#)
 - [Once patients in this population are evaluated by a Licensed Professional Counselor \(LPC\), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.](#)
 - [A member of the Care Management Team assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.](#)
 - ~~In the absence of social workers, the behavioral health coordinator assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.~~
 - ~~The behavioral health coordinator notifies all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.~~

CONTRACTED SERVICES

- University of Utah Emergency Department Physicians
- [University of Utah Telehealth Services as outlined in contract](#)
- [Qler psychiatric consults](#)

STAFFING

- The ED is staffed by board certified emergency physicians 24/7, and provides physician overlap coverage from 11:00 a.m. - 11:00 p.m.
- Registered nurses (RN) staff the unit by census and acuity trends and work 12 hours shifts

that are staggered throughout the day to meet volume demands. ~~Shifts~~ Staffing ratios are ~~typically 7:00 a.m. - 7:00 p.m., 10:00 a.m. - 10:00 p.m., and 7:00 p.m. - 7:00 a.m.~~ typically 7:00 a.m. - 7:00 p.m., 10:00 a.m. - 10:00 p.m., and 7:00 p.m. - 7:00 a.m. routinely evaluated per recommendations of national nursing bodies and evidence-based practice.

- Additional support staff include nursing unit secretaries, ED technicians, EMTs, and certified nursing assistants (CNA) with varying hours and coverage.
- The ED has access to other physician specialties that fulfill call availability to the department including, but not limited to; ~~hospitalist care~~ hospitalists, pediatrics, orthopedics, general surgery, urology, and obstetrics.
- Behavioral health staff consists of 1 coordinator, and nine on-call monitors that assist with behavioral health issues, and report to the Director of Emergency Department.

AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah
- Air Med Flight Services
- Emergency Nurses Association (ENA)
- American Nurses Association (ANA)
- Crisis Prevention Intervention (CPI)
- University of Utah
- Sweetwater County Sheriff's Office (SCSO)
- Center for Domestic Preparedness (CDP)

SCOPE OF SERVICE: EMERGENCY MANAGEMENT

DEFINITION OF SERVICE

- Memorial Hospital of Sweetwater County's (MHSC) Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies or incidents, both external and internal, which could confront the Hospital and the surrounding community based upon the annual Hazard Vulnerability Assessment (HVA).

HOURS / DAYS OF THE WEEK OF SERVICE

- 24/7

TYPES OF SERVICES

- The Emergency Operations Plan describes a comprehensive "all hazards" ~~continuity of operation plans~~ continuity of operation plans with command structure that uses the Hospital Incident Command System (HICS) for coordinating six (6) critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities.
- The overall response procedures include emergencies that can temporarily affect demand for services, along with emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time.
- Multi-agency collaboration will encourage familiarity and networking between community

partners as well as promote much needed priority setting, information-sharing, and joint decision-making during a true incident.

CONTRACTED SERVICES

- None

STAFFING

- Oversight by the Security Supervisor
- Emergency Management Coordinator

AFFILIATIONS OR SOURCES OF REFERENCE

- NIMS National Incident Management System

SCOPE OF SERVICE: EMPLOYEE HEALTH

DEFINITION OF SERVICE

- : The Employee Health Department provides a safe and healthful work environment and assists the employees to maintain optimum health and efficiency in their job responsibility. Family Practice physicians and providers who offer occupational health services work with Employee Health to regulate and educate about immunizations for preventable infectious diseases, blood-borne pathogen prevention, and follow-up when applicable or noted by CMS, local and state public health, The Joint Commission, and OSHA.

HOURS / DAYS OF THE WEEK OF SERVICE

- : The Employee Health Department operates from 8:00 a.m. - 4:30 p.m., Monday through Friday, no holidays. Available after hours as needed.

TYPES OF SERVICES

- : New hire health screening
- : Annual employee health assessments
- : Evaluating employee's ability to use of personal protective equipment
- : Coordinating the treatment of occupational illnesses and injuries
- : Workers' compensation case management
- : Managing occupational exposures to communicable disease(s)
- : Consultation and oversight for provision of the respiratory protection
- : Assessing the need for and administering required immunizations
- : Promotes a safe working environment
- : Education of personnel to prevent injury through ergonomics, body mechanics, appropriate use of PPE, safety designed sharps and non-slip shoes
- : Coordinating the employee's safe return-to-work after illness or injury
- : Promotes employee health education and wellness

- : Provision of safety -designed sharps and disposal systems, in accordance with the Needlestick Safety and Prevention Act
- : Bloodborne Pathogen Standard Implementation
- : Provide educational opportunities that promote employee health, safety, and wellbeing
- : Education of personnel to recognize and protect against potential hazards to themselves and other personnel

CONTRACTED SERVICES

- : UL Services – Pure OHS Employee Health EMR

STAFFING

- : One RN staffs this department who is licensed in the State of Wyoming.
- : A qualified physician licensed in the State of Wyoming acts as the Medical Director.

AFFILIATIONS OR SOURCES OF REFERENCE

- : Centers for Disease Control and Prevention (CDC)
- : The Joint Commission (TJC)
- : Association of Occupational Health Professionals in Health Care (AOHP)
- : Healthcare Infection Control Practices Advisory Council (HICPAC)
- : Occupational Safety and Health Administration (OSHA)
- : National Institute for Occupational Safety and Health (NIOSH)
- : American Society of Healthcare Engineering (ASHE)
- : Department of Health (DOH)
- : Facilities Guideline Institute
- : Wyoming Department of Health (WDOH)
- : Sweetwater County Public Health

SCOPE OF SERVICE: ENVIRONMENTAL SERVICES

DEFINITION OF SERVICE

- The Environmental Services Department is responsible for the ~~hygieie~~hygienic and aesthetic cleanliness of the hospital's internal physical environment. The Department's objectives are to ensure that the services provided by the department are effective in maintaining a hygienic and aesthetically pleasing environment for patient care, also to identify problems in, and opportunities to improve the quality and cost-effectiveness of these services.
-

HOURS / DAYS OF THE WEEK OF SERVICE

- The Environmental Services Department offers services daily, 7 days per week, including holidays.
- The hours of operation are as follows:

- Housekeeping Services 6:00 a.m. - 11:00 p.m.
- Laundry Services 5:00 a.m. - 2:00 p.m.
- Laundry and linen deliveries to patient care areas after 2:00pm will be handled by the Housekeeping personnel.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Fibertech Window Cleaning
- Martin Ray Laundry Equipment Services

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICE:

- Facility Support Services (FSS) is responsible for maintaining the physical health and condition

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

- Environmental Safety, in conjunction with Patient and Staff Safety initiatives, allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and or even death. ~~The FSS Director oversees and Facilitates the Environment of Care (EOC) Committee. This Committee's membership includes a cross-section of various hospital disciplines who work collaboratively. The Committee is tasked with managing risks in the environment and intervening in situations that pose a threat to people or property. It manages those risks by collecting a wide variety of information about EOC issues, conducting risk management activities, and then communicating the results of those activities. There is also an Environmental Safety Officer, tasked with actively supporting those listed functions. That officer utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the EOC Committee, and the facility Performance Improvement and Patient Safety Plan. All staff members in FSS aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.~~
 - The FSS Director oversees and Facilitates the Environment of Care (EOC) Committee. This Committee's membership includes a cross-section of various hospital disciplines who work collaboratively.
 - The Committee is tasked with managing risks in the environment and intervening in situations that pose a threat to people or property. It manages those risks by collecting a wide variety of information about EOC issues, conducting risk management activities, and then communicating the results of those activities.
 - There is also an Environmental Safety Officer, tasked with actively supporting those listed functions. That officer utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the EOC Committee, and the facility Performance Improvement and Patient Safety Plan.
 - All staff members in FSS aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

HOURS / DAYS OF THE WEEK OF SERVICE

- On-call FSS personnel are available 24 hours a day, 7 days a week.
- FSS working hours are typically Monday-Friday from 6:30 a.m. - 5:00 p.m. Saturday, Sunday and holiday hours vary. Typically, on weekends and holidays the on-call staff member will work 1010 hours during the day ~~and evening. FSS personnel are assigned on-call for after-hours emergencies or when the Facilities' department is not otherwise staffed.~~

TYPES OF SERVICES

- FSS provides preventative maintenance, responds to trouble calls ~~or~~ and performs maintenance requests, ~~operates and maintains the boiler plants, HVAC equipment, and emergency generators.~~

- Operates and maintains the boiler plants, HVAC equipment, emergency generators, plumbing systems, electrical systems, and grounds.
- FSS is responsible for proper handling and disposal of medical waste generated by patient care functions.
- FSS maintains or manages contracts for the maintenance of life safety equipment and systems. FSS provides project management support for remodels and special projects as assigned. Through the Bio-Medical department, FSS manages service contracts and coordinates or affects the repairs to biomedical equipment.
- ~~FSS subcontracts certain technical repairs and inspections. These include boiler overhauls, emergency generator repairs and load testing, fire alarm and monitoring system inspection and repairs, central plant water chemistry support, pest control, medical gas system certification and asbestos abatement.~~

CONTRACTED SERVICES

- Original Equipment Manufacturer (OEM) or other professional services are contracted on the basis of bids, time and material contracts or annual/multiyear contract basis to perform repair, services and maintenance on select systems and components. This is especially true where certifications ~~or~~, advanced training ~~beyond what is typical of in-house personnel~~, or where special tools and equipment are required ~~and the cost of this equipment or training is not cost effective as an in-house service.~~
- These contracts include, but are not limited to, boiler overhauls, emergency generator repairs and load testing, fire alarm and monitoring system inspection and repairs, central plant water chemistry support, pest control, medical gas system certification, and asbestos abatement.

STAFFING

- Typically, an FSS staff-member is on site for approximately 10.5 hours on week days and 10 hours on weekends. ~~When FSS personnel are not~~ A rotating schedule of on-site, a designated member of FSS Department is on-call and available, thereby assuring FSS coverage staff provide 24/7 support in the case of emergencies. The ~~PBX~~ED operator, and House Supervisors, and security are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to ED operators, House Supervisors, and Security. The ED operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the ~~PBX operators and House Supervisors. The PBX operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX operator and House Supervisor.~~
- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as AST/UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.
- Environmental Safety ~~Officer~~ Coordinator.

AFFILIATIONS OR SOURCES OF REFERENCE:

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

SCOPE OF SERVICE: FISCAL SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- ~~None~~
- [CliftonLarsenAllen](#)

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

SCOPE OF SERVICE: GUEST RELATIONS/GRIEVANCES

DEFINITION OF SERVICE

- Guest Relations provides oversight ~~of multiple disciplines that are critical to successful delivery of quality care.~~ of multiple disciplines that are critical to successful delivery of quality care. The department works with both clinical and non-clinical departments within the facility. The department also works with ~~any and~~ all regulatory bodies that govern the operation of health facilities and business function.
- ~~Resolution and appeal processes of patient complaints are accessed through the Director of Infection Prevention, Employee Health & Grievances.~~ Resolution and appeal processes of patient grievances are accessed through the Patient Relations Specialist/Grievance Coordinator, Patient Experience Coordinator and the Grievance Committee.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays.

TYPES OF SERVICES

- Guest Relations/Grievances
 - Guest relation services provide for patient advocacy, complaint management, and crisis intervention and ethics consultation in a non-judgmental, non-defensive, harassment free manner. Consumers are provided with access to health care information and resources in a safe environment of care. Services include a centralized system for addressing patient and guest concerns, complaints and grievances, the provision of information related to MHSC policies, procedures and services as well as a compassionate advocate within the health care system and community. The ~~Guest~~Patient Experience Coordinator, the Patient Relations Specialist/Grievance Coordinator and the Grievance Committee facilitates the resolution of complaints and grievances per CMS/Joint Commission requirements, and hospital.

CONTRACTED SERVICES

- ~~Synergi~~
- ~~MSDS Online~~
- ~~The Joint Commission (TJC)~~
- None

STAFFING

- ~~Oversight by Director of Infection Prevention, Employee Health & Grievances~~
- Oversight by Patient Relations Specialist/Grievance Coordinator

AFFILIATIONS OR SOURCES OF REFERENCE

- The Joint Commission (TJC)

- ~~Occupational Safety and Health Administration (OSHA)~~
- ~~National Fire Protection Association (NFPA)~~
- Wyoming Department of Health (WDOH)
- Center for Medicare and Medicaid (CMS)

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Health Information Management Department is staffed as follows:
 - **Medical Records Department Access:**
 - Monday through Friday, 6:30 a.m. - 4:30 p.m.
 - Saturday and Sunday – Closed
 - Holidays Recognized by Hospital – Closed
 - **Health Information Management Director**
 - Monday through Friday, 7:00 a.m. - 3:30 p.m.
 - Saturday and Sunday, or after hours, available by cell phone

TYPES OF SERVICES

- All patients – Information ~~faxed~~sent to continuing care facilities per request
- Previous patients – ~~We copy~~Provide copies of charts per patient requests ~~as they walk in or call~~
- Birth certificate completion and submission to State of Wyoming
- Completing Affidavit Acknowledging Paternity and Affidavit Denying Paternity document with single parents
- Collecting paper chart documentation from all patient care areas in the hospital
- Analyzing and verifying that patient documentation (including orders for admission) are in the correct chart and the documentation is complete
- Scanning paper documents into electronic medical record into the correct section and attaching to the appropriate patient's record
- Verifying that ~~physicians~~practitioners have completed necessary documentation in each patient's chart
- Notifying ~~physician~~practitioners of deficient or delinquent information in patient records
- Locating and accessing microfilm records for patient care

- Verifying that appropriate orders are documented before coding chart
- Verifying appropriate ICD-910 codes to correspond with patient's diagnosis
- Verifying CPT or procedure codes are correct for the patient's procedures
- Verifying inpatient data has correct codes before being submitted to Medicare
- Coding and abstracting charts in a timely manner to allow days in AR to be minimal
- Provide Health Information to requesting **physicianspractitioners** from outside clinics or hospitals
- Faxing information to other health care providers for continuing patient care
- Identifying and submitting all cancer cases diagnosed at our hospital to the State of Wyoming
- Locating and copying records for attorneys and patients
- Bill for records copied and submitted to attorneys and patients (usually taken care of by our vendor)
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed
- Maintaining personal health information
- Notifying **physicianspractitioners** to complete outstanding dictations or authenticate incomplete patient records
- A notary is located in our office. We will notarize any legal documents for the convenience of patients and staff members
- Working with **case-managersCare Management and rest of care team** to improve **physicianpractitioner** documentation
- Work closely with admission staff to ensure proper identification of patients
- In conjunction with Information Technology, merge together duplicate medical records on the same patient
- In conjunction with Compliance Officer, responsible for policies regarding personal health information
- Locating Advanced Directives for patient, when not present in most recent record.

CONTRACTED SERVICES

- United Auditing Services (external chart review and back-up coding)
- Care Consultants Better Solutions (release of information for legal charts)
- Copier and Supply (copy/fax)
- **R1-RCM (back-up coding)**

STAFFING

- 1 - Health Information Management Director
- 1 - Inpatient coders
- **36** - Outpatient coders
- 5 - Health Information Management Technicians (5 FT)

- 34 - Pro-Fee Coders
- [1 - Clinical Documentation Improvement RN](#)

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Healthcare Documentation Integrity (AHDl)
- American Health Information Management Association (AHIMA)
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)
- American Academy of Professional Coders (AAPC)

SCOPE OF SERVICE: HUMAN RESOURCES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Human Resource staff is available 7:30 a.m. - 4:00 p.m., Monday through Friday, except holidays.

TYPES OF SERVICES

- Services provided include recruitment, orientation, benefits administration including mental health services provided to all employees, management and maintenance of employee information, leadership training, compensation analysis and management, policy deployment

and interpretation, performance management support and assistance.

CONTRACTED SERVICES

- Focus One Staffing Services for contract personnel
- CompHealth for the recruitment of therapist positions
- ~~ComPsych~~TELUS through Unum for the provision of Employee Assistance Program
- Alliance Benefit Group (ABG) for Retirement Benefits
- Arthur J. Gallagher for the Administration of Health/Dental/Vision/Disability and Life insurances, EAPs and compensation analysis

STAFFING

- The Human Resource Department is staffed by a Director of Human Resources, a Human Resource Specialist in Benefits, a Human Resource Generalist, a Human Resource Administrative Assistant ~~and an~~, HR Assistant and Clinical Training Coordinator.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Society for Healthcare Human Resource Administration (ASHHRA)
- Employers Council - Compensation, Employment Law
- Society for Human Resource Management (SHRM)
- Human Resources Certification Institute (HRCI)
- High Desert Human Resources (HDHRA) -SHRM Regional Affiliate
- Wyoming Hospital Association (WHA)
- Compensation Data Exchange (CompuData)

SCOPE OF SERVICE: INFECTION PREVENTION & EMPLOYEE HEALTH

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Infection Prevention ~~& Employee Health~~ Department operates from 8:00 a.m. - 4:30 p.m.,

Monday through Friday, no holidays. Available after hours as needed.

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

- ~~Two RNs staff this department who are licensed in the State of Wyoming.~~ One (1) RN licensed in the State of Wyoming or person qualified with Masters in Public Health or equivalent, staff this department.
- A qualified physician licensed in the State of Wyoming acts as the Medical Director.

AFFILIATIONS OR SOURCES OF REFERENCE

- Centers for Disease Control and Prevention (CDC)
- The Joint Commission (TJC)
- Chinese Medical Association (CMA)
- Association of Professionals in Infection Control and Epidemiology (APIC)
- Association of Occupational Health Professionals in Health Care (AOHP)
- Healthcare Infection Control Practices Advisory Council (HICPAC)
- Occupational Safety and Health Administration (OSHA)
- National Institute for Occupational Safety and Health (NIOSH)

- American Association of Operating Room Nurses (AORN)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Society of Healthcare Engineering (ASHE)
- Department of Health (DOH)
- American National Standards Institute (ANSI)
- American Institute of Architects (AIA)
- Facilities Guideline Institute
- Wyoming Department of Health (WDOH)
- Sweetwater County Public Health

SCOPE OF SERVICE: INFORMATION TECHNOLOGY SERVICES

DEFINITION OF SERVICES

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The IT department provides hardware and software supports to all hospital employees and related services of the organization.
- The IT department provides network infrastructure and maintains the hospital data center.
- The IT department does not provide IS support to personal equipment of employees or

patients.

- Contact for the department is through the Help Desk at ext. 8425 or by email at helpdesk@sweetwatermemorial.com

CONTRACTED SERVICES

- ~~None~~
- [NetDais – Networking professional services](#)
- [CompuNet – System professional services](#)

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

AFFILIATION OR SOURCES OF REFERENCE

- [Oracle Health Cerner EMR services](#)
- Health Information Management Systems Society (HIMSS)
- College of Healthcare Information Management Executives (CHIME)
- Utah Health Information Network (UHIN)
- Utah Health Information Exchange (CHIE)

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

DEFINITION OF SERVICE

Intensive Care Unit (ICU) Level I cares for patients with severe and life-threatening severe illnesses and injuries that require constant, close monitoring and support from specialized equipment and medications in order to treat the underlying causes of the illness and ultimately restore or stabilize the patient's health status.

Intensive Care Unit Level II / Step-down ~~Unit~~ is an intermediary step between ICU and the Med/Surg floor. These patients still ~~need~~[require](#) a high level of skilled nursing care and surveillance but [are](#) considered to have a ~~less-critical~~[more stable](#) medical condition.

HOURS / DAYS OF THE WEEK OF SERVICE

- Seven days a week, 24 hours per day, 365 days a year. The unit is only closed when no patients are present, [however, there will always be a Level I trained RN in house.](#) ~~Staff remains~~[Additional staff will remain](#) available per on call standards to ~~open~~[assist the Level I RN](#)

once the unit should patient care needs arise requiring is reopened to accept ICU trained nursing staff level patients.

TYPES OF SERVICES

- The Intensive Care Unit has 5 Inpatient beds.
- Designation of inpatient beds may vary based on patient needs and census; not to exceed 25 total inpatient beds at any given point in time.
- ICU Level I
 - ~~Has a maximum capacity of 4 critical beds located in private rooms.~~ The patient population is predominantly adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms are camera monitored and have bedside monitors with central monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO₂, respiratory rate, EtCO₂ monitoring and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has the following, but not limited to: 3 oxygen outlets, vacuum, compressed air, and 2 suction outlets. Other equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.
- ICU Level II / Step-down ~~Unit~~
 - ~~Has a capacity of six acute care/step-down beds located in private rooms, one of which has a negative pressure relationship.~~ The population is predominately adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the ICU Level 1 status, Medical/Surgical Unit, Obstetrical Services, or from PACU, or admitted directly from physicians' offices. All Step-down rooms are camera monitored. have bedside monitors with central monitoring and recording. There is the capability of monitoring of cardiac rhythms, blood pressure, SpO₂, EtCO₂ monitoring, and respiratory rate. Each patient head wall has oxygen outlets, compressed air, and suction outlets. Other equipment available includes volumetric pumps, PCA pumps, enteric feeding pumps, BiPAP, and Vapotherm.
- The ICU has one (1) negative pressure room.
- ~~Both units~~ ICU Level 1 and ICU Level II are physically located in the same department.
- In the event of a higher census in other areas, either the step-down or intensive care unit may take non-ICU patients as overflow for patient care needs, care and treatment.

CONTRACTED SERVICES

- University of Utah Tele-ICU, Tele-Stroke, Tele-Burn, and Tele-Neurology

STAFFING

- The staff on this unit includes a Unit Director, Clinical Coordinator, Registered Nurses and Certified Nursing Assistants.

- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitians, laboratory, respiratory therapy, case managers, physicians, [pharmacy](#) and behavioral health counselors.
- Each 12-hour shift is staffed with two RNs as a baseline with shifts starting at 6:00 a.m. or 6:00 p.m. respectfully. Depending on the census and acuity ~~there~~[the CNA](#) may be ~~a CNA from 6:00 a.m. to 6:00 p.m.~~[placed on call for day shift and/or for night shift.](#)

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: LABORATORY & PATHOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday - Friday 7:00 a.m. - 5:30 p.m. and Saturday - Sunday 9:00 a.m. - 2:00 p.m. Walk-in Clinic hours are Monday - ~~Friday~~[Saturday](#) 7 a.m. - 7 p.m.

TYPES OF SERVICES

- The Laboratory provides service to all ages of clients. [Test information is also available online at www.testmenu.com/mhsc](#). Services provided ~~includes~~[include](#), but are not limited to:
 - Clinical Laboratory
 - General chemistry
 - Special chemistry
 - Therapeutic drug testing
 - Microbiology
 - Bacteriology
 - Parasitology by PCR
 - Urinalysis
 - Hematology
 - Coagulation
 - Immunology
 - Drug screens
 - Serology and molecular testing
 - Point of care (POC) blood gas analysis

- Transfusion/blood bank services
 - Prenatal screening
 - Cord blood workup
 - ABO, Rh
 - Antibody screens
 - Antibody identification
 - Compatibility testing
 - Blood products
 - Packed RBC units
 - Frozen plasma
 - Cryoprecipitate
 - Platelets-by special order

- Histopathology
 - Non-gynecology cytology
 - Complete histology
 - Special stains
 - Frozen sections
 - Testing not provided in house by MHSC Laboratory will be sent to a reputable and licensed reference laboratory.

CONTRACTED SERVICES

- Vitalant – provides blood and blood products
- ARUP Laboratories
- Summit Pathology

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Accupath Diagnostic Laboratories
- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- CAP (College of American Pathologists)

- CARIS MPI, INC, DBA CARIS Life Sciences
- Colorado Department of Public Health
- Foundation Medicine, INC
- Genomic Health
- Labone, LLC DBA, Quest Diagnostics
- Laboratory Corporation of America
- Mayo Clinic Laboratories
- Myriad Genomic Laboratories
- Natera Inc.
- Neogenomics Laboratories, INC
- Prometheus Laboratories, INC
- Quest Diagnostics Infectious Diseases
- Summit Pathology
- Vitalant
- Wyoming Public Health ~~Laboratory American~~ Laboratory American Society of Clinical Pathologists (ASCP)
- American Association of Blood Banks (AABB)
- Food and Drug Administration (FDA)
- The Joint Commission (TJC)

SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

DEFINITION OF SERVICE

- Marketing & Public Relations is a non-clinical department in charge of marketing and promotion of the Memorial Hospital of Sweetwater County, all of its Specialty Clinics, service lines, providers and employees, and programs. It deals directly with media and advertising companies. The department performs duties pertaining to the marketing and promotion of a positive public image for MHSC, its Specialty Clinics, service lines, providers and employees, and programs. It directs overall marketing functions for the entire organization including all publicity, advertising, marketing, promotion activities, and material for the press and public.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

TYPES OF SERVICES

- Create, implement, and measure the success of a comprehensive marketing, communications and public relations programs that include communication and public relations activities and materials including publication, media relations, and community relations.
- Development of an annual department budget to cover advertising, sponsorship requests,

digital needs, promotional materials, etc. for Memorial Hospital of Sweetwater County, its Specialty Clinics and its service lines.

- Oversees all branding – including use of logo(s) – for Memorial Hospital of Sweetwater County, its Specialty Clinics, service lines, medical staff, employees, and programs.
- Responsible for creating, editing and designing physical layout of print and digital advertising, as well as marketing materials including all brochures, rack cards, flyers, pamphlets, etc. for anything distributed internally or externally for a clinic, department or the entire organization.
- Oversees planning and implementation of all publicity, advertising, marketing, and promotional activities and material that represent the organization to the press and public.
- Responsible for planning and implementing policies under Marketing and Public Relations, working closely with the MHSC Community Outreach Director, MHSC Events Coordinator and Memorial Hospital Foundation Executive Director.
- Establishes, maintains and monitors all official social media accounts including but not limited to: Facebook, Twitter, Instagram, ~~Snapechat, etc~~ and SnapChat.
- Designs, updates information, and maintains hospital website at <https://sweetwatermemorial.com>.

CONTRACTED SERVICES

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

STAFFING

- Staff consists of the Marketing & Public Relations Director, who also serves as the hospital's lead Public Information Officer.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Hospital Association's Society for Healthcare Strategy & Market Development
- Wyoming Press Association
- Associated Press Style Guide/MHSC Style Guide

SCOPE OF SERVICE: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Purchasing Office is available Monday through Friday 6:00 a.m. - 4:30 p.m., no holidays.
- The Central Supply department is available Monday through Friday 6:30 a.m. - 5:00 p.m., no holidays.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Vizient

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The normal operating hours for:
 - Diagnostic Radiology section of the Medical Imaging Department are 24 hours per

day, seven days a week.

- Out-patient Ultrasound ~~are~~ Monday through Friday. There will be an Ultrasound technologist available for ultrasound emergencies seven days a week.
 - Out-patient MRI ~~are~~ Monday through Friday. There will be an MRI technologist available for MRI emergent studies seven days a week.
 - Out-patient CT ~~are~~ Monday - Friday. There is a CT Technologist available for CT emergencies seven days a week.
 - PET/CT services are available every other Friday.
- After routine hours of the Imaging Services Department, a technologist is on duty to cover all Imaging Services Department general radiology procedures. The technologist is to be contacted by the hospital Nursing Supervisor/Charge Nurse on duty for any and all emergencies, external and internal disasters, etc. The technologist is directly responsible to the Director of Medical Imaging at all times.

TYPES OF SERVICES

- Diagnostic radiology (X-ray):
 - The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
 - There is a registered and licensed radiologic technologist on duty at all times.
 - Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
 - After hours fluoroscopic procedures, will be performed on an emergent basis only and after direct physician consultation with the radiologist on call.
- Ultrasound:
 - The normal operating hours for Ultrasound are ~~7:00 am-7:30 p.m.~~ 6:30 p.m., Monday through Friday.
 - Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
 - There will be an Ultrasound technologist on call for Ultrasound emergencies from 6:30 p.m. until 7:30 pm ~~until 7:00 am~~ a.m. Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
 - The normal operating hours for Nuclear Medicine are 7:00 ~~am~~ a.m. - 3:30 ~~pm~~ p.m., Monday through Friday. There is no evening, night or weekend coverage available.
 - Unit doses are supplied by a radiopharmaceutical company. Unit doses must be ordered through the Radiopharmacy no later than 11 am for procedures to be done the same day.
 - Due to the specialized nature of Nuclear Medicine and the inability to secure unit doses after 11 am, these procedures will not be performed after normal operating

hours for emergencies, ~~and only after direct physician consultation with the radiologist on-call.~~

- CT:
 1. The normal operating hours for outpatient CT are 7:30 ~~ama.m.~~ – 4:00 ~~pmp.m.~~
 2. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, and after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
 - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 5:00 p.m.
 - Due to the specialized nature of MRI and the limited number of time slots available, emergencies or add-on scans must be approved by a radiologist.
 - There will be an MRI technologist on-call for MRI emergencies from 5:00 ~~pmp.m.~~ until 6:30 ~~ama.m.~~ Monday through Friday and all day Saturday and Sunday.
- PET Scanning
 - PET Services are provided through a mobile service.
 - The normal operating hours for the PET scanner are every ~~Friday~~ ~~Thursday~~ beginning at 8:00 a.m.
 - Due to the specialized nature of the PET/CT exam, scheduling for this exam will cease at noon the day preceding the exam. The mobile service company reserves the right to ask that the PET exam be rescheduled in the event only one patient is scheduled for any day of contracted service.
- Radiologist Consultation
 - A radiologist is available for consultation 24/7 per the physician call schedule.
 - Imaging studies are read daily.
 - In the event there is a "critical" finding (as defined in the attachment of the Critical Values policy) the radiologist will call the report to the requesting physician.
- Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

CONTRACTED SERVICES

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

STAFFING

- Diagnostic Radiology is staffed 24 hours per day with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming. The techs are scheduled on staggered shifts to allow for more coverage during peak hours.
- Mammography is staffed with ~~two technologists~~ one technologist Monday through Friday. No after-hours coverage is provided. Technologists are registered by the American Registry of Radiologic Technologists and certified by the State of Wyoming.
- Ultrasound is staffed with 3 to 4 technologists from 7:0030 a.m. - ~~56~~:30 p.m. Monday through Friday. One technologist is scheduled for after hours and weekend stand-by to cover emergent procedures. Ultrasound technologists must be registered in Ultrasound by the American Registry for Diagnostic Medical Sonography (ARDMS) or American Registry of radiologic Technologists (ARRT).
- Nuclear Medicine is staffed with ~~two technologists~~ one technologist Monday through Friday. There is no weekend or after-hours coverage. Technologists are registered by the American Registry of Radiologic Technologists, and/or the Nuclear Medicine Technology Certification Board and must be certified by the State of Wyoming.
- CT is staffed 24 hours per day. Technologists are registered by the American Registry of Radiologic Technologists and must be certified by the State of Wyoming.
- MRI is generally staffed 6:30 a.m. - 5:00 p.m. Monday through Friday. One technologist is scheduled for after hours and weekend stand-by to cover emergent procedures. Technologists are registered by the American Registry of Radiologic Technologists.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL ONCOLOGY

DEFINITION OF SERVICE

- Medical Oncology is a branch of medicine that involves the prevention, diagnosis, treatment and post treatment follow up of cancer. Treatment may involve chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer while they are on active treatment with cancer. A medical oncologist also collaborates with hospice to provide end of life care and may coordinate treatment given by other medical specialists. Care is provided by anurses certified to give chemotherapy/immunotherapy. A multidisciplinary patient navigation team which consists of a dietitian, social worker, ~~care coordinator~~, patient navigator and financial navigator are also available to the patients.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- In the Medical Oncology and Hematology ~~Clinic~~Infusion Area, the patient's medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the ~~disposition of~~plan of care for the patient. Patients ~~may~~will be ~~discharged home,~~ started on a treatment plan, admitted to the hospital, or referred to another physician.
- In the Medical Oncology and Hematology infusion area, patients may receive chemotherapy, ~~biotherapy~~immunotherapy, targeted therapy, adjunctive treatments such as zoledronic acid or denosumab, ~~lanreotide, blood transfusions, or iron infusions,~~ Each patient will receive education and patient navigation team services. Our care team focuses on symptom management and triage to help patients get through treatment as smoothly as possible.
- Diagnostic bone marrow aspirates and biopsies may be performed as necessary.
- Sweetwater Regional Cancer Center also performs observational/survivorship clinical trials.

CONTRACTED SERVICES

- None

STAFFING

- The clinic area is staffed by a medical assistant, a receptionist, a ~~clinical coordinator~~Medical Oncology/Hematology Director, a nurse practitioner and a medical oncologist and a Medical Oncologist/hematologist ~~Hematologist~~ physician ~~who is also the Medical Director.~~
- The chemotherapy infusion area is covered daily by 2 chemotherapy certified nurses.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- ~~The Medical/Surgical Unit is a 34 bed unit with private and semi-private rooms. This unit provides care for patients requiring observational and inpatient care for medical or surgical needs.~~
- The Medical/Surgical Unit has 15 Inpatient beds.
- Designation of inpatient beds may vary based on patient needs and census; not to exceed 25 total inpatient beds at any given point in time.
- Additional sleeper-beds are available for partners/guardians of patients receiving care at the hospital.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitian, laboratory, respiratory therapy, case managers, physicians ~~and,~~ nurses, pharmacy, tele-psych (QLER) and behavioral health counseling.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

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

the Medical Executive Committee and the Governing Board.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Staff Services Office is open Monday through Friday, 8:00 a.m. - 4:30 p.m., with the exception of holidays.

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

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: NUTRITION SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- In room dining for patients is available from 7:00 a.m. - 7:00 p.m. (hotline closes at 6:30 pm, salads/sandwiches/other cold items available from 6:30 p.m. to 7:00 p.m.), Monday through Sunday, 365 days a year. The Cafeteria hours are Monday through Sunday: Breakfast 8:00 a.m. - ~~10~~9:30 a.m.; Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:00 p.m.

TYPES OF SERVICES

- Both inpatients and outpatients are given a room service menu and have the opportunity to select their menu according to their diet order.
- The hospital cafeteria is open to all employees and visitors.
- The Executive Chef/Manager and Nutrition Services staff prepare a wide range of dishes ~~daily~~. ~~The cafeteria also offers a salad bar daily to satisfy almost any demand~~.
- Visitors are welcome to order room service (for a fee) while visiting patients, and are also welcome to utilize the cafeteria for meal service.
- The Nutrition Services staff may cater internal and external events or meetings.
- MHSC offers two full time Registered Dietitians for inpatient and outpatient services based on the needs of the patient.
- The dietitians are responsible for the nutritional care of all Dialysis unit and Cancer Center patients.
- Dietitians assess inpatient and outpatient nutritional needs, develop and implement nutrition care plans and advise people on what to eat in order to achieve specific health related goals.
- Dietitians are part of the community Diabetes Self Management Education and Support (DSMES) program.

CONTRACTED SERVICES

- Dining management services are provided by Unidine (excludes dietitians)

- Hobart Services – Dishwasher
- Shadow Mountain -water and coffee

STAFFING

- Director of Dining Services
- Executive Chef/Manager
- Registered Dietitians
- Nutrition Services support staff

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OBSTETRICAL SERVICES

DEFINITION OF SERVICE

- The Level I Maternal Care Obstetrical Department has 5 Inpatient beds.
- Designation of inpatient beds may vary based on patient needs and census; not to exceed 25 total inpatient beds at any given point in time.
- Additional sleeper-beds are available for partners/guardians of patients receiving care at the hospital.
- The **Obstetrical Department** (OB) provides a securely locked badge-access only unit. The unit is comprised of 3 labor & delivery room (LDR) suites, 5 private postpartum rooms, a Level ~~II-A~~ Nursery that accommodates nine well-newborn beds, a special care nursery that accommodates two sick-newborn beds, a procedural/isolation room for newborns, 1 surgical suite, and a two bay Post-Anesthesia Care Unit (PACU).
- The **(OB-Department)** provides outpatient, observational, and inpatient services to pregnant patients, postpartum patients, and newborns up to twenty-eight days of age. The OB staff coordinates care with the Surgical Services Department to meet the needs of patients who require Cesarean section delivery or postpartum tubal ligations.
- The unit uses a multidisciplinary approach of care that includes services of case management, dietitians, laboratory, respiratory therapy, radiology, anesthesia providers and physicians.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Populations served include adolescent and adults who are of childbearing age and neonates 0 to 28 days of age.

- **Obstetrical Observational/Antepartum Services:**

- Obstetrical Triage Services
- Non-Stress Test
- External Fetal Monitoring
- Oxytocin Challenge Test
- External Version
- Premature Labor Management
 - Subcutaneous, Oral, and IV tocolytics
 - Betamethasone injections (Intramuscular)
 - Fetal Fibronectin Testing
- Ultrasound evaluation
- IV Therapy, Hydration
- ROM (rupture of membranes) Plus Testing
- Hyperemesis Gravidarum
- Pyelonephritis
- Preeclampsia

- **Intrapartum**

- Low-Risk Pregnancies
- Stabilization/Transport of High-Risk Pregnancies
- Labor and Delivery Care
 - > 35 Weeks Gestation
- External/Internal Fetal Monitoring
- Wireless External Fetal Monitoring
- Cesarean Section Delivery
- Gestational Diabetes
- Preeclampsia, Eclampsia, HELLP Syndrome
- Spontaneous rupture of membranes (SROM) and artificial rupture of membranes (AROM)
- IV Therapy, Hydration
- Fetal Demise
- Induction and Augmentation of labor
- Amnioinfusion
- Epidural Services
- Intrauterine Growth Restriction
- Nitrous oxide administration

- **Postpartum**

- Couplet Care
- Postpartum Care
 - Up to 6 weeks postpartum
- Post-op cesarean section care
- Postpartum tubal ligation
- Preeclampsia, Eclampsia, HELLP
- Post-op Gynecology

- **Nursery**

- ~~Couplet Care~~
- ~~Newborn Care~~
 - ~~>35 Weeks Gestation~~
- ~~Safe Haven Nursery~~
- ~~Level II A Nursery and Special Care Nursery~~
 - ~~Stabilization/Transportation of the High-Risk Newborn~~
 1. ~~High-Flow Oxygenation~~
 2. ~~Sepsis~~
 3. ~~Respiratory Distress Syndrome (RDS)~~
 4. ~~Continuous Positive Airway Pressure (CPAP)~~
 5. ~~Ventilation Support~~
 6. ~~Surfactant administration~~
 - ~~IV Therapy~~
 - ~~Glucose Management~~
 - ~~Transient Tachypnea of the Newborn (TTN)~~
 - ~~Oxygen Support~~
 - ~~Preemie Feeder and Grower~~
 - ~~Phototherapy~~
 - ~~Large for gestational age (LGA), small for gestational age (SGA) newborns~~
 - ~~Circumcisions up to 12 weeks of age~~
 - ~~Newborn Hearing Screen~~
 - ~~Newborn Genetic Screening~~
 - ~~Back transport to Level I/Special Care Nursery~~
- ~~Breastfeeding Support (Certified Lactation Counselors)~~

Level I Nursery

- [Provide neonatal resuscitation at every delivery](#)
- [Evaluate and provide postnatal care to stable term newborn infants](#)
- [Stabilize and provide care for infants born 35-37 week gestation who remain physiologically stable](#)
- [Stabilize newborn infants who are ill and those born at < 35 weeks gestation until transfer to a higher level of care](#)
- [Couplet Care](#)
- [Safe Haven Nursery](#)
- [IV Therapy](#)
- [Glucose Management](#)
- [Oxygen Support](#)
- [Phototherapy](#)
- [Circumcisions up to 12 weeks of age](#)
- [Newborn Hearing Screen](#)
- [Newborn Genetic Screening](#)
- [Breastfeeding Support \(Certified Lactation Counselors\)](#)

CONTRACTED SERVICES

STAFFING

- The Director of OB has 24/7 responsibility for the day to day operations of the unit with assistance of the Clinical Coordinator. Staffing is comprised of Registered Nurses, Certified Nursing Assistances, and Unit Secretaries. [On occasion, the department may utilize Licensed Practical Nurses \(LPNs\).](#)
- Staffing for the OB Department follows AWHONN Perinatal Nursing Staffing Guidelines ensuring safe patient care for antepartum, intrapartum, postpartum and newborn patients. At a minimum, 2 RNs are staffed at all times.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OUTPATIENT **SERVICES** INFUSION AND WOUND CARE

DEFINITION OF SERVICE

- Outpatient Services provides for the patients who require infusions of medications, treatments, transfusions, or wound care that doesn't require a hospital stay.

- Outpatient Services operates out of the Outpatient Infusion Clinic located on the main floor of the hospital next to Medical Imaging.

HOURS / DAYS OF THE WEEK OF SERVICE

- Typically, Monday through Friday excluding holidays, 8:30 a.m. - 5:00 p.m., but alternate arrangements can be made for after hours and weekends.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

- 2 registered nurse full time RNs, 1 part time RN and 1 Unit Secretary with support from hospital-wide nursing staff

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: PATIENT ACCESS/ADMISSIONS

DEFINITION OF SERVICE

- The Admitting Department is comprised of Admitting, Emergency Department Admitting, Medical Imaging Admitting, Clinic Reception, Central Scheduling and the Communications departments. Admitting is a non-clinical department that performs the initial greeting, registration and admitting of all patients to our facility.
- Excellent customer service is provided by professionally, courteously, and accurately registering each patient into the system and opening an accurate medical record. Additionally, required are consents for treatment and an Assignment of Benefits along with consents to submit billing to the patient's insurance carrier or entitlement program from each patient. Each patient's insurance card and driver's license are scanned into the patient's medical record, if

they are available. Excellent customer service is provided in an effort to identify and take care of the patient's basic needs and answer any questions that patients might have about their visit prior to assisting patients with directions of where they need to go for their hospital services.

HOURS / DAYS OF THE WEEK OF SERVICE

- ~~The Foundation Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 5:30 p.m., except holidays.~~
- The College Hill Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 7:00 p.m., except holidays.
- The Medical Imaging Admitting area is staffed Monday through Friday from 6:30 a.m. until 5:00 p.m., except holidays.
- However, all services are also able to be admitted in the Emergency Department admitting area 24 hours per day 7 days per week.
- The Clinic Admitting areas are staffed from Monday through Friday from 8:00 a.m. until 5:00 p.m., except the Walk-in clinic is staffed Monday through Saturday from 7:00 a.m. until 7:00 p.m., except holidays.
- The Communications department is staffed from 6:30 a.m. until 9:00 p.m. Monday through Friday and from 8:00 a.m. until 9:00 p.m. on weekends and holidays.
- The Central Scheduling Department is staffed Monday through Friday from 8:00 a.m. until 5:00 p.m., except holidays.

TYPES OF SERVICES

- Initial welcoming of patient's and visitors to our facility.
- Arranges for the accurate, efficient, and orderly scheduling and registration of patients into inpatient, outpatient, and ancillary departments of our facility.
- Ensure that accurate, comprehensive demographic information is acquired and keyed into the hospital's database.
- Available to answer any questions patients might have and works to ensure that the patient's registration is an exceptional experience.

CONTRACTED SERVICES

- Companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification:
 - ~~Gerner~~

STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 7:00 a.m. - 5:30 p.m., Monday through Friday. College Hill and Walk-in Clinic coverage between 7:00 a.m. – 7:00 p.m. Monday through Saturday. Clinic coverage between 8:00 a.m. – 6:00 p.m., Monday through Friday. Along with 24/7 coverage in the Emergency Department.

- The staff includes a Patient Access Manager, Patient Access Specialists, Lead Pre-Admissions Registrar, Pre-Admissions Registrars, and Operator/Receptionists.
- All personnel report directly to the Director of Patient Financial Services.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Services provided include charge master preparation, charge capture, claim preparation, claim submission, claim follow-up and appeal, account collection, statement and letter preparation, payment plan assistance, Medical Assistance education and application, ~~acquire~~acquire assistance for our uninsured or under insured patients, and patient accounting.

CONTRACTED SERVICES

- ~~Contracted services include electronic transactions through Change Healthcare, Waystar and Ability Network; statement and correspondence preparation and mailing through Instamed, out-of-state Medicaid collections through Express Medicaid Billing Service, and patient collections through Wakefield and Associates.~~
- Contracted services include electronic transactions through SSI
- Ability Network: statement and correspondence preparation and mailing through RevSprings

- [Out-of-state Medicaid collections through Express Medicaid Billing Services](#)
- [Patient collections through Express Recovery Services](#)

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Finance Management Association (HFMA)

SCOPE OF SERVICE: PHARMACY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Pharmaceutical care is provided to patients through monitoring of patient medication therapy, provision of drug information to professional staff, and patient medication education. Specific services include:
 1. Oversight of medication management including establishing policies and practices concerning planning, selection, storage, ordering, dispensing, administering, monitoring, and evaluating to promote safe use.
 2. Identifying high-alert drugs (including insulin, anticoagulants, concentrated electrolytes, neuromuscular blockers and others designated by the organization).
 3. Identifying hazardous drugs and implementing policies for safe handling of these agents.
 4. Procurement of medications from suppliers approved by the hospital's purchasing organization.
 5. Review of medication orders.
 6. Evaluation of potential drug interactions.

7. Packaging, labeling, and dispensing all medications, chemicals, and other pharmaceutical preparations to patient care areas consistent with current recommended practices.
 8. Provision of a unit-dose drug distribution system.
 9. Compounding sterile preparations to meet federal and state requirements.
 10. Inspection of all areas where medications are stored, dispensed, or administered.
 11. Assessment of patient's medication therapy for potential problems such as adverse drug reactions, drug interactions, inappropriate dose or dosing interval, or allergy.
 12. Assessment of drug therapy for ~~renal~~renally impaired patients.
 13. Ensure rational and appropriate antibiotic therapy based on culture sensitivity results.
 14. Participation in patient medication education through counseling selected inpatients and appropriate medication use prior to discharge and participation ~~in~~ selected outpatient education.
 15. Monitors, reports, and assesses adverse drug events.
 16. Monitors medication usage and identifying opportunities for improvement in cooperation with the Pharmacy and Therapeutics Committee.
 17. Participation in in-service education programs for professional and nonprofessional staff of the hospital.
- Medication therapy is reviewed by a pharmacist at the time of order entry for inpatients. Medication therapy management includes monitoring and intervention protocols designed to promote positive patient outcomes. Monitoring includes but is not limited to:
 1. Therapeutic dose monitoring of aminoglycosides and vancomycin
 2. IV to PO Conversions
 3. Adverse drug reaction monitoring
 4. Creatinine clearance estimation/renal dosing
 5. Antibiotic streamlining
 6. TPN electrolyte monitoring
 7. Medication use evaluation
 - Medication therapies targeted for specific monitoring include those that are high volume, potentially problem prone, and/or possess a narrow therapeutic index.
 - The Department of Pharmacy is committed to supporting the hospital's mission and goals. This includes but is not limited to: budgetary and financial responsibility, active participation in multi-disciplinary task forces and committees, and participation in education programs.
 - Important functions are identified by hospital leaders as those that have the greatest impact on patient care. Those processes which are high-volume, high risk, or problem prone are the aspects of care given the highest priority for monitoring and evaluation.
 - The Pharmacy, in collaboration with other departments, addresses the following important functions and processes:

1. Infection prevention and control
 2. Management of information
 3. Management of human resources
 4. Management of environment of care
 5. Improving organization performance education
 6. Patient rights and organizational ethics
- The Director of Pharmacy is a co-chair on the Pharmacy and Therapeutics (P&T) Committee. Committee activities include:
 1. Developing medication-related policies and procedures.
 2. Developing policies for therapeutic interchange.
 3. Developing and maintaining a formulary system and approving a formulary (list of medications) acceptable for use in the facility.
 4. Defining and reviewing significant adverse drug events (medication errors, adverse drug events, incompatibilities).
 5. Participating in activities relating to the review and evaluation of medication usage.
 6. Participating, as necessary, in establishing standards and protocols for the use of investigational drugs and medications in clinical trials.
 7. Communicating decisions to the medical, pharmacy, and patient care area staff.
 - The Department of Pharmacy provides drug information and education to patient care providers via newsletters, in-service education programs, IV administration guidelines, flow rate charts, and patient medication specific information.
 - Pharmacy provides education and information to the medical staff via presentations at medical committees, newsletters, the clinical pharmacy intervention program, the antibiogram, and patient/medication specific information as requested.
 - The Pharmacy participates in the organization-wide Performance Improvement and Patient Safety (PIPS) Program.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards

SCOPE OF SERVICE: PROVIDER PRACTICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients are seen by appointment.
- Office hours vary in Clinics, Monday through Friday between 8:00 a.m. to 6:00 p.m. or 7:00 a.m. to 7:00 p.m. The offices are closed on holidays.
- Appointments can be made for acute conditions within 24 hours, in most cases.
- New patients are accepted regardless of type of insurance and self-pay is accepted. Patients can be referred or self-referred.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

- ~~The medical staff is supported by senior leadership, registered nurses, licensed professional nurses, medical assistants, reception and billing staff.~~
- Providers: MDs, DOs, PAs, NPs
- Medical staff is supported by a Nursing Director, Practice Coordinator, Nurses, MAs, reception and billing staff

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: QUALITY, ACCREDITATION, & PATIENT SAFETY ~~& RISK DEPARTMENT~~

DEFINITION OF SERVICE

- The Quality, Accreditation, & Patient Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement of patient outcomes and effective delivery of services in acute care and outpatient settings. The department also provides direction, coordination, and facilitation of patient safety through the development of processes that promote and support a strong culture of safety, as well as effective management of identified risks and prevention of adverse events. Every department and service organization – wide is involved in quality improvement and patient safety work. The department is dedicated to providing support and assistance in a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday- ~~87:00~~30 a.m. to ~~54:00~~ p.m., except holidays.

TYPES OF SERVICES

- The Quality, Accreditation, & Patient Safety, ~~and Risk~~ Department, functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety (PIPS) Plan. The Quality, Accreditation, & Patient Safety, ~~and Risk~~ Department proactively monitors and works collaboratively to improve system issues that arise in providing health care services to patients. Services provided impact all patients, visitors, advocates, and employees, through a

multi-disciplinary, systematic approach. The scope of the organizational quality program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided throughout the hospital.

- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all departments/services and disciplines of the facility in an effort to improve outcomes. A summary of the significant findings is reported at the Medical Executive Committee and the Quality Committee of the Board for further review, evaluation and action, as indicated.
- The Quality, Accreditation & [Patient Safety](#) Department maintains Joint Commission accreditation through facilitation of continuous improvement in providing evidence based care, and by ensuring organizational functions that are essential to providing safe, high quality care are in place.
- Patient and Staff Safety in conjunction with Environmental Safety initiatives allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and death. This department utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the facility Performance Improvement and Patient Safety Plan (PIPS). All staff members aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

Occurrence reporting by all staff is advocated as a means to pro-actively resolve hazards, eliminate risks and improve patient and staff safety. Reporting supports learning, safety and improved care quality. The purpose is to identify safety hazards, adverse or sentinel events, accidents or injuries and good catches.

- MHSC Leadership supports continuous performance improvement through:
 - Professional development
 - Efforts towards quality and safety goals
 - Encouraging and engaging all employees in quality improvement initiatives

CONTRACTED SERVICES

- Clinical quality data requiring vendor submission
- Press Ganey
- The Joint Commission (TJC)
- Advanced Medical Reviews
- MD Stat
- Synergi

STAFFING

- Quality Department
 - [RN Quality Analysts](#)
 - [Quality Ananalyst\(s\)](#)

AFFILIATIONS OR SOURCES OF REFERENCE

- National Quality Forum (NQF)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- Hospital Improvement and Innovation Network/Health Research and Educational Trust (HIIN/HRET)
- Hospital Quality Improvement Contractor (HQIC)
- The Joint Commission (TJC)
- Centers for Disease Control and Prevention (CDC)
- National Association for Healthcare Quality (NAHQ)
- University of Utah Health Care- Value Affiliate Network (UUHC)
- American Nurses Association (ANA)
- American Society for Quality (ASQ)
- Mountain Pacific Quality Health - Quality Improvement Organization (MPQH)
- Press Ganey
- Kepro – Beneficiary and Family Centered Care Quality Improvement Organization
- Livanta - Beneficiary and Family Centered Care Quality Improvement Organization
- Constellation UMIA
- USI
- [Planetree](#)

SCOPE OF SERVICE: RADIATION ONCOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Radiation Oncology Department is open Monday through ~~Friday~~[Thursday](#), 8:00 a.m. - ~~4:30~~[4:00](#) p.m., [Friday 8:00 a.m. - 2:30 p.m.](#), except on holidays.
- ~~Treatments will be given outside of normal office hours~~ **only** in an emergency situation.

TYPES OF SERVICES

- External beam radiation therapy serves mostly adult patients, or those not requiring intubation or anesthesia for treatment. ~~We prefer to refer~~ Pediatric patients may be referred to a pediatric patients to a pediatric hospital for specialty oncologic care.
- Radiation therapy uses high energy x-rays to damage the tumor cells, thereby preventing them from dividing, growing and spreading. During radiation therapy, some normal cells are damaged as well. However, normal cells are able to repair this damage better. In order to give normal cells time to heal and to reduce side effects, treatments are typically given in small daily doses, five days a week, Monday through Friday, for a period of time prescribed by the radiation oncologist. During external radiation a beam of radiation is directed at the treatment site from outside the body. This is typically done using a machine called a linear accelerator.
- We offer advanced treatments, including: IMRT, RapidArc, Breath-hold, Stereotactic Body Radiotherapy (SBRT) and Stereotactic Radiosurgery (SRS) -which use high dosing of very localized and focused radiation to ablate tumors.
- ~~We also treat benign medical conditions.~~ We also treat various benign medical conditions, including osteoarthritis, keloids, heterotopic ossification, plantar fasciitis, etc. Very low doses of radiation can be highly effective at reducing pain or helping these benign conditions with minimal to zero side effects.
- We use state-of-the-art equipment, including: Large bore CT scanner with 4D capability, Varian linear accelerator with on-board imaging and gating, Protura robotic couch that improves delivery of radiation to within millimeter accuracy.

CONTRACTED SERVICES

- Physics support is provided by Mountain States Medical Physics

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: REHABILITATION DEPARTMENT

DEFINITION OF SERVICE

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

- Cooperate with ~~physicians~~ providers by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- Promotes an environment that strives for optimum care to the patient.
- Schedule treatments at a time most convenient to the patient and to the therapist.
- Maintains the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- Documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- Assessment of our services enabling positive change.

HOURS / DAYS OF THE WEEK OF SERVICE

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

- Licensed Physical Therapists provide outpatient and inpatient services from 8:00 a.m. - 5:00 p.m., Monday through Friday.
- Licensed Speech Therapist provide services PRN.
- Each therapist's personal hours may be changed in accordance with the patient and department's needs as approved by department head.

TYPES OF SERVICES

- Physical therapy and speech therapy provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not have aquatic therapy available.
 - Treatment occurs in the hospital facilities.
 - Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities, and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties.
- **Physical Therapy Services**
 - Provision of modalities and treatments such as hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin, Phonophoresis · with 1% hydrocortisone cream, Iontophoresis - with Dexamethasone and/or Lidocaine, and Hydrotherapy.
 - Provision of physical assessment, therapeutic exercise, proprioceptive neuromuscular facilitation, gait training - with appropriate assistive devices,

functional development training, balance and coordination, therapeutic massage, joint and soft tissue mobilization.

- Fit for custom made support stocking, prefabricated braces, and orthotics.
- Rehabilitative application and use of therapeutic equipment.
- Provision wound care.

- **Speech Therapy Service**

- Assessment, diagnostic, treatment, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency.
- Services for people who cannot produce speech sounds or cannot produce them clearly.
 - Speech rhythm and fluency problems
 - Voice disorders
 - Problems understanding and producing language
 - Communication skills improvement
 - Cognitive communication impairments, such as attention, memory, and problem-solving disorders
- Assessment and treatment patient with swallowing difficulties.
- Development of individualized plan of care, tailored to each patient's needs.
 - Educate patients on how to make sounds, improve their voices, or increase their oral or written language skills to communicate more effectively.
 - Education of individuals on how to strengthen muscles or use compensatory strategies to swallow without choking or inhaling food or liquid.
 - Speech-language pathologists help patients develop, or recover, reliable communication and swallowing skills so patients can fulfill their educational, vocational, and social roles.
- Counseling of individuals and their families concerning communication disorders and how to cope with the stress and misunderstanding that often accompany them.
 - Work with family members to recognize and change behavior patterns that impede communication and treatment.
 - Show them communication-enhancing techniques to use at home.

~~Occupational Therapy Services (Not available at this time)~~

- ~~Provision of modalities and treatments such as: Hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin~~
- ~~Provision of functional, cognitive and visual perceptual assessment and treatment, therapeutic exercise, proprioceptive neuromuscular facilitation, activities of daily living with appropriate adaptive devices, functional development training, gross and fine motor function, therapeutic massage, joint and soft tissue mobilization~~

- ~~Fit for custom made or prefabricated upper extremity braces, splints and orthotics~~

CONTRACTED SERVICES

- None

STAFFING

- Personnel for the Rehabilitation department includes 2 full-time, one acting as the director of the department, and a full-time secretary.
- PRN speech therapist.
- Medical Director

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: SECURITY DEPARTMENT

DEFINITION OF SERVICE

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

departmental personnel of alleged misconduct or misuse of force.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

STAFFING

- The Supervisor of security is responsible for any and all actions of the department. Additional staff ~~include~~includes security officers ~~and one emergency management coordinator.~~
- ~~Behavioral health staff consists of 1 coordinator, and nine on-call monitors that assist with behavioral health issues, and report to the Director of Security.~~

AFFILIATIONS OR SOURCES OF REFERENCE

- International Association of Hospital Safety and Security (IAHSS)
- Managing of Aggressive Behaviors training (MOAB)
- [Crisis Prevention Institute \(CPI\)](#)
- [Sweetwater County Sheriff's Office \(SCSO\)](#)
- [Rock Springs Police Department \(RSPD\)](#)
- [Green River Police Department \(GRPD\)](#)

SCOPE OF SERVICE: SURGICAL SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Surgical Services Department is covered 24-hours a day, seven days a week including holidays. Elective scheduled cases are ~~done~~[performed](#) Monday through Friday with normal business hours of 5:30 ~~am~~[a.m.](#) to 4:30 ~~pm~~[p.m.](#)
- Routine sterile processing hours are from 6:00 a.m. to 6:30 p.m., Monday through Friday, with weekend and holiday coverage from 6:00 a.m. to 10:00 a.m., and on call availability 10:00 a.m. to 10:00 p.m.

TYPES OF SERVICES

- The patient population served by the Surgical Services Department consists of the newborn, pediatric, adolescent, adult and geriatric patients requiring or seeking surgical intervention to maintain or restore an optimum level of wellness.
- The Surgical Services Department provides a safe and comfortable environment for both patients and personnel in order to provide optimum assistance to the surgeons in meeting the emergency, preventative and restorative health needs of the patients. The Surgical Services staff provides safe, high quality, and cost-effective care with respect for life and dignity.
- Procedures performed in the Surgical Services Department include general, ENT, pediatric dental, limited vascular, urological, orthopedic, pain management, diagnostic and treatment endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.
- PICC line placement is ~~also~~ performed ~~in the Surgical Services Department~~ [via scheduling with](#)

the PICC line team.

- Procedures not performed are thoracic, organ transplant, neurology, spine, and ophthalmology.
- The patient's physical, psychological and social needs are assessed initially upon admission. Intra-operatively and postoperatively, the patient is continually reassessed; modifications to that plan of care are based on reassessment of the patient. In the immediate postoperative phase, the patient is under the direct supervision of the anesthesiologist who maintains responsibility for the needs of the patient until the patient has been appropriately discharged from the PACU. Disposition of the patient from the PACU is based on the complexity of the patient's care needs. This decision is made collaboratively between the anesthesiologist and surgeon, with information related from clinical data provide by the PACU staff. Upon discharge from PACU phase 1, the patient is under the direct supervision of the surgeon who maintains responsibility for the needs of the patient until the patient has been appropriately discharged home or care is transferred to the hospitalist for inpatients.

CONTRACTED SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The basic staffing plan for each operating suite is at least one Registered Nurse, a scrub nurse/ tech. Additional circulator and/or scrub tech will be added to the case based on the patient's complexity and/or complexity of the instrumentation and care needs required of the specific procedure. There is a nursing unit secretary.
- The PACU is staffed with at least 2 RN, with at least 1 of those RNs being PACU trained to care for the patient. Additional supplemental RN staff is provided based on the patient's acuity and assessment of the patient's needs.
- Ambulatory Care Unit for both pre/post procedure is staffed on a 1:3 patient ratio and a nursing unit secretary that can assist as a certified nursing assistant.
- Central Sterile has 3.5 sterile processing technicians who work staggered shifts to accommodate instrumentation processing needs for MHSC Department of Surgery, Nursing Units, and Clinics.
- Biomedical Engineering and volunteer services are used as needed.
- Surgeons and anesthesiologists who provide care through the Surgical Services Department follow medical staff bylaws, rules and regulations

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Operating Room Nurses (AORN)
- American Society of Peri-anesthesia Services (ASPAN)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Association of Moderate Sedation Nurses (AAMSN)
- American Academy of Ambulatory Care Nurses (AAACN)
- American Nurses Association (ANA)

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

Reviewed and Approved:

MHSC Board of Trustees: 10/5/22

Approval Signatures

Step Description

Approver

Date

DRAFT

Executive Update – MHSC Quality Committee of the Board

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

General Highlights

- April and July 2024 Care Compare Summary was presented
- Patient safety plan presented for review and approval. Previously approved by Patient Safety Committee and MEC.
- Changes to reporting into PIPS and alignment of PI projects to MHSC 2024-2027 strategic plan
 - Proposed quarterly reports on Strategic Plan Pillars
 - Patient Experience and Employee Experience: October, January, April, July
 - Quality & Safety and Regulatory Readiness: November, February, May, August
 - Community, Services & Growth and Financial Stewardship: December, March, June, September
- Accreditation activities presented for Critical Access Hospital transition

Patient Experience Pillar

FY 2025 Priorities and Goals:

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

*Values may change as more surveys are returned with the CMS defined reporting window

Additional Strategic Objectives:

- Degree to which all staff showed compassion (HCAHPS)*
- Hospital Environment (HCAHPS)*

Strategic Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
Stoplight reports created for the four strategic objectives	None identified		Move reports into Synergi

Quality & Safety Pillar

FY 2025 Priorities and Strategic Objectives:

- C. Diff: No more than one reportable case from 4/1/2024 to 3/31/2025 (re-evaluate goals in April '25)
- SEP-1 Bundle Compliance: 70% compliance by 6/30/2025, stretch goal 75% (re-evaluate in Jan '25)
- OP-Stroke measure: 70% compliance by end of CY 2024, stretch goal 80% (re-evaluate in Jan '25)

Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
Stoplight reports created for all three objectives	FY 2025 Sepsis objective and blood cultures	Blood culture medium is on a national shortage. CMS has issued recommendations and is monitoring the situation related to quality metrics	Dr. Poyer and Dr. Karn have provided education to the medical staff regarding blood culture utilization and to continue to order the necessary testing to promote best practices
Stoplight reports created for one initiative with two different processes: TeamSTEPPS and Patient and staff education program	None identified		

Community, Services and Growth Pillar

Strategic Objectives:

- Improve and establish outreach to community and outlying areas
 - Community education
 - Diabetes Education
 - Care for the caregiver
 - Mental health
- Improve from a Google 2-star Rating to a Google 3-star rating by the end of three years

Initiatives:

- Utilize master plan to identify areas where we can provide outreach to outlying areas
- Develop a strategic communication/marketing plan

Accomplishments	Issues	Impact	Action Plan
Stoplight report created for Care for the Caregiver	Identify Goal by end of CY 2024	None identified	Project moved to Synergi Process Improvement Module
Stoplight report created for Mental Health	Identify Goal by end of CY 2024		Need to move project to Synergi
Stoplight report created for Diabetes Education	None identified at this time		

Employee Experience Pillar

Strategic Objectives:

- Reduce staff turnover by 10% per year, using the current turnover rate
- Improve our employee engagement scores by 3% per year

Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
Reduce Staff turnover by 10% per year, using current turnover rate (Amber) we met and reviewed it on 7/15, including the travel staff and recruit and retention measurements/initiatives in financial stewardship	None identified		Recommend putting plan in Synergi

Salaries were reviewed with adjustments made at the beginning of FY 2025			
Employee Engagement Survey scheduled for this fall	The goal lists that it will improve by 3% per year. The last survey was 2022.	A new survey vendor is being used this year to combine the timing with the Culture of Safety Survey. Calculating a percentage increase may prove difficult because of two different companies.	Historically, the Culture of Safety Survey is done every 2 years. We will be able to look at engagement scores in 2026 if we keep the current schedule and vendor.

Financial Stewardship Pillar

Strategic Objectives:

- Improve revenue cycle using CliftonLarsenAllen recommendations
 - Improve Days of Cash on Hand by 10% each year for three years
 - Reduce and maintain Days in A/R to 45 days by the end of 2024
 - Maintain level of claims denials at state and national benchmarks
 - Reduce and maintain Days Not Final Billed (DNFB) at five days by the end of 2024
- Build the MHSC County Maintenance Fund to \$2,000,000 by the end of three years
- Build and maintain the building fund to the amount of depreciation expense by the end of three years
- Decrease the number of Nursing and Respiratory Therapy travel staff by 30%, per year for three years

Initiatives:

- Work with the County Commissioners to set annual budget to achieve \$2,000,000 goal over three-year strategic plan and still allow for adequate funds in annual budget for routine maintenance
- Supplement the building fund from monthly, quarterly or annual contributions from cash flow from operations to achieve the total amount of depreciation expense by the end of three-year strategic plan
- Nursing leadership will work with Human Resources to recruit and retain permanent staff and reduce travel staff by 30% per year

Accomplishments	Issues	Impact	Action Plan
Stoplight reports created for all objectives			Will transition to Synergi
County Fund process still being discussed			
	Revenue Cycle 4 for Days not final billed in progress	Not as far along as others	Continue to get team together to work on process

Regulatory Readiness

- Process mapping started for suicide risk assessment and chemotherapy inventory
- Process mapping scheduled for sepsis work group
- Quality department actions:
 - Department rounding with mock tracers
 - Quick reminders via “Joint Point” emails being sent out
 - Critical Access Hospital chapter reviews
 - Using Synergi to create process improvement cases for identified needs
- We will be expecting a state survey and a Joint Commission survey in the fall after the Critical Access Transition

Capital Expenditure FY25 10 Mini C Arm Emergency Dept

Capital Request Summary

Capital Request #

Name of Capital Request:

FY25-10

MINI C-ARM – EMERGENCY ROOM

Requestor/Department:

NICOLE TORRES/EMERGENCY ROOM

Sole Source Purchase: Yes or No

Reason:

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	HOLOGIC SALES & SERVICE, LLC	MARLBOROUGH, MA	\$69,350.00
2.	SIEMENS MEDICAL SOLUTIONS, INC	MALVERN, PA	\$79,725.00
3.			

Recommendation:

HOLOGIC SALES & SERVICE, LLC - \$69,350.00



# Assigned: FY <u>25-10</u>											
Capital Request											
<p>Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.</p>											
<p>***** Note: Before ordering equipment requiring sterilization, check with Surgical Services/Central Sterile to ensure we have the proper sterilizing equipment.</p>											
Department: Emergency Department	Submitted by: Nicole Torres										
Date: 8/1/2024											
<p>Provide a detailed description of the capital expenditure requested: Replacement of unrepairable C-Arm in the Emergency Department</p>											
Preferred Vendor:											
Total estimated cost of project (Check all required components and list related expense)											
1. Renovation	\$ Click or tap here to enter text.										
2. Equipment	\$ 65,000										
3. Installation	\$ Click or tap here to enter text.										
4. Shipping	\$ Click or tap here to enter text.										
5. Accessories	\$ 4350.00										
6. Training	\$ Click or tap here to enter text.										
7. Travel costs	\$ Click or tap here to enter text.										
8. Other e.g. interfaces	\$ Click or tap here to enter text.										
Total Costs (add 1-8)	\$ 69,350.00										
Does the requested item:											
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain: replacement of current item										
Attach to a new service? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain: this will require a new 4yr service contract as the previous contract is expired										
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<table style="width:100%; border-collapse: collapse;"> <tr><td>Electrical</td><td>\$ Amount</td></tr> <tr><td>HVAC</td><td>\$ Amount</td></tr> <tr><td>Safety</td><td>\$ Amount</td></tr> <tr><td>Plumbing</td><td>\$ Amount</td></tr> <tr><td>Infrastructure (I/S cabling, software, etc.)</td><td>\$ Amount</td></tr> </table>	Electrical	\$ Amount	HVAC	\$ Amount	Safety	\$ Amount	Plumbing	\$ Amount	Infrastructure (I/S cabling, software, etc.)	\$ Amount
Electrical	\$ Amount										
HVAC	\$ Amount										
Safety	\$ Amount										
Plumbing	\$ Amount										
Infrastructure (I/S cabling, software, etc.)	\$ Amount										
Annualized impact on operations (if applicable):											
Increases/Decreases	Budgeted Item:										
Projected Annual Procedures (NEW not existing)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
Revenue per procedure	\$ Amount										
Projected gross revenue	\$ Amount										
Projected net revenue	\$ Amount										
Projected Additional FTE's	# of bids obtained? _____										
Salaries	\$ Amount										
Benefits	\$ Amount										
Maintenance	\$ Amount										
Supplies	\$ Amount										
Total Annual Expenses	\$ Total										
Net Income/(loss) from new service	\$ Amount										

Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Executive Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i>
Chief Financial Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 8/16/24
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

In March 2024, I was informed by the ED physicians that the mini c-arm located in the ED was malfunctioning. While investigating I found that the item was hazardous to use and needed to be removed from service. It was also determined that the item could not be serviced, per a letter sent to the hospital in 2012 identifying the mini c-arms at end of life. This was confirmed by Mark St Marie when he called Hologic to ascertain possible service.

The ED and orthopedic physicians frequently utilize the mini c-arm for procedures in the Emergency Department. When asked, the ED physicians and Dr. Pedri told me they use it at least weekly, often even more, when it is operational. The OR also had a mini c-arm, but it was not used frequently so in March their director allowed the ED to borrow theirs until a replacement could be authorized for the ED. In June, this C-arm also began to malfunction due to a software issue. Mark St. Marie was able to arrange for an evaluation by a technician. Unfortunately, it was determined that it could not be repaired. This now leaves MHSC without a c-arm available for orthopedic and podiatric procedures.

4 YEAR SUPPORT CONTRACT - \$27,090.00

Submitted by: Signature

Date



Purchase Quotation

PLEASE REFER TO THIS NUMBER ON ALL CORRESPONDENCES AND ORDERS
Quote #: Q-373093
Status: Approved
Quote Expiration Date: 3/21/2025

TO:

CUSTOMER NAME	CUSTOMER NUMBER
MEMORIAL HOSPITAL OF SWEETWATER COUNTY	72104
BILL TO ADDRESS	SHIP TO ADDRESS
1200 COLLEGE DR ROCK SPRINGS Wyoming US 82901	1200 COLLEGE DR ROCK SPRINGS Wyoming United States 82901

TAX INFO:

Hologic is required by law to collect all state and local taxes on all sales. If an exemption certificate is not provided by customer at time of order, final invoices will include these amounts. Many states require both specific operator qualifications and/or licensing and registration of x-ray devices. Hologic is not responsible for fulfilling customer's regulatory obligations.

This Quotation is based on the information known by Hologic regarding your needs as of the date the Quotation is generated. This offer is subject to change or withdrawal by Hologic prior to acceptance. This Quotation and the governing terms as noted herein shall supersede all other quotations, agreements, understandings, warranties and representations, whether written or oral, between us, and may be accepted only in accord with their terms. In the event of a conflict between this Quotation and the governing terms, this Quotation shall prevail. To accept, please sign below within the time period for acceptance. Signed quote and/or purchase order should be forwarded by mail, via e-mail or by fax to:

Breast Health:
 HOLOGIC SALES AND SERVICE, LLC
 250 Campus Drive
 Marlborough, MA 01752
 ATTN: Sales Administration
 Fax: (203) 731-8463
 BSHSalesSupportUS@hologic.com

ATTN: Mark St. Marie **Phone:** (307) 448-0639 **Fax:** **Email:** mstmarie@sweetwatermemorial.com

Quote Date	Hologic Representative	Quote Currency
3/21/2024	Rick Seidel rick@seidelmedical.com	U.S. Dollar

Summary of Governing Terms/Contracts	Contract Number	FOB	Payment Terms	Freight Terms
VIZIENT (XR0541) - C-ARM	XR0541	DESTINATION	45 NET	NO CHARGE

*For the purpose of clarity, the Products as contained herein that are not subject to a governing terms / contract as listed above, shall be governed by the applicable Hologic Terms and Conditions available at: <https://www.hologic.com/hologic-sales-terms-conditions>

Qty	Product Name	Description	List Price	Unit Price	Extended Price
1	INSIGHT FD	INSIGHT FD MINI C-ARM	\$110,500.00	\$65,000.00	\$65,000.00
1	PRD-04470	FTSW,WIRELESS RF,TRIPLE INSIGHT REFRESH	\$2,500.00	\$850.00	\$850.00
1	PRD-03185	DICOM UNITY	\$5,000.00	\$2,000.00	\$2,000.00
1	ASY-08440	SONY HYBRID GRAPHIC PRINTER UP-D898MD	\$1,800.00	\$900.00	\$900.00
1	INSIGHT-WIFI	INSIGHT, USB WIFI KIT	\$1,820.00	\$600.00	\$600.00

List Price Total: USD 121,620.00
Discount: USD 52,270.00
Total Quote Price: USD 69,350.00
Final Quote Price: USD 69,350.00
 Quote #: Q-373093-1

Customer agrees to keep the discount price provided to them in this Quotation or agreement confidential and not disclose it to anyone other than as required by law or court order.

Except as otherwise expressly stated in this Agreement: (i) Equipment manufactured by Supplier is warranted to the original Member to perform substantially in accordance with published product specifications for one (1) year starting from the date of shipment, or if installation is required, from the date of installation ("Warranty Period"); (ii) digital imaging x-ray tubes are warranted for 24 months, during which the x-ray tubes are fully warranted for the first 12 months and are warranted on a straight-line prorated basis during months 13-24; (iii) replacement parts and remanufactured items are warranted for the remainder of the Warranty Period or ninety (90) days from shipment, whichever is longer; (iv) consumable Supplies are warranted to conform to published specifications for a period ending on the expiration date shown on their respective packages; (v) licensed software is warranted to operate in accordance with published specifications; (vi) Services are warranted to be supplied in a workman-like manner; (vii) non-Supplier Manufactured Equipment is warranted through its manufacturer and such manufacturer's warranties shall extend to Supplier's Member's. Supplier does not warrant that use of Products shall be uninterrupted or error-free, or that Products shall operate with non-Supplier authorized third-party products.

Hologic may request new customers and established customers to complete our credit application to create or update current credit files. This requirement will be contingent on order amount and prior history with Hologic.

Upon receipt of a purchase order and/or signed Quote, your Hologic team will work collaboratively on an installation timeline.

Sales Orders that are requested to be cancelled within forty-five (45) days of the confirmed installation date must be approved by Hologic and may be subject to a cancellation fee of ten percent (10%) of the total Quote price for the items contained herein.

Once the installation confirmation is provided by Hologic, all requests to reschedule an installation within seven (7) business days of the confirmed installation date may be subject to a rescheduling fee of \$2,500.00 USD.

Buyer Acceptance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

By: _____ (signature)

Name: _____ Title: _____ (print/type)

Date: _____

Additional Buyer Acceptance (if applicable)

By: _____ (signature)

Name and Title: _____ (print/type)

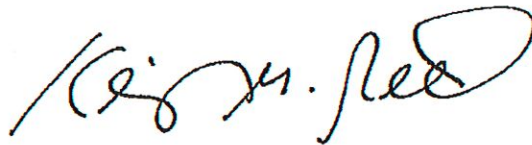
Date: _____

Please provide the Shipping and Billing address here if different from the quote address above
(If this section is left blank, the product will ship and bill to the addresses printed at the top)

Shipping Address

Billing Address:

Hologic Approval:



Date:

HOLOGIC SALES AND SERVICE, LLC 250 CAMPUS DRIVE. MARLBOROUGH MA 01752

Product Name	Long Description
INSIGHT FD	<p>InSight-FD (Flat Detector) Mini C-Arm System - High Sensitivity CsI, CMOS Flat Detector, thin profile, table-top use - Unique Flat Detector Rotation (+/- 90 degrees in Image axis) - Dual field: rectangular (collimated) and center square FOV - High speed collimator tracking - Forward mounted tube-head: Deep C-arm access - Power Range: 40-75 KVp, and 20-100 micro Amps - Ultra fine image resolution with 45 micron focal spot X-ray source - Automatic Dose Rate with auto calibration and Image Processing - Mosaic multi-format display, user preference 1-18 simultaneous images - Full 120 degree orbital rotation C-arm with locking capability - Laser light with full-time on or 60 second timer Advanced Image acquisition and manipulation - Brightness & contrast control via tube-head, touch screen or keyboard - Real-time noise suppression and edge enhancement - Touch-screen, image rotate, mirroring, zoom & reverse video - Customizable physician preference image acquisition - Continuous fluoro and Snap-shot (single-shot) imaging - Cine (Digital video) imaging with instant playback - Easy-access, sterile field tube-head mounted controls Comprehensive storage and network ready - Convenient USB and CD/DVD for Image Import/export, multiple file formats - Full DICOM network capability (Optional) - 8,000 Image storage capacity with auto delete function - Case study protection with "Mark as protected" - Cumulative DAP (Dose Area Product) report; standard Surgeon Friendly Ease of Use Features - Physician preference definable configurations - Alphanumeric keyboard with hot-key operation - Multi-function configurable foot switch (Option: Wireless or wired) Installation and Customer support - Full Installation and one day on-site in-service training. - In-service must be completed within 12 months of equipment shipment. - 12 month unlimited service including all parts and labor (unless otherwise noted below) - Toll free hot-line, backed by a National Service Organization</p>
PRD-04470	Wireless Footswitch for Fluoroscan InSight FD
PRD-03185	Unity extended Connectivity SW for Insight includes: Modality Worklist for Insight DICOM Store/Send for Insight DICOM Print for Insight
ASY-08440	SONY HYBRID GRAPHIC PRINTER UP-D898MD
INSIGHT-WIFI	Wireless network option for Fluoroscan InSight.



SURECARE™

Service Quote

Hologic Internal Use Only	
Entered By:	
Date Entered:	
Agreement Number:	
Customer PO:	

Location:
 MEMORIAL HOSPITAL OF SWEETWATER COUNTY
 1200 COLLEGE DR
 ROCK SPRINGS, WY 82901 US
 Account # 72104

Quote #: Q-373100
Quote Date: 3/21/2024
Hologic Rep: Rick Seidel

Contract Type: Point of Sale

ATTN: Mark St. Marie

Phone: (307) 448-0639

Fax:

Email: mstmarie@sweetwatermemorial.com

Model	Serial Number	Service Type	Annual List Price	Annual Net Price	Coverage Period	Coverage Period (in years)	Term Price
Insight-FD		PREFERRED PLAN FLR	\$9,030.00	\$6,772.50	TBD	4.00	\$27,090.00

Coverage Period begins immediately upon the expiration of the Product Warranty.

10.00% Multi-year:	(USD 3,612.00)
15.00% POS:	(USD 5,418.00)
Term Discount Total:	(USD 9,030.00)
Agreement Term Price Total:	USD 27,090.00

Payment Schedule

Payment Frequency	# of Payments	Payment Amount	Payment Notes
Annual	4	\$6,772.50	

Quote #: Q-373100

The Agreement is effective upon signature by both parties ("Effective Date"). The terms contained in the B&SH Maintenance & Repair Service Terms, available at [B&SH Maintenance & Repair Service Terms](#) or <https://www.hologic.com/hologic-master-sales-terms-conditions> ("Terms"), Service Quote, Exhibit A, and Exhibit B (Terms, Service Quote, and Exhibits, collectively, the "Agreement") shall govern the repair and maintenance services ("Services") for equipment listed above ("Equipment") and the use of related Hologic Software (Equipment and Software, collectively "Products"). In the event of a conflict between this Service Quote and the Terms, this Service Quote prevails.

The Agreement terms apply to the entire Coverage Period, even if the Coverage Period pre-dates the Effective Date. If the Quote is for Point of Sale Services, the Coverage Period will begin upon expiration of the applicable Product warranty period. For Point of Sale Services, the initial invoice date shall coincide with the Services start date. Prior to the end of the Coverage Period, this Agreement may be renewed, at a mutually agreed price, by executing an amendment signed by both parties.

Customer Acceptance: By signing below, Customer accepts this Agreement and agrees to be bound by the Terms. This Agreement supersedes all previous proposals for these Services and constitutes the complete and entire agreement between the parties. Any conflicting or additional terms, including those that may appear on a Customer purchase order, are rejected and of no effect unless agreed to in writing by the parties. A failure by either party to pursue an available remedy or enforce a material breach by the opposing party is not a waiver unless agreed to by the parties in writing. This Agreement must be signed by an authorized Customer representative and sent to Hologic with Customer's purchase order within sixty (60) days from the Quote Date stated above unless otherwise specified, and is subject to change or withdrawal by Hologic prior to acceptance by both Parties.

CUSTOMER: MEMORIAL HOSPITAL OF SWEETWATER COUNTY

HOLOGIC SALES AND SERVICE, LLC

Authorized Signature: _____

Authorized Signature: _____

Name: _____

Name: _____

Title: _____ Date: _____

Title: _____ Date: _____

BILL TO ADDRESS:

Hologic Contact:

Address: _____

Name: Rick Seidel Phone: (602) 741-8600

City: _____ State: _____ Zip: _____

Email: brianna.schaoffer@hologic.com Fax: _____

THIS IS NOT AN INVOICE. INVOICE(S) WILL BE GENERATED FOLLOWING SUBMISSION OF EXECUTED SERVICE AGREEMENT AT THE TIME THE COVERAGE PERIOD BECOMES EFFECTIVE.
Hologic is required by law to collect state and local taxes on all sales.
Final invoices will include these amounts unless a valid exemption certificate is provided.

Quote #: [Q-373100](#)

Exhibit A
Service Type Coverage

Standard Hours are Monday to Friday, 8am to 5pm local time, exclusive of Hologic-observed holidays.
 Extended Hours are Monday to Friday, 8am to 9pm local time, exclusive of Hologic-observed holidays.
 Coverage Period is stated on the Service Quote for Individual Equipment and the applicable Service Type.

Service Type	Coverage Description
PREFERRED PLAN FLR	<p>Preferred Plan Fluoroscan (2) (4) (6) (8) (10)</p> <p>Services Include:</p> <ul style="list-style-type: none"> • Telephone diagnostic support, Monday to Friday, 7:00am to 8:00pm EST, exclusive of Hologic-observed holidays. • Replacement parts including glassware. Includes standard shipping and handling costs to ship such parts to Customer. • Travel time and labor coverage for on-site assistance during Standard Hours. • Same day on-site response for down Equipment during Standard Hours, and on-site emergency coverage for down Equipment, Monday to Friday, 5:00pm to 9:00pm local time, if call is received by Hologic by 2pm local time. If Hologic Field Engineer cannot respond on-site same day for calls received after 2pm local time during Standard Hours, such call will be dispatched the following business day. • One (1) Planned Maintenance ("PM") inspection per year of Coverage Period completed on-site during Standard Hours. • All Software Updates and Software Upgrades commercially released during the Coverage Period for the Products/options purchased. Installation during Standard Hours. Excludes third-party Software updates and security patches, such as Microsoft Windows security updates and antivirus software. Excludes replacement parts and hardware necessitated by Software Updates and Software Upgrades.

SERVICE TYPE AND COVERAGE NOTES

(1) Requires Customer to provide a network connection for Unifi™ Connect™ SSL remote network access solution for each Product under the following equipment categories: Digital Mammography, Digital CAD, Bone Density, MultiView, and Prima. In the event that the Customer cannot provide such remote access, Hologic may not be able to, and shall not be liable for failure to, meet response times or uptime as specified in the Agreement.

(2) Equipment that is out of Product Warranty and not covered by a current service agreement must conform to Hologic's customary standards of configuration, performance, manner of use, or installation ("Specifications") before Hologic will accept a new Agreement. Customer is responsible for all expenses to bring any such Equipment, components and software into conformance with Specifications at Hologic's prevailing travel time, labor, and parts rates.

(3) Two (2) Preventive Maintenance ("PM") inspections do not apply to (i) Digital CAD Equipment, Trident HD Equipment, or Brevera Equipment, which receives only one (1) PM inspection per year; and (ii) Akrus Chair, MultiView, and Prima Equipment, which do not require a PM inspection.

Quote #: Q-373100

(4) For each equipment category listed below, glassware shall mean, but is not limited to:

- x-ray tube and digital array detector, for Digital Mammography, Direct Radiography, and Trident Equipment;
 - x-ray tube and CCD camera, for Analog Mammography Equipment;
 - x-ray tube, high voltage power supply assembly, and Image Intensifier or flat detector, for Fluoroscan Equipment;
 - x-ray tube, high voltage power supply assembly, and array detector, for Bone Density Equipment.
- reusable driver, for Brevera Equipment. Notwithstanding anything to the contrary elsewhere in the Agreement, the reusable driver is subject to the Reusable Driver Exchange Program. Replacement parts are supplied on an exchange basis; replaced parts removed from the Equipment shall become the property of Hologic.

(5) Platinum Service Type for Prima Equipment excludes Software updates.

(6) Equipment is considered "down" when an Equipment unit, or any function thereof, is inoperable (unavailable to treat or diagnose patients, or with respect to Equipment used by the Customer solely for research projects, cannot be used to perform research). Response to service call for down Equipment due to external failures (e.g., abuse, loss of air-conditioning, power failure, power surges beyond specified equipment tolerances, attempted and/or unauthorized third party repair, all other Acts of God, etc.) may be subject to travel time and labor rates.

(7) Plastics Coverage available at an additional cost.

(8) On-site emergency coverage for down Equipment, Saturday 8:00am to 5:00pm, available at an additional cost

(9) Reusable Driver Exchange Program: Hologic will provide Customer with replacement reusable driver ("Replacement Driver"), including all shipping expenses, in exchange for Customer's reusable driver ("Exchanged Driver"). Upon installation of the Replacement Driver ("Exchange Effective Date"), the Customer shall retain title and right of possession to the Replacement Driver and the Exchanged Driver shall be removed from the Equipment and shall become the sole property of Hologic, with Hologic retaining title and right of possession to the Exchanged Driver. Customer acknowledges and agrees that the Exchanged Driver shall be returned to Hologic within fifteen (15) days of the Exchange Effective Date with a Return Merchandise Authorization ("RMA"). RMA should be requested by calling Hologic at 800-442-9892. Failure to return the Exchanged Driver within allotted time frame may result in additional fees.

(10) "Software Updates" are generally available software modifications that correct errors or address safety or quality issues, such as maintenance-only releases, and bug fixes. "Software Upgrades" are new releases of software that contain enhancements improving functionality or capabilities, which are made commercially available by Hologic. Hologic may, in its sole discretion, determine if a new release is a Software Update or a Software Upgrade. Service coverage for Software Updates and Software Upgrades is determined by the Service Type, or as required by applicable law. Unless otherwise indicated by the Service Type or required by applicable law, Customer must request installation of Software Updates and Software Upgrades during the Coverage Period for coverage.

Agreement Exclusions:

- New or additional hardware that is required to run software updates or upgrades unless Renew Option is purchased.
- All consumables, including, but not limited to, bar code stickers, cleaning supplies, table pads, positioning devices, ink cartridges, exam table paper, batteries, separator sheets, suction cups, test films, ultrasound gel, test fixtures, test phantoms, and printer paper.
- Software Support Service Type excludes installation by a Hologic Field Engineer. Option of installation by Hologic Field Personnel during Standard Hours is available at current travel time and labor rates.
- Precision Service Type excludes travel time, labor or parts expenses that are necessary to bring the Equipment to within Hologic specifications and/or American College of Radiology ("ACR") Compliance. If required, such expenses will be assessed at then-current travel time, labor and parts rates.

Exhibit B
Product Support Information

Product	Support Hours	Phone	Email
Dimensions	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Affirm Biopsy	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Selenia;	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Digital StereoLoc II	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Affirm Prone Biopsy	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
SecurView Workstations	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Prima Workstation	7:00am – 8pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Aixplorer	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Digital CAD	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	sc.techsupport@hologic.com
Analog CAD	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	sc.techsupport@hologic.com
MultiView/Aegis	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	MultiViewSupport@hologic.com
SecurXchange	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	SecurXchangeSupport@hologic.com
Trident	7:00am – 8pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	DANISupport@hologic.com
Multicare/M-IV Platinum	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	DANISupport@hologic.com
ATEC Consoles	7:00am – 7:00pm EST live support	877-371-4372	mammosupport@hologic.com
MRI	7:00am – 8:00pm EST live support	800-537-3860	N/A
Insight2/FD	7:00am – 8:00pm EST live support	800-321-4659	BED-ASPPT@hologic.com
Bone	7:00am – 8:00pm EST live support	800-321-4659	BED-ASPPT@hologic.com
Sahara	7:00am – 8:00pm EST live support	800-321-4659	BED-ASPPT@hologic.com

Exhibit C
Equipment Performance Guarantee

Definitions

"Equipment" means Customer's portfolio of Hologic manufactured or licensed equipment which is covered under a Service Plan.

"Service Plan" means the Services coverage period of an applicable Hologic service agreement.

"Measurement Period" means the twelve (12) month period beginning on the effective date of the Product Warranty Period or Service Plan coverage period, as applicable, and each twelve (12) month period thereafter (or the actual operative period of time if less than twelve (12) months).

"Hours of Operation" means Monday to Friday, 8:00 am to 5:00 pm, exclusive of Hologic-observed holidays, or the Equipment's onsite coverage hours pursuant to the applicable Service Plan documentation.

"Base Hours" means the total number hours, based on the Hours of Operation, in a Measurement Period.

"Downtime Event" means each unscheduled incident when any Equipment is inoperable (unavailable to treat or diagnose patients, produce diagnostic images, report results, or process samples), beginning when a documented Customer notification of each Downtime Event is received by Hologic and continuing until the Equipment is restored to operable condition in accordance with Specifications. A Downtime Event excludes (i) any scheduled downtime event, including but not limited to preventive maintenance, proactive parts replacement, or installation of Software updates or upgrades; and (ii) repairs or adjustments to the Equipment required due to misuse, operator error, negligence of Customer or its employees or agents, or inadequate environmental conditions, including but not limited to air conditioning conditions or failure, power failure, or supply of power below or in excess of the Equipment Specifications. If Hologic is notified of a Downtime Event outside the applicable Hours of Operation, Downtime will commence at the start of Hours of Operation on the following business day.

"Downtime Hours" means the total number of hours that Customer's Equipment experienced a Downtime Event during Hours of Operation, excluding any time (in hours) that Customer restricts, limits or prevents access to the Equipment experiencing the Downtime Event by Hologic service personnel or authorized agents.

Performance Guarantee

During the Service Plan, Hologic shall be responsible for the reliability of the Equipment and warrants that for each Measurement Period, Equipment covered under such Service Plan will operate in accordance with Hologic's then-current standards of configuration, performance, manner of use, or installation ("*Specifications*") for the percentage of time stated in the applicable Service Plan documentation ("*Uptime Standard*").

Hologic and Customer agree the Uptime Standard requires that, where the Equipment has remote diagnostic capabilities, Customer provides a dedicated VPN connection for each item of Equipment for remote diagnostic troubleshooting purposes via Hologic Connect™ SSL remote network access solution.

The Uptime Standard is calculated by subtracting Downtime Hours from the Base Hours, dividing that number by the Base Hours, and then multiplying the result by one hundred (100).

Customer and Hologic are each responsible for measuring Downtime Hours, and the parties may meet annually if requested by Customer at least thirty (30) days in advance, to review their calculations and determine whether the guaranteed Uptime Standard was met during the applicable Measurement Period. Hologic will extend the applicable Service Plan coverage period by one (1) week, up to a maximum of five (5) weeks, for each percentage point below the guaranteed Uptime Standard.

Capital Expenditure FY25 13 UKG Kronos Upgrade

Capital Request Summary

Capital Request #

FY25-13

Name of Capital Request:

UKG (KRONOS) UPGRADE

Requestor/Department:

JAN LAYNE/FISCAL SERVICES

Sole Source Purchase: Yes or No

Reason: upgrading existing system

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	UKG (KRONOS)	ATLANTA, GA	\$80,105.00
2.			
3.			

Recommendation:

UKG (KRONOS) - \$80,105.00



		# Assigned: FY <u>25</u> - <u>13</u>
Capital Request		
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.		
Department: <u>Fiscal Services</u>	Submitted by: <u>Jan Layne</u>	Date: <u>08/09/2024</u>
Provide a detailed description of the capital expenditure requested: Upgrade UKG (Kronos) timekeeping system to the cloud		
Preferred Vendor: <u>UKG</u>		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation		\$
2. Equipment		\$ 80,105.00
3. Installation		\$
4. Shipping		\$
5. Accessories		\$
6. Training		\$
7. Travel costs		\$
8. Other e.g. interfaces		\$
Total Costs (add 1-8)		\$ 80,105.00
Does the requested item:		
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain:	
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:	
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ \$ \$ \$ \$
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		
Projected Annual Procedures (NEW not existing)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Revenue per procedure	\$	# of bids obtained? <u>1</u>
Projected gross revenue	\$	
Projected net revenue	\$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: Upgrade to our current system that interfaces with our accounting system.
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	
Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

8-9-24
 Submitted


OTHER CONSIDERATIONS

Our current UKG timekeeping system will sunset 12/31/2025. UKG is moving their platforms to the cloud. MHSC has been using the UKG (Kronos) timekeeping system for over 10 years. We currently use the timekeeping, absence management and scheduler modules. We would like to add the Productivity module with this upgrade. This will allow us to make informed decisions to better manage labor costs without sacrificing the quality of patient care. This new upgrade will still interface with our current accounting system. The timeline for this project is around 8 months.

Capital - \$80,105.00 implementation of new software

Operating - \$60,360.00 annual licensing


Submitted by: Signature


Date



UKG Pro Workforce Management Proposal



Prepared for:

MEMORIAL HOSPITAL -SWEETWATER

07/18/2024

Prepared by:

Michael Patterson

Sr Sales Executive Customer Base

michael.patterson@ukg.com

Why UKG

At UKG, our purpose is people. It's just who we are, and it's why we're on a mission to inspire every organization to become a great place to work through technology built for all.

Our purpose and our mission help us be clear about what our customers can expect when they work with us – a powerful combination of guidance, solutions, and services that lead to cultures of trust and belonging and prove people are the real drivers of business success.

Lead through Culture

When you work with UKG, expect to lead through culture. With exclusive access to over 30 years of the data that sets the standard for what makes workplaces great, you'll be able to connect culture insights to business outcomes in ways that help your organization realize what's possible when you invest in your people. You'll then realize that investment through solutions like the UKG Great Place To Work Hub, which turns our knowledge into actionable steps that foster trust and belonging for your organization through the guidance and recommendations it provides to enhance your people's day-to-day experience at work.

And that's not even the best part – beyond acting in service of your people, we'll ensure you can prove the impact those actions have on your organization. The steps you take with UKG won't just make your employees feel good; they'll also be very good for your business. So if you want to see the kinds of results we know are possible, like increasing productivity by 30%, achieving a 50% reduction in turnover, or seeing over three times the financial returns of your competitors, get in touch and get on the path to being recognized as a truly great place to work.

Innovate with Purpose

UKG provides the right foundation of technology to make culture guidance part of everyday processes at your organization so you can innovate with purpose. Together, we'll build great experiences designed for all the unique people and diverse roles at your organization, allowing you to meet them where they are on their journey so they feel supported in all the right moments and motivated to achieve outstanding results. Seeing the whole picture for every employee in this way forms the foundation for how we develop distinct, intuitive experiences with solutions like UKG Bryte AI, which uses the world's largest collection of culture, people, and work data to illuminate the path to a great workplace and inspire your people to get there.

Your organization's technology needs to connect your people to purpose, delivering the visibility, flexibility, and usability required to engage critical groups like frontline workers when and where it's needed most. With the right mix of solutions available at the moments that matter most – like managing schedules, getting paid, setting career goals, or building employee communities – you'll see the kinds of personal and professional impacts on your people that drive productivity, engagement, and a sense of belonging. It makes business sense to put people and culture at the center of your work systems, and UKG can help you get there.

Partner for Life

Beyond receiving a solution, you can expect to partner for life with UKG and experience a collaborative partnership that accelerates value and ensures long-term success through expert advice and training. Working with a consistent team of trusted Executive Relationship Managers dedicated to knowing and growing your organization, you'll apply culture strategies and technical solutions in ways that elevate your

workplace. That's what makes the attention you get from UKG different than any other vendor – our support culture is built on understanding and enhancing your organization's culture.

Our approach isn't just about responding fast to critical issues, it's about meaningful interactions with a Success Krew that knows you and your people, solution updates that show we're listening to your voice and your ideas, and AI that's always by your side in the moment to quickly answer day-to-day questions. It's about how we empower you with access anytime you need it to a community of enthusiastic, knowledgeable peers, quick-reference resources, and free lifelong learning for all to build confidence across all levels and roles. Ultimately, UKG's partnership is all about you – your goals, your employees, and what greatness looks like for your specific organization – and we've got over 7500 dedicated experts ready to help you reach your vision.

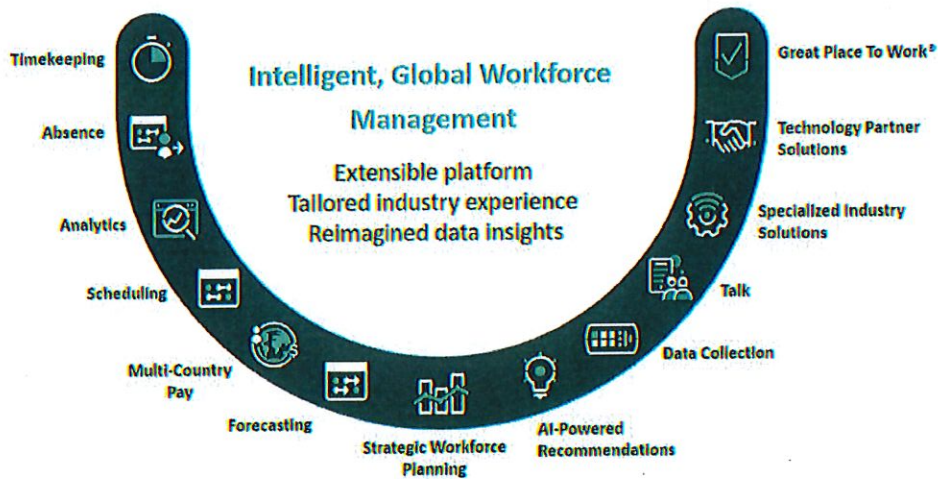
NEW PRO WORKFORCE MANAGEMENT

The automation of critical workforce processes such as timekeeping, scheduling, and leave management is still at the core of the most effective workforce management solutions. But to be future-ready, a new solution needs to leverage the latest smart technologies. Based on our long history of delivering workforce innovation, UKG Pro Workforce Management represents the next generation of workforce technology. Every dimension — the underlying architecture, user experience, functionality, integration, data access, delivery, and support — is designed to help you optimize your most valuable resource: your people. Supported by our decades of domain knowledge and powered by our transformative modern work platform, UKG Pro Workforce Management provides a breakthrough employee experience and an unprecedented level of operational insight into your workforce management practices, allowing you to:

- **Work in a modern cloud** that leverages new technologies and works seamlessly with your existing systems.
- **Work your way** to empower and engage your workforce — from any place on any device.
- **Work smarter** by streamlining workforce management practices and providing insights for delivering better business outcomes.

UKG Pro Workforce Management™

Take care of your workforce through an unmatched focus on people



THE FUNCTIONALITY YOU NEED, WHEN AND WHERE YOU NEED IT

Today's multigenerational workforce expects a personalized technology experience that helps them be productive and engaged during their workday — and it needs to be as familiar and intuitive as the applications they use outside of work. UKG Pro Workforce Management delivers:

- **A consumer-grade experience** for your entire workforce through an attractive, intuitive user interface and easy personalization. The system allows you to get the data you want, exactly how you want it. You can follow employee information through each application and make changes at any point, and perform the most frequent workflows with a minimum number of clicks.
- The ability to **work anywhere on any device**, thanks to a mobile-first responsive design standard that lets you transition seamlessly from desktop to tablet to phone.
- **Collaborative scheduling** that gives employees and managers more input into and control over how their schedules are built. Employees can set work preferences using an intuitive map interface and other familiar visual cues; managers can create best-fit schedules and easily navigate challenges such as aligning labor to demand and balancing workload.
- **Timekeeping for salaried employees** that simplifies tracking of duration-based, project-based, and nonworked time for professionals.
- The ability to **meet industry-specific requirements** to help you reach your specific objectives for productivity, compliance, cost control, and employee engagement.

WORK SMARTER WITH PREDICTIVE CAPABILITIES TO BETTER ANTICIPATE NEEDS AND ISSUES

UKG Pro Workforce Management can help solve some of your most critical workforce management issues by providing proactive insights and recommendations before potential issues negatively affect engagement and the bottom line. It has the predictive capabilities you need to make smarter, faster business decisions.

- **UKG Advisor: The personal digital consultant for the workforce.** UKG Advisor brings the intelligence of consumer technology to workforce management. It automates routine, time-consuming manager decisions by aggregating data across multiple sources, analyzing that data, and acting on it. And the system is designed to constantly learn and improve to help solve increasingly complex problems for managers each day.

- **Real-time compliance management that helps prevent problems before they happen.** UKG Pro Workforce Management provides visibility into potential compliance risks with real-time projections that predict possible violations before they occur, automatically helping to keep your organization in regulatory compliance — and freeing up valuable time for managers.
- **Analytics: Now anyone can be a data scientist.** Real-time KPIs are as simple as turning on the ones you want and having the system calculate them immediately — with no long implementation times or learning curves. UKG Pro Workforce Management Dataviews allow you to access and analyze data by employee, organization, and project using easy Excel-like functionality. You can sort, filter, group, and calculate data to discover trends and visualize using charts and graphs displayed right in the Dataview.
- **Forecasting so accurate, your schedules will be close to perfect.** UKG Pro Workforce Management applies machine learning via the powerful UKG platform to analyze historical trends, learn from that data, and constantly update the system to provide more accurate and efficient forecasting and scheduling. Predict sales and labor with unprecedented accuracy with schedules that provide optimal coverage — helping to control costs, improve customer service, and drive your business.

EVERY DIMENSION IS DESIGNED TO HELP YOU OPTIMIZE YOUR MOST VALUABLE RESOURCE

UKG has a long history of delivering workforce innovations that help organizations manage technological change and shape their future of work, making us uniquely qualified to envision next-generation solutions that leverage new dimensions in work. And it is this vision on which UKG Pro Workforce Management is built. Whether your goals are to increase productivity, improve compliance, control labor costs, or achieve better business outcomes through engaged employees, you can rely on UKG more than any other vendor to help manage your workforce. And with UKG Pro Workforce Management, you now have the technology tools you need — built on the vast power of evolving technologies — to manage your workforce of the future today.

UKG Pro Workforce Management: A Modern Cloud

Workforce management in a modern cloud

The automation of critical workforce processes such as timekeeping, scheduling, and leave management is still at the core of the most effective workforce management solutions. But to be future ready, the next generation of workforce management solutions needs to leverage the latest smart technologies.

The UKG Pro Workforce Management suite reimagines what's possible in modern workforce management and human capital management (HCM) technology. This exciting solution provides a breakthrough employee experience and unprecedented levels of operational insight to help you work smarter — anytime, anywhere — in the modern cloud. Every dimension of the platform — including the underlying architecture, user experience, functionality, integration, data access, delivery, and support — is designed to help you optimize your valuable people resources.

As the foundation of our future-ready solution, the UKG Platform delivers many industry firsts, including:

- **A robust application programming interface (API) and integration framework** that provides extensibility and simplifies integration with other systems with time-saving, prebuilt connectors for people, payroll, accruals, and more
- **Artificial intelligence** that drives smart, predictive solutions, including powerful k-means clustering algorithms to identify compliance risks in real time and market-leading machine learning applications that dramatically improve forecast accuracy
- **Blazing-fast in-memory cloud computing** that offers immediate insight into critical cost, compliance, and productivity metrics by delivering real-time computations at massive scale
- **An evolved domain model** based on decades of workforce management experience, providing flexibility and consistency across the suite to help you solve even the most complex business problems from anywhere in the application
- **A unified information architecture** that gives you complete data access for on-demand reporting and analysis — with no need for special technical expertise

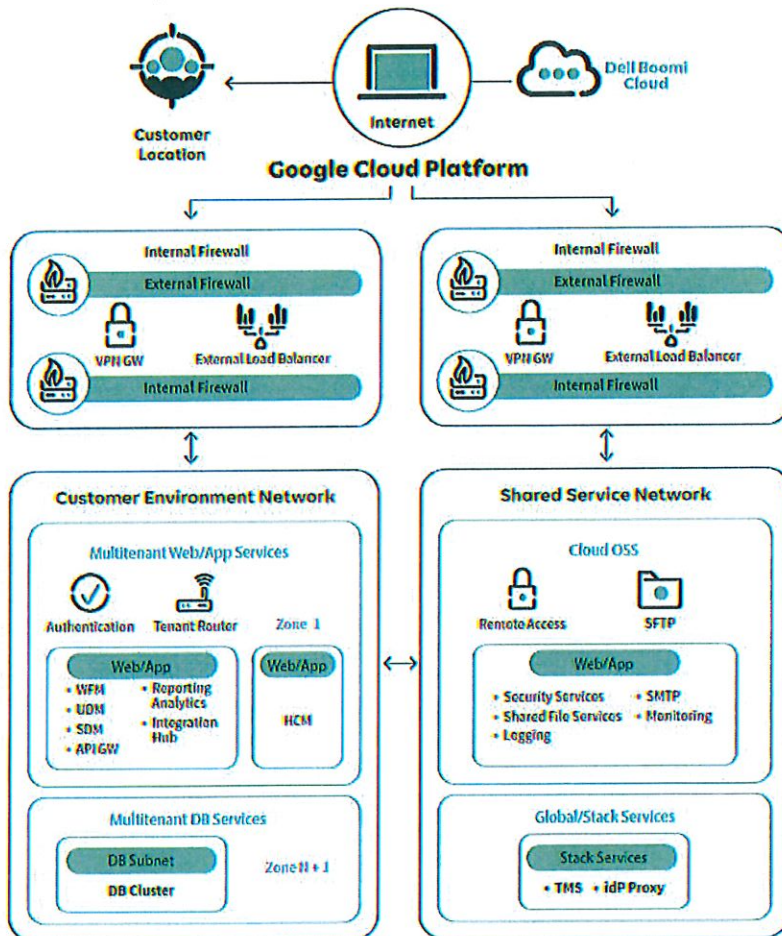
In addition, the UKG Platform powers UKG Pro Workforce Management in the Google public cloud, which allows us to leverage Google's substantial investments in infrastructure, networking, and security.

DATA CENTER OVERVIEW

UKG Pro Workforce Management leverages the Google Cloud platform to provide a strong infrastructure as a service (IaaS) platform. Hosting UKG Pro Workforce Management in the Google Cloud provides a number of significant advantages, including:

- Elasticity to support peak processing demands
- Access to the Google Fiber network (where available)
- An industry-leading data center infrastructure optimized and managed by Google
- Geographic agility
- Capacity on demand
- Faster time to provision
- Infrastructure security compliance (ISO 27001, ISO 27017, ISO 27018, AICPA SSAE 18 SOC 2 Type II, and FedRAMP high authority to operate for Google Cloud platform)

Architecture/system design



INTEGRATION

At UKG we understand that your UKG Pro Workforce Management solution needs to integrate seamlessly with critical business systems and data across your enterprise. To that end, we built the UKG Platform to expedite and simplify integration.

- **Best-in-breed integration technology:** UKG Pro Workforce Management leverages Dell Boomi™, a modern, scalable integration platform as a service (iPaaS) that supports all your application integration processes between cloud platforms, software as a service (SaaS) applications, and on-premise systems. Dell Boomi supports common transport methods and a wide variety of enterprise integration scenarios while providing universal translation capabilities for nonstandard data formats.
- **Flexible integration options:** While traditional SFTP and batch-based integrations are available, the Dell Boomi platform supports API-enabled integration processes to facilitate real-time data access as well as hybrid integration approaches.
- **An integrated experience:** The Dell Boomi platform is fully integrated with the UKG user experience, enabling authorized users within customer organizations to schedule and execute integration processes within the familiar UKG Pro Workforce Management interface.

CURRENTLY SUPPORTED TECHNOLOGY

UKG Pro Workforce Management is built for mobile first — using mobile responsive design — meaning it is optimized for the device that is accessing it. It is device-agnostic, elegantly transitioning from desktop to tablet to phone while delivering all features across all screen formats. Being device-agnostic lets our users learn UKG Pro Workforce Management once and use it anywhere. This mobile-first approach provides real flexibility for users — allowing them to manage in the moment, whenever and wherever.

Partners for Life

At UKG, we build meaningful, life-long partnerships with our customers, and we are committed to making sure you get the most value from your investment. UKG Pro™ offers the most personalized, proactive service experience—moving beyond software support to true partnership that helps leaders transform their workforce strategy and culture.

UKG offers the best launch and customer service in the industry and includes free, ongoing access to UKG's range of learning resources for your lifetime as a customer.

Unrivaled Customer Support

Every element of support is designed to provide you with the highest levels of customer service and responsiveness. When you need assistance, you have 24-7 access to seasoned, CPP-certified representatives who are experienced in all aspects of HCM and Pro and who can respond rapidly to your service requests.

Each customer is assigned a team of account representatives, with each member focused on his or her specific area of expertise. A named account manager acts as your first point of contact for all HR and payroll inquiries. Plus, a team of subject matter experts covers the major functional areas of Pro.

Equipped with sophisticated tools and resources, your support representatives often can immediately handle service requests, answer questions, and resolve issues. When a matter cannot be addressed immediately, UKG assesses issue severity and its impact on your business, addressing the most critical issues first and then escalating your concern to other departments when necessary.

Customer-Driven Collaboration and User Communities

UKG strongly encourages customer involvement, input, and validation, often introducing changes to our technology based on customer suggestions. The ideas portal is an online social community that lets customers submit ideas and communicate best practices with their peers. Feature requests from our customers help drive the product roadmap for UKG Pro solutions.

With the Ultimate Community, you have one place to access resources for day-to-day tasks, exchange knowledge with other members as well as interact with fellow customers and subject matter experts who share a similar focus.

UKG also encourages participation in regional user group meetings, special interest groups, and sessions at the UKG-sponsored annual user conference. Customers have the opportunity to connect with peers, exchange ideas, and learn about Pro. The result: increased productivity and maximum value with your HCM solution.

Hospitals and Health Systems

Foster a great workplace to drive better outcomes



Healthcare organizations everywhere are facing more pressure than ever to deliver first-rate patient care while confronting staffing shortages. UKG solutions help build great workplaces that attract and retain top talent. Empower your workforce through technology built for all, helping you to deliver quality, cost-effective patient care.

Why UKG for Hospitals and Health Systems?

UKG's HCM and workforce management solutions put people and culture at the center of your work systems, helping you deliver a superior employee experience, increase productivity, control labor costs, and foster consistent, patient-first care across your entire continuum.

UKG solutions can help your organization:

- Optimize schedules through efficient staffing and scheduling with employee preference in mind and maintain adequate staffing levels
- Provide tools for employee feedback, recognition programs, and communication, improving retention rates by fostering a positive work environment
- Automate HR processes, reducing manual errors and save time / resources leading to improved overall efficiencies and cost savings
- Make informed decisions regarding workforce management, resource allocation, and strategic planning by generating valuable insights through data analytics and reporting

Memorial Hospital of Sweetwater Pro WFM Price Proposal

pricing as of 7/18/24 (good through 9/30/24)

Current Like for Like products (Billing Phase 1)

Solution	Licenses	PEPM	Monthly	Annual
Timekeeping	650	\$3.30	\$2,145.00	\$25,740.00
Absence Management	650	\$0.83	\$539.50	\$6,474.00
Advanced Scheduler	500	\$0.83	\$415.00	\$4,980.00
Total			\$3,099.50	\$37,194.00

New Pro WFM Modules (Billing Phase 2)

Solution	Licenses	PEPM	Monthly	Annual
HC Productivity	650	\$2.97	\$1,930.50	\$23,166.00
Analytics	650	\$0.00	\$0.00	\$0.00
Total			\$1,930.50	\$23,166.00

Total all products			\$5,030.00	\$60,360.00
---------------------------	--	--	-------------------	--------------------

Implementation (fixed fee / One Time Only) \$80,105

The UKG logo is displayed in white text on a black rectangular background in the bottom right corner of the page.

Cash Flow Analysis

Assumption: Signatures by 9/30/24 (3 year agreement)

Assumption: 8/24/24 WFC renewal (\$18,245)

	2024	2025	2026	2027	2028	Total
WFC maintenance (8 months)	\$7,602	\$4,561	\$0	\$0	\$0	\$12,163
Pro WFM 6 month billing delay (phase 1)	\$0	\$27,891	\$37,194	\$37,194	\$9,303	\$111,582
Pro WFM 12 month billing delay (phase 2)	\$0	\$5,792	\$23,166	\$23,166	\$17,374	\$69,498
WFC maintenance credit (4 months)	\$0	(\$6,082)	\$0	\$0	\$0	(\$6,082)
Implementation (120 day delay)	\$0	\$80,105	\$0	\$0	\$0	\$80,105
Totals	\$7,602	\$112,267	\$60,360	\$60,360	\$26,677	\$267,266

Key Notes:

- WFC maintenance paid from 8/2024 to 3/2025 (8 months) \$12,163*
- WFC maintenance credit (4 months) (\$6,082)*
- Pro WFM Billing Phase 1 (6 month delay) starts 4/025*
- Pro WFM Billing Phase 2 (12 month delay) starts 10/2025*
- Implementation (120 day delay) starts 1/2025*
- Fixed fee implementation services billed over six months*
- SaaS payments monthly-in-arrears*



Capital Expenditure FY25 14 Parking Lot 3000 College Drive

Capital Request Summary

Capital Request #

Name of Capital Request:

FY25-14

PARKING LOT PATCH, REPAIR, SEAL, PAINT ASPHALT – 3000 COLLEGE DRIVE

Requestor/Department:

GERRY JOHNSTON/FACILITIES

Sole Source Purchase: Yes or No

Reason: no other local vendors

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	R&D SWEEPING AND ASPHALT MAINTENANCE, LLC	ROCK SPRINGS, WY	\$74,810.00
2.			\$
3.			

Recommendation:

R&D SWEEPING AND ASPHALT MAINTENANCE, LLC - \$74,810.00



# Assigned: FY 25-14	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Facilities	Submitted by: GJJ
Date: 8/16/2024	
Provide a detailed description of the capital expenditure requested: Patch/repair parking lot at College Hill Building	
Preferred Vendor: R&D Sweeping	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 74,810.00
Does the requested item:	
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain:
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical \$ HVAC \$ Safety \$ Plumbing \$ Infrastructure (I/S cabling, software, etc.) \$
Annualized impact on operations (if applicable): Increases/Decreases	Budgeted Item:
Projected Annual Procedures (NEW not existing)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Revenue per procedure \$	# of bids obtained? _____
Projected gross revenue \$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: <i>Sole source in RS</i>
Projected net revenue \$	
Projected Additional FTE's	
Salaries \$	
Benefits \$	
Maintenance \$	
Supplies \$	
Total Annual Expenses \$	
Net Income/(loss) from new service \$	
Review and Approvals	
Submitted by: Gerry Johnston Jr.	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO

Aug 16 7
8-16-24
8-20-24

OTHER CONSIDERATIONS

The cost of this includes removing of the center island in front of the building and removing/patching asphalt about 1/3 of the parking lot closest to the main building (3000 College Drive) A small chunk of the main approach from College Drive closest to Premier Bone and Joint.
This quote will mainly focus on the worst areas of the parking lot and include paint for new lines and ADA stalls. If possible, I'd like to proceed with this before winter hits.
The reason for only one quote is due to not any other vendors in town that do this type of work. R&D Sweeping is a one stop shop when it comes to asphalt or sealing of parking lots.
Thank you


Submitted by: Signature

3-16-24
Date

R & D Sweeping and Asphalt Maintenance, LC
1931 Yellowstone Road
Rock Springs, WY 82901
307-362-5606

Estimate

Date	Estimate #
7/23/2024	5870

Company Name
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, Wy 82901

Work Location
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, Wy 82901

Description	Cost	Total
MEMORIAL HOSPITAL CLINIC PARKING LOT RECONSTRUCTION		
Lump Sum Items		
Mobilization - 1 LS @ \$4,500	4,500.00	4,500.00
Parking Lot Striping - 1 LS @ \$2,520	2,520.00	2,520.00
Main Parking Lot Reconstruction		
Pulverize Existing Asphalt and Road Base, Grade/Compact Pulverized Material for 3" Asphalt, and Install 3" Asphalt Pavement - 10,710 SF @ \$4.40/SF	47,124.00	47,124.00
COLLEGE HILL APPROACH & FRONTAGE ROAD RECONSTRUCTION & ISLAND REMOVAL		
Pulverize Existing Asphalt and Road Base, Grade/Compact Pulverized Material for 3" Asphalt, and Install 3" Asphalt Pavement - 3,515 SF @ \$4.40/SF	15,466.00	15,466.00
CONCRETE ISLAND REMOVAL & REPLACEMENT		
Remove Concrete Island in Front of Building, Grade, and Place 3" Asphalt - 500 SF @ \$10.40/SF	5,200.00	5,200.00
Total		

<p>All Materials are guaranteed to be as specified, and the above work is to be performed in accordance with the drawings and specifications submitted for the above work and completed in a substantial workmanlike manner. Payments are to be made within 30 days of completion. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements are contingent on strikes, accidents or delays beyond our control. Owner is to carry fire, tornado, and other necessary insurance upon the above work. Workers Compensation and Public Liability Insurance on above work will be provided by R & D Sweeping and Asphalt Maintenance, LC.</p> <p>Respectfully Submitted: _____</p>	<p>ACCEPTANCE OF PROPOSAL</p> <p>The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to perform the work as specified. Payment will be made as outlined above.</p> <p>Date: _____</p> <p>Signature: _____</p>
	<p>We reserve the right to withdraw this proposal if not accepted within ten (10) business days.</p>

R & D Sweeping and Asphalt Maintenance, LC
1931 Yellowstone Road
Rock Springs, WY 82901
307-362-5606

Estimate

Date	Estimate #
7/23/2024	5870

Company Name
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, Wy 82901

Work Location
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, Wy 82901

Description	Cost	Total
<p>Notes:</p> <ol style="list-style-type: none"> 1. Billing based on actual quantities. 2. Price Includes all materials and freight. 3. Estimate based on completing the project in one phase. 4. Lump sum Items pricing will stay the same regardless of the options chosen by the owner. 5. Reconstruction pricing covers material pulverizing and grading to a depth of 9". Any over excavation for soft spots past 9" in depth will need to be discussed with the owner at an agreed upon rate for soft spot repair if any deeper soft spots arise during construction. 6. Pricing based on current asphalt plant pricing and will be good for 30 days. If asphalt mix price exceeds \$100/ton from the supplier, estimate will need to be resubmitted unless the estimate is signed prior to any price change. 		
Total		\$74,810.00

<p>All Materials are guaranteed to be as specified, and the above work is to be performed in accordance with the drawings and specifications submitted for the above work and completed in a substantial workmanlike manner. Payments are to be made within 30 days of completion. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements are contingent on strikes, accidents or delays beyond our control. Owner is to carry fire, tornado, and other necessary insurance upon the above work. Workers Compensation and Public Liability Insurance on above work will be provided by R & D Sweeping and Asphalt Maintenance, LC.</p> <p>Respectfully Submitted: _____</p>	<p>ACCEPTANCE OF PROPOSAL</p> <p>The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to perform the work as specified. Payment will be made as outlined above.</p> <p>Date: _____</p> <p>Signature: _____</p>
	<p><i>We reserve the right to withdraw this proposal if not accepted within ten (10) business days.</i></p>

Capital Expenditure FY25 15 Parking Lot Hospital

Capital Request Summary

Capital Request #

Name of Capital Request:

FY25-15

PARKING LOT PATCH, REPAIR, SEAL, PAINT ASPHALT - HOSPITAL

Requestor/Department:

GERRY JOHNSTON/FACILITIES

Sole Source Purchase: Yes or No

Reason: no other local vendors

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	R&D SWEEPING AND ASPHALT MAINTENANCE, LLC	ROCK SPRINGS, WY	\$62,175.00
2.			\$
3.			

Recommendation:

R&D SWEEPING AND ASPHALT MAINTENANCE, LLC - \$62,175.00



		# Assigned: FY 25-15
Capital Request		
<p>Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.</p>		
Department: Facilities	Submitted by: GJJ	Date: 8/16/2024
Provide a detailed description of the capital expenditure requested: Patch/repair add new asphalt and seal remaining parking lot "Main Hospital"		
Preferred Vendor: R&D Sweeping		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation		\$
2. Equipment		\$
3. Installation		\$
4. Shipping		\$
5. Accessories		\$
6. Training		\$
7. Travel costs		\$
8. Other e.g. interfaces		\$
Total Costs (add 1-8)		\$ 62,175.00
Does the requested item:		
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Fit into existing space?	Explain:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Attach to a new service?	Explain:	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Require physical plan modifications?	Electrical	\$
If yes, list to the right:	HVAC	\$
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety	\$
	Plumbing	\$
	Infrastructure (I/S cabling, software, etc.)	\$
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Projected Annual Procedures (NEW not existing)		
Revenue per procedure	\$	# of bids obtained? _____
Projected gross revenue	\$	
Projected net revenue	\$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	
Review and Approvals		
Submitted by: Gerry Johnston Jr.	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Executive Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

8-16-24
 8-22-24

OTHER CONSIDERATIONS

The attached quote includes the sealing of the existing parking lot here at the Main Hospital and will also include the replacement of roughly 3000 sq. ft. of asphalt in the back parking area and other problem areas. This quote also includes crack chipping and sealing. It also includes paint for lines as well as ADA parking.

The reason for only one quote is due to not any other vendors in town that do this type of work. R&D Sweeping is a one stop shop when it comes to asphalt or sealing of parking lots.


Submitted by: Signature

8-16-24
Date

R & D Sweeping and Asphalt Maintenance, LC
1931 Yellowstone Road
Rock Springs, WY 82901
307-362-5606

Estimate

Date	Estimate #
7/22/2024	5867

Company Name
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, WY 82901.

Work Location
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, WY 82901

Description	Cost	Total
Asphalt Patching: •Approximately 3000 SF of asphalt will be removed and replaced with 3" of new asphalt. •The edges of the patch will have a tack oil applied. •The asphalt will be installed uniformly with an asphalt paver. •The asphalt will be compacted with a two-drum roller. •This assumes a firm base and subgrade; additional charges may apply if new road base is needed. •These standards meet or exceed all industry and manufacturer standards. •This estimate is figured with asphalt costing \$96.00 per ton and road base costing \$16.00 per ton; both are pre-tax amounts. If material cost rise then the price of this project will also increase.	25,525.00	25,525.00
Total		

<p>All Materials are guaranteed to be as specified, and the above work is to be performed in accordance with the drawings and specifications submitted for the above work and completed in a substantial workmanlike manner. Payments are to be made within 30 days of completion. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements are contingent on strikes, accidents or delays beyond our control. Owner is to carry fire, tornado, and other necessary insurance upon the above work. Workers Compensation and Public Liability Insurance on above work will be provided by R & D Sweeping and Asphalt Maintenance, LC.</p> <p>Respectfully Submitted: _____</p>	<p>ACCEPTANCE OF PROPOSAL</p> <p>The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to perform the work as specified. Payment will be made as outlined above.</p> <p>Date: _____</p> <p>Signature: _____</p> <p><i>We reserve the right to withdraw this proposal if not accepted within ten (10) business days.</i></p>
---	--

R & D Sweeping and Asphalt Maintenance, LC
1931 Yellowstone Road
Rock Springs, WY 82901
307-362-5606

Estimate

Date	Estimate #
7/22/2024	5867

Company Name
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, Wy 82901

Work Location
Memorial Hospital of Sweetwater 1200 College Dr. Rock Springs, Wy 82901

Description	Cost	Total
Crack Sealing: <ul style="list-style-type: none"> •The new cracks will be routed to 1/2" wide x 3/4" deep, cleaned and sealed with a hot-pour asphalt rubber rated for -30 degrees. •The edges, cracks greater than 3/4" in width, and the edge between the asphalt and concrete will be cleaned out with a high pressure air-hose. The air-hose will be powered by an air-compressor. •The previously sealed cracks that have split out, routed cracks, large cracks over 3/4" in width and the parking lot edges will be re-sealed with a hot-pour asphalt rubber rated for -30 degree and will have at least a 2" overband. •Any dirt and debris that we produce will be disposed of off-site. •This product is not meant for allgated areas. •The sealant will be charged at \$2.50 per lb. •These standards meet or exceed all industry and manufacturer standards. 	27,550.00	27,550.00
Striping: <ul style="list-style-type: none"> •The pavement markings will be laid out using chalk lines. •The pavement markings will be painted with an air-less parking-lot striper. •The paint used is a premium pavement marking waterborne paint. •Paint is applied at 300 lf per gallon @ 4" as specified by the manufacturer. •These standards meet or exceed all industry and manufacturer standards. 	9,100.00	9,100.00
Total		\$62,175.00

<p>All Materials are guaranteed to be as specified, and the above work is to be performed in accordance with the drawings and specifications submitted for the above work and completed in a substantial workmanlike manner. Payments are to be made within 30 days of completion. Any alterations or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements are contingent on strikes, accidents or delays beyond our control. Owner is to carry fire, tornado, and other necessary insurance upon the above work. Workers Compensation and Public Liability Insurance on above work will be provided by R & D Sweeping and Asphalt Maintenance, LC.</p> <p>Respectfully Submitted: _____</p>	<p>ACCEPTANCE OF PROPOSAL.</p> <p>The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to perform the work as specified. Payment will be made as outlined above.</p> <p>Date: _____</p> <p>Signature: _____</p> <p><i>We reserve the right to withdraw this proposal if not accepted within ten (10) business days.</i></p>
---	---

Capital Expenditure FY25 16 Digital Electronic Messaging Sign Hospital

Capital Request Summary

Capital Request #

FY25-16

Name of Capital Request:

DIGITAL ELECTRONIC MESSAGING SIGN - HOSPITAL

Requestor/Department:

DEB SUTTON/MARKETING

Sole Source Purchase: Yes or No

Reason:

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	ALLIED ELECTRIC SIGN	PLEASANT GROVE, UT	\$106,429.16
2.	DAVIS SIGNS	OGDEN, UT	\$91,467.00
3.			

Recommendation:

ALLIED ELECTRIC SIGN - \$106,429.16 (plus Wyolectric \$24,590)



Assigned: FY 25 - 16

Capital Request

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

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

Department: Facilities	Submitted by: Gerry Johnston/Deb Sutton	Date: 8/20/2024
------------------------	---	-----------------

Provide a detailed description of the capital expenditure requested:
 Digital Sign with electronic messaging, including electrical requirements.

Preferred Vendor:

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

1. Renovation	\$ Amount
2. Equipment	\$ 106,429.16
3. Installation	\$ 24,590
4. Shipping	\$ Amount
5. Accessories	\$ Amount
6. Training	\$ Amount
7. Travel costs	\$ Amount
8. Other e.g. interfaces	\$ Amount
Total Costs (add 1-8) \$ 131,019.16 See Attached	

Does the requested item:

Require annual contract renewal? YES NO

Fit into existing space? YES NO
 Explain: Old sign will be removed.

Attach to a new service? YES NO
 Explain: 4 circuits required – 80 to 100 amps

Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input type="checkbox"/> NO	Electrical	\$ 24,590
	HVAC	\$ Amount
	Safety	\$ Amount
	Plumbing	\$ Amount
	Infrastructure (I/S cabling, software, etc.)	\$ Amount

Annualized impact on operations (if applicable):

Increases/Decreases

Budgeted Item:

Projected Annual Procedures (NEW not existing) YES NO

Revenue per procedure	\$ Amount	# of bids obtained? <u>2</u>
-----------------------	-----------	------------------------------

Projected gross revenue	\$ Amount	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: See attached.
-------------------------	-----------	--

Projected net revenue	\$ Amount
-----------------------	-----------

Projected Additional FTE's	
----------------------------	--

Salaries	\$ Amount
----------	-----------

Benefits	\$ Amount
----------	-----------

Maintenance	\$ Amount
-------------	-----------

Supplies	\$ Amount
----------	-----------

Total Annual Expenses	\$ Total
------------------------------	----------

Net Income/(loss) from new service	\$ Amount
---	-----------

Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Deb Sutton</i>
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>C. John 8-20-24</i>
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature] 8-22-24</i>
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

MHSC's main outdoor sign is not only worn and tattered, but still has a logo that is nearly two decades old. It desperately needs to be updated.
 Adding a message board to the main entrance sign at 1200 College Drive will provide a modern, up-to-date image and will enhance communication. Image instills trust.
 Digital message boards are being used more frequently because they are the perfect way to enhance communication in real time. Information can be made available as quickly as it is on social media.
 Specialty Clinics, hospital service lines, events, way-finding and more can be displayed. This allows us to continually advertise our hospital services at no extra monthly cost.

Manufacture (1) 9'-5" x 23'-0" (overall height) illuminated pole sign display with I.D. portion, directional and donor sections, and base pole cover. ID Cabinet: (1) 4'-3" x 9'-5" double sided illuminated cabinet sign (painted), white acrylic faces with applied vinyl graphics and interior lighting as needed. Directional, Donor signs: (3) 2'-0" x 9'-5" double sided illuminated cabinet sign. (1) 5'-4" x 8'-8" (144 x 252 x 10 mm matrix) electronic message sign. Includes: sign, shipping, cloud based software & training, lifetime cellular data plan, (5) years parts warranty.

- Over the last four years, we've been in discussions with four different vendors.
- North Dakota was too high and too far away.
 - A third Utah company never responded after initial contacts.
 - Allied provided education and cost-savings tips.
 - Allied provided local references, such as Sweetwater Events Complex.

Allied's digital sign bid is lower than the original capital request.

This bid, combined with the small sign refurbishment, came in about \$17,000 lower than the initial capital requests in March.

Gerry Johnston & Deb Sutton
 Submitted by: Signature

7/30/2024
 Date

To: Board of Trustees
From: Suzan Campbell, In House Counsel & Compliance
Re: Digital Sign Bid
Date: August 30, 2024

In visiting with the county attorney's office, I explained to them 1) we put out a request for bids to have a large 10 mm digital sign installed at the entrance to the hospital 2) we have received two bids and based on discussions with the bidders we wanted to go with the higher bid. I then asked if the hospital could go with the higher bid and if there was a statute that would guide us. I also asked what process the county follows and whether the commissioners could go with a higher bid, and I was referred to W.S. 16-6-111 through 119. However, after reviewing these statutes I followed up with the county attorney as these statutes refer to public works projects/capital construction and he agreed with me that the installation of a sign would not, most likely, be considered a public work project that required the hospital to follow the statutory bid process.

For reference W.S. 16-6-101 (a) defines "Public work" includes alteration, construction, demolition, enlargement, improvement, major maintenance, reconstruction, renovation and repair of any highway, public building, public facility, public monument, public structure or public system.

As this isn't a public works project the hospital is not required to follow the official statutory bidding process but would instead follow our normal internal process for approval of projects. In this case we received two bids and would like to go with the higher bid as the product that will be installed has a more advanced operating system. The Marketing Director performed product research and gathered opinions from those in the signage field. Based on information she gathered the operating system offered by Allied, which is Daktronix, is a better, more reliable system than Optic which is the system in the bid from Davis. Allied has also done other signage projects in the community and has a good reputation and good customer service.

Based on the above my opinion is that his project does not meet the definition of a public work as defined by W. S. 16-60101. As it is not a public work, the hospital is not required to follow statutory bid process but can follow our normal internal process. That process resulted in hospital receiving two bids and based on the opinion of those in the signage field and others in our community who have worked with Allied the hospital can go with the higher bid and award the installation of the digital sign to Allied.



ALLIED ELECTRIC SIGN & Awning

PO Box 929, Pleasant Grove, UT 84062
801-972-5503 • ALLIED-SIGN.COM

SALES AGREEMENT

DATE	PROPOSAL
7/25/2024	2024-5836

BILL TO:
Sweetwater Memorial Hospital 1200 College Drive, Rock Springs, WY 8290

SHIP TO:
Sweetwater Memorial Hospital 1200 College Drive, Rock Springs, WY 8290

TERMS	DUE DATE	REP	P.O NO.
	3/14/2024	Jay	

QTY	ITEM	DESCRIPTION	COST	TOTAL
1	1 Survey	Technical survey of site . Sign Option #2	1,000.00	1,000.00
1	1 Other CM Mat...	Manufacture (1) 9'-5" x 23'-0" (overall height) illuminated pole sign display with I.D. portion,, directional and donor sections, and base pole cover. ID Cabinet: (1) 4'-3" x 9'-5" double sided illuminated cabinet sign (painted), white acrylic faces with applied vinyl graphics and interior lighting as needed. Directional, Donor signs: (3) 2'-0" x 9'-5" double sided illuminated cabinet sign (painted), white acrylic faces with applied vinyl graphics and interior lighting as needed. Base Pylon & revels: aluminum construction (painted) Steel pipe support	34,100.00	34,100.00T
1	3 Excavation / H...	Excavation * This is only an estimated excavation cost. Circumstances may differ than estimated and require a change in type of footing and/ or materials	3,240.00	3,240.00
1	1 Excavation	Allied is not responsible for any unforeseen circumstances that occur during excavation or underground		0.00
1	3 Footing/Concr...	Concrete footing * This is only an estimated cost for concrete . Circumstances may differ than estimated, and require a change in type of footing and/ or materials	7,897.16	7,897.16T
1	1 CS Manufactur...	Electronic message sign Provide (1) 5'-4" x 8'-8" (144 x 252 x 10 mm matrix) electronic message sign. Includes: sign , shipping, cloud based software & training, lifetime cellular data plan, (5) years parts warranty.	47,100.00	47,100.00T
1	3 CM Install	Install of custom manufactured product * per diem & overnight stay included.	11,842.00	11,842.00
4	Service Electri...	Customer responsible for providing power to sign.	0.00	0.00
1	1 Engineering	Engineering fee charged to customer	500.00	500.00

-All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the proposal. Our employees are fully covered by Workers Compensation. Contractor's - Utah:375809-5501 Nevada: 60486 Colorado: 237787 Idaho: RCE-29969
-All deposits will be considered non-refundable after production begins.
-Balance is due upon install. All accounts over 14 days will be charged a 4% interest charge monthly. An 'Intent to Lien' may be filed at 30 days and a lien may be applied at 60 days. All reasonable applicable collections fees to collect payment will be assessed
-There will be a 3% fee for all credit card payments.
-Sales tax is subject to change based on state and local tax rates.

Subtotal
Tax (7.45%)
Total

SIGNATURE _____

DATE _____



ALLIED ELECTRIC SIGN & Awning

PO Box 929, Pleasant Grove, UT 84062
801-972-5503 • ALLIED-SIGN.COM

SALES AGREEMENT

DATE	PROPOSAL
7/25/2024	2024-5836

BILL TO:
Sweetwater Memorial Hospital 1200 College Drive, Rock Springs, WY 8290

SHIP TO:
Sweetwater Memorial Hospital 1200 College Drive, Rock Springs, WY 8290

TERMS	DUE DATE	REP	P.O NO.
	3/14/2024	Jay	

QTY	ITEM	DESCRIPTION	COST	TOTAL
	1 Permit Exp	Cost to obtain permit from permitting agency * TBD	100.00	100.00
	1 Staff Time	Customer to pay staff time to obtain permits	400.00	400.00
	1 Staff Time	Final Inspection Onsite time to meet inspector (if required by the city)	250.00	250.00
	Deposit	Deposit - 50% required at time of order and/or before permitting begins. Balance is due at time of install.	0.00	0.00

-All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the proposal. Our employees are fully covered by Workers Compensation. Contractor's - Utah:375809-5501 Nevada: 60486 Colorado: 237787 Idaho: RCE-29969
-All deposits will be considered non-refundable after production begins.
-Balance is due upon install. All accounts over 14 days will be charged a 4% interest charge monthly. An 'Intent to Lien' may be filed at 30 days and a lien may be applied at 60 days. All reasonable applicable collections fees to collect payment will be assessed
-There will be a 3% fee for all credit card payments.
-Sales tax is subject to change based on state and local tax rates.

Subtotal	\$106,429.16
Tax (7.45%)	\$6,637.74
Total	\$113,066.90

SIGNATURE _____ DATE _____

PLOT MAP



DESIGN LEGEND

- S1: INTERNALLY LIT D/S PYLON SIGN**
- 9'-5" x 23'-0" OVERALL
- S2: ALUMINUM PANEL OVERLAYS**
- 4'-0" x 5'-11 1/2" OVERALL
- S3: NON LIT DIRECTIONAL *LOCATION NEEDED**
- 2'-0" x 3'-0" OVERALL
- S4: ALUMINUM PANEL OVERLAYS**
- 7'-11 1/2" x 15'-0" OVERALL
- S5: ALUMINUM PANEL OVERLAYS**
- 4'-0" x 5'-11 1/2" OVERALL
- S6: ALUMINUM PANEL OVERLAYS**
- 4'-0" x 5'-11 1/2" OVERALL

PLOT MAP SCALE: 1" = 200'-0"

FILE LOCATION: Google Drive (G:) / Shared Drives / ALL JOBS / 2024-5836-Sweetwater Memorial Hospital-Sweetwater Memorial Hospital-Rock Springs, WY-Wyoming / 03 DESIGNER DRAWINGS



CLIENT: Sweetwater Memorial Hospital
ADDRESS: 1200 College Drive,
 Rock Springs, WY 82901
DESIGNER: Courtney
ACCOUNT EXEC.: Jay Bingham
FILE NAME: Sweetwater Memorial Hospital (Rock Springs) Sign Package D4

CONTACT: Deb Sulton
PHONE #: 307-362-3711
EMAIL: dsulton@sweetwatermemorial.com
DATE: 08/15/24

REV.	DATE	BY	DESCRIPTION
1	07.23.24	CC	Updated logo for signage
2	08.12.24	CC	graphics option for pylon sign
3	08.15.24	CC	updated colors & wedgeage
4	08.26.24	JK	xxx
5	08.29.24	JK	xxx
6	08.30.24	JK	xxx
7	08.30.24	JK	xxx
8	08.30.24	JK	xxx
9	08.30.24	JK	xxx
10	08.30.24	JK	xxx

Client Approval	DATE
AE Approval	DATE
Vendor Approval	DATE

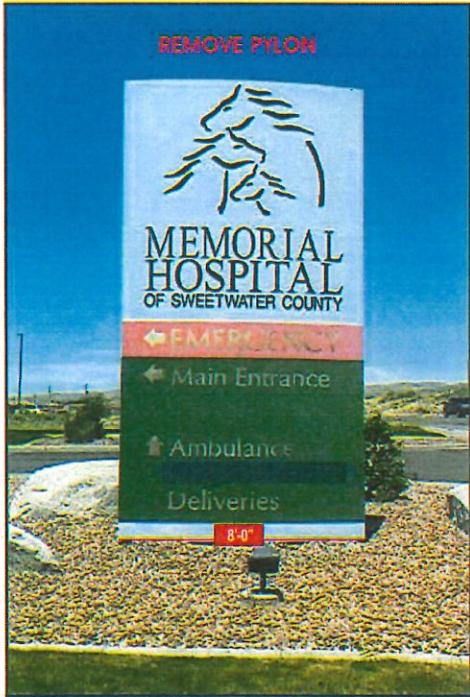
<p>WARRANTY</p>	Survey	NAME & DATE
	Permit	08/08/24
	Stage	CALLOUT
		1 of 14

LOCATIONS: HQ LINDON: 543 W. 1600 N. LINDON, UT LAS VEGAS: 6845 SPEEDWAY BLVD. #K103, LAS VEGAS, NV 89115 Utah Contractors: 375809-5501 Nevada: 60486 Colorado: UC00247443 Idaho: RCE-29969
 THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY ALLIED ELECTRIC SIGN. IT IS SUBMITTED FOR YOUR PERSONAL USE IN CONNECTION WITH THE PROJECT BEING PLANNED FOR YOU. IT IS NOT TO BE REPRODUCED, COPIED OR EXHIBITED.

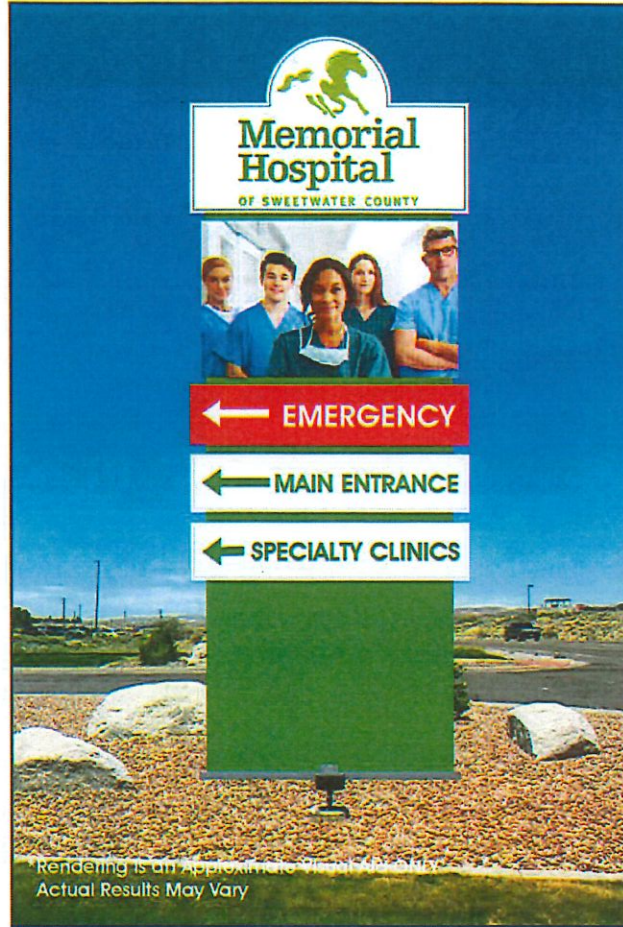


**S1.) EXTERIOR ELEVATION
NEW INTERNALLY LIT D/S PYLON SIGN**

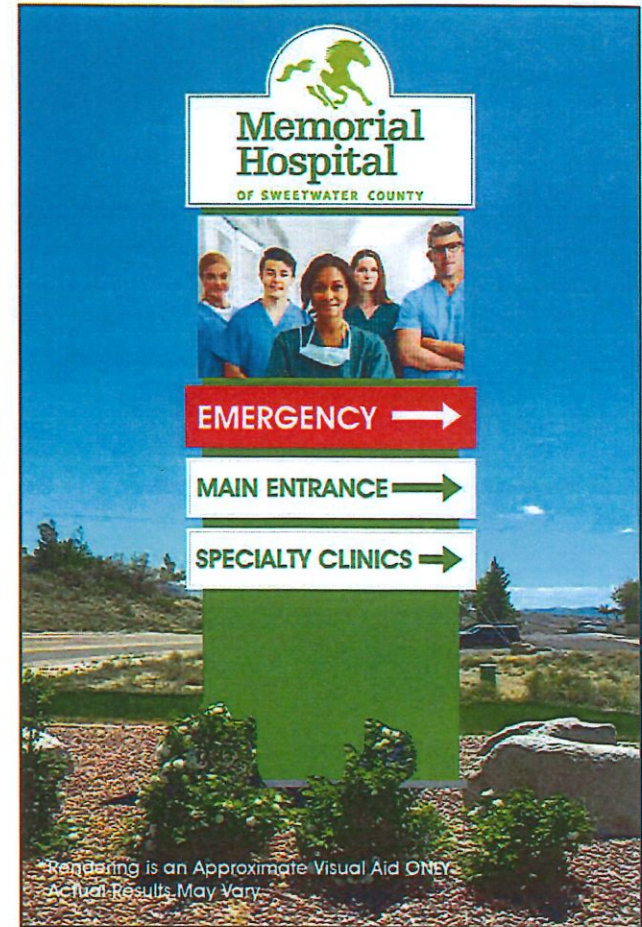
5/21/57



EXISTING CONDITIONS
Not in Scale



SIDE 01 - FACING SOUTH
Not in Scale



SIDE 02 - FACING NORTH
Not in Scale

FILE LOCATION: Google Drive (G:) / Shared Drives / ALL JOBS / 2024-5836-Sweetwater Memorial Hospital-Sweetwater Memorial Hospital-Rock Springs, WY-Wyoming / 03 DESIGNER DRAWINGS

CLIENT: Sweetwater Memorial Hospital
ADDRESS: 1200 College Drive, Rock Springs, WY 82901
DESIGNER: Courtney
ACCOUNT EXEC.: Jay Bingham
FILE NAME: Sweetwater Memorial Hospital (Rock Springs) Sign Package 04

CONTACT: Deb Sutton
PHONE #: 307-362-3711
EMAIL: dsutton@sweetwatermemorial.com
DATE: 08/15/24

REV.	DATE	BY	DESCRIPTION
1	07.23.24	CC	Updated logo for signage
2	08.12.24	CC	another option for public sign
3	08.16.24	CC	updated colors & venorage
4	08.20.24	CC	xxx
5	08.20.24	CC	xxx
6	08.20.24	CC	xxx
7	08.20.24	CC	xxx
8	08.20.24	CC	xxx
9	08.20.24	CC	xxx
10	08.20.24	CC	xxx

Client Approval	DATE
AE Approval	DATE
Landlord Approval	DATE

	Survey	NAME & DATE
	Permit	08/08/24
Stage	CALLOUT	2 of 14

LOCATIONS: HQ LINDON: 543 W. 1600 N. LINDON, UT LAS VEGAS: 6845 SPEEDWAY BLVD. #K103, LAS VEGAS, NV 89115 Utah Contractors: 375809-5501 Nevada: 60486 Colorado: LC00247443 Idaho: RCE-29969
 THIS IS AN ORIGINAL UNPUBLISHED DRAWING CREATED BY ALLIED ELECTRIC SIGN. IT IS SUBMITTED FOR YOUR PERSONAL USE IN CONNECTION WITH THE PROJECT BEING PLANNED FOR YOU. IT IS NOT TO BE REPRODUCED, COPIED OR EXHIBITED.

Follow us on

S1.) EXTERIOR ELEVATION NEW INTERNALLY LIT D/S PYLON SIGN

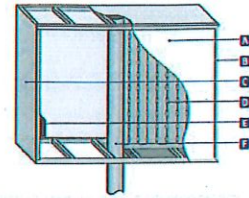
POWER REQUIREMENTS:
(1) 20 AMP Circuit / 120 Volts

**ACCURATE FIELD SURVEY REQUIRED
PRIOR TO FABRICATION**

**ALLIED TO MANUFACTURE & INSTALL
QTY (1) INTERNALLY LIT D/S PYLON SIGN**

PAINT SCHEDULE	
P1:	Valspar 1852310
P2:	Valspar 1850708

VINYL SCHEDULE	
V1:	Crajet 3850 w. 8520 Lam - FMS 383
V2:	Crajet 3850 w. 8520 Lam - FMS 370
V3:	3M Poppy Red 3630-143



SIDE DETAIL - INTERNALLY LIT D/S PYLON SIGN
Not to Scale

- A FACES: 3/16" Irons White Flex w. Applied Vinyl
- VINYL: Vinyl to Match V1-V3
- B RETAINERS: 1 1/2" .063 White Aluminum *Painted P2 on "EMERGENCY" Cabinet
- C RETURNS: .063 White Aluminum *Painted P2 on "EMERGENCY" Cabinet
- D ILLUMINATION: White LED's
- EMC: RGB 10mm
- E POWER SUPPLY: Housed in Sign Cabinet
- F POLE COVER: All Aluminum, Painted P1

- Support & Footing TBD
- Visible Disconnect Switch at Sign
- 120V Service Supplied by Others
- **ELECTRICAL GROUNDED TO PIPE SUPPORT**

Representation & Night View on Next Page



POLE SIGN:
SCALE: 3/8" = 1'-0"



CLIENT: Sweetwater Memorial Hospital
ADDRESS: 1200 College Drive, Rock Springs, WY 83401
DESIGNER: ConZiney
ACCOUNT EXEC: Jay Brigham
FILE NAME: Sweetwater Memorial Hospital (Rock Springs) Sign Package 04

CONTACT: Dan Sutton
PHONE #: 307-362-3711
EMAIL: dsutton@sweetwatermemorial.com
DATE: 06/15/24

REV	DATE	DESCRIPTION
1	06/15/24	Initial Design
2	06/15/24	Revised Design
3	06/15/24	Final Design

53/57
2247304

DATE: 06/15/24	TIME: 09:00:24
CALLOUT: 8 of 14	

WARRANTY

Proposal

To: Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901
Attn: Gerry Johnston
email: gjohnston@sweetwatermemorial.com
Phone: (307) 352-8443
FAX:

From: Wyoelectric, Inc.
P.O. Box 2302
Rock Springs, WY 82902
Contact: Matt Crockett
email: wyoelectric@gmail.com
Phone: (307) 382-8181
FAX:
License #: WY C-1448

Proposal Date: Aug 19, 2024

Project Name	Proposal Date	Total Price
New Electrical Service for LED Sign	Aug 19, 2024	\$24,590.00

PROJECT DESCRIPTION

Provide labor and materials for the installation of a new 100 Amp, 120/208 Volt electrical utility service and panel to provide line voltage power to a new customer provided LED Sign.

See attached page(s) for breakdown

Respectfully Submitted:
Wyoelectric, Inc.

Acceptance of Proposal:
Memorial Hospital of Sweetwater County

Signature: Matthew M. Crockett Date: 8-19-2024

Signature: _____ Date: _____

Name: Matthew M. Crockett

Name: _____

Project Name	Proposal Date	Total Price
New Electrical Service for LED Sign	Aug 19, 2024	\$24,590.00

LINE ITEMS

ITEM	DESCRIPTION OF WORK	AMOUNT
New Electrical Service Panel	Provide labor and materials for the installation of a new 100 Amp, 120/208 Volt electrical utility service and panel to provide line voltage power to a new customer provided LED Sign. This project will require the installation of a new underground conduit to be installed from the existing power pole located between the front entrance to MHSC and the Southwest Counseling parking lot on College Drive to the new service location near the front entrance sign location. A new utility service meter and 100 Amp electrical panel will be installed outside of the lawn area near the sign and a new underground conduit will be installed from the new panel to the new LED sign. Wyoelectric, Inc. shall be responsible for the labor and materials required for the line voltage wiring for the new electrical service panel and sign connections. Excavation and backfill will be provided by Wyoelectric, as well as the required City of Rock Springs electrical permit and inspection. Wyoelectric shall also help coordinate the installation of the new service with Rocky Mountain Power, however MHSC shall be responsible for all user contracts or billing commitments with the electrical utility.	\$ 24,590.00

CONDITIONS

This proposal is for the project as described above. Any changes, or additions, to this proposal can be addressed on a time and materials basis once a signed change order has been completed.

Wyoelectric, Inc. reserves the right to void/re-bid this proposal if it has not been accepted within 30 days from the original date of submittal.

Customer is responsible for the prompt payment for the project as described above; as well as any fees associated with the collection of any delinquent payments.



August 08, 2024

Ms. Irene Richardson
 Chief Executive Officer
 Memorial Hospital of Sweetwater County
 1200 College Drive
 Rock Springs, WY 82901

RE: Medical Office Building – Front Entry / Parking Renovations: Consideration to Award

Dear Irene,

I provide you the following opinion as it relates to the bids received for the Medical office Building, Front Entry and Parking Renovations.

Bid Breakdown Information

<u>Contractor</u>	<u>Bid Amount</u>	<u>Alternate No. 1:</u>	<u>Notes</u>
A. Pleasant Const.	\$1,398,000.00	\$75,402.00	Complete bid.
Groathouse Const.	\$1,343,000.00*	\$72,000.00*	Complete bid.

* Indicates Apparent Low Bid Received at Opening.

Bid Conclusion and Recommendation

Two bids were received, opened, and read aloud beginning at 1:30pm on August 7th, 2024. Present for the bid opening were the following witnesses:

Gerry Johnston	Memorial Hospital of SWC
William Wheatley	Plan One/Architects
Quentin Johler	A. Pleasant Construction
Wayne Kitchen	Groathouse Construction
William Plummer	Groathouse Construction

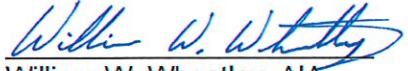
Immediately upon opening, the apparent low was declared Groathouse Construction. This applies to both Base Bid, as well as Alternate Bid No. 1. Determination of a compliant apparent low, was based on written amounts read aloud, inclusion of necessary residency documentation, bid bond, and acknowledgement of bid criteria such as various addenda.

Groathouse Construction was announced apparent low. It was also identified, that both bids are considerably lower than original estimating. Through design, it is recognized there was a reduction in site development scope, creating the disparity. Regardless of known cause, request for additional documentation from the Apparent Low Bidder was made. Within the allotted time, Plan One was provided the Schedule of Values and Subcontractor List for review from Groathouse. All documents were reviewed and further discussed with the contractor. Groathouse identified by email, their confidence in performing work, resulting in no further concern.

Ms. Richardson
August 08, 2024
Page 2 of 2

Based on all information contained herein, Plan One respectfully provides the recommendation to award both Base Bid and Alternate Bid No. 1, in the total of **\$1,415,000.00** to Groathouse Construction.

Please feel free to contact me with any questions.

A handwritten signature in blue ink, reading "William W. Wheatley". The signature is fluid and cursive, with the first name being the most prominent.

William W. Wheatley, AIA
Vice President



plan one / architects
 cheyenne cody rocksprings bozeman

BID FORM

Project No.: 2434 Bid Date: 08.07.24
 Project Name: Memorial Hospital of Sweetwater County, MOB Entry and Parking Renovations Bid Time: 1:30 p.m.

BIDDER	BASE BID #1	ALTERNATE BID #1	ADDENDA				BID SECURITY	RESIDENT STATUS	NOTES	BID WITNESSES
* A. Pleasant Construction	\$1,398,400.00	\$75,402.00	X	X	X		5% - Bond	Yes - Certificate	Complete Bid	Gerry Johnston - MHSC
* Groathouse Construction	\$1,343,000.00	\$72,000.00	X	X	X		5% - Bond	Yes - Certificate	Complete Bid	Wil Wheatley - Plan One
										Quenten Johler - A. Pleasant
										Wayne Kitchen - Groathouse
										Will Plummer - Groathouse

*Attended mandatory Pre-Bid Conference.



AIA Document A101® – 2017

Standard Form of Agreement Between Owner and Contractor where the basis of payment is a Stipulated Sum

AGREEMENT made as of the Eighth day of August in the year Two Thousand Twenty-four
(In words, indicate day, month and year.)

BETWEEN the Owner:
(Name, legal status, address and other information)

Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901
Telephone Number: 307.362.3711

and the Contractor:
(Name, legal status, address and other information)

Groathouse Construction
3630 Big Horn Avenue
Cody, WY 82414
Telephone Number: (307) 587-6610

for the following Project:
(Name, location and detailed description)

Memorial Hospital of Sweetwater County Medical Office Building Renovation
1180 College Drive
Rock Springs, WY 82901

Architect's Project Number: 2434

The Architect:
(Name, legal status, address and other information)

Plan One/Architects
4020 Dewar Drive, Suite A
Rock Springs, WY 82901
Telephone Number: (307) 352-2954

The Owner and Contractor agree as follows.

ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

The parties should complete A101@-2017, Exhibit A, Insurance and Bonds, contemporaneously with this Agreement. AIA Document A201@-2017, General Conditions of the Contract for Construction, is adopted in this document by reference. Do not use with other general conditions unless this document is modified.

TABLE OF ARTICLES

- 1 THE CONTRACT DOCUMENTS
- 2 THE WORK OF THIS CONTRACT
- 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION
- 4 CONTRACT SUM
- 5 PAYMENTS
- 6 DISPUTE RESOLUTION
- 7 TERMINATION OR SUSPENSION
- 8 MISCELLANEOUS PROVISIONS
- 9 ENUMERATION OF CONTRACT DOCUMENTS

EXHIBIT A INSURANCE AND BONDS

ARTICLE 1 THE CONTRACT DOCUMENTS

The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplementary, and other Conditions), Drawings, Specifications, Addenda issued prior to execution of this Agreement, other documents listed in this Agreement, and Modifications issued after execution of this Agreement, all of which form the Contract, and are as fully a part of the Contract as if attached to this Agreement or repeated herein. The Contract represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations, or agreements, either written or oral. An enumeration of the Contract Documents, other than a Modification, appears in Article 9.

ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except as specifically indicated in the Contract Documents to be the responsibility of others.

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

§ 3.1 The date of commencement of the Work shall be:

(Check one of the following boxes.)

- The date of this Agreement.
- A date set forth in a notice to proceed issued by the Owner.
- Established as follows:
(Insert a date or a means to determine the date of commencement of the Work.)

If a date of commencement of the Work is not selected, then the date of commencement shall be the date of this Agreement.

§ 3.2 The Contract Time shall be measured from the date of commencement of the Work.

§ 3.3 Substantial Completion

§ 3.3.1 Subject to adjustments of the Contract Time as provided in the Contract Documents, the Contractor shall achieve Substantial Completion of the entire Work:

(Check one of the following boxes and complete the necessary information.)

- Not later than () calendar days from the date of commencement of the Work.

Init.

[XX] By the following date: Substantial Completion to be attained on or before November 26, 2025, with final completion of December 31, 2025.

§ 3.3.2 Subject to adjustments of the Contract Time as provided in the Contract Documents, if portions of the Work are to be completed prior to Substantial Completion of the entire Work, the Contractor shall achieve Substantial Completion of such portions by the following dates:

Portion of Work	Substantial Completion Date
N/A.	N/A.

§ 3.3.3 If the Contractor fails to achieve Substantial Completion as provided in this Section 3.3, liquidated damages, if any, shall be assessed as set forth in Section 4.5.

ARTICLE 4 CONTRACT SUM

§ 4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be One Million Four Hundred Fifteen Thousand Dollars and Zero Cents (\$ 1,415,000.00), subject to additions and deductions as provided in the Contract Documents.

§ 4.2 Alternates

§ 4.2.1 Alternates, if any, included in the Contract Sum:

Item	Price
Alternate No. One: Retaining Wall Finishes	Seventy-Two Thousand and No/100 (\$72,000.00)

§ 4.2.2 Subject to the conditions noted below, the following alternates may be accepted by the Owner following execution of this Agreement. Upon acceptance, the Owner shall issue a Modification to this Agreement. *(Insert below each alternate and the conditions that must be met for the Owner to accept the alternate.)*

Item	Price	Conditions for Acceptance
N/A.	N/A.	N/A.

§ 4.3 Allowances, if any, included in the Contract Sum: *(Identify each allowance.)*

Item	Price
Contingency Allowance 1:	Twenty Thousand and No/100 (\$20,000.00)

§ 4.4 Unit prices, if any:

(Identify the item and state the unit price and quantity limitations, if any, to which the unit price will be applicable.)

Item	Units and Limitations	Price per Unit (\$0.00)
N/A.	N/A.	N/A.

§ 4.5 Liquidated damages, if any:

(Insert terms and conditions for liquidated damages, if any.)

The Contractor shall be assessed and shall agree to pay the Owner by reason of the Contractor's delay in performance of this contract the sum of One Thousand Dollars and Zero Cents (\$1,000.00) per calendar day that the work contemplated hereunder remains uncompleted and unacceptable beyond the time allowed in the Contract. Payment for said charges shall be made by deductions from partial and final payments to the Contractor or back charged to the Contractor.

§ 4.6 Other:

(Insert provisions for bonus or other incentives, if any, that might result in a change to the Contract Sum.)

N/A.

Init.

ARTICLE 5 PAYMENTS

§ 5.1 Progress Payments

§ 5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

§ 5.1.2 The period covered by each Application for Payment shall be one calendar month ending on the last day of the month, or as follows:

N/A.

§ 5.1.3 Provided that an Application for Payment is received by the Architect not later than the Tenth day of a month, the Owner shall make payment of the amount certified to the Contractor not later than the Fifteenth day of the following month. If an Application for Payment is received by the Architect after the application date fixed above, payment of the amount certified shall be made by the Owner not later than Thirty (30) days after the Architect receives the Application for Payment.

(Federal, state or local laws may require payment within a certain period of time.)

§ 5.1.4 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be prepared in such form, and supported by such data to substantiate its accuracy, as the Architect may require. This schedule of values shall be used as a basis for reviewing the Contractor's Applications for Payment.

§ 5.1.5 Applications for Payment shall show the percentage of completion of each portion of the Work as of the end of the period covered by the Application for Payment.

§ 5.1.6 In accordance with AIA Document A201™-2017, General Conditions of the Contract for Construction, and subject to other provisions of the Contract Documents, the amount of each progress payment shall be computed as follows:

§ 5.1.6.1 The amount of each progress payment shall first include:

- .1 That portion of the Contract Sum properly allocable to completed Work;
- .2 That portion of the Contract Sum properly allocable to materials and equipment delivered and suitably stored at the site for subsequent incorporation in the completed construction, or, if approved in advance by the Owner, suitably stored off the site at a location agreed upon in writing; and
- .3 That portion of Construction Change Directives that the Architect determines, in the Architect's professional judgment, to be reasonably justified.

§ 5.1.6.2 The amount of each progress payment shall then be reduced by:

- .1 The aggregate of any amounts previously paid by the Owner;
- .2 The amount, if any, for Work that remains uncorrected and for which the Architect has previously withheld a Certificate for Payment as provided in Article 9 of AIA Document A201-2017;
- .3 Any amount for which the Contractor does not intend to pay a Subcontractor or material supplier, unless the Work has been performed by others the Contractor intends to pay;
- .4 For Work performed or defects discovered since the last payment application, any amount for which the Architect may withhold payment, or nullify a Certificate of Payment in whole or in part, as provided in Article 9 of AIA Document A201-2017; and
- .5 Retainage withheld pursuant to Section 5.1.7.

§ 5.1.7 Retainage

§ 5.1.7.1 For each progress payment made prior to Substantial Completion of the Work, the Owner may withhold the following amount, as retainage, from the payment otherwise due:

(Insert a percentage or amount to be withheld as retainage from each Application for Payment. The amount of retainage may be limited by governing law.)

Five Percent. (5%)

§ 5.1.7.1.1 The following items are not subject to retainage:
(Insert any items not subject to the withholding of retainage, such as general conditions, insurance, etc.)

N/A.

§ 5.1.7.2 Reduction or limitation of retainage, if any, shall be as follows:
(If the retainage established in Section 5.1.7.1 is to be modified prior to Substantial Completion of the entire Work, including modifications for Substantial Completion of portions of the Work as provided in Section 3.3.2, insert provisions for such modifications.)

In accordance with the General and Supplementary Conditions.

§ 5.1.7.3 Except as set forth in this Section 5.1.7.3, upon Substantial Completion of the Work, the Contractor may submit an Application for Payment that includes the retainage withheld from prior Applications for Payment pursuant to this Section 5.1.7. The Application for Payment submitted at Substantial Completion shall not include retainage as follows:
(Insert any other conditions for release of retainage upon Substantial Completion.)

In accordance with the General and Supplementary Conditions.

§ 5.1.8 If final completion of the Work is materially delayed through no fault of the Contractor, the Owner shall pay the Contractor any additional amounts in accordance with Article 9 of AIA Document A201–2017.

§ 5.1.9 Except with the Owner’s prior approval, the Contractor shall not make advance payments to suppliers for materials or equipment which have not been delivered and stored at the site.

§ 5.2 Final Payment

§ 5.2.1 Final payment, constituting the entire unpaid balance of the Contract Sum, shall be made by the Owner to the Contractor when

- .1 the Contractor has fully performed the Contract except for the Contractor’s responsibility to correct Work as provided in Article 12 of AIA Document A201–2017, and to satisfy other requirements, if any, which extend beyond final payment; the 41 day legal advertising period has elapsed; all Project Closeout Documentation has been provided to Architect as set forth in the Project Manual; and
- .2 a final Certificate for Payment has been issued by the Architect.

§ 5.2.2 The Owner’s final payment to the Contractor shall be made no later than 30 days after the issuance of the Architect’s final Certificate for Payment, or as follows:

N/A.

§ 5.3 Interest

Payments due and unpaid under the Contract shall bear interest from the date payment is due at the rate stated below, or in the absence thereof, at the legal rate prevailing from time to time at the place where the Project is located.
(Insert rate of interest agreed upon, if any.)

N/A.

ARTICLE 6 DISPUTE RESOLUTION

§ 6.1 Initial Decision Maker

The Architect will serve as the Initial Decision Maker pursuant to Article 15 of AIA Document A201–2017, unless the parties appoint below another individual, not a party to this Agreement, to serve as the Initial Decision Maker.
(If the parties mutually agree, insert the name, address and other contact information of the Initial Decision Maker, if other than the Architect.)

N/A.

Init.

§ 6.2 Binding Dispute Resolution

For any Claim subject to, but not resolved by, mediation pursuant to Article 15 of AIA Document A201–2017, the method of binding dispute resolution shall be as follows:

(Check the appropriate box.)

Arbitration pursuant to Section 15.4 of AIA Document A201–2017

Litigation in a court of competent jurisdiction

Other *(Specify)*

If the Owner and Contractor do not select a method of binding dispute resolution, or do not subsequently agree in writing to a binding dispute resolution method other than litigation, Claims will be resolved by litigation in a court of competent jurisdiction.

ARTICLE 7 TERMINATION OR SUSPENSION

§ 7.1 The Contract may be terminated by the Owner or the Contractor as provided in Article 14 of AIA Document A201–2017.

§ 7.1.1 If the Contract is terminated for the Owner’s convenience in accordance with Article 14 of AIA Document A201–2017, then the Owner shall pay the Contractor a termination fee as follows:

(Insert the amount of, or method for determining, the fee, if any, payable to the Contractor following a termination for the Owner’s convenience.)

N/A.

§ 7.2 The Work may be suspended by the Owner as provided in Article 14 of AIA Document A201–2017.

ARTICLE 8 MISCELLANEOUS PROVISIONS

§ 8.1 Where reference is made in this Agreement to a provision of AIA Document A201–2017 or another Contract Document, the reference refers to that provision as amended or supplemented by other provisions of the Contract Documents.

§ 8.2 The Owner’s representative:

(Name, address, email address, and other information)

Gerry Johnston
Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901
Telephone Number: 307.362.3711

§ 8.3 The Contractor’s representative:

(Name, address, email address, and other information)

Fred Bronnenberg
Groathouse Construction
3630 Big Horn Avenue
Cody, WY 82414
Telephone Number: 307.587.6610

§ 8.4 Neither the Owner’s nor the Contractor’s representative shall be changed without ten days’ prior notice to the other party.

Init.

§ 8.5 Insurance and Bonds

§ 8.5.1 The Owner and the Contractor shall purchase and maintain insurance as set forth in AIA Document A101™-2017, Standard Form of Agreement Between Owner and Contractor where the basis of payment is a Stipulated Sum, Exhibit A, Insurance and Bonds, and elsewhere in the Contract Documents.

§ 8.5.2 The Contractor shall provide bonds as set forth in AIA Document A101™-2017 Exhibit A, and elsewhere in the Contract Documents.

§ 8.6 Notice in electronic format, pursuant to Article 1 of AIA Document A201-2017, may be given in accordance with AIA Document E203™-2013, Building Information Modeling and Digital Data Exhibit, if completed, or as otherwise set forth below:

(If other than in accordance with AIA Document E203-2013, insert requirements for delivering notice in electronic format such as name, title, and email address of the recipient and whether and how the system will be required to generate a read receipt for the transmission.)

N/A.

§ 8.7 Other provisions:

Per the requirements included in the Project Manual dated July 10, 2024.

ARTICLE 9 ENUMERATION OF CONTRACT DOCUMENTS

§ 9.1 This Agreement is comprised of the following documents:

- .1 AIA Document A101™-2017, Standard Form of Agreement Between Owner and Contractor
- .2 AIA Document A101™-2017, Exhibit A, Insurance and Bonds
- .3 AIA Document A201™-2017, General Conditions of the Contract for Construction
- .4 AIA Document E203™-2013, Building Information Modeling and Digital Data Exhibit, dated as indicated below:

(Insert the date of the E203-2013 incorporated into this Agreement.)

N/A.

- .5 Drawings: The Drawings are as follows and are dated July 10, 2024, unless a different date is shown below.

Number	Title
T1.1	Title Sheet

Code Review	
CR1.1	Overall Code & Life Safety Plans

Civil	
C1.1	Notes & Legend
C2.0	Demolition
C2.1	Grading Plan
C3.0	Details

Architectural Site	
As1.1	Demolition & Remodel Site Plan
As1.2	Site Details

Architectural	
A1.0	General Notes & Wall Types
A1.1	Enlarged Floor Plans
A2.1	Room Finish Schedule & Details
A3.1	Exterior Elevations
A4.1	Roof Plan & Details

Init.

- A5.1 Building Sections
- A5.2 Building Section
- A10.1 Door & Window Schedules/Details
- A11.1 Reflected Ceiling

Structural

- S0.0 Structural Notes
- S1.1 Foundation Plan
- S1.2 Framing Plan
- S2.1 Foundation Details
- S3.1 Structural Details

Mechanical

- MP0.1 Mechanical/Plumbing Legend & Notes
- M1.1 Mechanical Plans
- P/FP1.1 Plumbing & Fire Protection Plans

Electrical

- E0.1 Electrical Legend & Notes
- E1.0 Partial Site Electrical Plan
- E1.1 Level 1 Power Plans
- E5.0 Electrical On Line
- E6.0 Electrical Details

.6 Specifications: See Exhibit "A" for Specifications Divisions 1 through 33, Index 1 through 4.
(Paragraph deleted)

.7 Addenda, if any:

Number	Date	Pages
One	July 26, 2024	1 through 80
Two	July 26, 2024	1 through 5
Three	August 5, 2024	1

Portions of Addenda relating to bidding or proposal requirements are not part of the Contract Documents unless the bidding or proposal requirements are also enumerated in this Article 9.

.8 Other Exhibits:
(Check all boxes that apply and include appropriate information identifying the exhibit where required.)

AIA Document E204™–2017, Sustainable Projects Exhibit, dated as indicated below:
(Insert the date of the E204-2017 incorporated into this Agreement.)

N/A.

The Sustainability Plan:

Title	Date	Pages
N/A.	N/A.	N/A.

Supplementary and other Conditions of the Contract: Per the Bidding and Contract Requirements of the Project Manual dated July 10, 2024.

(Table deleted)

.9 Other documents, if any, listed below:
(List here any additional documents that are intended to form part of the Contract Documents. AIA Document A201™–2017 provides that the advertisement or invitation to bid, Instructions to Bidders, sample forms, the Contractor's bid or proposal, portions of Addenda relating to bidding or proposal

requirements, and other information furnished by the Owner in anticipation of receiving bids or proposals, are not part of the Contract Documents unless enumerated in this Agreement. Any such documents should be listed here only if intended to be part of the Contract Documents.)

N/A.

This Agreement entered into as of the day and year first written above.

OWNER *(Signature)*

Irene Richardson, Chief Executive Officer

(Printed name and title)

CONTRACTOR *(Signature)*

Fred Bronnenberg, President, CEO

(Printed name and title)

Init.

AIA Document A101 – 2017. Copyright © 1915, 1918, 1925, 1937, 1951, 1958, 1961, 1963, 1967, 1974, 1977, 1987, 1991, 1997, 2007 and 2017. All rights reserved. "The American Institute of Architects," "American Institute of Architects," "AIA," the AIA Logo, and "AIA Contract Documents" are trademarks of The American Institute of Architects. This document was produced at 15:03:04 ET on 08/08/2024 under Order No.2114485845 which expires on 11/08/2024, is not for resale, is licensed for one-time use only, and may only be used in accordance with the AIA Contract Documents[®] Terms of Service. To report copyright violations, e-mail docinfo@aiacontracts.com.

User Notes:

(1685013298)

Exhibit "A"

Memorial Hospital of Sweetwater County: Medical Office Building Renovation Rock Springs, Wyoming

PROJECT MANUAL INDEX

BIDDING REQUIREMENTS

Call for Bids
Instructions to Bidders
Prior Approval Request Form
Non-Resident Employer Bond Requirements
Lump Sum Bid Proposal Form
Bid Bond AIA 310

CONTRACT REQUIREMENTS AND FORMS

Agreement between Owner and Contractor AIA 101
Performance and Payment Bonds AIA A312
General Condition of the Contract AIA 201
Supplementary Conditions
Application and Certificate of Payment AIA G702/AIA G703
Contractor's Affidavit of Payments and Debts and Claims AIA G706
Contractor's Affidavit of Release of Liens AIA G706 A
Certificate of Substantial Completion AIA G704

SPECIFICATIONS

DIVISION 1 - GENERAL REQUIREMENTS

01 10 00	Summary of Work
01 21 00	Allowances
01 23 00	Alternates
01 25 00	Substitution Procedures
01 26 00	Contract Modification Procedures
01 29 00	Payment Procedures
01 31 00	Project Management and Coordination
01 32 00	Construction Progress Documentation with:
01 32 33	Photographic Documentation
01 33 00	Submittal Procedures
01 35 00	Alteration Project Procedures
01 40 00	Quality Requirements with Special Inspections Form
01 42 00	References
01 50 00	Temporary Facilities and Controls
01 60 00	Product Requirements (with substitution request form)
01 73 00	Execution

DIVISION 1 - GENERAL REQUIREMENTS (Cont.)

- 01 77 00 Closeout Procedures with:
 - Plan One Project Close Out Check list
 - Wyoming Department of Health Inspection Documents
- 01 78 23 Operation and Maintenance Data
- 01 78 39 Project Record Documents
- 01 79 00 Demonstration and Training

DIVISION 2 – EXISTING CONDITIONS

- 02 41 19 Selective Demolition

DIVISION 3 – CONCRETE

- 03 30 53 Miscellaneous Cast-in-Place Concrete

DIVISION 4 – MASONRY

- 04 43 13.16 Adhered Stone Masonry Veneer

DIVISION 5 – METALS

- 05 52 13 Pipe and Tube Railings

DIVISION 7- THERMAL and MOISTURE PROTECTION

- 07 24 19 Water -Drainage Exterior Insulation and Finish System
- 07 27 26 Fluid-Applied Membrane Air Barriers
- 07 54 19 Polyvinyl-Chloride (PVC) Roofing
- 07 81 00 Applied Fireproofing

DIVISION 8 – OPENINGS

- 08 11 13 Hollow Metal Doors and Frames
- 08 42 29.23 Sliding Automatic Entrances

DIVISION 9 - FINISHES

- 09 54 26 Suspended Wood Ceilings

DIVISION 10 – SPECIALTIES

- 10 14 19 Dimensional Letter Signage
- 10 14 23 Panel Signage
- 10 26 00 Wall and Door Protection

DIVISION 21 – FIRE SUPPRESSION

- 21 00 10 Fire Suppression General Provisions
- 21 01 16 Demolition of Fire Protection Systems
- 21 05 17 Sleeves and Sleeve Seals for Fire Suppression
- 21 05 18 Escutcheons for Fire Suppression
- 21 05 29 Hangers and Supports for Fire Suppression.
- 21 13 13 Wet-Pipe Sprinkler System

DIVISION 22 – PLUMBING

- 22 0010 Plumbing General Provisions
- 22 00 17 Sleeves and Sleeve Seals for Plumbing Systems
- 22 05 18 Escutcheons for Plumbing Systems
- 22 05 29 Hangers and Supports for Plumbing
- 22 05 53 Identification for Plumbing Systems
- 22 07 19 Plumbing Piping Insulation
- 22 10 05 Plumbing Piping

DIVISION 23 – HEATING VENTILATING AND AIR CONDITIONING

- 23 00 10 HVAC (Heating, Ventilation and Air Conditioning) General Provisions
- 23 05 13 Common Motor Requirements for HVAC Equipment
- 23 05 17 Sleeves and Sleeve Seals for HVAC Piping
- 23 05 29 Hangers and Supports for HVAC
- 23 05 48 Vibration and Seismic Controls for HVAC
- 23 05 53 Identification for HVAC
- 23 05 91 HVAC System Startup
- 23 05 93 Testing, Adjusting, And Balancing for HVAC
- 23 07 12 HVAC Insulation
- 23 08 00 Commissioning of HVAC Systems
- 23 09 20.01 Control Systems
- 23 21 13 Hydronic Piping
- 23 21 16 Hydronic Piping Specialties
- 23 31 13 Metal Ducts
- 23 33 00 Air Duct Accessories
- 23 37 13 Diffusers, Registers, And Grilles
- 23 82 19 Fan Coil Units

DIVISION 26 – ELECTRICAL

- 26 00 05 Electrical Project Management Requirements
- 26 00 10 General Electrical Requirements
- 26 05 05 Selective Demolition for Electrical
- 26 05 19 Electrical Conductors and Cables
- 26 05 26 Grounding and Bonding For Electrical Systems

26 05 29 Hangers and Supports for Electrical Systems
26 05 33 Conduit for Electrical Systems
26 05 34 Boxes for Electrical Systems
26 05 53 Identification for Electrical Systems
26 05 83 Wiring Connections
26 09 23 Lighting Control Devices
26 27 26 Wiring Devices
26 28 13 Fuses
26 28 16 Enclosed Switches
26 29 13 Enclosed Controllers
26 51 00 Interior Lighting
26 56 00 Exterior Lighting

DIVISION 27 – TELECOMMUNICATIONS

27 05 33 Conduit for Communications Systems
27 10 00 Structured Cabling

DIVISION 28 – ELECTRONIC SAFETY AND SECURITY

28 10 00 Access Control
28 20 00 Video Surveillance
28 46 00 Fire Detection and Alarm

DIVISION 31 – EARTHWORK

31 10 00 Site Clearing
31 20 00 Earth Moving

DIVISION 32 – EXTERIOR IMPROVEMENTS

32 12 16 Asphalt Paving

END OF INDEX

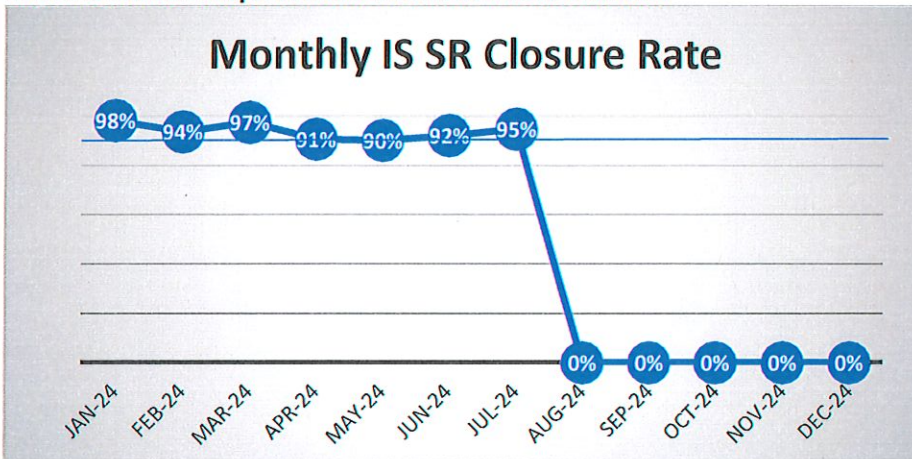
IS Report July 2024

By Terry (TJ) Thompson, IS Director

MHSC IS service environment:

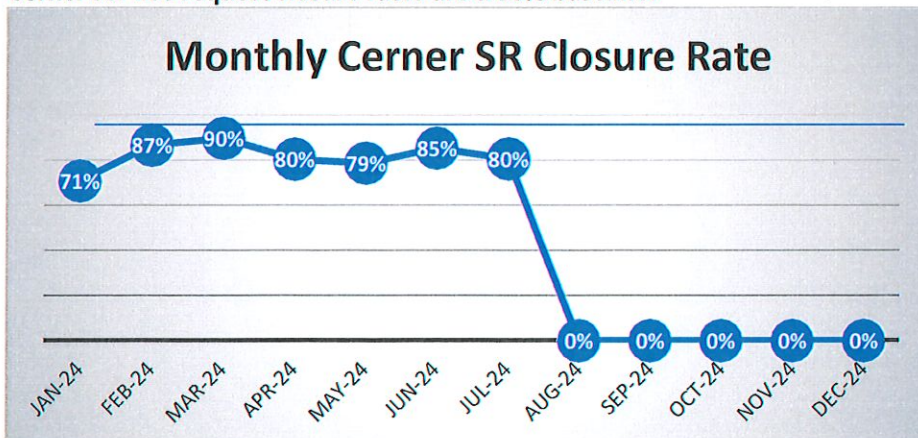
- 1158 computer user accounts
- 100 portable devices, Cell Phones, and iPads
- 790 Desktop systems, Laptops, and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 Uninterrupted Power Supplies

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



Service Desk 95% of our new 95% weekly meantime to restore baseline. Where 1139 service tickets opened 891 closed with 109 pending. The CrowdStrike BSOD event impacted the Hospital where we had to restore 600 + workstations and reimaged 40 specialty workstations. The event occurred 07/18/2024 and the had all system restored as of 07/22/2024.

Cerner service request closure rates are a 90% baseline:

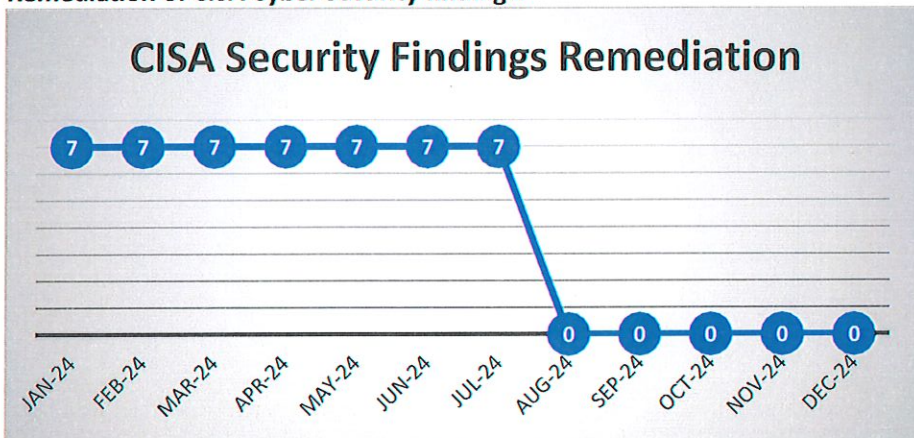


Cerner is at 80% of the weekly meantime to restore the 90% baseline.
Cerner closed 74 of the 104 service requests of which 12 are pending.

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 EOY 2024, we hope to have many of these security findings remediated.

Below is the latest CISA Cyber Hygiene Report Card, which is performed weekly. CISA is scanning MHSC 44 external public IP addresses for vulnerabilities. We have 44 scanned addresses, with 8 hosts and 14 services on these hosts. Where two hosts have 4 medium 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.

CYBER HYGIENE

REPORT CARD

Memorial Hospital of Sweetwater County



0
Hosts with unsupported software



0
Potentially Risky Open Services



50%
Increase in Vulnerable Hosts

HIGH LEVEL FINDINGS

LATEST SCANS

May 17, 2024 — July 27, 2024
Completed host scan on all assets

July 23, 2024 — July 27, 2024
Last vulnerability scan on all hosts

ASSETS OWNED

44
No Change

HOSTS

7
No Change

VULNERABLE HOSTS

3
Increase of 1
43% of hosts vulnerable

ASSETS SCANNED

44
No Change
100% of assets scanned

SERVICES

13
No Change

VULNERABILITIES

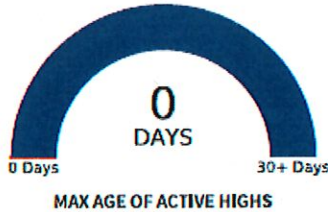
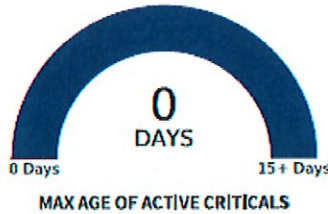
5
Increase of 1

VULNERABILITIES

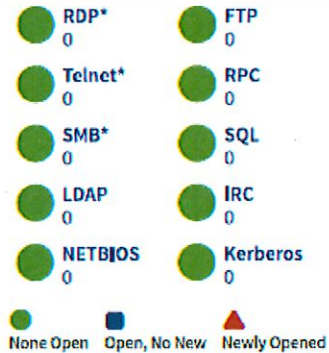
SEVERITY BY PROMINENCE



VULNERABILITY RESPONSE TIME



POTENTIALLY RISKY OPEN SERVICES



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

* Denotes the possibility of a network management interface.

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

Thursday~ August 29, 2024 4:00 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 CarrieCanestorp Taylor Jones,
Nicole Torres Deb Sutton Commissioner
Gerry Johnston

- | | | |
|-------|--|------------------|
| I. | Call Meeting to Order | Marty Kelsey |
| II. | Mission Moment | Irene Richardson |
| III. | Approve Agenda | Marty Kelsey |
| IV. | Approve minutes from July 31, 2024 | Marty Kelsey |
| V. | Capital Requests FY25 | Marty Kelsey |
| | A. MOB Entrance bid award recommendation | |
| VI. | Financial Report | |
| | A. Monthly Financial Statements & Statistical Data | |
| | 1. Narrative | Tami Love |
| | 2. Financial Information | Tami Love |
| | 3. Financial Goals | Tami Love |
| | 4. Self-Pay Report | Ron Cheese |
| | 5. Preliminary Bad Debt | Ron Cheese |
| VII. | Old Business | |
| | A. Critical Access Update | Tami Love |
| | B. CLA Project – PIPS Financial Goals | Tami Love |
| VIII. | New Business | |
| | A. Financial Forum Discussion | Marty Kelsey |
| IX. | Next Meeting – September 25, 2024 | Tami Love |
| X. | Adjournment | Marty Kelsey |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Finance & Audit Committee Meeting
July 31, 2024

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

Voting Members Absent:

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

Non-Voting Members Absent: Mr. Terry Thompson, *Director of IT*
Dr. Augusto Jamias
Dr. David Dansie

Guests: Ms. Tracie Soller, *Director of Medical Imaging*
Ms. Carrie Canestorp, *Director of HIM*
Ms. Leslie Taylor, *Clinic Director*
Mr. Gerry Johnston, *Director of Facilities*
Mr. William Wheatley, *Plan One*
Ms. Sheila Hill, *CLA*
Ms. Jennifer Campbell, *CLA*
Mr. Darryn McGarvey, *CLA*
Mr. Taylor Jones, *County Commissioner*

Call Meeting to Order

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

Approve Agenda

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

Approve Meeting Minutes

A motion to approve the meeting minutes from June 26, 2024, was made by Ms. Love; second by Ms. Layne. Motion carried.

Capital Requests

The committee reviewed the request for a change order from Groathouse for \$134,013 for the sewer rerouting. There were not any questions on this change order. A motion was made to approve sending to the board for approval by Mr. Rood; second by Ms. Love. Motion approved.

The GMP proposal for the Medical Imaging project was brought to the committee for approval. Mr. Wheatley from Plan One reviewed the changes. The revision lowered the pricing. It went from \$1,190,291 to \$1,184,137. A motion was made to approve sending to the board for approval by Mr. Rood; second by Ms. Richardson. Motion approved.

FY25-2 for the Luminos Agile Max X-ray System for \$522,820 was also brought to the committee for approval. This is sole source from Siemens as it is part of our Siemens executive agreement and is a budgeted item. The equipment is at the end of life and Ms. Soller added they are discontinuing service very soon. The equipment is not functioning well and needs to be replaced. A motion to approve and send to the board was made by Mr. Rood; second by Ms. Richardson. Motion carried.

The next item is also a replacement for another end-of-life x-ray machine. FY25-3 for the XPREE Digital X-Ray System for \$316,373 was presented by Ms. Soller. She said this new piece of equipment replaces one of the old machines, but this one will also add a new service. This is the same platform as we are using with the new machine in the ED so it will be easy for the technicians to transition. We are accepting the machine early and they are extending our warranty in return. A motion was made to approve and send to the board by Ms. Richardson; second by Mr. Rood. Motion carried.

Revenue Cycle Paired Advisory

Ms. Hill and Ms. Campbell presented a high-level review of the project. They reviewed the objectives and provided a performance update. Ms. Hill explained how they created goals based on benchmarks. Most of the benchmarks used came from HFMA based on industry best practices. While a lot of great work has been done and several objectives completed, there are still some areas that need a little work. The next steps are to work on the Point of Service collections, continued work on policies and procedures and to work with vendors for help with aged accounts receivable. They will present at the Board Meeting next week in executive session.

Financial Report

Ms. Love explained that we do not have a financial packet for June as it must first be audited. The audit will be performed August 12-16th.

Financial Goals

We did not review any financial goals during this meeting.

Self-Pay Report

Mr. Cheese reviewed the self-pay report included in the packet. He said this year's goal is \$4.5 million. He is hoping to add a third person to this team very soon.

Preliminary Bad Debt

The preliminary bad debt, less recovery, is \$2,693,938. This is the highest amount ever turned. This is part of the CLA project to try and clean up aging AR. Ms. Richardson asked if this would bring down the AR days in July. Mr. Cheese explained that we will probably not see that in July due to the high revenue in July. We should see this decrease in the aging AR graphs. This will be updated to present at the Board meeting.

Old Business

Critical Access

Ms. Love provided a critical access update. She said Cerner has started the new build to update the billing system. The Continued Survey Readiness Committee is working on new CAH requirements for the upcoming Joint Commission survey in November or December.

PIPS Financial Goals

Reports were provided in the packet with updates on the CLA Revenue Cycle support project.

New Business

Hospital and Clinic Financials Statements

Ms. Richardson asked the committee what they thought of only reporting one set of financial statements. She explained that the auditors only provide one set of financial statements for the hospital and clinic combined. The clinic's financial statements are not meaningful. We do not allocate all the expenses to the clinic. The committee decided to keep the financial statements the same as we have always been doing.

Financial Forum Discussion

There was not any new information discussed.

Next Meeting

The next meeting is August 29 at 4:00 pm.

Meeting adjourned at 3:44pm.

Submitted by Jan Layne

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO JULY 2024 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for July is a gain of \$1,705,735, compared to a loss of \$277,988 in the budget. This yields a 13.86% operating margin for the month compared to -2.57% in the budget.

The total net gain is \$1,776,919, compared to a total net loss of \$242,104 in the budget. This represents a profit margin of 14.43% compared to -2.24% in the budget.

REVENUE. Revenue was higher again in July coming in at \$25,502,195, over budget by \$2,809,014, a record high revenue month. Inpatient revenue is \$4,606,123, over budget by \$112,645 and outpatient revenue is \$20,896,072, over budget by \$2,696,369. The largest percentage variances for revenue to budget comparison came from the following hospital departments:

ICU – 69%	Cardiovascular – 17%
Surgical Services - 29%	Cardiac Rehab – 29%
Laboratory – 19%	Pharmacy – 20%
Blood Bank – 26%	
Radiology – 27%	Medical Floor – (-20%)
CT Scan – 27%	Radiation Oncology – (-22%)
MRI – 48%	Respiratory Therapy – (19%)
Pet Scan – 167%	Sleep Lab – (-46%)

REDUCTION OF REVENUE. Deductions from revenue are estimated at 53% for the month, right at budget for the month. Total AR decreased from June, 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 \$10.1 million, at 83.9% of net patient revenue. The goal for collections as a percentage of net revenue is \geq 100%.

NET OPERATING REVENUE. Total net operating revenue is \$12,310,858 in July. Other operating revenue in July includes occupational medicine revenue, county maintenance funds and cafeteria revenue.

RATIOS. Annual Debt Service Coverage came in at 9.99. Days of Cash on Hand increased to 110 days at the end of July. Daily cash expenses increased to \$315,525 year-to-date. Net days in AR increased 5 days to 58.2 days.

VOLUME. Inpatient admissions and discharges came in right at budget with patient days slightly over for July. The average daily census (ADC) decreased to 13.5, which is close to the budget for the month, and average length of stay (LOS) decreased to 3.1, also close to budget. Births, Surgeries, ER visits, Outpatient visits and Clinic visits came in over budget.

EXPENSES. Total expenses came in under budget, lower than the previous month, coming in at \$10,605,124, under budget by \$475,154. The following line items were over budget in July:

Contract Labor - Labor & Delivery, Surgical Services, Emergency Department, and Radiology are over budget in July. Contract FTEs for July are 23.9.

Other Physician Fees - Locum expenses for Anesthesia, Hospitalists and Pediatrics are over budget in July.

Supplies - Expenses over budget for July include patient chargeables, implants, medical supplies, drugs, and food.

Utilities - Electricity and Fuel expenses were both over budget in July.

Other Operating Expenses - Postage, Freight, and Foundation expenses were over budget in July.

PROVIDER CLINICS. Revenue for the Clinics came in at \$2,965,835, over budget by \$184,610. Clinic volumes decreased to 6,895 visits. Total Clinic expenses for July are \$2,017,404, under budget by \$232,618. Contracts, biomed repairs, professional liability, and depreciation are over budget for July.

OUTLOOK FOR AUGUST. Gross patient revenue for August is projected to be lower than previous months at \$22.5 million, under the budget of \$23.9 million. Inpatient admissions, births and patient days have remained lower during the month. LOS is currently down to 2.4 days and average daily census is currently at 10.2. We continue to see increased volumes in outpatient departments with ER visits, Surgeries, Clinic visits and ancillary departments projecting close to budget.

Collections are projecting higher in August, to just over \$11 million. Deductions of revenue are expected to be stable. Expenses are expected to be at budget in August. With the lower revenue month, the estimated bottom line for August will be a loss.

Critical Access. The Wyoming Department of Health will be issuing our provisional Critical Access license effective 10/1/2024. We will start operating as a CAH as of that date. The Cerner buildout is ongoing with testing starting mid-August and is scheduled to be completed by the end of September. Once we receive the provisional license, we will contact the Joint Commission to complete our deemed CAH survey. Once the survey is complete, Joint Commission will send the State a letter of recommendation and the State will then send the letter to CMS for final approval. The facility survey from the State licensing division will also happen during that time.

Strategic Plan - Finance Pillar. The objectives of the finance pillar of the new Strategic Plan have been created around the ongoing Clifton Larsen Allen revenue cycle paired advisory support project. The July executive summary of the engagement was reported to the committee last month and then to the Board. We are also tracking these objectives on the Financial Goal graphs included in the Finance packet and on stoplight reports which will be reported through the Quality Committee.

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

- Days Cash on Hand
- DNFB Days – Discharged Not Final Billed Days
- Total Days in AR
- Denials

We are also tracking our goals for these additional financial metrics:

- Accounts Receivable aging – Total and By Payer
- Cash Collections



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

Unaudited Financial Statements

for

One month ended July 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

Table of Contents

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2024**

PAGE 1

TABLE OF CONTENTS

EXECUTIVE SUMMARY	PAGE 2
FINANCIAL RATIOS AND BENCHMARKS	PAGE 3
BALANCE SHEET - ASSETS	PAGE 4
BALANCE SHEET - LIABILITIES AND NET ASSETS	PAGE 5
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 6
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 7
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 8
STATEMENT OF CASH FLOWS	PAGE 10
KEY OPERATING STATISTICS	PAGE 11
ACCOUNTS RECEIVABLE REPORT	PAGE 12
REVENUE AND EXPENSE VARIANCE ANALYSIS	PAGE 13
KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE	PAGE S-A

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

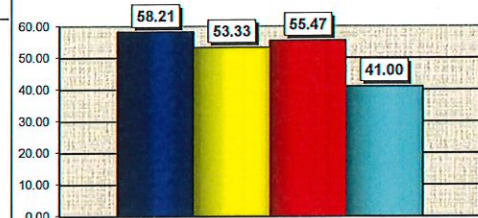
EXECUTIVE FINANCIAL SUMMARY

One month ended July 31, 2024

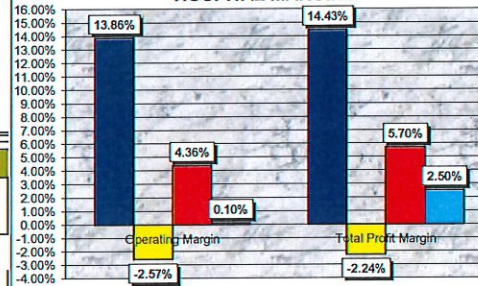
BALANCE SHEET

	YTD 7/31/2024	Prior FYE 6/30/2024
ASSETS		
Current Assets	\$47,033,018	\$43,911,479
Assets Whose Use is Limited	23,532,254	23,098,589
Property, Plant & Equipment (Net)	73,567,677	74,279,500
Other Assets	892,073	898,060
Total Unrestricted Assets	145,025,022	142,187,628
Restricted Assets	474,172	474,171
Total Assets	\$145,499,194	\$142,661,800
LIABILITIES AND NET ASSETS		
Current Liabilities	\$17,648,112	\$16,058,606
Long-Term Debt	23,373,298	23,506,667
Other Long-Term Liabilities	10,437,764	10,833,425
Total Liabilities	51,459,173	50,398,698
Net Assets	94,040,021	92,263,102
Total Liabilities and Net Assets	\$145,499,194	\$142,661,800

NET DAYS IN ACCOUNTS RECEIVABLE



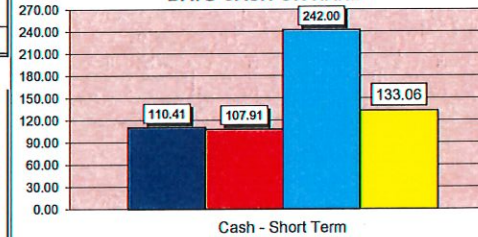
HOSPITAL MARGINS



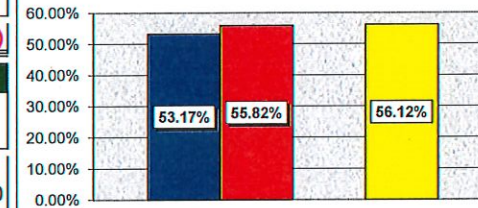
STATEMENT OF REVENUE AND EXPENSES - YTD

	07/31/24 ACTUAL	07/31/24 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$25,502,195	\$22,693,181	\$25,502,195	\$22,693,181
Deductions From Revenue	(13,527,282)	(12,059,825)	(13,527,282)	(12,059,825)
Net Patient Revenues	11,974,912	10,633,356	11,974,912	10,633,356
Other Operating Revenue	335,946	168,934	335,946	168,934
Total Operating Revenues	12,310,859	10,802,290	12,310,859	10,802,290
Expenses:				
Salaries, Benefits & Contract Labor	5,639,084	6,146,301	5,639,084	6,146,301
Purchased Serv. & Physician Fees	1,058,539	1,136,067	1,058,539	1,136,067
Supply and Drug Expenses	2,115,111	1,909,315	2,115,111	1,909,315
Other Operating Expenses	902,200	993,443	902,200	993,443
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	890,190	895,151	890,190	895,151
Total Expenses	10,605,124	11,080,278	10,605,124	11,080,278
NET OPERATING SURPLUS	1,705,735	(277,988)	1,705,735	(277,988)
Non-Operating Revenue/(Exp.)	71,184	35,884	71,184	35,884
TOTAL NET SURPLUS	\$1,776,919	(\$242,104)	\$1,776,919	(\$242,104)

DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	07/31/24 ACTUAL	07/31/24 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	418	399	418	399
Average Acute Length of Stay	3.1	3.0	3.1	3.0
Total Emergency Room Visits	1,557	1,408	1,557	1,408
Outpatient Visits	8,663	7,535	8,663	7,535
Total Surgeries	203	149	203	149
Total Worked FTE's	475.46	521.15	475.46	521.15
Total Paid FTE's	539.34	571.09	539.34	571.09
Net Revenue Change from Prior Yr	23.23%	8.13%	23.23%	8.13%
EBIDA - 12 Month Rolling Average			13.33%	5.71%
Current Ratio			2.67	
Days Expense in Accounts Payable			36.38	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY		
Budget		07/31/24
Prior Fiscal Year End		06/30/24
CLA \$50-\$100M Net Revenue		6/30/2020

FINANCIAL STRENGTH INDEX - 1.94	
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

PAGE 3

ROCK SPRINGS, WY

One month ended July 31, 2024

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 7/31/2024	Budget 6/30/2025	Prior Fiscal Year End 06/30/24	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	13.86%	1.47%	4.36%	0.10%
Total Profit Margin	↑	14.43%	4.61%	5.70%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	110.41	133.06	107.91	242.00
Net Days in Accounts Receivable	↓	58.21	53.33	55.47	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	12.65	11.59	11.61	12.00
Long Term Debt to Capitalization	↓	20.33%	17.97%	20.74%	27.00%
Debt Service Coverage Ratio **	↑	9.03	3.60	5.84	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	6.64	8.14	6.76	NA
Salary Expense per Paid FTE		\$99,346	\$106,348	\$105,036	NA
Salary and Benefits as a % of Total Operating Exp		53.17%	56.12%	55.82%	NA
Employee Benefits %		26.28%	30.75%	30.97%	22.98%
Supply Expense Per Adj. Discharge		\$2,620	\$2,865	\$2,510	\$1,270
		YTD - Actual 7/31/2024	Prior FYE 6/30/2024		
Other Ratios:					
Gross Days in Accounts Receivable		65.55	64.59		
Net Revenue per Adjusted Discharge		\$15,250	\$14,822		
Operating Expenses per Adj. Discharge		\$13,137	\$14,176		

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2024

	Current Month 7/31/2024	Prior Month 6/30/2024	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2024
Current Assets					
Cash and Cash Equivalents	\$13,080,726	\$12,428,264	\$652,462	5.25%	\$12,428,264
Gross Patient Accounts Receivable	52,175,520	50,557,292	1,618,228	3.20%	50,557,292
Less: Bad Debt and Allowance Reserves	(30,626,201)	(30,463,009)	(163,191)	-0.54%	(30,463,009)
Net Patient Accounts Receivable	21,549,319	20,094,283	1,455,036	7.24%	20,094,283
Interest Receivable	0	0	0	0.00%	0
Other Receivables	6,989,641	6,209,096	780,544	12.57%	6,209,096
Inventories	3,143,641	3,137,536	6,105		3,137,536
Prepaid Expenses	2,269,692	2,042,300	227,392	11.13%	2,042,300
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	47,033,018	43,911,479	3,121,539	7.11%	43,911,479
Assets Whose Use is Limited					
Cash	90,647	(123,123)	213,771	-173.62%	(123,123)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	1,777,065	1,585,606	191,459	12.07%	1,585,606
Trustee Held Funds - SPT	0	0	0	0.00%	0
Board Designated Funds	7,049,668	7,021,234	28,434	0.40%	7,021,234
Other Limited Use Assets	14,614,873	14,614,873	1	0.00%	14,614,873
Total Limited Use Assets	23,532,254	23,098,589	433,665	1.88%	23,098,589
Property, Plant, and Equipment					
Land and Land Improvements	4,583,118	4,583,118	0	0.00%	4,583,118
Building and Building Improvements	51,543,468	51,482,921	60,547	0.12%	51,482,921
Equipment	138,770,539	138,741,400	29,139	0.02%	138,741,400
Construction In Progress	1,719,680	1,630,998	88,681	5.44%	1,630,998
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	196,616,805	196,438,437	178,367	0.09%	196,438,437
Less: Accumulated Depreciation	(123,049,127)	(122,158,937)	(890,190)	-0.73%	(122,158,937)
Net Property, Plant, and Equipment	73,567,677	74,279,500	(711,823)	-0.96%	74,279,500
Other Assets					
Unamortized Loan Costs	892,073	898,060	(5,987)	-0.67%	898,060
Other	0	0	0	0.00%	0
Total Other Assets	892,073	898,060	(5,987)	-0.67%	898,060
TOTAL UNRESTRICTED ASSETS	145,025,022	142,187,628	2,837,394	2.00%	142,187,628
Restricted Assets	474,172	474,171	0	0.00%	474,171
TOTAL ASSETS	\$145,499,194	\$142,661,800	\$2,837,394	1.99%	\$142,661,800

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2024

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2024
	Current Month 7/31/2024	Prior Month 6/30/2024	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$6,758,204	\$5,686,582	(\$1,071,622)	-18.84%	\$5,686,582
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,597,324	2,304,822	(292,502)	-12.69%	2,304,822
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	3,153,286	3,113,427	(39,859)		3,113,427
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD	3,386,824	3,386,824	0	0.00%	3,386,824
Other Current Liabilities	1,752,474	1,566,951	(185,523)	-11.84%	1,566,951
Total Current Liabilities	17,648,112	16,058,606	(1,589,506)	-9.90%	16,058,606
Long Term Debt					
Bonds/Mortgages Payable	26,760,122	26,893,490	133,369	0.50%	26,893,490
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	3,386,824	3,386,824	0	0.00%	3,386,824
Total Long Term Debt (Net of Current)	23,373,298	23,506,667	133,369	0.57%	23,506,667
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	10,437,764	10,833,425	395,661	3.65%	10,833,425
Total Other Long Term Liabilities	10,437,764	10,833,425	395,661	3.65%	10,833,425
TOTAL LIABILITIES	51,459,173	50,398,698	(1,060,475)	-2.10%	50,398,698
Net Assets:					
Unrestricted Fund Balance	89,833,683	82,391,633	(7,442,051)	-9.03%	82,391,633
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	470,299	470,299	(0)	0.00%	470,299
Net Revenue/(Expenses)	1,776,919	7,442,051	N/A	N/A	7,442,051
TOTAL NET ASSETS	94,040,021	92,263,102	(1,776,919)	-1.93%	92,263,102
TOTAL LIABILITIES AND NET ASSETS	\$145,499,194	\$142,661,800	(\$2,837,394)	-1.99%	\$142,661,800

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 6

ROCK SPRINGS, WY

One month ended July 31, 2024

	CURRENT MONTH				Prior Year 07/31/23
	Actual 07/31/24	Budget 07/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$4,233,097	\$4,155,393	\$77,704	1.87%	\$3,951,380
Outpatient Revenue	18,303,263	15,756,563	2,546,701	16.16%	14,732,101
Clinic Revenue	2,965,835	2,781,225	184,610	6.64%	2,401,171
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	25,502,195	22,693,181	2,809,014	12.38%	21,084,652
Deductions From Revenue					
Discounts and Allowances	(10,795,994)	(10,386,451)	(409,542)	-3.94%	(9,458,230)
Bad Debt Expense (Governmental Providers Only)	(2,723,923)	(1,434,320)	(1,289,603)	-89.91%	(1,644,215)
Medical Assistance	(7,366)	(239,053)	231,687	96.92%	(101,628)
Total Deductions From Revenue	(13,527,282)	(12,059,825)	(1,467,458)	-12.17%	(11,204,072)
Net Patient Revenue	11,974,912	10,633,356	1,341,556	12.62%	9,880,580
Other Operating Revenue	335,946	168,934	167,013	98.86%	109,210
Total Operating Revenue	12,310,859	10,802,290	1,508,569	13.97%	9,989,789
Operating Expenses					
Salaries and Wages	4,141,780	4,568,485	426,705	9.34%	3,983,946
Fringe Benefits	1,088,350	1,204,016	115,666	9.61%	1,080,161
Contract Labor	408,954	373,800	(35,154)	-9.40%	321,761
Physicians Fees	444,547	418,146	(26,401)	-6.31%	379,227
Purchased Services	613,991	717,921	103,930	14.48%	553,011
Drug Expense	1,191,605	1,015,114	(176,491)	-17.39%	1,020,101
Supply Expense	923,507	894,201	(29,305)	-3.28%	640,500
Utilities	117,156	106,817	(10,340)	-9.68%	103,225
Repairs and Maintenance	342,905	441,911	99,006	22.40%	387,603
Insurance Expense	98,493	107,291	8,798	8.20%	66,071
All Other Operating Expenses	310,000	300,722	(9,278)	-3.09%	259,612
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	33,647	36,702	3,056	8.33%	42,507
Depreciation and Amortization	890,190	895,151	4,961	0.55%	879,156
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	10,605,124	11,080,278	475,154	4.29%	9,716,881
Net Operating Surplus/(Loss)	1,705,735	(277,988)	1,983,723	-713.60%	272,909
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	72,561	19,357	53,205	274.87%	31,795
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	0
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(66,334)	(72,259)	(5,925)	8.20%	(88,534)
Other Non-Operating Revenue/(Expenses)	64,957	88,787	(23,831)	-26.84%	21,196
Total Non Operating Revenue/(Expense)	71,184	35,884	35,300	98.37%	(35,543)
Total Net Surplus/(Loss)	\$1,776,919	(\$242,104)	\$2,019,022	-833.95%	\$237,365
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets)	\$1,776,919	(\$242,104)	\$2,019,022	-833.95%	\$237,365
Operating Margin	13.86%	-2.57%			2.73%
Total Profit Margin	14.43%	-2.24%			2.38%
EBIDA	21.09%	5.71%			11.53%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
 ROCK SPRINGS, WY
 One month ended July 31, 2024

PAGE 7

	YEAR-TO-DATE				Prior Year 07/31/23
	Actual 07/31/24	Budget 07/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$4,233,097	\$4,155,393	\$77,704	1.87%	\$3,951,380
Outpatient Revenue	18,303,263	15,756,563	2,546,701	16.16%	14,732,101
Clinic Revenue	2,965,835	2,781,225	184,610	6.64%	2,401,171
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>25,502,195</u>	<u>22,693,181</u>	<u>2,809,014</u>	<u>12.38%</u>	<u>21,084,652</u>
Deductions From Revenue					
Discounts and Allowances	(10,795,994)	(10,386,451)	(409,542)	-3.94%	(9,458,230)
Bad Debt Expense (Governmental Providers Only)	(2,723,923)	(1,434,320)	(1,289,603)	-89.91%	(1,644,215)
Medical Assistance	(7,366)	(239,053)	231,687	96.92%	(101,628)
Total Deductions From Revenue	<u>(13,527,282)</u>	<u>(12,059,825)</u>	<u>(1,467,458)</u>	<u>-12.17%</u>	<u>(11,204,072)</u>
Net Patient Revenue	<u>11,974,912</u>	<u>10,633,356</u>	<u>1,341,556</u>	<u>12.62%</u>	<u>9,880,580</u>
Other Operating Revenue	335,946	168,934	167,013	98.86%	109,210
Total Operating Revenue	<u>12,310,859</u>	<u>10,802,290</u>	<u>1,508,569</u>	<u>13.97%</u>	<u>9,989,789</u>
Operating Expenses					
Salaries and Wages	4,141,780	4,568,485	426,705	9.34%	3,983,946
Fringe Benefits	1,088,350	1,204,016	115,666	9.61%	1,080,161
Contract Labor	408,954	373,800	(35,154)	-9.40%	321,761
Physicians Fees	444,547	418,146	(26,401)	-6.31%	379,227
Purchased Services	613,991	717,921	103,930	14.48%	553,011
Drug Expense	1,191,605	1,015,114	(176,491)	-17.39%	1,020,101
Supply Expense	923,507	894,201	(29,305)	-3.28%	640,500
Utilities	117,156	106,817	(10,340)	-9.68%	103,225
Repairs and Maintenance	342,905	441,911	99,006	22.40%	387,603
Insurance Expense	98,493	107,291	8,798	8.20%	66,071
All Other Operating Expenses	310,000	300,722	(9,278)	-3.09%	259,612
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	33,647	36,702	3,056	8.33%	42,507
Depreciation and Amortization	890,190	895,151	4,961	0.55%	879,156
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>10,605,124</u>	<u>11,080,278</u>	<u>475,154</u>	<u>4.29%</u>	<u>9,716,881</u>
Net Operating Surplus/(Loss)	1,705,735	(277,988)	1,983,723	-713.60%	272,909
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	72,561	19,357	53,205	274.87%	31,795
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	0
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(66,334)	(72,259)	5,925	-8.20%	(88,534)
Other Non-Operating Revenue/(Expense)	64,957	88,787	(23,831)	-26.84%	21,196
Total Non Operating Revenue/(Expense)	<u>71,184</u>	<u>35,884</u>	<u>35,300</u>	<u>98.37%</u>	<u>(35,543)</u>
Total Net Surplus/(Loss)	\$1,776,919	(\$242,104)	\$2,019,022	-833.95%	\$237,365
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$1,776,919	(\$242,104)	\$2,019,022	-833.95%	\$237,365
Operating Margin	13.86%	-2.57%			2.73%
Total Profit Margin	14.43%	-2.24%			2.38%
EBIDA	21.09%	5.71%			11.53%

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

PAGE 8

	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024
Gross Patient Revenue					
Inpatient Revenue	\$4,233,097	\$3,753,329	\$4,873,910	\$3,666,923	\$4,236,296
Inpatient Psych/Rehab Revenue					
Outpatient Revenue	\$18,303,263	\$16,025,677	\$17,065,942	\$16,587,785	\$15,459,637
Clinic Revenue	\$2,965,835	\$2,909,994	\$3,098,260	\$3,244,931	\$3,031,288
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$25,502,195	\$22,689,001	\$25,038,111	\$23,499,639	\$22,727,221
Deductions From Revenue					
Discounts and Allowances	\$10,795,994	\$10,263,890	\$11,795,527	\$11,571,869	\$10,397,914
Bad Debt Expense (Governmental Providers Only)	\$2,723,923	\$2,000,964	\$1,283,539	\$1,043,471	\$1,508,964
Charity Care	\$7,366	\$241,325	\$57,087	\$2,736	\$89,904
Total Deductions From Revenue	13,527,282	12,506,179	13,136,153	12,618,076	11,996,782
Net Patient Revenue	\$11,974,912	\$10,182,821	\$11,901,958	\$10,881,563	\$10,730,439
Other Operating Revenue	335,946	305,556	131,038	163,765	128,902
Total Operating Revenue	12,310,859	10,488,378	12,032,996	11,045,328	10,859,341
Operating Expenses					
Salaries and Wages	\$4,141,780	\$4,693,168	\$4,203,693	\$4,125,869	\$4,151,633
Fringe Benefits	\$1,088,350	\$1,105,022	\$1,677,550	\$1,369,376	\$1,751,548
Contract Labor	\$408,954	\$475,083	\$543,862	\$370,248	\$284,184
Physicians Fees	\$444,547	\$451,969	\$389,941	\$288,730	\$243,692
Purchased Services	\$613,991	\$727,936	\$691,394	\$792,911	\$773,560
Drug Expense	\$1,191,605	\$918,152	\$1,125,459	\$1,022,725	\$823,901
Supply Expense	\$923,507	\$620,399	\$956,733	\$958,145	\$853,767
Utilities	\$117,156	\$107,637	\$122,860	\$118,540	\$123,306
Repairs and Maintenance	\$342,905	\$446,822	\$367,427	\$380,073	\$359,588
Insurance Expense	\$98,493	\$62,095	\$135,140	\$72,832	\$71,334
All Other Operating Expenses	\$310,000	\$260,091	\$253,110	\$271,601	\$216,298
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$33,647	\$42,332	\$36,108	\$37,629	\$48,301
Depreciation and Amortization	\$890,190	\$920,211	\$946,935	\$887,647	\$885,626
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$10,605,124	\$10,830,915	\$11,450,213	\$10,696,326	\$10,586,737
Net Operating Surplus/(Loss)	\$1,705,735	(\$342,537)	\$582,783	\$349,002	\$272,604
Non-Operating Revenue:					
Contributions					
Investment Income	72,561	133,266	282,618	56,673	52,083
Tax Subsidies (Except for GO Bond Subsidies)					
Tax Subsidies for GO Bonds	0	0	0	0	0
Interest Expense (Governmental Providers Only)	(66,334)	(125,580)	(68,089)	(91,263)	(71,778)
Other Non-Operating Revenue/(Expenses)	69,457	515,404	15,619	17,003	593,094
Total Non Operating Revenue/(Expense)	\$75,684	\$523,090	\$230,148	(\$17,587)	\$573,399
Total Net Surplus/(Loss)	\$1,781,419	\$180,553	\$812,931	\$331,415	\$846,003
Change in Unrealized Gains/(Losses) on Investment	0	59,257	272,726	0	0
Increase/(Decrease in Unrestricted Net Assets)	\$1,781,419	\$239,810	\$1,085,657	\$331,415	\$846,003
Operating Margin	13.86%	-3.27%	4.84%	3.16%	2.51%
Total Profit Margin	14.47%	1.72%	6.76%	3.00%	7.79%
EBIDA	21.09%	5.51%	12.71%	11.20%	10.67%

Actual 2/29/2024	Actual 1/31/2024	Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023	Actual 9/30/2023	Actual 8/31/2023
\$4,714,671	\$5,004,383	\$4,119,968	\$3,552,335	\$3,746,554	\$4,038,243	\$3,931,335
\$15,607,056	\$16,628,567	\$17,109,573	\$15,516,757	\$14,463,990	\$14,487,978	\$15,726,753
\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$23,574,354	\$24,700,776	\$23,659,252	\$21,637,009	\$20,879,205	\$21,057,695	\$22,282,184
\$9,922,170	\$12,184,470		\$10,060,276	\$9,166,702	\$9,424,162	\$10,876,186
\$1,403,286	\$1,320,206	\$1,360,315	\$1,134,520	\$1,410,631	\$1,460,018	\$1,252,727
\$302,604	\$5,763	\$311,923	\$73,754	\$188,565	(\$1,270)	\$90,013
11,628,061	13,510,438	12,702,579	11,268,550	10,765,897	10,882,911	12,218,926
\$11,946,293	\$11,190,337	\$10,956,673	\$10,368,459	\$10,113,308	\$10,174,785	\$10,063,258
398,244	286,515	71,274	91,333	118,581	76,424	281,610
12,344,537	11,476,852	11,027,947	10,459,793	10,231,889	10,251,208	10,344,868
\$4,204,531	\$4,262,641	\$4,134,172	\$4,106,842	\$4,180,542	\$3,826,537	\$3,963,441
\$1,345,949	\$1,307,203	\$1,293,553	\$1,186,780	\$1,260,515	\$1,004,543	\$1,054,117
\$354,484	\$306,448	\$327,326	\$420,155	\$322,974	\$285,363	\$410,651
\$338,319	\$322,799	\$264,625	\$303,047	\$282,515	\$252,623	\$271,892
\$705,125	\$688,536	\$681,342	\$582,899	\$679,295	\$620,426	\$566,786
\$1,042,911	\$844,768	\$864,876	\$1,056,487	\$987,515	\$1,057,312	\$974,794
\$1,193,600	\$997,801	\$911,134	\$769,388	\$867,552	\$764,805	\$838,743
\$123,145	\$128,505	\$139,792	\$125,552	\$112,585	\$109,851	\$109,628
\$433,508	\$460,691	\$356,186	\$421,619	\$374,630	\$415,782	\$405,279
\$71,184	\$70,566	\$70,566	\$70,566	\$67,726	\$67,726	\$67,726
\$301,714	\$182,091	\$238,412	\$186,495	\$298,563	\$316,879	\$244,956
\$54,589	\$20,820	\$17,877	\$17,833	\$44,102	\$39,636	\$40,578
\$878,266	\$880,262	\$867,058	\$841,307	\$866,707	\$862,144	\$870,730
\$11,047,324	\$10,473,131	\$10,166,918	\$10,088,970	\$10,345,220	\$9,623,627	\$9,839,321
\$1,297,214	\$1,003,721	\$861,029	\$370,822	(\$113,331)	\$627,582	\$505,547
55,654	54,241	23,953	25,927	38,387	33,135	38,479
0	0	0	0	0	0	0
(55,734)	(56,478)	(63,173)	(58,383)	(58,584)	(59,321)	(43,939)
512,608	15,618	15,618	10,043	23,222	19,095	16,549
\$512,528	\$13,381	(\$23,602)	(\$22,412)	\$3,024	(\$7,091)	\$11,089
\$1,809,742	\$1,017,102	\$837,427	\$348,411	(\$110,307)	\$620,491	\$516,636
0	0	0	0	0	0	0
\$1,809,742	\$1,017,102	\$837,427	\$348,411	(\$110,307)	\$620,491	\$516,636
10.51%	8.75%	7.81%	3.55%	-1.11%	6.12%	4.89%
14.66%	8.86%	7.59%	3.33%	-1.08%	6.05%	4.99%
17.62%	16.42%	15.67%	11.59%	7.36%	14.53%	13.30%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2024

	CASH FLOW	
	Current Month 7/31/2024	Current Year-To-Date 7/31/2024
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$1,776,919	\$1,776,919
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	890,190	890,190
(Increase)/Decrease in Net Patient Accounts Receivable	(1,455,036)	(1,455,036)
(Increase)/Decrease in Other Receivables	(780,544)	(780,544)
(Increase)/Decrease in Inventories	(6,105)	(6,105)
(Increase)/Decrease in Pre-Paid Expenses	(227,392)	(227,392)
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	1,071,622	1,071,622
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	332,360	332,360
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	185,523
Net Cash Provided by Operating Activities:	1,787,537	1,787,537
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(178,367)	(178,367)
(Increase)/Decrease in Limited Use Cash and Investments	(219,895)	(219,895)
(Increase)/Decrease in Other Limited Use Assets	(213,771)	(213,771)
(Increase)/Decrease in Other Assets	5,987	5,987
Net Cash Used by Investing Activities	(606,045)	(606,045)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(133,369)	(133,369)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(395,661)	(395,661)
Net Cash Used for Financing Activities	(529,030)	(529,030)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(0)	(0)
Net Increase/(Decrease) in Cash	652,462	652,462
Cash, Beginning of Period	12,428,264	12,428,264
Cash, End of Period	\$13,080,726	\$13,080,726

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2024

Current Month				Year-To-Date				
Actual 07/31/24	Budget 07/31/24	Positive/ (Negative) Variance	Prior Year 07/31/23	STATISTICS	Actual 07/31/24	Budget 07/31/24	Positive/ (Negative) Variance	Prior Year 07/31/23
Discharges								
134	132	2	132	Acute	134	132	2	132
134	132	2	132	Total Adult Discharges	134	132	2	132
41	37	4	37	Newborn	41	37	4	37
175	169	6	169	Total Discharges	175	169	6	169
Patient Days:								
418	399	19	399	Acute	418	399	19	399
418	399	19	399	Total Adult Patient Days	418	399	19	399
65	61	4	61	Newborn	65	61	4	61
483	460	23	460	Total Patient Days	483	460	23	460
Average Length of Stay (ALOS)								
3.1	3.0	0.1	3.0	Acute	3.1	3.0	0.1	3.0
3.1	3.0	0.1	3.0	Total Adult ALOS	3.1	3.0	0.1	3.0
1.6	1.6	(0.1)	1.6	Newborn ALOS	1.6	1.6	(0.1)	1.6
Average Daily Census (ADC)								
13.5	12.9	0.6	12.9	Acute	13.5	12.9	0.6	12.9
13.5	12.9	0.6	12.9	Total Adult ADC	13.5	12.9	0.6	12.9
2.1	2.0	0.1	2.0	Newborn	2.1	2.0	0.1	2.0
Emergency Room Statistics								
133	135	(2)	135	ER Visits - Admitted	133	135	(2)	135
1,424	1,273	151	1,273	ER Visits - Discharged	1,424	1,273	151	1,273
1,557	1,408	149	1,408	Total ER Visits	1,557	1,408	149	1,408
8.54%	9.59%		9.59%	% of ER Visits Admitted	8.54%	9.59%		9.59%
99.25%	102.27%		102.27%	ER Admissions as a % of Total	99.25%	102.27%		102.27%
Outpatient Statistics:								
8,663	7,535	1,128	7,535	Total Outpatients Visits	8,663	7,535	1,128	7,535
161	115	46	115	Observation Bed Days	161	115	46	115
5,956	5,063	893	5,063	Clinic Visits - Primary Care	5,956	5,063	893	5,063
610	560	50	560	Clinic Visits - Specialty Clinics	610	560	50	560
69	45	24	45	IP Surgeries	69	45	24	45
134	104	30	104	OP Surgeries	134	104	30	104
Productivity Statistics:								
475.46	521.15	(45.69)	446.45	FTE's - Worked	475.46	521.15	(45.69)	446.45
539.34	571.09	(31.75)	500.29	FTE's - Paid	539.34	571.09	(31.75)	500.29
1.1900	1.1500	0.04	1.1500	Case Mix Index -Medicare	1.1900	1.4896	(0.30)	1.1500
1.3000	1.2000	0.10	1.2000	Case Mix Index - All payers	1.3000	0.6731	0.63	1.2000

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
07/31/24

PAGE 12

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	65.55	64.59
Net Days in Accounts Receivable	58.21	55.47
Number of Gross Days in Unbilled Revenue	14.66	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	24.90%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.03%	1.05%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.03%	1.05%
Bad Debts as a % of Gross Patient Revenue - Current Month	10.68%	6.32%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	10.68%	6.32%
Collections as a Percentage of Net Revenue - Current Month	83.87%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	83.87%	100% or >
Percentage of Blue Cross Receivable > 90 Days	4.59%	< 10%
Percentage of Insurance Receivable > 90 Days	22.70%	< 15%
Percentage of Medicaid Receivable > 90 Days	35.25%	< 20%
Percentage of Medicare Receivable > 60 Days	35.96%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING One month ended July 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	%
Gross Patient Revenue	2,809,014	12.38%	2,809,014	12.38%
<p>Gross patient revenue is over budget for the month and over budget year to date. Patient statistics were over budget in all areas in July Average Daily Census is 13.5 in July which is under budget by 0.6</p>				
Deductions from Revenue	(1,467,458)	-12.17%	(1,467,458)	-12.17%
<p>Deductions from revenue are over budget for July and over budget year to date. They are currently booked at 53.0% for July and 53.0% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages. More detail included in the narrative.</p>				
Bad Debt Expense	(1,289,603)	-89.91%	(1,289,603)	-89.91%
<p>Bad debt expense is booked at 10.7% for July and 10.7% year to date.</p>				
Charity Care	231,687	96.92%	231,687	96.92%
<p>Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.</p>				
Other Operating Revenue	167,013	98.86%	167,013	98.86%
<p>Other Operating Revenue is over budget and over budget for the year.</p>				
Salaries and Wages	426,705	9.34%	426,705	9.34%
<p>Salary and Wages are under budget in July and are under budget year to date. Paid FTEs are under budget by 31.75 FTEs for the month and under 31.75 FTEs year to date.</p>				
Fringe Benefits	115,666	9.61%	115,666	9.61%
<p>Fringe benefits are under budget in July and under budget year to date.</p>				
Contract Labor	(35,154)	-9.40%	(35,154)	-9.40%
<p>Contract labor is over budget for July and over budget year to date. OR, ER, and X-ray are over budget for the month.</p>				

Variance Analysis

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WYOMING
One month ended July 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	%
Physician Fees	(26,401)	-6.31%	(26,401)	-6.31%
Physician fees over budget in July and over budget year to date. Hospitalist, Locums and Pediatric Locums are over budget in July.				
Purchased Services	103,930	14.48%	103,930	14.48%
Purchased services are under budget for July and under budget year to date. Expenses over budget are department management service and bank card fee's.				
Supply Expense	(29,305)	-3.28%	(29,305)	-3.28%
Supplies are over budget for July and over budget year to date. Line items over budget include chargables, implants, drugs and food.				
Repairs & Maintenance	99,006	22.40%	99,006	22.40%
Repairs and Maintenance are under budget for July and under budget year to date.				
All Other Operating Expenses	(9,278)	-3.09%	(9,278)	-3.09%
This expense is over budget in July and over budget year to date. Other expenses over budget are postage, freight and other expenses.				
Leases and Rentals	3,056	8.33%	3,056	8.33%
This expense is under budget for July and is under budget year to date				
Depreciation and Amortization	4,961	0.55%	4,961	0.55%
Depreciation is under budget for July and is under budget year to date				
BALANCE SHEET				
Cash and Cash Equivalent	\$652,462	5.25%		
Cash increased in July. Cash collections for July were \$10.0 million. Days Cash on Hand increased to 110 days.				
Gross Patient Accounts Receivable	\$1,618,228	3.20%		
This receivable increased in July due to higher revenue.				

Variance Analysis

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WYOMING
One month ended July 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	(163,191)	-0.54%		
Bad Debt and Allowances increased.				
Other Receivables	780,544	12.57%		
Other Receivables increased in July due to the QRA accrual and retention bonus' paid.				
Prepaid Expenses	227,392	11.13%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	433,665	1.88%		
These assets increased due to debt service fund accrual.				
Plant Property and Equipment	(711,823)	-0.96%		
The decrease in these assets is due to the the normal increase in accumulated depreciation.				
Accounts Payable	(1,071,622)	-18.84%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(292,502)	-12.69%		
This liability increased in July. The payroll accrual for July was 17 days.				
Accrued Benefits	(39,859)			
This liability increased in July with the normal accrual and usage of PTO.				
Other Current Liabilities	(185,523)	-11.84%		
This liability increased for July due to the accrual on the bonds				
Other Long Term Liabilities	395,661	3.65%		
This liability decreased with the payment on the leases				
Total Net Assets	370,822	-1.93%		
The net gain from operations for July is \$1,705,735				



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

PROVIDER CLINICS

Unaudited Financial Statements

for

One month ended July 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

Table of Contents

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

PAGE 1

One month ended July 31, 2024

TABLE OF CONTENTS

FINANCIAL RATIOS AND BENCHMARKS	PAGE 2
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 3
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 4
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 5
KEY OPERATING STATISTICS	PAGE 7

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2024

PAGE 2

- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 7/31/2024	Year to Date 7/31/2024	Prior Fiscal Year End 06/30/24	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-19.97%	-19.97%	-23.84%	-36.58%
Total Profit Margin	-19.97%	-19.97%	-23.84%	-36.58%
Contractual Allowance %	44.68%	44.68%	44.34%	
Liquidity:				
Net Days in Accounts Receivable	43.85	42.87	42.14	39.58
Gross Days in Accounts Receivable	38.17	37.44	36.55	72.82
Productivity and Efficiency:				
Patient Visits Per Day	192.13	192.13	198.57	
Total Net Revenue per FTE	N/A	\$258,137	\$206,194	
Salary Expense per Paid FTE	N/A	\$203,565	\$176,010	
Salary and Benefits as a % of Net Revenue	93.51%	93.51%	103.17%	91.26%
Employee Benefits %	18.57%	18.57%	20.86%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
 ROCK SPRINGS, WY
 One month ended July 31, 2024

	CURRENT MONTH				Prior Year 07/31/23
	Actual 07/31/24	Budget 07/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,965,835	2,781,225	184,610	6.64%	2,401,171
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>2,965,835</u>	<u>2,781,225</u>	<u>184,610</u>	<u>6.64%</u>	<u>2,401,171</u>
Deductions From Revenue					
Discounts and Allowances	(1,325,148)	(1,236,973)	(88,176)	-7.13%	(1,089,987)
Total Deductions From Revenue	<u>(1,325,148)</u>	<u>(1,236,973)</u>	<u>(88,176)</u>	<u>-7.13%</u>	<u>(1,089,987)</u>
Net Patient Revenue	<u>1,640,687</u>	<u>1,544,253</u>	<u>96,434</u>	<u>6.24%</u>	<u>1,311,184</u>
Other Operating Revenue	40,879	41,485	(606)	-1.46%	46,430
Total Operating Revenue	<u>1,681,566</u>	<u>1,585,738</u>	<u>95,828</u>	<u>6.04%</u>	<u>1,357,614</u>
Operating Expenses					
Salaries and Wages	1,326,070	1,494,558	168,489	11.27%	1,226,382
Fringe Benefits	246,291	263,662	17,371	6.59%	216,269
Contract Labor	0	0	0	0.00%	0
Physicians Fees	179,854	219,283	39,429	17.98%	130,867
Purchased Services	1,386	3,430	2,044	59.58%	2,801
Supply Expense	20,422	26,528	6,107	23.02%	17,142
Utilities	848	1,159	311	26.87%	946
Repairs and Maintenance	13,396	6,219	(7,177)	-115.42%	3,213
Insurance Expense	31,297	30,615	(682)	-2.23%	20,205
All Other Operating Expenses	187,477	195,123	7,646	3.92%	173,700
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	4,072	4,820	748	15.53%	5,754
Depreciation and Amortization	6,292	4,626	(1,667)	-36.03%	7,971
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>2,017,404</u>	<u>2,250,022</u>	<u>232,618</u>	<u>10.34%</u>	<u>1,805,250</u>
Net Operating Surplus/(Loss)	(335,839)	(664,285)	328,446	-49.44%	(447,637)
Total Net Surplus/(Loss)	(335,839)	(664,285)	\$328,446	-49.44%	(\$447,637)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets)	(335,839)	(664,285)	\$328,446	-49.44%	(\$447,637)
Operating Margin	-19.97%	-41.89%			-32.97%
Total Profit Margin	-19.97%	-41.89%			-32.97%
EBIDA	-19.60%	-41.60%			-32.39%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2024

	YEAR-TO-DATE				
	Actual 07/31/24	Budget 07/31/24	Positive (Negative) Variance	Percentage Variance	Prior Year 07/31/23
Gross Patient Revenue					
Clinic Revenue	2,965,835	2,781,225	184,610	6.64%	2,401,171
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>2,965,835</u>	<u>2,781,225</u>	<u>184,610</u>	<u>6.64%</u>	<u>2,401,171</u>
Deductions From Revenue					
Discounts and Allowances	(1,325,148)	(1,236,973)	(88,176)	-7.13%	(1,089,987)
Total Deductions From Revenue	<u>(1,325,148)</u>	<u>(1,236,973)</u>	<u>(88,176)</u>	<u>-7.13%</u>	<u>(1,089,987)</u>
Net Patient Revenue	<u>1,640,687</u>	<u>1,544,253</u>	<u>96,434</u>	<u>6.24%</u>	<u>1,311,184</u>
Other Operating Revenue	40,879	41,485	(606)	-1.46%	46,430
Total Operating Revenue	<u>1,681,566</u>	<u>1,585,738</u>	<u>95,828</u>	<u>6.04%</u>	<u>1,357,614</u>
Operating Expenses					
Salaries and Wages	1,326,070	1,494,558	168,489	11.27%	1,226,382
Fringe Benefits	246,291	263,662	17,371	6.59%	216,269
Contract Labor	0	0	0	0.00%	0
Physicians Fees	179,854	219,283	39,429	17.98%	130,867
Purchased Services	1,386	3,430	2,044	59.58%	2,801
Supply Expense	20,422	26,528	6,107	23.02%	17,142
Utilities	848	1,159	311	26.87%	946
Repairs and Maintenance	13,396	6,219	(7,177)	-115.42%	3,213
Insurance Expense	31,297	30,615	(682)	-2.23%	20,205
All Other Operating Expenses	187,477	195,123	7,646	3.92%	173,700
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	4,072	4,820	748	15.53%	5,754
Depreciation and Amortization	6,292	4,626	(1,667)	-36.03%	7,971
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>2,017,404</u>	<u>2,250,022</u>	<u>232,618</u>	<u>10.34%</u>	<u>1,805,250</u>
Net Operating Surplus/(Loss)	(335,839)	(664,285)	328,446	-49.44%	(447,637)
Total Net Surplus/(Loss)	(335,839)	(664,285)	\$328,446	-49.44%	(\$447,637)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(335,839)	(664,285)	\$328,446	-49.44%	(\$447,637)
Operating Margin	-19.97%	-41.89%			-32.97%
Total Profit Margin	-19.97%	-41.89%			-32.97%
EBIDA	-19.60%	-41.60%			-32.39%

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

	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024	Actual 4/30/2024	Actual 3/31/2024
Gross Patient Revenue					
Clinic Revenue	\$2,965,835	\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$2,965,835	\$3,098,260	\$3,244,931	\$3,031,288	\$3,252,627
Deductions From Revenue					
Discounts and Allowances	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)
Total Deductions From Revenue	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)	(\$1,437,969)
Net Patient Revenue	\$1,640,687	\$1,851,177	\$1,647,998	\$1,726,120	\$1,814,659
Other Operating Revenue	\$40,879	\$41,325	\$48,843	\$37,502	\$44,208
Total Operating Revenue	1,681,566	1,892,502	1,696,841	1,763,622	1,858,867
Operating Expenses					
Salaries and Wages	\$1,326,070	\$1,487,393	\$1,445,111	\$1,402,323	\$1,417,161
Fringe Benefits	\$246,291	\$379,342	\$326,956	\$402,575	\$352,833
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$179,854	\$183,150	\$110,473	\$95,316	\$184,805
Purchased Services	\$1,386	\$818	\$7,543	\$8,021	\$4,886
Supply Expense	\$20,422	\$25,558	\$40,409	\$15,937	\$20,431
Utilities	\$848	\$1,754	\$815	\$888	\$890
Repairs and Maintenance	\$13,396	\$19,503	\$4,634	\$4,634	\$2,942
Insurance Expense	\$31,297	\$31,297	\$22,391	\$22,391	\$22,391
All Other Operating Expenses	\$187,477	\$143,924	\$143,679	\$74,051	\$126,422
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$4,072	\$4,322	\$4,400	\$3,072	\$5,937
Depreciation and Amortization	\$6,292	\$6,547	\$6,372	\$6,673	\$6,773
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$2,017,404	\$2,283,608	\$2,112,782	\$2,035,880	\$2,145,470
Net Operating Surplus/(Loss)	(\$335,839)	(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)
Total Net Surplus/(Loss)	(\$335,839)	(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets)	(\$335,839)	(\$391,106)	(\$415,941)	(\$272,258)	(\$286,604)
Operating Margin	-19.97%	-20.67%	-24.51%	-15.44%	-15.42%
Total Profit Margin	-19.97%	-20.67%	-24.51%	-15.44%	-15.42%
EBIDA	-19.60%	-20.32%	-24.14%	-15.06%	-15.05%

Actual 2/29/2024	Actual 1/31/2024	Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023	Actual 9/30/2023	Actual 8/31/2023	Actual 7/31/2023
\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096	\$2,401,171	\$2,965,835
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096	\$2,401,171	\$2,965,835
(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)	(\$1,089,987)	(\$1,325,148)
(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)	(\$1,089,987)	(\$1,325,148)
\$1,901,467	\$1,254,080	\$1,439,988	\$1,465,429	\$1,433,629	\$1,491,852	\$1,311,184	\$1,640,687
\$40,957	\$39,646	\$44,519	\$40,763	\$40,709	\$56,677	\$46,430	\$40,879
1,942,425	1,293,727	1,484,508	1,506,193	1,474,338	1,548,529	1,357,614	1,681,566
\$1,401,458	\$1,401,351	\$1,379,054	\$1,406,800	\$1,268,262	\$1,189,449	\$1,226,382	\$1,326,070
\$344,600	\$265,866	\$246,824	\$253,428	\$191,356	\$211,574	\$216,269	\$246,291
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$142,870	\$104,507	\$141,747	\$122,560	\$48,223	\$124,955	\$130,867	\$179,854
\$4,971	\$3,976	\$6,143	\$8,953	\$7,449	\$11,119	\$2,801	\$1,386
\$35,784	\$18,050	\$22,062	\$25,675	\$32,976	\$20,843	\$17,142	\$20,422
\$1,016	\$957	\$957	\$954	\$1,866	\$946	\$946	\$848
\$3,991	\$6,565	\$8,071	\$3,411	\$7,881	\$3,298	\$3,213	\$13,396
\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$20,205	\$20,205	\$31,297
\$103,364	\$122,279	\$94,799	\$172,653	\$153,968	\$97,070	\$173,700	\$187,477
\$4,426	\$3,528	\$4,556	\$4,912	\$3,828	\$2,865	\$5,754	\$4,072
\$7,332	\$6,757	\$6,757	\$6,757	\$6,791	\$7,097	\$7,971	\$6,292
\$2,072,203	\$1,956,227	\$1,933,361	\$2,028,495	\$1,744,991	\$1,689,421	\$1,805,250	\$2,017,404
(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)	(\$335,839)
(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)	(\$335,839)
0	0	0	0	0	0	0	0
(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)	(\$335,839)
-6.68%	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%	-32.97%	-19.97%
-6.68%	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%	-32.97%	-19.97%
-6.30%	-50.69%	-29.78%	-34.23%	-17.90%	-8.64%	-32.39%	-19.60%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2024

Current Month				STATISTICS	Year-To-Date			
Actual 07/31/24	Budget 07/31/24	Positive/ (Negative) Variance	Prior Year 07/31/23		Actual 07/31/24	Budget 07/31/24	Positive/ (Negative) Variance	Prior Year 07/31/23
Outpatient Statistics:								
5,956	5,063	893	5,063	Clinic Visits - Primary Care	5,956	5,063	893	5,063
610	560	50	560	Clinic Visits - Specialty Clinics	610	560	50	560
Productivity Statistics:								
86.46	97.78	(11.32)	65.70	FTE's - Worked	65.70	97.78	(32.08)	65.70
100.18	107.45	(7.27)	76.70	FTE's - Paid	76.70	107.45	(30.75)	76.70

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

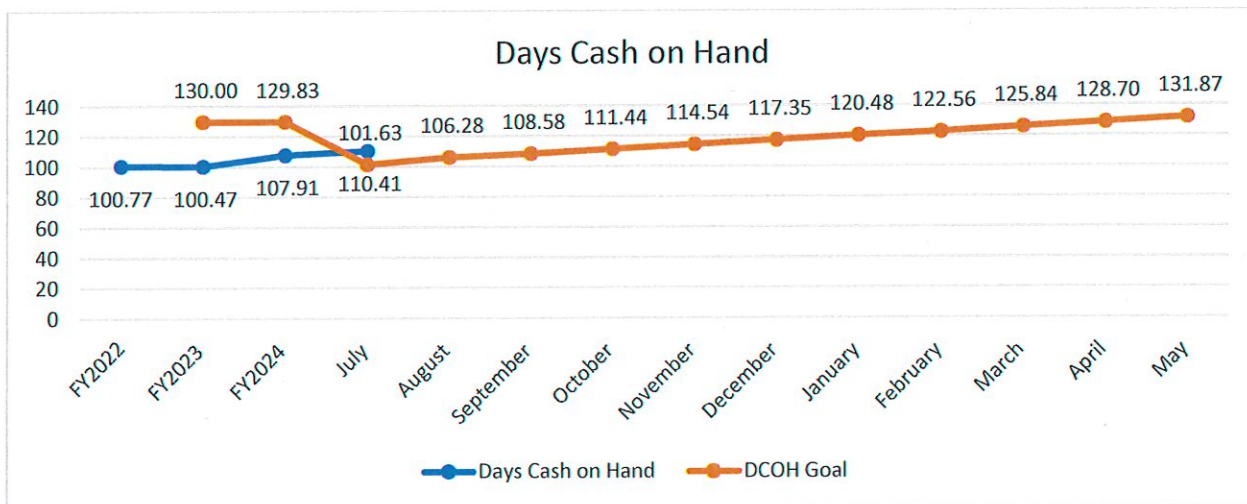
Vouchers Submitted by MHSC at agreed discounted rate	
July 2024	\$45,604.93
August 2024	
September 2024	
October 2024	
November 2024	
December 2024	
January 2025	
February 2025	
March 2025	
April 2025	
May 2025	
June 2025	
County Requested Total Vouchers Submitted	\$45,604.93
Total Vouchers Submitted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

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

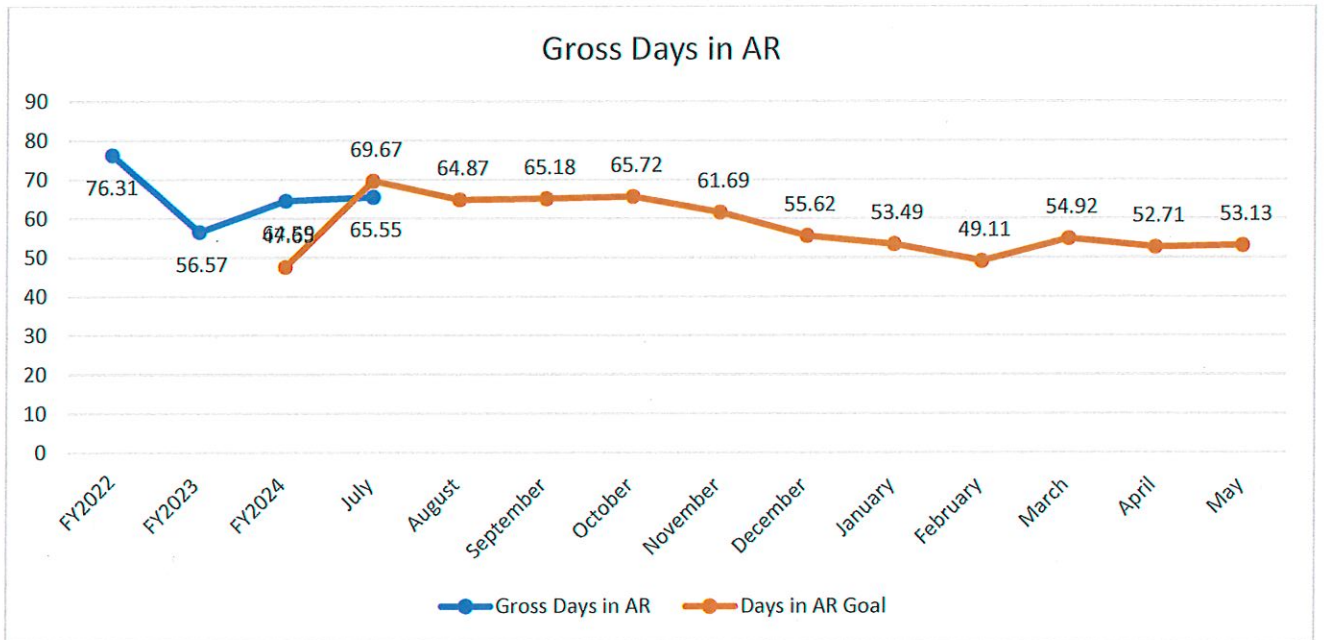
FY25 Maintenance Fund Budget from Sweetwater County	\$1,675,536.00
County Maintenance FY25 - July	\$267,590.41
County Maintenance FY25 - August	
County Maintenance FY25 - September	
County Maintenance FY25 - October	
County Maintenance FY25 - November	
County Maintenance FY25 - December	
County Maintenance FY25 - January	
County Maintenance FY25 - February	
County Maintenance FY25 - March	
County Maintenance FY25 - April	
County Maintenance FY25 - May	
County Maintenance FY25 - June	
	\$267,590.41
FY25 Maintenance Fund Budget Remaining	\$1,407,945.59

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

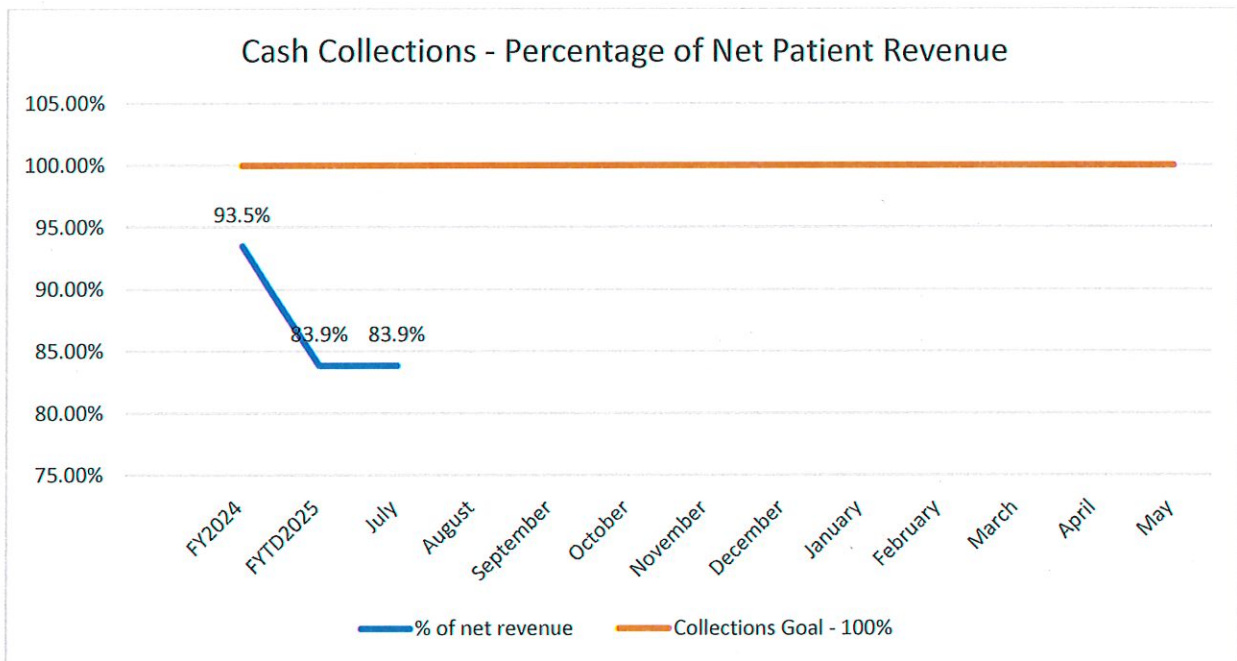
- **Days Cash on Hand** represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set interim goals of 109 days for September, 117 days for December, 126 days for March and 133 days for year end.
 - We had an increase in DCOH, coming in at 110. Cash collections came in at \$10.1 million. Daily cash expense increased to \$315,730 in July.



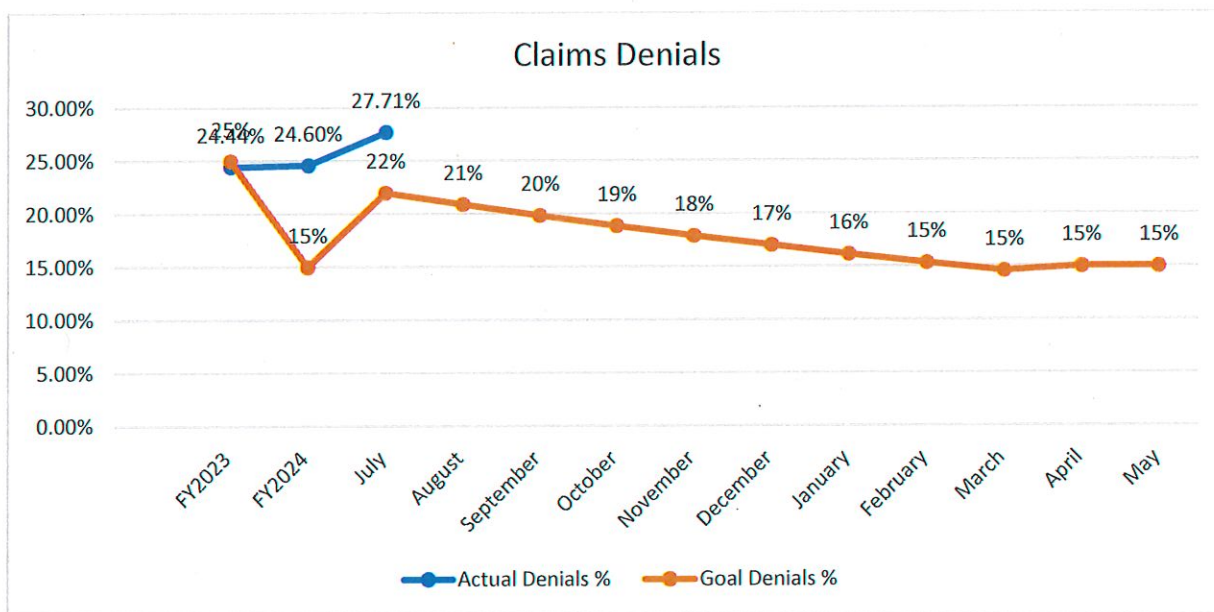
- **Days in Accounts Receivable** represents the number of days of patient charges tied up in unpaid patient accounts. We have set interim goals of 65 days for September, 56 days for December, 55 for March and 53 by year end.
 - We use a 3-month average calculation in the financial statements for this metric. Days in AR increased in July due to lower collections and came in at 65.6, below the goal for the month.



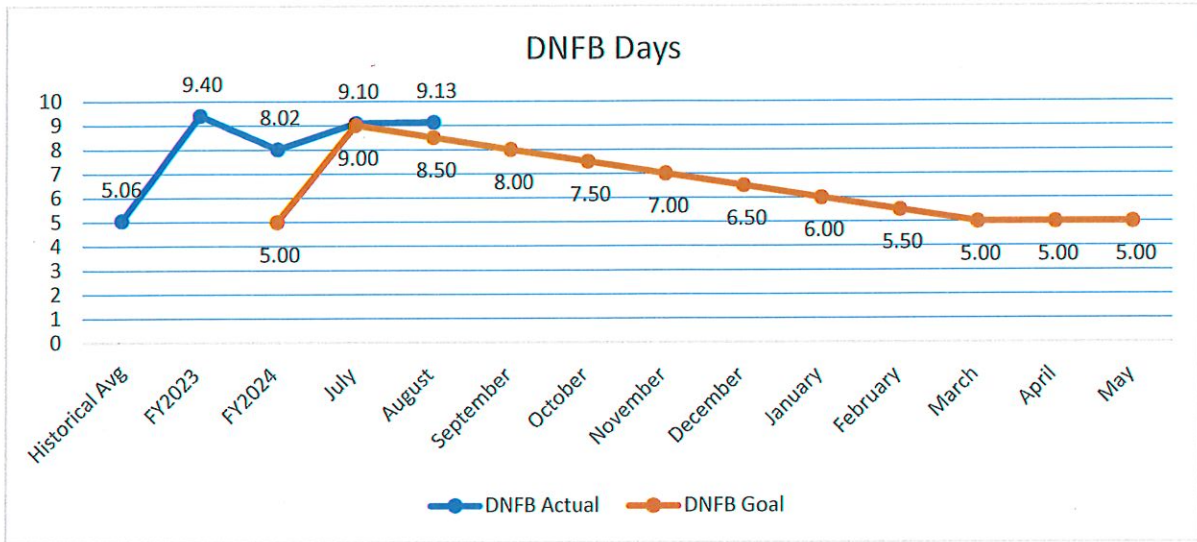
- **Cash Collections** – The goal for cash collections is 100% or > than net patient revenue.
 - Cash collections for July were \$10.1 million, or 83.9% of net patient revenue, below the budget for the month.



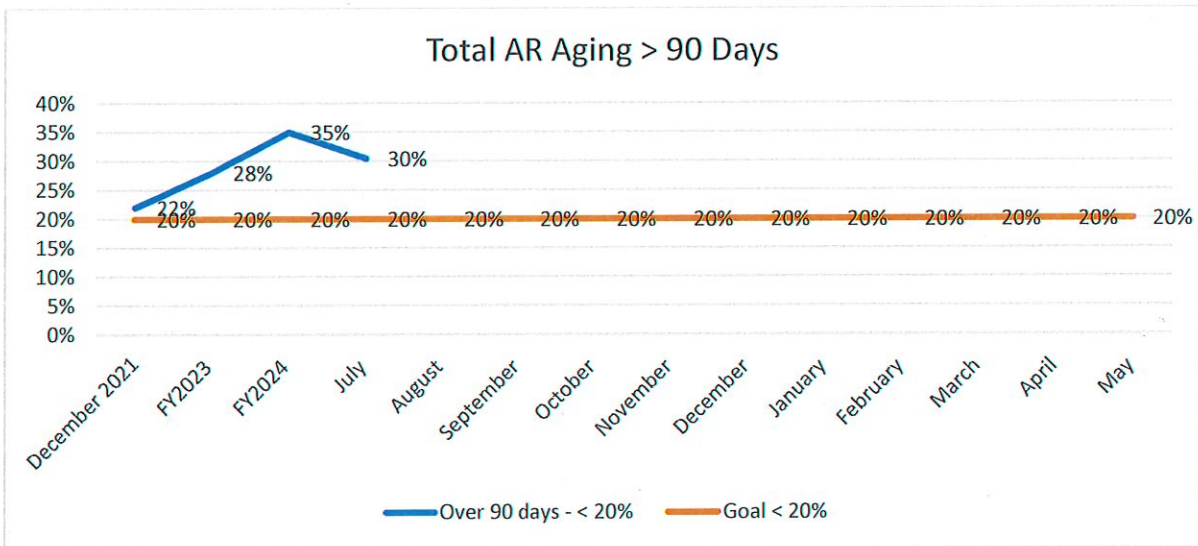
- **Denial Rate** – The denial rate is the percentage of all submitted claims denied by payers. A lower denial rate means improved cash flow. Current state and national benchmarks are at 15%. We have set interim goals of 20% for September, 17% for December, 15% for March and maintaining 15% by year end.
 - The denial rate for July increased to 27.7%, under the goal of 15%. We continue to focus on denials within the new Denials Management Workgroup, meeting regularly to correct issues, educate staff and analyze trends.



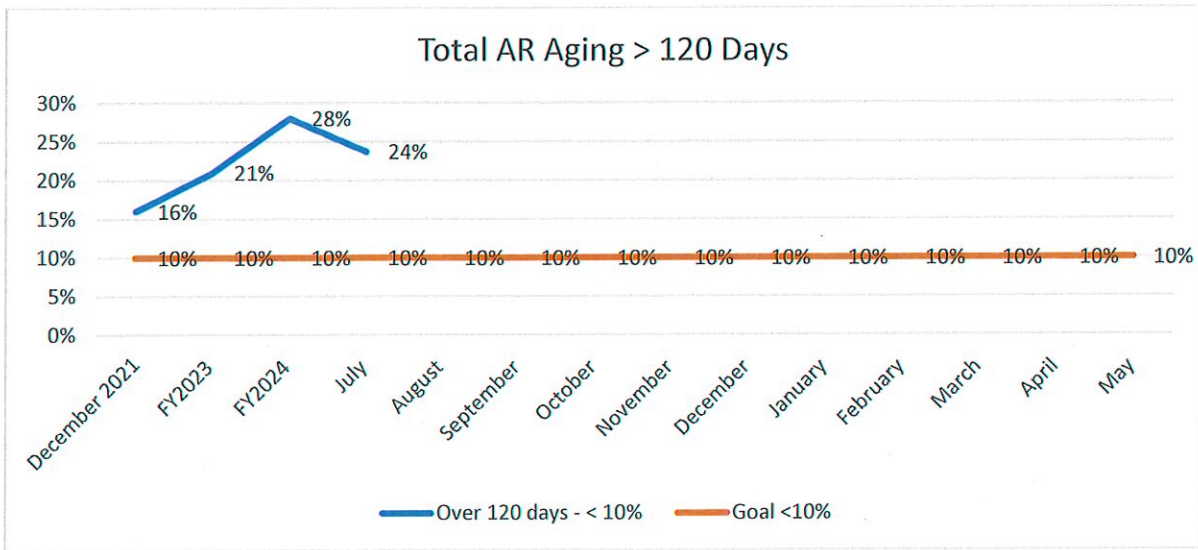
- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts that have been discharged but not billed. Several categories fall under DNFB, including billing holds, corrections required, credit balances, waiting for coding, ready to bill and standard delay. The standard delay is accounts 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 stayed stable at 9 days in July as the team has prioritized this goal. We continue to work through the details in bringing our DNFB days down.



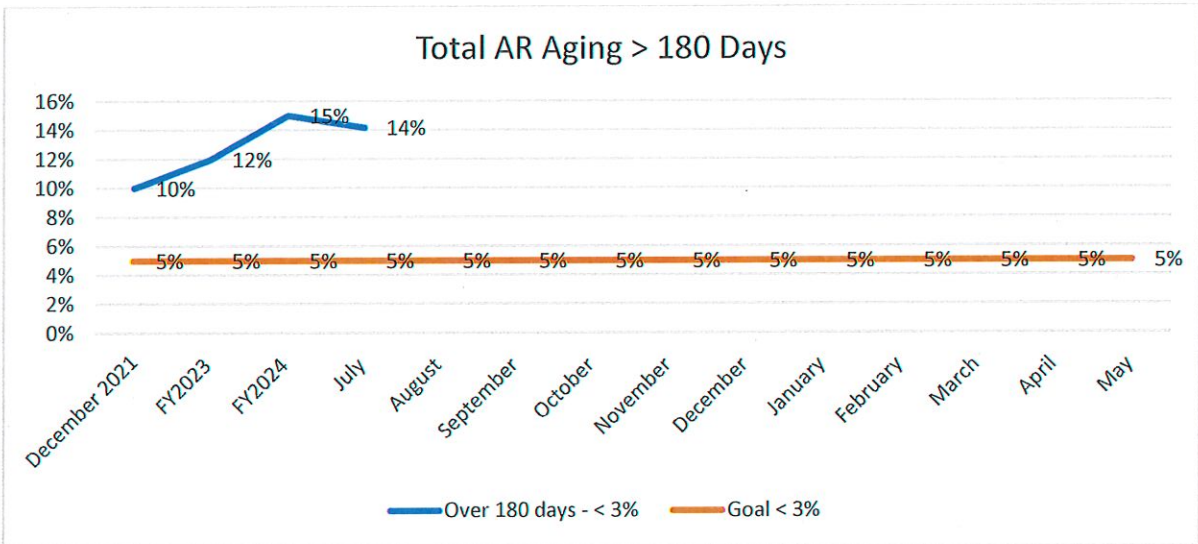
- **Total Accounts Receivable aging** – Goals were set based on national benchmarks received from CLA and are set as follows:
 - Days over 90 days set be < 20% of total AR.
 - Days over 120 days set at < 10% of total AR.
 - Days over 180 days set at < 5% of total AR.



- Days over 90 days decreased to 30% for July as we see a positive trend in decreasing our aged AR.



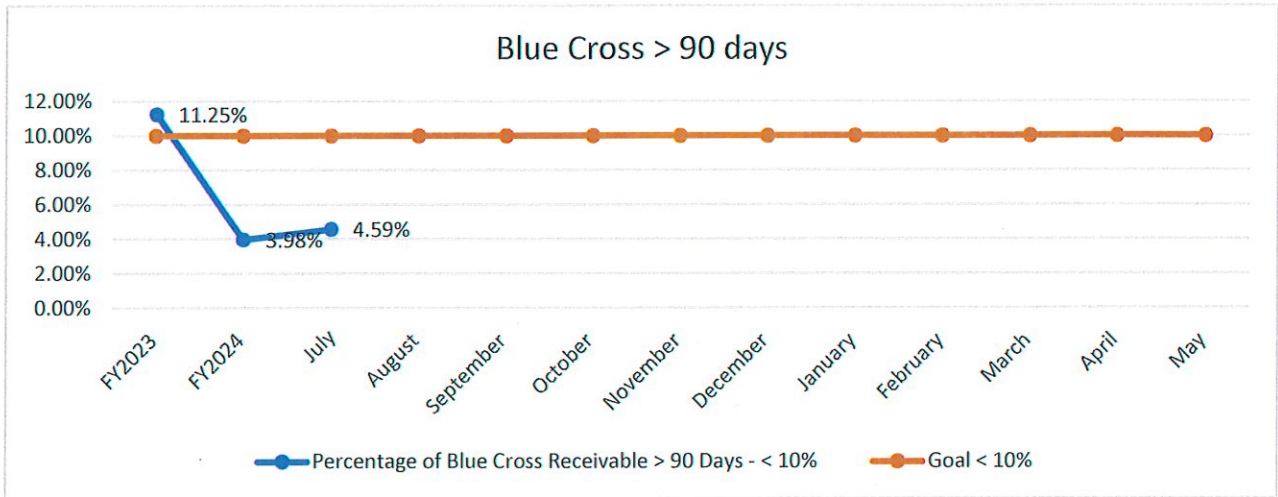
- Days over 120 days decreased to 24% for July.



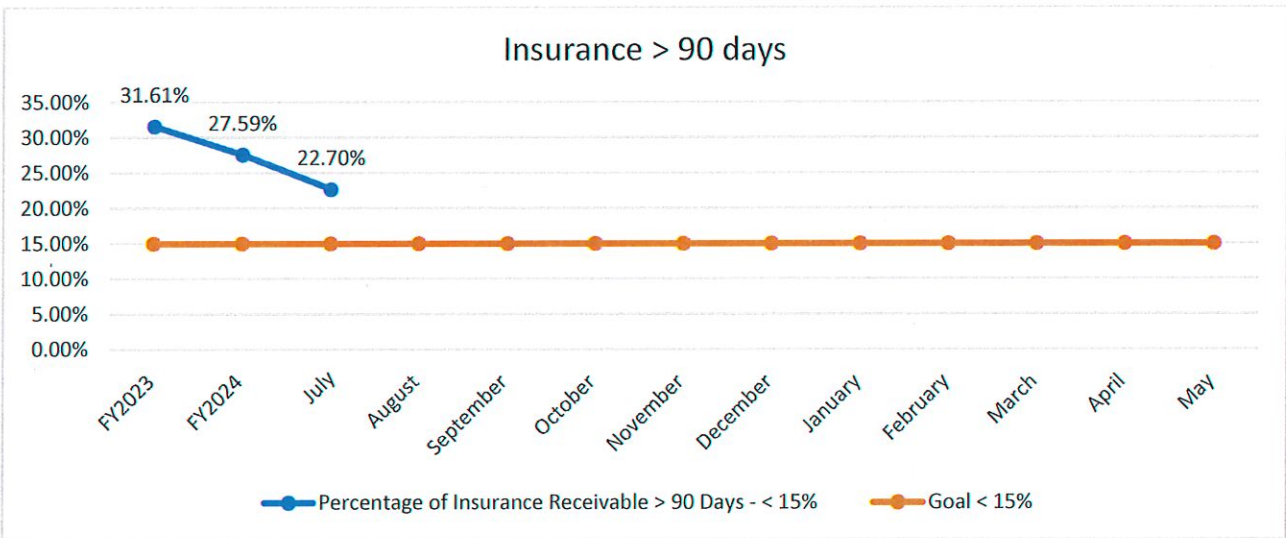
- Days over 180 days decreased to 14% for July.

- **Days in AR by Payer** – These metrics show more detail of the aging AR by payer. We saw a decrease in the aging AR for Blue Cross, Commercial and Medicare with Medicaid staying right at the goal. These goals are as follows:

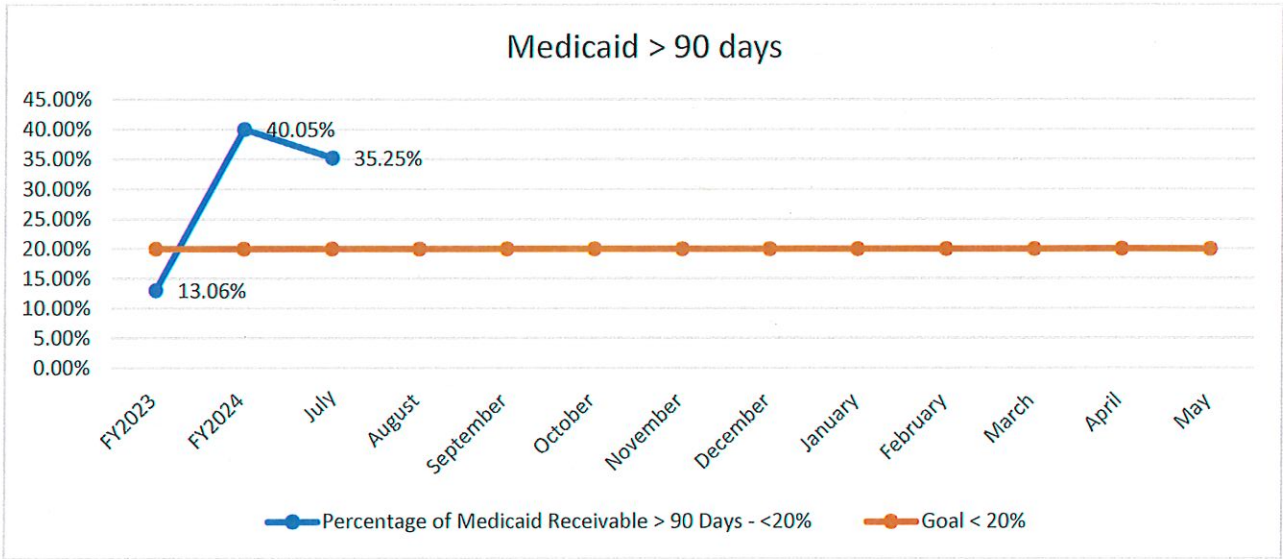
- BCBS Days in AR > 90 days less than 10%
- Insurance Days in AR > 90 days less than 15%
- Medicaid Days in AR > 90 days less than 20%
- Medicare Days in AR > **60 days** less than 6%
- Self-Pay Days in AR > 90 days less than 30%



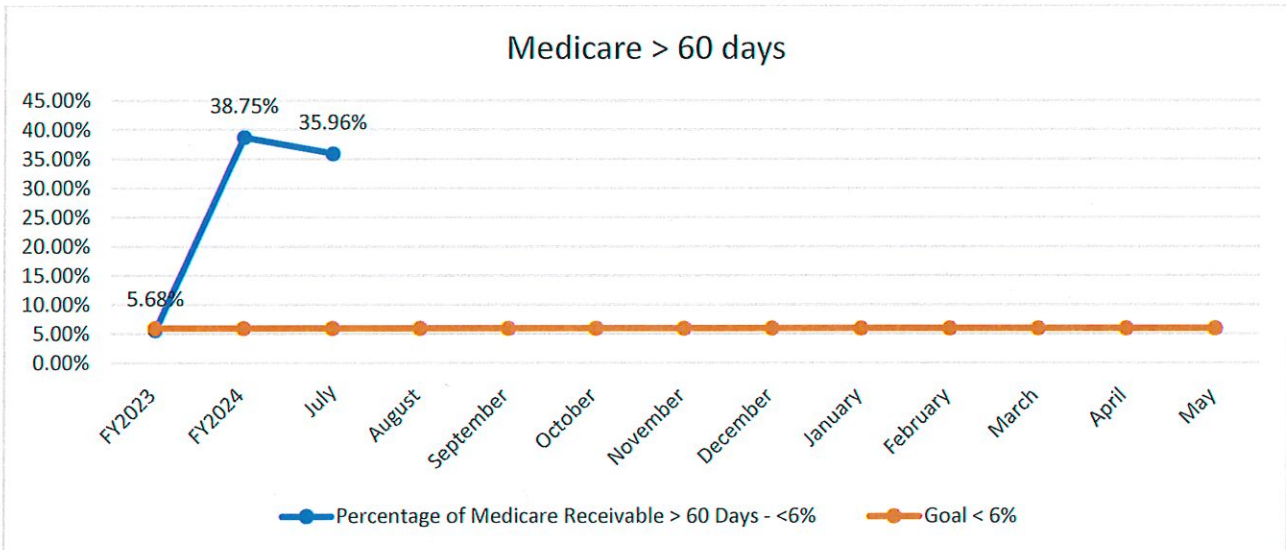
- o Blue Cross aging remains under the goal of 10% in July, at 4.59%.



- o Commercial aging decreased to 22.7% for July, as we start to see the impact of our focus on efficient workflows and train staff on denials management.



- Medicaid aging continued to trend down in July as we continue to train the new Medicare/Medicaid biller. Aging is at 35.25%, over the 20% goal.



- Medicare started to trend down in July for aging > 60 days, at 35.96%. Along with training new Medicare/Medicaid billers, we continue to have issues with Cerner which is impacting Medicare accounts.



- We have started tracking Self-Pay aging accounts and have set the goal at 30%. With the increase in uninsured and underinsured patients over the last several years, and the increase in individual deductibles and co-pays, we are researching options to aid in these increases. In July, we did see this decrease to 46.8%.

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

	FY22	FY23	FY24	FY25
SELF PAY DISCOUNTS	1,353,208.58	780,098.39	844,366.51	68,244.12
FY 25 ESTIMATE			844,366.51	818,929.44
JULY DISCOUNT AMOUNT				68,244.12

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

	FY22	FY23	FY24	FY25
HARDSHIP PROGRAM	3,164.60	61,124.87	183,310.54	11,483.08
50% DISCOUNT			13,829.59	11,483.08

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

TOTAL SELF PAY PAYMENTS	HOSPITAL	CLINIC
FY 20	8,093,427.44	
FY 21	7,763,867.42	
FY 22	7,359,544.59	
FY 23	7,816,556.16	1,393,371.32
FY 24	8,289,382.17	1,633,256.43
FY 25	612,444.84	122,699.42

TOTAL SELF PAY REVENUE	HOSPITAL	CLINIC
FY 20	13,566,281.12	
FY 21	14,306,425.74	
FY22	14,129,092.76	
FY 23	14,426,972.88	1,161,887.99
FY 24	14,058,581.93	1,365,896.47
FY 25	1,648,917.20	163,355.50

Self Pay Plan Information and Results

PAGE 2

MEDICAL ASSISTANCE


FY20	2,579,929.74
FY21	2,890,990.97
FY22	1,534,631.43
FY23	2,382,483.18
FY 24	1,488,871.52
FY 25	8,150.42

PATIENT NAVIGATION

	FY23	FY24	FY25
ACTUAL COST SAVINGS OF FREE OR REPLACEMENT MEDICATION	285,333.00	235,364.00	79,819.00
COPAY ASSISTANCE *ACTUAL COLLECTIONS	51,976.00	80,886.00	4,127.00
INSURANCE MAXIMUMIZATION *ACTUAL COLLECTIONS	1,058,933.00	2,591,935.00	416,645.00
PREMIUM ASSISTANCE *ACTUAL COLLECTIONS	823,191.00	664,667.00	54,157.00
TOTAL COST SAVINGS AND COLLECTED REVENUE	2,219,433.00	3,572,852.00	554,748.00
 TOTAL EXPENSE TO RUN PATIENT NAVIGATION DEPT FY22	 162,690.00	 166,757.25	 226,762.69
GOAL - 3 EMPLOYEES AT 1.5 MILLION EACH	976,140.00	2,441,376.00	4,500,000.00
 TOTAL AMOUNT WE NEED TO ACHIEVE OUR GOAL FY 25	 1,243,293.00	 1,131,476.00	 -4,273,237.32

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

MEMO: August 28, 2024

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary August 2024 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$	2,069,000.00
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	\$	<u>2,069,000.00</u>
Accounts Returned	\$ -	<u>75,000.00</u>

Net Bad Debt Turned \$ 1,994,000.00

Recoveries Collection Agency Cerner	\$	- 130,000.00
Recoveries Collection Agency Affinity	\$	- 60,000.00
Recoveries Payment Plans Affinity	\$	- 500.00
Medical Clinic Recoveries EMD's	\$	- 1,500.00
Ortho Clinic Recoveries EMD's	\$	- 1,000.00
Total Bad Debt Recoveries		<u>\$- 193,000.00</u>

Net Bad Debt Less Recoveries \$ 1,801,000.00

Projected Bad Debt by Financial Class

Blue Cross and Commercial	\$	869,306.27
Medicare	\$	27,057.80
Medicare Advantage	\$	7,207.76
Self Pay		\$1,112,392.82



MHSC Board of Trustees Report

Board Updates

During the Foundations meeting on August 22, 2024, Board elections were held and the Foundation officers for

August 2024- June 2025 are as follows:

- President- Matt Jackman
- Vice President- Justin Spicer
- Secretary- Tiffany Kindel
- Treasurer- Gina Harvey (until end term)

Rick Lee was voted for by the Foundation Board and will be welcomed if the MHSC Board of Trustees vote to approve Rick as a new Foundation Board member. Becky Costantino finished her term as of August 2024 and will be invited in appreciation to the Holiday dinner meeting.

Business

- A new finance/ credit card policy for the Foundation has been created and is in the reviewing process.
- A new position for the Foundation has been created and is in the reviewing process, in hopes of starting the interview process by the end of September.

Grants

- \$7,350 **Received** from The Wyoming Breast Cancer Initiative for the PTPP, Navigation and Wellness project.
- \$33,580.04 **Inquiry** for Emergency Management HERT for NIOSH CBRN certified respirator systems
- \$25,000 **Inquiry** for Emergency Management Tent system
- \$2,000 **Inquiry** for IT Department
- **Inquiry** for Trauma Training- Nursing Department

Upcoming Events

- The Foundation's Casino Night is next month, October 11th @6pm. The event will take place in the Atrium at Western Wyoming Community College. Tickets are \$75 each with include 50 gaming chips. Visit MHSCFoundation.com to purchase tickets and to see available Sponsorships.
- Employee Appreciation Week will be held in September
- Holiday Community Event (November/ December) TBD
- Red Tie Gala- February 1st. Event planning will start in September.

Other

- Attended the Wyoming Hospital Association Conference in Casper
- Represented the Foundation at the RS Chambers "Meat & Greet" and acted as a judge for the cookoff.
- Represented the Foundation during Fair week and had great conversations with current & potential donors.
- Foundation ED is setting up meetings to meet and thank current long-term donors and introduce herself.
- ED sits in on Townhall, Leadership, General Medical meetings, Enterprise, Master Plan/ SLIB meetings, Building & Grounds committee, and is working on becoming involved with the URA.
- Brick Appreciation was held for Taylor Jones in appreciation for his service and dedication of 7 years to the Hospital.
- Foundation now has its own Facebook page- Please go "Like" it!

Report Submitted By: Kayla Mannikko

To: Board of Trustees
From: Barbara J. Sowada, Co-Chair
Re: Joint Conference Committee Meeting
Date: August 22 and 29, 2024

The Joint Conference Committee met August 22, from 9:00 to 11:00 am by Zoom and on August 29, from 9:30 to 11:00 am in person. In attendance for both meetings were Dr. Crofts, Dr. Gray, Irene Richardson, Suzan Campbell, Kerry Downs, Nena James, Barbara Sowada, and Geoff Phillips. Mr. Phillips attended the August 29th meeting by Zoom.

Both meetings were convened and chaired by Dr. Crofts. The purposes of the meeting were to discuss 1) questions/concerns of the Board regarding proposed changes to *Article V Categories of the Medical Staff* of the Medical Staff Bylaws and 2) the recommendation for term limits for medical staff officers.

Major discussion items were as follows:

- ✓ After an educational discussion regarding the purpose and documentation of mentoring at the Joint Conference Committee meeting, Dr. Crofts would like to take the current recommended bylaws changes back to the bylaws committee and the medical staff to classifying NPP into two categories: NPP and APP. Also, discussion will occur regarding the addition of term limits. Once this process is completed, then the Board will review and approve as appropriate.
 - APPs include Advanced Nurse Practitioners (APRNs), Physician Assistants (PAs), Certified Nurse Midwives (CNM) and Certified Registered Nurse Anesthetist (CRNAs)
 - NPPs include dentists, podiatrists, chiropractors, social workers, etc.
- ✓ Dr. Crofts explained the multiple steps and time frames for bringing the two agreed revisions to the general medical staff and Medical Executive Committee.
- ✓ Minutes of the August 22nd meeting are in the portal. Minutes of the August 29th meeting will be in the portal.
- ✓ The next meeting will be scheduled when there is new business to be brought before the Committee.

###

Building and Grounds Committee Meeting
August 20, 2024

The Building and Grounds Committee met in regular session via Zoom on August 20, 2024, at 2:30 PM with Mr. Craig Rood presiding.

In Attendance: Mr. Craig Rood, *Trustee, Chairman*
Mr. Marty Kelsey, *Trustee*
Ms. Tami Love, *CFO*
Mr. Gerry Johnston, *Director of Facilities*
Mr. Will Wheatley, *PlanOne Architects*

Mr. Rood called the meeting to order and shared a mission moment.

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

Mr. Rood asked for a motion to approve the minutes from the July 16, 2024 meeting. Mr. Kelsey made a motion to approve the minutes. Mr. Johnston seconded; motion passed.

Maintenance Metrics

Mr. Johnston reviewed the July metrics report and noted the completion rate continues to climb and is nearing 80%. The average days overdue is higher as they are waiting on materials to be able to complete. There was discussion regarding how the work orders are prioritized in the work order system and how quick fixes aren't captured.

Old Business – Project Review

Oncology Suite renovation

Mr. Wheatley reported phase II has begun. They are working with staff on getting the old equipment out of the space and stored until disposal is approved. Mr. Wheatley is collaborating with the contractor to get an updated timeline for the completion of this project.

Medical Imaging Core and X-ray

Mr. Wheatley said the GMP amendment was approved as a work order under the Lab CMAR agreement. The invoicing and tracking will be kept separate for Hospital accounting staff as the Lab project will be reimbursed through the SLIB grant and matching money from the County and Foundation. Grothouse is working on scheduling resources to get this project started. Mr. Johnston said the x-ray equipment has been ordered and is expected to be delivered at the end of September. We agreed to store the equipment during the renovations.

Laboratory Expansion project - SLIB

Mr. Wheatley said the change order for the sewer line was approved by the Board. They are working with the engineer and the subcontractor and the DEQ permit has been issued. Groathouse will be submitting a formal amendment for this work. They are proceeding with groundwork.

MOB Entrance – SLIB

Mr. Wheatley shared the two bids from Groathouse and A. Pleasant. Both bids were significantly less than the original estimate used for the SLIB grant application that was awarded. The alternate bid is to include decorative stone on the retaining wall for the parking lot renovations. The original estimate was \$2.3 million and low bid came in at \$1,415,000. PlanOne included an award recommendation to Groathouse who was the lower bid. Mr. Wheatley explained the variance from the original estimate to the bids, including:

- Parking spaces to be relocated to southwest corner – civil engineers recalculated parking requirements, and we were able to omit.
- Revolving door system with additional HVAC needs in original estimate – drawings were revised and decided to extend vestibule and keep same type of high speed bifold doors.
- Internal renovation for possible pharmacy space – not included and most of lobby space was left untouched.
- Significant inflation was built into the original estimate.

Mr. Rood asked if everyone involved has reviewed the final design and approves. Ms. Love said the changes mentioned have been shared with staff. The next steps will be to review and reward. She recommended approval from Building & Grounds to Finance & Audit and then to the full Board at the September meeting. This will allow us to meet the SLIB due date of having the project awarded by October. She said she is unsure what SLIB will do regarding the lower cost of the project as the award was \$1.1 million with the same amount of matching funds required. Mr. Kelsey made a motion to recommend approval of Groathouse bid of \$1,415,000 to the Finance & Audit committee for review and approval to move to the full Board. Mr. Johnston seconded: motion passed.

Foundation Area Renovation

Mr. Johnston said there was no update on this project. Mr. Rood said Ms. Richardson and Ms. Mannikko have been discussing options for this space.

Master Plan

Ms. Love shared information from an email from PACT Studios. They are proceeding assuming all options are still on the table and will provide a cost breakdown by square footage effected of all projects proposed on and off campus. They are also defining scopes to make clear project packages for easier sequencing discussions. They are hoping to deliver this information in the next few weeks and then our internal team will meet to review. We will be able to incorporate this information into our prioritized capital project list. Mr. Kelsey asked if we would be able to present the report at the next meeting. Ms. Love said they will be sure to have an update but won't have a final presentation at that time.

New Business

No new business was discussed.

Other

The next meeting is scheduled for Tuesday, September 17, 2024; 2:30pm – 3:30pm.

Mr. Rood adjourned the meeting at 2:56 pm.

Submitted by Tami Love

DRAFT

Memorial Hospital of Sweetwater County

Governance Committee Meeting Minutes August 26, 2024

Attendance: Marty Kelsey, Chair, Irene Richardson, & Kandi Pendleton
Absent: None

The Committee reviewed its responsibilities as set forth in the Charter.

The Committee discussed education topics for upcoming months. It was decided to have staff prepare a Board Workshop for some time in October to cover the topic of the Cancer Center. Other possible topics for education discussed briefly were Critical Access and Succession Planning.

The Committee briefly discussed an entry in the draft Medical Staff By-Laws regarding the policy review process. Marty will send the entry to Irene and Kandi.

The Committee discussed the possibility of creating an expanded physician compensation policy. The Stark Law was discussed. Suzan is of the opinion that the Hospital is in full compliance with the law. It was decided that the current policy is adequate.

Marty reviewed the status of an existing MHSC policy (Policy Stat 8204183) regarding policies, plans, standards, etc. Marty informed the Committee that Robin and Suzan are working on a needed revision of this policy to present to the Committee in the near future.

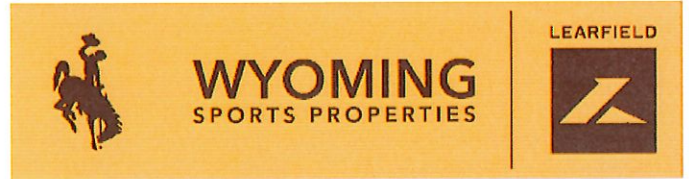
Next meeting is scheduled for September 16th at 2:00 p.m.

Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

1. Name of Contract: **MARKETING AND SPONSORSHIP AGREEMENT WITH U of WYOMING ATHLETICS DEPARTMENT**
2. Purpose of contract, including scope and description: **this Agreement is a sponsorship agreement in that during UW women's and men's basketball games and UW football games MHSC will be highlighted during each radio broadcast beginning with 2024 football season.**
3. Effective Date: **July 1, 2024**
4. Expiration Date: **June 30, 2026**
5. Termination provisions: **NA in that MHSC has to pay for the marketing service before the athletic season begins in order to be highlighted at the games.** Is this auto-renew? **No**
6. Monetary cost of the contract: **Thirty Thousand Dollars (\$30,000.00) per athletic year-Total of Sixty Thousand Dollars (\$60,000.00)** Budgeted?
YES
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NA**
8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **NO**
10. Is this contract appropriate for other bids? **NO**
11. Is County Attorney review required? **NO**

Sponsor #: KR59065
Contract #: 190-278982
Date: July 01, 2024



Sponsor:
Memorial Hospital of Sweetwater County
Attn: Lena Warren
1200 College Dr
Rock Springs, WY 82901

Bill To:
Memorial Hospital of Sweetwater County
Attn: Lena Warren
1200 College Dr
Rock Springs, WY 82901

This Marketing and Sponsorship Agreement (“Agreement”), effective as of the date set forth above, between Sponsor and UNIVERSITY OF WYOMING SPORTS PROPERTIES, LLC (“Provider”), relates to sponsorship opportunities and specific inventory items at University of Wyoming, solely with respect to its athletics department (“University”). Provider, University’s designated multi-media rights holder, appreciates Sponsor’s commitment to support and sponsor University. The parties agree as follows:

Benefits: Each Contract Year (as defined below) during the Term (as defined below), Provider will provide Sponsor the benefits described on **Exhibit A** (“Benefits”).

Term: 07/01/2024 through 06/30/2026

Sponsorship Fee:

<u>Contract Year</u>	<u>Cash Amount</u>
2024-2025	\$30,000.00
2025-2026	\$30,000.00

Additional Provisions:

1. No agency commission(s) or fee(s) are included in the above Cash Amount(s). Sponsor is solely responsible for paying each such Cash Amount(s) pursuant to the below Installment Billing Schedule.
2. “Contract Year” means July 1 through June 30 each year during the Term.
3. This Agreement is governed by the additional Terms and Conditions set forth on **Exhibit B**.

INSTALLMENT BILLING SCHEDULE

<u>Invoice Date</u>	<u>Invoice Amount</u>
11/1/2024	\$30,000.00
11/1/2025	\$30,000.00

Sponsor may submit each payment by check, credit card (which will incur a three percent (3%) surcharge where allowed by applicable law) or ACH/wire transfer. If Sponsor elects to pay via ACH/wire transfer, then Sponsor must send a remittance, identifying the applicable customer number and invoice number, to ar@learfield.com. If Sponsor elects to pay by check, then Sponsor must send the check, together with a remittance, identifying the customer number and invoice number, to the following remittance address, unless or until Provider directs otherwise: LEARFIELD, c/o Learfield Communications, LLC, P.O. Box 843038, Kansas City, MO 64184-3038. If Sponsor elects to pay by credit card or ACH/wire transfer, then Sponsor must request applicable account information from Provider. **With respect to processing Sponsor’s payment(s) hereunder, Provider will not engage with any third-party payment processor (e.g., Ariba, PayModeX).**

Terms: Due Net Thirty (30) Days
Checks made payable to UNIVERSITY OF WYOMING SPORTS PROPERTIES, LLC

AGREED AND ACCEPTED:

Memorial Hospital of Sweetwater County

**UNIVERSITY OF WYOMING SPORTS PROPERTIES,
LLC**

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

*Thank you for your business!
For billing inquiries, please contact Provider's Office of Accounts Receivable at (336) 831-0737.*

Exhibit A

Benefits

<u>Provider</u>	<u>Sport</u>	<u>Product</u>	<u>Item Name</u>	<u>Quantity</u>	<u>Events</u>
University of Wyoming Sports Properties, LLC	Basketball - Men's	Radio	In-Game Live Mention Description: Network In-Game Live Mention during each Men's Basketball broadcast	1	Season
University of Wyoming Sports Properties, LLC	Basketball - Men's	Radio	In-Game Spot (Network) (30 Seconds) Description: :30 Network In-Game Spot during each Men's Basketball broadcast	1	Season
University of Wyoming Sports Properties, LLC	Basketball - Women's	Radio	In-Game Live Mention Description: Network In-Game Live Mention during each Women's Basketball broadcast	1	Season
University of Wyoming Sports Properties, LLC	Basketball - Women's	Radio	In-Game Live Mention Description: Network In-Game Live Mention during each Women's Basketball broadcast	1	Season
University of Wyoming Sports Properties, LLC	Basketball - Women's	Radio	In-Game Spot (Network) (30 Seconds) Description: :30 Network In-Game Spot during each Women's Basketball broadcast	1	Season
University of Wyoming Sports Properties, LLC	Football	Radio	In-Game Spot (Network) (30 Seconds) Description: :30 Network In-Game Spot during each Football broadcast	1	Season

Exhibit B

Terms and Conditions

University Marks. To the extent Benefits include the right to make use of University's names, logos, trademarks, service marks, trade names or other identifying indicia ("University Marks"), Sponsor shall provide Provider, for prior review and approval, all proposed uses of University Marks and examples thereof. Sponsor shall use University Marks only (i) in the exact form, manner and context Provider approves in writing and (ii) as further detailed on Exhibit A. **Sponsor may not use University Marks in connection with the name, image or likeness ("NIL") of any current student athlete, unless otherwise set forth on Exhibit A and, then, only to the extent explicitly set forth thereon.** Sponsor must obtain all promotional premium products bearing University Marks from a Provider-approved licensed provider, which shall be responsible for assuring such products comply with all applicable University licensing requirements (including, but not limited to, compliance with applicable licensing-royalty payments).

Sponsor acknowledges University Marks are and will remain the exclusive property of University, which is the sole owner of University Marks and their associated goodwill, and Sponsor, by reason of this Agreement or otherwise, has not acquired any right, title, interest or ownership claim to them. Each of Sponsor's uses of University Marks, and any and all goodwill arising from each such use, inures solely to University's benefit.

Benefits. Unless otherwise specifically stated on Exhibit A or elsewhere in this Agreement, all Benefits are for the regular season only. If, for any reason other than Sponsor's fault, Provider is unable to provide Sponsor with any Benefit(s), then Provider will notify Sponsor and offer Sponsor make-good benefits in lieu of the Benefit(s) Provider is unable to provide Sponsor ("Alternative Make-Good Benefits"). Alternative Make-Good Benefits will not, however, include tickets, hospitality, catering or similar benefits that involve an out-of-pocket cost to Provider. Alternative Make-Good Benefits will be subject to Sponsor's approval, which approval will not be unreasonably withheld, delayed or conditioned. Until such time as Alternative Make-Good Benefits are agreed upon, Sponsor will continue to pay the full Sponsorship Fee to Provider as set forth above. If the parties are unable to agree on Alternative Make-Good Benefits, then such disagreement will not be considered a breach of this Agreement and this Agreement will not terminate, but rather the Sponsorship Fee to be paid by Sponsor will be adjusted to reflect the Benefit(s) not available to Sponsor.

University Notice. If Provider is advised by University that Provider no longer has the right to provide Sponsor all the Benefits ("University Notice"), then Provider will have the option to terminate this Agreement at the end of the Contract Year for which the University Notice is applicable, with no further liability or obligations of either party under this Agreement thereafter, except for payment of the Sponsorship Fee still owed by Sponsor at the time of termination. If the University Notice requires Provider to terminate this Agreement prior to the end of the then-current Contract Year

for which the University Notice is applicable, then this Agreement will terminate upon Provider's written notice to Sponsor and Sponsor will (i) receive a *pro rata* refund of the Sponsorship Fee equal to the value of Benefits not yet received as a result of the termination or (ii) pay Provider for Benefits received but not yet paid for, but in no event will either party have any further liability or obligation to the other party under this Agreement. In the event of this Agreement's termination as a result of a University Notice, Sponsor will have no obligation to pay the Sponsorship Fee for the period after the effective termination date. Notwithstanding the foregoing, in lieu of this Agreement terminating because of a University Notice, Provider and Sponsor may negotiate for a period of thirty (30) days following Provider's receiving the University Notice in order to determine whether alternative benefits can be offered to Sponsor and, if offered, whether they are acceptable to Sponsor ("Alternative Benefits"). If Alternative Benefits are offered and accepted, then this Agreement will not terminate as a result of the University Notice but instead will remain in full force and effect with the Alternative Benefits. Notwithstanding any other provision herein, whether either party agrees to Alternative Benefits or an amendment to this Agreement is within the party's sole discretion.

Preparation of Promotional/Sponsorship Materials. Provider is responsible for providing publication space or spot-advertisement locations for Sponsor-prepared promotional/sponsorship recognitions or advertising. Advertising production, video or graphics production, talent charges and service charges, if any, are not covered under this Agreement and remain Sponsor's sole responsibility, but Sponsor can obtain from Provider any such services for an additional service fee. Sponsor is responsible for timely submitting to Provider its advertisements, promotional/sponsorship recognitions, graphics, LED designs, video-board features, Internet displays and/or any other creative materials, as applicable, for Benefits ("Sponsorship Materials"). Sponsorship Materials (whether provided by Sponsor or on its behalf) are subject to Provider's written approval, which approval will not constitute approval as to conformity with any federal, state or local laws or regulations. If, by the deadline date (which Provider will provide Sponsor), Provider has not received from Sponsor its applicable Sponsorship Materials for publication, distribution or display, or if, after the deadline date, Sponsor submits to Provider copy corrections of applicable Sponsorship Materials, then Provider will not be obligated to publish Sponsorship Materials (or corrected Sponsorship Materials, as the case may be). Provider's failure to publish Sponsorship Materials (or corrected Sponsorship Materials) due to Sponsor's failure to meet the deadline date, however, in no way will relieve Sponsor of any of its obligations and duties under this Agreement, including its obligation to submit payments in full, as set forth in the Installment Billing Schedule. Sponsor shall indemnify, defend and hold harmless Provider and University, and each of their parents, subsidiaries, affiliates, officers, trustees, employees and agents, from and against any and all claims, losses or damages (including reasonable attorneys' fees and expenses) arising or resulting from Provider's

publishing Sponsorship Materials, or any parts thereof, in the form or format Sponsor (or its agent) provides, approves or requests.

Compliance. In connection with Sponsor's activities hereunder, during the Term, Sponsor shall comply with the policies, rules and regulations of University and any athletics conference to which University belongs (as Provider may provide Sponsor from time to time), as well as the National Collegiate Athletic Association's ("NCAA") constitution, bylaws and rules (publicly available at www.ncaa.org). Sponsor shall indemnify, defend and hold harmless Provider and University, and each of their parents, subsidiaries, affiliates, officers, trustees, employees and agents, from and against any and all claims, losses or damages (including reasonable attorneys' fees and expenses) arising or resulting from Sponsor's (or its agent's) breach or alleged breach of this section's provisions.

Effect of Breach. If Sponsor fails to make a payment by such payment's due date, as set forth in the Installment Billing Schedule (and fails to cure any such non-payment within ten (10) days after receiving from Provider written notice with respect thereto), then Provider reserves the right to suspend delivery (or provision) of Benefits to Sponsor and/or to terminate this Agreement, effective upon written notice from Provider to Sponsor. If Sponsor breaches the University Marks section (including, without limitation, any unauthorized use of University Marks) or the Compliance section, then Provider reserves the right to terminate this Agreement effective upon written notice from Provider to Sponsor. If Provider terminates this Agreement before the Term concludes due to Sponsor's uncured breach, then Sponsor will remain liable for all payments due under this Agreement whether accruing before or after such termination. Sponsor agrees and acknowledges that, in the event of such uncured breach, Provider will be a lost volume seller and, as such, will have no obligation to mitigate its damages hereunder.

Cross-Default. In the event of an uncured breach in any agreement other than this Agreement between Sponsor and Provider or any affiliate of Provider, Provider will have the right to terminate this Agreement effective upon written notice to Sponsor.

Limitation of Liability. In no event will either party be liable for any special, indirect, incidental, consequential, punitive or exemplary damages, including, but not limited to, lost profits, even if such party alleged to be liable has knowledge of the possibility of such damages, whether under contract, tort (including negligence), strict liability or any other theory of liability; provided, however, nothing shall limit Provider's right to seek full payment of the Sponsorship Fee (without any obligation to mitigate) due to Sponsor's material breach hereunder. Provider will not, under any circumstances, be liable for any amount in excess of the total Sponsorship Fee actually paid to Provider in the twelve (12) months prior to the date any claim is asserted.

Unforeseen Events. If, due to public emergency or necessity, epidemic or pandemic, legal restrictions, labor disputes, strikes, boycotts, acts of God or similar reasons, including, but not limited to, mechanical or technological breakdowns beyond its control and without its fault, Provider is unable to perform any

of its obligations hereunder, then Provider will not be liable to Sponsor, except to the extent of providing Sponsor suitable mutually agreed upon Alternative Make-Good Benefits. Until such time as Alternative Make-Good Benefits are agreed upon, Sponsor will continue to pay the full Sponsorship Fee to Provider as set forth above. If the parties are unable to agree on Alternative Make-Good Benefits, then such disagreement will not be considered a breach of this Agreement and this Agreement will not terminate, but rather the Sponsorship Fee to be paid by Sponsor will be adjusted to reflect the Benefit(s) not available to Sponsor.

Late Payments/Sales or Other Taxes. All late payments are subject to a late payment fee of two percent (2%) per month or the highest rate allowed by law together with all costs and expenses of collection, including attorneys' fees and court costs. If any sales tax, use tax, gross receipts tax, service tax or other tax (other than Provider's income tax) is imposed in connection with any Benefits or payment hereunder, then Sponsor will pay such tax on or before the due date thereof and, if not otherwise paid, any unpaid amount thereof will be added to the invoice for the period that includes such due date.

Assignment. This Agreement is personal to Sponsor. Sponsor shall not sell, transfer or assign this Agreement, or any of Sponsor's rights hereunder, without Provider's prior written approval, and no rights will devolve by operation of law or otherwise upon any Sponsor assignee, receiver, liquidator, trustee or other third party. Any unauthorized assignment will be void and of no effect unless approved by Provider in writing. Subject to the foregoing, this Agreement will be binding upon any approved Sponsor assignee or successor, and this Agreement will inure to the benefit of Provider, its successors and permitted assigns.

Miscellaneous. This Agreement (i) sets forth the parties' entire understanding with respect to its subject matter, (ii) supersedes all prior negotiations and agreements, whether written or oral, between the parties concerning such subject matter and (iii) may be modified or amended only by a written instrument each party signs. Each party represents and warrants to the other party (a) the individual signing this Agreement on its behalf is duly authorized to do so and (b) no representations have been made or relied upon other than those expressly provided for herein. This Agreement may be executed via delivery of a facsimile transmission or other commonly used electronic means (e.g., via a PDF attachment) in one (1) or more counterpart, each of which will be deemed an original, but all of which, taken together, constitute one (1) and the same agreement. No party's agent, employee or other representative is empowered to alter any of this Agreement's terms unless via written instrument signed by the appropriate party's authorized officer or agent. A waiver by either party of any of this Agreement's terms or conditions in any instance will not be deemed or construed to be a waiver of such term or condition for the future, or of any subsequent breach thereof. Notwithstanding the University Notice section, Provider may terminate this Agreement, effective immediately upon delivering to Sponsor written notice thereof, if Provider's University rights agreement is terminated for any reason; provided, however, Provider shall provide Sponsor a *pro rata* refund of any amounts paid for Benefits not yet received as of such effective termination date. This Agreement is governed

by and construed in accordance with the laws of the state of Texas, without giving effect to its conflict of law rules.

Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

Any contract equal to or greater than \$25,000.00 This excludes service agreements (regardless of the dollar amount) attached to Board approved capital equipment. The service agreements attached to this equipment can be signed and approved by the CEO and reported to the Board at the next Board meeting after approval.

1. Name of Contract: **VARIAN**

2. Purpose of contract, including scope and description: This is a **software maintenance agreement for Radiation Oncology's ARIA and Eclipse software. ARIA is the Radiation Oncology electronic medical record that is also connected to and runs the radiation treatment machine. Eclipse is the radiation treatment planning computer system. Eclipse communicates with ARIA to ensure the correct planning parameters are delivered to the machine. Varian is the manufacturer of the machine and the software. Covers all the functionality of the software. They upgrade or fix software issues remotely and are available via helpdesk support anytime there are questions or issues. This agreement includes five years of Dose Lab QA, which is a software that helps the physicist be able to run the appropriate quality assurance checks on the machine and on-board imaging. This agreement also includes replacement of all three Eclipse workstation computers a couple of times over the five-year period.**

3. Date of contract execution: **April 9, 2025**

4. Date of contract expiration: **April 8, 2030**

5. Rights of renewal and termination: **NA**

6. Monetary costs: **TOTAL COST: \$802,225.00 includes \$28,510.00 Refreshes + GPU Kits + workstations; \$773, 715.00 for the service agreement which is payable as \$153,443.40 first year; \$158,445.40 second year,**

\$160,445.20 third year, \$163,445 fourth year, \$166,446 fifth year for software agreement.

7. Included in Department Budget: **Yes**
8. Extraneous costs associated with contract: **NONE**
9. Let for bid, if appropriate: **Varian manufactured the machine and software so they need to provide service for the software.**
10. County Attorney reviewed (if applicable): **NO**
11. In-house Counsel Reviewed: **Yes**