

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

October 2, 2024

2:00 p.m.

Classrooms 1, 2 & 3

**AGENDA**

- I. Call to Order Barbara Sowada
  - A. Roll Call
  - B. Pledge of Allegiance
  - C. [Mission and Vision](#) Marty Kelsey
  - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. Minutes *(For Action)* Barbara Sowada
  - A. [September 4, 2024 Regular Meeting](#)
  - B. [September 16, 2024 Special Meeting](#)
- IV. Community Communication Barbara Sowada
  - A. WHA Awards Recognition & Photos Ann Marie Clevenger, *Chief Nursing Officer*  
Lena Warren, *Community Outreach Director*
  - B. Auxiliary Grant Presentation
- V. Old Business Barbara Sowada
  - A. Medical Staff Bylaws *(Remains under review/development, no request for action)*
  - B. [Scope of Services](#) *(For Action)* Ann Marie Clevenger, *Chief Nursing Officer*
- VI. New Business *(Review and Questions/Comments)* Barbara Sowada
  - A. CAH Policies Consent Agenda *(For Action)* Kari Quickenden, *Chief Clinical Officer*
    - 1. [Pharmacy: Controlled Drugs: Anesthesia, 15-11](#)
    - 2. [Medication Administration](#)
- VII. Senior Leader Reports
  - A. Chief Clinical Officer Kari Quickenden
  - B. Chief Financial Officer Tami Love
  - C. Chief Nursing Officer Ann Marie Clevenger
  - D. Chief Executive Officer Report Irene Richardson
- VIII. President of the Medical Staff Report Dr. Brianne Crofts, *Medical Staff President*
- IX. Committee Reports
  - A. [Human Resources Committee](#) Kandi Pendleton
  - B. Finance & Audit Committee Marty Kelsey
    - 1. [Information Services Report](#)
    - 2. Bad Debt *(For Action)*
    - 3. [Finance & Audit Committee Meeting Information](#)

*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

October 2, 2024

2:00 p.m.

Classrooms 1, 2 & 3

AGENDA

- |   |  |
|---|--|
| C. <a href="#">Foundation Board</a>   | Craig Rood   |
| D. Executive Oversight and Compensation Committee                                       | Barbara Sowada   |
| E. Joint Conference Committee   | Barbara Sowada   |
| F. <a href="#">Building &amp; Grounds Committee</a>                                     | Craig Rood   |
| G. Compliance Committee   | Kandi Pendleton  |
| H. Governance Committee   | Marty Kelsey   |
| I. <a href="#">Quality Committee</a>  | Barbara Sowada   |
| X. Contract Review  | Suzan Campbell, <i>In-House Counsel &amp; Compliance</i> |
| A. Contract Consent Agenda <i>(For Action)</i>  |  |
| 1. <a href="#">Ovation Health</a>   |  |
| B. Contracts Approved by CEO Since Last Board Meeting <i>(FYI – No action required)</i> |  |
| 1. <a href="#">QLER New Exhibit B to Original Agreement</a>                             |  |
| 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**

**September 14, 2024**

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on September 4, 2024, at 2:00 p.m. in the Sweetwater County Commissioner Meeting Room in Green River, Wyoming, 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**

Dr. Sowada read aloud the mission and vision statements.

**Mission Moment**

Ms. Richardson said a close friend who was a patient shared a story with her about the wonderful care she received at the Hospital. Ms. Richardson shared another story of a person who approached her in the Healing Garden and told her about her son's care following a terrible accident. The mother said she was so grateful for everything everyone was doing for her son. Ms. Richardson closed with a story shared with her son at his workplace. He said a coworker said we took care of him very well and very quickly.

Mr. Phillips said a neighbor in Evanston is dealing with some health issues. The neighbor told Mr. Phillips he is going to MHSC. He said it is totally worth the drive to Rock Springs and said the care is better than anywhere else.

**AGENDA**

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

**APPROVAL OF MINUTES**

The motion to approve the minutes of the August 7, 2024, regular meeting as presented was made by Ms. Pendleton; second by Judge James. Motion carried.

## COMMUNITY COMMUNICATION

There were no comments.

## OLD BUSINESS

### **Medical Staff Bylaws**

Dr. Sowada reported the bylaws are still under review.

### **Critical Access Hospital Requirements Regarding Approval of Medical Staff Policies**

Dr. Kari Quickenden, Chief Clinical Officer, said when we move to Critical Access Hospital (CAH) status on October 1, patient care policies will need to come to the full Board for approval. She said there is some language in there that outlines the requirements. Dr. Quickenden said items will come to the Medical Executive Committee (MEC) and then the Board of Trustees. She said there is a group working on this and we will forward information as we identify it. Dr. Quickenden said we asked The Joint Commission if everything has to happen before we go to CAH and they said, no, so we are hoping to obtain guidance during the upcoming survey process. Mr. Kelsey said there is a hierarchy of things that need to come to the Board. Dr. Quickenden said Plans will continue to come to the Board. She said we are planning to get away from “hospital-wide” and will create a category called “patient care.” Dr. Quickenden said we are hoping everything like Programs don’t have to come to the full Board and we will keep everyone updated. Mr. Rood asked if the Board would have time to review before approval. The Board discussed using a consent agenda. Dr. Quickenden said some groups could bring forward a large number so we are hoping to bring them forward when they are up for renewal. Dr. Sowada said we will learn as we go.

## NEW BUSINESS

### **Board Policy – Medical Staff Direct Consultation with the Board – Recommend to Retire**

Dr. Sowada said there is a proposal to archive a board policy. She asked Ms. Kerry Downs, Medical Staff Services Director, to review. Ms. Downs said the policy was established in 2020/2021 and was brought to the Joint Conference Committee. Following review, the Committee decided to recommend it be archived because we don’t need it because a member of the Medical Staff attends the Board meetings. The motion to archive the board policy as presented was made by Mr. Kelsey; second by Judge James. Motion carried.

### **Scope of Services**

Dr. Ann Marie Clevenger, Chief Nursing Officer, said we send out a request to leaders annually to review sections to make sure it aligns with the services we provide. Dr. Clevenger and Dr. Quickenden reviewed to fulfill the CAH requirements and for consistency. They identified the policy as a CAH policy. Dr. Quickenden said in the past we have brought this every year for review and approval. She said in review of CAH requirements, reviewing and approving every two years suffices. Dr. Clevenger asked everyone to e-mail her with any questions or changes. Ms. Pendleton asked if there were any substantial changes and Dr. Quickenden said the changes overall were very minor.

## 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 thanked the senior leaders and leaders for completing the dashboards and spotlight reports. She said we will begin reporting quarterly in October. Ms. Richardson provided a CAH update and said Cerner is testing daily. Town Hall meetings will be conducted in October. Ms. Richardson would like to schedule the Trustees to join her at upcoming radio programs. Ms. Richardson attended the Wyoming Hospital Association (WHA) annual meeting in Casper. She thanked everyone who attended and will provide an update on awards at the October meeting. Ms. Richardson said she will term out soon on the American Hospital Association Region 8 Board. She announced she was voted in as the WHA President. Ms. Richardson said PEAK Consulting will provide leadership training onsite September 24-26. The Foundation Board of Directors has requested a joint meeting with the Board of Trustees in December.

## PRESIDENT OF THE MEDICAL STAFF REPORT

Ms. Downs shared a report from Dr. Crofts. She said the Joint Conference Committee met twice and had a great discussion pertaining to the bylaws.

## COMMITTEE REPORTS

### Quality Committee

Dr. Sowada said she did not have anything to pull out for discussion from the packet.

### Human Resources Committee

Ms. Pendleton said they did not meet.

### Finance & Audit Committee

Mr. Kelsey reported a record revenue month in the history of the Hospital. Ms. Tami Love, Chief Financial Officer, said July stayed very busy even though summer months have historically been slower so we are excited to stay busy. Ms. Love reported expenses have been lower. Dr. Sowada asked about the financial goals progress. Ms. Love provided an update and said Clifton Larson Allen (CLA) has been working with us for just over a year and is identifying more items. She said we are starting to see some movement and are hopeful. We are talking to vendors about looking at some temporary outsourcing of A/R. Ms. Love said it is a long process. Dr. Sowada asked when CLA will be released from the agreement. Ms. Love said it might not be until the end of the calendar year.

***Capital Expenditure Requests:*** The request to approve capital expenditure request FY25-10 for \$69,350 for a c-arm as presented was made by Mr. Kelsey; second by Mr. Rood. Motion carried.

The request to approve capital expenditure request FY25-13 for \$80,105 for a Kronos upgrade as presented was made by Mr. Kelsey; second by Judge James. Motion carried. Dr. Sowada asked for more information on the productivity tracking noted in the upgrade. Ms. Love said she will get more information and report back next month.

The request to approve capital expenditure FY25-14 for \$74,810 for parking lot work at 3000 College Hill as presented was made by Mr. Kelsey; second by Ms. Pendleton. Motion carried.

The request to approve capital expenditure request FY25-15 for \$62,175 for parking lot work at the main campus as presented was made by Mr. Kelsey; second by Judge James. Motion carried.

The request to approve capital expenditure request FY25-16 for \$106,429 for a new electronic sign and separate electrical work as presented was made by Mr. Kelsey; second by Ms. Pendleton. Motion carried.

***Medical Office Building Entrance Recommendation of Award:*** The motion to approve the recommendation to award Grothouse the project following the low bid of \$1,415,000 as recommended by the Building and Grounds Committee and Finance and Audit Committee was made by Mr. Kelsey; second by Judge James. Motion carried.

***Bad Debt:*** The motion to approve the net bad debt and recoveries as presented of \$1,664,885.96 was made by Mr. Kelsey, second by Ms. Pendleton. Motion carried.

### **Foundation Board**

Mr. Rood said the Board met in August. They are planning the Casino Night event. He said Ms. Kayla Mannikko, Foundation Executive Director, is learning her role. The motion to approve the appointment of Mr. Rick Lee from the Rock Springs Chamber of Commerce and Mr. Dolan Wire from Wire Brothers to the Foundation Board of Directors as presented was made by Mr. Rood; second by Ms. Pendleton. Motion carried.

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

Dr. Sowada said the Committee met the previous day. She said it was an introductory meeting for Ms. Pendleton. They will meet monthly and provide minutes in the packet.

### **Joint Conference Committee**

Dr. Sowada said Ms. Downs provided an update. She said the minutes are in the board portal. Dr. Sowada said they are very informative meetings.

### **Buildings & Ground Committee**

Mr. Rood said the information is in the meeting packet.

### **Compliance Committee**

Ms. Pendelton said they did not meet.

### **Governance Committee**

Mr. Kelsey said the group met and the minutes are in the meeting packet. He said there is no education scheduled this month. He said they felt it would be nice to have a separate workshop in October to learn about the Cancer Center.

## **CONTRACTS**

### **Contract Consent Agenda**

Ms. Richardson reviewed the UW Athletics Department Marketing and Sponsorship Agreement. She said we feel it may be helpful for recruitment and retention, and we feel radio is the best way to begin.

The motion to approve the agreement as presented was made by Ms. Pendleton; second by Judge James. Motion carried.

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

There were no comments.

### **GOOD OF ORDER**

Dr. Sowada reminded Trustees about the new policy to invite community members to serve on committees. She said the process is to send suggestions of names to the Committee Chairs.

Ms. Richardson noted the lovely booklet Dr. Clevenger put together for their review. Dr. Clevenger said it has been a dream of hers to do an annual report. The leaders who report to her provided information to Ms. Robin Fife, Clinical Administrative Assistant, and the report was completed. She said she is very proud of everything everyone has accomplished. Dr. Clevenger said it helps celebrate a lot of the accomplishments and what we are looking forward to in the future.

### **EXECUTIVE SESSION**

The motion to go into executive session at 3:22 p.m. to discuss personnel and legal was made by Judge James; second by Mr. Rood. Motion carried.

### **RECONVENE INTO REGULAR SESSION**

The motion to leave the executive session and return to the regular session at 3:59 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 August 6, 2024**

1. Initial Appointment to Associate Staff (1 year)
  - Dr. Miguel Jordan, OB/Gyn
  - Dr. Daniel Drewry, Emergency Medicine
  - Dr. Molly Enenbach, Emergency Medicine
  - Dr. Brian Merritt, Emergency Medicine
2. Reappointment to Active Staff (2 year)
  - Dr. Sigsbee Duck, Allergy
  - Dr. Joseph Oliver, Orthopedics
  - Dr. Israel Stewart, Internal Medicine
  - Dr. Wesley Williams, Emergency Medicine

3. Reappointment to Consulting Staff (2 year)
  - Dr. Mary Alfidi, Tele-Radiology (VRC)
  - Dr. Joseph Horner, Tele-Radiology (VRC)
  - Dr. Satvik Ramakrishna, Cardiovascular Disease (U of U)
  - Dr. Anwar Tandar, Cardiovascular Disease (U of U)
  - Dr. Jean Stachon, Public Health
4. Reappointment to Non-Physician Provider Staff (2 year)
  - Jessica Nielson, LCSW Clinical Social Work (SWC)

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

### **ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 4:00 p.m.

---

Dr. Barbara Sowada, President

Attest:

---

Judge Nena James, Secretary

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

**September 16, 2024**

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on September 16, 2024, at 8:00 a.m. with Dr. Barbara Sowada, President, presiding.

**CALL TO ORDER**

Dr. Sowada called the meeting to order at 8:05 a.m. She said the purpose of the meeting was to conduct an executive session and then take action. The following Trustees were present online: Judge Nena James, Ms. Kandi Pendleton, and Dr. Barbara Sowada. Excused: Mr. Marty Kelsey and Mr. Craig Rood.

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

**EXECUTIVE SESSION**

The motion to go into executive session at 8:06 a.m. to discuss personnel and legal information classified as confidential by law was made by Judge James; second by Ms. Pendleton. Motion carried.

**RECONVENE INTO REGULAR SESSION**

The motion to leave the executive session and return to the regular session at 8:14 a.m. was made by Ms. Pendleton; second by Judge James. Motion carried.

**ACTION FOLLOWING EXECUTIVE SESSION**

The motion to approve the action recommended by our insurance company as discussed in executive session was made by Ms. Pendleton; second by Judge James. Motion carried.

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 8:15 a.m.

\_\_\_\_\_  
Dr. Barbara Sowada, President

Attest:

\_\_\_\_\_  
Judge Nena James, Secretary



Board Meeting Date:10/2/2024

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:

Second read with a request for approval.

Input and edits were received from leadership and departments listed within the document. Document reviewed in its entirety by Ann Marie Clevenger 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:

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

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

- VII. Located on the I-80 corridor, MHSC provides trauma care as an essential service and is an Area Trauma Center as designated by the State of Wyoming.
- VIII. As an important part of clinical care the hospital serves as a clinical practice site for schools of nursing (Western Wyoming Community College and University of Wyoming being the majority), and schools of medicine (Wyoming, Montana, Alaska and Idaho educational program).
- IX. Care provided to the patient 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, SympI, 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 Leaderships' 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.
- 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, 6<sup>th</sup> ed. (2021). American association of Cardiovascular and Pulmonary Rehabilitation
- Guidelines for Pulmonary Rehabilitation Programs, 5<sup>th</sup> 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.
- IT's 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](mailto: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](http://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

- 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, 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).
- 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 (SRM) and artificial rupture of membranes (ARM)
- 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

# Scope of Services-Draft-Changes 2024



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

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

- Care management
  - Care transition
  - Case management
  - Chronic care management
  - Clinical documentation improvement
- Chronic hemodialysis and peritoneal dialysis
- Diagnostic imaging
  - Cat Scan
  - Mammography
  - MRI
  - Nuclear medicine
  - Ultrasound
- Dietary and nutritional service
- Emergency and trauma care
- Endoscopy
- Infection prevention and control services
- Medical records/information technology
- Nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, and end stage chronic dialysis
- Oncology, ~~including outpatient chemotherapy administration and radiation oncology/ 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:

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

Employees	550
Full-time employee equivalent (FTE)	<del>487.51</del> <u>499.04</u>
FTEs/Occupied Bed	<del>8.61</del> <u>7.36</u>
Average patient length of stay (LOS)	<del>2.7</del> <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	<del>1768</del> <u>1823</u>
Births	<del>394</del> <u>398</u>
Non-ED Outpatient Visits	<del>106,791</del> <u>94,189</u>
ED Visits	<del>13,357</del> <u>16,212</u>
ED Visits Admitted	<del>1,423</del> <u>610</u>
Inpatient Surgeries	<del>278</del> <u>607</u>
Outpatient Surgeries	<del>1,414</del> <u>288</u>
Medical Office Building Clinic Visits	<del>56,660</del> <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, NetLearningSymlr, 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 (NPRNRP), 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 County 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, 6<sup>th</sup> ed. (2021). American association of Cardiovascular and Pulmonary Rehabilitation
- Guidelines for Pulmonary Rehabilitation Programs, 5<sup>th</sup> 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 – Cardiolite, Lexiscan/Cardiolite, 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 (87) 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

- University of Utah
- Sweetwater County Sheriff's Office (SCSO)
- Center for Domestic Preparedness (CDP)

## SCOPE OF SERVICE: EMERGENCY MANAGEMENT

### DEFINITION OF SERVICE

- 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

- 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).

- 24/7

- 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 ~~physicians~~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 ~~physicians~~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 ~~case managers~~Care Management and rest of care team to improve ~~physician~~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)
- ~~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
- ~~GomPsych~~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](mailto: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 placed on call for day shift and/or for night shift.m.-6:00 p.m.~~

#### AFFILIATIONS OR SOURCES OF REFERENCE

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

## SCOPE OF SERVICE: LABORATORY & PATHOLOGY

#### DEFINITION OF SERVICE

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

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

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday - Friday 7:00 a.m. - 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](http://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 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 p.m. ~~until 7:00 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.~~ a.m. - 3:30 ~~p.m.~~ 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, ~~and only after direct physician consultation with the radiologist on-call.~~

- CT:
  1. The normal operating hours for outpatient CT are 7:30 ~~am~~a.m. – 4:00 ~~pm~~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 ~~pm~~p.m. until 6:30 ~~am~~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 ~~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~~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 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 ~~Friday~~[Thursday](#), 8:00 a.m. - ~~4:30~~[8:00](#) 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 (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 (ASPN), 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



Approved N/A  
Review Due N/A

Document CAH - Patient  
Area Care

## Pharmacy:Controlled Drugs: Anesthesia, 15-11

### STATEMENT

The use, wastage, or disposal of C-II through C-V drugs in anesthesia shall be documented fully.

### STORAGE

All controlled substances will be secured in Pyxis ES Medstations and Pyxis ES A-systems.

### ENTRIES

The following information shall be recorded:

- Date and time of administration to the patient or adjustment to stock
- Patient's last name, first name or initial, and location
- Medication name, dosage form, and strength
- Quantity of medication administered and/or wasted (dosage unit, mg or mL) OR quantity of medication issued/returned and/or brought forward
- Provider who ordered the medication
- Signature and title of person who **administered** the medication OR adjusted the stock
- Signature and title of witness to destruction of wasted portion OR adjustment to stock

Note: If unable to document waste through Pyxis ES, the documentation must occur on the medical record of the proof of use form (anesthesia record) for that patient. An addendum may be made to the original anesthesia record via the electronic health record.

### PHARMACY VERIFICATION

A pharmacy staff member shall verify entries randomly. Verification shall include at least:



- Comparison with surgery records to ensure the amounts administered agree on both documents
- Comparison of ending balances with balances brought forward
- Signature of witness to wastage

**Reviewed and Approved:**

P&T 09/12/2024

MEC 09/24/2024

## Approval Signatures

Step Description

Approver

Date



Approved N/A  
Review Due N/A

Document CAH - Patient  
Area Care

## Medication Administration

### STATEMENT OF PURPOSE

1. Assure safe and appropriate administration of medications to patients.
2. Assure accurate and consistent documentation of medication administration.
3. Assure the same standard for medication management is provided wherever the patient is being cared for with the organization (hospital, clinic, outpatient services, etc).

### TEXT

#### I. ADMINISTRATION OF MEDICATIONS

- A. **ALWAYS** identify patient appropriately by using Memorial Hospital of Sweetwater County (MHSC) designated patient identifiers, and/or scanning ID band, and checking allergy band before administration of any and all medications. Refer to standard on Patient Identification. Computers in patient rooms or portable tablets must be used at the bedside for administration of all medications.
- B. Any medication order that contains an unapproved abbreviation must be clarified with the ordering licensed independent practitioner (LIP) and re-written before the order can be carried out.
- C. All medication orders must be complete before the order can be carried out. A complete medication order includes: drug name, drug dose, drug route, and frequency.
  1. PRN drug orders must include the drug's indication.
  2. PRN effectiveness for PRN orders must be completed on the following medication classes as required per the electronic medical record (EMR): anti-hypertensive medications, anti-anxiety medications, pain medications, and anti-emetics. PRN effectiveness on other medications should be documented as appropriate.



3. Multiple PRN orders, with the same indication for use, must be clarified with additional information to explain intended use.
  4. It is acceptable to have orders for the same drug by different routes. The order must be written as TWO individual orders with a clinical indication. For example, "Tylenol 325 mg po every 4 hours prn or pr pain" is not acceptable. The order should be written as two separate orders: "Tylenol 325 mg po every 4 hours prn pain" AND "Tylenol 325 mg pr every 4 hours prn pain if the patient cannot take meds by mouth".
  5. Parameters for safety should accompany a drug order if relevant. Example, "Lopressor 25 mg po twice a day if heart rate greater than 60 and BP greater than 110/60" (this is an example only).
- D. Refrigerated medications should be removed from medication refrigerator, as appropriate, approximately 30 minutes prior to administration to allow time for warming.
- E. Patient medications will be unit dose, bar coded, and will be kept in Pyxis, patient bulk drawer, or pharmacy refrigerator.
1. Bulk drawers will be locked when not in use.
  2. Unit dose medications supplied in unit dose package should not be opened until nurse is actually at the patient's bedside to administer the medication.
- F. A beyond use date of 28 days will be used on all multiple dose vials unless the manufacturer's expiration date is less. Each vial shall be inspected for integrity of medication such as contamination, color changes, or precipitate prior to administration of the medication.

## **II. HOLD ORDERS**

- A. Orders written to be held will be placed into "hold" status by the pharmacist, unless the physician indicates a specific time to restart or number of doses to hold the medication.
- B. When a nursing assessment indicates a medication may be non-therapeutic the physician must be contacted for a "hold medication" order.

## **III. PATIENT'S OWN MEDICATIONS**

- A. The use of a patient's personal medication is discouraged. A patient's personal medication may be used when specifically ordered by the prescribing practitioner and the agent can be positively identified. MHSC clinical staff member, within scope of practice, must administer medications. No medications will be left at bedside.
- B. Unless administration of a patient's personal medications is authorized by the responsible practitioner, these medications shall be sent home with family, authorized surrogate decision maker, or others. If the medications must be retained in the facility, they shall be packaged, sealed, labeled with the patient's name and treated as valuables.
- C. Upon initial receipt of patient's personal medications by nursing, a "Patient

Medication Inventory" form # 801921 must be completed by nursing to the best of their ability.

1. If any of the patient's personal medications are controlled substances the quantity of the contents of that bottle/container must be counted by **two** (2) licensed clinical staff members, within their scope of practice, in front of the patient, family member, or authorized surrogate decision maker and documented on the "Patient Medication Inventory" form as appropriate. In the event the patient is obtunded, disoriented, or presents in state in which patient is unable to participate in verification of quantity of controlled substance and family member or authorized surrogate decision maker is unavailable then **two** (2) licensed clinical staff members, within their scope of practice, shall count and document on "Patient Medication Inventory" form. The "Patient Medication Inventory" form will become part of the medical record.
2. Medications are to be returned to patient, family member, or authorized surrogate decision maker when leaving the facility unless physician requests otherwise. The signature of patient, family member, or authorized surrogate decision maker must be obtained on "Patient Medication Inventory" form when medications are returned to patient.

D. Patient's personal medications intended to be administered to patient with appropriate order by responsible practitioner must be identified and labeled by the hospital pharmacist or the responsible practitioner. A note will be placed as patient's own medication on BCMA. These medications will be returned to the patient care unit by Pharmacy after they have been identified. The RN will place the medications in the patient's bulk drawer, locked Pyxis tower, or locked cabinet to be administered in same manner as all other medications. Pharmacy will note "patient own med" on Pyxis profile.

1. Patient medications sent to Pharmacy for identification should be sent in plastic bag. All controlled substances must be counted prior to Pharmacy pick up.
2. Any accompanying information will be placed in the miscellaneous section of patient's record.

E. If a medication is not on the formulary of MHSC and a formulary alternative is available, a request should be made to the physician to use the formulary medication. If no alternative is available, the patient should be asked if they would like to use their own medication. If this is not an option, then Pharmacy should be notified to obtain the medication from an outside source. It is not illegal for patients on Medicare to take their own medications.

#### IV. STANDARD ADMINISTRATION MEDICATION TIMES

A. Unless the prescriber directs otherwise or patient requests specific schedule, medications shall be administered at standard times as defined in the chart below. A pharmacist shall notify the RN (or other appropriate licensed clinician) if a medication should be administered at other than standard times.

Daily	0900			or		2100			
Resp Daily	0800								
BID	0900					2100			
Resp BID	0800					2000			
TID	0600		1300			2100			
Resp TID	0800		1400			2000			
QID	0900		1300		1700	2100			
HS						2100			
Q12H	0900					2100			
Q8H	0900				1700			0100	
Q6H	0800		1400		2000	0200			
Q4H	0200		0600		1000	1400		1800	2200
Resp Q4H	0800		1200		1600			2000	2400
AC (½ hour before meals)			0730		1130		1630		
PC (½ hour after meals)			0830		1230		1730		

- B. Standardized times do not apply to gentamicin, amikacin, vancomycin, or Strep B prophylactic antibiotics.
- C. The CMS Hospital Conditions of Participation define types of medications eligible for different timing parameters:
1. **Not eligible for scheduled dosing times such as:** stat, first time, loading, one-time, time sequenced, investigational agents, and PRNs.
  2. **Time critical medications such as:** medications ordered for a specific time, those that must be administered apart from other medications for optimal therapeutic effect, medications ordered more frequently than every 4 hours, antibiotics, anticoagulants, insulin, anticonvulsants, immunosuppressive agents, or scheduled pain medications.
  3. **Medications eligible for scheduled dosing times such as:** those with a repeated frequency (BID, TID, etc.).
  4. Stat doses shall be administered as soon as possible with a goal of administration within 30 minutes of order being placed.
  5. Now orders shall be administered as soon as possible with a goal of administration of no later than one (1) hour after order is being placed.
  6. The following time-critical medications shall be administered within 30 minutes of the scheduled dosing time:
    - a. medications ordered with a scheduled frequency of every 4 hours or more frequently (e.g. aqueous penicillin IVPB every 4 hours).
    - b. traditionally dosed aminoglycosides (i.e. dosing frequency of

- every 8 hours or every 12 hours). Excludes extended interval dosed aminoglycosides.
- c. therapeutic doses of enoxaparin when administered every 12 hours (e.g. enoxaparin 1 mg/kg subcutaneous every 12 hours).
  - d. scheduled pain medications administered more frequently than every 12 hours (excluding PCAs and epidurals).
  - e. "stat" medications.
7. Other scheduled medications shall be administered within one (1) hour of the scheduled dosing time. Newborn medications, erythromycin ophthalmic ointment and vitamin K injection, will be administered within one (1) hour of birth as stated in newborn order set.
  8. First doses of new orders will be administered at the time assigned by Pharmacy when the order is entered. This is determined by the type of medication and the last dose (if any) taken by the patient prior to admission. The first dose will be administered within one (1) hour of receipt, unless the patient has already taken the medication for that dosing time. The "Standard Administration Medication Times" Guidelines will be used to assist with scheduling of doses.
  9. If a medication is not administered because a patient is away from the patient care unit (such as for a test or procedure), the medication may be administered as soon as the patient is available per standard administration time guidelines or an alternative dosing regimen may be considered if appropriate. If medication is held please refer "HOLD MEDICATIONS" portion of this document.
  10. In the event of a late or omitted medication, the RN and pharmacist will collaborate regarding the appropriate timing of the next dose.
  11. Doses that are late, missed due to patient refusal, patient inability to take the medications, and problems related to medication availability will be reported to the prescribing physician.
  12. The team will take patient preference into account for timing of medications based on home schedule upon request of patient/family member/caregiver as appropriate.

## V. DOCUMENTATION OF MEDICATION ADMINISTRATION

### A. Use of Bar Code Medication Administration (BCMA):

1. BCMA is a legal document that becomes part of the permanent electronic record in the patient chart.

**NOTE: Whenever Medication Administration Record (MAR) is used, for example during extended down times per policy, the MAR will be scanned into EMR.**

2. As new medications are entered in EMR, the RN verifying orders will review

the order within the EMR. An RN will review and check against physician orders every 24 hours, verify appropriately and document the same on 24 hour chart check note in computer.

3. Scheduled medications will be entered in EMR and reviewed in BCMA. PRN medications will be entered in EMR and reviewed in BCMA.
  - a. Medications will be scheduled at standard medication times as referenced "Standard Administration Medication Times" portion of this document unless special request made by nurse, physician, pharmacist, or there is a time conflict.
4. Medications requiring specific conditions in which to administer, such as must be given with food, will be scheduled appropriately by Pharmacy.
5. Medications governed by automatic stop orders (as established by MHSC Medical Staff) will come up for renewal 24 hours prior to expiration in both the nursing and physician inbox of EMR.
  - a. These medication categories are:
    - i. Anti-infectives (excluding topicals) 168 hours
    - ii. Controlled drugs (schedule II) 72 hours
    - iii. Controlled drugs (schedule III-V) 72 hours
    - iv. Anticoagulants 168 hours
    - v. Corticosteroids (excluding topicals) 168 hours
    - vi. Oxytocics 48 hours
    - vii. Sedatives 96 hours
    - viii. Ketorolac 48 hours
    - ix. IV acetaminophen 24 hours
  - b. Exceptions occur when order indicates an exact number of doses to be given, an exact length of time, or attending physician reorders medication.
  - c. Review automatic stop dates every 24 hours and verify appropriately.
6. Discontinued medications are designated as such in BCMA. Medication from patient bulk drawers will be placed in plastic bag and returned to pharmacy basket with name of patient.
7. Changed medications-previous orders will discontinued and new order entered in EMR and verified in BCMA.
8. All medications must be scanned when given (Note: exceptions may be made for medications administered in code situations; code medications may be documented utilizing the "create order and document" functionality in the EMR).
9. Injection entries must include site of injection in BCMA.

10. Omitted or refused medications will be documented as such in BCMA. Document reason for medication not being given in BCMA. Place unopened medication in return bin of Pyxis or pharmacy basket as appropriate.

#### **VI. MEDICATION ADMINISTRATION OF THE PATIENT ON DETENTION HOLD OR COURT ORDERED TITLE 25**

- A. To ensure the physical safety of the patient while in the care of MHSC for mental health purposes, a nurse may provide medication to the patient when a patient refuses medication in the following circumstances:
  1. The physician has determined the patient is a risk to themselves or others and a chemical restraint is ordered
  2. The patient has been evaluated by Southwest Counseling, and the hospitalist has determined that the patient is incompetent to make their own medical decisions. Based on this determination, the hospitalist has deemed that the patient requires medication for their own safety. The determination of incompetence and the physician's decision to medicate for patient safety will be documented in the EMR.
  3. The patient has been court-ordered to receive medication for the patient's own safety and is awaiting placement. The court order will be scanned into the EMR.

#### **VII. MEDICATION ERRORS**

- A. Complete an electronic occurrence report (located on intranet) for all medication errors.
- B. Department leaders/designee and charge nurses are responsible to follow-up medication errors, as necessary.
- C. Staff members are encouraged to report medication "near misses" in order to identify areas for process improvement.

#### **Reviewed and Approved:**

P&T Committee: 9/12/2024

Joint ED Physician & Hospitalist Meeting: 9/12/2024

MEC: 9/24/2024

#### **References:**

NDSI Quality and Safeguards Commission. (2024, May 13). Medicines for health, not control: New Clinical Standard on Psychotropic Medicines- Why is this important? <https://www.ndiscommission.gov.au/medicinesforhealth>

W.S. §25-10-109 (2019)

---

# Attachments

[Standard Administration Times Guidelines.pdf](#)

# Approval Signatures

Step Description	Approver	Date
------------------	----------	------

DRAFT

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

*Zoom*

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

Kandi called the meeting to order at 3:00 p.m. and welcomed everyone. Irene introduced Louis Ramos, a student shadowing Irene for the day. Kandi and the Committee welcomed Louis.

**APPROVAL OF AGENDA**

The motion to approve the agenda as presented was made by Nena, second by Irene. Motion carried.

**APPROVAL OF MINUTES**

The motion to approve the June minutes was made by Nena, second by Amber. Motion carried.

**ROUTINE REPORTS**

**Turnover**

Amber noted she sent an update through 8/31/24. She highlighted some supervisor positions and listed the top six in turnover. She said we saw a trend this past year in the supervisor level where 50% moved out of the area due to family circumstances. Amy said two people retired. Irene asked for the number to be broken down by leaders and other supervisors. Amber said we are seeing an increase in retirees. She said our turnover rate is 19% and the national rate is still 22%.

**Open Positions**

Amy reported on open positions and included the dates the positions were posted. She said we post on our site, Indeed, and a healthcare jobs site. Kandi asked if there is a benefit to pulling older posts and reposting so it shows as more current.

**Contract Staffing**

Amy said the contracts listed in red are pending starts. She said we still have some temporary staff in ICU and are not actually contract staff. She said we have quite a few in the Surgery Department following some staff transfers to the Clinic. Amy said we have several in OB to cover leaves of absence. She said we have struggled with replacements in Medical Imaging. Amber said Physical Therapy is also a hard one to fill. Amy said we should see some contracts come off from the Emergency Department due to new hires in training.

**Employee Injury & Illness Reporting**

Amber said we have been focusing on needle sticks. Nicole in the Emergency Department is looking at trending the data.



### **Old Business**

Kandi said she thought the wage study was going to be brought to the Committee for review. The Committee agreed to hold a special meeting on October 14 at 4 p.m. to review.

### **New Business**

Amber reviewed the draft dress code policy. She said we wanted to update so we are not being too arbitrary. Following Committee discussion, Amber said we will re-work and bring it back to the next meeting.

Suzan said she, Amber and Irene are continuing to work on the no-call, no-show policy updates.

### **Next Meeting**

The next regular meeting is scheduled for Monday, December 16 at 3:00 p.m.

The meeting adjourned at 3:57 p.m.

DRAFT

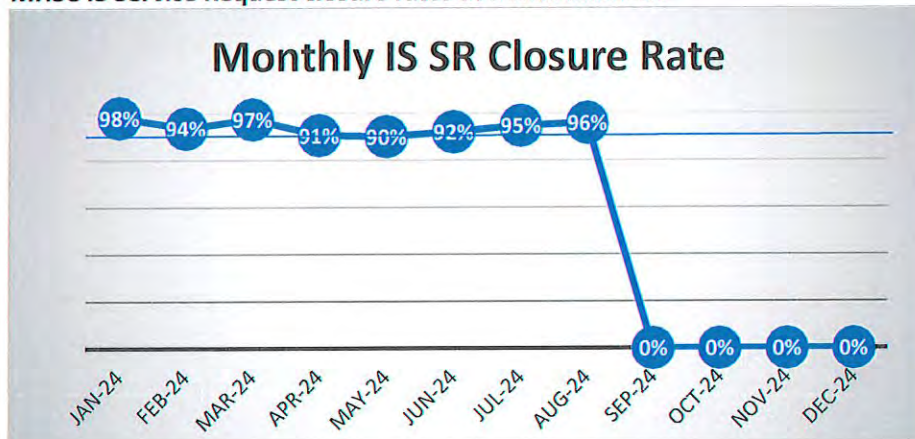
# IS Report August 2024

By Terry (TJ) Thompson, IS Director

## MHSC IS service environment:

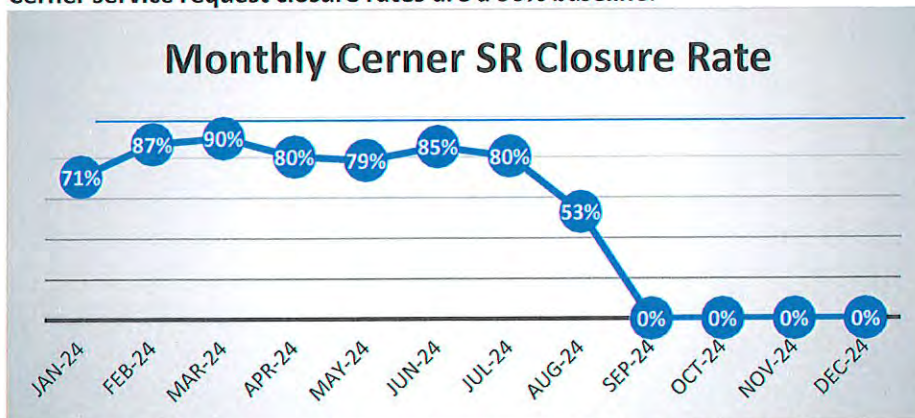
- 1158 computer user accounts
- 100 portable devices, Cell Phones, and iPads
- 790 Desktop systems, Laptops, and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 Uninterrupted Power Supplies

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



Service Desk 96% of our new 95% weekly meantime to restore baseline. Where the service desk closed 867 of the 1055 service tickets opened, which 150 are still pending.

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

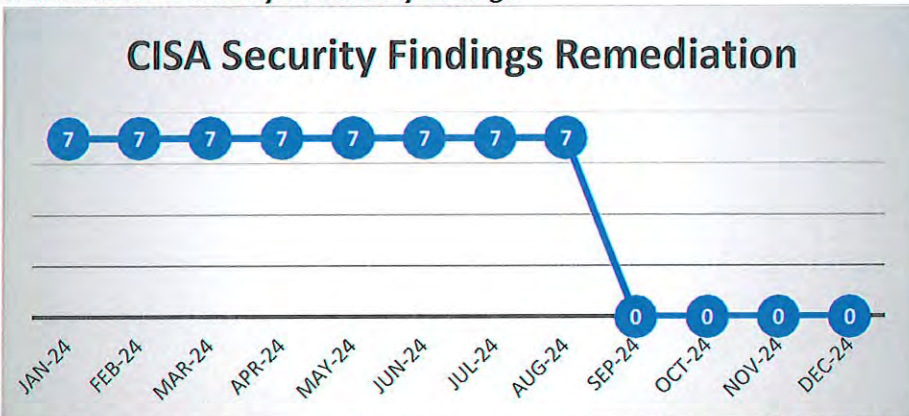


Cerner is at 53% of the weekly meantime to restore the 90% baseline. Cerner closed 47 of the 84 service requests of which 33 are pending.

### 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.



2024-08-25

## CYBER HYGIENE

# REPORT CARD

Memorial Hospital of  
Sweetwater County



0

Hosts with  
unsupported  
software



0

Potentially Risky  
Open Services



34%

Decrease in  
Vulnerable  
Hosts



**CISA**  
CYBER INFRASTRUCTURE  
SECURITY AGENCY

## HIGH LEVEL FINDINGS

### LATEST SCANS

**June 10, 2024 — August 25, 2024**

Completed host scan on all assets

**August 19, 2024 — August 25, 2024**

Last vulnerability scan on all hosts

### ASSETS OWNED

44

No Change

### HOSTS

7

No Change

### VULNERABLE HOSTS

2

Decrease of 1  
29% of hosts vulnerable

### ASSETS SCANNED

44

No Change  
100% of assets scanned

### SERVICES

13

No Change

### VULNERABILITIES

4

Decrease of 1

## VULNERABILITIES

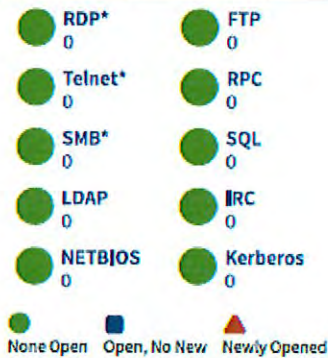
### SEVERITY BY PROMINENCE



### 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**

**Wednesday~ September 25, 2024   2:00 p.m.   Teleconference**

**Voting Members:**

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

**Non-Voting Members:**

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

**Guests:**

Leslie Taylor	CarrieCanestorp
Darryn McGarvey	

Taylor Jones,  
Commissioner

- |       |   |                  |
|-------|---|------------------|
| I.    | Call Meeting to Order                                 | Marty Kelsey     |
| II.   | Mission Moment  | Irene Richardson |
| III.  | Approve Agenda  | Marty Kelsey     |
| IV.   | <a href="#">Approve minutes from August 29, 2024</a>  | Marty Kelsey     |
| V.    | <a href="#">FY24 Audit -CLA</a>                       | Darryn McGarvey  |
| VI.   | <a href="#">Capital Requests FY25</a>                 | Marty Kelsey     |
| VII.  | Financial Report                                      |                  |
|       | A. Monthly Financial Statements & Statistical Data    |                  |
|       | 1. <a href="#">Narrative</a>                          | Tami Love        |
|       | 2. <a href="#">Financial Information</a>              | Tami Love        |
|       | 3. <a href="#">Financial Goals</a>                    | Tami Love        |
|       | 4. <a href="#">Self-Pay Report</a>                    | Ron Cheese       |
|       | 5. <a href="#">Preliminary Bad Debt</a>               | Ron Cheese       |
| VIII. | Old Business  |                  |
|       | A. Critical Access Update                             | Tami Love        |
|       | B. <a href="#">CLA Project – PIPS Financial Goals</a> | Tami Love        |
| IX.   | New Business  |                  |
|       | A. Financial Forum Discussion                         | Marty Kelsey     |
| X.    | Next Meeting – October 30, 2024                       | Tami Love        |
| XI.   | Adjournment   | Marty Kelsey     |



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
Finance & Audit Committee Meeting  
August 29, 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*  
Dr. Kari Quickenden, *CCO*  
Dr. Ann Clevenger, *CNO*

Non-Voting Members Absent: Mr. Terry Thompson, *Director of IT*  
Dr. Augusto Jamias  
Dr. David Dansie  
Ms. Angel Bennett, *Director of Materials*

Guests: Ms. Carrie Canestorp, *Director of HIM*  
Mr. Taylor Jones, *County Commissioner*  
Ms. Nicole Torres, *Interim ED Director*  
Mr. Gerry Johnston, *Facilities Director*  
Ms. Deb Sutton, *Marketing Director*

**Call Meeting to Order**

Mr. Kelsey called the meeting to order via teleconference at 4:00 PM.

**Approve Agenda**

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

**Approve Meeting Minutes**

A motion to approve the meeting minutes from July 31, 2024, was made by Mr. Rood; second by Ms. Love. Motion carried.



## **Capital Requests**

The committee reviewed multiple capital requests. FY25-10 for a Mini C-Arm was presented for \$69,350 from Hologic. This was a budgeted item. A motion was made to approve sending to the board for approval by Mr. Rood; second by Ms. Love. Motion approved.

FY25-13 for the UKG Kronos upgrade was presented for \$80,105 to upgrade our timekeeping system to the cloud. This is a sole source vendor to upgrade a current system. A motion was made to approve sending to the board for approval by Mr. Rood; second by Ms. Layne. Motion approved.

FY25-14 for the Parking Lot Repairs to 3000 College Drive for \$74,810 was also brought to the committee for approval. This is a sole source vendor as this is the only local company that does this work. A motion to approve and send to the board was made by Mr. Rood; second by Ms. Richardson. Motion carried.

The next item, FY 25-15 is also for Parking Lot Repairs. These repairs are for the hospital parking lot for \$62,175. A motion was made to approve and send to the board by Mr. Rood; second by Ms. Love. Motion carried.

FY25-16 for a Digital Messaging Sign was presented by Ms. Sutton. This sign is for the hospital. Two bids were obtained, and this is a budgeted project. Mr. Kelsey asked why we are recommending the high bid. Ms. Sutton said Allied, our preferred vendor, has references in the county and they provided cost savings tips. The lower bid company never came on-site, and they use a higher pixel rate. Mr. Kelsey would like to have Ms. Campbell review to ensure there are no problems with selecting the higher bid. A motion to approve and send to the board was made by Mr. Rood contingent on Ms. Campbell's review; second by Ms. Richardson. Motion carried.

Two bids were obtained for the MOB front entry project. One from Groathouse Construction and the other from A Pleasant Construction. The low bid came from Groathouse Construction for \$1,415,000. A motion to approve and send to the board was made by Mr. Rood; second by Ms. Love. Motion carried.

## **Financial Report**

Ms. Love reviewed the financial information for July. We had an operating gain in July of \$1,705,735 compared to a budgeted loss of \$277,988. This yields a 13.86% operating margin for the month. Gross revenue came in at a record high of \$25.5 million, over budget by \$2.8 million. Reduction of revenue was 53%, right at budget for the month. Accounts Receivable decreased around \$1.5 million. Collections came in at \$10.1 million, 83.9% of net patient revenue. The annual debt service coverage ratio was 9.99 and days of cash on hand increased to 110. Net days in AR increased to 58.2. Expenses for July were \$10.6 million, under budget by \$475,154. The clinic's revenue came in over budget, at \$2.9 million.

The revenue projection for August is projected to be lower at \$23.5 million. Inpatient volumes have remained lower during the month. Collections should be around \$11 million. Expenses are expected to be at budget in August. We are estimating a breakeven month.



Mr. Rood asked why Pet Scan has such a large percentage variance. Ms. Love said that it is probably because the mobile unit came an extra week in July, resulting in increased usage. Mr. Kelsey asked if the Sleep Lab is utilized a lot. Ms. Love said the Sleep Lab is very busy. We only have one tech, so it was down in July when that employee was out on PTO.

#### Financial Goals

Ms. Love reviewed the financial goals. All goals were reset for the new year. We are tracking the same KPI's. Detailed information is included in the packet.

#### Self-Pay Report

Mr. Cheese reviewed the self-pay report included in the packet. He said so far this year they have saved the hospital \$554,000. He is hoping to add a third person to this team very soon.

#### Preliminary Bad Debt

The preliminary bad debt, less recovery, is \$1,801,000. This will be updated to present at the Board meeting.

### **Old Business**

#### Critical Access

Ms. Love provided a critical access update. The Department of Health will issue our provisional license on October 1<sup>st</sup>. We are continuing to test with Cerner on the new build. We must contact the Joint Commission once we receive our license from the Department of Health. We are currently on track to meet our deadline.

Mr. Rood asked if there is anything we need to be worried about concerning CAH. Ms. Richardson said we must diligently manage the bed counts. We cannot exceed a 25-bed count under CAH. Our physicians are feeling comfortable. Our biggest unknown is the change in the Medicare Cost Report. We are working with our auditors and our cost report preparer for guidance on this. We will start doing quarterly estimates to make sure there are no large adjustments at year end. Dr. Quickenden said we are ready from a Joint Commission survey perspective.

#### Strategic Plan – Financial Stewardship pillar

We did not have an updated report from CLA. The information was presented at the last meeting.

## **New Business**

### Financial Forum Discussion

Ms. Love said we are talking with companies to help with Medicare Advantage contract negotiations. We have been advised to wait to sign any Medicare Advantage contracts until after we are CAH so we are not doubling the work.

## **Next Meeting**

The next meeting is September 25th at 2:00 pm.

Meeting adjourned at 4:56pm.

*Submitted by Jan Layne*



## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### NARRATIVE TO AUGUST 2024 FINANCIAL STATEMENTS

**THE BOTTOM LINE.** The bottom line from operations for August is a loss of \$249,791, compared to a loss of \$117,167 in the budget. This yields a -2.23% operating margin for the month compared to -1.03% in the budget. The year-to-date operating gain is \$1,455,944 compared to a loss of \$395,6155 in the budget. The year-to-date operating margin is 6.19%, compared to -1.78% in the budget.

Year-to-date, the total net gain is \$1,529,375, compared to a total net loss of \$303,023 in the budget. This represents a profit margin of 6.50% compared to -1.376% in the budget.

**REVENUE.** Revenue was lower in August coming in at \$23,154,021, under budget by \$738,192. Inpatient revenue is \$4,144,520, under budget by \$365,209 and outpatient revenue is \$19,009,501, under budget by \$372,983. Year-to-date, gross revenue remains over budget by \$2,070,823. The largest percent variances for revenue to budget comparison came from the following hospital departments:

MAMMOGRAPHY	15%
CARDIOVASCULAR	16%
RECOVERY ROOM	16%
AMBULATORY SURGICA	26%
HISTOLOGY	42%
SLEEP LAB	52%
INTENSIVE CARE UNIT	57%
PET SCAN	65%
NUCLEAR MEDICINE	147%

RADIATION ONCOLOGY	-39%
NURSERY	-39%
PHYSICAL THERAPY	-31%
POST PARTUM	-30%
ECHOCARDIOGRAPHY	-29%
PHARMACY	-29%
MEDICAL FLOOR	-24%
CARDIAC REHABILITATION	-23%
LABOR & DELIVERY	-20%
BEHAVIORAL HEALTH	-19%
OUTPATIENT SERVICES	-14%

**REDUCTION OF REVENUE.** Deductions from revenue are estimated at 51.9% for the month, under budget for the month. Year-to-date reductions of revenue are 52.5%, also under budget. Total AR decreased from July, down by \$790,000:

Medicare – increase \$500,000  
Medicaid - decrease \$78,000  
Blue Cross – decrease \$750,000  
Commercial – increase \$164,000

Government – decrease \$105,000  
Self-Pay – decrease \$480,000  
Worker's Comp – decrease \$55,000



Total collections for the month came in higher this month, at \$11.2 million, at 100.6% of net patient revenue, meeting the goal. Year-to-date collections are 91.9% of net patient revenue. The goal for collections as a percentage of net revenue is  $\geq 100\%$ .

**NET OPERATING REVENUE.** Total net operating revenue is \$11,219,393 in August and \$427,144 year-to-date. Other operating revenue in August includes occupational medicine revenue and cafeteria revenue.

**RATIOS.** Annual Debt Service Coverage came in at 5.65. Days of Cash on Hand decreased 10 days, at 100 days at the end of August. Daily cash expenses increased to \$329,500 year-to-date. Net days in AR stayed the same at 58 days.

**VOLUME.** Inpatient days and discharges came in under budget for August. The average daily census (ADC) decreased to 11.0, which is under the budget for the month, and average length of stay (LOS) decreased to 3.1, slightly over budget. Births, Outpatient and Clinic visits came in under budget and ER Visits and Surgeries were over budget.

**EXPENSES.** Total expenses came in under budget, at \$11,469,184, under budget by \$43,276. Expenses are under budget year to date by \$518,429. The following line items were over budget in August:

**Salary & Wage** – Wages were slightly over budget in August but remain under budget year-to-date.

**Benefits** – Group Health, Retirement, Work Comp, and Other Employee Benefits are over budget for August. Group health is over budget \$130,804 year-to-date.

**Contract Labor** - Contract labor in Labor & Delivery, Surgical services, Radiology, Respiratory and Emergency department are over budget in August.

**Other Operating Expenses** – Categories over budget in August include License & Taxes, Freight, Physician Recruitment and Pharmacy Floor.

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

**Depreciation and Amortization** – This expense is over budget for August and over budget year-to-date by \$6,471.

**PROVIDER CLINICS.** Revenue for the Clinics came in slightly higher at \$3,030,522, over budget by \$86,965 for the month and over budget year-to-date by \$271,575. Clinic volumes decreased slightly from July, to 6,518 visits. Total Clinic expenses for August are \$2,185,370, over budget by \$60,128 for the month and over budget by \$172,490 year-to-date. Fringe benefits, supplies, pharmacy floor expense, and depreciation are over budget for August.



**OUTLOOK FOR SEPTEMBER.** Gross patient revenue for September is projected to \$23 million, coming in over the budget of \$22.5 million. Inpatient admissions and patient days are expected to be slightly over budget. LOS is currently higher at 2.8 days and average daily census is currently at 12.9. We continue to see increased volumes in outpatient departments with ER visits, Surgeries, Clinic visits and ancillary departments projecting over budget. Births are projecting lower again this month.

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

**Critical Access.** The Wyoming Department of Health will be issuing our provisional Critical Access license effective 10/1/2024, when we will start operating as a CAH. There have been some issues with the Cerner buildout and testing is ongoing and is scheduled to be completed by the end of September. Once we receive the provisional license, and have had around 20 inpatients under CAH, we will contact the Joint Commission to complete our deemed survey. Once the survey is complete, the Joint Commission will send the State a letter of recommendation and the State will then send the letter to CMS for final approval and a new Medicare number. The facility survey from the State licensing division is expected after the provisional license is granted.

**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 August executive summary of the engagement is included in the packet. 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 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**

**Two months ending August 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	PAGE 1
ROCK SPRINGS, WY	
Two months ending August 31, 2024	

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

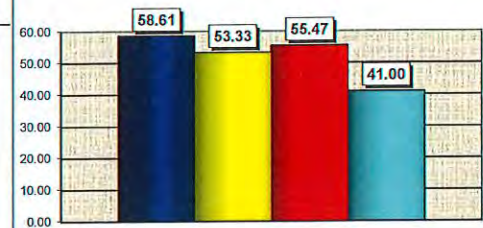
PAGE 2

Two months ending August 31, 2024

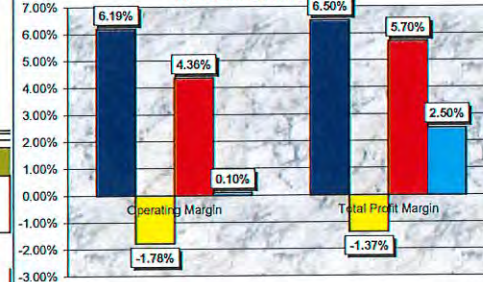
### BALANCE SHEET

	YTD 8/31/2024	Prior FYE 6/30/2024
<b>ASSETS</b>		
Current Assets	\$44,506,049	\$43,911,479
Assets Whose Use is Limited	23,752,794	23,098,589
Property, Plant & Equipment (Net)	74,252,143	74,279,500
Other Assets	886,086	898,060
<b>Total Unrestricted Assets</b>	<b>143,397,071</b>	<b>142,187,628</b>
Restricted Assets	475,122	474,171
<b>Total Assets</b>	<b>\$143,872,193</b>	<b>\$142,661,800</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	\$15,618,426	\$16,058,606
Long-Term Debt	23,239,929	23,506,667
Other Long-Term Liabilities	11,220,410	10,833,425
<b>Total Liabilities</b>	<b>50,078,766</b>	<b>50,398,698</b>
Net Assets	93,793,427	92,263,102
<b>Total Liabilities and Net Assets</b>	<b>\$143,872,193</b>	<b>\$142,661,800</b>

### NET DAYS IN ACCOUNTS RECEIVABLE



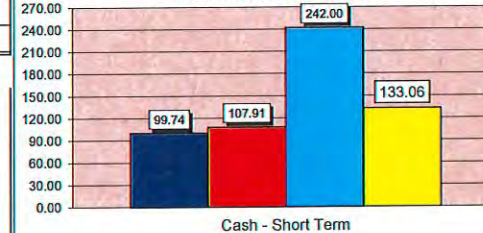
### HOSPITAL MARGINS



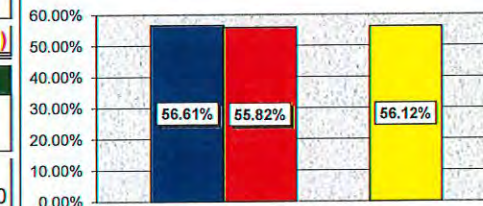
### STATEMENT OF REVENUE AND EXPENSES - YTD

	08/31/24 ACTUAL	08/31/24 BUDGET	YTD ACTUAL	YTD BUDGET
<b>Revenue:</b>				
Gross Patient Revenues	\$23,154,021	\$23,892,213	\$48,656,216	\$46,585,393
Deductions From Revenue	(12,025,826)	(12,639,356)	(25,553,108)	(24,699,180)
Net Patient Revenues	11,128,195	11,252,857	23,103,107	21,886,213
Other Operating Revenue	91,198	142,436	427,144	311,370
<b>Total Operating Revenues</b>	<b>11,219,393</b>	<b>11,395,293</b>	<b>23,530,252</b>	<b>22,197,583</b>
<b>Expenses:</b>				
Salaries, Benefits & Contract Labor	6,856,914	6,480,494	12,495,998	12,626,795
Purchased Serv. & Physician Fees	1,097,489	1,215,593	2,156,028	2,351,660
Supply and Drug Expenses	1,624,058	1,962,124	3,739,169	3,871,439
Other Operating Expenses	990,332	965,290	1,892,532	1,958,734
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	900,391	888,958	1,790,581	1,784,109
<b>Total Expenses</b>	<b>11,469,184</b>	<b>11,512,460</b>	<b>22,074,308</b>	<b>22,592,737</b>
<b>NET OPERATING SURPLUS</b>	<b>(249,791)</b>	<b>(117,167)</b>	<b>1,455,944</b>	<b>(395,155)</b>
Non-Operating Revenue/(Exp.)	2,248	56,248	73,432	92,132
<b>TOTAL NET SURPLUS</b>	<b>(\$247,544)</b>	<b>(\$60,919)</b>	<b>\$1,529,375</b>	<b>(\$303,023)</b>

### DAYS CASH ON HAND



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



### KEY STATISTICS AND RATIOS

	08/31/24 ACTUAL	08/31/24 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	340	413	758	812
Average Acute Length of Stay	3.1	2.9	3.1	3.0
Total Emergency Room Visits	1,462	1,301	3,019	2,709
Outpatient Visits	8,402	8,506	17,065	16,041
Total Surgeries	198	162	401	311
Total Worked FTE's	494.22	521.15	487.94	521.15
Total Paid FTE's	538.64	571.09	537.49	571.09
Net Revenue Change from Prior Yr	8.45%	10.15%	15.72%	9.16%
EBIDA - 12 Month Rolling Average			12.70%	6.26%
Current Ratio			2.85	
Days Expense in Accounts Payable			29.47	

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Budget	08/31/24
Prior Fiscal Year End	06/30/24
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX - 1.58

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

Two months ending August 31, 2024

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 8/31/2024	Budget 6/30/2025	Prior Fiscal Year End 06/30/24	CLA \$50-\$100 MM Net Revenue (See Note 1)
<b>Profitability:</b>					
Operating Margin	↑	6.19%	1.47%	4.36%	0.10%
Total Profit Margin	↑	6.50%	4.61%	5.70%	2.50%
<b>Liquidity:</b>					
Days Cash, All Sources **	↑	99.74	133.06	107.91	242.00
Net Days in Accounts Receivable	↓	58.61	53.33	55.47	41.00
<b>Capital Structure:</b>					
Average Age of Plant (Annualized)	↓	12.59	11.59	11.61	12.00
Long Term Debt to Capitalization	↓	20.28%	17.97%	20.74%	27.00%
Debt Service Coverage Ratio **	↑	5.65	3.60	5.84	2.80
<b>Productivity and Efficiency:</b>					
Paid FTE's per Adjusted Occupied Bed	↓	7.27	8.14	6.76	NA
Salary Expense per Paid FTE		\$106,461	\$106,348	\$105,036	NA
Salary and Benefits as a % of Total Operating Exp		56.61%	56.12%	55.82%	NA
Employee Benefits %		31.51%	30.75%	30.97%	22.98%
Supply Expense Per Adj. Discharge		\$2,535	\$2,865	\$2,510	\$1,270
		<b>YTD - Actual 8/31/2024</b>	<b>Prior FYE 6/30/2024</b>		
<b>Other Ratios:</b>					
Gross Days in Accounts Receivable		66.69	64.59		
Net Revenue per Adjusted Discharge		\$15,953	\$14,822		
Operating Expenses per Adj. Discharge		\$14,966	\$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

PAGE 4

### ROCK SPRINGS, WY

Two months ending August 31, 2024

	Current Month 8/31/2024	Prior Month 7/31/2024	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2024
<b>Current Assets</b>					
Cash and Cash Equivalents	\$11,079,556	\$13,080,726	(\$2,001,170)	-15.30%	\$12,428,264
Gross Patient Accounts Receivable	51,383,934	52,175,520	(791,585)	-1.52%	50,557,292
Less: Bad Debt and Allowance Reserves	(30,226,337)	(30,626,201)	399,864	1.31%	(30,463,009)
Net Patient Accounts Receivable	21,157,597	21,549,319	(391,722)	-1.82%	20,094,283
Interest Receivable	0	0	0	0.00%	0
Other Receivables	7,190,987	6,989,641	201,347	2.88%	6,209,096
Inventories	3,136,447	3,143,641	(7,194)		3,137,536
Prepaid Expenses	1,941,460	2,269,692	(328,232)	-14.46%	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
<b>Total Current Assets</b>	<b>44,506,049</b>	<b>47,033,018</b>	<b>(2,526,970)</b>	<b>-5.37%</b>	<b>43,911,479</b>
<b>Assets Whose Use is Limited</b>					
Cash	92,382	90,647	1,735	1.91%	(123,123)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	1,969,554	1,777,065	192,489	10.83%	1,585,606
Trustee Held Funds - SPT	0	0	0	0.00%	0
Board Designated Funds	7,075,983	7,049,668	26,315	0.37%	7,021,234
Other Limited Use Assets	14,614,874	14,614,873	1	0.00%	14,614,873
<b>Total Limited Use Assets</b>	<b>23,752,794</b>	<b>23,532,254</b>	<b>220,540</b>	<b>0.94%</b>	<b>23,098,589</b>
<b>Property, Plant, and Equipment</b>					
Land and Land Improvements	4,583,118	4,583,118	0	0.00%	4,583,118
Building and Building Improvements	51,568,240	51,543,468	24,772	0.05%	51,482,921
Equipment	140,067,117	138,770,539	1,296,578	0.93%	138,741,400
Construction In Progress	1,978,974	1,719,680	259,295	15.08%	1,630,998
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	198,197,449	196,616,805	1,580,645	0.80%	196,438,437
Less: Accumulated Depreciation	(123,945,306)	(123,049,127)	(896,179)	-0.73%	(122,158,937)
<b>Net Property, Plant, and Equipment</b>	<b>74,252,143</b>	<b>73,567,677</b>	<b>684,466</b>	<b>0.93%</b>	<b>74,279,500</b>
<b>Other Assets</b>					
Unamortized Loan Costs	886,086	892,073	(5,987)	-0.67%	898,060
Other	0	0	0	0.00%	0
<b>Total Other Assets</b>	<b>886,086</b>	<b>892,073</b>	<b>(5,987)</b>	<b>-0.67%</b>	<b>898,060</b>
<b>TOTAL UNRESTRICTED ASSETS</b>	<b>143,397,071</b>	<b>145,025,022</b>	<b>(1,627,951)</b>	<b>-1.12%</b>	<b>142,187,628</b>
<b>Restricted Assets</b>	<b>475,122</b>	<b>474,172</b>	<b>950</b>	<b>0.20%</b>	<b>474,171</b>
<b>TOTAL ASSETS</b>	<b>\$143,872,193</b>	<b>\$145,499,194</b>	<b>(\$1,627,001)</b>	<b>-1.12%</b>	<b>\$142,661,800</b>



# Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 5

ROCK SPRINGS, WY

Two months ending August 31, 2024

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2024
	Current Month 8/31/2024	Prior Month 7/31/2024	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$5,579,508	\$6,758,204	\$1,178,696	17.44%	\$5,686,582
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,446,856	2,597,324	1,150,469	44.29%	2,304,822
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	3,220,281	3,153,286	(66,996)		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	3,433,784	3,386,824	(46,960)	-1.39%	3,386,824
Other Current Liabilities	1,937,997	1,752,474	(185,523)	-10.59%	1,566,951
<b>Total Current Liabilities</b>	<b>15,618,426</b>	<b>17,648,112</b>	<b>2,029,686</b>	<b>11.50%</b>	<b>16,058,606</b>
Long Term Debt					
Bonds/Mortgages Payable	26,673,713	26,760,122	86,409	0.32%	26,893,490
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	3,433,784	3,386,824	(46,960)	-1.39%	3,386,824
<b>Total Long Term Debt (Net of Current)</b>	<b>23,239,929</b>	<b>23,373,298</b>	<b>133,369</b>	<b>0.57%</b>	<b>23,506,667</b>
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	11,220,410	10,437,764	(782,647)	-7.50%	10,833,425
<b>Total Other Long Term Liabilities</b>	<b>11,220,410</b>	<b>10,437,764</b>	<b>(782,647)</b>	<b>-7.50%</b>	<b>10,833,425</b>
<b>TOTAL LIABILITIES</b>	<b>50,078,766</b>	<b>51,459,173</b>	<b>1,380,408</b>	<b>2.68%</b>	<b>50,398,698</b>
Net Assets:					
Unrestricted Fund Balance	89,833,683	89,833,683	0	0.00%	82,391,633
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	471,249	470,299	(950)	-0.20%	470,299
Net Revenue/(Expenses)	1,529,375	1,776,919	N/A	N/A	7,442,051
<b>TOTAL NET ASSETS</b>	<b>93,793,427</b>	<b>94,040,021</b>	<b>246,593</b>	<b>0.26%</b>	<b>92,263,102</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$143,872,193</b>	<b>\$145,499,194</b>	<b>\$1,627,001</b>	<b>1.12%</b>	<b>\$142,661,800</b>



# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY

Two months ending August 31, 2024

PAGE 6

	CURRENT MONTH				Prior Year 08/31/23
	Actual 08/31/24	Budget 08/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,815,950	\$4,136,555	(\$320,605)	-7.75%	\$3,931,335
Outpatient Revenue	16,307,549	16,812,101	(504,551)	-3.00%	15,726,753
Clinic Revenue	3,030,522	2,943,557	86,965	2.95%	2,624,096
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	23,154,021	23,892,213	(738,192)	-3.09%	22,282,184
Deductions From Revenue					
Discounts and Allowances	(10,358,617)	(10,965,983)	607,366	5.54%	(10,876,186)
Bad Debt Expense (Governmental Providers Only)	(1,630,927)	(1,434,320)	(196,607)	-13.71%	(1,252,727)
Medical Assistance	(36,283)	(239,053)	202,771	84.82%	(90,013)
Total Deductions From Revenue	(12,025,826)	(12,639,356)	613,530	4.85%	(12,218,926)
Net Patient Revenue	11,128,195	11,252,857	(124,662)	-1.11%	10,063,258
Other Operating Revenue	91,198	142,436	(51,238)	-35.97%	281,610
Total Operating Revenue	11,219,393	11,395,293	(175,900)	-1.54%	10,344,868
Operating Expenses					
Salaries and Wages	4,667,572	4,640,951	(26,621)	-0.57%	3,963,441
Fringe Benefits	1,687,786	1,465,744	(222,042)	-15.15%	1,054,117
Contract Labor	501,556	373,800	(127,756)	-34.18%	410,651
Physicians Fees	373,229	394,146	20,917	5.31%	271,892
Purchased Services	724,260	821,447	97,187	11.83%	586,786
Drug Expense	771,034	1,015,114	244,079	24.04%	974,794
Supply Expense	853,023	947,010	93,987	9.92%	838,743
Utilities	112,884	113,342	457	0.40%	109,628
Repairs and Maintenance	447,570	453,409	5,839	1.29%	405,279
Insurance Expense	97,214	107,291	10,077	9.39%	67,726
All Other Operating Expenses	280,875	254,757	(26,118)	-10.25%	244,956
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	51,789	36,491	(15,298)	-41.92%	40,578
Depreciation and Amortization	900,391	888,958	(11,433)	-1.29%	870,730
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	11,469,184	11,512,460	43,276	0.38%	9,839,321
Net Operating Surplus/(Loss)	(249,791)	(117,167)	(132,624)	113.19%	505,547
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	63,735	19,357	44,378	229.27%	38,479
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)	(77,005)	(72,146)	4,859	-6.73%	(43,939)
Other Non-Operating Revenue/(Expenses)	15,518	109,037	(93,520)	-85.77%	16,549
Total Non Operating Revenue/(Expense)	2,248	56,248	(54,000)	-96.00%	11,089
Total Net Surplus/(Loss)	(\$247,544)	(\$60,919)	(\$186,624)	306.35%	\$516,636
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(\$247,544)	(\$60,919)	(\$186,624)	306.35%	\$516,636
Operating Margin	-2.23%	-1.03%			4.89%
Total Profit Margin	-2.21%	-0.53%			4.99%
EBIDA	5.80%	6.77%			13.30%



# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 7

ROCK SPRINGS, WY

Two months ending August 31, 2024

	YEAR-TO-DATE				Prior Year 08/31/23
	Actual 08/31/24	Budget 08/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$8,049,047	\$8,291,948	(\$242,902)	-2.93%	\$7,882,715
Outpatient Revenue	34,610,812	32,568,663	2,042,149	6.27%	30,458,854
Clinic Revenue	5,996,357	5,724,782	271,575	4.74%	5,025,267
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	48,656,216	46,585,393	2,070,823	4.45%	43,366,836
Deductions From Revenue					
Discounts and Allowances	(21,154,610)	(21,352,434)	197,824	0.93%	(20,334,416)
Bad Debt Expense (Governmental Providers Only)	(4,354,849)	(2,868,640)	(1,486,209)	-51.81%	(2,896,942)
Medical Assistance	(43,649)	(478,107)	434,458	90.87%	(191,640)
Total Deductions From Revenue	(25,553,108)	(24,699,180)	(853,928)	-3.46%	(23,422,998)
Net Patient Revenue	23,103,107	21,886,213	1,216,895	5.56%	19,943,838
Other Operating Revenue	427,144	311,370	115,774	37.18%	390,819
Total Operating Revenue	23,530,252	22,197,583	1,332,669	6.00%	20,334,658
Operating Expenses					
Salaries and Wages	8,809,352	9,209,436	400,084	4.34%	7,947,387
Fringe Benefits	2,776,136	2,669,760	(106,376)	-3.98%	2,134,278
Contract Labor	910,510	747,600	(162,910)	-21.79%	732,412
Physicians Fees	817,776	812,292	(5,484)	-0.68%	651,119
Purchased Services	1,338,251	1,539,368	201,116	13.06%	1,139,796
Drug Expense	1,962,639	2,030,228	67,589	3.33%	1,994,895
Supply Expense	1,776,530	1,841,212	64,681	3.51%	1,479,244
Utilities	230,041	220,159	(9,882)	-4.49%	212,853
Repairs and Maintenance	790,475	895,320	104,845	11.71%	792,882
Insurance Expense	195,706	214,582	18,875	8.80%	133,797
All Other Operating Expenses	590,875	555,479	(35,396)	-6.37%	504,569
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	85,436	73,194	(12,242)	-16.73%	83,086
Depreciation and Amortization	1,790,581	1,784,109	(6,471)	-0.36%	1,749,886
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	22,074,308	22,592,737	518,429	2.29%	19,556,202
Net Operating Surplus/(Loss)	1,455,944	(395,155)	1,851,098	-468.45%	778,456
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	136,296	38,713	97,583	252.07%	70,274
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)	(143,339)	(144,405)	1,067	-0.74%	(132,473)
Other Non-Operating Revenue/(Expense)	80,474	197,825	(117,350)	-59.32%	37,745
Total Non Operating Revenue/(Expense)	73,432	92,132	(18,701)	-20.30%	(24,455)
Total Net Surplus/(Loss)	\$1,529,375	(\$303,023)	\$1,832,398	-604.71%	\$754,001
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$1,529,375	(\$303,023)	\$1,832,398	-604.71%	\$754,001
Operating Margin	6.19%	-1.78%			3.83%
Total Profit Margin	6.50%	-1.37%			3.71%
EBIDA	13.80%	6.26%			12.43%



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

**PAGE 8**

	Actual 8/31/2024	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024	Actual 4/30/2024
Gross Patient Revenue					
Inpatient Revenue	\$3,815,950	\$4,233,097	\$3,753,329	\$4,873,910	\$3,666,923
Inpatient Psych/Rehab Revenue					
Outpatient Revenue	\$16,307,549	\$18,303,263	\$16,025,677	\$17,065,942	\$16,587,785
Clinic Revenue	\$3,030,522	\$2,965,835	\$2,909,994	\$3,098,260	\$3,244,931
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$23,154,021	\$25,502,195	\$22,689,001	\$25,038,111	\$23,499,639
Deductions From Revenue					
Discounts and Allowances	\$10,358,617	\$10,795,994	\$10,263,890	\$11,795,527	\$11,571,869
Bad Debt Expense (Governmental Providers Only)	\$1,630,927	\$2,723,923	\$2,000,964	\$1,283,539	\$1,043,471
Charity Care	\$36,283	\$7,366	\$241,325	\$57,087	\$2,736
Total Deductions From Revenue	\$12,025,826	\$13,527,282	\$12,506,179	\$13,136,153	\$12,618,076
Net Patient Revenue	\$11,128,195	\$11,974,912	\$10,182,821	\$11,901,958	\$10,881,563
Other Operating Revenue	91,198	335,946	305,556	131,038	163,765
Total Operating Revenue	\$11,219,393	\$12,310,859	\$10,488,378	\$12,032,996	\$11,045,328
Operating Expenses					
Salaries and Wages	\$4,667,572	\$4,141,780	\$4,693,168	\$4,203,693	\$4,125,869
Fringe Benefits	\$1,687,786	\$1,088,350	\$1,105,022	\$1,677,550	\$1,369,376
Contract Labor	\$501,556	\$408,954	\$475,083	\$543,862	\$370,248
Physicians Fees	\$373,229	\$444,547	\$451,969	\$389,941	\$288,730
Purchased Services	\$724,260	\$613,991	\$727,936	\$691,394	\$792,911
Drug Expense	\$771,034	\$1,191,605	\$918,152	\$1,125,459	\$1,022,725
Supply Expense	\$853,023	\$923,507	\$620,399	\$956,733	\$958,145
Utilities	\$112,884	\$117,156	\$107,637	\$122,860	\$118,540
Repairs and Maintenance	\$447,570	\$342,905	\$446,822	\$367,427	\$380,073
Insurance Expense	\$97,214	\$98,493	\$62,095	\$135,140	\$72,832
All Other Operating Expenses	\$280,875	\$310,000	\$260,091	\$253,110	\$271,601
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$51,789	\$33,647	\$42,332	\$36,108	\$37,629
Depreciation and Amortization	\$900,391	\$890,190	\$920,211	\$946,935	\$887,647
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$11,469,184	\$10,605,124	\$10,830,915	\$11,450,213	\$10,696,326
<b>Net Operating Surplus/(Loss)</b>	<b>(\$249,791)</b>	<b>\$1,705,735</b>	<b>(\$342,537)</b>	<b>\$582,783</b>	<b>\$349,002</b>
Non-Operating Revenue:					
Contributions					
Investment Income	63,735	72,561	133,266	282,618	56,673
Tax Subsidies (Except for GO Bond Subsidies)					
Tax Subsidies for GO Bonds	0	0	0	0	0
Interest Expense (Governmental Providers Only)	(77,005)	(66,334)	(125,580)	(68,089)	(91,263)
Other Non-Operating Revenue/(Expenses)	20,984	69,457	515,404	15,619	17,003
Total Non Operating Revenue/(Expense)	\$7,713	\$75,684	\$523,090	\$230,148	(\$17,587)
<b>Total Net Surplus/(Loss)</b>	<b>(\$242,078)</b>	<b>\$1,781,419</b>	<b>\$180,553</b>	<b>\$812,931</b>	<b>\$331,415</b>
Change in Unrealized Gains/(Losses) on Investment	0	0	59,257	272,726	0
<b>Increase/(Decrease in Unrestricted Net Assets)</b>	<b>(\$242,078)</b>	<b>\$1,781,419</b>	<b>\$239,810</b>	<b>\$1,085,657</b>	<b>\$331,415</b>
Operating Margin	-2.23%	13.86%	-3.27%	4.84%	3.16%
Total Profit Margin	-2.16%	14.47%	1.72%	6.76%	3.00%
EBIDA	5.80%	21.09%	5.51%	12.71%	11.20%



Actual 3/31/2024	Actual 2/29/2024	Actual 1/31/2024	Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023	Actual 9/30/2023
\$4,236,296	\$4,714,671	\$5,004,383	\$4,119,968	\$3,552,335	\$3,746,554	\$4,038,243
\$15,459,637	\$15,607,056	\$16,628,567	\$17,109,573	\$15,516,757	\$14,463,990	\$14,487,978
\$3,031,288	\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$22,727,221	\$23,574,354	\$24,700,776	\$23,659,252	\$21,637,009	\$20,879,205	\$21,057,695
\$10,397,914	\$9,922,170	\$12,184,470		\$10,060,276	\$9,166,702	\$9,424,162
\$1,508,984	\$1,403,286	\$1,320,206	\$1,360,315	\$1,134,520	\$1,410,631	\$1,460,018
\$89,904	\$302,604	\$5,763	\$311,923	\$73,754	\$188,565	(\$1,270)
11,996,782	11,628,061	13,510,438	12,702,579	11,268,550	10,765,897	10,882,911
\$10,730,439	\$11,946,293	\$11,190,337	\$10,956,673	\$10,368,459	\$10,113,308	\$10,174,785
128,902	398,244	286,515	71,274	91,333	118,581	76,424
10,859,341	12,344,537	11,476,852	11,027,947	10,459,793	10,231,889	10,251,208
\$4,151,633	\$4,204,531	\$4,262,641	\$4,134,172	\$4,106,842	\$4,180,542	\$3,826,537
\$1,751,548	\$1,345,949	\$1,307,203	\$1,293,553	\$1,186,780	\$1,260,515	\$1,004,543
\$284,184	\$354,484	\$306,448	\$327,326	\$420,155	\$322,974	\$285,363
\$243,692	\$338,319	\$322,799	\$264,625	\$303,047	\$282,515	\$252,623
\$773,560	\$705,125	\$688,536	\$681,342	\$582,899	\$679,295	\$620,426
\$823,901	\$1,042,911	\$844,768	\$864,876	\$1,056,487	\$987,515	\$1,057,312
\$853,767	\$1,193,600	\$997,801	\$911,134	\$769,388	\$867,552	\$764,805
\$123,306	\$123,145	\$128,505	\$139,792	\$125,552	\$112,585	\$109,851
\$359,588	\$433,508	\$460,691	\$356,186	\$421,619	\$374,630	\$415,782
\$71,334	\$71,184	\$70,566	\$70,566	\$70,566	\$67,726	\$67,726
\$216,298	\$301,714	\$182,091	\$238,412	\$186,495	\$298,563	\$316,879
\$48,301	\$54,589	\$20,820	\$17,877	\$17,833	\$44,102	\$39,636
\$885,626	\$878,266	\$880,262	\$867,058	\$841,307	\$866,707	\$862,144
\$10,586,737	\$11,047,324	\$10,473,131	\$10,166,918	\$10,088,970	\$10,345,220	\$9,623,627
\$272,604	\$1,297,214	\$1,003,721	\$861,029	\$370,822	(\$113,331)	\$627,582
52,083	55,654	54,241	23,953	25,927	38,387	33,135
0	0	0	0	0	0	0
(71,778)	(55,734)	(56,478)	(63,173)	(58,383)	(58,584)	(59,321)
593,094	512,608	15,618	15,618	10,043	23,222	19,095
\$573,399	\$512,528	\$13,381	(\$23,602)	(\$22,412)	\$3,024	(\$7,091)
\$846,003	\$1,809,742	\$1,017,102	\$837,427	\$348,411	(\$110,307)	\$620,491
0	0	0	0	0	0	0
\$846,003	\$1,809,742	\$1,017,102	\$837,427	\$348,411	(\$110,307)	\$620,491
2.51%	10.51%	8.75%	7.81%	3.55%	-1.11%	6.12%
7.79%	14.66%	8.86%	7.59%	3.33%	-1.08%	6.05%
10.67%	17.62%	16.42%	15.67%	11.59%	7.36%	14.53%



## Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY

PAGE 10

Two months ending August 31, 2024

	CASH FLOW	
	Current Month 8/31/2024	Current Year-To-Date 8/31/2024
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	(\$247,544)	\$1,529,375
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	900,391	1,790,581
(Increase)/Decrease in Net Patient Accounts Receivable	391,722	(1,063,315)
(Increase)/Decrease in Other Receivables	(201,347)	(981,891)
(Increase)/Decrease in Inventories	7,194	1,089
(Increase)/Decrease in Pre-Paid Expenses	328,232	100,840
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(1,178,696)	(107,074)
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	(1,083,473)	(751,112)
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	371,046
<b>Net Cash Provided by Operating Activities:</b>	<b>(897,998)</b>	<b>889,539</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of Property, Plant and Equipment	(1,584,856)	(1,763,224)
(Increase)/Decrease in Limited Use Cash and Investments	(218,805)	(438,700)
(Increase)/Decrease in Other Limited Use Assets	(1,735)	(215,505)
(Increase)/Decrease in Other Assets	5,987	11,974
<b>Net Cash Used by Investing Activities</b>	<b>(1,799,409)</b>	<b>(2,405,455)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	(86,409)	(219,777)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	782,647	386,985
<b>Net Cash Used for Financing Activities</b>	<b>696,238</b>	<b>167,208</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>0</b>	<b>(0)</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>(2,001,170)</b>	<b>(1,348,708)</b>
Cash, Beginning of Period	13,080,726	12,428,264
<b>Cash, End of Period</b>	<b>\$11,079,556</b>	<b>\$11,079,556</b>



Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY  
Two months ending August 31, 2024

PAGE 11

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior Year		Actual	Budget	Positive/ (Negative)	Prior Year
08/31/24	08/31/24	Variance	08/31/23		08/31/24	08/31/24	Variance	08/31/23
Discharges								
110	141	(31)	141	Acute	244	273	(29)	273
110	141	(31)	141	Total Adult Discharges	244	273	(29)	273
31	50	(19)	50	Newborn	72	87	(15)	87
141	191	(50)	191	Total Discharges	316	360	(44)	360
Patient Days:								
340	413	(73)	413	Acute	758	812	(54)	812
340	413	(73)	413	Total Adult Patient Days	758	812	(54)	812
50	81	(31)	81	Newborn	115	142	(27)	142
390	494	(104)	494	Total Patient Days	873	954	(81)	954
Average Length of Stay (ALOS)								
3.1	2.9	0.2	2.9	Acute	3.1	3.0	0.1	3.0
3.1	2.9	0.2	2.9	Total Adult ALOS	3.1	3.0	0.1	3.0
1.6	1.6	(0.0)	1.6	Newborn ALOS	1.6	1.6	(0.0)	1.6
Average Daily Census (ADC)								
11.0	13.3	(2.4)	13.3	Acute	12.2	13.1	(0.9)	13.1
11.0	13.3	(2.4)	13.3	Total Adult ADC	12.2	13.1	(0.9)	13.1
1.6	2.6	(1.0)	2.6	Newborn	1.9	2.3	(0.4)	2.3
Emergency Room Statistics								
120	132	(12)	132	ER Visits - Admitted	253	267	(14)	267
1,342	1,169	173	1,169	ER Visits - Discharged	2,766	2,442	324	2,442
1,462	1,301	161	1,301	Total ER Visits	3,019	2,709	310	2,709
8.21%	10.15%		10.15%	% of ER Visits Admitted	8.38%	9.86%		9.86%
109.09%	93.62%		93.62%	ER Admissions as a % of Total	103.69%	97.80%		97.80%
Outpatient Statistics:								
8,402	8,506	(104)	8,506	Total Outpatients Visits	17,065	16,041	1,024	16,041
139	127	12	127	Observation Bed Days	300	242	58	242
5,911	6,243	(332)	6,243	Clinic Visits - Primary Care	11,867	11,306	561	11,306
607	578	29	578	Clinic Visits - Specialty Clinics	1,217	1,138	79	1,138
63	53	10	53	IP Surgeries	132	98	34	98
135	109	26	109	OP Surgeries	269	213	56	213
Productivity Statistics:								
494.22	521.15	(26.93)	452.36	FTE's - Worked	487.94	521.15	(33.21)	447.10
538.64	571.09	(32.45)	500.56	FTE's - Paid	537.49	571.09	(33.60)	500.02
1.5800	1.0700	0.51	1.0700	Case Mix Index -Medicare	1.3850	1.4896	(0.10)	1.1100
1.1800	1.1600	0.02	1.1600	Case Mix Index - All payers	1.2400	0.6731	0.57	1.1800

## Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY

PAGE 12

08/31/24

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	66.69	64.59
Net Days in Accounts Receivable	58.61	55.47
Number of Gross Days in Unbilled Revenue	10.72	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	24.35%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.16%	1.00%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.09%	1.03%
Bad Debts as a % of Gross Patient Revenue - Current Month	7.04%	6.00%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	8.95%	6.16%
Collections as a Percentage of Net Revenue - Current Month	90.25%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	43.47%	100% or >
Percentage of Blue Cross Receivable > 90 Days	6.63%	< 10%
Percentage of Insurance Receivable > 90 Days	29.25%	< 15%
Percentage of Medicaid Receivable > 90 Days	34.07%	< 20%
Percentage of Medicare Receivable > 60 Days	41.06%	< 6%



## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Two months ending August 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	%
<b>Gross Patient Revenue</b>	<b>(738,192)</b>	<b>-3.09%</b>	<b>2,070,823</b>	<b>4.45%</b>
Gross patient revenue is under budget for the month and over budget year to date. Patient statistics were over budget in all areas in August Average Daily Census is 11.0 in August which is under budget by 2.4				
<b>Deductions from Revenue</b>	<b>613,530</b>	<b>4.85%</b>	<b>(853,928)</b>	<b>-3.46%</b>
Deductions from revenue are over budget for August and over budget year to date. They are currently booked at 51.9% for August and 52.5% 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.				
<b>Bad Debt Expense</b>	<b>(196,607)</b>	<b>-13.71%</b>	<b>(1,486,209)</b>	<b>-51.81%</b>
Bad debt expense is booked at 7.0% for August and 9.0% year to date.				
<b>Charity Care</b>	<b>202,771</b>	<b>84.82%</b>	<b>434,458</b>	<b>90.87%</b>
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.				
<b>Other Operating Revenue</b>	<b>(51,238)</b>	<b>-35.97%</b>	<b>115,774</b>	<b>37.18%</b>
Other Operating Revenue is under budget and over budget for the year.				
<b>Salaries and Wages</b>	<b>(26,621)</b>	<b>-0.57%</b>	<b>400,084</b>	<b>4.34%</b>
Salary and Wages are over budget in August and are under budget year to date. Paid FTEs are under budget by 32.45 FTEs for the month and under 33.6 FTEs year to date.				
<b>Fringe Benefits</b>	<b>(222,042)</b>	<b>-15.15%</b>	<b>(106,376)</b>	<b>-3.98%</b>
Fringe benefits are over budget in August and over budget year to date.				
<b>Contract Labor</b>	<b>(127,756)</b>	<b>-34.18%</b>	<b>(162,910)</b>	<b>-21.79%</b>
Contract labor is over budget for August and over budget year to date. OR, L&D, ER, and X-ray are over budget for the month.				

## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Two months ending August 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	%
<b>Physician Fees</b>	20,917	5.31%	(5,484)	-0.68%
Physician fees under budget in August and over budget year to date. Hospitalist, Locums and Sleep Lab are over budget in August.				
<b>Purchased Services</b>	97,187	11.83%	201,116	13.06%
Purchased services are under budget for August and under budget year to date. Expenses over budget are consulting, advertising, collection agency and department mgmt service				
<b>Supply Expense</b>	93,987	9.92%	64,681	3.51%
Supplies are under budget for August and under budget year to date. Line items over budget include lab supplies, other med/surg supplies, food and other non med supplies.				
<b>Repairs &amp; Maintenance</b>	5,839	1.29%	104,845	11.71%
Repairs and Maintenance are under budget for August and under budget year to date.				
<b>All Other Operating Expenses</b>	(26,118)	-10.25%	(35,396)	-6.37%
This expense is over budget in August and over budget year to date. Other expenses over budget are license & taxes, freight, physician recruitment and pharmacy floor direct.				
<b>Leases and Rentals</b>	(15,298)	-41.92%	(12,242)	-16.73%
This expense is over budget for August and is over budget year to date				
<b>Depreciation and Amortization</b>	(11,433)	-1.29%	(6,471)	-0.36%
Depreciation is over budget for August and is over budget year to date				
<b>BALANCE SHEET</b>				
<b>Cash and Cash Equivalents</b>	(2,001,170)	-15.30%		
Cash decreased in August. Cash collections for August were \$11.1 million. Days Cash on Hand decreased to 100 days.				
<b>Gross Patient Accounts Receivable</b>	(791,585)	-1.52%		
This receivable decreased in August due to higher collections.				

PAGE 14



## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Two months ending August 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	%
<b>Bad Debt and Allowance Reserves</b>	399,864	1.31%		
Bad Debt and Allowances decreased.				
<b>Other Receivables</b>	201,347	2.88%		
Other Receivables increased in August due to the QRA accrual and retention bonus' paid.				
<b>Prepaid Expenses</b>	(328,232)	-14.46%		
Prepaid expenses decreased due to the normal activity in this account.				
<b>Limited Use Assets</b>	220,540	0.94%		
These assets increased due to debt service fund accrual.				
<b>Plant Property and Equipment</b>	684,466	0.93%		
The increase in these assets is due to the the normal increase in accumulated depreciation.				
<b>Accounts Payable</b>	1,178,696	17.44%		
This liability decreased due to the normal activity in this account.				
<b>Accrued Payroll</b>	1,150,469	44.29%		
This liability decreased in August. The payroll accrual for August was 6 days.				
<b>Accrued Benefits</b>	(66,996)			
This liability increased in August with the normal accrual and usage of PTO.				
<b>Other Current Liabilities</b>	(185,523)	-10.59%		
This liability increased for August due to the accrual on the bonds				
<b>Other Long Term Liabilities</b>	(782,647)	-7.50%		
This liability increased with addition of a new lease				
<b>Total Net Assets</b>	370,822	0.26%		
The net loss from operations for August is \$249,791				

PAGE 15



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

PROVIDER CLINICS

**Unaudited Financial Statements**

**for**

**Two months ending August 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	PAGE 1
ROCK SPRINGS, WY	
Two months ending August 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**  
**Two months ending August 31, 2024**

**PAGE 2**

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

	Month to Date 8/31/2024	Year to Date 8/31/2024	Prior Fiscal Year End 06/30/24	MGMA Hospital Owned Rural
<b>Profitability:</b>				
Operating Margin	-24.78%	-22.43%	-23.84%	-36.58%
Total Profit Margin	-24.78%	-22.43%	-23.84%	-36.58%
Contractual Allowance %	43.67%	44.17%	44.34%	
<b>Liquidity:</b>				
Net Days in Accounts Receivable	38.83	40.66	42.14	39.58
Gross Days in Accounts Receivable	36.46	36.82	36.55	72.82
<b>Productivity and Efficiency:</b>				
Patient Visits Per Day	190.68	191.40	198.57	
Total Net Revenue per FTE	N/A	\$198,544	\$206,194	
Salary Expense per Paid FTE	N/A	\$160,413	\$176,010	
Salary and Benefits as a % of Net Revenue	104.00%	98.86%	103.17%	91.26%
Employee Benefits %	25.83%	22.36%	20.86%	6.10%

# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 3

ROCK SPRINGS, WY

Two months ending August 31, 2024

	CURRENT MONTH				Prior Year 08/31/23
	Actual 08/31/24	Budget 08/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	3,030,522	2,943,557	86,965	2.95%	2,624,096
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	3,030,522	2,943,557	86,965	2.95%	2,624,096
Deductions From Revenue					
Discounts and Allowances	(1,323,509)	(1,263,112)	(60,397)	-4.78%	(1,132,244)
Total Deductions From Revenue	(1,323,509)	(1,263,112)	(60,397)	-4.78%	(1,132,244)
Net Patient Revenue	1,707,013	1,680,445	26,568	1.58%	1,491,852
Other Operating Revenue	44,317	41,485	2,832	6.83%	56,677
Total Operating Revenue	1,751,330	1,721,930	29,400	1.71%	1,548,529
Operating Expenses					
Salaries and Wages	1,447,522	1,472,138	24,616	1.67%	1,189,449
Fringe Benefits	373,923	234,803	(139,120)	-59.25%	211,574
Contract Labor	0	0	0	0.00%	0
Physicians Fees	142,605	219,283	76,679	34.97%	124,955
Purchased Services	3,262	3,430	167	4.88%	11,119
Supply Expense	34,125	24,750	(9,375)	-37.88%	20,843
Utilities	1,723	1,159	(564)	-48.71%	946
Repairs and Maintenance	6,285	6,219	(66)	-1.07%	3,298
Insurance Expense	31,297	30,615	(682)	-2.23%	20,205
All Other Operating Expenses	134,426	123,398	(11,028)	-8.94%	97,070
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,716	4,821	1,105	22.93%	2,865
Depreciation and Amortization	6,485	4,626	(1,859)	-40.20%	7,097
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	2,185,370	2,125,242	(60,128)	-2.83%	1,689,421
Net Operating Surplus/(Loss)	(434,039)	(403,312)	(30,728)	7.62%	(140,892)
Total Net Surplus/(Loss)	(434,039)	(403,312)	(30,728)	7.62%	(140,892)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(434,039)	(403,312)	(30,728)	7.62%	(140,892)
Operating Margin	-24.78%	-23.42%			-9.10%
Total Profit Margin	-24.78%	-23.42%			-9.10%
EBIDA	-24.41%	-23.15%			-8.64%



# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 4

ROCK SPRINGS, WY

Two months ending August 31, 2024

	YEAR-TO-DATE				Prior Year 08/31/23
	Actual 08/31/24	Budget 08/31/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	5,996,357	5,724,782	271,575	4.74%	5,025,267
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	5,996,357	5,724,782	271,575	4.74%	5,025,267
Deductions From Revenue					
Discounts and Allowances	(2,648,657)	(2,500,084)	(148,573)	-5.94%	(2,222,231)
Total Deductions From Revenue	(2,648,657)	(2,500,084)	(148,573)	-5.94%	(2,222,231)
Net Patient Revenue	3,347,700	3,224,698	123,002	3.81%	2,803,036
Other Operating Revenue	85,196	82,970	2,226	2.68%	103,107
Total Operating Revenue	3,432,896	3,307,668	125,228	3.79%	2,906,143
Operating Expenses					
Salaries and Wages	2,773,592	2,966,697	193,105	6.51%	2,415,831
Fringe Benefits	620,214	498,465	(121,749)	-24.42%	427,844
Contract Labor	0	0	0	0.00%	0
Physicians Fees	322,459	438,567	116,108	26.47%	255,822
Purchased Services	4,649	6,860	2,211	32.23%	13,920
Supply Expense	54,547	51,278	(3,269)	-6.37%	37,984
Utilities	2,571	2,318	(253)	-10.92%	1,892
Repairs and Maintenance	19,681	12,437	(7,244)	-58.24%	6,511
Insurance Expense	62,595	61,230	(1,365)	-2.23%	40,409
All Other Operating Expenses	321,903	318,521	(3,382)	-1.06%	270,771
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	7,787	9,641	1,854	19.23%	8,619
Depreciation and Amortization	12,777	9,251	(3,526)	-38.11%	15,068
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	4,202,774	4,375,264	172,490	3.94%	3,494,672
Net Operating Surplus/(Loss)	(769,878)	(1,067,596)	297,718	-27.89%	(588,528)
Total Net Surplus/(Loss)	(769,878)	(1,067,596)	\$297,718	-27.89%	(\$588,528)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(769,878)	(1,067,596)	\$297,718	-27.89%	(\$588,528)
Operating Margin	-22.43%	-32.28%			-20.25%
Total Profit Margin	-22.43%	-32.28%			-20.25%
EBIDA	-22.05%	-32.00%			-19.73%



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

**PAGE 5**

	Actual 8/31/2024	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024	Actual 4/30/2024
Gross Patient Revenue					
Clinic Revenue	\$3,030,522	\$2,965,835	\$3,098,260	\$3,244,931	\$3,031,288
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$3,030,522	\$2,965,835	\$3,098,260	\$3,244,931	\$3,031,288
Deductions From Revenue					
Discounts and Allowances	(\$1,323,509)	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)
Total Deductions From Revenue	(\$1,323,509)	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)	(\$1,305,169)
Net Patient Revenue	\$1,707,013	\$1,640,687	\$1,851,177	\$1,647,998	\$1,726,120
Other Operating Revenue	\$44,317	\$40,879	\$41,325	\$48,843	\$37,502
Total Operating Revenue	1,751,330	1,681,566	1,892,502	1,696,841	1,763,622
Operating Expenses					
Salaries and Wages	\$1,447,522	\$1,326,070	\$1,487,393	\$1,445,111	\$1,402,323
Fringe Benefits	\$373,923	\$246,291	\$379,342	\$326,956	\$402,575
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$142,605	\$179,854	\$183,150	\$110,473	\$95,316
Purchased Services	\$3,262	\$1,386	\$818	\$7,543	\$8,021
Supply Expense	\$34,125	\$20,422	\$25,558	\$40,409	\$15,937
Utilities	\$1,723	\$848	\$1,754	\$815	\$888
Repairs and Maintenance	\$6,285	\$13,396	\$19,503	\$4,634	\$4,634
Insurance Expense	\$31,297	\$31,297	\$31,297	\$22,391	\$22,391
All Other Operating Expenses	\$134,426	\$187,477	\$143,924	\$143,679	\$74,051
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$3,716	\$4,072	\$4,322	\$4,400	\$3,072
Depreciation and Amortization	\$6,485	\$6,292	\$6,547	\$6,372	\$6,673
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$2,185,370	\$2,017,404	\$2,283,608	\$2,112,782	\$2,035,880
<b>Net Operating Surplus/(Loss)</b>	<b>(\$434,039)</b>	<b>(\$335,839)</b>	<b>(\$391,106)</b>	<b>(\$415,941)</b>	<b>(\$272,258)</b>
<b>Total Net Surplus/(Loss)</b>	<b>(\$434,039)</b>	<b>(\$335,839)</b>	<b>(\$391,106)</b>	<b>(\$415,941)</b>	<b>(\$272,258)</b>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
<b>Increase/(Decrease in Unrestricted Net Assets)</b>	<b>(\$434,039)</b>	<b>(\$335,839)</b>	<b>(\$391,106)</b>	<b>(\$415,941)</b>	<b>(\$272,258)</b>
Operating Margin	-24.78%	-19.97%	-20.67%	-24.51%	-15.44%
Total Profit Margin	-24.78%	-19.97%	-20.67%	-24.51%	-15.44%
EBIDA	-24.41%	-19.60%	-20.32%	-24.14%	-15.06%

Actual 3/31/2024	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
\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096	\$2,401,171
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096	\$2,401,171
(\$1,437,969)	(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)	(\$1,089,987)
(\$1,437,969)	(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)	(\$1,089,987)
\$1,814,659	\$1,901,467	\$1,254,080	\$1,439,988	\$1,465,429	\$1,433,629	\$1,491,852	\$1,311,184
\$44,208	\$40,957	\$39,646	\$44,519	\$40,763	\$40,709	\$56,677	\$46,430
1,858,867	1,942,425	1,293,727	1,484,508	1,506,193	1,474,338	1,548,529	1,357,614
\$1,417,161	\$1,401,458	\$1,401,351	\$1,379,054	\$1,406,800	\$1,268,262	\$1,189,449	\$1,226,382
\$352,833	\$344,600	\$265,866	\$246,824	\$253,428	\$191,356	\$211,574	\$216,269
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$184,805	\$142,870	\$104,507	\$141,747	\$122,560	\$48,223	\$124,955	\$130,867
\$4,886	\$4,971	\$3,976	\$6,143	\$8,953	\$7,449	\$11,119	\$2,801
\$20,431	\$35,784	\$18,050	\$22,062	\$25,675	\$32,976	\$20,843	\$17,142
\$890	\$1,016	\$957	\$957	\$954	\$1,866	\$946	\$946
\$2,942	\$3,991	\$6,565	\$8,071	\$3,411	\$7,881	\$3,298	\$3,213
\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$20,205	\$20,205
\$126,422	\$103,364	\$122,279	\$94,799	\$172,653	\$153,968	\$97,070	\$173,700
\$5,937	\$4,426	\$3,528	\$4,556	\$4,912	\$3,828	\$2,865	\$5,754
\$6,773	\$7,332	\$6,757	\$6,757	\$6,757	\$6,791	\$7,097	\$7,971
\$2,145,470	\$2,072,203	\$1,956,227	\$1,933,361	\$2,028,495	\$1,744,991	\$1,689,421	\$1,805,250
(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)
(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)
0	0	0	0	0	0	0	0
(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)	(\$447,637)
-15.42%	-6.68%	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%	-32.97%
-15.42%	-6.68%	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%	-32.97%
-15.05%	-6.30%	-50.69%	-29.78%	-34.23%	-17.90%	-8.64%	-32.39%



Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 7

ROCK SPRINGS, WY

Two months ending August 31, 2024

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior Year		Actual	Budget	Positive/ (Negative)	Prior Year
08/31/24	08/31/24	Variance	08/31/23		08/31/24	08/31/24	Variance	08/31/23
Outpatient Statistics:								
5,911	6,243	(332)	6,243	Clinic Visits - Primary Care	11,867	11,306	561	11,306
607	578	29	578	Clinic Visits - Specialty Clinics	1,217	1,138	79	1,138
Productivity Statistics:								
93.50	97.78	(4.28)	67.63	FTE's - Worked	90.34	97.78	(7.44)	65.39
103.31	107.45	(4.14)	77.19	FTE's - Paid	101.79	107.45	(5.66)	76.66

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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	815	11,368,928.13
CAPITAL EQUIPMENT (PLANT FUND)	8	101,300.63
CONSTRUCTION IN PROGRESS (BUILDING FUND)	5	416,356.68
PAYROLL AUGUST 1, 2023		1,910,682.06
PAYROLL AUGUST 15, 2023		1,927,763.97
PAYROLL AUGUST 29, 2023		1,925,690.06
TOTAL CASH OUTFLOW		<u>\$11,886,585.44</u>
CASH COLLECTIONS		\$11,190,286.31
INCREASE/DECREASE IN CASH		-\$696,299.13

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

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

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



**PLANT FUND CASH DISBURSEMENTS  
FISCAL YEAR 2025**

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

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

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

Amount	Description
64,768.00	<b>Advertising Total</b>
16,151.72	<b>Blood Total</b>
3,500.00	<b>Building Lease Total</b>
277,899.19	<b>Café Management Total</b>
6,339.54	<b>Cellular Telephone Total</b>
46,027.93	<b>Collection Agency Total</b>
7,229.95	<b>Computer Equipment Total</b>
26,391.46	<b>Consulting Fees Total</b>
408,235.04	<b>Contract Maintenance Total</b>
535,467.50	<b>Contract Personnel Total</b>
399.96	<b>Courier Services Total</b>
5,562.24	<b>Credit Card Payment Total</b>
29,563.31	<b>Dental Insurance Total</b>
15,565.21	<b>Dialysis Supplies Total</b>
4,953.01	<b>Education &amp; Travel Total</b>
36,117.46	<b>Employee Recruitment Total</b>
7,163.24	<b>Employee Vision Plan Total</b>
226,442.47	<b>Equipment Lease Total</b>
10,952.75	<b>Food Total</b>
13,225.42	<b>Freight Total</b>
569.02	<b>Fuel Total</b>
3,934.65	<b>Garbage Collection Total</b>
1,091,708.39	<b>Group Health Total</b>
4,219.00	<b>Guest Relation Total</b>
605,143.49	<b>Hospital Supplies Total</b>
54,688.06	<b>Implant Supplies Total</b>
112.20	<b>Instruments Total</b>
63,456.99	<b>Insurance Premiums Total</b>
296,524.71	<b>Insurance Refund Total</b>
93,004.34	<b>Laboratory Services Total</b>
110,513.55	<b>Laboratory Supplies Total</b>
8,597.11	<b>Laundry Supplies Total</b>
36,311.25	<b>Legal Fees Total</b>
37,909.48	<b>License &amp; Taxes Total</b>
1,279.44	<b>Linen Total</b>
9,300.00	<b>Lithotripsy Services Total</b>
41,503.68	<b>Maintenance &amp; Repair Total</b>
23,543.61	<b>Maintenance Supplies Total</b>
2,336.25	<b>Marketing &amp; Promotional Supplies Total</b>
6,795.00	<b>Membership Dues Total</b>
1,394.01	<b>MHSC Foundation Total</b>
4,432.06	<b>Minor Equipment Total</b>
647.00	<b>Monthly Pest Control Total</b>
8,566.94	<b>Non Medical Supplies Total</b>
14,734.40	<b>Office Supplies Total</b>
12,124.50	<b>Other Employee Benefits Total</b>
1,190.00	<b>Other Purchased Services Total</b>



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

[illegible]



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

Check Number	Date	Vendor Check Name	Amount	Description
200623	8/1/2024	BRIDGER VALLEY PIONEER	520.00	Advertising
200661	8/1/2024	KEMMERER GAZETTE	735.00	Advertising
200662	8/1/2024	LAMAR ADVERTISING	437.00	Advertising
200684	8/1/2024	PILOT BUTTE BROADCASTING	650.00	Advertising
200802	8/7/2024	ROCKET MINER	203.07	Advertising
200804	8/7/2024	ROYAL FLUSH ADVERTISING	1,227.50	Advertising
200805	8/7/2024	SCORPION HEALTHCARE LLC	8,639.00	Advertising
200811	8/7/2024	THE RADIO NETWORK	2,900.00	Advertising
201023	8/15/2024	ARVIG MEDIA	2,463.18	Advertising
201073	8/15/2024	LAMAR ADVERTISING	1,350.00	Advertising
201117	8/15/2024	THE RADIO NETWORK	2,916.65	Advertising
201201	8/22/2024	KEMMERER GAZETTE	1,050.00	Advertising
201224	8/22/2024	PINEDALE ROUNDUP	1,750.00	Advertising
201238	8/22/2024	SARATOGA SUN	374.40	Advertising
201239	8/22/2024	SCORPION HEALTHCARE LLC	2,849.00	Advertising
201273	8/22/2024	WYOMING NEWS SOURCE LLC	800.00	Advertising
201331	8/29/2024	LAMAR ADVERTISING	450.00	Advertising
201362	8/29/2024	TRUE NORTH CUSTOM PUBLISHING	35,173.20	Advertising
EFT000000008776	8/7/2024	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
200818	8/7/2024	VITALANT	11,889.74	Blood
201265	8/22/2024	VITALANT	4,261.98	Blood
201168	8/22/2024	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
200728	8/1/2024	UNIDINE CORPORATION	121,033.48	Café Management
201120	8/15/2024	UNIDINE CORPORATION	31,432.71	Café Management
201364	8/29/2024	UNIDINE CORPORATION	125,433.00	Café Management
200720	8/1/2024	VERIZON WIRELESS, LLC	3,587.73	Cellular Telephone
201370	8/29/2024	VERIZON WIRELESS, LLC	2,751.81	Cellular Telephone
200755	8/7/2024	COLLECTION PROFESSIONALS, INC.	177.00	Collection Agency
201045	8/15/2024	EXPRESS RECOVERY SERVICES	30,154.01	Collection Agency
201124	8/15/2024	WAKEFIELD & ASSOCIATES, INC.	15,696.92	Collection Agency
200626	8/1/2024	CDW GOVERNMENT LLC	320.37	Computer Equipment
200750	8/7/2024	CDW GOVERNMENT LLC	147.28	Computer Equipment
201037	8/15/2024	CDW GOVERNMENT LLC	3,157.50	Computer Equipment
201157	8/22/2024	CDW GOVERNMENT LLC	3,604.80	Computer Equipment
201294	8/29/2024	GALLAGHER BENEFIT SERVICES, INC.	26,391.46	Consulting Fees
200631	8/1/2024	CONSUMER FUSION INC.	5,175.00	Contract Maintenance
200649	8/1/2024	HEALTHCARESOURCE HR, INC.	10,378.22	Contract Maintenance
200683	8/1/2024	PHILIPS HEALTHCARE	298.34	Contract Maintenance
200691	8/1/2024	RL DATIX	421.00	Contract Maintenance
200693	8/1/2024	SIEMENS MEDICAL SOLUTIONS USA	2,059.28	Contract Maintenance
200717	8/1/2024	VANDERBILT	787.50	Contract Maintenance
200718	8/1/2024	VELOCITYEHS	10,604.51	Contract Maintenance
200751	8/7/2024	CSG, LLC	1,616.06	Contract Maintenance
200753	8/7/2024	CLOUDLI COMMUNICATIONS INC.	65.97	Contract Maintenance
200764	8/7/2024	GE HEALTHCARE	1,111.61	Contract Maintenance
200769	8/7/2024	HEALTHCARESOURCE HR, INC.	603.31	Contract Maintenance
200772	8/7/2024	HOLOGIC, INC.	824.50	Contract Maintenance
200775	8/7/2024	ISI WATER CHEMISTRIES	2,679.90	Contract Maintenance
200789	8/7/2024	NETDAIS	875.00	Contract Maintenance
200791	8/7/2024	ORACLE AMERICA, INC.	4,709.93	Contract Maintenance
200796	8/7/2024	PROVIDER RESOURCES, INC.	594.00	Contract Maintenance
200801	8/7/2024	REVIEWTUBE INC.	12,000.00	Contract Maintenance
200820	8/7/2024	WYODATA SECURITY INC.	1,935.00	Contract Maintenance



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201052	8/15/2024	FRONT RANGE MOBILE IMAGING, INC.	11,838.00	Contract Maintenance
201053	8/15/2024	GE HEALTHCARE	22,781.16	Contract Maintenance
201056	8/15/2024	GREENSHADES SOFTWARE	393.86	Contract Maintenance
201062	8/15/2024	INOVALON PROVIDER INC.	995.70	Contract Maintenance
201076	8/15/2024	LINKSQUARES INC.	19,768.00	Contract Maintenance
201094	8/15/2024	PROVIDER RESOURCES, INC.	594.00	Contract Maintenance
201100	8/15/2024	SIEMENS MEDICAL SOLUTIONS USA	8,965.33	Contract Maintenance
201116	8/15/2024	NRC HEALTH	895.00	Contract Maintenance
201122	8/15/2024	VANDERBILT	787.50	Contract Maintenance
201133	8/19/2024	MEDIALAB SOLUTIONS LLC	4,146.00	Contract Maintenance
201163	8/22/2024	COMPUNET, INC.	30,224.28	Contract Maintenance
201174	8/22/2024	ENERGY LABORATORIES INC.	258.00	Contract Maintenance
201187	8/22/2024	HEALTHCARESOURCE HR, INC.	3,360.00	Contract Maintenance
201191	8/22/2024	HOLOGIC, INC.	58,048.11	Contract Maintenance
201217	8/22/2024	ORACLE AMERICA, INC.	44,187.20	Contract Maintenance
201228	8/22/2024	QUADRAMED	17,750.00	Contract Maintenance
201232	8/22/2024	RL DATIX	1,575.00	Contract Maintenance
201236	8/22/2024	SAMSUNG MEDICAL IMAGING	1,100.00	Contract Maintenance
201242	8/22/2024	SIEMENS MEDICAL SOLUTIONS USA	3,776.57	Contract Maintenance
201270	8/22/2024	WYODATA SECURITY INC.	1,865.00	Contract Maintenance
201300	8/29/2024	BISCOM	1,927.44	Contract Maintenance
201309	8/29/2024	CONSUMER FUSION INC.	5,175.00	Contract Maintenance
201320	8/29/2024	GE HEALTHCARE	8,461.61	Contract Maintenance
201324	8/29/2024	HARMONY HEALTHCARE IT	7,727.00	Contract Maintenance
201328	8/29/2024	ISI WATER CHEMISTRIES	2,679.90	Contract Maintenance
201341	8/29/2024	ORACLE AMERICA, INC.	2,543.98	Contract Maintenance
201344	8/29/2024	PHILIPS HEALTHCARE	298.34	Contract Maintenance
201345	8/29/2024	PROVIDER RESOURCES, INC.	594.00	Contract Maintenance
201363	8/29/2024	UL VERIFICATION SERVICES INC	16,657.00	Contract Maintenance
201365	8/29/2024	UNITED AUDIT SYSTEMS, INC.	12,565.00	Contract Maintenance
EFT000000008770	8/1/2024	UP TO DATE	31,175.03	Contract Maintenance
EFT000000008784	8/15/2024	STATE FIRE DC SPECIALTIES	2,261.42	Contract Maintenance
EFT000000008793	8/22/2024	STATE FIRE DC SPECIALTIES	9,061.54	Contract Maintenance
EFT000000008794	8/22/2024	UP TO DATE	10,263.00	Contract Maintenance
W/T	8/20/2024	TRIZETTO FEE	247.68	Contract Maintenance
W/T	8/7/2024	ZENITH	420.42	Contract Maintenance
W/T	8/20/2024	TRIZETTO FEE	6,128.84	Contract Maintenance
200644	8/1/2024	FOCUSONE SOLUTIONS LLC	125,433.50	Contract Personnel
200762	8/7/2024	FOCUSONE SOLUTIONS LLC	111,347.00	Contract Personnel
201049	8/15/2024	FOCUSONE SOLUTIONS LLC	99,062.75	Contract Personnel
201099	8/15/2024	SARAH ROTH	720.00	Contract Personnel
201179	8/22/2024	FOCUSONE SOLUTIONS LLC	108,332.50	Contract Personnel
201237	8/22/2024	SARAH ROTH	360.00	Contract Personnel
201318	8/29/2024	FOCUSONE SOLUTIONS LLC	90,211.75	Contract Personnel
201219	8/22/2024	PACKAGERUNNER LOGISTICS LLC	399.96	Courier Services
W/T	8/28/2024	UMB BANK	5,562.24	Credit Card Payment
201042	8/15/2024	DELTA DENTAL	29,563.31	Dental Insurance
200650	8/1/2024	HENRY SCHEIN INC	76.30	Dialysis Supplies
200763	8/7/2024	FRESENIUS USA MARKETING, INC.	2,493.35	Dialysis Supplies
200770	8/7/2024	HENRY SCHEIN INC	468.27	Dialysis Supplies
201051	8/15/2024	FRESENIUS USA MARKETING, INC.	860.20	Dialysis Supplies
201059	8/15/2024	HENRY SCHEIN INC	277.45	Dialysis Supplies
201180	8/22/2024	FRESENIUS USA MARKETING, INC.	6,667.05	Dialysis Supplies
201188	8/22/2024	HENRY SCHEIN INC	63.82	Dialysis Supplies



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201319	8/29/2024	FRESENIUS USA MARKETING, INC.	3,336.52	Dialysis Supplies
201325	8/29/2024	HENRY SCHEIN INC	1,322.25	Dialysis Supplies
200725	8/1/2024	WYOMING HOSPITAL ASSOCIATION	250.00	Education & Travel
200822	8/7/2024	WYOMING HOSPITAL ASSOCIATION	1,250.00	Education & Travel
201077	8/15/2024	MAMMOGRAPHY EDUCATORS	3,178.01	Education & Travel
201291	8/29/2024	AACVPR	275.00	Education & Travel
200699	8/1/2024	STATE OF WYOMING	140.00	Employee Recruitment
200746	8/7/2024	BRITTANY WERKELE	5,000.00	Employee Recruitment
200771	8/7/2024	HOLIDAY INN - ROCK SPRINGS	713.00	Employee Recruitment
201063	8/15/2024	INSIGHT SCREENING LLC	1,535.80	Employee Recruitment
201104	8/15/2024	STATE OF WYOMING	200.00	Employee Recruitment
201272	8/22/2024	WYOMING DEPT OF HEALTH	224.00	Employee Recruitment
201290	8/29/2024	ALTITUDE ANALYSIS	2,665.00	Employee Recruitment
201326	8/29/2024	HOLIDAY INN - ROCK SPRINGS	2,039.66	Employee Recruitment
201342	8/29/2024	PAIGE HUTTON	5,000.00	Employee Recruitment
EFT00000008789	8/22/2024	CASE RECRUITERS, INC.	18,600.00	Employee Recruitment
200721	8/1/2024	VISION SERVICE PLAN - WY	7,163.24	Employee Vision Plan
200625	8/1/2024	CAREFUSION SOLUTIONS, LLC	20,990.00	Equipment Lease
200645	8/1/2024	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
200679	8/1/2024	NEWLANE FINANCE COMPANY	84.58	Equipment Lease
200694	8/1/2024	SIEMENS FINANCIAL SERVICES, INC	16,124.17	Equipment Lease
200816	8/7/2024	US BANK EQUIPMENT FINANCE	1,185.57	Equipment Lease
201054	8/15/2024	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
201088	8/15/2024	NEWLANE FINANCE COMPANY	54.99	Equipment Lease
201121	8/15/2024	US BANK EQUIPMENT FINANCE	754.64	Equipment Lease
201155	8/22/2024	CAREFUSION SOLUTIONS, LLC	20,990.00	Equipment Lease
201165	8/22/2024	COPIER & SUPPLY COMPANY	9,334.58	Equipment Lease
201181	8/22/2024	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
201208	8/22/2024	MAKO SURGICAL CORP	30,400.00	Equipment Lease
201243	8/22/2024	SIEMENS FINANCIAL SERVICES, INC	21,408.03	Equipment Lease
201260	8/22/2024	US BANK EQUIPMENT FINANCE	971.10	Equipment Lease
201351	8/29/2024	SHADOW MOUNTAIN WATER CO, WY	1,429.27	Equipment Lease
201368	8/29/2024	US BANK EQUIPMENT FINANCE	913.36	Equipment Lease
200640	8/1/2024	F B MCFADDEN WHOLESAL	1,141.60	Food
200760	8/7/2024	F B MCFADDEN WHOLESAL	2,663.60	Food
201046	8/15/2024	F B MCFADDEN WHOLESAL	3,317.10	Food
201176	8/22/2024	F B MCFADDEN WHOLESAL	1,689.60	Food
201316	8/29/2024	F B MCFADDEN WHOLESAL	2,140.85	Food
200641	8/1/2024	FED EX	250.41	Freight
200713	8/1/2024	TRIOSE, INC	1,317.94	Freight
201047	8/15/2024	FED EX	19.77	Freight
201119	8/15/2024	TRIOSE, INC	4,317.29	Freight
201177	8/22/2024	FED EX	734.86	Freight
201258	8/22/2024	TRIOSE, INC	1,383.50	Freight
201259	8/22/2024	UPS STORE	4,951.95	Freight
201359	8/29/2024	T FORCE FREIGHT	249.70	Freight
200799	8/7/2024	BAILEY ENTERPRISES	569.02	Fuel
201113	8/15/2024	SWEETWATER COUNTY SOLID WASTE	20.00	Garbage Collection
EFT00000008779	8/7/2024	WWS - ROCK SPRINGS	3,914.65	Garbage Collection
W/T	8/21/2024	FURTHER ADMIN FEE	338.00	Group Health
W/T	8/15/2024	FURTHER FLEX 8/14/24	2,962.59	Group Health
W/T	8/1/2024	FURTHER FLEX 7/31/24	3,197.80	Group Health
W/T	8/29/2024	FURTHER FLEX 8/28/24	4,596.79	Group Health
W/T	8/22/2024	FURTHER FLEX 8/21/24	6,243.40	Group Health



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

W/T	8/23/2024	BLUE CROSS BLUE SHIELD 8/16/24	169,721.35	Group Health
W/T	8/16/2024	BLUE CROSS BLUE SHIELD 8/9/24	189,870.54	Group Health
W/T	8/30/2024	BLUE CROSS BLUE SHIELD 8/23/24	206,823.29	Group Health
W/T	8/2/2024	BLUE CROSS BLUE SHIELD 7/26/24	249,758.29	Group Health
W/T	8/9/2024	BLUE CROSS BLUE SHIELD 8/2/24	258,196.34	Group Health
200678	8/1/2024	GUEST RELATION	4,219.00	Guest Relation
200613	8/1/2024	APPLIED MEDICAL	264.00	Hospital Supplies
200615	8/1/2024	ASPEN MOUNTAIN MEDICAL CENTER LLC	64.51	Hospital Supplies
200616	8/1/2024	BARD MEDICAL	5,962.22	Hospital Supplies
200619	8/1/2024	BIONIX RADIATION THERAPY	193.08	Hospital Supplies
200621	8/1/2024	BOSTON SCIENTIFIC CORP	4,901.42	Hospital Supplies
200624	8/1/2024	CARDINAL HEALTH/V. MUELLER	81,275.69	Hospital Supplies
200632	8/1/2024	COOK MEDICAL INCORPORATED	445.56	Hospital Supplies
200639	8/1/2024	DJ ORTHOPEDICS, LLC	251.68	Hospital Supplies
200655	8/1/2024	J & J HEALTH CARE SYSTEMS INC	4,280.79	Hospital Supplies
200660	8/1/2024	KCI USA	1,098.37	Hospital Supplies
200667	8/1/2024	MARKET LAB, INC	1,205.90	Hospital Supplies
200668	8/1/2024	MASIMO AMERICAS, INC.	2,160.00	Hospital Supplies
200669	8/1/2024	MEDELA LLC	123.60	Hospital Supplies
200670	8/1/2024	MEDLINE INDUSTRIES INC	82,030.85	Hospital Supplies
200671	8/1/2024	MEDTRONIC, USA	205.78	Hospital Supplies
200681	8/1/2024	OWENS & MINOR 90005430	132.85	Hospital Supplies
200701	8/1/2024	STERIS CORPORATION	56.40	Hospital Supplies
200704	8/1/2024	SUREMARK CO	336.00	Hospital Supplies
200707	8/1/2024	TECHNICAL SAFETY SERVICES, LLC	820.00	Hospital Supplies
200712	8/1/2024	TRI-ANIM HEALTH SERVICES INC	1,665.96	Hospital Supplies
200735	8/7/2024	ALLEN MEDICAL SYSTEMS INC	416.96	Hospital Supplies
200740	8/7/2024	ARTHREX INC.	4,824.30	Hospital Supplies
200742	8/7/2024	B BRAUN MEDICAL INC.	1,622.00	Hospital Supplies
200745	8/7/2024	BOSTON SCIENTIFIC CORP	553.92	Hospital Supplies
200747	8/7/2024	CARDINAL HEALTH/V. MUELLER	2,391.92	Hospital Supplies
200749	8/7/2024	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
200757	8/7/2024	CONE INSTRUMENTS	201.26	Hospital Supplies
200766	8/7/2024	GENERAL HOSPITAL SUPPLY CORPORATION	759.00	Hospital Supplies
200768	8/7/2024	HEALTHCARE LOGISTICS INC	297.20	Hospital Supplies
200776	8/7/2024	J & J HEALTH CARE SYSTEMS INC	3,350.36	Hospital Supplies
200782	8/7/2024	MEDLINE INDUSTRIES INC	5,570.81	Hospital Supplies
200790	8/7/2024	OLYMPUS AMERICA INC	966.20	Hospital Supplies
200793	8/7/2024	OWENS & MINOR 90005430	173.11	Hospital Supplies
200795	8/7/2024	PREFERRED MEDICAL PRODUCTS	225.84	Hospital Supplies
200800	8/7/2024	RESPIRONICS	410.00	Hospital Supplies
200803	8/7/2024	ABBOTT NUTRITION	166.20	Hospital Supplies
200807	8/7/2024	STERIS CORPORATION	2,430.60	Hospital Supplies
200813	8/7/2024	TRI-ANIM HEALTH SERVICES INC	268.58	Hospital Supplies
200817	8/7/2024	UTAH MEDICAL PRODUCTS INC	175.44	Hospital Supplies
201020	8/15/2024	AESCULAP INC	472.39	Hospital Supplies
201026	8/15/2024	BARD MEDICAL	1,653.19	Hospital Supplies
201028	8/15/2024	BELMONT MEDICAL TECHNOLOGIES	2,132.00	Hospital Supplies
201029	8/15/2024	BOSTON SCIENTIFIC CORP	1,185.81	Hospital Supplies
201034	8/15/2024	CARDINAL HEALTH/V. MUELLER	44,002.81	Hospital Supplies
201043	8/15/2024	DIAGNOSTIGA STAGO INC	880.88	Hospital Supplies
201058	8/15/2024	HEALTHCARE LOGISTICS INC	755.16	Hospital Supplies
201066	8/15/2024	J & J HEALTH CARE SYSTEMS INC	1,498.28	Hospital Supplies
201070	8/15/2024	KCI USA	775.32	Hospital Supplies



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201078	8/15/2024	MARKET LAB, INC	764.95	Hospital Supplies
201080	8/15/2024	MASIMO AMERICAS, INC.	880.00	Hospital Supplies
201081	8/15/2024	MCKESSON MEDICAL-SURGICAL	567.79	Hospital Supplies
201082	8/15/2024	MEDLINE INDUSTRIES INC	17,287.63	Hospital Supplies
201083	8/15/2024	MEDTRONIC, USA	1,360.00	Hospital Supplies
201105	8/15/2024	STERIS CORPORATION	2,098.22	Hospital Supplies
201108	8/15/2024	STRYKER MEDICAL	586.40	Hospital Supplies
201111	8/15/2024	SUREMARK CO	252.00	Hospital Supplies
201115	8/15/2024	TECHNICAL SAFETY SERVICES, LLC	6,506.50	Hospital Supplies
201123	8/15/2024	VERATHON INC.	251.22	Hospital Supplies
201125	8/15/2024	WAXIE SANITARY SUPPLY	707.86	Hospital Supplies
201142	8/22/2024	APPLIED MEDICAL	710.00	Hospital Supplies
201143	8/22/2024	ARGON MEDICAL	604.00	Hospital Supplies
201144	8/22/2024	ARTHREX INC.	4,587.00	Hospital Supplies
201145	8/22/2024	BARD MEDICAL	79.68	Hospital Supplies
201146	8/22/2024	B BRAUN MEDICAL INC.	3,876.27	Hospital Supplies
201149	8/22/2024	BOSTON SCIENTIFIC CORP	2,485.58	Hospital Supplies
201153	8/22/2024	CARDINAL HEALTH/V. MUELLER	117,082.53	Hospital Supplies
201159	8/22/2024	COASTAL LIFE SYSTEMS, INC.	1,092.43	Hospital Supplies
201164	8/22/2024	COOK MEDICAL INCORPORATED	797.16	Hospital Supplies
201167	8/22/2024	C R BARD INC	1,938.89	Hospital Supplies
201170	8/22/2024	DIAGNOSTIGA STAGO INC	211.68	Hospital Supplies
201172	8/22/2024	DJ ORTHOPEDICS, LLC	551.99	Hospital Supplies
201189	8/22/2024	HILL-ROM	3,496.95	Hospital Supplies
201193	8/22/2024	HULL ANESTHESIA INC	201.00	Hospital Supplies
201197	8/22/2024	J & J HEALTH CARE SYSTEMS INC	21,540.03	Hospital Supplies
201200	8/22/2024	KCI USA	2,375.70	Hospital Supplies
201209	8/22/2024	MASIMO AMERICAS, INC.	1,750.00	Hospital Supplies
201211	8/22/2024	MEDLINE INDUSTRIES INC	52,251.03	Hospital Supplies
201212	8/22/2024	MEDTRONIC USA INC	2,500.00	Hospital Supplies
201214	8/22/2024	MICROTEK MEDICAL INC.	224.35	Hospital Supplies
201231	8/22/2024	RADIOMETER AMERICA INC	6,369.09	Hospital Supplies
201234	8/22/2024	ABBOTT NUTRITION	253.15	Hospital Supplies
201247	8/22/2024	SMITHS MEDICAL ASD INC	389.70	Hospital Supplies
201250	8/22/2024	STERIS CORPORATION	122.82	Hospital Supplies
201257	8/22/2024	TRI-ANIM HEALTH SERVICES INC	1,715.16	Hospital Supplies
201263	8/22/2024	VERATHON INC.	686.09	Hospital Supplies
201286	8/29/2024	AESCULAP INC	211.28	Hospital Supplies
201293	8/29/2024	APPLIED MEDICAL	4,075.00	Hospital Supplies
201297	8/29/2024	BAXTER HEALTHCARE CORP/IV	3,088.80	Hospital Supplies
201298	8/29/2024	B BRAUN MEDICAL INC.	420.56	Hospital Supplies
201301	8/29/2024	BOSTON SCIENTIFIC CORP	10,785.38	Hospital Supplies
201302	8/29/2024	CARDINAL HEALTH/V. MUELLER	3,080.01	Hospital Supplies
201303	8/29/2024	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
201307	8/29/2024	CONMED CORPORATION	267.80	Hospital Supplies
201310	8/29/2024	COOK MEDICAL INCORPORATED	496.86	Hospital Supplies
201312	8/29/2024	C R BARD INC	215.09	Hospital Supplies
201315	8/29/2024	EXPAND-A-BAND, LLC	63.00	Hospital Supplies
201329	8/29/2024	J & J HEALTH CARE SYSTEMS INC	1,771.03	Hospital Supplies
201333	8/29/2024	MCKESSON MEDICAL-SURGICAL	356.97	Hospital Supplies
201334	8/29/2024	MEDELA LLC	99.70	Hospital Supplies
201335	8/29/2024	MEDLINE INDUSTRIES INC	31,663.92	Hospital Supplies
201336	8/29/2024	MEDTRONIC, USA	1,772.18	Hospital Supplies
201337	8/29/2024	MEDTRONIC USA INC	995.00	Hospital Supplies



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201347	8/29/2024	RADIOMETER AMERICA INC	1,430.18	Hospital Supplies
201348	8/29/2024	RESPIRONICS	330.00	Hospital Supplies
201350	8/29/2024	ABBOTT NUTRITION	315.52	Hospital Supplies
201361	8/29/2024	TRI-ANIM HEALTH SERVICES INC	1,882.60	Hospital Supplies
201369	8/29/2024	VERATHON INC.	686.09	Hospital Supplies
201371	8/29/2024	WAXIE SANITARY SUPPLY	4,226.13	Hospital Supplies
201379	8/29/2024	TECHNICAL SAFETY SERVICES, LLC	820.00	Hospital Supplies
EFT000000008766	8/1/2024	BREG INC	44.74	Hospital Supplies
EFT000000008767	8/1/2024	HARDY DIAGNOSTICS	1,016.18	Hospital Supplies
EFT000000008768	8/1/2024	OVATION MEDICAL	224.75	Hospital Supplies
EFT000000008769	8/1/2024	STRYKER INSTRUMENTS	375.90	Hospital Supplies
EFT000000008773	8/7/2024	HARDY DIAGNOSTICS	754.22	Hospital Supplies
EFT000000008774	8/7/2024	OVATION MEDICAL	449.50	Hospital Supplies
EFT000000008777	8/7/2024	STRYKER INSTRUMENTS	1,203.18	Hospital Supplies
EFT000000008782	8/15/2024	BREG INC	237.16	Hospital Supplies
EFT000000008783	8/15/2024	HARDY DIAGNOSTICS	1,068.12	Hospital Supplies
EFT000000008788	8/22/2024	BREG INC	1,059.18	Hospital Supplies
EFT000000008790	8/22/2024	HARDY DIAGNOSTICS	718.69	Hospital Supplies
EFT000000008791	8/22/2024	OVATION MEDICAL	47.80	Hospital Supplies
EFT000000008799	8/29/2024	BREG INC	279.36	Hospital Supplies
EFT000000008800	8/29/2024	HARDY DIAGNOSTICS	382.29	Hospital Supplies
EFT000000008801	8/29/2024	MARSHALL INDUSTRIES	786.84	Hospital Supplies
EFT000000008803	8/29/2024	STRYKER INSTRUMENTS	253.43	Hospital Supplies
200636	8/1/2024	CTM BIOMEDICAL, LLC	15,274.50	Implant Supplies
200680	8/1/2024	OSSIO, INC.	7,685.00	Implant Supplies
200711	8/1/2024	TREACE MEDICAL CONCEPTS, INC.	15,840.00	Implant Supplies
200792	8/7/2024	OSSIO, INC.	7,685.00	Implant Supplies
201090	8/15/2024	PARAGON 28 INC.	8,203.56	Implant Supplies
200744	8/7/2024	BOSS INSTRUMENTS, LTD	112.20	Instruments
200715	8/1/2024	PROVIDENT LIFE & ACCIDENT	31,106.41	Insurance Premiums
201367	8/29/2024	PROVIDENT LIFE & ACCIDENT	32,350.58	Insurance Premiums
200833	8/14/2024	INSURANCE REFUND	92,273.35	Insurance Refund
200834	8/14/2024	INSURANCE REFUND	271.97	Insurance Refund
200835	8/14/2024	INSURANCE REFUND	25.90	Insurance Refund
200836	8/14/2024	INSURANCE REFUND	310.50	Insurance Refund
200837	8/14/2024	INSURANCE REFUND	1,278.10	Insurance Refund
200838	8/14/2024	INSURANCE REFUND	56.41	Insurance Refund
200863	8/14/2024	INSURANCE REFUND	49.40	Insurance Refund
200864	8/14/2024	INSURANCE REFUND	25.92	Insurance Refund
200865	8/14/2024	INSURANCE REFUND	749.02	Insurance Refund
200866	8/14/2024	INSURANCE REFUND	2,795.11	Insurance Refund
200867	8/14/2024	INSURANCE REFUND	1,847.72	Insurance Refund
200868	8/14/2024	INSURANCE REFUND	1,885.19	Insurance Refund
200869	8/14/2024	INSURANCE REFUND	51.31	Insurance Refund
200870	8/14/2024	INSURANCE REFUND	432.82	Insurance Refund
200871	8/14/2024	INSURANCE REFUND	1,733.37	Insurance Refund
200872	8/14/2024	INSURANCE REFUND	854.76	Insurance Refund
200873	8/14/2024	INSURANCE REFUND	5,624.98	Insurance Refund
200874	8/14/2024	INSURANCE REFUND	928.61	Insurance Refund
200875	8/14/2024	INSURANCE REFUND	3,267.90	Insurance Refund
200876	8/14/2024	INSURANCE REFUND	750.72	Insurance Refund
200877	8/14/2024	INSURANCE REFUND	116.49	Insurance Refund
200878	8/14/2024	INSURANCE REFUND	830.65	Insurance Refund
200879	8/14/2024	INSURANCE REFUND	749.55	Insurance Refund



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

200880	8/14/2024	INSURANCE REFUND	1,091.15	Insurance Refund
200881	8/14/2024	INSURANCE REFUND	212.00	Insurance Refund
200882	8/14/2024	INSURANCE REFUND	4,389.80	Insurance Refund
200883	8/14/2024	INSURANCE REFUND	2,601.10	Insurance Refund
200884	8/14/2024	INSURANCE REFUND	10,560.23	Insurance Refund
200885	8/14/2024	INSURANCE REFUND	617.05	Insurance Refund
200886	8/14/2024	INSURANCE REFUND	7,064.51	Insurance Refund
200887	8/14/2024	INSURANCE REFUND	268.91	Insurance Refund
200888	8/14/2024	INSURANCE REFUND	943.00	Insurance Refund
200890	8/14/2024	INSURANCE REFUND	174.60	Insurance Refund
200891	8/14/2024	INSURANCE REFUND	209.60	Insurance Refund
200892	8/14/2024	INSURANCE REFUND	174.60	Insurance Refund
200893	8/14/2024	INSURANCE REFUND	41.97	Insurance Refund
200894	8/14/2024	INSURANCE REFUND	124.75	Insurance Refund
200895	8/14/2024	INSURANCE REFUND	116.20	Insurance Refund
200896	8/14/2024	INSURANCE REFUND	2,145.84	Insurance Refund
200897	8/14/2024	INSURANCE REFUND	169.21	Insurance Refund
200898	8/14/2024	INSURANCE REFUND	2.72	Insurance Refund
200899	8/14/2024	INSURANCE REFUND	338.00	Insurance Refund
200900	8/14/2024	INSURANCE REFUND	160.24	Insurance Refund
200901	8/14/2024	INSURANCE REFUND	18.55	Insurance Refund
200902	8/14/2024	INSURANCE REFUND	4,120.80	Insurance Refund
200903	8/14/2024	INSURANCE REFUND	342.20	Insurance Refund
200904	8/14/2024	INSURANCE REFUND	797.00	Insurance Refund
200905	8/14/2024	INSURANCE REFUND	20.28	Insurance Refund
200906	8/14/2024	INSURANCE REFUND	9.39	Insurance Refund
200907	8/14/2024	INSURANCE REFUND	62.70	Insurance Refund
200908	8/14/2024	INSURANCE REFUND	1,876.00	Insurance Refund
200909	8/14/2024	INSURANCE REFUND	111.31	Insurance Refund
200910	8/14/2024	INSURANCE REFUND	9.38	Insurance Refund
200911	8/14/2024	INSURANCE REFUND	3,493.87	Insurance Refund
200912	8/14/2024	INSURANCE REFUND	29.45	Insurance Refund
200913	8/14/2024	INSURANCE REFUND	6.95	Insurance Refund
200914	8/14/2024	INSURANCE REFUND	11.90	Insurance Refund
200915	8/14/2024	INSURANCE REFUND	15.34	Insurance Refund
200916	8/14/2024	INSURANCE REFUND	14.41	Insurance Refund
200917	8/14/2024	INSURANCE REFUND	27.19	Insurance Refund
200918	8/14/2024	INSURANCE REFUND	90.39	Insurance Refund
200919	8/14/2024	INSURANCE REFUND	1,275.32	Insurance Refund
200920	8/14/2024	INSURANCE REFUND	24.88	Insurance Refund
200921	8/14/2024	INSURANCE REFUND	50.06	Insurance Refund
200922	8/14/2024	INSURANCE REFUND	106.60	Insurance Refund
200923	8/14/2024	INSURANCE REFUND	53.70	Insurance Refund
200924	8/14/2024	INSURANCE REFUND	150.00	Insurance Refund
200925	8/14/2024	INSURANCE REFUND	158.49	Insurance Refund
200926	8/14/2024	INSURANCE REFUND	161.52	Insurance Refund
200927	8/14/2024	INSURANCE REFUND	198.43	Insurance Refund
200928	8/14/2024	INSURANCE REFUND	203.82	Insurance Refund
200929	8/14/2024	INSURANCE REFUND	226.32	Insurance Refund
200930	8/14/2024	INSURANCE REFUND	220.78	Insurance Refund
200931	8/14/2024	INSURANCE REFUND	639.48	Insurance Refund
200932	8/14/2024	INSURANCE REFUND	1,149.25	Insurance Refund
200933	8/14/2024	INSURANCE REFUND	2,265.24	Insurance Refund
200934	8/14/2024	INSURANCE REFUND	5,938.15	Insurance Refund



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

200935	8/14/2024	INSURANCE REFUND	1,472.31	Insurance Refund
200936	8/14/2024	INSURANCE REFUND	265.05	Insurance Refund
200937	8/14/2024	INSURANCE REFUND	219.60	Insurance Refund
200938	8/14/2024	INSURANCE REFUND	598.02	Insurance Refund
200939	8/14/2024	INSURANCE REFUND	586.63	Insurance Refund
200940	8/14/2024	INSURANCE REFUND	89.87	Insurance Refund
200941	8/14/2024	INSURANCE REFUND	83.25	Insurance Refund
200942	8/14/2024	INSURANCE REFUND	431.96	Insurance Refund
200943	8/14/2024	INSURANCE REFUND	106.18	Insurance Refund
200944	8/14/2024	INSURANCE REFUND	84.80	Insurance Refund
200945	8/14/2024	INSURANCE REFUND	295.51	Insurance Refund
200946	8/14/2024	INSURANCE REFUND	7,777.50	Insurance Refund
200947	8/14/2024	INSURANCE REFUND	99.37	Insurance Refund
200948	8/14/2024	INSURANCE REFUND	3,405.00	Insurance Refund
200949	8/14/2024	INSURANCE REFUND	348.08	Insurance Refund
200950	8/14/2024	INSURANCE REFUND	29.71	Insurance Refund
200951	8/14/2024	INSURANCE REFUND	99.51	Insurance Refund
200952	8/14/2024	INSURANCE REFUND	134.60	Insurance Refund
200953	8/14/2024	INSURANCE REFUND	828.48	Insurance Refund
200954	8/14/2024	INSURANCE REFUND	474.24	Insurance Refund
200955	8/14/2024	INSURANCE REFUND	203.68	Insurance Refund
200956	8/14/2024	INSURANCE REFUND	1,328.07	Insurance Refund
200957	8/14/2024	INSURANCE REFUND	242.25	Insurance Refund
200958	8/14/2024	INSURANCE REFUND	243.39	Insurance Refund
200959	8/14/2024	INSURANCE REFUND	6,081.67	Insurance Refund
200960	8/14/2024	INSURANCE REFUND	337.60	Insurance Refund
200961	8/14/2024	INSURANCE REFUND	1,331.43	Insurance Refund
200962	8/14/2024	INSURANCE REFUND	24.68	Insurance Refund
200963	8/14/2024	INSURANCE REFUND	957.00	Insurance Refund
200964	8/14/2024	INSURANCE REFUND	19,492.46	Insurance Refund
200965	8/14/2024	INSURANCE REFUND	22,030.16	Insurance Refund
200966	8/14/2024	INSURANCE REFUND	435.11	Insurance Refund
200967	8/14/2024	INSURANCE REFUND	196.66	Insurance Refund
200968	8/14/2024	INSURANCE REFUND	1,600.00	Insurance Refund
200969	8/14/2024	INSURANCE REFUND	92.50	Insurance Refund
200970	8/14/2024	INSURANCE REFUND	69.43	Insurance Refund
200971	8/14/2024	INSURANCE REFUND	25.90	Insurance Refund
200972	8/14/2024	INSURANCE REFUND	40.00	Insurance Refund
200973	8/14/2024	INSURANCE REFUND	51.80	Insurance Refund
200974	8/14/2024	INSURANCE REFUND	20,637.66	Insurance Refund
200975	8/14/2024	INSURANCE REFUND	599.91	Insurance Refund
200976	8/14/2024	INSURANCE REFUND	2,451.71	Insurance Refund
200977	8/14/2024	INSURANCE REFUND	363.57	Insurance Refund
200978	8/14/2024	INSURANCE REFUND	5.49	Insurance Refund
200979	8/14/2024	INSURANCE REFUND	680.08	Insurance Refund
200980	8/14/2024	INSURANCE REFUND	435.10	Insurance Refund
200981	8/14/2024	INSURANCE REFUND	702.60	Insurance Refund
200982	8/14/2024	INSURANCE REFUND	702.47	Insurance Refund
201012	8/14/2024	INSURANCE REFUND	0.94	Insurance Refund
201014	8/14/2024	INSURANCE REFUND	592.00	Insurance Refund
201015	8/14/2024	INSURANCE REFUND	23,984.66	Insurance Refund
201381	8/29/2024	INSURANCE REFUND	314.15	Insurance Refund
201382	8/29/2024	INSURANCE REFUND	380.42	Insurance Refund
201383	8/29/2024	INSURANCE REFUND	203.68	Insurance Refund



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201384	8/29/2024	INSURANCE REFUND	62.43	Insurance Refund
201254	8/22/2024	SUMMIT PATHOLOGY	28,794.83	Laboratory Services
201339	8/29/2024	METABOLIC NEWBORN SCREENING	6,590.12	Laboratory Services
EFT000000008797	8/29/2024	ARUP LABORATORIES, INC.	57,619.39	Laboratory Services
200612	8/1/2024	ANAEROBE SYSTEMS	125.92	Laboratory Supplies
200627	8/1/2024	CEPHEID	4,080.00	Laboratory Supplies
200643	8/1/2024	FISHER HEALTHCARE	1,257.45	Laboratory Supplies
200705	8/1/2024	SYSMEX AMERICA INC.	33,831.34	Laboratory Supplies
200752	8/7/2024	CEPHEID	5,099.36	Laboratory Supplies
200761	8/7/2024	FISHER HEALTHCARE	492.68	Laboratory Supplies
200810	8/7/2024	SYSMEX AMERICA INC.	559.01	Laboratory Supplies
200815	8/7/2024	TYPENEX MEDICAL, LLC	37.15	Laboratory Supplies
201036	8/15/2024	CARESFIELD LLC	387.92	Laboratory Supplies
201048	8/15/2024	FISHER HEALTHCARE	1,104.05	Laboratory Supplies
201071	8/15/2024	KURIN INC.	7,000.00	Laboratory Supplies
201141	8/22/2024	ANAEROBE SYSTEMS	146.88	Laboratory Supplies
201148	8/22/2024	BIOMERIEUX, INC.	18,053.92	Laboratory Supplies
201152	8/22/2024	CARDINAL HEALTH	1,915.50	Laboratory Supplies
201156	8/22/2024	CARESFIELD LLC	278.30	Laboratory Supplies
201158	8/22/2024	CEPHEID	5,440.00	Laboratory Supplies
201178	8/22/2024	FISHER HEALTHCARE	6,900.21	Laboratory Supplies
201210	8/22/2024	MEDI BADGE INC.	253.92	Laboratory Supplies
201251	8/22/2024	STRECK LABORATORIES INC	439.17	Laboratory Supplies
201295	8/29/2024	ASSOCIATES OF CAPE COD INC	415.00	Laboratory Supplies
201304	8/29/2024	CEPHEID	8,266.40	Laboratory Supplies
201317	8/29/2024	FISHER HEALTHCARE	2,469.17	Laboratory Supplies
201357	8/29/2024	SYSMEX AMERICA INC.	362.97	Laboratory Supplies
EFT000000008772	8/7/2024	BIO-RAD LABORATORIES	4,038.98	Laboratory Supplies
EFT000000008775	8/7/2024	IDENTICARD	1,768.61	Laboratory Supplies
EFT000000008781	8/15/2024	BIO-RAD LABORATORIES	1,137.78	Laboratory Supplies
EFT000000008798	8/29/2024	BIO-RAD LABORATORIES	4,509.06	Laboratory Supplies
EFT000000008802	8/29/2024	IDENTICARD	142.80	Laboratory Supplies
201079	8/15/2024	MARTIN-RAY LAUNDRY SYSTEMS	8,597.11	Laundry Supplies
200652	8/1/2024	HUSCH BLACKWELL LLP	11,791.50	Legal Fees
201092	8/15/2024	PHILLIPS LAW, LLC	12,932.80	Legal Fees
201127	8/15/2024	WELBORN SULLIVAN MECK & TOOLEY, P.C.	130.00	Legal Fees
201223	8/22/2024	PHILLIPS LAW, LLC	6,437.50	Legal Fees
201377	8/29/2024	YELLOWSTONE MEDIATION	5,019.45	Legal Fees
200724	8/1/2024	DEPARTMENT OF TRANSPORTATION	120.00	License & Taxes
201195	8/22/2024	INTERACT INTRANET INC	37,764.48	License & Taxes
200730	8/5/2024	WYOMING SECRETARY OF STATE	25.00	Licenses & Taxes
201352	8/29/2024	STANDARD TEXTILE	1,279.44	Linens
201375	8/29/2024	WYOMING UROLOGICAL SERVICES, LP	9,300.00	Uthrotipsy Service
200646	8/1/2024	GOODWAY TECHNOLOGIES CORPORATION	1,571.77	Maintenance & Repair
200664	8/1/2024	LEAF	2,670.00	Maintenance & Repair
200675	8/1/2024	MOTION INDUSTRIES INC.	260.25	Maintenance & Repair
200682	8/1/2024	PARTSSOURCE	992.14	Maintenance & Repair
200700	8/1/2024	STEALTH TECHNOLOGIES	488.99	Maintenance & Repair
200733	8/7/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	788.50	Maintenance & Repair
200821	8/7/2024	WYOELCTRIC, INC	1,405.00	Maintenance & Repair
201017	8/15/2024	ABOVE ALL MEDICAL PARTS INC.	540.12	Maintenance & Repair
201021	8/15/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	2,490.00	Maintenance & Repair
201091	8/15/2024	PARTSSOURCE	413.17	Maintenance & Repair
201137	8/22/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	4,976.00	Maintenance & Repair



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201183	8/22/2024	GOODWAY TECHNOLOGIES CORPORATION	3,025.50	Maintenance & Repair
201205	8/22/2024	LEAF	2,670.00	Maintenance & Repair
201220	8/22/2024	PACT STUDIOS, LLC	8,265.00	Maintenance & Repair
201221	8/22/2024	PARTSSOURCE	310.12	Maintenance & Repair
201226	8/22/2024	PURE PROCESSING LLC	595.00	Maintenance & Repair
201256	8/22/2024	TENACORE	1,425.00	Maintenance & Repair
201271	8/22/2024	WYOELECTRIC, INC	2,945.00	Maintenance & Repair
201327	8/29/2024	HOT SPOTS, LLC	4,137.00	Maintenance & Repair
201343	8/29/2024	PARTSSOURCE	90.12	Maintenance & Repair
201374	8/29/2024	WYOELECTRIC, INC	1,445.00	Maintenance & Repair
200609	8/1/2024	ACE HARDWARE	280.81	Maintenance Supplies
200620	8/1/2024	BLOEDORN LUMBER	30.56	Maintenance Supplies
200628	8/1/2024	CODALE ELECTRIC SUPPLY, INC	7,017.75	Maintenance Supplies
200647	8/1/2024	GRAINGER	755.55	Maintenance Supplies
200651	8/1/2024	HOME DEPOT	516.72	Maintenance Supplies
200658	8/1/2024	JOHNSON CONTROLS FIRE PROTECTION LP	5,391.00	Maintenance Supplies
200692	8/1/2024	ROCK SPRINGS WINNELSON CO	244.95	Maintenance Supplies
200731	8/7/2024	ACE HARDWARE	125.92	Maintenance Supplies
200754	8/7/2024	CODALE ELECTRIC SUPPLY, INC	96.56	Maintenance Supplies
200767	8/7/2024	GRAINGER	878.19	Maintenance Supplies
201055	8/15/2024	GRAINGER	501.69	Maintenance Supplies
201060	8/15/2024	HOME DEPOT	298.79	Maintenance Supplies
201085	8/15/2024	NAPA AUTO PARTS	72.18	Maintenance Supplies
201140	8/22/2024	ALLRED'S INC.	1,979.63	Maintenance Supplies
201160	8/22/2024	CODALE ELECTRIC SUPPLY, INC	499.00	Maintenance Supplies
201184	8/22/2024	GRAINGER	13.76	Maintenance Supplies
201192	8/22/2024	HOME DEPOT	515.20	Maintenance Supplies
201194	8/22/2024	INSULATION INC.	530.00	Maintenance Supplies
201266	8/22/2024	HARRIS MOUNTAIN WEST, LLC	339.20	Maintenance Supplies
201305	8/29/2024	CODALE ELECTRIC SUPPLY, INC	305.91	Maintenance Supplies
201349	8/29/2024	ROCK SPRINGS WINNELSON CO	1,050.62	Maintenance Supplies
EFT000000008778	8/7/2024	ULINE, INC	1,786.50	Maintenance Supplies
EFT000000008786	8/22/2024	ACE HARDWARE	35.69	Maintenance Supplies
EFT000000008795	8/29/2024	ACE HARDWARE	277.43	Maintenance Supplies
200686	8/1/2024	PURPLE LIZARDS, LLC	1,080.00	Marketing & Promotional Supplies
201227	8/22/2024	PURPLE LIZARDS, LLC	1,256.25	Marketing & Promotional Supplies
200673	8/1/2024	MHSC MEDICAL STAFF	50.00	Membership Dues
200676	8/1/2024	NATIONAL ASSOC. OF HEALTHCARE QUALITY	289.00	Membership Dues
200685	8/1/2024	PLANETREE	1,150.00	Membership Dues
200785	8/7/2024	MHSC MEDICAL STAFF	50.00	Membership Dues
200788	8/7/2024	NAMSS	2,876.00	Membership Dues
200794	8/7/2024	PLANETREE	2,330.00	Membership Dues
201213	8/22/2024	MHSC MEDICAL STAFF	50.00	Membership Dues
200829	8/13/2024	MHSC-FOUNDATION	1,394.01	MHSC Foundation
200677	8/1/2024	NATIONAL BUSINESS FURNITURE LLC	3,088.30	Minor Equipment
200716	8/1/2024	US MED-EQUIP, LLC	160.49	Minor Equipment
201110	8/15/2024	SUPERIOR AUDIOMETRICS, LLC	249.10	Minor Equipment
201161	8/22/2024	COLORID, LLC	310.00	Minor Equipment
201255	8/22/2024	SUPERIOR AUDIOMETRICS, LLC	307.00	Minor Equipment
201373	8/29/2024	WORLDPOINT ECC, INC	317.17	Minor Equipment
200709	8/1/2024	TERMINIX OF WYOMING	647.00	Monthly Pest Control
200695	8/1/2024	SMILEMAKERS	35.48	Non Medical Supplies
200732	8/7/2024	AFFORDABLE FUNERAL SUPPLY, LLC	380.41	Non Medical Supplies
200780	8/7/2024	KRAMES STAYWELL, LLC	183.15	Non Medical Supplies



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201050	8/15/2024	FOLLETT CORPORATION	66.99	Non Medical Supplies
201182	8/22/2024	GLOBAL EQUIPMENT COMPANY	810.57	Non Medical Supplies
201190	8/22/2024	HOBART CORPORATION	5,467.00	Non Medical Supplies
201244	8/22/2024	SMILEMAKERS	233.44	Non Medical Supplies
201322	8/29/2024	GLOBAL EQUIPMENT COMPANY	1,389.90	Non Medical Supplies
200697	8/1/2024	STANDARD REGISTER COMPANY	349.44	Office Supplies
200698	8/1/2024	STAPLES BUSINESS ADVANTAGE	2,069.34	Office Supplies
200806	8/7/2024	STAPLES BUSINESS ADVANTAGE	3,077.72	Office Supplies
201068	8/15/2024	KAISER AND BLAIR INC.	484.00	Office Supplies
201102	8/15/2024	STANDARD REGISTER COMPANY	858.53	Office Supplies
201103	8/15/2024	STAPLES BUSINESS ADVANTAGE	805.29	Office Supplies
201202	8/22/2024	LABELMATCH	128.24	Office Supplies
201248	8/22/2024	STANDARD REGISTER COMPANY	960.89	Office Supplies
201249	8/22/2024	STAPLES BUSINESS ADVANTAGE	928.05	Office Supplies
201313	8/29/2024	ENCOMPASS GROUP, LLC	2,363.82	Office Supplies
201353	8/29/2024	STAPLES BUSINESS ADVANTAGE	2,709.08	Office Supplies
200708	8/1/2024	TELUS HEALTH (US) LTD	9,964.50	Other Employee Benefits
200727	8/1/2024	YOUNG AT HEART SENIOR CITIZENS CENTER	2,160.00	Other Employee Benefits
200665	8/1/2024	QUICK RESPONSE TAXI	271.00	Other Purchased Services
200824	8/7/2024	QUICK RESPONSE TAXI	57.00	Other Purchased Services
201075	8/15/2024	QUICK RESPONSE TAXI	528.00	Other Purchased Services
201206	8/22/2024	QUICK RESPONSE TAXI	113.00	Other Purchased Services
201332	8/29/2024	QUICK RESPONSE TAXI	221.00	Other Purchased Services
EFT000000008765	8/1/2024	AIRGAS INTERMOUNTAIN INC	1,797.85	Oxygen Rental
EFT000000008771	8/7/2024	AIRGAS INTERMOUNTAIN INC	139.16	Oxygen Rental
EFT000000008780	8/15/2024	AIRGAS INTERMOUNTAIN INC	240.49	Oxygen Rental
EFT000000008787	8/22/2024	AIRGAS INTERMOUNTAIN INC	10,141.15	Oxygen Rental
EFT000000008796	8/29/2024	AIRGAS INTERMOUNTAIN INC	197.63	Oxygen Rental
200666	8/1/2024	PATIENT REFUND	19.99	Patient Refund
200734	8/7/2024	PATIENT REFUND	5,000.00	Patient Refund
200839	8/14/2024	PATIENT REFUND	31.79	Patient Refund
200840	8/14/2024	PATIENT REFUND	6.40	Patient Refund
200841	8/14/2024	PATIENT REFUND	35.00	Patient Refund
200842	8/14/2024	PATIENT REFUND	35.78	Patient Refund
200843	8/14/2024	PATIENT REFUND	10.00	Patient Refund
200844	8/14/2024	PATIENT REFUND	15.56	Patient Refund
200845	8/14/2024	PATIENT REFUND	102.87	Patient Refund
200846	8/14/2024	PATIENT REFUND	5.36	Patient Refund
200847	8/14/2024	PATIENT REFUND	63.61	Patient Refund
200848	8/14/2024	PATIENT REFUND	40.00	Patient Refund
200849	8/14/2024	PATIENT REFUND	91.50	Patient Refund
200850	8/14/2024	PATIENT REFUND	99.50	Patient Refund
200851	8/14/2024	PATIENT REFUND	261.98	Patient Refund
200852	8/14/2024	PATIENT REFUND	105.70	Patient Refund
200853	8/14/2024	PATIENT REFUND	20.43	Patient Refund
200854	8/14/2024	PATIENT REFUND	100.00	Patient Refund
200855	8/14/2024	PATIENT REFUND	40.00	Patient Refund
200856	8/14/2024	PATIENT REFUND	7.24	Patient Refund
200857	8/14/2024	PATIENT REFUND	11.54	Patient Refund
200858	8/14/2024	PATIENT REFUND	23.90	Patient Refund
200859	8/14/2024	PATIENT REFUND	45.60	Patient Refund
200860	8/14/2024	PATIENT REFUND	35.00	Patient Refund
200861	8/14/2024	PATIENT REFUND	71.15	Patient Refund
200862	8/14/2024	PATIENT REFUND	269.80	Patient Refund



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

200983	8/14/2024	PATIENT REFUND	185.20	Patient Refund
200984	8/14/2024	PATIENT REFUND	650.94	Patient Refund
200985	8/14/2024	PATIENT REFUND	111.63	Patient Refund
200986	8/14/2024	PATIENT REFUND	60.00	Patient Refund
200988	8/14/2024	PATIENT REFUND	42.00	Patient Refund
200989	8/14/2024	PATIENT REFUND	11.41	Patient Refund
200990	8/14/2024	PATIENT REFUND	50.00	Patient Refund
200991	8/14/2024	PATIENT REFUND	51.70	Patient Refund
200992	8/14/2024	PATIENT REFUND	23.90	Patient Refund
200993	8/14/2024	PATIENT REFUND	7.24	Patient Refund
200994	8/14/2024	PATIENT REFUND	50.63	Patient Refund
200995	8/14/2024	PATIENT REFUND	97.32	Patient Refund
200996	8/14/2024	PATIENT REFUND	274.78	Patient Refund
200997	8/14/2024	PATIENT REFUND	305.51	Patient Refund
200998	8/14/2024	PATIENT REFUND	30.68	Patient Refund
200999	8/14/2024	PATIENT REFUND	183.41	Patient Refund
201000	8/14/2024	PATIENT REFUND	40.00	Patient Refund
201001	8/14/2024	PATIENT REFUND	37.50	Patient Refund
201002	8/14/2024	PATIENT REFUND	39.26	Patient Refund
201003	8/14/2024	PATIENT REFUND	150.00	Patient Refund
201004	8/14/2024	PATIENT REFUND	128.76	Patient Refund
201005	8/14/2024	PATIENT REFUND	127.44	Patient Refund
201006	8/14/2024	PATIENT REFUND	144.00	Patient Refund
201007	8/14/2024	PATIENT REFUND	25.49	Patient Refund
201008	8/14/2024	PATIENT REFUND	98.40	Patient Refund
201009	8/14/2024	PATIENT REFUND	11.54	Patient Refund
201010	8/14/2024	PATIENT REFUND	165.77	Patient Refund
201011	8/14/2024	PATIENT REFUND	235.60	Patient Refund
201013	8/14/2024	PATIENT REFUND	250.90	Patient Refund
201378	8/29/2024	PATIENT REFUND	337.80	Patient Refund
201380	8/29/2024	PATIENT REFUND	81.25	Patient Refund
200831	8/13/2024	UNITED WAY OF SWEETWATER COUNTY	253.61	Payroll Deduction
200825	8/13/2024	CIRCUIT COURT 3RD JUDICIAL	329.80	Payroll Garnishment
200826	8/13/2024	CIRCUIT COURT 3RD JUDICIAL	589.09	Payroll Garnishment
200827	8/13/2024	SWEETWATER CIRCUIT COURT-RS	492.12	Payroll Garnishment
200828	8/13/2024	SWEETWATER CIRCUIT COURT-RS	440.65	Payroll Garnishment
200830	8/13/2024	STATE OF WYOMING DFS/CSES	600.91	Payroll Garnishment
200832	8/13/2024	CIRCUIT COURT 3RD JUDICIAL	302.22	Payroll Garnishment
W/T	8/13/2024	PAYROLL 17	1,900,000.00	Payroll Transfer
W/T	8/26/2024	PAYROLL 18	1,900,000.00	Payroll Transfer
201084	8/15/2024	MHSC - PETTY CASH	16.00	Petty Cash
200748	8/7/2024	CARDINAL HEALTH PHARMACY MGMT	87,500.00	Pharmacy Management
201035	8/15/2024	CARDINAL HEALTH PHARMACY MGMT	87,500.00	Pharmacy Management
201154	8/22/2024	CARDINAL HEALTH PHARMACY MGMT	1,484,702.18	Pharmacy Management
201173	8/22/2024	DR. ELIZABETH CONGDON	1,500.00	Physician Recruitment
201385	8/30/2024	DR. LIRON GOKOVSKI	50,000.00	Physician Recruitment
200618	8/1/2024	DR. BENJAMIN JENSEN	25,000.00	Physician Retention
200656	8/1/2024	DR. JACQUES DENKER	10,000.00	Physician Retention
201031	8/15/2024	DR. BRIANNE CROFTS	25,000.00	Physician Retention
200630	8/1/2024	COMPHEALTH, INC.	66,793.30	Physician Services
200648	8/1/2024	HAYES LOCUMS, LLC	32,604.76	Physician Services
200722	8/1/2024	WEATHERBY LOCUMS, INC	40,026.32	Physician Services
200723	8/1/2024	DR. WILLIAM SARETTE	1,166.22	Physician Services
200756	8/7/2024	COMPHEALTH, INC.	31,240.55	Physician Services



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

200786	8/7/2024	MOUNTAIN STATES MEDICAL PHYSICS	12,207.46	Physician Services
200819	8/7/2024	WEATHERBY LOCUMS, INC	12,224.32	Physician Services
201039	8/15/2024	COMPHEALTH, INC.	29,894.92	Physician Services
201057	8/15/2024	HAYES LOCUMS, LLC	58,983.51	Physician Services
201126	8/15/2024	WEATHERBY LOCUMS, INC	26,372.18	Physician Services
201134	8/22/2024	ADVANCED MEDICAL IMAGING, LLC	22,707.00	Physician Services
201162	8/22/2024	COMPHEALTH, INC.	25,936.90	Physician Services
201268	8/22/2024	WEATHERBY LOCUMS, INC	60,712.14	Physician Services
201306	8/29/2024	COMPHEALTH, INC.	7,416.00	Physician Services
201360	8/29/2024	THE SLEEP SPECIALISTS	5,350.00	Physician Services
201366	8/29/2024	UNIVERSITY OF UTAH (UUHC OUTREACH)	118,843.91	Physician Services
201372	8/29/2024	WEATHERBY LOCUMS, INC	27,286.59	Physician Services
201138	8/22/2024	AIDVANTAGE	2,500.00	Physician Student Loan
201169	8/22/2024	MOHELA	1,666.67	Physician Student Loan
201185	8/22/2024	GREAT LAKES	1,666.67	Physician Student Loan
201215	8/22/2024	US DEPARTMENT OF EDUCATION	1,666.67	Physician Student Loan
201261	8/22/2024	US DEPARTMENT OF EDUCATION	3,333.34	Physician Student Loan
201262	8/22/2024	US DEPT OF EDUCATION	1,666.67	Physician Student Loan
200690	8/1/2024	RESERVE ACCOUNT	5,000.00	Postage
200611	8/1/2024	ALSCO AMERICAN LINEN	42.56	Professional Service
200719	8/1/2024	VERISYS INC.	94.50	Professional Service
200737	8/7/2024	ALSCO AMERICAN LINEN	127.68	Professional Service
201038	8/15/2024	CLEANIQUE PROFESSIONAL SERVICES	5,550.00	Professional Service
201074	8/15/2024	CLIFTONLARSONALLEN LLP	38,172.18	Professional Service
201089	8/15/2024	P3 CONSULTING LLC	150.00	Professional Service
201136	8/22/2024	ADVANCED MEDICAL REVIEWS, INC	4,462.78	Professional Service
201198	8/22/2024	JOINT COMMISSION RESOURCES	4,499.00	Professional Service
201264	8/22/2024	VERISYS INC.	68.25	Professional Service
201288	8/29/2024	ALSCO AMERICAN LINEN	85.12	Professional Service
201314	8/29/2024	CE BROKER	636.70	Professional Service
EFT000000008785	8/15/2024	WESTERN STAR COMMUNICATIONS	919.50	Professional Service
201296	8/29/2024	AUDIT MICROCONTROLS, INC.	286.00	Proficiency Testing
200688	8/1/2024	RADIATION DETECTION COMPANY	6.70	Radiation Monitoring
200798	8/7/2024	RADIATION DETECTION COMPANY	80.00	Radiation Monitoring
201230	8/22/2024	RADIATION DETECTION COMPANY	508.48	Radiation Monitoring
200784	8/7/2024	MERRY X-RAY	86.45	Radiology Film
201338	8/29/2024	MERRY X-RAY	57.38	Radiology Film
200765	8/7/2024	GE HEALTHCARE INC	3,458.60	Radiology Material
200781	8/7/2024	LANTHEUS MEDICAL IMAGING, INC	3,122.02	Radiology Material
201204	8/22/2024	LANTHEUS MEDICAL IMAGING, INC	159.64	Radiology Material
201222	8/22/2024	PHARMALOGIC WY, LTD	5,215.26	Radiology Material
201321	8/29/2024	GE HEALTHCARE INC	3,338.60	Radiology Material
200622	8/1/2024	BRIAN BARTON, PA-C	1,095.00	Reimbursement - CME
200629	8/1/2024	DR. CODY CHRISTENSEN	7,450.00	Reimbursement - CME
200637	8/1/2024	DR. DAVID DANSIE	525.00	Reimbursement - CME
201044	8/15/2024	EMILY JAMES	150.00	Reimbursement - CME
200654	8/1/2024	ISRAEL STEWART, DO	490.00	Reimbursement - CME
200689	8/1/2024	DR. RAHUL PAWAR	82.00	Reimbursement - CME
200706	8/1/2024	TAMARA WALKER, FNP	1,171.15	Reimbursement - CME
200777	8/7/2024	DR. JANENE GLYN	675.00	Reimbursement - CME
201032	8/15/2024	DR. BRYTTON LONG	209.20	Reimbursement - CME
201086	8/15/2024	NEAL ASPER, MD	371.21	Reimbursement - CME
201128	8/15/2024	DR. WILLIAM SARETTE	668.52	Reimbursement - CME
201151	8/22/2024	DR. BRYTTON LONG	200.00	Reimbursement - CME



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

201240	8/22/2024	SHAWN ROCKEY, PA-C	80.00	Reimbursement - CME
201069	8/15/2024	KAYLA MANNIKKO	134.41	Reimbursement - Donation
200657	8/1/2024	DR. JANENE GLYN	2,826.62	Reimbursement - Education & Travel
200739	8/7/2024	AMY LUCY	40.00	Reimbursement - Education & Travel
200779	8/7/2024	KARALI PLONSKY	471.22	Reimbursement - Education & Travel
200812	8/7/2024	TIFFANY URANKER-WEBB	3,274.52	Reimbursement - Education & Travel
201018	8/15/2024	ABRAM JEWELL	123.12	Reimbursement - Education & Travel
201030	8/15/2024	BRANDIE MORRELL	4,144.50	Reimbursement - Education & Travel
201033	8/15/2024	DR. CAMERON KESLER	3,117.90	Reimbursement - Education & Travel
201065	8/15/2024	IRENE RICHARDSON	314.98	Reimbursement - Education & Travel
201072	8/15/2024	LACY LOVE	2,930.91	Reimbursement - Education & Travel
201118	8/15/2024	TERRY THOMPSON	22.50	Reimbursement - Education & Travel
201135	8/22/2024	ABRAM JEWELL	221.69	Reimbursement - Education & Travel
201150	8/22/2024	BRITTANY SOLTIS	339.73	Reimbursement - Education & Travel
201207	8/22/2024	LENA WARREN	2,217.90	Reimbursement - Education & Travel
201292	8/29/2024	ANN CLEVENGER	280.00	Reimbursement - Education & Travel
201330	8/29/2024	DR. JANENE GLYN	2,085.27	Reimbursement - Education & Travel
201340	8/29/2024	MISTY COZAD	63.53	Reimbursement - Education & Travel
201354	8/29/2024	STEPHANIE DUPEPE	148.40	Reimbursement - Education & Travel
200659	8/1/2024	JOSEPH J. OLIVER, M.D.	1,010.72	Reimbursement - Insurance Premiums
200778	8/7/2024	JUNE LEDGER	67.43	Reimbursement - Insurance Premiums
201061	8/15/2024	ILSE STAUFFER	96.33	Reimbursement - Insurance Premiums
200729	8/2/2024	TERRY THOMPSON	113.75	Reimbursement - Non Hospital Supplies
201067	8/15/2024	JULIA KERSHISNIK SWEEDLER	37.06	Reimbursement - Non Hospital Supplies
201199	8/22/2024	KARLEE TREMELLING	214.28	Reimbursement - Non Hospital Supplies
200663	8/1/2024	LANCE FLORES	306.38	Reimbursement - Payroll
201016	8/15/2024	AARON WEBB	374.00	Reimbursement - Payroll
200674	8/1/2024	MONTE GARRETT	148.38	Reimbursement - Uniforms
W/T	8/26/2024	PCS MATCH 8/15/24	89,278.78	Retirement
W/T	8/12/2024	PCS MATCH 8/1/24	89,523.36	Retirement
W/T	8/12/2024	PCS CONTRIBUTION 8/1/24	135,807.18	Retirement
W/T	8/26/2024	PCS 8/15/24	136,505.00	Retirement
200614	8/1/2024	WYOMING DOWN SYNDROME ASSOCIATION	500.00	Sponsorship
201093	8/15/2024	PMS SCREEN PRINTING	102.00	Sponsorship
201109	8/15/2024	STUDIO 307 DANCE CENTER	250.00	Sponsorship
201114	8/15/2024	SWEETWATER EVENTS COMPLEX	1,000.00	Sponsorship
201233	8/22/2024	ROCK SPRINGS GRIZZLIES LLC	1,000.00	Sponsorship
201235	8/22/2024	R.S. CHAMBER OF COMMERCE	350.00	Sponsorship
201323	8/29/2024	GRHS SWIM TEAM	100.00	Sponsorship
200610	8/1/2024	ALK ABELLO, INC.	383.97	Surgery Supplies
200617	8/1/2024	BECTON DICKINSON	2,781.92	Surgery Supplies
200633	8/1/2024	COOPER SURGICAL	1,594.42	Surgery Supplies
200634	8/1/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,638.79	Surgery Supplies
200635	8/1/2024	CR BARD, INC	955.85	Surgery Supplies
200638	8/1/2024	DESOUTTER MEDICAL	307.65	Surgery Supplies
200653	8/1/2024	INTUITIVE SURGICAL INC.	2,949.95	Surgery Supplies
200672	8/1/2024	MERCURY MEDICAL	424.62	Surgery Supplies
200696	8/1/2024	SMITH & NEPHEW ENDOSCOPY INC	1,980.92	Surgery Supplies
200702	8/1/2024	STRYKER ENDOSCOPY	909.94	Surgery Supplies
200703	8/1/2024	STRYKER ORTHOPAEDICS	2,372.50	Surgery Supplies
200726	8/1/2024	XODUS MEDICAL, INC.	796.00	Surgery Supplies
200738	8/7/2024	ALTA MEDICAL SPECIALTIES	210.04	Surgery Supplies
200743	8/7/2024	BECTON DICKINSON	987.50	Surgery Supplies
200758	8/7/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,441.21	Surgery Supplies



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

200759	8/7/2024	EQUASHIELD LLC	910.16	Surgery Supplies
200773	8/7/2024	INSTRAMED INC.	218.00	Surgery Supplies
200774	8/7/2024	INTUITIVE SURGICAL INC.	15,278.00	Surgery Supplies
200783	8/7/2024	MERIT MEDICAL SYSTEMS, INC.	882.50	Surgery Supplies
200787	8/7/2024	MUSCULOSKELETAL TRANSPLANT FOUNDATION	284.70	Surgery Supplies
200809	8/7/2024	STRYKER ORTHOPAEDICS	7,086.50	Surgery Supplies
200814	8/7/2024	TRICOR SYSTEMS INC.	335.00	Surgery Supplies
200823	8/7/2024	XODUS MEDICAL, INC.	796.00	Surgery Supplies
201019	8/15/2024	ACADEMY OF LYMPHATIC STUDIES	85.93	Surgery Supplies
201022	8/15/2024	ARMSTRONG MEDICAL INDUSTRIES	135.60	Surgery Supplies
201027	8/15/2024	BECTON DICKINSON	3,724.60	Surgery Supplies
201040	8/15/2024	COOPER SURGICAL	524.49	Surgery Supplies
201041	8/15/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	5,488.46	Surgery Supplies
201064	8/15/2024	INTUITIVE SURGICAL INC.	40,539.68	Surgery Supplies
201087	8/15/2024	NEOGEN CORPORATION	956.13	Surgery Supplies
201101	8/15/2024	SMITH & NEPHEW ENDOSCOPY INC	1,053.94	Surgery Supplies
201106	8/15/2024	STRYKER ENDOSCOPY	304.55	Surgery Supplies
201107	8/15/2024	STRYKER ORTHOPAEDICS	1,186.25	Surgery Supplies
201112	8/15/2024	SURGISHOP	6,812.16	Surgery Supplies
201131	8/15/2024	XODUS MEDICAL, INC.	556.50	Surgery Supplies
201132	8/15/2024	ZIMMER BIOMET	172.50	Surgery Supplies
201139	8/22/2024	ALI MED INC	1,180.99	Surgery Supplies
201147	8/22/2024	BECTON DICKINSON	10,136.09	Surgery Supplies
201166	8/22/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	299.08	Surgery Supplies
201175	8/22/2024	EQUASHIELD LLC	432.24	Surgery Supplies
201196	8/22/2024	INTUITIVE SURGICAL INC.	8,745.95	Surgery Supplies
201216	8/22/2024	NEOGEN CORPORATION	863.17	Surgery Supplies
201218	8/22/2024	ORGANON & CO.	4,200.00	Surgery Supplies
201241	8/22/2024	SHEATHING TECHNOLOGIES, INC.	162.35	Surgery Supplies
201245	8/22/2024	SMITH & NEPHEW ENDOSCOPY INC	4,129.60	Surgery Supplies
201246	8/22/2024	SMITH & NEPHEW INC.	1,399.79	Surgery Supplies
201252	8/22/2024	STRYKER ENDOSCOPY	1,198.29	Surgery Supplies
201253	8/22/2024	STRYKER ORTHOPAEDICS	38,413.84	Surgery Supplies
201287	8/29/2024	ALI MED INC	183.45	Surgery Supplies
201289	8/29/2024	ALTA MEDICAL SPECIALTIES	458.25	Surgery Supplies
201299	8/29/2024	BECTON DICKINSON	1,602.50	Surgery Supplies
201308	8/29/2024	CONMED LINVATEC	70.70	Surgery Supplies
201311	8/29/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	3,315.76	Surgery Supplies
201355	8/29/2024	STRYKER ENDOSCOPY	576.70	Surgery Supplies
201356	8/29/2024	STRYKER ORTHOPAEDICS	6,560.00	Surgery Supplies
201358	8/29/2024	TELEFLEX LLC	750.00	Surgery Supplies
201376	8/29/2024	XODUS MEDICAL, INC.	1,113.00	Surgery Supplies
201225	8/22/2024	PRESS GANEY ASSOCIATES, INC.	4,980.90	Surveys
201203	8/22/2024	LANGUAGE LINE SERVICES	2,555.80	Translation Services
200687	8/1/2024	CENTURY LINK	312.30	Utilities
200736	8/7/2024	ALL WEST COMMUNICATIONS	6,004.16	Utilities
200741	8/7/2024	AT&T	9.63	Utilities
200797	8/7/2024	CENTURY LINK	3,296.31	Utilities
201024	8/15/2024	AT&T	85.98	Utilities
201025	8/15/2024	AT&T	325.58	Utilities
201095	8/15/2024	CENTURY LINK	4,299.36	Utilities
201097	8/15/2024	ROCK SPRINGS MUNICIPAL UTILITY	14,871.14	Utilities
201098	8/15/2024	ROCKY MOUNTAIN POWER	56,262.46	Utilities
201171	8/22/2024	DISH NETWORK LLC	90.64	Utilities



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2024

Account Number	Invoice Date	Invoice Description	Amount	Category
201229	8/22/2024	DOMINION ENERGY WYOMING	30,041.62	Utilities
201269	8/22/2024	WHITE MOUNTAIN WATER & SEWER DISTRICT	65.18	Utilities
201346	8/29/2024	CENTURY LINK	48.38	Utilities
200808	8/7/2024	STERICYCLE, INC.	1,368.49	Waste Disposal
200642	8/1/2024	FIBERTECH	4,685.00	Window Cleaning
	8/1/2024	WORKER'S COMP QTR 2	9,866.94	Worker's Comp
			11,368,928.13	



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

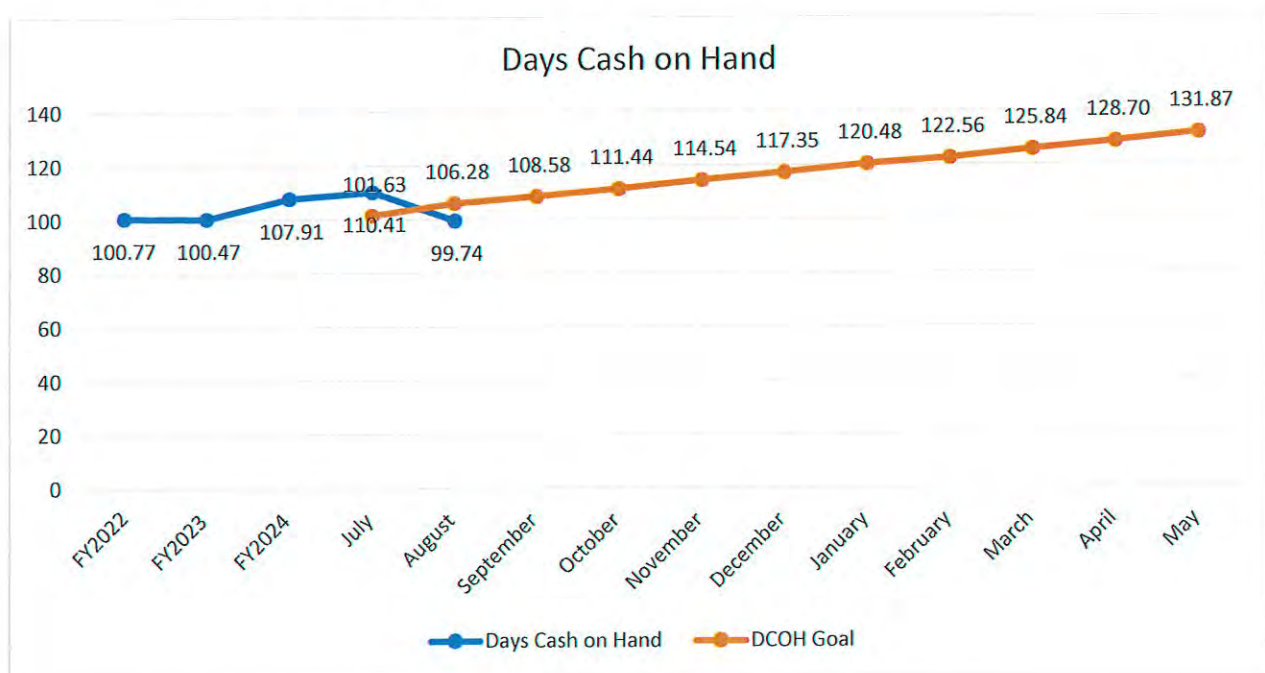
<b>Vouchers Submitted by MHSC at agreed discounted rate</b>		
July 2024	\$45,604.93	
August 2024	\$0.00	
September 2024		
October 2024		
November 2024		
December 2024		
January 2025		
February 2025		
March 2025		
April 2025		
May 2025		
June 2025		
County Requested Total Vouchers Submitted	<u>\$45,604.93</u>	
Total Vouchers Submitted FY 24		\$45,604.93
Less: Total Approved by County and Received by MHSC FY 24		\$45,604.93
Total Vouchers Pending Approval by County		<u><u>\$0.00</u></u>

FY25 Title 25 Fund Budget from Sweetwater County	\$244,167.00
Funds Received From Sweetwater County	<u>\$45,604.93</u>
FY24 Title 25 Fund Budget Remaining	\$198,562.07
Total Budgeted Vouchers Pending Submittal to County	<u><u>\$0.00</u></u>

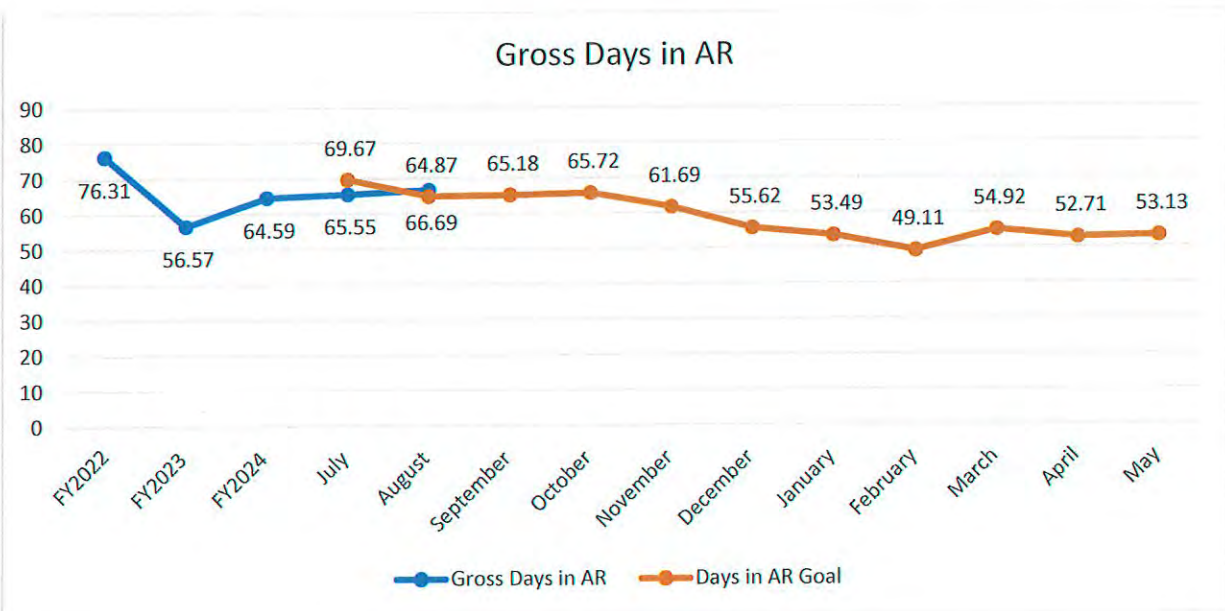
FY25 Maintenance Fund Budget from Sweetwater County	\$1,675,536.00
County Maintenance FY25 - July	\$267,590.41
County Maintenance FY25 - August	\$0.00
County Maintenance FY25 - September	
County Maintenance FY25 - October	
County Maintenance FY25 - November	
County Maintenance FY25 - December	
County Maintenance FY25 - January	
County Maintenance FY25 - February	
County Maintenance FY25 - March	
County Maintenance FY25 - April	
County Maintenance FY25 - May	
County Maintenance FY25 - June	
	<u>\$267,590.41</u>
FY25 Maintenance Fund Budget Remaining	<u><u>\$1,407,945.59</u></u>

**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.

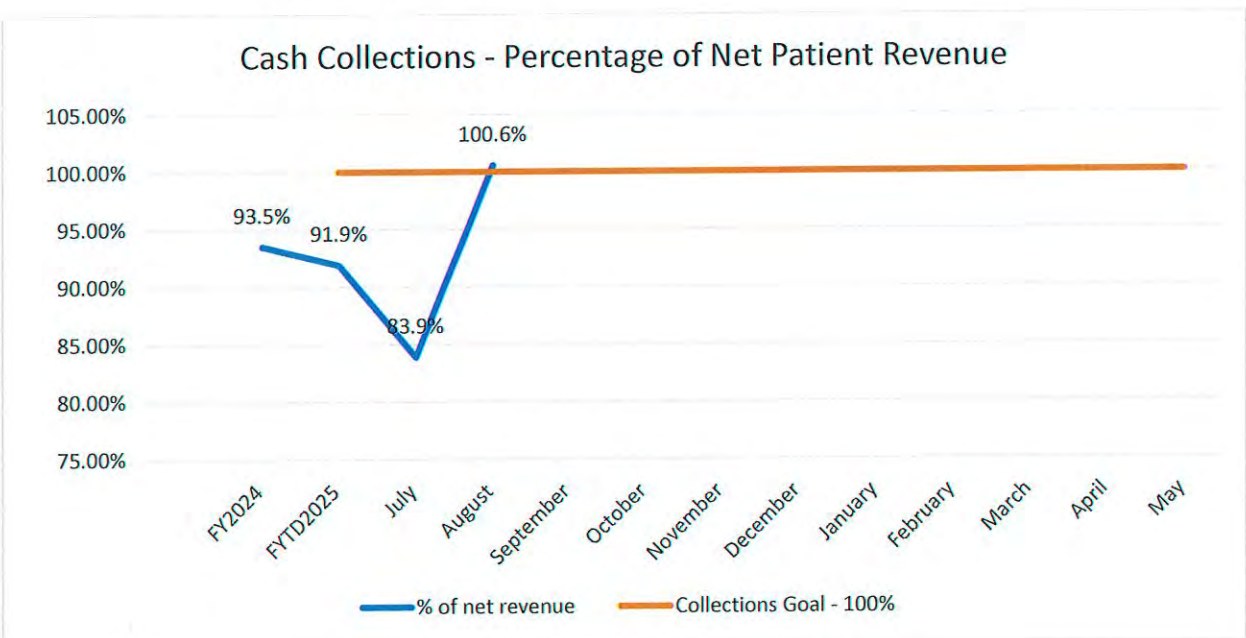
- **Days Cash on Hand** represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set interim goals of 109 days for September, 117 days for December, 126 days for March and 133 days for year end.
  - We had a decrease in DCOH, coming in at 100, below the goal for the month. Cash collections came in at \$11.2 million. Daily cash expense increased to \$329,500 in August.



- **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 slightly in August and came in at 66.7, below the goal for the month.

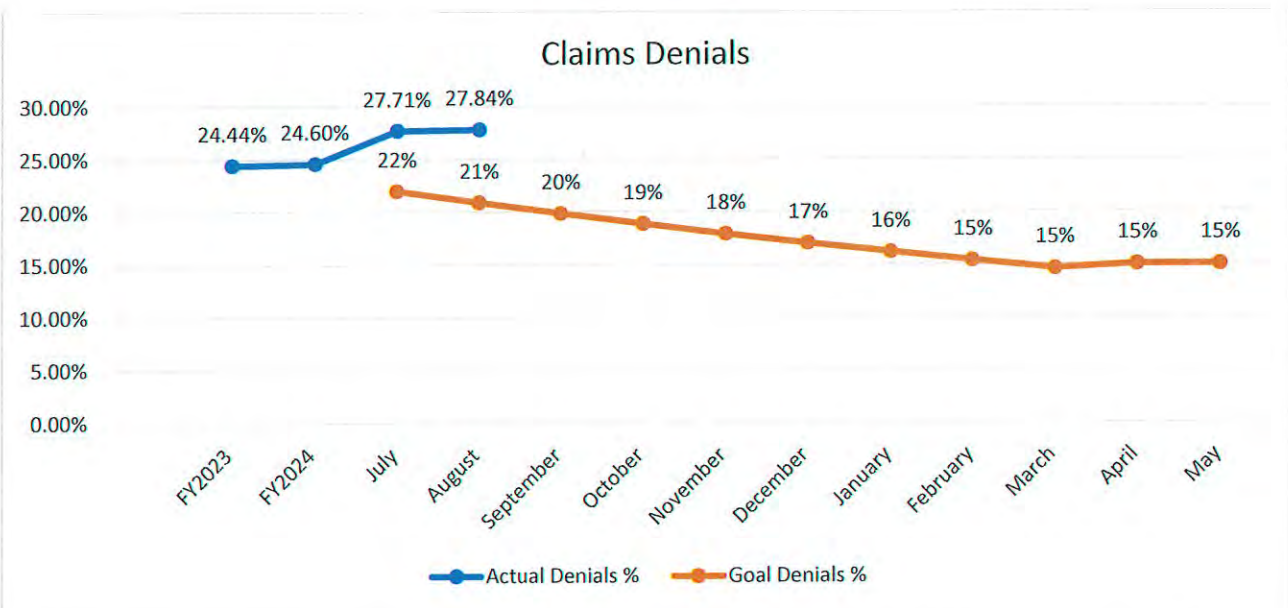


- **Cash Collections** – The goal for cash collections is 100% or > than net patient revenue.
  - Cash collections for August were \$11.2 million, or 100.6% of net patient revenue, above the goal for the month.



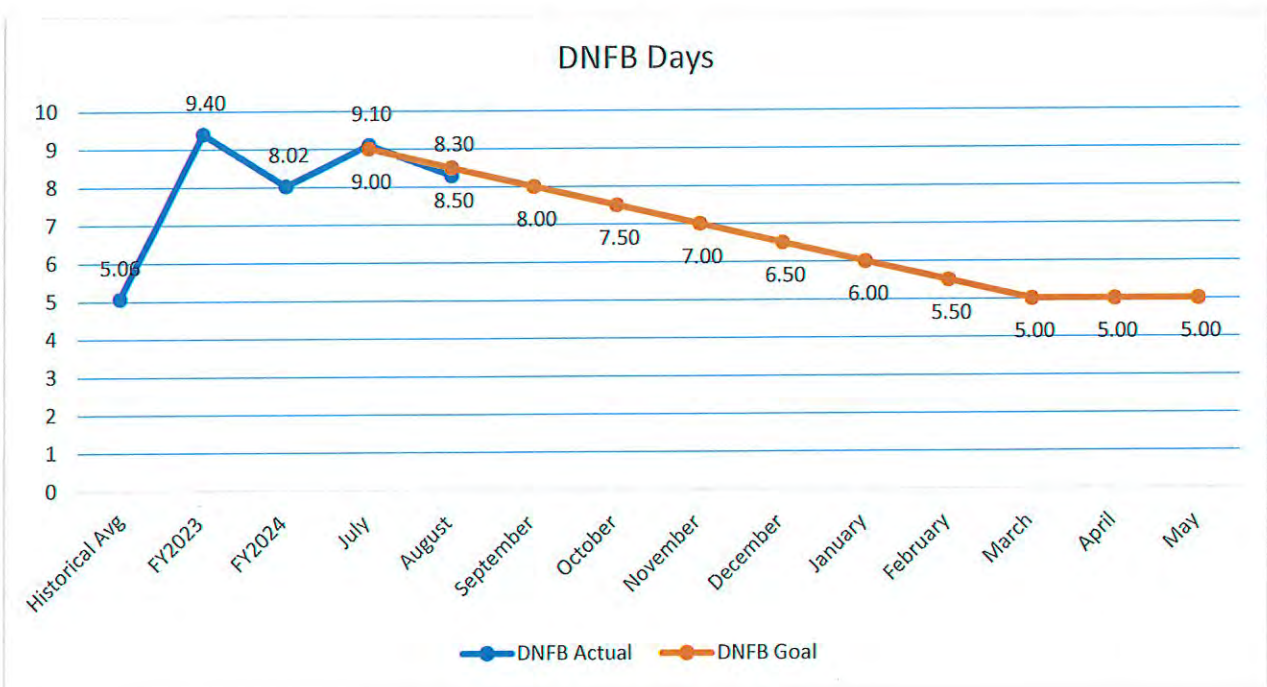


- **Denial Rate** – The denial rate is the percentage of all submitted claims denied by payers. A lower denial rate means improved cash flow. Current state and national benchmarks are at 15%. We have set interim goals of 20% for September, 17% for December, 15% for March and maintaining 15% by year end.
  - The denial rate for August was stable at 27.8%, 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.

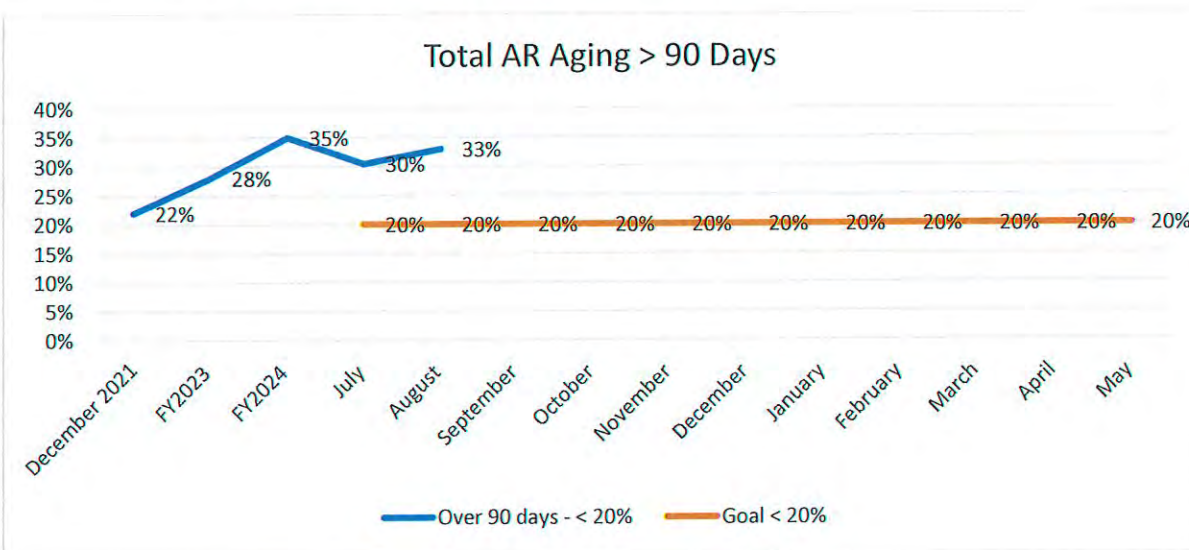


- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts that have been discharged but not billed. Several categories fall under DNFB, including billing holds, corrections required, credit balances, waiting for coding, ready to bill and standard delay. The standard delay is accounts held automatically for 3 days before being released for billing. This allows for all charges to be posted, charts documented, and coding completed. The goal for DNFB days is 5 days by the end of the fiscal year.
  - DNFB Days decreased to 8.3 days in August as the team continues to prioritize this goal. We continue to work through the details in bringing our DNFB days down and will be presenting to the providers how they can assist.

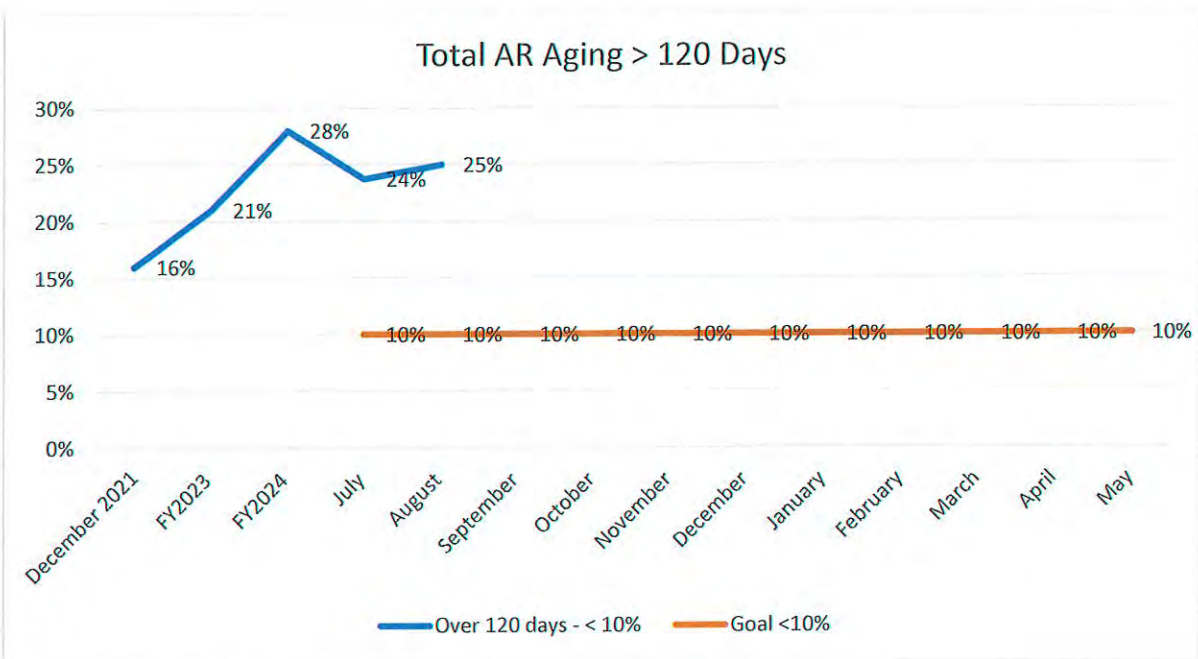




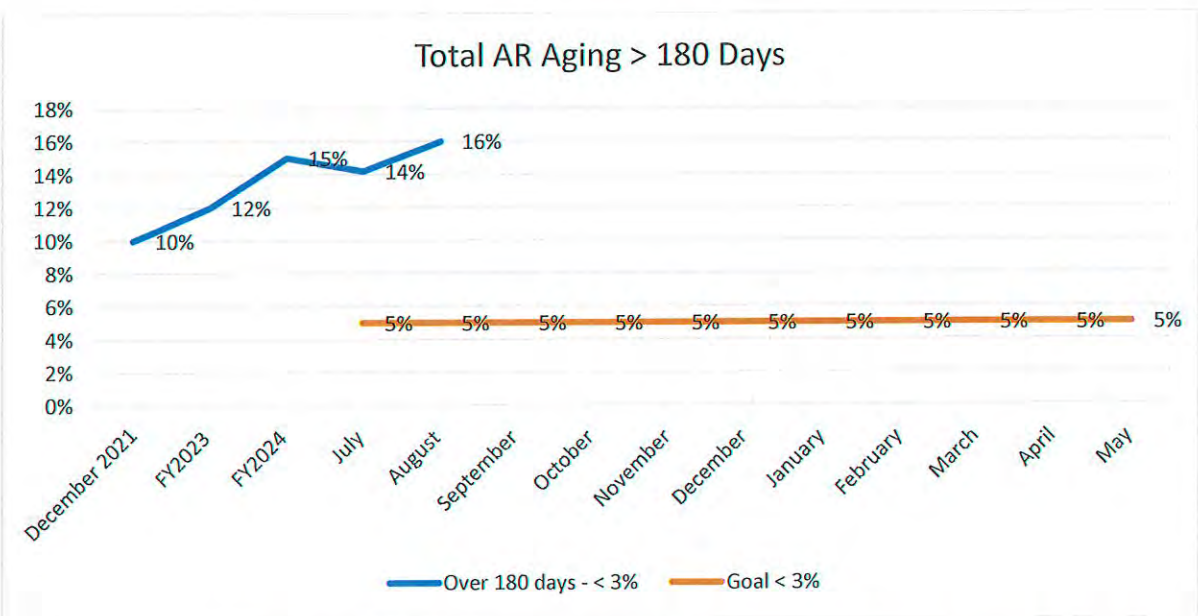
- **Total Accounts Receivable aging** – Goals were set based on national benchmarks received from CLA and are set as follows:
  - Days over 90 days set be < 20% of total AR.
  - Days over 120 days set at < 10% of total AR.
  - Days over 180 days set at < 5% of total AR.



- Days over 90 days increased to 33% for August.

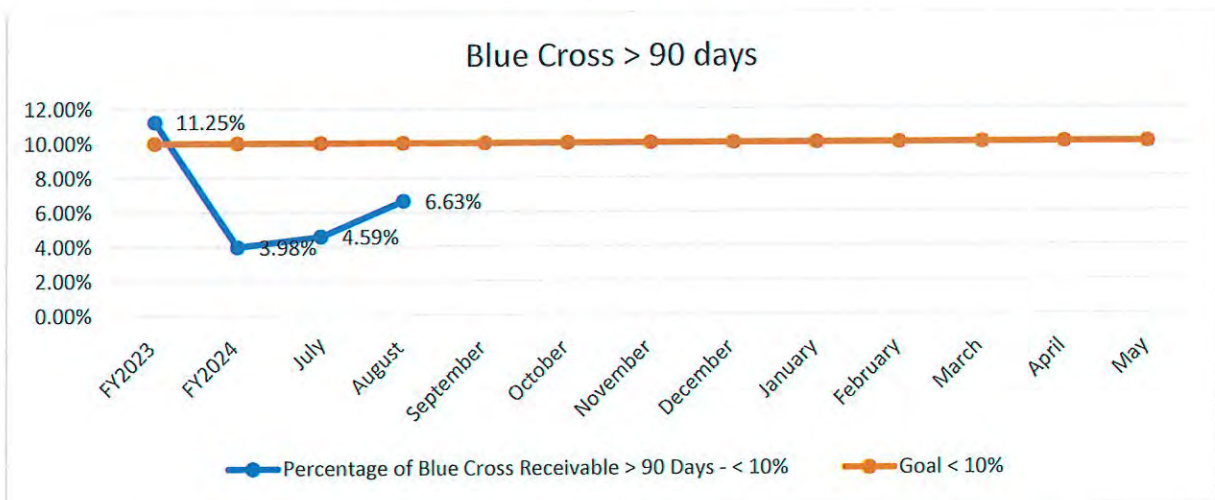


- Days over 120 days increased to 25% for August.

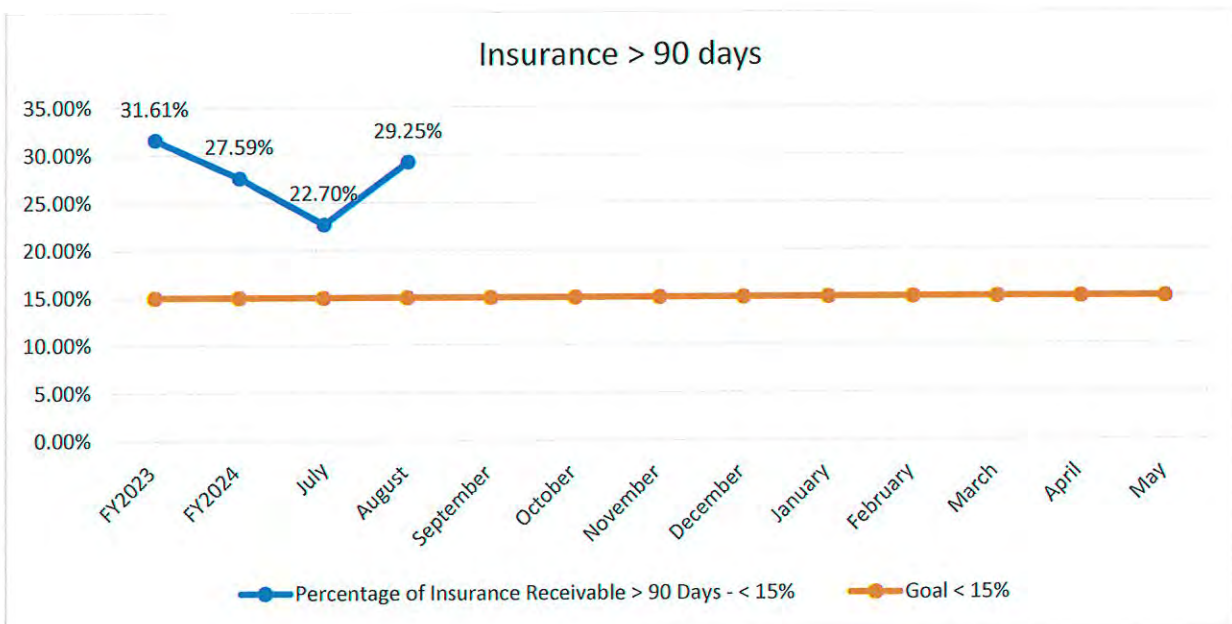


- Days over 180 days increased to 16% for August. We are currently receiving proposals from vendors for temporary outsourcing of aging account follow-ups.
- **Days in AR by Payer** – These metrics show more detail of the aging AR by payer. We saw a decrease in the aging AR for Blue Cross, Commercial and Medicare with Medicaid staying right at the goal. These goals are as follows:

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

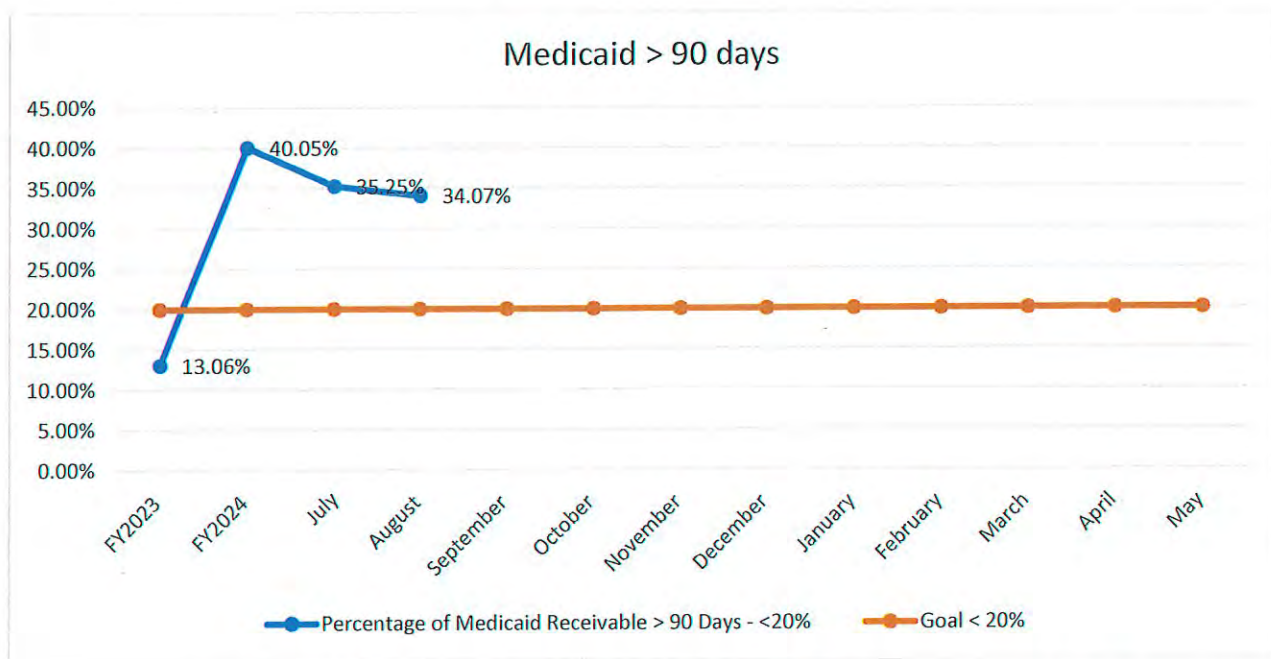


- Blue Cross aging remains under the goal of 10%, at 6.63% in August.

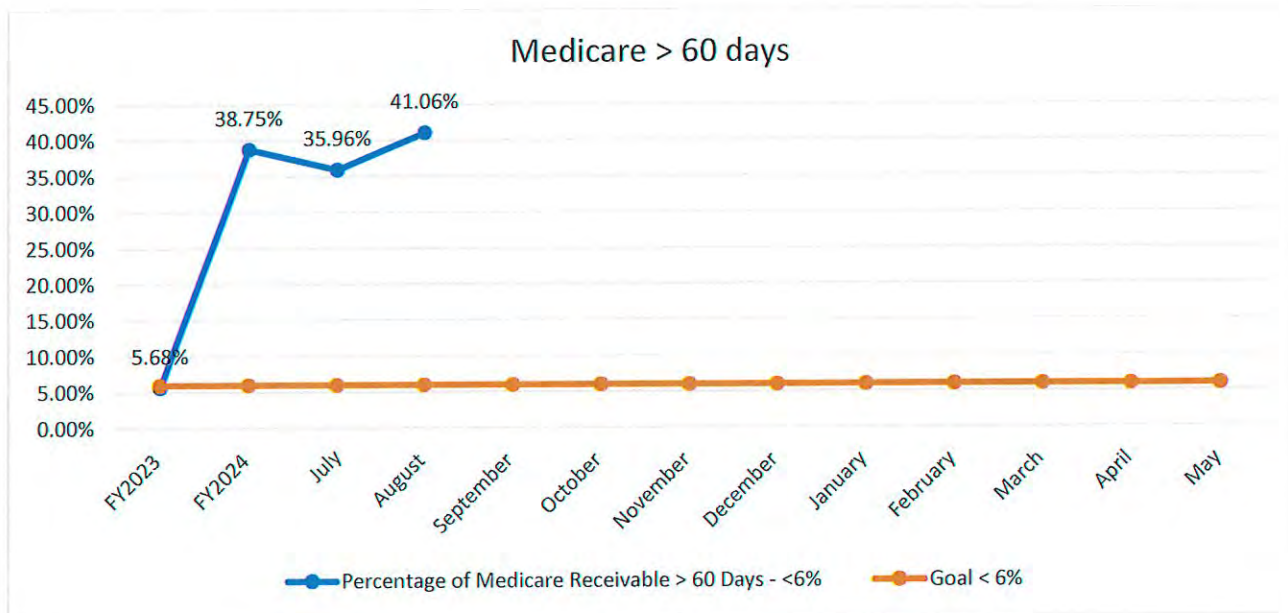


- Commercial aging increased to 29.25% for August.





- Medicaid aging continued to trend down in August as we continue to train staff. Aging is at 34.07% for August, over the 20% goal.



- Medicare increased in August to 41.06%.





- In August, aging increased to 47.93%. 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 patient balance financing options.

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

	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>
<b>SELF PAY DISCOUNTS</b>	1,353,208.58	780,098.39	844,366.51	126,144.75
<b>FY 25 ESTIMATE</b>			844,366.51	756,868.50
<b>JULY DISCOUNT AMOUNT</b>				57,900.63

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

	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>
<b>HARDSHIP PROGRAM</b>	3,164.60	61,124.87	183,310.54	20,758.52
<b>50% DISCOUNT AUGUST</b>				9,275.44

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

<b>TOTAL SELF PAY PAYMENTS</b>	<b>HOSPITAL</b>	<b>CLINIC</b>
FY 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	1,460,357.92	257,526.67

<b>TOTAL SELF PAY REVENUE</b>	<b>HOSPITAL</b>	<b>CLINIC</b>
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	2,954,495.82	322,454.46

## 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	44,433.04

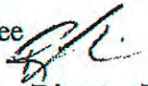
### PATIENT NAVIGATION

	FY23	FY24	FY25
ACTUAL COST SAVINGS OF FREE OR REPLACEMENT MEDICATION	285,333.00	235,364.00	86,004.00
COPAY ASSISTANCE *ACTUAL COLLECTIONS	51,976.00	80,886.00	14,709.00
INSURANCE MAXIMUMIZATION *ACTUAL COLLECTIONS	1,058,933.00	2,591,935.00	431,874.00
PREMIUM ASSISTANCE *ACTUAL COLLECTIONS	823,191.00	664,667.00	64,760.00
TOTAL COST SAVINGS AND COLLECTED REVENUE	<u>2,219,433.00</u>	<u>3,572,852.00</u>	<u>597,347.00</u>
 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	 <u>1,243,293.00</u>	 <u>1,131,476.00</u>	 <u>-3,902,653.00</u>

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



MEMO: September 24, 2024

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary September 2024 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$ 2,200,000.00
Hospital Accounts Affinity	\$ 00.00
Hospital Payment Plans Affinity	\$ 00.00
Medical Clinic Accounts EMD's	\$ 00.00
Ortho Clinic Accounts EMD's	\$ 00.00
Total Potential Bad Debt	\$ 2,200,000.00
Accounts Returned	\$ - 34,979.00

Net Bad Debt Turned \$2,165,021.00

Recoveries Collection Agency Cerner	\$ - 156,400.00	
Recoveries Collection Agency Affinity	\$ - 53,000.00	
Recoveries Payment Plans Affinity	\$ - 1,250.00	
Medical Clinic Recoveries EMD's	\$ - 2,425.00	
Ortho Clinic Recoveries EMD's	\$ - 500.00	
Total Bad Debt Recoveries		\$- 213,575.00

Net Bad Debt Less Recoveries \$ 1,951,446.00

Projected Bad Debt by Financial Class

Blue Cross and Commercial	\$ 702,848.77
Medicare	\$ 26,455.25
Medicare Advantage	\$ 14,554.20
Self Pay	\$ 1,369,842.04





## MHSC Board of Trustees Report

### Business

- A credit card policy for the Foundation has been created and is in the reviewing process.
- The Foundation Coordinator position was released, and we hope to start that individual by the end of October.
- Foundation has accepted a Senior student shadow from the RS high school and will be educating him/her on grants, fundraising, private donations, public relations, community involvement, the importance of healthcare and of course, how wonderful our hospital is!

### Grants

- \$20,000 **Received** from The Wyoming Community Foundation donor fund for the Waldner House.
- \$4,800 Grant **Submitted** in support for Cancer Survivors during “survivorship night.”
- \$33,580.04 **Inquiry** for Emergency Management HERT for NIOSH CBRN certified respirator systems.
- \$25,000 **Inquiry** for Emergency Management Tent system
- \$2,000 **Inquiry** for IT Department
- **Inquiry** for Trauma Training- Nursing Department
- **Inquiry** for Rapid Blood Transfusion equipment for OB
- **Inquiry** for Glide scope for anesthesia. The item was not submitted for capital purchase and was later found that it is no longer serviceable. It is a vital piece of equipment for our anesthesiologist, and they use it during intubation.

### Upcoming Events

- The Foundation’s Casino Night is **October 11<sup>th</sup> @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](http://MHSCFoundation.com) to purchase tickets and to see available Sponsorships.

**Scan here for Casino Night tickets!**



- Holiday Community Event (November/ December) TBD
- Red Tie Gala- February 1<sup>st</sup>- if you’d like to volunteer or donate, please let me know 😊 Tickets will be available starting in October

**Other**

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

Report Submitted By: Kayla Mannikko

Building and Grounds Committee Meeting  
September 17, 2024

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

In Attendance:      Mr. Craig Rood, *Trustee, Chairman*  
                             Mr. Marty Kelsey, *Trustee*  
                             Ms. Irene Richardson, *CEO*  
                             Ms. Tami Love, *CFO*  
                             Mr. Gerry Johnston, *Director of Facilities*  
                             Mr. Steven Skorcz, *Facilities Supervisor*  
                             Ms. Michele Schmidt, *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 August 20, 2024 meeting. Mr. Kelsey made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

**Maintenance Metrics**

Mr. Johnston reviewed the August metrics report and said they were on track. He said there are a few outstanding work orders that need to be addressed.

**Old Business – Project Review**

**Oncology Suite renovation**

Ms. Schmidt reported that APleasant Construction is on hold this week as they are waiting for new acid lines to be shipped for the sewer line. Once received, they will get up and running again.

**Medical Imaging Core and X-ray**

Ms. Schmidt said PlanOne is working with Groathouse on subcontract bidders to get documentation for OHLS and the City to review. Mr. Johnston said the two x-ray machines will be delivered at the end of this month for storage until the project is complete

**Laboratory Expansion project - SLIB**

Ms. Schmidt said it has been a slow start to this project due to the issues with the sewer line relocation. Sewer lines and piping are on order and then they can get underground utilities in. Mr. Rood said it looks like they are moving right along. Ms. Schmidt said the manholes for the relocation of the sewer line have been ordered and are about 3 weeks out for delivery. Ms. Love said they have a meeting this week with Groathouse to discuss the delays and the impact.

### MOB Entrance – SLIB

Ms. Schmidt said the permits and reviews are complete from their side and are with Groathouse now. Groathouse will be working on scheduling and get permits picked up to get started. Ms. Love said the documents for this project have been sent to SLIB to meet the October 1<sup>st</sup> deadline. We have completed and received the first reimbursement from SLIB for the Lab project and will be sending through a second one this week for about \$400k.

### Foundation Area Renovation

Mr. Rood asked if this was still on hold. Ms. Love there isn't any updates as we are hoping to use the Master Plan to help make a decision for this space. We will be getting together internally over the next couple weeks to review the phase 3 report of the Master Plan which includes some costs for the different options.

### Master Plan

Ms. Richardson said Ms. Barbara Sowada has asked that we do a Board retreat for the Master Plan. She would like them to present to the whole Board the progress and options that have come out of the planning. We are looking at a November date for the Board retreat. Mr. Rood agrees with sharing with the whole Board as he really liked the presentation we had to this committee. Mr. Kelsey asked if it would be onsite or virtual. Mr. Rood said we should look at availability and then maybe do it as a hybrid meeting.

### New Business

No new business was discussed.

### Other

The next meeting is scheduled for Tuesday, October 15, 2024; 2:30pm – 3:30pm.

Mr. Rood adjourned the meeting at 2:43 pm.

*Submitted by Tami Love*



Quality Chair Report  
September, 2024

Irene led the committee in a customer/supplier activity. Participants discussed their experiences as the supplier and the customer. All mentioned the importance of good communication.

Patient Safety Plan was discussed in terms of CMS language stating the Board is accountable for the quality and safety of patient care. The Board's, senior leadership's, and leadership's responsibilities and accountabilities were discussed. Plan will be brought back at the October meeting.

Executive Update of 5 Strategic Pillars was reviewed. Noted and appreciated that baseline criteria and end dates were added for each initiative in the five pillars.

Dr. Poyer recognized Dr. Karns and Dr. Crofts for quick response to a patient's needs. Noted that the hospital has engaged the telemedicine services of Drs. Ghanem and Dowell. They will be able to chart directly in Cerner and are able to bill the patient directly.

Workplace violence data was briefly discussed. Also discussed was the value of presenting the data by categories of severity.

## Executive Update – MHSC Quality Committee of the Board

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

### General Highlights

- Patient safety plan presented for approval.

### Patient Experience Pillar

#### FY 2025 Priorities and Goals:

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

#### Additional Strategic Objectives:

- Degree to which all staff showed compassion (HCAHPS)\*
  - Baseline data CY 2023
    - OB Baseline data 81.40% percentage points
    - MS/ICU Baseline data 70.59% percentage points
    - Surgery Baseline Data 91.03% percentage points
    - MOB Clinics Baseline Data 80.18% percentage points
    - College Drive Clinics Baseline Data 82.36% percentage points
    - ED Baseline Data 70.19% percentage points
    - Radiation & Medical Oncology are not surveyed through Press Ganey
- Hospital Environment (HCAHPS)\*
  - Cleanliness sub measurement:
    - Baseline MHSC data (CY 2023): 74.54%
  - Quietness sub measurement:
    - Baseline MHSC data (CY 2023): 64.02%

#### Strategic Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
Patient Experience Survey Question regarding "compassion" moved to Synergi	None identified	Individual process improvement cases with associated actions created in Synergi	Leaders will continue to use Synergi to document process improvement
Leadership Rounding Checklist created for OB, MS, ICU, ED and RT as part of the action plan	None Identified	Leaders can document rounding on patients as part of their process improvement reporting	
Formal leader training scheduled for Sept. 25 and 26 <sup>th</sup> as one of the strategic initiatives	None identified		
			Work continues with hospital and clinic offices to move process improvement to Synergi from stoplight reports

## Quality & Safety Pillar

### FY 2025 Priorities and Strategic Objectives:

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

### Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
All the Quality and Safety Pillar spotlight reports were moved to the process improvement module in Synergi.	None identified	Individual process improvement cases with associated actions created in Synergi	Leaders will continue to use Synergi to document process improvement
Initiative regarding TeamSTEPPS. Tracking of attendance is in place and the activities are open to clinical and non-clinical staff.	None identified	Improve inter-and intradepartmental communication	
Risk management minutes are being presented at medical staff meetings.	None identified	Provide education for staff, including employed medical staff	Plan to upload risk management minutes to process improvement case in Synergi
Synergi report categorization with further development for HIPAA, grievance/complaint, and process improvements	None identified	Further case categorization increases tracking and trending capabilities	
Health Equity			Committee is meeting and developing plan to identify areas of disparities  Will participate in the American Hospital Association Health Equity Assessment and process improvement planning
Staff education – Prosper training held for evidence-based research regarding suicide prevention offered by community agency	None identified		

## Community, Services and Growth Pillar

### Strategic Objectives:

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

### Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
Stoplight report created for Care for the Caregiver	Identify Goal by end of CY 2024	None identified	Staff actively using process improvement module to document actions toward meeting the goal
Stoplight report created for Mental Health	Identify Goal by end of CY 2024		Project moved to Synergi process improvement
Stoplight report created for Diabetes Education	None identified at this time		Project moved to Synergi

## Employee Experience Pillar

### Strategic Objectives:

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

### Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
Reduce Staff turnover by 10% per year, using current turnover rate (Amber) 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
    - FY25 = 119 , FY26 = 131 , FY27 = 144
  - Reduce and maintain Days in A/R to 45 days by the end of 2024
    - CY 24 Jan-Jul Average 63 days
  - Maintain level of claims denials at state and national benchmarks (target goal <15% by end of FY 2025)
    - CY 24 Apr-June 24.7%
  - Reduce and maintain Days Not Final Billed (DNFB) at five days by the end of 2024
    - CY 24 Jan-Aug Average 10.1 days
- Build the MHSC County Maintenance Fund to \$2,000,000 by the end of three years
- 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
Alignment of individual departmental performance improvement projects (PIPS) has identified two additional areas for financial stewardship.	None identified		

## Regulatory Readiness

- Process mapping
  - Completed for suicide risk assessment/behavioral health. The group is actively working on identified barriers
  - Chemotherapy inventory map completed. The group has identified that the changes implemented from this project are working.
  - Sepsis process map in draft form. Sepsis work team is working on action items from the mapping process.
  - Process mapping scheduled for Central Scheduling
- 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

## 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: **MASTER SERVICE AGREEMENT WITH OVATION HEALTH AND SOW WITH OVATION SUBSIDIARY GROUP- AMPLIFY**
2. Purpose of contract, including scope and description: **Amplify is a subsidiary of Ovation Health. We will be entering into an MSA with Ovation Health and then any subsequent work will be done through SOW with either Ovation directly or one of its subsidiaries. The SOW from Amplify is one of the subsidiaries of Ovation Health and we are contracting with Amplify to review our Medicare Advantage contracts. This review will include analyzing the managed care contracts and evaluate net revenue from each of Hospital's key managed care agreements, highlight top major payers, assist in negotiations, payer relations, reimbursement improvement, validate contract performance and other services as outlined in 1.1.1. of SOW from Amplify.**
3. Effective Date: **October 1, 2024.**
4. Expiration Date: **SOW expires September 30, 2027; MSA expires August 31, 2029**
5. Termination provisions: **There are provisions in the MSA for termination for cause outlined in 7.2. No termination in SOW** Is this auto-renew? **Yes for successive one year terms.**
6. Monetary cost of the contract: **\$4000.00 month, locked in for original term of contract.** Budgeted? **yes**



7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **No but Ovation agreed to add Wyoming sovereign immunity language. Page 4 of SOW**

8. Any confidentiality provisions? **Yes 5.2 of MSA**

9. Indemnification clause present? **Yes section 6.1 of MSA**

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

11. Is County Attorney review required? **No**



**MASTER SERVICES AGREEMENT**  
**COVER PAGE**

This Master Services Agreement ("**Agreement**") is entered into by and between the parties named below, for the Term specified below. Each of Client and Ovation Healthcare are hereafter referred to as a "Party" and collectively as the "Parties" to this Agreement.

**"Client" means:**

*(Insert Client's full legal name and address below)*

Memorial Hospital of Sweetwater County

1200 College Drive

Rock Springs, Wyoming 82901

**"Ovation Healthcare"** means QHR Health, LLC d/b/a Ovation Healthcare, a limited liability company which has its principal place of business at 1573 Mallory Lane, Suite 200, Brentwood, TN 37027. As used in this Agreement, "Ovation Healthcare" also means any Ovation Healthcare Affiliate (defined below) which provides services to Client.

The "**Term**" of this Agreement shall be as follows:

Effective Date: September 1, 2024

Expiration Date: August 31, 2029

Client seeks to access Ovation Healthcare's service offerings. This Agreement governs the terms under which Ovation Healthcare agrees to provide such services to Client, and serves as the foundation upon which the Parties have agreed to do business. The terms and conditions outlined in this Agreement will govern all services provided to Client by Ovation Healthcare or by any entity in which Ovation Healthcare has a controlling interest, or is a parent, subsidiary, or affiliated entity of Ovation Healthcare (each an "**Ovation Healthcare Affiliate**"). Specific projects will be executed individually, when the Parties sign detailed statements of work (each a "**Statement of Work**" or "SOW") describing the particular project, specifying services, project expectations, fees and any novel terms and conditions the Parties intend to put in place as a supplement to these master terms and conditions, to govern that particular project. Thus, in addition to having signed this Agreement, an executed Statement of Work is required before any services will be provided to Client.

Upon the Expiration Date, this Agreement shall automatically renew for successive one (1) year periods (each a "Renewal Term"). After the Initial Term, either Party may choose to not renew this Agreement by giving the other Party written notice of such nonrenewal at least one-hundred twenty (120) days prior to the expiration of the Initial Term or any applicable Renewal Term. Articles V, VI, VIII and IX shall survive expiration or termination of this Agreement.

This Master Services Agreement is confidential, and shall be treated as such by all Parties. Ovation Healthcare classifies this document as proprietary, and objects to the disclosure of this Agreement to any third parties, including but not limited to any production in response to an Open Meetings Act, Public Records Act, Freedom of Information Act request or similar federal, state or local right of access to public records. Public entity clients are required to notify Ovation Healthcare of any such requests, in a timely fashion to permit Ovation Healthcare to formally assert its objection to disclosure.

By signing below, the undersigned agree that they have read and understood the attached Terms and Conditions and that, intending to be legally bound, have executed this instrument through a duly authorized representative.

**SIGNATURES AND APPROVALS:**

**Memorial Hospital of Sweetwater County:**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**QHR Health, LLC d/b/a Ovation Healthcare:**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**Master Services Agreement**  
**Terms and Conditions**

**Article I**  
**Relationship of the Parties**

**1.1 Relationship of the Parties.** Ovation Healthcare is an independent service provider for Client. No other relationship is intended or created between the Parties. Nothing in this Agreement shall be construed as to suggest or support a conclusion that any Party (or its representatives) is an employer or employee of the other Party, or to suggest or support a conclusion that the Parties are joint venturers or partners, or to suggest or support a conclusion that either Party has the right to control or conduct the other Party's business.

**1.2 Client Retention of Authority and Responsibility.** Ovation Healthcare will provide services to assist Client in the operation of its business; however, Ovation Healthcare does not and will not, at any time, accept assignment or transfer of Client's ownership of all authority, responsibilities, liabilities, obligations, or debts. Client shall at all times retain ultimate authority, supervision, responsibility and control over and fiduciary duties with respect to its business operations and employees, and shall retain sole authority and responsibility at all times for the delivery, quality, and supervision of care, and for Client's compliance with all applicable federal, state and local laws (including, without limitation, compliance with federal and state laws relating to "fraud and abuse" by hospitals and other healthcare providers and compliance with the federal Stark law of 42 U.S.C. §1395nn *et seq.*, as amended). Ovation Healthcare shall never have the right to legally bind Client, or to independently direct the Client or Client's employees in the performance of their job duties.

**Article II**  
**Statements of Work**

**2.1 General.** Ovation Healthcare shall perform certain specified services, the scope of which is limited to that which is specifically defined in one or more fully executed Statement(s) of Work appended to this Agreement (collectively, the "**Services**"). Statements of Work may only be modified by written agreement. No oral modifications or 'course of conduct' modifications will be permitted or enforceable. Any proposed modification to a Statement of Work must be confirmed in writing and signed by an authorized representative of each Party in order to be binding and deliverable.

**2.2 Limitations on Ovation Healthcare's Services.** Ovation Healthcare's Services shall include only those Services specifically identified in an executed Statement of Work. The Parties agree and understand that, regardless of the wording on any Statement of Work, or any other documentation or communication between the Parties, Ovation Healthcare will not accept a delegation of Client's responsibilities (as more thoroughly covered in Section 1.2 of this Agreement) and the Services will not, at any time, include the provision of legal services; audit services (or the services of a certified public accounting firm); expert witness services; cost report preparation/oversight; procurement of licenses, governmental approvals, provider numbers or similar items necessary for Client's operations (including any certificate of need applications related to major capital projects); data processing; or feasibility studies in connection with the Client's procurement of third-party financing.

Client warrants and represents that it has reviewed and understands the above-described Service limitations, and that it will not rely on Ovation Healthcare (or on any employee, agent or representative of Ovation Healthcare or any Ovation





Healthcare Affiliate) in any of the above-described categories. Additionally, Ovation Healthcare's Services are strictly limited to those services, items, access or deliverable specifically identified within an executed Statement of Work.

**2.3 Conflict of Terms.** This Master Services Agreement governs the relationship between the Parties, and supersedes all other agreements (oral or written) between the Parties. To the extent conflicting language is put into any Statement of Work, such conflicting language will not be honored, and shall be considered null and void, overridden by this Master Services Agreement, unless the following is true: If the Parties specifically call out the conflicting provision and indicate that the conflicting provision has been reviewed against the Master Services Agreement, and that it is the intent of the Parties to amend and supersede a particularly identified Section of the Master Services Agreement only with respect to the particular Services covered by that Statement of Work, such will be honored as controlling as to the particular Service in question, provided the Parties also include a verification that each Party has reviewed the Statement of Work with its legal counsel and intends by their signature to amend the Master Services Agreement on the particular point, with respect to that particular Statement of Work only.

### Article III

#### OVATION HEALTHCARE RESPONSIBILITIES

**3.1 Representations and Warranties of Ovation Healthcare.** Ovation Healthcare represents and warrants that the following are true:

**3.1.1** Ovation Healthcare has had this Agreement reviewed by legal counsel, and fully understands and acknowledges the provisions, scope, authority and division of responsibility herein.

**3.1.2** Ovation Healthcare has the full authority to enter into this Agreement and the signature of Ovation Healthcare's authorized representative on this document represents that this Agreement has been duly authorized, executed, and delivered, and represents a legal, valid, and binding

agreement, enforceable against Ovation Healthcare in accordance with its terms.

**3.1.3** The execution, delivery, and performance of this Agreement by Ovation Healthcare, and consummation by it of the transactions contemplated hereby do not (a) require any consent, waiver, approval, license, or authorization of any person or public authority which has not been obtained and is not presently in effect; (b) violate any provision of law applicable to Ovation Healthcare; (c) conflict with or result in a default under, or create, any lien upon any of the property or assets of Ovation Healthcare pursuant to any agreement or instrument; (d) violate any judicial or administrative decree, regulation, or any other restriction of any kind or character to which Ovation Healthcare is a party or by which Ovation Healthcare or any of its assets may be bound.

**3.1.4** Ovation Healthcare is currently solvent, and none of the execution, delivery or performance of Ovation Healthcare of its obligations under this Agreement will render Ovation Healthcare insolvent.

**3.1.5** Ovation Healthcare recognizes and acknowledges the importance of adequate communication and notifications to Client regarding the Services it provides. Ovation Healthcare agrees that it will, in a prompt and timely fashion, bring to Client's attention, in writing, any complaint, claim or dispute or allegation of breach it may have against Client, its agents, representatives, employees or contractors concerning the Services or subject matter of this Agreement or any Statement of Work.

**3.1.6** Ovation Healthcare has not been sanctioned by the Health and Human Services office of the Inspector General as set forth on the Cumulative Sanctions Report, or excluded by the General Services Administration as set forth on the List of Excluded Providers [see <http://oig.hhs.gov/fraud/exclusions.html> and [http://oig.hhs.gov/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/exclusions/exclusions_list.asp)]. Ovation Healthcare will promptly notify Client if,



during the Term, Ovation Healthcare receives notice of any investigation conducted by a Federal Healthcare Program, Office of Health and Human Services or the Department of Justice.

#### **Article IV CLIENT RESPONSIBILITIES**

**4.1 Ovation Healthcare Reliance on Client's Policies.** Client shall communicate relevant Client policies, procedures and directives to Ovation Healthcare, and Ovation Healthcare shall be entitled to rely on and assume the validity of communications from the Client and its designees. Ovation Healthcare shall not be held responsible for any such policies, procedures and directives of which it has not been advised in advance and in writing.

**4.2 Representations and Warranties of the Client.** The Client represents and warrants that the following are true:

**4.2.1** The Client has had the opportunity to have this Agreement reviewed by independent legal counsel. Client fully understands and acknowledges the provisions, scope, authority and division of responsibility herein.

**4.2.2** The Client has the full authority to enter into this Agreement and the signature of the Chairman of the Board (or other duly-authorized representative) on this document represents that this Agreement has been duly authorized, executed, and delivered by the Board as the governing body of the Client, and represents a legal, valid, and binding agreement, enforceable against the Client in accordance with its terms.

**4.2.3** The execution, delivery, and performance of this Agreement by the Client, and consummation by it of the transactions contemplated hereby do not: (a) require any consent, waiver, approval, license, or authorization of any person or public authority which has not been obtained and is not presently in effect; (b) violate any provision of law applicable to the Client; (c) conflict with or result in a default under, or create, any lien upon any of the property or assets of the Client pursuant to any

agreement or instrument; or (d) violate any judicial or administrative decree, regulation, or any other restriction of any kind or character to which the Client is a party or by which the Client or any of its assets may be bound.

**4.2.4** Client is currently solvent, and none of the execution, delivery or performance of Client of its obligations under this Agreement will render Client insolvent.

**4.2.5** The Client understands and fully acknowledges that the Client is solely responsible for, and shall seek independent legal guidance as needed with respect to, Client's compliance with (a) the terms of its participation in any Federal Healthcare Program (as defined in 42 U.S.C. § 1320a-7b(f)) and/or third party payors with which the Client participates and from which it receives reimbursement, or the applicable Medicare Administrative Contractor or paying agents, and (b) all applicable laws, regulations and requirements with respect to Client's billing claims to each such Federal Healthcare Program and third party payor. Neither Ovation Healthcare nor any of its agents, representatives or employees shall be responsible or have any liability for the Client's compliance with such law, regulations, or requirements.

**4.2.6** Client recognizes and acknowledges the importance of adequate communication and notifications to Ovation Healthcare regarding the services provided hereunder. Client agrees that it will, in a prompt and timely fashion, bring to Ovation Healthcare's attention, in writing, any complaint, claim or dispute or allegation of breach it may have against Ovation Healthcare, its agents, representatives, employees or contractors concerning the services or subject matter of this Agreement.

**4.2.7** Client has not been sanctioned by the Health and Human Services office of the Inspector General as set forth on the Cumulative Sanctions Report, or excluded by the General Services Administration as set forth on the List of Excluded Providers [see



<http://oig.hhs.gov/fraud/exclusions.html> and [http://oig.hhs.gov/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/exclusions/exclusions_list.asp). Client will promptly notify Ovation Healthcare, if, during the Term, Client receives notice of any investigation conducted by a Federal Healthcare Program, Office of Health and Human Services or the Department of Justice.

#### **4.3 Client Responsibility for Costs.**

The Client shall be responsible for all costs and expenses incurred to operate its business. No such expenses shall inure to Ovation Healthcare. Nothing contained herein shall obligate Ovation Healthcare to make any payments from its own funds or resources, incur any costs, or assume any liabilities either primarily or as guarantor on behalf of the Client, or to advance any monies to the Client.

### **Article V**

#### **OWNERSHIP OF INFORMATION; CONFIDENTIALITY**

##### **5.1 Ownership of Information.**

**5.1.1** All operating procedures, protocols, information systems, computer data bases, know-how, intellectual property, and other non-public proprietary business systems or information not uniquely pertaining to the Client (collectively, "Ovation Healthcare's Proprietary Information") that are or were created or developed by or on behalf of Ovation Healthcare, or obtained by Ovation Healthcare from sources other than the Client, shall be the exclusive property of Ovation Healthcare. Nothing contained in this Agreement shall be construed as a license or transfer of Ovation Healthcare's Proprietary Information or any portion thereof, either during the Term or thereafter. Upon the termination or expiration of this Agreement, Ovation Healthcare shall have the right to retain all of Ovation Healthcare's Proprietary Information, and Client, upon request, shall return to Ovation Healthcare all of Ovation Healthcare's Proprietary Information in its possession. Notwithstanding the foregoing, written reports, database, procedures, protocols, computer data bases, policies, educational materials, regulatory analysis reports, and updates and other written

documents delivered by Ovation Healthcare to Client during the Term of this Agreement in connection with the Services provided by Ovation Healthcare pursuant to this Agreement shall not constitute Ovation Healthcare Proprietary Information.

**5.1.2** All operating procedures, protocols, information systems, computer data bases, and other non-public proprietary business systems or information owned or developed in whole or in part by Client personnel (collectively, the "Client's Proprietary Information"), shall be the exclusive property of Client. Nothing contained in this Agreement shall be construed as a license or transfer of the Client Proprietary Information or any portion thereof, either during the Term or thereafter. Upon the termination or expiration of this Agreement, Client shall have the right to retain all such Client Proprietary Information, and Ovation Healthcare, upon request, shall return to Client all Client Proprietary Information in its possession.

**5.1.3** Client shall provide all data and information described in the Statement of Work or as reasonably requested by Ovation Healthcare for its purposes of providing the Services. Client hereby grants to Ovation Healthcare a non-exclusive, royalty-free right during the Term to use, disclose, and process all data provided or made available to Ovation Healthcare by or on behalf of Client through or in connection with the Services, including any data transmitted, processed or uploaded to any system or product of Ovation Healthcare (the "Client Data") for purposes of providing the Services under this Agreement and any Statement of Work. Client hereby represents and warrants that Client has all rights, consents, permissions and other authorizations required under applicable law or any third party as necessary to provide Client Data to Ovation Healthcare and that Client shall take appropriate steps to ensure that Client Data (i) does not contain or cause to be placed any worms, viruses or programming routines intended to interfere, damage, corrupt, surreptitiously intercept or expropriate any system, data or personal information; (ii) is not materially false, misleading or inaccurate;



and (iii) does not violate any law, rule or regulation. Client hereby agrees that Ovation Healthcare may use on a perpetual, irrevocable, royalty-free basis any Client Data that has been de-identified or anonymized as permitted by applicable law, and any and all insights, usage statistics, analytic data, benchmarking data and/or similar types of insights and data derived from the Client Data or the performance of the Services hereunder that describe or relate to the performance, features or functionality of the Services provided under this Agreement or any Statement of Work, for Ovation Healthcare's business purposes so long as such use does not identify a natural person or Client as the source of the data. This Section shall survive the expiration or termination of this Agreement and any Statement of Work.

**5.2 Confidentiality.** Each Party agrees that it shall not, and shall cause its officers, directors, employees and agents to not disclose to any third party any confidential or proprietary data, reports, or other information or materials concerning the other Party hereto, including, without limitation, any aspect of the Proprietary Information, and the terms or prices of any agreement under the Group Purchasing Program (if applicable), without the prior written consent of the Party whose information is to be disclosed, except as otherwise required by applicable court or administrative order, law or regulation. Each Party shall notify the other Party immediately of any suspected or actual breach of these confidentiality requirements, and related facts. Promptly upon the expiration or earlier termination of this Agreement, if requested, each Party shall return to the other Party originals and copies, whether in electronic or other medium, of all reports, records, memoranda, and other materials that contain proprietary information of the other Party.

**5.3 Public Announcements; No Disparagement.** Except as otherwise provided herein, neither Party may disclose the terms of this Agreement, or any agreement supplementing this Agreement (including any Statements of Work), to any other person or entity, except by mutual written

consent of the Parties. Without limiting the foregoing, neither Party, nor any officer, director, trustee, employee or agent of such Party (each a "Restricted Party"), shall issue any press release or make any public statement with respect to this Agreement, or any matter arising from this Agreement, or otherwise release, publish or make available to the public, in any manner whatsoever, any information or announcement regarding this Agreement, or its terms, without the prior written consent of the other Party. Each Party agrees that it will refrain from making, and will prohibit any of its Restricted Parties from making, any disparaging comment and/or public statements (oral or written) about the other or its business. Each of the Parties hereto agree that in the event of any termination or threatened termination of this Agreement, they will not disclose, or permit any of their respective Restricted Parties to disclose to anyone who is not a Party to this Agreement (other than their respective legal counsel), any facts or circumstances related to such termination or threatened termination. The terms of this **Section 5.3** shall not apply to: (i) any disclosure required for the performance of a Party's obligations hereunder, (ii) any disclosure of the existence or terms of this Agreement made in the notes to the audited financial statements of a Party or its affiliates required to be made in accordance with generally accepted accounting principles as reasonably determined by the independent public accountants of such Party, (iii) any such disclosure made in connection with any public or private securities offering, (iv) any disclosure required to be made by law or regulation, or (v) any disclosure made in response to any court or administrative order or summons, subpoena or similar legal process except that, in each case, such Party shall provide the other Party with reasonably prompt notice thereof, and the other Party shall be permitted at its expense to seek a protective order or other appropriate remedy.

**5.4 Injunctive Relief.** The Parties agree that violations of this **Article V** would result in irreparable harm and that, in addition to any other rights and remedies provided by law, a Party shall be



entitled to injunctive relief to enforce the other Party's obligations under this **Article V**.

## **Article VI**

### **INSURANCE AND INDEMNIFICATION**

**6.1 Indemnification by the Client.** To the extent permitted by law, Client shall defend, indemnify, save and hold harmless Ovation Healthcare, its shareholders, members, directors, officers, employees, agents and direct or indirect parents or subsidiary entities (each, an "Ovation Healthcare Indemnified Party") from and against any and all judgments, losses, claims, damages, liabilities, fines, penalties, costs and expenses, including any claim for personal injury or malpractice, and including reasonable attorneys' fees and expenses paid or incurred by an Ovation Healthcare Indemnified Party, which may be asserted against any Ovation Healthcare Indemnified Party arising out of (a) any breach by Client of any covenant or any representation or warranty in this Agreement or a Statement of Work, (b) clinical or hospital care or services, (c) the negligent acts or omissions of the Client or its affiliated entities, individuals or businesses, or (d) occasioned by Ovation Healthcare's nonnegligent performance of its duties under this Agreement, where such has been requested or approved by Client. It is the intent of the Parties that this indemnification shall include, without limitation, (i) any pending or threatened medical malpractice, other tort claim, contractual claim or any other claim or cause of action; (ii) any act or omission by any former or current Client employee, medical staff member, or other personnel; (iii) any action against an Ovation Healthcare Indemnified Party brought by any of the current or former employees of Client, or medical staff member unless such action arises directly from the willful and unauthorized conduct of Ovation Healthcare or its employees; (iv) any action against an Ovation Healthcare Indemnified Party arising from actions taken by any Special Employee (if applicable) while functioning at the request of the Board of Directors of Client, as board members or executives of Client-affiliated entities or businesses; (v) any violation of any requirement

applicable Client under any federal, state, or local law or regulation; and (vi) the negligence, criminal conduct, or misconduct of Client and/or Client's employees, medical staff members, allied health professionals, and/or agents, which listing is intended to be illustrative and not all inclusive.

**6.2 Indemnification by Ovation Healthcare.** Ovation Healthcare shall defend, indemnify, save and hold harmless the Client, its members, directors, officers, employees, agents, direct or indirect parents or subsidiary entities (each, a "Client Indemnified Party") from and against any and all judgments, losses, claims, damages, liabilities, fines, penalties, costs and expenses (including reasonable attorneys' fees and expenses paid or incurred by a Client Indemnified Party), which may be asserted against any Client Indemnified Party arising out of (a) any breach by Ovation Healthcare of any covenant or any representation or warranty in this Agreement, or (b) the unilateral, negligent acts or omissions of Ovation Healthcare ("Client Claim").

**6.3 Conditions on Indemnification.** The obligations of an indemnifying party ("Indemnitor"), as set forth above, are conditioned upon: (i) the indemnified party ("Indemnitee") within a reasonable time notifying the Indemnitor of any claim, demand, action or cause of action, or any incident of which the Indemnitee has actual or constructive knowledge, which may reasonably result in a claim, demand or action, and for which the Indemnitee will look to Indemnitor for indemnification, (ii) Indemnitee, its directors, officers, employees and servants, cooperating fully with Indemnitor in Indemnitor's investigation and review of any such claim, demand, action or incident, and (iii) Indemnitee not entering into any admissions, agreements or settlements which may affect the rights of Indemnitee or Indemnitor without the prior written consent and approval of Indemnitor. Indemnitor reserves the right, in its sole discretion and at its cost, to assume the defense of Indemnitee in any such claim, action or proceeding.

**6.4 Defense Costs.** The Indemnitor shall have the right to employ counsel reasonably



acceptable to Indemnitee in any such action and to participate in the defense thereof, with the fees and expenses of such counsel at the expense of Indemnitor. The Indemnitee shall have the right but not the obligation to employ separate counsel in any such action and to participate in the defense thereof, but the fees and expenses of such counsel shall be at the expense of Indemnitee unless (a) employment of such counsel and payment of the fees and expenses thereof by the Indemnitee has been specifically authorized in writing by the Indemnitor, or (b) in the reasonable judgment of Indemnitee, employment of such counsel is necessary because the claim or defense for which such counsel is employed is inconsistent or in conflict with the claims or defenses of the Indemnitor, or (c) the Indemnitee shall have reasonably concluded that there may be claims or defenses available to it that are different from or in addition to those available to the Indemnitor, in any of which events such fees and expenses shall be borne by the Indemnitor, but in any such event, the Indemnitor shall not have the right to direct the defense of such action on behalf of the Indemnitee. The Indemnitor shall not be liable for any settlement of any such action effected by the Indemnitee without the Indemnitor's consent, but if settled with the consent of the Indemnitor or if there shall be a final judgment for the plaintiff in such action against the Indemnitee or the Indemnitor with or without the consent of the Indemnitor, the Indemnitor agrees to indemnify and hold harmless the Indemnitee to the extent provided herein.

## **6.5 Limitations and Damages.**

**6.5.1 Certain Damages.** Neither Party, their employees agents, representatives and/or affiliates, shall have any liability to the other Party for any indirect, consequential, incidental, exemplary, special or punitive damages or costs, including, without limitation, lost profits, loss of good will or loss of tax-exempt status for the Client or the Client's financing, even if such Party has been advised, knew or should have known, of the possibility thereof. Notwithstanding the foregoing, the parties confirm that Ovation Healthcare has the right to seek and

recover any and all actual damages as may be recoverable under law or equity in the event of an improper termination of the Agreement or other improper action by the Client, including, as applicable, loss of future payments of fees owed by Client to Ovation Healthcare or any portion thereof.

**6.5.2 Cumulative Liability of Ovation Healthcare.** Notwithstanding any provision to the contrary in this Agreement, the cumulative liability of Ovation Healthcare, its employees, agents, representatives and/or affiliates to the Client for any and all claims, regardless of the form of action, arising out of, or relating in any way to, this Agreement, shall not exceed the total amount of the fees paid to Ovation Healthcare for services provided within the twelve (12) months preceding the date any such claim actually accrued.

**6.5.3 Acknowledgment.** Ovation Healthcare shall have no liability whatsoever for the financial condition of the Client at any time prior to, during, or after the Term. Ovation Healthcare shall have no right or interest in nor increase in compensation related to any improvement to the financial condition of the Client at any time prior to, during, or after the Term. Ovation Healthcare makes no warranty or guarantee regarding the ultimate success or performance of the Client or the Services provided hereunder. For this reason, the Client agrees that it shall not be entitled to seek or obtain any offset against amounts owed by the Client to Ovation Healthcare hereunder as a result of financial losses by the Client, and Ovation Healthcare shall not be entitled to seek or obtain any additional compensation from the Client as a result of financial improvements by the Client. It is confirmed that neither party nor any of their affiliates shall make a claim or seek indemnification against the other party or the other party's affiliates for any losses, claims, damages, liabilities, costs, and expenses except as provided by **Section 6.1** or **Section 6.2** hereof.

**6.5.4 Limitation of Claims.** With respect to any claim, demand, action, or cause of action that Client may have or allege to have against Ovation Healthcare or any Ovation Healthcare



Affiliate or Ovation Healthcare Indemnified Party at any time relating in any way to the relationship between Client and Ovation Healthcare or any Ovation Healthcare Indemnified Party, whether arising in contract, tort, indemnity, contribution or otherwise ("Client Claim"), the parties agree, stipulate and confirm that Client must initiate, file and serve an arbitration proceeding asserting any Client Claim against Ovation Healthcare or any Ovation Healthcare Affiliate or Ovation Healthcare Indemnified Party (in accordance with **Section 8.2** of this Agreement) within 180 days from the date that the Client Claim first arises. If Client does not initiate, file and serve the Client Claim through arbitration within the required 180-day period, every such Client Claim shall be irrevocably waived and forfeited. The parties confirm that this limitation is valid and enforceable without regard to the time period as might have otherwise been allowed under state or federal law for the Client Claim to be asserted, which time period(s) and attendant right(s) are replaced and superseded by the provisions set forth hereunder.

**6.6 Insurance.** Each Party has, and shall maintain at its own cost and expense, throughout the Term, the following minimum insurance coverage with an insurance company with an AM Best rating of A or better as to Client:

Commercial General Liability (CGL) including products and completed operations and personal and advertising injury	\$2M occurrence \$5M aggregate
Commercial Automobile Liability (AL)	\$1M combined single limit
Statutory Workers' Compensation and Employer's Liability (EL)	\$1M/\$1M/\$1M
Health Care Professional Liability (medical)	\$5M occurrence \$10M aggregate

malpractice)	
Umbrella/Excess Liability sitting excess of CGLAL, EL and Healthcare Professional liability	\$25M occurrence \$25M aggregate
Directors and Officers, Fiduciary and Employment Practices Liability	\$5,000,000
Crime	\$1,000,000
Cybersecurity, Privacy and Network	\$10,000,000

As to Ovation Healthcare:

Commercial General Liability (CGL) including products and completed operations and personal and advertising injury including contractual liability	\$1M occurrence \$3M aggregate
Commercial Automobile Liability (AL)	\$1M combined single limit
Statutory Workers' Compensation and Employer's Liability (EL)	\$1M/\$1M/\$1M
Umbrella/Excess Liability sitting excess of CGL, AL, EL	\$5M aggregate
Errors and Omissions Liability	\$5M aggregate
Cybersecurity, Privacy and Network Security	\$5,000,000

Client shall name Ovation Healthcare and the Ovation Healthcare Affiliates as additional insureds on Client's policies hereunder, and maintain such status during



the Term (and any Renewal Term). In so doing, the rights of Ovation Healthcare to invoke the protection of such policies will be severable from and independent of Client's rights. All Client policies shall not be terminable or non-renewable except upon thirty (30) days prior written notice to Ovation Healthcare.

If Client coverage is written on a claims-made form, following termination or expiration of this Agreement (other than a termination due to breach by Ovation Healthcare) Client will continue such coverage to survive with Ovation Healthcare and the Ovation Healthcare Affiliates, as applicable, as additional insureds for the period of the applicable statutes of limitations. No later than thirty (30) days following the end of each policy year, Client will give to Ovation Healthcare a copy of the endorsement(s) naming Ovation Healthcare as additional insured. Client's insurance policies shall be endorsed to respond on a primary and noncontributory basis without regard to Ovation Healthcare's insurance coverage. Client hereby waives any right of contribution with respect to a loss covered under such policies against Ovation Healthcare, and Client's insurance policies herein shall include a waiver of subrogation in favor of Ovation Healthcare and the Ovation Healthcare Affiliates.

## Article VII TERM AND TERMINATION

**7.1 Term.** The Term of this Agreement shall commence on the Effective Date, and shall terminate on the Expiration Date, unless sooner terminated as provided herein.

### **7.2 Termination for Cause.**

**7.2.1 Bankruptcy.** Either Party may terminate this Agreement immediately in the event the other Party: files a petition commencing a voluntary case against it under the U.S. Bankruptcy Code; makes a general assignment for the benefits of its creditors; becomes insolvent; becomes unable to pay its debts as they become due; files a petition or answer in any proceeding seeking for itself or

consenting to, or acquiescing in, any insolvency, receivership, composition, readjustment, liquidation, dissolution, or similar relief under any present or future statute, law, or regulation, or files an answer or other pleading admitting or failing to deny or to contest the material allegations of the petition filed against it in any such proceeding; seeks or consents to, or acquiesces in, the appointment of any trustee, receiver of it or any material part of its property; or has commenced against it any involuntary case under the U.S. Bankruptcy Code, or a proceeding under any receivership, composition, readjustment, liquidation, insolvency, dissolution, or like law or statute, which case or proceeding is not dismissed or vacated within sixty (60) days from commencement.

**7.2.2 Casualty.** In the event that the physical plant housing the Client is destroyed, or is so damaged that it is reasonably anticipated that the Client will not, within ninety (90) days, commence repair or reconstruction, with a view toward resuming full operation within another ninety (90) days after such commencement, then any Party may terminate this Agreement upon no less than thirty (30) days' notice.

**7.2.3 Breach or Default.** Except as otherwise provided in **Subsection 7.2.4** below, if a Party hereto ("Defaulting Party") fails substantially to perform any of its material obligations under this Agreement, the other Party ("Non-Defaulting Party") may give the Defaulting Party a "Notice of Default." The Notice of Default shall set forth the nature of the obligation that the Defaulting Party has not performed and shall be in writing. The Defaulting Party will have sixty (60) days to cure the default (the "Cure Period"). If the Defaulting Party does not cure the default within the Cure Period, the Non-Defaulting Party shall have the right to terminate this Agreement with the effective date of such termination to be at midnight on the last business day of the Cure Period. A Party's termination or failure to terminate this Agreement shall not waive any breach of this Agreement. Any actual waiver of any breach of this Agreement shall not constitute a waiver of any future breaches of this Agreement, whether of a similar or dissimilar nature.



**7.2.4 Nonpayment.** If the Client fails to make any payment to Ovation Healthcare hereunder within ten (10) days following Ovation Healthcare's notice to the Client of non-payment, Ovation Healthcare, among other rights and remedies pursuant to this Agreement or otherwise available at law or in equity, shall have the right (at its sole option) to suspend the provision of Services and/or to terminate this Agreement immediately. Failure to terminate this Agreement shall not waive any breach of this Agreement or release Client from any liability under this Agreement. Any actual waiver of any breach of this Agreement shall not constitute a waiver of any future breaches of this Agreement, whether of a similar or dissimilar nature.

**7.2.5 Licenses.** Ovation Healthcare shall have the right to terminate this Agreement immediately in the event any material license or certification required by the Client to operate cannot be obtained, or is suspended, terminated, or revoked.

**7.2.6 Representations.** Either Party may terminate this Agreement upon thirty (30) days written notice in the event any representation made by the other Party in this Agreement is found to be untrue in any respect which would have a material adverse effect upon either Party's financial condition or business operations, or would have a material adverse effect upon the ability of either Party to perform under this Agreement.

**7.2.7 Litigation.** Either Party may terminate this Agreement upon thirty (30) days written notice in the event there is entered against the other Party one or more judgments or decrees which either Party reasonably believes would have a material adverse effect upon the financial condition or business operations of the other Party or the other Party's ability to perform under this Agreement.

### **7.3 Effects of Termination or Expiration.**

**7.3.1 In General.** In the event of the termination or expiration of this Agreement or of any Statement of Work for any reason, Ovation

Healthcare shall immediately be paid all fees theretofore earned, and reimbursed for all expenses incurred by Ovation Healthcare or any Ovation Healthcare Affiliate in accordance with the terms of the Statement of Work. Additionally, in the event Ovation Healthcare should terminate this Agreement or a Statement of Work for cause, or Client should terminate this Agreement or a Statement of Work without a specified right to do so, Ovation Healthcare shall immediately be paid all professional fees that would normally have been paid by Client to Ovation Healthcare, if the full term of the Statement of Work had been honored. In the event a Statement of Work is terminated by Client in accordance with a permitted termination option in the Statement of Work, Client will be responsible for the payment of fees associated with that termination right, in accordance with the terms the Parties agreed upon in the Statement of Work. The right to receive payments as described herein, shall be in addition to any other remedy available at law or in equity.

## **Article VIII ALTERNATIVE DISPUTE RESOLUTION**

**8.1 Mediation.** The parties agree that any and all differences, controversy or claims arising out of or relating to this Agreement, or the breach of this Agreement and any related documents that are unable to be resolved by the parties acting and negotiating in good faith, prior to the commencement of arbitration as set forth in **Section 8.2** shall be submitted to mediation. In the event the parties are unable to agree on the selection of a mediator within thirty (30) days of one party delivering a notice of dispute to the other party or in the event the mediation does not resolve the dispute, the parties agree that any and all differences, controversies or claims arising out of or relating to this agreement, or the breach of this agreement and any related documents, shall be submitted to and settled by binding arbitration in Tennessee.

**8.2 Agreement to Arbitrate.** Except for any breach of **Article V** or **Section 9.1**, to which a Party is entitled to seek injunctive relief in a court of competent jurisdiction, any controversy or claim



arising out of or relating to this Agreement, or the breach, termination or validity thereof, shall be determined by binding arbitration in Brentwood, Tennessee, in accordance with the provisions of this **Article VIII** and the arbitration rules of the American Health Lawyers Association Dispute Resolution Service ("AHLADRS") in effect on the date of this Agreement by a single arbitrator who: (i) has the qualifications and experience set forth in **Section 8.3** below; and (ii) is selected as provided in **Section 8.4** below. The arbitrator shall base the award on this Agreement, and applicable law and judicial precedent, and shall accompany the award with a written explanation of the reasons for the award. The award shall be issued within thirty (30) days of the last day of the arbitration proceeding at which live testimony is provided. The arbitration shall be governed by the laws of the state of Tennessee applicable to contracts made and to be performed therein. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

**8.3 Qualifications of Arbitrator.** Every person nominated or recommended to serve as an arbitrator hereunder shall be a lawyer with excellent academic and professional credentials who has had experience as an arbitrator and at least fifteen (15) years' experience as a practicing attorney who actively practices in the substantive subject matter area involved in the dispute.

**8.4 Selection of Arbitrator.** The arbitrator shall be selected as provided in this **Article VIII**, and otherwise in accordance with the rules of the AHLADRS in effect during the Term of this Agreement, except that each Party shall be entitled to strike on a peremptory basis any or all names of potential arbitrators on the list submitted by the AHLADRS as not being qualified in accordance with the criteria set forth in **Section 8.3** above.

**8.5 Authority of Arbitrator.** The arbitrator shall have the exclusive authority to decide the scope of issues to be arbitrated. Any challenge to the arbitrability of any issue related in any way to the matters or claims in dispute between the Parties shall

be determined solely by the arbitrator. Also, any challenge to the validity of this arbitration provision, or any subpart thereof, shall be determined and decided exclusively by the arbitrator.

## **Article IX MISCELLANEOUS**

**9.1 Covenant Not to Hire.** During the Term, and for a period of one (1) year following the early termination or expiration of the Term for any reason, Client shall not, directly or indirectly, through an affiliate or separate employee leasing or staffing company or otherwise, employ, or solicit for employment, any employee or independent contractor of Ovation Healthcare (collectively referred to herein as the "Employees" or individually referred to herein as the "Employee"), unless Ovation Healthcare gives its prior written consent thereto. Client agrees that, if it breaches this **Section 9.1** of the Agreement, Client will pay Ovation Healthcare an amount equal to the Employee's annual base salary within 30 (thirty) days of Ovation Healthcare's written demand for payment as reasonable compensation to Ovation Healthcare for damages incurred by such actions on the part of the Client (the "Liquidated Damages"). The Liquidated Damages amount represents a discounted sum from what Ovation Healthcare would otherwise earn by placing the Employee with another facility through a separate agreement with another facility and reasonably anticipated renewals of the separate agreement, as well as anticipated recruiting and placement expenses. The Client's obligation to pay the Liquidated Damages amount is agreed and confirmed to constitute a fair, reasonable and appropriate resolution of a violation of this **Section 9.1** and the damages that would arise therefrom. The parties mutually affirm that the Liquidated Damages amount does not constitute a penalty. Notwithstanding any other provisions of this Agreement, the failure on the part of the Client to pay this amount on or before the date due shall create an immediate right on the part of Ovation Healthcare to pursue collection of this amount with interest. Furthermore, the Client agrees to reimburse Ovation Healthcare for any and all



reasonable attorney's fees, other costs, fees and expenses as may be incurred by Ovation Healthcare in order to enforce the obligations of the Client set forth in this **Section 9.1**. In the event that the Client fails to uphold its obligations hereunder, the parties confirm that Ovation Healthcare may seek any and all remedies in law or equity, including injunctive relief as applicable, relating to any violation of this Section or of any other provisions of this Agreement.

**9.2 Duty to Cooperate.** The Parties acknowledge that their mutual cooperation is critical to the ability of Ovation Healthcare to perform its duties hereunder successfully and efficiently. Accordingly, each Party agrees to cooperate with the other fully in formulating and implementing the goals and objectives that are in the Client's best interest. Both Parties agree that either Party's failure to mutually cooperate constitutes a breach under this Agreement and, in such an event, the non-breaching Party shall be entitled to terminate this Agreement pursuant to **Subsection 7.2.3** above.

**9.3 Further Documents.** The Parties do hereby covenant and agree that they and their successors and assigns will execute any and all instruments, releases, assignments, and consents which may reasonably be required of them in order to carry out the provisions of this Agreement.

**9.4 Effect on Successors; Survival.** This Agreement shall be binding upon, enforceable by, and inure to the benefit of, the Parties and their successors and assigns. Notwithstanding anything herein to the contrary, the provisions **Section 3.3 - Limitations on Ovation Healthcare's Services, Section 3.4 - Representations and Warranties of Ovation Healthcare, Subsection 3.2.3 - Limitation of Warranties, Article V - Ownership of Information; Confidentiality, Article VI - Insurance and Indemnification, Article VII - Term and Termination, Article VIII - Alternative Dispute Resolution, and Article IX - Miscellaneous**, shall survive the expiration or early termination of this Agreement.

**9.5 Entire Agreement.** This Agreement, any Statement of Work executed in connection with this Agreement, and any amendment to this Agreement or a Statement of Work contains the entire agreement among the Parties relating to the subject matter of this Agreement. Except as otherwise provided herein, the terms of this Agreement may be modified or amended only by written agreement of the Parties. Without limiting the foregoing, no contract, agreement, job description or other instrument entered into between the Client and any Ovation Healthcare representative, whether oral or in writing, shall in any way expand or modify the duties, obligations or liabilities of Ovation Healthcare. The parties specifically confirm that they make no reliance upon any prior or contemporaneous promises, statements, representations, brochures, or materials made or provided by any person that are not specifically incorporated or referenced as required herein, including, without limitation, any prior agreement(s) between the Parties, if applicable.

**9.6 Governing Law.** This Agreement shall be governed by and construed, interpreted, and enforced pursuant to **Section 8.2** of this Agreement.

**9.7 Notices.** All notices under this Agreement by any Party to the other shall be in writing. All notices, demands, and requests shall be deemed to be delivered if given upon the earlier of (i) actual delivery to the intended recipient or its agent, or (ii) three (3) days after deposit in the United States Mail, postage prepaid, registered or certified mail, return receipt requested, or (iii) upon delivery if sent by prepaid express delivery service to each Party's address as reflected on the Cover Page of this Agreement, or as otherwise updated in writing by either Party during the Term of this Agreement.

**9.8 Waiver.** The failure of any Party to exercise any right or enforce any remedy contained in this Agreement shall not operate as or be construed to be a waiver or relinquishment of the exercise of such right or remedy, or of any other right or remedy herein contained.



**9.9 Enforceability; Severability.** The invalidity or unenforceability of any term or provision of this Agreement shall not, unless otherwise specified, affect the validity or enforceability of any other term or provision, which shall remain in full force and effect.

**9.10 Headings; Gender; Interpretation.** The headings and other captions contained in this Agreement are for convenience of reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement. Whenever the context requires, the gender of all words used herein shall include the masculine, feminine and neuter, and the number of all words shall include the singular and plural.

**9.11 Access to Books and Records.** Until the expiration of four (4) years after the furnishing of Services pursuant to this Agreement, the Parties shall, upon written request, make available to the Secretary of Health and Human Services (the "Secretary") or the Comptroller General, or their duly authorized representative(s), the contract, books, documents, and records necessary to verify the nature and extent of the cost of such Services. If any Party carries out any of its obligations under this Agreement by means of a subcontract with a value of \$10,000 or more, that Party agrees to include this requirement in any such subcontract. The availability of either Party's books, documents, and records shall be subject at all times to all applicable legal requirements, including without limitation such criteria and procedures for seeking and obtaining access that may be promulgated by the Secretary by regulation. Neither Party shall be construed to have waived any applicable attorney-client privilege by virtue of this **Section 9.11.**

**9.12 Counterpart Signature.** This Agreement may be executed in one (1) or more counterparts (electronic transmission or otherwise), each of which shall be deemed an original Agreement and all of which shall constitute but one Agreement.

**9.13 Compliance with Laws.** In performing their respective duties hereunder, the

Parties shall conduct themselves in full accordance with all applicable state, federal and local laws and regulations, including, without limitation, the federal physician self-referral law (commonly known as the "Stark II Law," 42 U.S.C. §1395nn *et seq.*) and the anti-fraud and abuse provisions of the Social Security Act (42 U.S.C. §1320a-7 *et seq.*). Nothing in this Agreement shall constitute a referral arrangement or agreement to generate business between the Parties.

#### **9.14 Changes in Law.**

**9.14.1 Legal Event; Consequences.** Notwithstanding any other provision of this Agreement, if: (a)(i) the Internal Revenue Service, or any of the governmental agencies that administer the Medicare, Medicaid or other federally funded programs (or their representatives or agents), or any other federal, state or local governmental or nongovernmental agency, or any court or administrative tribunal passes, issues or promulgates any final law, rule, regulation, standard, interpretation, order opinion, decision or judgment, including but not limited to those relating to any regulations determining tax exempt status (collectively or individually, a "Legal Event"), which, in the good faith judgment of one Party (the "Noticing Party"), materially and adversely affects the tax-exempt status of any of the Client's financing or either Party's tax status, licensure accreditation, certification or ability to bill, to claim, to present a bill or claim or to receive payment or reimbursement from any federal, state or local governmental or nongovernmental payor, or (ii) which Legal Event subjects the Noticing Party to a risk of prosecution or civil monetary penalty, or (iii) which Legal Event, in the good faith judgment of the Noticing Party, indicates a rule or regulation with which the Noticing Party desires further compliance, or (b) in the reasonable opinion of counsel to either Party any term or provision of this Agreement could trigger a Legal Event, then the Noticing Party may give the other Party written notice requesting commencement of the Renegotiation Period, as defined in **Subsection 9.14.2** below.

**9.14.2 Renegotiation Period; Termination.** In the event of notice under





**Subsection 9.14.1** above, the Parties shall negotiate in good faith for a period of sixty (60) days from the giving of such notice ("Renegotiation Period") to attempt to amend the Agreement to resolve the Legal Event. If this Agreement is not so amended within the Renegotiation Period, this Agreement shall terminate as of midnight on the 60<sup>th</sup> day after said notice was given. Except as otherwise required by applicable law, any amounts owing to either Party hereunder shall be paid, on a pro rata basis, up to the date of such termination, and any obligation hereunder that is to continue beyond expiration or termination shall so continue pursuant to its terms. Any opinion of counsel presented by the Noticing Party hereunder, and any corresponding opinions given by the other Party in response, shall be deemed confidential and given solely for purposes of renegotiation and settlement of a potential dispute, and shall not be deemed disclosed so as to waive any privileges otherwise applicable to said opinions.

**9.15 Compliance Program.** The Client represents that it has developed and implemented a Compliance Program. The Client will maintain, update and abide by the terms of its Compliance Program during the Term. In no event shall any Ovation Healthcare employee, agent or representative serve as the Client's compliance officer. Ovation Healthcare agrees to comply with the requirements of the Client's Compliance Program in carrying out its duties under this Agreement, and to bring items of potential noncompliance to the attention of the Client when actually discovered by Ovation Healthcare (and of which Ovation Healthcare has actual notice).

**9.16 HIPAA and Business Associate Agreement.** The Parties hereby acknowledge and agree to comply with the compliance with privacy standards adopted by the U.S. Department of Health and Human Services as they may be amended from time to time, 45 C.F.R. parts 160 and 164, subparts A, D and E ("the Privacy Rule"), the security standards adopted by the U.S. Department of Health and Human Services as they may be amended from time to time, 45 C.F.R. parts 160, 162 and 164,

subpart C ("the Security Rule"), and the requirements of Title XIII, Subtitle D of the Health Information Technology for Economic and Clinical Health (HITECH) Act as well as any applicable state confidentiality laws.

**9.17 Binding Affect and Assignment.**

This Agreement shall be binding upon, and shall inure to the benefit of, the Parties hereto, and their assigns or successors in interest. The rights and obligations of each Party under this Agreement shall not be assigned to any third-party without the prior, written consent of the other Party; provided, that Ovation Healthcare may assign any or all of its rights and obligations under this Agreement to an affiliate, or to a third-party in connection with a change of ownership or sale of substantially all of its assets to such third-party, without the prior consent (written or otherwise) of the Client.

**9.18 Force Majeure.** Except with respect to a Party's payment obligations, the Parties agree that if either of the Parties is delayed or prevented from performing its obligations under this Agreement by a cause that is reasonably out of its control, that Party shall not be liable for its delay or failure to perform. The causes which the Parties agree are beyond any party's control include, but are not limited to, an act of God, an act or omission or civil or military authorities of a state or nation, fire, strike, flood, riot, war, delay of transportation, epidemic, pandemic, public health emergency or any other act or omission beyond the reasonable control of a Party.

**9.19 Construction.** This Agreement and any documents or instruments delivered pursuant hereto shall be construed without regard to the identity of the person who drafted the same. Each and every provision shall be construed as though both Parties participated equally in drafting the same. The Parties acknowledge and agree that any rule of construction that a document is to be construed against the drafting Party shall not be applicable either to this Agreement or such other documents and instruments.





## ADDENDUM 1 – BUSINESS ASSOCIATE AGREEMENT

This Addendum is attached to and made a part of that certain Agreement by and between **QHR Health, LLC d/b/a Ovation Healthcare** ("Business Associate") and **Memorial Hospital of Sweetwater County** ("Covered Entity") (each a "Party"; collectively, the "Parties"), with an effective date of **September 1, 2024**.

- A. **Definitions.** Unless otherwise provided in this Addendum, all capitalized terms in the Addendum will have the meaning set forth in the HIPAA Requirements. References to Protected Health Information (hereinafter "PHI") shall be construed to include Electronic Protected Health Information, and references to PHI shall mean only the PHI that Business Associate uses, discloses, creates, receives, maintains and/or transmits for or on behalf of Covered Entity to perform the Services. For purposes of this Addendum, capitalized words shall have the definitions given or used by the HIPAA Requirements as of the compliance deadline established by such requirements. The Parties hereby acknowledge that the definition of PHI includes Genetic Information, as defined at 45 C.F.R. §160.103.
- B. **Purposes for which PHI May Be Disclosed to Business Associate.** In connection with the services provided by Business Associate to or on behalf of Covered Entity described in this Agreement, Covered Entity may disclose PHI to Business Associate incidentally during the performance of service and support activities.
- C. **Obligations of Covered Entity.** Covered Entity shall:
  - 1. provide Business Associate a copy of its Notice of Privacy Practices ("Notice") produced by Covered Entity in accordance with 45 C.F.R. §164.520 as well as any changes to such Notice;
  - 2. provide Business Associate with any changes in, or revocation of, authorizations by Individuals relating to the use and/or disclosure of PHI, if such changes affect Business Associate's permitted or required uses and/or disclosures;
  - 3. notify Business Associate of any restriction to the use and/or disclosure of PHI to which Covered Entity has agreed in accordance with 45 C.F.R. §164.522 as well as any changes thereto; and,
  - 4. notify Business Associate of any amendment to PHI to which Covered Entity has agreed in accordance with 45 C.F.R. §164.526 that affects a Designated Record Set maintained by Business Associate.
- D. **Obligations and Activities of Business Associate.** Ovation Healthcare acknowledges and agrees it meets the definition of a "business associate" as defined at 45 C.F.R. §160.103. Business Associate shall only create, receive, use, disclose, maintain, and/or transmit PHI in compliance with this Agreement and the Confidentiality Requirements, including 45 C.F.R. §164.504(e). Business Associate agrees to comply with applicable federal and state laws, including but not limited to the HIPAA Requirements.
- E. **Use of PHI.** Except as otherwise permitted by law and this Addendum, Business Associate shall only create, receive, use, disclose, maintain, and/or transmit PHI in compliance with the Agreement, this Addendum and the HIPAA Requirements, whichever is more protective of patient confidentiality and patient rights. In accordance with the foregoing, Business Associate shall use PHI (i) to perform the Services, and (ii) as necessary for the proper management and administration of the Business Associate or to carry out Business Associate's legal responsibilities, provided that such uses are permitted under federal and applicable state law. Additionally, Business Associate may use and disclose PHI for Data Aggregation purposes relating to the health care operations of the Covered Entity.
- F. **Disclosure of PHI.** Business Associate may disclose PHI if required to do so by law. In addition to the provisions herein regarding Business Associate Agreements with Subcontractors (see Section F.5), Business Associate may disclose PHI to a third Party as necessary for such third Party to assist Business Associate in performance of the Services; provided, however, that prior to



any such disclosure Business Associate: (a) obtains reasonable written assurances from the third Party to whom the PHI is disclosed that the third Party will hold such PHI confidentially and will use or disclose such PHI only as Required by Law or for the purpose(s) for which the PHI was disclosed to the third Party; and (b) requires the third Party to agree to notify the Business Associate promptly, but in no event later than ten (10) business days, following any instance of which such third Party is aware that PHI has been used or disclosed for a purpose that is not permitted by this Addendum or the HIPAA Requirements. Business Associate further agrees that any disclosures of PHI made by Business Associate to any third Party shall comply with the HIPAA Requirements, including but not limited to the Security Standards.

1. **Data Aggregation.** In the event that Business Associate works for more than one Covered Entity, Business Associate is permitted to use and disclose PHI for data aggregation purposes, however, only in order to analyze data for permitted health care operations, and only to the extent that such use is permitted under the Privacy Rule.
2. **De-identified Information.** Business Associate may use and disclose de-identified health information if (i) the use is disclosed to Covered Entity and permitted by Covered Entity in its sole discretion and (ii) the de-identification is in compliance with 45 C.F.R. §164.502(d), and the de-identified health information meets the standard and implementation specifications for de-identification under 45 C.F.R. §164.514(a) and (b) and the dates of birth and zip codes of individuals in the de-identified population are also excluded.
3. **Safeguards.** Business Associate shall maintain appropriate safeguards to ensure that PHI is not used or disclosed other than as provided by this Agreement or as required by Law. Business Associate shall implement administrative, physical and technical safeguards that reasonably and

appropriately protect the confidentiality, integrity, and availability of any electronic PHI it creates, receives, maintains, or transmits on behalf of Covered Entity.

4. **Minimum Necessary.** Business Associate shall attempt to ensure that all uses and disclosures of PHI are subject to the principle of "minimum necessary use and disclosure," i.e., that only PHI that is the minimum necessary to accomplish the intended purpose of the use, disclosure, or request is used or disclosed.
5. **Disclosure to Agents and Subcontractors.** If Business Associate discloses PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, to a subcontractor, Business Associate shall require the subcontractor to agree to the same restrictions and conditions as apply to Business Associate under this Agreement. In accordance with 45 C.F.R. §164.502(e)(1)(ii) and §164.308(b)(2), if applicable, Business Associate shall ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate enter into an agreement with Business Associate that is substantially similar to the agreement between Business Associate and Covered Entity and agrees to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information. Business Associate shall ensure that any subcontractor agrees to implement reasonable and appropriate safeguards to protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
6. **Individual Rights.** Business Associate agrees as follows:
  - (a) **Individual Right to Copy or Append PHI in the Designated Record Set.** In the event Business Associate



maintains a Designated Record Set on behalf of Covered Entity, Business Associate shall promptly take all actions necessary for Covered Entity to comply with 45 C.F.R. §§164.524 and 164.526. Business Associate shall provide any request it (or its Agents or Subcontractors) receives from an Individual for access or amendment under such regulations to Covered Entity within five (5) business days of receipt. Business Associate agrees that only Covered Entity shall respond to requests received by Business Associate (or its Subcontractors) from Individuals.

- (b) **Accounting of Disclosures.** Business Associate agrees to maintain documentation of the information required to provide an Accounting of Disclosures of PHI in accordance with 45 C.F.R. §164.528, and to make this information available to Covered Entity within fifteen (15) days of Covered Entity's request, in order to allow Covered Entity to respond to an Individual's request for Accounting of Disclosures. Such accounting is limited to disclosures that were made in the six (6) years prior to the request (not including disclosures prior to the compliance date of the Privacy Rule) and shall be provided for as long as Business Associate maintains the PHI. If an Individual requests an Accounting of Disclosures directly from Business Associate, Business Associate will forward the request and its Disclosure record to Covered Entity within five (5) business

days of Business Associate's receipt of the Individual's request. Covered Entity will be responsible for preparing and delivering the Accounting to the Individual. Business Associate will not provide an Accounting of its Disclosures directly to any Individual.

7. **Internal Practices, Policies and Procedures.** Except as otherwise specified herein, Business Associate shall make available its internal practices, policies and procedures relating to the use and disclosure of PHI, received from or on behalf of Covered Entity to the Secretary or his or her authorized agents for the purpose of determining Business Associate and/or Covered Entity's compliance with the HIPAA Rules, or any other health oversight agency. Records requested that are not protected by an applicable legal privilege will be made available in the time and manner specified by Covered Entity or the Secretary.
8. **Notice of Privacy Practices.** Business Associate shall abide by the limitations of Covered Entity's Notice of which it has knowledge. Any use or disclosure permitted by this Agreement may be amended by changes to Covered Entity's Notice; provided, however, that the amended Notice shall not affect permitted uses and disclosures on which Business Associate relied prior to receiving notice of such amended Notice.
9. **Withdrawal of Authorization.** If the use or disclosure of PHI in this Agreement is based upon an Individual's specific authorization for the use or disclosure of his or her PHI, and the Individual revokes such authorization, the effective date of such authorization has expired, or such authorization is found to be defective in any manner that renders it invalid, Business Associate shall, if it has notice of such revocation, expiration, or invalidity, cease the use and disclosure of the Individual's PHI except to the



extent it has relied on such use or disclosure, or if an exception under the Privacy Rule expressly applies.

10. **Security Incident.** Business Associate agrees to report to the Covered Entity any Security Incident of which Business Associate becomes aware.

- (a) Attempted incidents, i.e., those incidents that are unsuccessful, shall be reported to the Covered Entity within 30 days of the Covered Entity's written request. The Covered Entity will not make such a request more frequently than quarterly.

- (b) Successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operation shall be reported to the Covered Entity promptly and in no case greater than five (5) business days.

11. **Breaches of Unsecured PHI.** Business Associate will report in writing to Covered Entity any Breach of Unsecured Protected Health Information, as defined in the Breach Notification Regulations, 45 C.F.R. §§164.400 *et seq.* (each a "HIPAA Breach"), within five (5) business days of the date Business Associate Discovers the Breach, and shall provide Covered Entity with all information required by 45 C.F.R. §164.410 that Business Associate has or may obtain without unreasonable difficulty. Business Associate will provide such information to Covered Entity in the manner required by the Breach Notification Regulations, and as promptly as is possible. Business Associate will maintain insurance coverage adequate to reimburse Covered Entity for any reasonable expenses Covered Entity incurs in notifying Individuals of such Breach experienced by Business Associate or Business Associate's Subcontractors, and for all reasonable expenses Covered Entity incurs in mitigating harm to those Individuals as well as Covered Entity. This Section shall

survive the expiration or termination of this Addendum and shall remain in effect for so long as Business Associate maintains PHI.

#### G. Term and Termination.

1. **Term.** This Agreement shall be effective as of the Effective Date and shall be terminated when all PHI provided to Business Associate by Covered Entity, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity.

2. **Termination for Breach.** Either Party may terminate the Agreement (the "Terminating Party") upon written notice to the other Party (the "Terminated Party") if the Terminating Party determines that the Terminated Party has breached a material term of this Addendum. The Terminating Party will provide the Terminated Party with written notice of the breach of this Agreement and afford the Terminated Party the opportunity to cure the breach to the satisfaction of the Terminating Party within thirty (30) days of the date of such notice. If the Terminated Party fails to timely cure the breach, as determined by the Terminating Party in its sole discretion, the Terminating Party may terminate the Agreement.

3. **Effect of Termination.** Upon termination of this Agreement for any reason, Business Associate agrees to return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, maintained by Business Associate in any form. If Business Associate determines that the return or destruction of PHI is not feasible, Business Associate shall inform Covered Entity in writing of the reason thereof, and shall agree to extend the protections of this Agreement to such PHI and limit further uses and disclosures of the PHI to those purposes that make the return or destruction of the PHI not feasible for so long as Business Associate retains the PHI.



- H. **Mitigation.** If Business Associate violates this addendum or either of the HIPAA Rules, Business Associate agrees to mitigate, to the extent practicable, any direct damage caused by such breach.
- I. **Rights of Proprietary Information.** Covered Entity retains any and all rights to the proprietary information, confidential information, and PHI it releases to Business Associate.
- J. **Survival.** The respective rights and obligations of Business Associate under Section D of this Agreement shall survive the termination of this Agreement.
- K. **Notices.** Any notices pertaining to this Addendum shall be given in writing and shall be deemed duly given when personally delivered to a Party or a Party's authorized representative as listed below or sent by means of a reputable overnight carrier. All notices shall be addressed to the appropriate Party as follows:

**If to Business Associate:**

Ovation Healthcare  
1573 Mallory Lane, Suite 200  
Brentwood, TN 37027  
Attn: President and CEO

**With a copy to:** [legal@ovationhc.com](mailto:legal@ovationhc.com)

**If to Covered Entity:**

Memorial Hospital of Sweetwater  
County  
1200 College Drive  
Rock Springs, Wyoming 82901  
Attn: President and CEO

- L. **Amendments.** This Addendum may not be changed or modified in any manner except by an instrument in writing signed by a duly authorized officer of each of the Parties hereto. The Parties, however, agree to amend this Addendum from time to time as necessary, in order to allow Covered Entity's to comply with the requirements of the HIPAA Rules.
- M. **Choice of Law.** This Agreement and the rights and the obligations of the Parties hereunder shall be governed by and construed under the laws of

the State of Tennessee, without regard to applicable conflict of laws principles.

- N. **Assignment of Rights and Delegation of Duties.** This Addendum is binding upon and inures to the benefit of the Parties hereto and their respective successors and permitted assigns. However, neither Party may assign any of its rights or delegate any of its obligations under this Addendum without the prior written consent of the other Party, which consent shall not be unreasonably withheld or delayed. Notwithstanding any provisions to the contrary, however, each Party retains the right to assign or delegate any of its rights or obligations hereunder to any of its wholly owned subsidiaries, affiliates or successor companies, including a change in ownership involving a sale of all or substantially all assets of the Party. Assignments made in violation of this provision are null and void.
- O. **Nature of Addendum.** Nothing in this Addendum shall be construed to create (i) a partnership, joint venture or other joint business relationship between the Parties or any of their affiliates, (ii) any fiduciary duty owed by one Party to another Party or any of its affiliates, or (iii) a relationship of employer and employee between the Parties.
- P. **No Waiver.** Failure or delay on the part of either Party to exercise any right, power, privilege or remedy hereunder shall not constitute a waiver thereof. No provision of this Agreement may be waived by either Party except by a writing signed by an authorized representative of the Party making the waiver.
- Q. **Severability.** The provisions of this Addendum shall be severable, and if any provision of this Addendum shall be held or declared to be illegal, invalid or unenforceable, the remainder of this Addendum shall continue in full force and effect as though such illegal, invalid or unenforceable provision had not been contained herein.
- R. **No Third Party Beneficiaries.** Nothing in this Addendum shall be considered or construed as conferring any right or benefit on a person not Party to this Addendum nor imposing any obligations on either Party hereto to persons not a Party to this Agreement.
- S. **Headings.** The descriptive headings of the articles, sections, subsections, exhibits and schedules of this Addendum are inserted for

convenience only, do not constitute a part of this Addendum and shall not affect in any way the meaning or interpretation of this Addendum.

- T. **Entire Agreement.** This Agreement, together with all Exhibits, Riders and amendments, if applicable, which are fully completed and signed by authorized persons on behalf of both Parties from time to time while this Agreement is in effect, constitutes the entire Agreement between the Parties hereto with respect to the subject matter hereof and supersedes all previous written or oral understandings, Agreements, negotiations, commitments, and any other writing and communication by or between the Parties with respect to the subject matter hereof. In the event of any inconsistencies between any provisions of

this Agreement in any provisions of the Exhibits, Riders, or amendments, the provisions of this Agreement shall control.

- U. **Interpretation.** Any ambiguity in this Addendum shall be resolved in favor of a meaning that permits Covered Entity to comply with the HIPAA Rules and any applicable state confidentiality laws. The provisions of this Addendum shall prevail over the provisions of any other Agreement that exists between the Parties that may conflict with, or appear inconsistent with, any provision of this Addendum or the HIPAA Rules.
- V. **Regulatory References.** A citation in this Agreement to the Code of Federal Regulations shall mean the cited section as that section may be amended from time to time.



**STATEMENT OF WORK**  
**TO MASTER SERVICES AGREEMENT**

[Managed Care Contract Support Services]

This Statement of Work ("SOW") is entered into by and between the Client (named below) and Amplify, for the Term specified below. Each of Client and Amplify are hereafter referred to as a "Party" and collectively as the "Parties" to this SOW.

<p><b>"Client" means:</b></p> <p><u>Memorial Hospital of Sweetwater County</u> 1200 College Drive Rock Springs, Wyoming 82901</p>	<p><b>"Amplify" means:</b></p> <p><u>Resolution RCM TN, LLC</u> d/b/a Amplify and its affiliated entities, parents, and subsidiaries 1573 Mallory Lane, Suite 200, Brentwood, TN 37027</p>
---	--

The "Term" of the SOW shall be as follows:

Effective Date: October 1, 2024

Expiration Date: September 30, 2027

Client and Amplify are parties to that certain Master Services Agreement effective September 1, 2024 (the "Master Agreement"). Any capitalized term not otherwise defined in this SOW shall have the meaning as provided in the Master Agreement. Where there is any conflict between the Master Agreement and this SOW, the terms of this SOW shall govern with respect to the conflicted issue, only if the requirements of **Section 2.3** of the Master Agreement have been met.

Upon the Expiration Date, this SOW shall automatically renew for successive one (1) year periods (each a "Renewal Term") not to exceed two (2) Renewal Terms. Either Party may terminate this SOW without cause at the end of the Initial Term or at the end of any Renewal Term by giving the other Party at least ninety (90) days' prior written notice, with any such termination to be effective no sooner than the end of the Initial Term or any Renewal Term then in effect. The capitalized word "Term" as used in this SOW shall mean the Initial Term and any Renewal Term. Notwithstanding the Term stated in this SOW, upon the termination of the Master Agreement, this SOW will automatically terminate (except for the terms of **Sections 2** shall survive termination or expiration of this SOW.

The "Services" provided under this SOW shall be as follows:

Amplify will render the managed care support services more particularly described in **Section 1.1** to support Client's operations located at 1200 College Drive, Rock Springs, Wyoming 82901. In exchange for the Services, Client shall make payment of the Services fees and costs set forth in **Section 2** below in accordance with the terms of this SOW.

## 1. DUTIES OF THE PARTIES

### 1.1 DUTIES OF AMPLIFY.

**1.1.1 Managed Care Contract Support Services.** During the Term, Amplify shall provide support services to Client's managed care contract program with respect to managed care contracts (the "Services"), which include the following:

**1.1.1.1** Assess the managed care contract performance for Client operations by analyzing the agreements with the payers representing eighty percent (80%) of the Client's payer mix, including without limitation managed Medicare, managed Medicaid and commercial payers;



- 1.1.1.2 Evaluate the net revenue from each of Client's key managed care agreements; highlighting top major payers for all product lines;
  - 1.1.1.3 Assist Client with negotiations, payer relations, reimbursement improvement, annual escalators, regulatory revisions, compliance, compilation and organization of current managed care contracts from payers including all amendments, base agreements, product outlines, rate exhibits, provider manuals, etc.;
  - 1.1.1.4 Assist Client in the development of a managed care contract matrix, identifying key contract terms;
  - 1.1.1.5 Align contract matrix to payer agreements and provide ongoing updates to the contract matrix to Client;
  - 1.1.1.6 Align Group Practice Agreements with Client negotiations, when applicable to collaborate with the Client and provide a system approach for the market;
  - 1.1.1.7 Validate contract performance and identify legally compliant strategies for payer yield improvements through contract negotiations or other payer strategies;
  - 1.1.1.8 Highlight and quantify areas of contract improvement to align with current healthcare industry standards;
  - 1.1.1.9 Assist with negotiations, payer relations, reimbursement improvement, annual escalators, and regulatory revisions;
  - 1.1.1.10 Develop a strategic approach to the evolving managed government payers market;
  - 1.1.1.11 Conduct a strategic assessment of the local managed care market, highlighting hospital's focused service lines; and
  - 1.1.1.12 Provide continuing education on managed care best practices for Client managed care and patient financial services staff, as needed;
  - 1.1.1.13 Quantify any improvements and setbacks on contractual performance compared to previous year on a semi-annual basis.
- 1.1.2 Additional Services.** Should services be identified beyond the Services outlined in **Section 1.1.1** of this SOW, the Parties will negotiate a mutually acceptable rate for the provision of such services.
- 1.1.3 Limitations on Amplify's Role.** Amplify shall not be authorized to execute or negotiate contracts on behalf of Client, and Client shall not be bound by any such contracts, without Client's prior written approval of such contracts. Amplify's Services shall not include such items as legal services and audit services, nor shall Amplify perform the functions of a certified public accounting firm. Amplify recommends that Client retain qualified independent legal counsel and accountants at all times during the term of this SOW and the Master Agreement.

## **1.2 DUTIES OF CLIENT.**

- 1.2.1 Retention of Authority.** Client, and its Board of Directors (the "Board"), shall at all times retain ultimate authority, supervision, direction, and control over its business, policies, operation, and assets, and shall retain full and complete authority and responsibility at all times for its operations as detailed more particularly in **Section 1.2** of the Master Agreement.



- 1.2.2 Cooperation.** Client shall provide, in a timely fashion, all information required by Amplify to perform the Services under this SOW and the Master Agreement. Client shall conduct itself and will direct its personnel to act in accordance with **Section 9.2** of the Master Agreement.
- 1.2.3 Legal Review of Contracts.** Client recognizes and acknowledges that Amplify's provision of the services outlined herein do not include legal review, consultation or services. As such, while Amplify will provide managed care expert(s) to review the business terms of any current or proposed third party payor documents during the term of the SOW. Amplify will not review or provide advice regarding any of the non-business or legal terms of the managed care contracts. Client acknowledges and understands that it is within Client's authority and responsibility to seek legal review of any and all proposed changes(s) in accordance with Client's standard contracting policies, procedures and protocols.
- 1.2.4 Accreditation and Participation.** Client warrants that, as of the date hereof, it has received and, during the Term, shall retain, accreditation by the Joint Commission or other similar accrediting or certifying body such as the governmental agency responsible for such accreditation reviews, and is responsible for obtaining and maintaining all licenses, permits, provider numbers, and approvals required for Client's operations. Client is and for the Term of this SOW will be eligible to participate in Medicare, Medicaid, CHAMPUS/TRICARE and other federal healthcare programs.

## **2. SERVICE FEES AND COSTS**

- 2.1 MONTHLY COMPENSATION.** As compensation for the Services rendered under this SOW, Client shall pay to Amplify \$4,000.00 per month (the "Monthly Fee").
- 2.2 PAYMENT SCHEDULE.** Payment to Amplify shall be made no later than the last working day of each month prior to the month in which the Services are to be rendered. The first month's Monthly Fee will be invoiced upon execution of the SOW and will be due upon receipt.
- 2.3 ANNUAL ADJUSTMENT OF FEES.** Unless the parties elect to negotiate different payment terms, after the Initial Term, on each yearly anniversary of the commencement date of this SOW and the Master Agreement, the Monthly Fee shall be increased by a factor equal to the lesser of: (i) five percent (5%); or (ii) the percentage increase in the CPI (as hereafter defined) over the preceding twelve (12) months up to and including the month which is three (3) months prior to the anniversary date. As used herein, the term "CPI" means the Medical Care Component of the Consumer Price Index for Urban Wage Earners and Clerical Workers, U.S. All City Average Report, published by the United States Department of Labor. If such an index shall no longer be published on an anniversary date, the substitute index (or similar measure) shall be used.
- 2.4 TRAVEL EXPENSES.** In addition to the compensation described above, Client shall reimburse Amplify for all expenses for travel which are directly related to the Services provided to Client under this SOW. This includes, but is not limited to mileage, hotel accommodations, and meals that are associated with Client's business. Travel-related expenses will be invoiced to Client, and Client agrees to pay all invoices for travel-related expenses within thirty (30) days of its receipt of any Amplify invoice. Amplify will meet with Client onsite at least quarterly throughout the term of this SOW.
- 2.5 ACH WITHDRAWAL.** Invoices for any fees and costs shall be remitted electronically to Client, which approval will not be unreasonably withheld. The Parties agree that Amplify may initiate draw(s) for such payment(s) via automated clearing house (ACH) debit. In conjunction with this SOW, Client agrees to execute (and maintain and not revoke) an ACH authorization form granting Amplify the ability to make such debits.
- 2.6 LATE PAYMENTS.** Client shall pay Amplify interest on all payments hereunder that are not paid when due. Interest shall accrue from the date the original payment was due at the rate of twelve percent (12%) per year until payment is made in full.
- 2.7 TERMINATION PAYMENTS.** This SOW cannot be terminated by either party prior to the



Expiration Date except upon a termination of the Master Agreement and then only pursuant to the express termination rights set forth in the Master Agreement. Therefore, in the event Client should terminate this SOW without a specified right to do so Amplify shall immediately be paid all fees that would normally have been paid by Client to Amplify if the full term of this SOW (up to the Expiration Date) had been honored. The right to receive payment of any amounts owing under this **Section 2.7**, shall be in addition to any other remedy available to Amplify at law or in equity. This **Section 2.7** is meant to supersede **Section 7.3** of the Master Agreement with respect to the Services provided under this SOW.

### 3. AMENDMENT TO MASTER SERVICES AGREEMENT TERMS

The following terms have been reviewed against the Master Agreement between the Parties, and it is the intention of the Parties to amend and supersede the Master Agreement on these terms, only with respect to this Statement of Work. By signatures below, each Party verifies that it has reviewed this Statement of Work with its legal counsel and intends by signature to amend the Master Agreement as specified herein, with respect to this Statement of Work only.

4. **SOVEREIGN IMMUNITY.** Memorial Hospital of Sweetwater County and the Board of Trustees of Memorial Hospital of Sweetwater County do not waive sovereign or governmental immunity by entering into this Statement of Work for Managed Care Contract Support Services, and specifically retain immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. §1-39-104(a) and all other state and federal law.

[SIGNATURE PAGE FOLLOWS]



The undersigned Parties have executed this Statement of Work [Managed Care Contract Support Services] relating to the Master Agreement to be effective as of the Effective Date.

**SIGNATURES AND APPROVALS:**

**Memorial Hospital of Sweetwater County:**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Amplify:**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## 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: **QLER New Exhibit B to Original Agreement-Scheduled Clinic**
2. Purpose of contract, including scope and description: **Currently QLER is providing tele-psychiatric services for the ED, Med-Surg and in-patient 24/7. We initially contracted for services in the clinic but QLER didn't have a psychiatrist so those services weren't provided and we were not charged for those services. QLER now has a psychiatrist for the clinic so they will begin providing tele-psychiatric services for the clinic during scheduled hours. Assessment, evaluation and management of medications and treatment of mental health patients in the hospital and clinic through telehealth services.**
3. Effective Date: **Tentative start date for clinic services is November 1, 2024.**
4. Expiration Date: **Tied to effective date and termination provisions of original agreement.**
5. Termination provisions: **The parties agree that either party has the option to terminate this Agreement immediately if the other materially breaches any of the provisions in this Agreement. Is this auto-renew? Yes, unless terminated at least 60 days in advance of renewal date.**
6. Monetary cost of the contract: **Clinic-annual cost for tele-psych services is \$118,560.00 for 8 consults per week @\$285.00 per consult \$2280.00 per week. Budgeted yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Yes changed to Wyoming in original agreement**



- 8. Any confidentiality provisions? **No**
- 9. Indemnification clause present? **No**
- 10. Is this contract appropriate for other bids? **NA**
- 11. Is County Attorney review required? **No**