

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

November 6, 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](#) Kandi Pendleton
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. Minutes *(For Action)* Barbara Sowada
 - A. [October 2, 2024 Regular Meeting](#)
 - B. [October 29, 2024 Special Meeting](#)
- IV. Community Communication Barbara Sowada
- V. [FY2024 Financial Audit Presentation](#) *(For Action)* Darryn McGarvey, *CliftonLarsonAllen*
- VI. Old Business Barbara Sowada
 - A. Medical Staff Bylaws *(Remains under review/development, no request for action)*
- VII. New Business *(Review and Questions/Comments)* Barbara Sowada
 - A. Appointment of Mr. Neil Malicoat to the Quality Committee as a Community Member *(For Action)* Barbara Sowada
 - B. [Patient Safety Plan](#) *(For Review)* Stephanie Mlinar, *Quality Director*
 - C. [Governance Committee Charter](#) *(For Review)* Marty Kelsey
 - D. [Professional Practice Review Plan](#) *(For Review)* Stephanie Mlinar &
Kerry Downs, *Medical Staff Services Director*
 - E. CAH Policies Consent Agenda *(For Action)* Kari Quickenden, *Chief Clinical Officer*
 - 1. [Diet Manual](#)
 - F. Credentials Committee Privilege Forms *(For Action)* Kerry Downs
 - 1. [Radiation Oncology Privilege Form](#)
 - 2. [FPPE Policy and Attachments](#)
 - 3. [Behavioral Health FPPE Evaluation Form](#)
- VIII. Senior Leader Reports
 - A. [Chief Clinical Officer](#) Kari Quickenden
 - B. [Chief Financial Officer](#) Tami Love, *Chief Financial Officer*
 - C. [Chief Nursing Officer](#) Ann Marie Clevenger, *Chief Nursing Officer*
- IX. Chief Executive Officer Report Irene Richardson
- X. President of the Medical Staff Report Dr. Brianne Crofts, *Medical Staff President*

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

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November 6, 2024
2:00 p.m.
Classrooms 1, 2 & 3**

AGENDA

- | | |
|--|-----------------|
| XI. Committee Reports | |
| A. Finance & Audit Committee | Marty Kelsey |
| 1. Change Order (For Action) | |
| 2. Capital Expenditure Request (For Action) | |
| 3. Information Services Report | |
| 4. Bad Debt (For Action) | |
| 5. Finance & Audit Committee Meeting Information | |
| B. Foundation Board | Craig Rood |
| 1. New Foundation Member (For Action) | |
| C. Executive Oversight and Compensation Committee | Barbara Sowada |
| D. Joint Conference Committee | Barbara Sowada |
| E. Building & Grounds Committee | Craig Rood |
| F. Compliance Committee | Kandi Pendleton |
| G. Governance Committee | Marty Kelsey |
| H. Quality Committee | Barbara Sowada |
| I. Human Resources Committee | Kandi Pendleton |
| XII. Good of the Order | Barbara Sowada |
| XIII. Executive Session (W.S. §16-4-405(a)(ix)) | Barbara Sowada |
| XIV. Action Following Executive Session | Barbara Sowada |
| XV. Adjourn | Barbara Sowada |



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**

October 2, 2024

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on October 2, 2024, at 2:00 p.m. with Dr. Barbara Sowada, President, presiding.

CALL TO ORDER

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

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

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

Pledge of Allegiance

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

Mission and Vision

Mr. Kelsey read aloud the mission and vision statements.

Mission Moment

Ms. Richardson thanked the Auxiliary and Volunteers for all they do in serving our community and representing our mission, vision, and values. She shared a story of a recent visitor to the Hospital waiting for a friend in surgery. Ms. Richardson asked her if she needed anything and the woman said she was at least the fourth person who had asked her if she needed anything. The woman said the Hospital is the nicest place and said she wants to be a part of this. Ms. Richardson said she was happy to hear the woman had an amazing experience.

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 September 4, 2024, regular meeting as presented was made by Ms. Pendleton; second by Judge James. Motion carried. The minutes of the September 16, 2024, special meeting as presented was made by Judge James; second by Ms. Pendleton. Mr. Kelsey abstained and the motion carried.

COMMUNITY COMMUNICATION

There were no comments.

WHA Awards Recognition

Dr. Ann Marie Clevenger, Chief Nursing Officer, shared the nomination of Ms. Noreen Hove, Director of Surgical Services and Infection Prevention, for the Norman S. Holt for Nursing Excellence Award at the recent Wyoming Hospital Association (WHA) annual meeting. She said hospitals around the state nominate one nurse each year. Dr. Clevenger said Ms. Hove emulates the nursing professional and professional standards to the highest degree.

Ms. Lena Warren, Community Outreach Director, shared the nomination of Ms. Betty Dodd for the Outstanding Service by a Hospital Volunteer Program Award at the recent WHA annual meeting. Ms. Warren said Ms. Dodd was selected as the Volunteer of the Year for Wyoming and we are very happy she has been recognized for everything she does for others.

Auxiliary Grant Presentation

Ms. Warren said the Auxiliary is made up of Volunteers. The revenue from the gift shop is allocated back to the Hospital. This year a grant was awarded to the Education Department led by Ms. Patty O'Lexey, Director of Education and Employee Health, for community education materials. Ms. O'Lexey distributed examples of the materials and said we are grateful for the gift.

OLD BUSINESS

Medical Staff Bylaws

Dr. Sowada reported the bylaws are still under review. Dr. Crofts said the next General Medical Staff meeting is in November.

Scope of Services

Dr. Clevenger said she did not receive any questions or concerns following the presentation of the information last month. The motion to approve the Scope of Services as presented was made by Ms. Pendleton; second by Judge James. Motion carried.

NEW BUSINESS

CAH Policies Consent Agenda

The motion to approve the two Critical Access Hospital (CAH) Policies on the Consent Agenda as presented for *Pharmacy Controlled Drugs: Anesthesia, 15-11*, and *Medication Administration* was made by Ms. Pendleton; second by Judge James. Motion carried.

SENIOR LEADER REPORTS

Dr. Sowada said this is a new agenda item.

Chief Clinical Officer

Dr. Kari Quickenden, Chief Clinical Officer, reported on activities that are in alignment with our Strategic Plan. She said the Environmental Services Department (EVS) is focused on cleanliness and reported on their current initiatives. She presented a new half sheet they are sharing with each patient to help share information and connect with patients. The Clinical Dietitians are providing in-services and education. Ms. Josie Ibarra participated in the Hispanic Heritage Month community event. The Federal Drug Administration (FDA) was onsite the previous week for the Mammography Quality Standards Act (MQSA) process in Medical Imaging. We had a successful survey with no citations. Body Composition Testing has been added to our health fair offerings. The Clinic Lab went live with C-Diff toxin testing. We went live with new Group B Strep testing. We are working on lipid panel testing at the College Hill Lab. Rehab Services participated in the Sweetwater School District Health Fair and Senior Resource Expo Fair. We are participating in male pelvic floor therapy training. The new Director of Dining Services for Unidine is Mr. Robert Adams. We welcomed a new Executive Chef, Mr. Benjamin Freeman. The Quality Department is helping everyone prepare for the CAH Joint Commission Survey and Wyoming Department of Health Survey. Ms. Stephanie Mlinar, Director of Quality, has initiated process mapping and we are preparing for Press Ganey patient survey changes in January 2025.

Chief Financial Officer

Ms. Tami Love, Chief Financial Officer, provided a financial summary. She said we had lower revenue in August and were underbudget in expenses. September volumes are on the lower side with expenses close to budget. The FY24 Audit was presented to the Finance and Audit Committee the previous week. Clifton Larson Allen (CLA) will be onsite at the November meeting for review and approval. We received our CAH provisional license. The Cerner build was moved to production. The Senior Leaders and Ms. Deb Sutton, Marketing Director, are working on a press release. We submitted Reimbursement #2 for the Lab and #1 for the Medical Office Building to the Wyoming State Land and Investment Board (SLIB). Grothouse will report on project delays at the next Building and Grounds Committee meeting.

Chief Nursing Officer

Dr. Clevenger focused on education in-house and in our community in her report. She said she plans to bring a different focus to future meetings. We held a skills fair for nursing staff and it was a big success. It allows for hand-on training that we don't always have the opportunity to obtain. The Emergency Department integrated a residency program involving one experienced nurse and five new nursing graduates. It is a rigorous process. OB continues to offer prenatal classes online and onsite. We offer a breastfeeding support group every week at the White Mountain Library in conjunction with Community Nursing. The Education Department hosts Stop the Bleed and CPR courses each month. Six nurses obtained grant funding for Sexual Assault Nurse Examiner (SANE) certification. This will expand coverage. We currently have two nurses certified and willing to help train with eight in training. We are meeting with the diabetic educator at Community Health to improve the process and become more involved. Employee Health is hosting flu clinics for staff. At the Wyoming Nursing Association (WNA) annual meeting, Ms. Julia Samz was awarded the Face of the Future Award. We added tele-neuro telehealth services through our affiliation with the University of Utah. It is available for physicians and nursing staff to utilize. We are working hard with teams on policy updates related to CAH status. We have been focusing on inpatient bed monitoring.

Chief Executive Officer

Ms. Richardson thanked the Senior Leaders for their reports. She said the Person-Centered Care Committee is rounding on staff and continue to work on the Excellence in Person-Centered Care Certification. The Patient and Family Advisory Council continues to meet. They continue to be huge supporters of the Hospital. We are five years in and continue to add new members. They take their role very seriously. Experiential and communication workshops continue. Ms. Richardson facilitated the Rock Springs Chamber of Commerce Board of Directors Strategic Retreat. She talked about our culture and training. Some of the businesses requested to participate. We have offered Communicating With Empathy to School District #1 students. One student asked to show an empathy video to all students in an assembly. We are getting the message out there about kindness, compassion, and empathy, and people are recognizing that is what we do here. Ms. Richardson gave a huge shout out to everyone working on the CAH process. She said we took our time to make sure this was the right thing to do. The Medical Staff were great in the process. It has been a learning process. This will be beneficial to our patients and our Hospital. Great work has been completed on our policies and billing processes. Town Halls will be conducted in October. PEAK Consulting provided three days of leadership workshops with our team. We had one with the large group together and then separate smaller group sessions. We have received positive feedback from staff. We will follow with four virtual sessions. Gallagher will provide a presentation to the Human Resources Committee to review the wage analysis process. The Board has scheduled a workshop to learn more about the Cancer Center. We interviewed an OB/GYN physician and are planning an onsite visit November 20. The physician is very interested in the opportunity. We spoke with a psychiatrist in residency available in July 2025. The physician is from here and it would be wonderful to get them here. We are planning a joint Foundation and Board meeting in December. We will present at the Pulse meeting on November 20. Ms. Richardson was elected as the Chair of the WHA Board and will conduct quarterly meetings and spend some time at legislative meetings in February. We will receive some funding related to the industrial siting process. Ms. Richardson thanked the County Commissioners for their work on that and advocating for Sweetwater County. The Fall Festival will be at the Events Complex on October 10. The Foundation Casino Night is October 11 at Western Wyoming Community College. The Red Tie Gala is coming in February 2025. Ms. Richardson gave a huge shout out to staff and physicians and said we have been very busy.

PRESIDENT OF THE MEDICAL STAFF REPORT

Dr. Crofts distributed a handout related to the DaVinci robot. She said it arrived in May 2023 and she shared her numbers of procedures from June 2023 to April 2024. She said she is working on getting an intuitive hub in place. The Medical Staff met September 19 and has a presentation from our insurance carrier. She said it was very educational. Dr. Poyer reported on the Prescription Drug Monitoring Program (PDMP). We have increased to 80% of our providers participating in that program. The next meeting is November 20 and will be in-person to conduct elections. There was discussion of term limits and durations of terms. Dr. Crofts said she doesn't have an opinion on it. She said the Medical Staff will discuss at the November meeting. The Medical Staff are reviewing the mentoring model to clarify definitions and requirements under conditions of participation.

COMMITTEE REPORTS

Human Resources Committee

Ms. Pendleton said Gallagher will present at a special meeting on October 14.

Finance & Audit Committee

Mr. Kelsey said the Committee received a nice audit report. CLA will present at the November meeting. The audit went well and staff did a great job. We need to watch expenses closely. Revenues are down. The Committee reviewed the revenue cycle and need more discussion moving forward. Dr. Sowada requested draft minutes of the most recent meeting be included in board meeting packets moving forward.

Bad Debt: The motion to approve the net bad debt and recoveries as presented of \$1,900,546.53 was made by Mr. Kelsey, second by Mr. Rood. Motion carried.

Foundation Board

Mr. Rood said the Foundation Board did not meet.

Executive Oversight & Compensation Committee

Dr. Sowada said there was no report this month.

Joint Conference Committee

Dr. Sowada said there was no report this month.

Buildings & Ground Committee

Mr. Rood said the Committee received updates on the project master plan. The minutes are in the packet.

Compliance Committee

Ms. Pendleton said the Committee did not meet.

Governance Committee

Mr. Kelsey said the group did not meet. He is working with Ms. Suzan Campbell, In-House Legal and Compliance, on policies.

Quality Committee

Dr. Sowada said the information is in the packet.

CONTRACTS

Contract Consent Agenda

Ms. Love reviewed the Ovation Health agreement. The motion to approve the agreement as presented was made by Ms. Pendleton; second by Mr. Kelsey. Motion carried.

Contracts Approved By CEO Since Last Board Meeting

Ms. Richardson reviewed the QLER New Exhibit B document she signed and said she thinks it will be really good for services we definitely need.

GOOD OF ORDER

Dr. Sowada said the American Hospital Association Rural Healthcare Conference will be in San Antonio February 23-26. She said early bird registration ends in December. She said Ms. Richardson is planning to take a team there with her. Anyone on the Board interested in attending should contact Ms. Richardson.

EXECUTIVE SESSION

The motion to go into executive session at 3:19 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 4:42 p.m. was made by Judge James; second by Mr. Rood. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

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

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

Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from September 10, 2024

1. Initial Appointment to Associate Staff (1 year)
 - Dr. Steven Cameran Mecham, Emergency Medicine
 - Dr. Daniel Stone, Emergency Medicine
 - Dr. Anisha Tailor, Emergency Medicine
 - Dr. Emily Veltus, Emergency Medicine
 - Dr. Laura Voges, Emergency Medicine
 - Dr. Liron Gokovski, Hospitalist
 - Dr. Michele Constant, Pediatrics
 - Dr. Matthew Aney, Pediatrics
 - Dr. Brad Cohen, Radiation Oncology
2. Initial Appointment to Active Staff (2 year)
 - Dr. Rowan Kelner, Emergency Medicine
 - Dr. Hannah Loewenberg, Emergency Medicine
 - Dr. Benjamin Verseman, Emergency Medicine
3. Initial Appointment to Consulting Staff (1 year)
 - Dr. Chhavi Chaudhary, Tele-Psychiatry (QLER)

4. Initial Appointment to Non-Physician Provider Staff (1 year)
 - Laura Mercer Wetzel, LPC Professional Counselor (SWCS)
 - Amanda Wilson, LCSW Clinical Social Worker (SWCS)
5. Reappointment to Active Staff (2 year)
 - Dr. Jonathan Roddy, Emergency Medicine
 - Dr. Banu Symington, Hematology/Oncology
 - Dr. Tony Pedri, Orthopedic Surgery
 - Dr. Elizabeth Wuerslin, Pediatric Hospitalist
 - Dr. Don Dickerson, Radiation Oncology
6. Reappointment to Consulting Staff (2 year)
 - Dr. Anees Daud, Cardiovascular Disease (U of U)
 - Dr. John Ryan, Cardiovascular Disease (U of U)
 - Dr. Libo Wang, Cardiovascular Disease (U of U)
 - Dr. Veronica Moreno-Gomez, Tele-Stroke (U of U)
 - Dr. Aaron Shoskes, Tele-Stroke (U of U)
 - Dr. Cathleen Ivy, Tele-Radiology (VRC)

The motion to approve the Memorandum of Understanding with changes recommended by Counsel and pending verification of the amounts was made by Judge James; second by Ms. Pendleton. Motion carried.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:43 p.m.

Dr. Barbara Sowada, President

Attest:

Judge Nena James, Secretary

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

October 29, 2024

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting on October 29, 2024, at 2:30 p.m. with Dr. Barbara Sowada, President, presiding.

CALL TO ORDER

Dr. Sowada called the meeting to order at 2:30 p.m. She said the purpose of the meeting was to learn more about the Cancer Center. She said no business would be conducted and no action taken. The following Trustees were present: Judge Nena James, Ms. Kandi Pendleton, and Dr. Barbara Sowada. Mr. Marty Kelsey was present online. Excused: Mr. Craig Rood.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Dr. Kari Quickenden, Chief Clinical Officer; Dr. Ann Marie Clevenger, Chief Nursing Officer; Ms. Tasha Harris, Radiation Oncology Director and Dosimetrist; Ms. Dawn Piaia, Medical Oncology/Hematology Director.

SWEETWATER REGIONAL CANCER CENTER OVERVIEW

Ms. Harris and Ms. Piaia reviewed a Power Point presentation and answered questions. They both stressed the people working in the Cancer Center are the greatest asset. They take wonderful care of their patients and make a difference every day.

ADJOURNMENT

There being no business to discuss, the meeting adjourned at 3:46 p.m.

The presenters offered a tour of their departments.

Dr. Barbara Sowada, President

Attest:

Judge Nena James, Secretary



We'll get you there.

CPAs | CONSULTANTS | WEALTH ADVISORS

Memorial Hospital of Sweetwater County

2024 Audit Results and Report to the Board of Directors

CPAs | CONSULTANTS | WEALTH ADVISORS

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Executive Summary

Results of Professional Services

Results of Professional Services

Significant Transactions

- Preparation for CAH Go-Live
- Continued work on revenue cycle processes
- Kick-off of lab expansion/renovation

Audit Adjustments

- No proposed audit adjustments
- No passed adjustments

Subsequent Events

- None noted

Internal Control Results

- Material weaknesses – none identified
- Several management comments discussed in the exit conference





Your Business

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Financial Ratios – Comparative Data Used

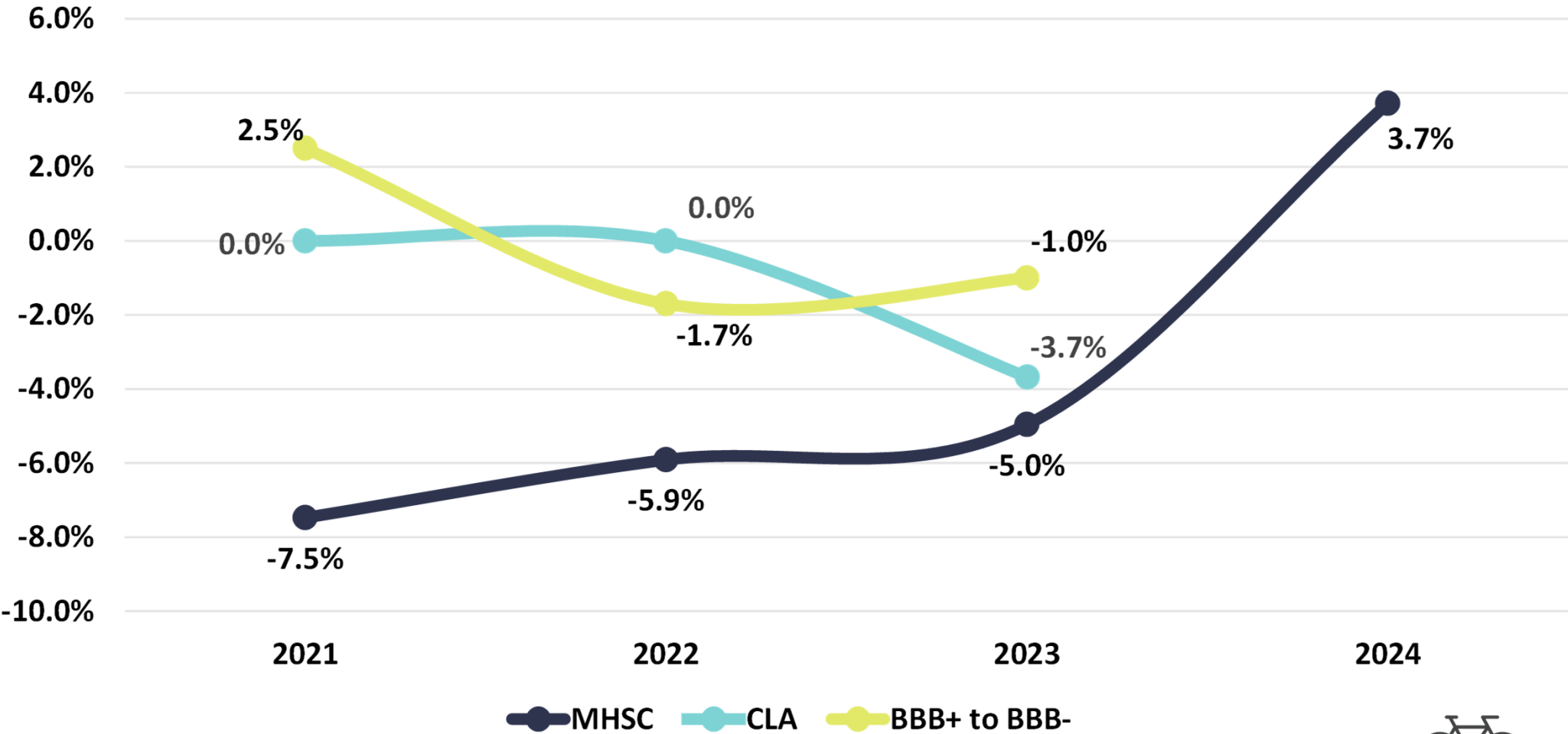
- Memorial Hospital of Sweetwater County (MHSC)
 - \$128.4 Million Net Patient Service Revenue
 - 2021-2024 Data, Based on Audited Combined Financial Statements
- CLA Benchmark (CLA)
 - PPS Hospital Median, less than \$250M in net patient revenue
- Standards & Poor's (S&P) BBB+ to BBB-
 - Median indicators from a sample of 59 nonprofit hospitals in the United States



Operating Margin

Definition

This ratio is operating income as a percentage of net patient service revenue plus other operating revenues. It is used to report the facility’s return on revenues which relate to the main purpose of operations.



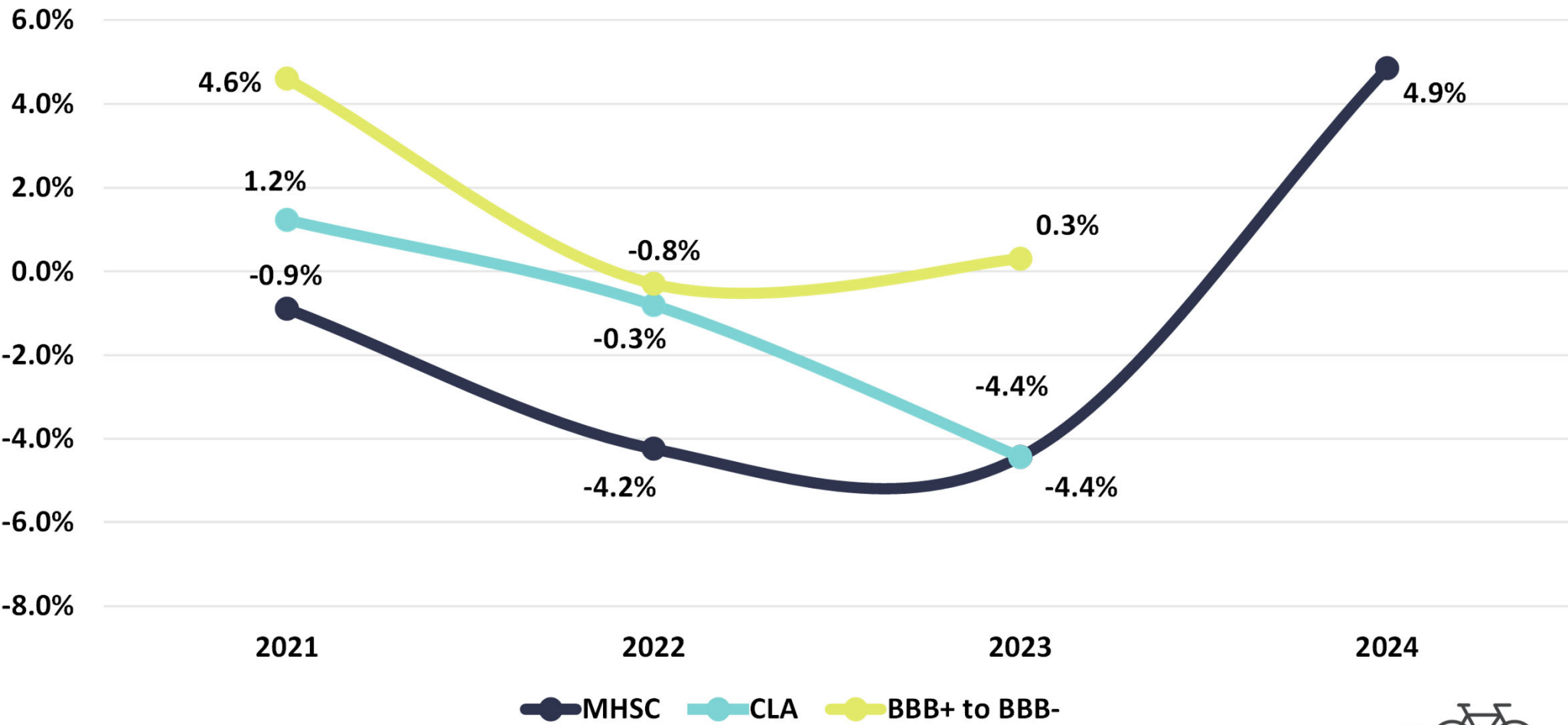
Memorial Hospital of Sweetwater County

Financial Indicators – Profitability Ratios

Total Margin

Definition:

Total margin reflects excess of revenue over expenses as a percentage of total revenues, including nonoperating revenues.



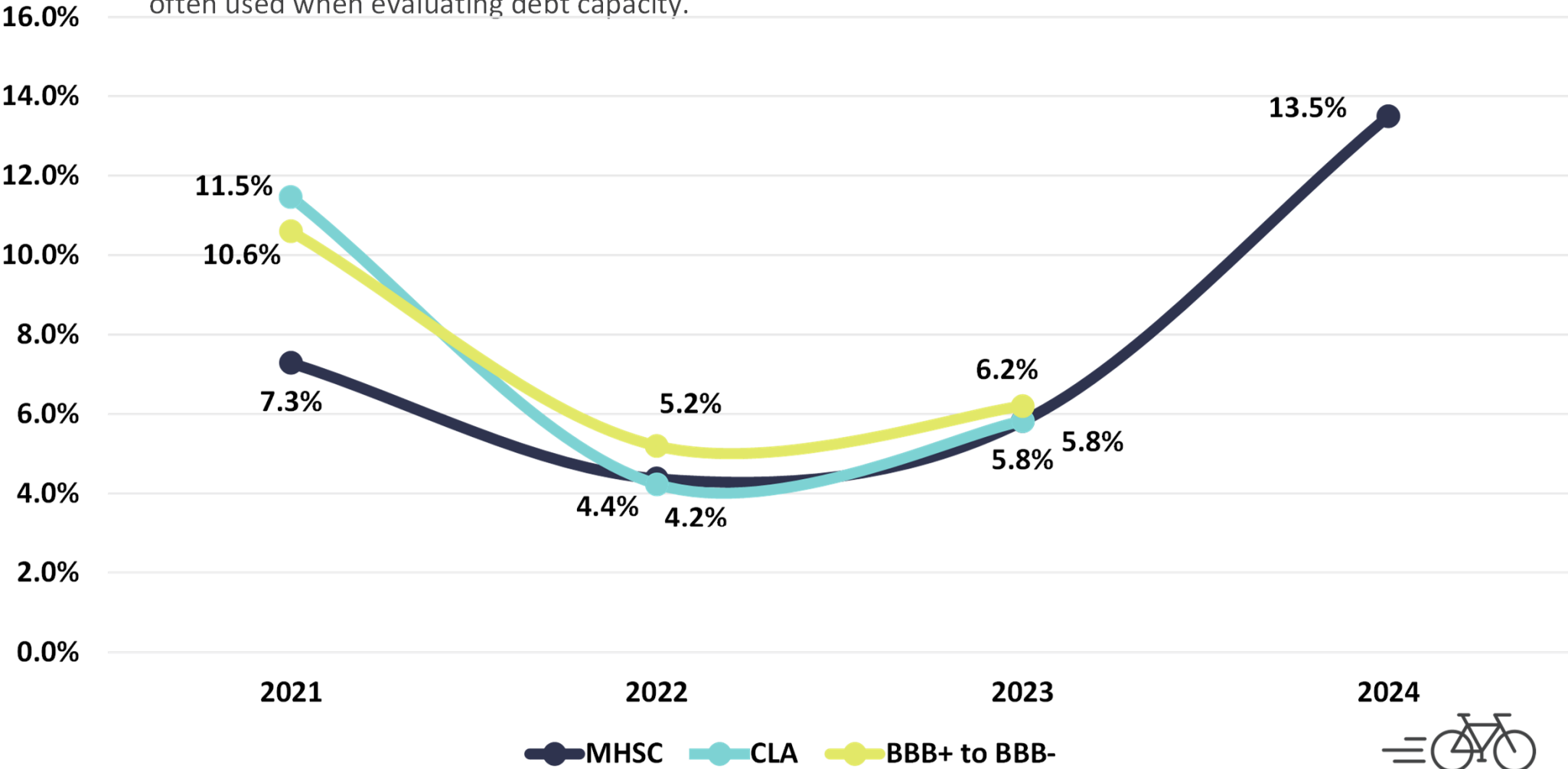
Memorial Hospital of Sweetwater County

Financial Indicators – Profitability Ratios

Total EBIDA Margin

Definition:

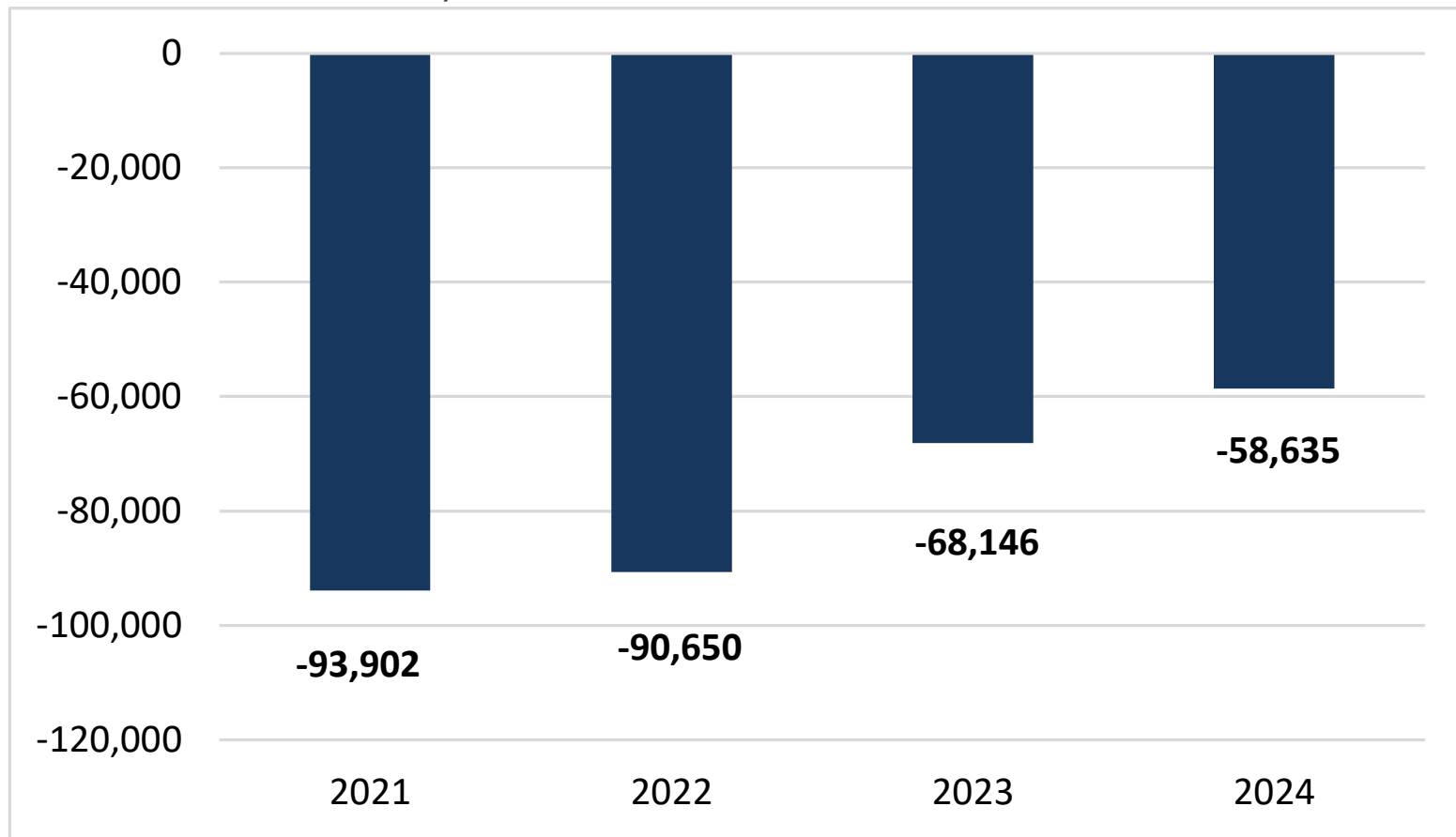
Total EBIDA Margin represents Earnings (total income) Before Interest, Depreciation, and Amortization divided by total revenues. It is used as a rough measure of operation cash flow in a facility. This ratio is often used when evaluating debt capacity.



Operating Loss per Provider FTE

Definition:

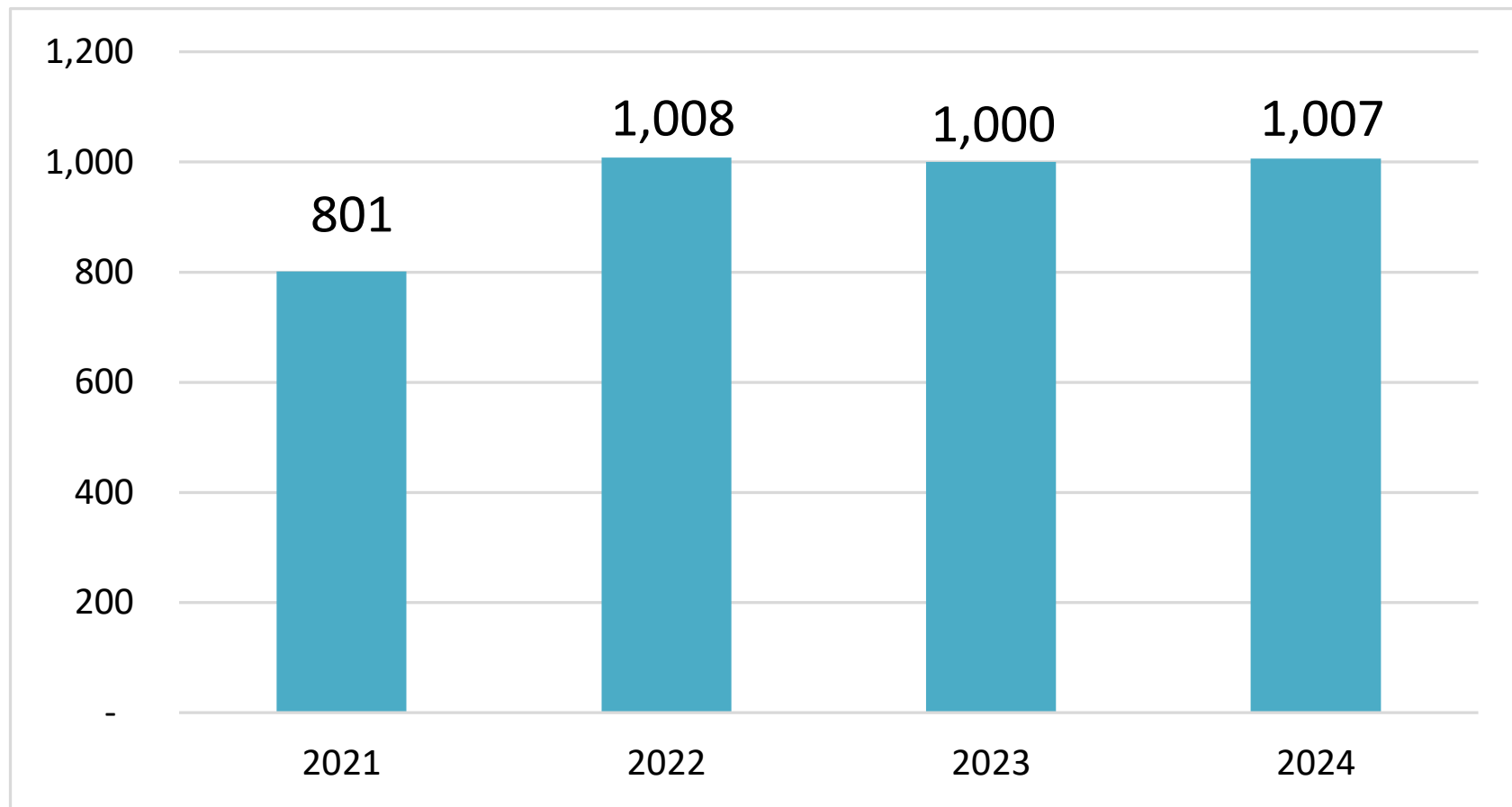
This is measured by dividing the amount of operating losses in the physician practices by the Provider FTE's worked. We would recommend not focusing necessarily on the loss position of the practice but more the trend over a four-year time horizon.



Visits per Provider FTE

Definition:

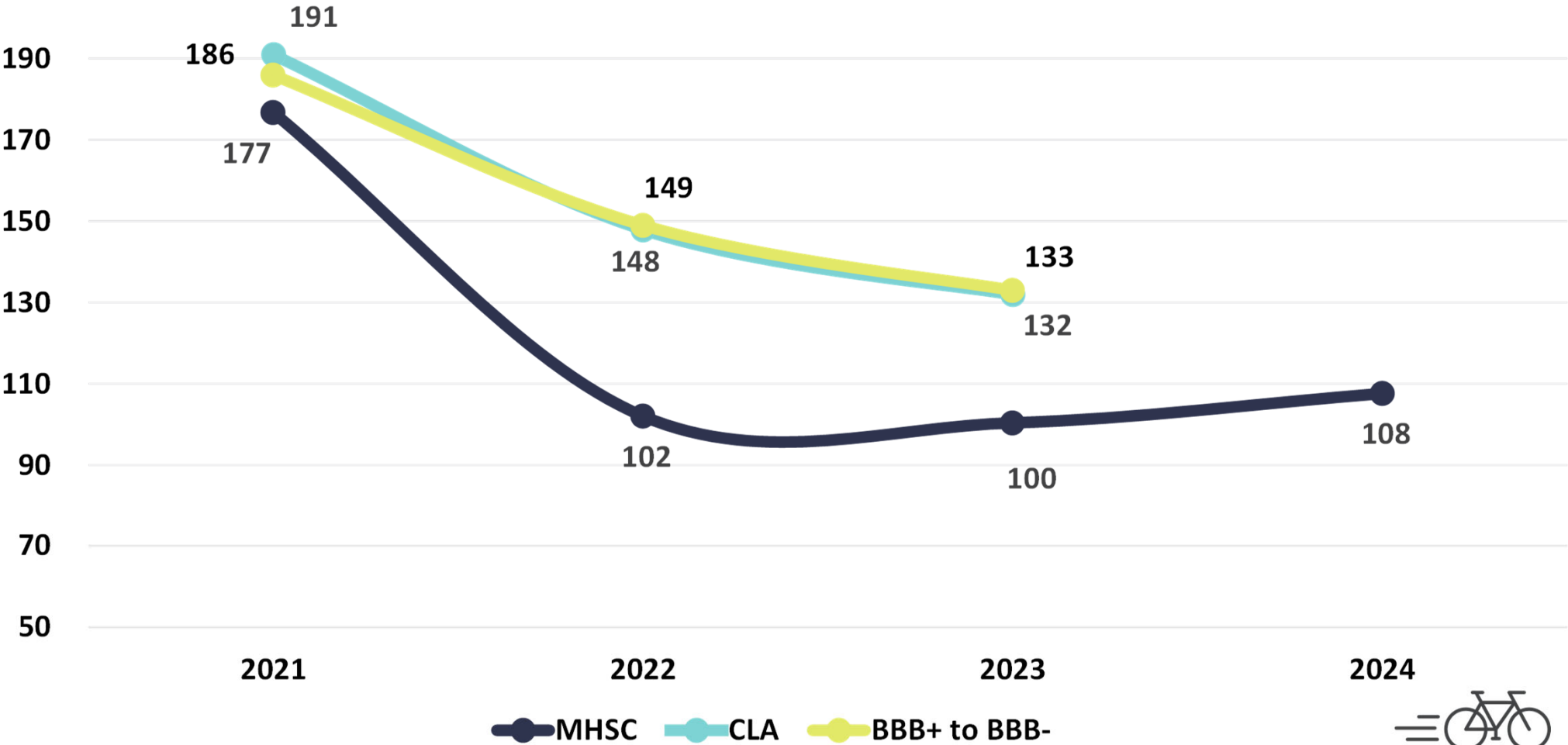
This is measured by dividing the amount of visits (primary care and specialty care) in the physician practices by the Provider FTE's worked.



Days Cash on Hand (All Sources)

Definition:

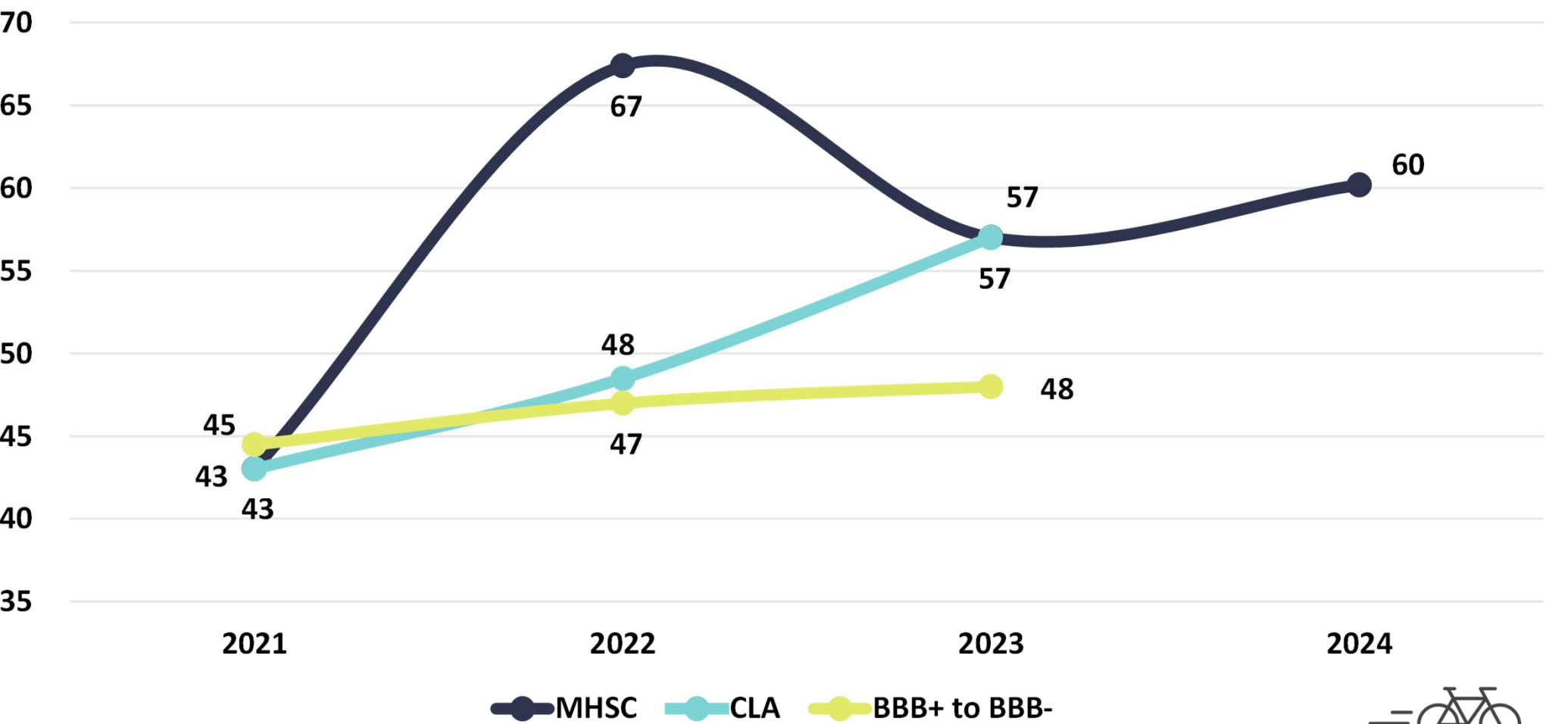
Days Cash on Hand measures the number of days of average cash expenses that the facility maintains in cash and amounts reserved for capital improvements. High values usually imply a greater ability to meet both short-term obligations and long-term capital replacement needs.



Net Days in Accounts Receivable

Definition:

Days in patient accounts receivable is defined as the average time that receivables are outstanding, or the average collection period.



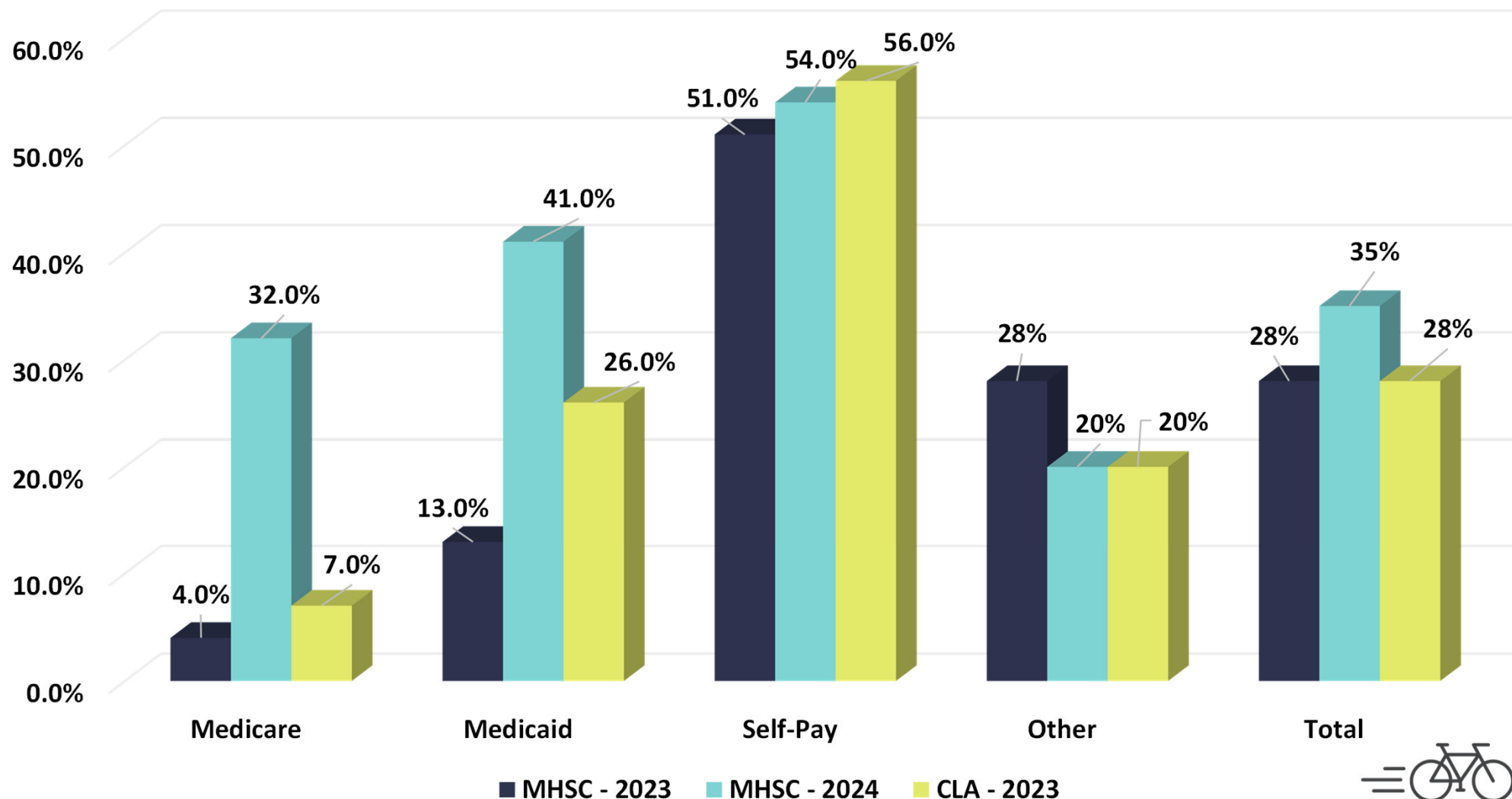
Memorial Hospital of Sweetwater County

Financial Indicators – Liquidity Ratios

Aging of Accounts Receivable

Definition:

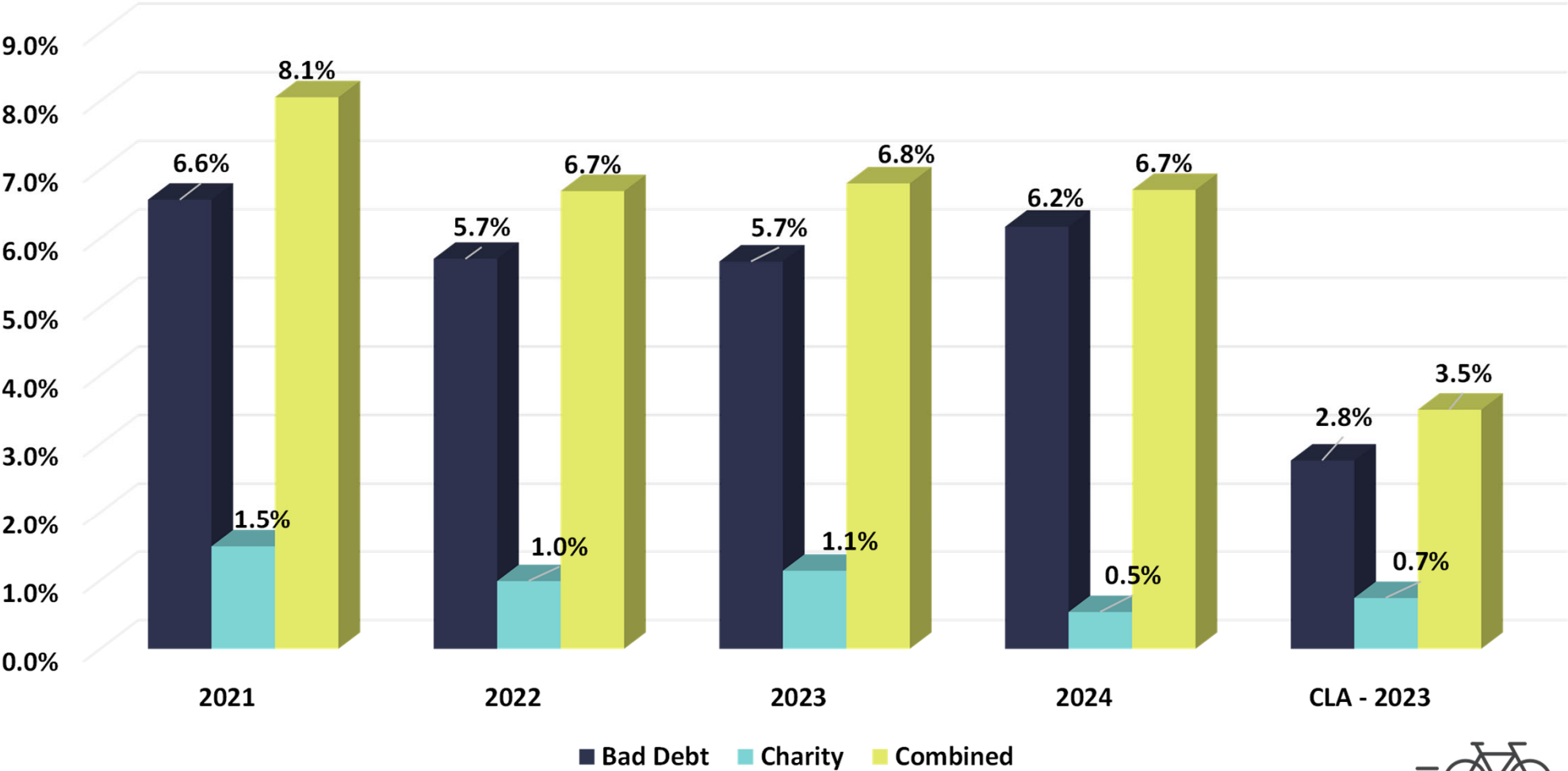
The percentage of accounts receivable within a payor classification, and in total, that is greater than 90 days old based on accounts receivable aging as of June 30.



Bad Debt and Charity Care as a Percent of Gross Patient Service Revenue

Definition:

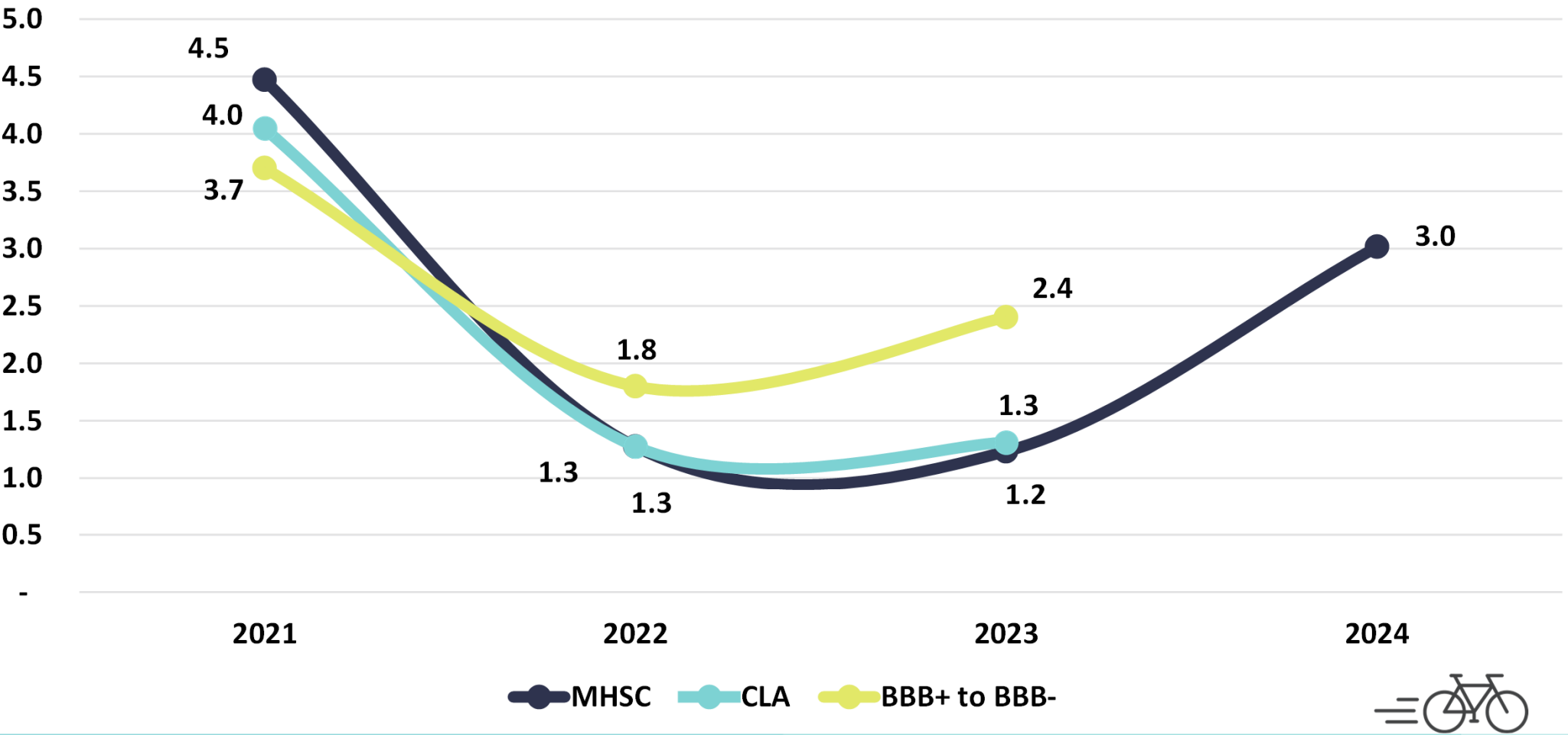
This ratio is calculated by dividing the bad debt and charity care by gross patient service revenue.



Debt Service Coverage

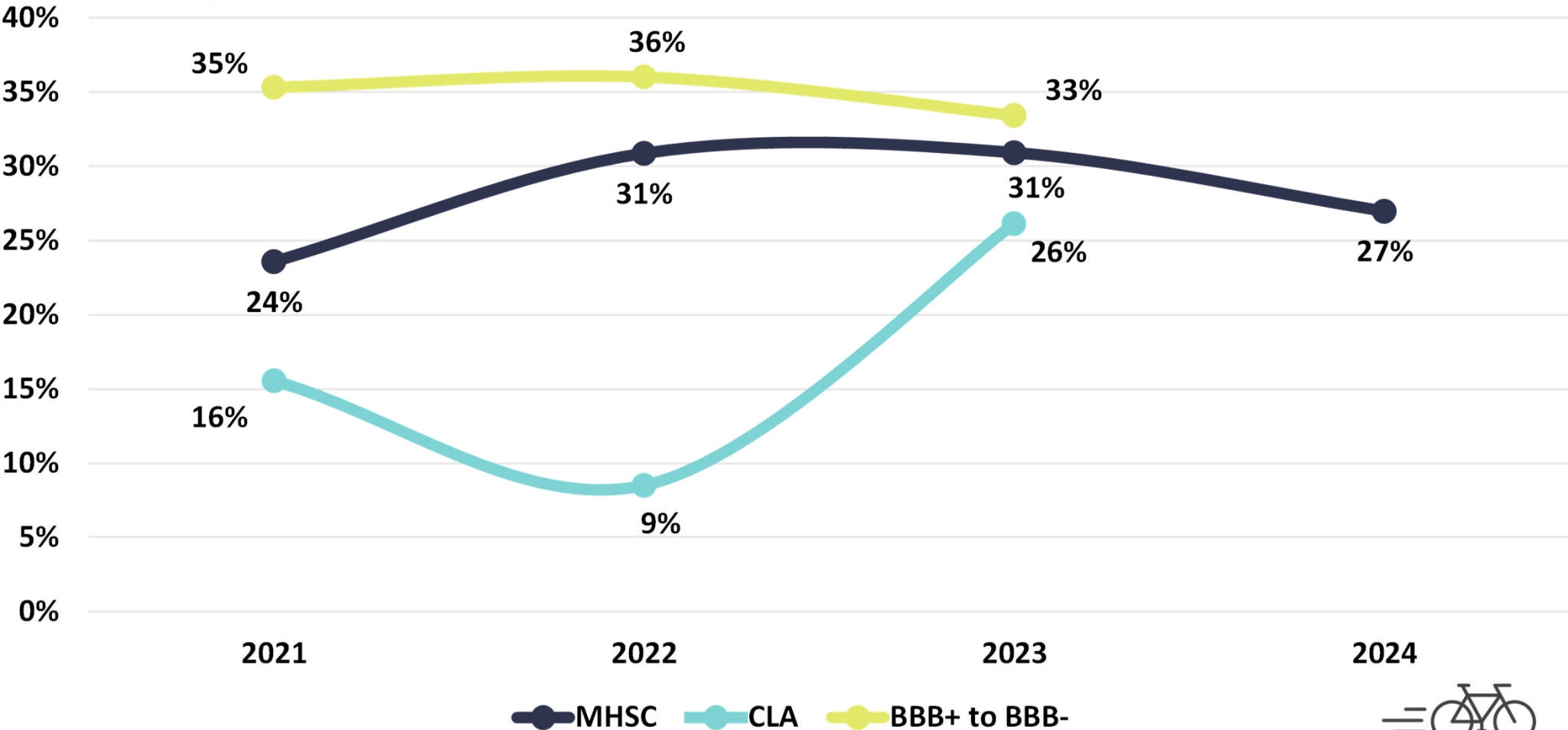
Definition:

Debt service coverage is calculated as income available for debt service (net income + depreciation and amortization + interest expense) divided by the annual debt service requirements (principal payments made + interest expense).



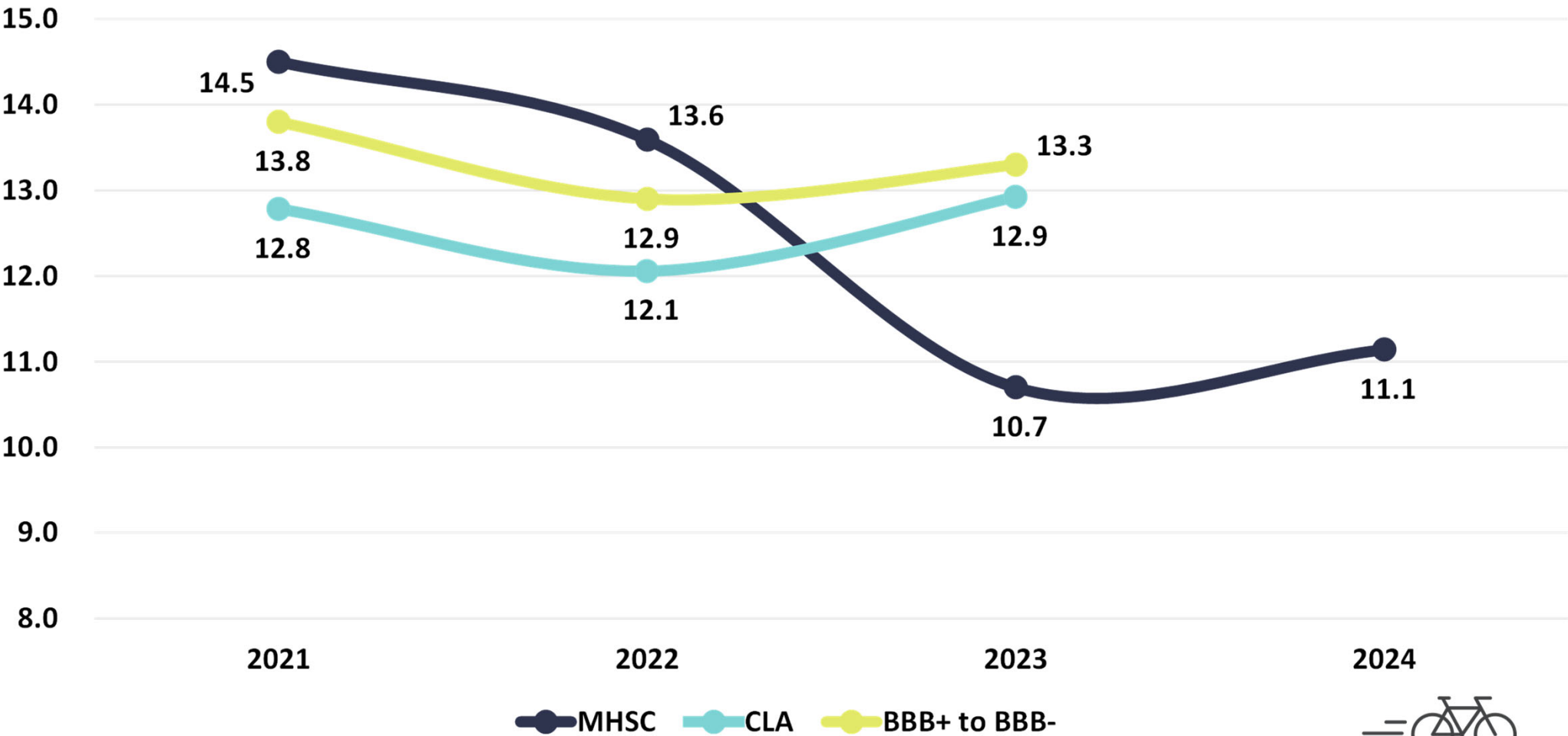
Debt to Capitalization

Definition:
This ratio is defined as the proportion of long-term debt divided by long-term debt plus total net assets. Higher values for this ratio imply a greater reliance on debt financing and may imply reduced ability to carry additional debt.



Average Age of Plant

Definition:
Average age of plant attempts to approximate the average age of an organization’s fixed assets. A low value is considered to be desirable as it indicates a newer facility.





2024 Industry Trends

Understanding growth in health care spending, and what's at risk for providers in the coming year.



#1: Health Care Consolidation, Deals

For any number of reasons, there is ongoing consolidation and dealmaking in health care and life sciences.

Labor expenses skyrocketed during the pandemic and then reset at higher rates. These higher labor rates and a tight labor market plus ongoing inflationary pressures are wreaking havoc on some operating margins.

A ripple effect has resulted in closures or mergers and acquisitions. Private equity interest has been piqued. Due to M&A, there is more regulatory scrutiny.



A few things we're watching:

- Private equity moves
- Hospital/health and SNF deals/consolidation
- Impact of insurer market moves
- Regulatory anti-trust focus

#2: Labor Market

A very tight labor market has loosened a bit and employment has stabilized over the past year. That said, wages have reset at higher rates. This places enormous financial and operational pressure on employers.

Key roles in health care are still experiencing burnout, leading to job changes, reduced hours, retirements, and an uptick in union activity.

Demographics will complicate this picture as millions of eligible beneficiaries move into Medicare in the coming years. This will have ripple effects felt throughout all of health care and life sciences.



A few things we're watching:

- Demographic changes
- New workforce pipelines
- Heightened focus on recruitment/retention
- Career ladders, upskilling
- Use of AI

#3: Margin Compression

Higher labor costs compounded by overall high operating costs due to inflation and economic uncertainty has created margin pressures. Plus, for many, higher reimbursement rates have not materialized to accommodate those higher operating expenses. This is particularly true for providers dependent on government payers.

Add on an aging population and demographics will skew the financial picture towards Medicaid and Medicare. Rural providers are particularly vulnerable here.

Commercial contract negotiations are getting tougher.

Across all of health care, administrative expenses for compliance and paperwork are leading to growing frustration and inefficiencies.



A few things we're watching:

- Tough contract negotiations
- Heightened focus on care delivery models, alternative payments
- Potential labor reductions
- Reducing inefficiencies
- Use of AI

#4: Rising Role of Medicare Advantage

Medicare Advantage's (MA) rise continues. It now comprises half of all Medicare eligibles. As growth increases so, too, does scrutiny. This has led to more regulatory and legislative attention.

There are growing contract fights between providers-insurers over inadequate reimbursements and administrative burden.

Due to its popularity, size and demographic trends, providers must pay attention to MA long-term. The program is where many patients will consume health care dollars.

Also, various Medicare value-based models look to or use MA's risk adjustment and financing methodologies as a basis.



A few things we're watching:

- Impact of vertical integration by insurers
- Regulatory, legislative scrutiny, and lawsuits
- Tougher negotiations

#5: Capitol Hill/Regulatory/Election Year

This will be a rough year on Capitol Hill. There are small majorities in either chamber which always makes passing bills more difficult, compounded by competing issues.

It is also an election year, which means all issues are viewed through that lens.

The number one issue to address is funding government which is magnified by a growing annual deficit and national debt.

Regulatory activities will be robust, especially in first half of 2024.



A few things we're watching:

- March 1, 8 government funding deadlines
- Reducing physician fee cuts
- Site neutral cuts to hospitals
- Election year politics impacts

#6: Artificial Intelligence

Throughout the industry, AI is rapidly being deployed. Whether that's for medical scribes, revenue cycle applications, patient information, data analytics/predictive analytics, and much more.

Because there isn't a statutory or legal construct specific to AI, the landscape is wide open for a host of lawsuits (copyright infringement, patient rights, privacy violations and more).

With all of it, those creating and adopting AI must also work to protect against inherent bias of its outputs and address cybersecurity.



A few things we're watching:

- Increased use of AI
- Lawsuits
- Legislative/regulatory focus
- Cybersecurity



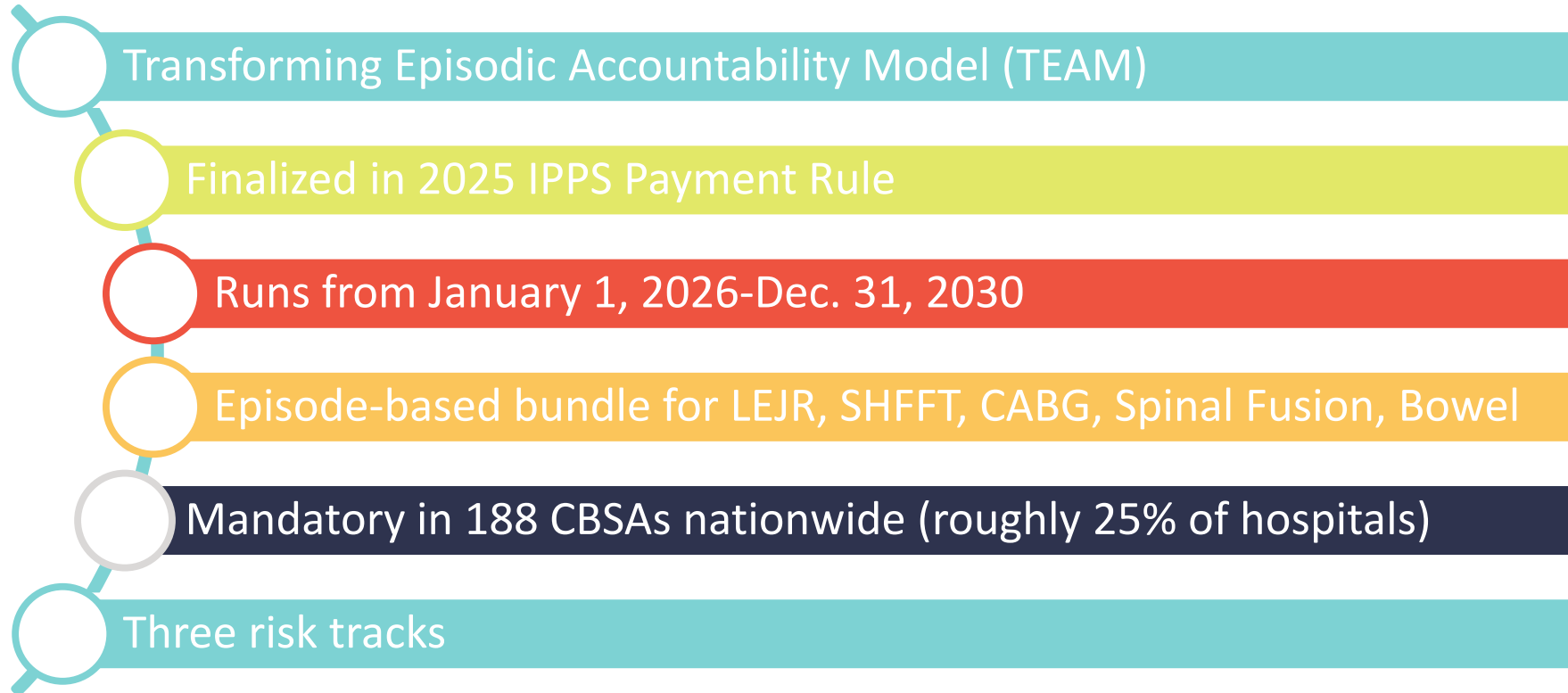
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New Mandatory Bundle on Horizon

TEAM launches January 2026

TEAM Overview



Mandatory CBSAs

- 188 various CBSAs across the nation
- Mandatory for hospitals paid under IPPS with a CMS Certification Number primary address located in one of the selected CBSAs
- Safety net, rural hospitals are not exempted from this model
 - They do receive special consideration under the risk tracks



Anchor Event, Five Bundle Categories

An “anchor” hospitalization or procedure from the following MS-DRGs/HCPCS codes triggers the episode. The episode lasts 30 days post.

- Coronary artery bypass graft (CABG)
- Lower extremity joint replacement (LEJR)
- Major bowel procedure
- Surgical hip/femur fracture treatment (SHFFT)
- Spinal fusion

Surgical Category	MS-DRGs, HCPCS
LEJR – hip, knee, or ankle episode	MS–DRG 469, 470, 521, or 522 or through the OPPIs under HCPCS code 27447, 27130, or 27702
SHFFT – a hip/femur fracture	MS–DRG 480–482
CABG – coronary revascularization	MS– DRG 231–236, including elective CABG and CABG procedures performed during initial acute myocardial infarction treatment
Spinal fusion	MS–DRG 402, 426-430, 447-448, 450-451, or 471-473; HCPCS codes 22551, 22554, 22612, 22630, or 22633
Major bowel	MS– DRG 329-331

Three Risk Tracks



Track 1

Available only in performance year (PY) 1 for all TEAM participants

Upside risk only

Quality adjustments applied

Safety net hospital can be in Track 1
PYs 1-3



Track 2

Available in PYs 2-5

Lower level of two-sided risk

Quality adjustments applied

Safety-net hospitals, rural hospitals may stay in Track 2 PYs 2-5



Track 3

Available in PYs one through five for all TEAM participants

Higher level of two-sided risk

Quality adjustment to reconciliation amounts

Special Considerations for Certain Hospitals

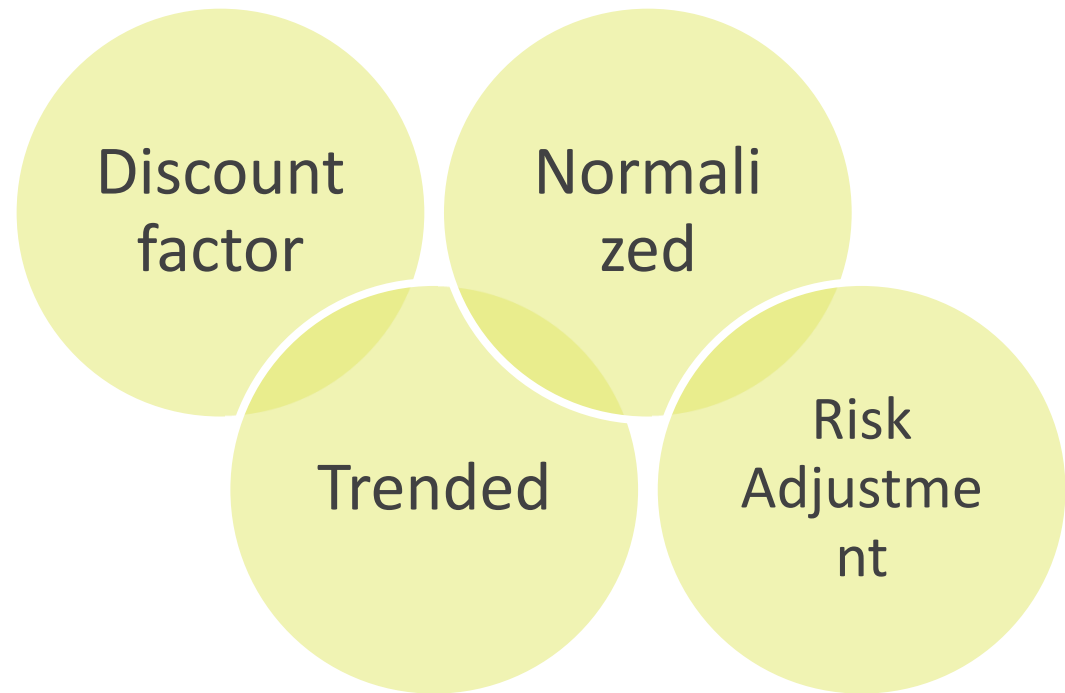
While rural or safety net hospitals aren't exempt, the model provides some special consideration for the risk tracks of these hospitals.

Rural 1. Located in a rural area or 2. Located in a rural census tract	Rural Medicare Dependent Sole Community Essential Access Community
Safety net 1. Exceeds 75th percentile of proportion of Medicare beneficiaries considered dually eligible for Medicare/Medicaid across all PPS acute care hospitals in baseline period; or 2. Exceeds 75th percentile of the proportion of Medicare beneficiaries partially or fully eligible to receive Part D low-income subsidies across all PPS acute care hospitals in baseline period	



Hospital Target Prices Include

- Hospitals held financially accountable for spending of entire episode (Part A/B spending)
- Their target price is based on three prior years of regional spending data (weighted), normalized and trended forward to the PY
- Risk adjustments include beneficiary-level variables (age group, clinical complexity, social risk) and hospital characteristic



TEAM Collaborator

Hospitals own the episode but will likely want to have ongoing, collaborative relationships—including potential gainsharing (upside) and alignment payments (downside)—with other downstream providers like physicians, nursing homes, home health or therapy providers.

Types of TEAM Collaborators?

ACOs	Skilled nursing facility
Home health agency	Long-term care hospital
Inpatient rehab facility	Physicians
Nonphysician practitioners	Therapist in private practice
Provider of outpatient therapy	Physician group practice
Hospitals, incl. Critical Access	Therapy group practice
Nonphysician provider group practice	

Key Take-Aways



Hospitals should familiarize themselves with TEAM—are they required to participate?



Hospitals should begin preparing for TEAM now—both internal capabilities and looking at downstream partners



Downstream providers should consider if this is an opportunity to partner with hospitals

Questions? Need Assistance?

Reach out today.



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Appendix

Required Communications

Topic	Communication
Our responsibility under Generally Accepted Auditing Standards and Governmental auditing standards	<ul style="list-style-type: none"> Express an opinion on the fair presentation of the combined financial statements in conformity with GAAP Audit also performed under Governmental Auditing Standards Plan and perform the audit to obtain reasonable, nonabsolute assurance that the combined financial statements are free of material misstatement Evaluate internal control over financial reporting Evaluate accounting policies and significant accounting estimates Conclude whether there is substantial doubt about the entity's ability to continue as a going concern Utilize a risk-based audit approach Communicate significant matters to appropriate parties
Planned Scope and Timing of the Audit	<ul style="list-style-type: none"> Performed the audit according to the planned scope and timing previously discussed
Other Information in Documents Containing the Audited Financial Statements	<ul style="list-style-type: none"> Combined financial statements may only be used in their entirety Our approval is required to use our audit report in a client prepared document We have no responsibility to perform procedures beyond those related to the combined financial statements.



Required Communications (Continued)

Topic	Communication
Significant Accounting Policies	<ul style="list-style-type: none"> • Management is responsible for the accounting policies of the organization • Accounting policies are outlined in Note 1 to the combined financial statements • Accounting policies deemed appropriate • No significant unusual transactions occurred
Significant Accounting Estimates	<ul style="list-style-type: none"> • An area of focus under a risk-based audit approach • Significant estimates include: allowance for contractual adjustments and bad debts, useful lives assigned to fixed assets, self-funded health insurance liability, and third-party payor settlement estimates • Estimates determined by management based on their knowledge and experience • No management bias indicated • Estimates were deemed reasonable • Estimate uncertainty is disclosed in the combined financial statements
Significant Financial Statement Disclosures	<ul style="list-style-type: none"> • No sensitive disclosures • No significant subsequent events noted • No significant risk, exposures, or uncertainties • No significant unusual transactions • Disclosures are neutral, consistent, and clear



Required Communications (Continued)

Topic	Communication
Management Representation Letter	<ul style="list-style-type: none">• Management provided signed representation letters prior to finalization of the audit reports
Other	<ul style="list-style-type: none">• No difficulties encountered in performing the audit• No issues discussed prior to retention as independent auditors• No disagreements with management regarding accounting, reporting, or other matters• No consultations with other independent auditors• No other findings or issues were discussed with, or communicated to, management



Internal Control Matters

Topic	Communication
Purpose	<ul style="list-style-type: none"> Express an opinion on the consolidated financial statements, not on the effectiveness of internal controls. Our consideration of internal controls was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore material weaknesses or significant deficiencies may exist that were not identified. In addition, because of inherent limitations in internal control, including the possibility of management override of controls, misstatements due to fraud or error may occur and not be detected by such controls.
Material Weakness	<ul style="list-style-type: none"> Reasonable possibility that a material misstatement would not be prevented, or detected and corrected on a timely basis.
Significant Deficiencies	<ul style="list-style-type: none"> Less significant than a material weakness, yet important enough to merit the attention of governance.
Restricted Use	<ul style="list-style-type: none"> This communication is intended solely for the information and use of management, the finance committee, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.
Results	<ul style="list-style-type: none"> Material weaknesses – none identified.



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MEMORIAL HOSPITAL OF SWEETWATER COUNTY
COMBINED FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2024 AND 2023



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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Memorial Hospital of Sweetwater County
Rock Springs, Wyoming

Report on the Financial Statements

Opinion

We have audited the accompanying combined financial statements of Memorial Hospital of Sweetwater County (the Hospital), which comprise the combined statements of net position as of June 30, 2024 and 2023, and the related combined statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the combined financial statements.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the respective combined financial position of the Hospital as of June 30, 2024 and 2023, and the respective changes in its net position and its cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with the auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for one year after the date of the combined financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

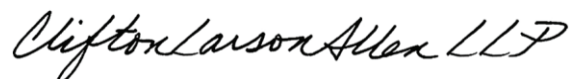
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic combined financial statements. Such information, although not a part of the basic combined financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic combined financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic combined financial statements, and other knowledge we obtained during our audit of the basic combined financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our October 22, 2024, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 22, 2024

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

INTRODUCTION

This is management's discussion and analysis of Memorial Hospital of Sweetwater County's (the Hospital) financial performance and provides an overview of the Hospital's financial activities for the years ended June 30, 2024 and 2023. It should be read in conjunction with the Hospital's combined financial statements, which begin on page 13.

Memorial Hospital of Sweetwater County is a Joint Commission accredited, 99-bed rural acute-care facility located in Southwest Wyoming, which services a region exceeding 10,000 square miles. The Hospital serves a population more than 45,000 in Sweetwater County as well as surrounding areas. The Hospital provides a vast array of inpatient and outpatient services, emergent care, dialysis, occupational medicine, radiation oncology, and hematology oncology services. In addition, the Hospital employs over forty physicians and mid-level providers; successfully building a vibrant list of family, internal and specialty medicine clinics. Memorial Hospital of Sweetwater County continues to maintain a strong, viable presence in the community. Recognizing the need to create a collaborative focus for the future and by identifying the opportunity and accountability in the delivery of healthcare for the communities the Hospital serves, the following goals and objectives continue to serve as our roadmap to guide the Hospital into the future:

Growth in Services and Programs: Being responsive to the needs of the community by maintaining care locally whenever possible by growing service lines and offering new programs, which include:

- Radiation and Hematology Oncology
- Enhanced Orthopedic Surgery
- Pulmonology
- Occupational Medicine
- Telemedicine
- Neurology
- Walk-In Clinic
- Behavioral Health Services
- DaVinci Robotic Surgery

Medical Staff Development Plan: Work to meet the needs of the community by developing a medical staff that will enhance current programs and effectively deliver new services and programs. In recent years, we have added Neurology and Pulmonology services, enhanced our OB/Gynecology, Pediatric and Internal Medicine practices and continue to see success with our Walk-In Clinic with two new mid-level providers. We have added several mid-levels in different practices to compliment the Physicians and the increasing volumes in our Clinics. In fiscal year 2024, we added to our Hospitalist team to eliminate high-cost locum coverage, and our General Surgeon team with the increased growth with the new DaVinci robot. Recognizing the need to balance growth with financial stability, the Hospital continues to streamline operations by researching new service lines. We continue recruitment of Physicians to our growing OB/GYN and Urology practices and will be welcoming a new Pediatrician in the new fiscal year.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

INTRODUCTION (CONTINUED)

Information Technology: In April of 2022 we successfully implemented our new Electronic Health Record and continue to expand the efficiencies of the new system. We continue to adopt cyber security measures within health information technology to improve quality, enhance patient safety and meet required measurements while lowering costs.

Joint Board/Medical Staff Decision Making: Create a culture with the board of trustees and the Medical Staff that is collaborative and will allow the Hospital to move forward with partnerships and/or affiliations that will provide the most comprehensive care for Sweetwater County and its surrounding areas.

Strategic Plan: The Hospital completed the new 3-year strategic plan in 2024. The plan will include strategic pillars in Patient Experience, Employee Experience, Quality & Safety, Community, Services & Growth and Financial Stewardship. The benefit of delivering quality health care and better customer service helps to drive costs down, which creates more value for the patient. Providing the highest value of care to the patient through improved quality and better customer service, all at a lower cost, is our number one priority. Our new strategic plan expounds on our Mission, Vision and Values newly adopted in 2018:

Mission: Compassionate care for every life we touch.

Vision: To be our community's trusted health care leader.

Values: Be kind. Be respectful. Be accountable. Work collaboratively. Embrace excellence.

Patient Experience: Offering a person-centered culture that provides kind and compassionate care to every patient, every time. We have implemented the Planetree initiatives surrounding person centered care and continue to train all our employees and contracted staff in the programs. Our patient satisfaction scores continue to increase with the ongoing efforts of improvement.

Employee Experience: Creating an environment where employees feel appreciated, safe, and supported and providing education and opportunities that will help them grow both personally and professionally. The Hospital strives to be the employer of choice in Sweetwater County.

Quality & Safety: Providing patient-centered care that is evidence-based, reliable, timely, and strives for zero preventable harm, while keeping our patients and employees safe. We have implemented process improvement plans across the house to help with efficiency and identify waste.

Community, Services & Growth: Cultivating strong community partnerships and exploring, developing, and offering sustainable and easily accessible services, as we continue to meet and advance healthcare in Southwest Wyoming. Involvement of our patients, staff and community will be instrumental in making decisions on new service lines, specialties, and potential new community relationships.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

INTRODUCTION (CONTINUED)

Financial Stewardship: Managing financial resources that will provide for the reinvestment in our people, services, facilities and our community. The Hospital strives to provide quality health care at a lower cost by managing expenses and maximizing reimbursement.

Fiscal year 2024 focused on stabilizing and growing our financial position. The new year brought financial success as we worked through challenges to hospitals nationwide including payer compliance, federal regulations and an evolving workforce.

The Hospital's employed physicians can be found in three different locations: including the Hospital, the attached medical office building (MOB) and offsite at the Family and Occupational Medicine Clinic. The Hospital continues to grow its services to local industry in Sweetwater County through our Occupational Health service line established in 2017. During the pandemic, we opened a Walk-In Clinic at the Family Practice building and continue to see it steadily grow as we offer this new option to our community.

Over the last several years the Hospital has been successful in lowering the average age of plant. With the assistance of covid relief funds, we were able to purchase capital equipment that enabled us to take better care of our patients during the pandemic, and into the future. We were successful in applying for and receiving several grants from the Wyoming State Land and Investment Board and broke ground on our new Laboratory expansion project.

Quality and patient satisfaction will continue to play a role in hospital reimbursement in the future. The Executive Team has been proactive in ensuring that quality outcomes are the best they can be and that patient satisfaction scores are in the top percentile. The Hospital is striving to realize our Vision for the future of providing exceptional patient care by focusing on quality and safety of patient care, providing excellent customer service through teamwork and a positive culture, increasing market share and service growth, and enhanced medical staff development.

Memorial Hospital of Sweetwater County Foundation (Foundation) was created to help support the Hospital. The Foundation was instrumental in assisting the hospital with available grants, required matching funds and new equipment. The Foundation's financial statements are included in the combined financial statements. The Hospital and the Foundation are collectively referred to as the Hospital throughout the combined financial statements.

The affiliation with the University of Utah, renewed in 2021, allows the Hospital to expand its service line without investment into full time staff, facilities and equipment for specialized procedures and services not economically justifiable given the population size of the primary service area. The affiliation limits outmigration of patients by keeping them close to home, provides a high level of specialty care and allows the Hospital to retain revenue that might have otherwise gone to other hospitals. Through the affiliation, the Hospital and University of Utah provide telemedicine services for stroke, burn, neurology and ICU services, Maternal Fetal Medicine, Cardiology and Vascular services, and Dermatology services. The Hospital staff have the opportunity to gain knowledge and skills through education and shadowing at the University of Utah. The Hospital also benefits from the affiliations with the Huntsman Cancer Center through the University of Utah.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

HEALTHCARE COSTS

The financial impact of the COVID-19 pandemic on hospitals will continue years beyond the actual pandemic. It will take time to turnaround the effects of the staffing shortages, inflationary impacts on drugs and supplies, economic impacts on patient collections and payer mix and the overall change in the delivery of healthcare.

Memorial Hospital of Sweetwater County was not isolated from the COVID-19 pandemic. Contract staffing became a necessity to maintain safe staffing levels. Inflation and supply chain issues put pressure on the bottom line. Pharmacy costs, medical supplies, utilities, and freight expenses increased by more than the reported 8% inflation. We continue to see the impact of inflation and supply chain issues on our facility and construction projects.

During the pandemic patients chose to defer care, either because of financial restraints or decreased access. We are now seeing higher acuity patients due to delaying or avoiding care which has resulted in higher volumes, longer lengths of stay and higher average daily census. In fiscal year 2024, we saw our clinic, surgical and ancillary visits exceed our pre-pandemic levels.

REVENUE CYCLE MANAGEMENT

The Hospital implemented Cerner, our new electronic medical record (EMR) and patient billing system at the end of fiscal year 2022. As expected with any major conversion, we experienced delays in charge capture, coding, billing, and collection of patient accounts. This impacted our days in accounts receivable and days cash on hand. Our revenue cycle continued to see these impacts into fiscal year 2023 and 2024 as we learned the new systems and worked through issues with workflows and processes.

From the economic downfall over the last several years, we saw changes in payer mix and collection rates as people lost their jobs and health insurance. We have recently seen our payor mix start to move back to pre-pandemic favorable levels.

In 2023, we began researching the move to a Critical Access Hospital (CAH) designation. We have worked diligently on license applications, revising policy & procedures, reviewing CAH COPs and preparing for accrediting surveys to be ready for the change. We have been successful with the new CAH licensing and expect to transfer to CAH later in 2024.

USING THIS ANNUAL REPORT

The Hospital's combined financial statements consist of three statements – a combined statement of net position; a combined statement of revenues, expenses, and changes in net position; and a combined statement of cash flows. These combined financial statements and related notes provide information about the activities of the Hospital, including resources held by the Hospital, but restricted for specific purposes by contributors, grantors, or enabling legislation.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

FINANCIAL AND OPERATIONAL HIGHLIGHTS

- The Hospital recorded an operating gain of \$5,687,342 and an operating loss of \$4,463,995 in 2024 and 2023, respectively.
- The Hospital recorded an increase of \$7,778,366 and a decrease of \$2,850,725 in overall net position in 2024 and 2023, respectively.
- The days in net patient accounts receivable are 60 and 57 in 2024 and 2023, respectively.
- The Hospital's favorable payer mix has seen some decline due to the weakening statewide economy and the aging population. We have seen a growth in Medicare and Medicaid with a corresponding decrease in commercial insurance patients.
- In FY2024, we saw our revenues exceed pre-pandemic numbers, but we continued to see the impact from inflationary pressure on pharmacy and medical supplies.
- Revenue cycle issues from our new system and external payer requirements continued to impact denials and prior authorizations.

THE COMBINED STATEMENTS OF NET POSITION AND COMBINED STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

One of the most important questions asked about the Hospital's finances is "Is the Hospital as a whole better or worse off as a result of the year's activities?" The combined statements of net position and the combined statements of revenues, expenses, and changes in net position report information about the Hospital's resources and its activities in a way that helps answer this question. These combined statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All the current year's revenues and expenses are considered regardless of when cash is received or paid.

These two combined statements report the Hospital's net position and changes in them. You can think of the Hospital's net position – the difference between assets and liabilities – as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Hospital.

THE COMBINED STATEMENTS OF CASH FLOW

The final required statement is the combined statement of cash flows. The combined statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?", and "What was the change in cash balance during the reporting period?"

THE HOSPITAL'S COMBINED NET POSITION

The Hospital's combined net position is the difference between its assets and liabilities reported in the statement of net position. The Hospital's net position increased by \$7,778,366 and decreased by \$2,850,725 in 2024 and 2023, respectively, as shown in Table 1.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

TABLE 1: COMBINED ASSETS, DEFERRED OUTFLOWS, LIABILITIES AND NET POSITION

	2024	2023	2022
ASSETS			
Current Assets	\$ 45,805,740	\$ 40,989,454	\$ 35,821,496
Noncurrent Cash and Investments and Other	22,972,351	19,379,521	22,419,249
Capital Assets, Net of Accumulated Depreciation	74,065,167	79,124,792	83,246,546
Total Assets	142,843,258	139,493,767	141,487,291
Deferred Outflow from Long-Term Debt Refinancing	898,060	930,753	1,028,699
Total Assets and Deferred Outflows	\$ 143,741,318	\$ 140,424,520	\$ 142,515,990
LIABILITIES			
Current Liabilities	\$ 17,409,792	\$ 18,158,757	\$ 16,204,381
Long-Term Debt	34,068,425	37,781,028	38,976,149
Total Liabilities	51,478,217	55,939,785	55,180,530
NET POSITION			
Net Investment in Capital Assets	34,577,426	36,539,980	40,441,458
Restricted for Debt Service Reserve	1,585,606	1,515,814	637,426
Restricted by Contributions and Grantors for Capital Acquisition	471,977	468,936	433,563
Unrestricted	55,628,092	45,960,005	45,823,013
Total Net Position	92,263,101	84,484,735	87,335,460
Total Liabilities and Net Position	\$ 143,741,318	\$ 140,424,520	\$ 142,515,990

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

COMBINED OPERATING RESULTS AND CHANGES IN NET POSITION

In 2024, the Hospital's net position increased by \$7,778,366 as shown in Table 2. This increase is made up of the following components:

TABLE 2: OPERATING RESULTS AND CHANGES IN NET POSITION

	2024	2023	2022
OPERATING REVENUE			
Operating Revenues	\$ 130,552,928	\$ 111,763,736	\$ 104,992,942
OPERATING EXPENSES			
Operating Expenses	124,865,586	116,227,731	109,775,252
OPERATING GAIN (LOSS)	5,687,342	(4,463,995)	(4,782,310)
Nonoperating Revenues and Expenses, Net	720,841	(510,302)	935,450
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	6,408,183	(4,974,297)	(3,846,860)
Other Changes in Net Position	1,370,183	2,123,572	608,295
INCREASE (DECREASE) IN NET POSITION	7,778,366	(2,850,725)	(3,238,565)
Net Position - Beginning of Year	84,484,735	87,335,460	90,574,025
NET POSITION - END OF YEAR	<u>\$ 92,263,101</u>	<u>\$ 84,484,735</u>	<u>\$ 87,335,460</u>

OPERATING INCOME

The first component of the overall change in the Hospital's net assets is its operating income, generally, the difference between net patient service revenue and other operating revenues and the expenses incurred to perform those services. In fiscal year 2024 the Hospital reported an operating gain of \$5,687,342 and in fiscal year 2023 the Hospital reported an operating loss of \$4,463,995.

The Hospital provides charity care to the patients who meet Hospital set guidelines. Charges foregone for charity care of \$1,464,030 and \$2,584,450 were provided in 2024 and 2023, respectively. Because there is no expectation of payment, charity care is not reported as patient service revenues of the Hospital. In 2024 and 2023, assistance funds of \$421,134 and \$401,917, respectively, were received from Sweetwater County to help offset the cost of maintenance in the Hospital.

NONOPERATING REVENUES AND EXPENSES

Nonoperating revenues and expenses consist primarily of rental revenue and expenses from Hospital property, investment income, and interest expense.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

THE HOSPITAL'S CASH FLOWS

Changes in the Hospital's cash flows are consistent with changes in operating gains, nonoperating revenues and expenses, discussed earlier. The Hospital's cash and cash equivalents, including restricted and designated cash and investments, increased from \$15,839,550 in 2023 to \$20,593,715 in 2024.

CAPITAL ASSETS AND DEBT ADMINISTRATION

Capital Assets

At the end of 2024, the Hospital had \$74,065,167 invested in capital assets, net of accumulated depreciation. In 2024 and 2023, the Hospital had disbursements of approximately \$3,993,000 and \$2,282,000, respectively, for new equipment and construction-related costs.

Long-Term Debt

In fiscal year 2022, the Series 2013A bonds were refinanced for the purpose of saving interest costs. The Series 2021 Taxable Hospital Revenue Refunding Bonds (Convertible to Tax -Exempt) were executed in December 2021. The bonds were converted to tax exempt in June 2023. The Hospital also carries multiple leases and SBITAs, which are disclosed in Note 8.

2025 OUTLOOK

The outlook for 2025 remains stable. The pandemic greatly impacted 2020 and 2021 and continued into 2022 and 2023. In 2024, we saw our financial results positively exceed the pre-pandemic results. The plan for 2025 is to remain vigilant of the effects of the economic downfall impacting inflation and staffing, and to focus on revenue cycle management. The fiscal year budget reflects an increase in gross revenue with decreasing costs for contract staffing as we work to hire our own staff. Inflationary impact on drugs and supplies are expected to continue and are built into the budget. Clinic, surgical and ancillary visits will increase, continuing to outpace pre-pandemic levels. The increased reimbursement expected from the new CAH designation will be reinvested into our staff, services, facilities and community.

We will continue to focus on growing new and established physician practices, physician retention, increasing revenue through new and expanded services and adapting to the change in payer mix by focusing on the revenue cycle. The Executive Team of the Hospital has established a physician recruitment plan to sustain both needed specialties and an adequate number of practices in our area.

The Hospital continues to adjust to the changing landscape of the health care industry. The transition from inpatient care to outpatient care will affect reimbursement which will require continued monitoring and adjusting of expenses and resources. Opportunities to increase outpatient market share and new service lines will be the focus in 2025. The Hospital's goal is to capitalize on the growth in the existing physician practices, while expanding health care services that have been absent in Sweetwater County and Southwest Wyoming. Depending on the ongoing impact of the economy, the hospital is in the position to deliver quality patient care, excellent patient satisfaction and continue to increase market share, while striving to be fiscally responsible to achieve another positive operating margin in fiscal year 2025.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
MANAGEMENT'S DISCUSSION AND ANALYSIS
YEARS ENDED JUNE 30, 2024 AND 2023**

CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Hospital's Chief Financial Officer at Memorial Hospital of Sweetwater County, 1200 College Drive, Rock Springs, Wyoming 82901.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
COMBINED STATEMENTS OF NET POSITION
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 12,348,918	\$ 11,004,423
Restricted by Bond Indenture Agreements	1,585,606	1,515,814
Receivables:		
Patients, Net of Estimated Uncollectibles of Approximately \$9,112,000 in 2024 and \$8,056,000 in 2023	21,173,802	17,144,559
Current Maturities of Notes Receivable	272,481	255,739
Other	5,245,098	5,386,521
Supplies	3,137,535	3,831,106
Prepaid Expenses	2,042,300	1,851,292
Total Current Assets	<u>45,805,740</u>	<u>40,989,454</u>
NONCURRENT CASH AND INVESTMENTS		
Restricted by Contributors and Grantors	471,977	468,936
Board Designated	21,594,523	18,390,901
Total Noncurrent Cash and Investments	<u>22,066,500</u>	<u>18,859,837</u>
CAPITAL ASSETS, NET	74,065,167	79,124,792
OTHER ASSETS		
Rental Property, Net	214,332	241,629
Notes Receivable, Less Current Maturities	141,519	201,156
Other Assets	550,000	76,899
Total Other Assets	<u>905,851</u>	<u>519,684</u>
 Total Assets	 142,843,258	 139,493,767
DEFERRED OUTFLOW FROM LONG-TERM DEBT REFINANCING	<u>898,060</u>	<u>930,753</u>
 Total Assets and Deferred Outflows	 <u><u>\$ 143,741,318</u></u>	 <u><u>\$ 140,424,520</u></u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
COMBINED STATEMENTS OF NET POSITION (CONTINUED)
JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
LIABILITIES AND NET POSITION		
CURRENT LIABILITIES		
Current Maturities of Long-Term Debt	\$ 5,016,824	\$ 4,750,462
Accounts Payable	5,450,427	7,057,061
Construction Payables	402,492	53,322
Estimated Third-Party Payor Settlements	113,181	203,269
Accrued Expenses:		
Salaries, Wages, and Payroll Taxes	2,304,823	2,077,790
Vacation	3,113,428	3,014,608
Health Insurance Claims	800,000	725,000
Interest	208,617	277,245
Total Current Liabilities	<u>17,409,792</u>	<u>18,158,757</u>
 LONG-TERM DEBT, LESS CURRENT MATURITIES	 <u>34,068,425</u>	 <u>37,781,028</u>
 Total Liabilities	 51,478,217	 55,939,785
 NET POSITION		
Net Investment in Capital Assets	34,577,426	36,539,980
Restricted for Debt Service Reserve	1,585,606	1,515,814
Restricted by Contributors and Grantors	471,977	468,936
Unrestricted	55,628,092	45,960,005
Total Net Position	<u>92,263,101</u>	<u>84,484,735</u>
 Total Liabilities and Net Position	 <u><u>\$ 143,741,318</u></u>	 <u><u>\$ 140,424,520</u></u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
COMBINED STATEMENTS OF REVENUES, EXPENSES, AND
CHANGES IN NET POSITION
YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
OPERATING REVENUES		
Net Patient Service Revenue (Net of Provision for Bad Debts of Approximately \$16,823,000 in 2024 and \$12,846,000 in 2023)	\$ 128,390,477	\$ 109,767,746
Other Operating Revenues	<u>2,162,451</u>	<u>1,995,990</u>
Total Operating Revenues	130,552,928	111,763,736
OPERATING EXPENSES		
Salaries and Wages	49,837,017	46,102,973
Employee Benefits	15,436,338	14,005,248
Professional Fees - Physicians	3,912,282	3,567,629
Purchased Services	11,987,061	11,784,530
Supplies	23,299,417	20,899,858
Repairs and Maintenance	4,809,209	4,877,207
Insurance	893,534	771,739
Utilities	1,424,624	1,340,054
Leases and Rental	442,312	424,332
Depreciation	10,586,041	10,436,019
Other Expenses	<u>2,237,751</u>	<u>2,018,142</u>
Total Operating Expenses	124,865,586	116,227,731
OPERATING INCOME (LOSS)	5,687,342	(4,463,995)
NONOPERATING REVENUES AND EXPENSES		
Interest Income	826,211	497,740
Interest Expense	(840,856)	(1,080,961)
Rent and Other	396,586	183,171
Gain on Disposal of Capital Assets	2,583	941
Sales Tax Revenues	-	11,732
Unrealized Loss on Investments	331,983	(158,659)
Restricted Gifts and Grants	728,390	907,484
Grants Expended for Operations	<u>(724,056)</u>	<u>(871,750)</u>
Nonoperating Revenues and Expenses, Net	720,841	(510,302)
EXCESS (DEFICIT) OF REVENUE OVER EXPENSES	6,408,183	(4,974,297)
Capital Grants and Contributions	<u>1,370,183</u>	<u>2,123,572</u>
INCREASE (DECREASE) IN NET POSITION	7,778,366	(2,850,725)
Net Position - Beginning of Year	<u>84,484,735</u>	<u>87,335,460</u>
NET POSITION - END OF YEAR	<u><u>\$ 92,263,101</u></u>	<u><u>\$ 84,484,735</u></u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
COMBINED STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from and on Behalf of Patients	\$ 124,271,146	\$ 111,605,060
Other Receipts and Payments, Net	2,303,874	(2,139,611)
Cash Paid to Employees	(64,872,502)	(59,608,581)
Cash Paid to Suppliers and Others	<u>(50,110,261)</u>	<u>(43,645,034)</u>
Net Cash Provided by Operating Activities	11,592,257	6,211,834
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES		
Restricted, Gifts, Grants, and Other Changes, Net of Expended for Operations	4,334	35,734
CASH FLOWS FROM CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES		
Construction and Purchase of Capital Assets	(3,992,676)	(2,282,263)
Capital Grants and Contributions	1,370,183	2,123,572
Sales Tax Revenue	-	40,013
Principal Paid on Long-Term Debt	(5,074,032)	(4,224,040)
Interest Paid on Long-Term Debt	<u>(876,791)</u>	<u>(1,007,364)</u>
Net Cash Used by Capital and Capital Related Financing Activities	(8,573,316)	(5,350,082)
CASH FLOWS FROM INVESTING ACTIVITIES		
Investment Income	1,158,194	339,081
Rent and Other	396,586	183,171
(Increase) Decrease of Notes Receivable	42,895	(100,899)
Purchases of Investments	(5,911,251)	(6,454,930)
Proceeds from Sale of Investments	<u>6,044,466</u>	<u>5,460,786</u>
Net Cash Provided (Used) by Investing Activities	<u>1,730,890</u>	<u>(572,791)</u>
INCREASE IN CASH AND CASH EQUIVALENTS	4,754,165	324,695
Cash and Cash Equivalents - Beginning of Year	<u>15,839,550</u>	<u>15,514,855</u>
CASH AND CASH EQUIVALENTS - END OF YEAR	<u><u>\$ 20,593,715</u></u>	<u><u>\$ 15,839,550</u></u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
COMBINED STATEMENTS OF CASH FLOWS (CONTINUED)
YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
RECONCILIATION OF CASH AND CASH EQUIVALENTS TO THE STATEMENTS OF NET POSITION		
Cash and Cash Equivalents in Current Assets	\$ 12,348,918	\$ 11,004,423
Cash and Cash Equivalents in Restricted by Bond Indenture Agreements	1,585,606	1,515,814
Cash and Cash Equivalents in Board Designated	6,187,214	2,850,377
Cash and Cash Equivalents Restricted by Contributors and Grantors	471,977	468,936
Total Cash and Cash Equivalents	<u>\$ 20,593,715</u>	<u>\$ 15,839,550</u>
 Total Noncurrent Cash and Investments Included Above	 <u>\$ 6,659,191</u>	 <u>\$ 3,319,313</u>
RECONCILIATION OF OPERATING LOSS TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES		
Operating Gain (Loss)	\$ 5,687,342	\$ (4,463,995)
Adjustments to Reconcile Operating Gain (Loss) to Net Cash Provided by Operating Activities:		
Depreciation	10,586,041	10,436,019
Provision for Bad Debts	16,822,856	12,846,139
Changes in Operating Assets and Liabilities:		
Receivables	(20,710,676)	(13,860,841)
Supplies	693,571	223,112
Prepaid Expenses	(191,008)	27,520
Accounts Payable	(1,606,634)	1,787,825
Accrued Expenses	400,853	499,640
Other Liabilities	-	(1,255,068)
Estimated Third-Party Payor Settlements	(90,088)	(28,517)
Net Cash Provided by Operating Activities	<u>\$ 11,592,257</u>	<u>\$ 6,211,834</u>
SUPPLEMENTAL DISCLOSURE OF NONCASH FINANCING ACTIVITIES		
Fixed Assets Included in Accounts Payable	<u>\$ 402,492</u>	<u>\$ 53,322</u>
Issuance of Lease Obligations	<u>\$ 1,157,717</u>	<u>\$ 3,722,352</u>
Issuance of Subscription-Based Information Technology Arrangements	<u>\$ 470,074</u>	<u>\$ 350,484</u>

See accompanying Notes to Combined Financial Statements.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Memorial Hospital of Sweetwater County

Memorial Hospital of Sweetwater County (Hospital) is a 99-bed general acute care facility located in Rock Springs, Wyoming. The Hospital's primary mission is to provide health care to the residents of Sweetwater County through its acute care services. The Hospital is a component unit of Sweetwater County, Wyoming (County) and participates in the County's tax levies. The Hospital, as a component unit of the County, is exempt from income taxes under current regulations.

The Hospital is governed by a board of trustees, which has all of the powers necessary and convenient to provide for the acquisition, betterment, operation, maintenance, and administration of the facilities as the board of trustees determines to be necessary and expedient.

Memorial Hospital of Sweetwater County Foundation (Foundation) is a Wyoming nonprofit corporation that is reported as a blended component unit of the Hospital. The Foundation's sole purpose is to support the Hospital. The Foundation is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal income taxes on related income pursuant to Section 501(c)(3) of the IRC. The Foundation has \$4,327,602 and \$3,937,210 of assets and \$966,635 and \$1,103,728 of revenue for the years ended June 30, 2024 and 2023, respectively.

Collectively, Memorial Hospital of Sweetwater County and Memorial Hospital of Sweetwater County Foundation are referred to as the Hospital in the combined financial statements.

Measurement Focus and Basis of Accounting

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the combined financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied. The Hospital's combined financial statements are prepared in conformity with accounting principles generally accepted in the United States of America as prescribed by the Governmental Accounting Standards Board (GASB). The accompanying combined financial statements have been prepared on the accrual basis of accounting. Revenues are recognized when earned and expenses are recorded when the liability is incurred.

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis, using the economic resources measurement focus, based on GASB Codification Topic 1600, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include deposits and highly liquid investments with an original maturity of three months or less, unless otherwise designated or restricted.

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write-off and recovery information in determining the estimated bad debt provision.

Supplies

Supplies are stated at lower of cost (first-in, first-out) or market.

Noncurrent Cash and Investments

Interest and dividends are included in nonoperating revenues when earned. Interest earnings on borrowed proceeds for capital acquisition are capitalized.

The Hospital's investments are maintained in accordance with Wyoming Statute 9-4-831. This statute limits the types of investments the Hospital may invest in as listed in Section 9-4-831(a). The Hospital has adopted an investment policy as directed under Section 9-4-831(h).

Restricted investments consist of funds restricted in accordance with bond indenture agreements, funds restricted by donor for an endowment and purchase of equipment, and funds restricted by the board for capital improvements. Restricted investments that are available for obligations classified as current liabilities are reported in current assets. All investments are carried at fair value. Fair value is determined using quoted market prices.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Capital Assets

Capital assets acquisitions in excess of \$5,000 are capitalized and recorded at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using these asset lives:

Land Improvements	5 to 20 Years
Buildings	5 to 40 Years
Moveable Equipment	3 to 20 Years

Notes Receivable

Notes receivable are stated at principal amounts and are uncollateralized. Payments on notes receivable are allocated to the outstanding principal and accrued interest balances. Management reviews all notes receivable periodically and estimates a portion, if any, of the balance that will not be collected.

Deferred Outflow of Resources

Deferred outflow of resources represent a consumption of net position that applies to a future period(s) and will not be recognized as an outflow of resources (expense) until then. Deferred outflow of resources consist of unrecognized items not yet charged to interest expense.

Trust Funds

The Hospital acts as custodian for the funds of Memorial Hospital of Sweetwater County Auxiliary. Trust funds and the related liability are included in cash and accounts payable in the combined financial statements. The balance of these funds was \$120,123 and \$115,056 at June 30, 2024 and 2023, respectively.

Compensated Absences

The Hospital's employees earn paid-time-off and sick leave at varying rates depending on years of service. Paid-time-off and sick leave accumulate up to a specified maximum depending upon length of service. Employees are paid for accumulated paid-time-off upon termination. Sick leave accumulated is forfeited upon termination.

Self-Funded Health Insurance

The provision for estimated health insurance claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Restricted Resources

When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Net Position

Net position of the Hospital is classified in four components. *Net position invested in capital assets* consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted for debt service reserve* and *restricted by contributors and grantors* is the noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital. *Unrestricted net position* is the remaining net position that does not meet the definition of *invested in capital assets or restricted*.

Operating Revenues and Expenses

The Hospital's combined statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

To fulfill its mission of community service, the Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

County Support

The Hospital received approximately \$421,000 and \$402,000 or 0.3% and 0.4% of total operating and nonoperating revenue in direct financial support from the County, for the years ended June 30, 2024 and 2023, respectively. The amount received is reported as Other Operating Revenues or Capital Grants and Contributions in the combined statements of revenues, expenses, and changes in net position. The primary source of the funds is from the general funds of the County. The Hospital applies to the County for these funds, which the County distributes through resolution. For both years ended June 30, 2024 and 2023, these funds were used to reimburse the Hospital for maintenance expenses.

Grants and Contributions

From time to time, the Hospital receives grants and contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted for capital acquisitions are reported after nonoperating revenues and expenses.

Advertising Costs

The Hospital expenses advertising costs as incurred.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Fair Value Measurements

To the extent available, the Hospital's investments are recorded at fair value. GASB Statement No. 72 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take in to account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Fair Value Measurements (Continued)

In contrast, unobservable inputs reflect an entity's assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Hospital has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

Subsequent Events

In preparing these combined financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through October 22, 2024, the date the combined financial statements were available to be issued. No subsequent events required recognition or disclosure in the combined financial statements were identified.

Upcoming New Accounting Standards

During June 2022 the GASB issued Statement No. 101, *Compensated Absences*. GASB Statement No. 101 was issued to update the recognition and measurement guidance for compensated absences and associated salary-related payments and amend certain previously required disclosures. The Organization will be required to retrospectively adopt the guidance in GASB Statement No. 101 for years beginning after December 15, 2023. The Organization is currently assessing the impact GASB Statement No. 101 will have on its financial statements.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 CHARITY CARE

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, and an estimated cost (based on cost to charge ratio) of those services and supplies. The estimated costs and expenses incurred to provide charity care for the years ended June 30, 2024 and 2023, was approximately \$654,000 and \$1,168,000, respectively.

NOTE 3 NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Acute care services provided to Medicare program beneficiaries were paid at prospectively determined rates per visit. These rates varied according to a patient classification system that was based on clinical, diagnostic, and other factors. The Hospital is entitled to certain additional payments on a sole community provider. The Hospital is reimbursed for these payments after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been finalized by the Medicare fiscal intermediary through the year ended June 30, 2021. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital.

Medicaid

Acute care services provided to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Blue Cross

Inpatient and outpatient services provided to Blue Cross subscribers are paid at established charges except for physician services that are reimbursed based on fee screens.

Revenue from the Medicare and Medicaid programs accounted for approximately 29% and 9%, respectively, of the Hospital's net patient service revenue for the year ended June 30, 2024 and 33% and 5%, respectively, of the Hospital's net service patient revenue for the year ended June 30, 2023. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Hospital under these agreements includes charges, prospectively determined rates per discharge, and prospectively determined daily rates.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 3 NET PATIENT SERVICE REVENUE (CONTINUED)

A summary of patient service revenue, contractual adjustments, and provision for bad debts for the years ended June 30, 2024 and 2023 is as follows:

	2024	2023
Gross Patient Service Revenue	\$ 271,365,069	\$ 226,981,321
Adjustments and Discounts:		
Medicare	(76,464,553)	(52,543,792)
Medicaid	(17,510,394)	(17,926,844)
Other Third-Party Payors	(32,176,789)	(33,896,800)
Provision for Bad Debts	(16,822,856)	(12,846,139)
Total Adjustments and Discounts	<u>(142,974,592)</u>	<u>(117,213,575)</u>
Net Patient Service Revenue	<u>\$ 128,390,477</u>	<u>\$ 109,767,746</u>

NOTE 4 DEPOSITS AND INVESTMENTS

Deposits

The Hospital's deposits are subject to, and in accordance with, Wyoming State Statutes. Under these statutes, all uninsured deposits are fully collateralized. The eligible collateral pledged shall be held in custody of any Federal Reserve Bank, or branch thereof, or held in escrow by some other bank in a manner as the banking commissioner shall prescribe be rules and regulations, or may be segregated from the other assets of the eligible public depository and held in its own trust department. All collateral so held shall be clearly identified as being security maintained or pledged for the aggregate amount of public deposits accepted and held on deposit by the eligible public depository. The depository has the right at any time to make substitutions of eligible collateral maintained or pledged and shall at all times be entitled to collect and retain all income derived from those investments with restrictions. The Hospital may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities.

The Hospital's investments are recorded at fair value and consist of cash and cash equivalents and U.S. agency obligations. As of June 30, 2024 and 2023, management believes the investments were in compliance with the defined rating and risk criteria set forth under Wyoming regulations.

The Hospital provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the Hospital's account balances.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 4 DEPOSITS AND INVESTMENTS (CONTINUED)

Investments

The Hospital's investments are reported at fair value as discussed in Note 1. At June 30, 2024 and 2023, the Hospital had the following investments and maturities, all of which were held in the Hospital's name by a custodial bank that is an agent of the Hospital.

2024		Investment Maturity (in Years)			Credit Rating
Investment Type	Fair Value	Less than 1	1 to 5	6 to 10	
Money Market	\$ 46,080	\$ 46,080	\$ -	\$ -	N/A
Brokered Certificates of Deposit	5,705,279	3,099,882	2,605,397	-	AA+ or AAA
U.S. Treasury	1,096,035	1,096,035	-	-	AA or AAA
Federal Farm Credit Bank Loan	1,396,762	1,083,093	313,669	-	AA+
Federal Home Loan Bank	6,743,128	6,743,128	-	-	AA+
Federal National Mortgage	420,025	-	420,025	-	AAA
Total Investments	<u>\$ 15,407,309</u>	<u>\$ 12,068,218</u>	<u>\$ 3,339,091</u>	<u>\$ -</u>	

2023		Investment Maturity (in Years)			Credit Rating
Investment Type	Fair Value	Less than 1	1 to 5	6 to 10	
Money Market	\$ 1,786,421	\$ 1,786,421	\$ -	\$ -	N/A
Brokered Certificates of Deposit	5,123,383	1,846,079	3,277,304	-	AA+ or AAA
U.S. Treasury	1,305,508	1,305,508	-	-	AA or AAA
Federal Farm Credit Bank Loan	490,498	-	490,498	-	AA or AAA
Federal Home Loan Bank	6,614,829	1,949,465	4,665,364	-	AA or AAA
Federal National Mortgage	219,885	219,885	-	-	AA or AAA
Total Investments	<u>\$ 15,540,524</u>	<u>\$ 7,107,358</u>	<u>\$ 8,433,166</u>	<u>\$ -</u>	

The carrying values of deposits shown above are included in the combined statements of net position as follows:

	2024	2023
Carrying Value:		
Deposits	\$ 20,473,547	\$ 15,724,451
WYO-STAR State Pooled Funds	120,168	115,099
Investments	15,407,309	15,540,524
Total Deposits and Investments	<u>\$ 36,001,024</u>	<u>\$ 31,380,074</u>
Included in the Following Balance Sheet Captions:		
Cash and Cash Equivalents	\$ 12,348,918	\$ 11,004,423
Restricted by Contributors and Grantors	471,977	468,936
Restricted by Bond Indenture Agreements	1,585,606	1,515,814
Designated by Board for Capital Improvements	21,594,523	18,390,901
Total Deposits and Investments	<u>\$ 36,001,024</u>	<u>\$ 31,380,074</u>

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 4 DEPOSITS AND INVESTMENTS (CONTINUED)

Fair Value Measurements

The Hospital uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Hospital measures fair value refer to Note 1 – Organization and Summary of Significant Accounting Policies. The following table presents the fair value hierarchy for the balances of the assets and liabilities of the Hospital measured at fair value on a recurring basis as of June 30, 2024 and 2023 :

<u>Investment Type</u>	2024			
	Level 1	Level 2	Level 3	Total
Brokered Certificates of Deposit	\$ 5,705,279	\$ -	\$ -	\$ 5,705,279
U.S. Government Agencies	-	9,655,950	-	9,655,950
Total	<u>\$ 5,705,279</u>	<u>\$ 9,655,950</u>	<u>\$ -</u>	<u>\$ 15,361,229</u>

<u>Investment Type</u>	2023			
	Level 1	Level 2	Level 3	Total
Brokered Certificates of Deposit	\$ 5,123,383	\$ -	\$ -	\$ 5,123,383
U.S. Government Agencies	-	8,630,720	-	8,630,720
Total	<u>\$ 5,123,383</u>	<u>\$ 8,630,720</u>	<u>\$ -</u>	<u>\$ 13,754,103</u>

Interest Income

Interest income of \$826,211 and \$497,740 for the years ended June 30, 2024 and 2023, respectively, is made up entirely of interest income from deposits.

NOTE 5 PATIENT ACCOUNTS RECEIVABLE

Patient accounts receivable for the years ended June 30, 2024 and 2023 consists of the following:

	2024	2023
Receivable from Patients and Their Insurance Carriers	\$ 23,539,164	\$ 21,300,553
Receivable from Medicare	5,839,202	3,222,614
Receivable from Medicaid	907,436	677,392
Total Patient Accounts Receivable	30,285,802	25,200,559
Less: Estimated Allowance for Uncollectible Amounts	(9,112,000)	(8,056,000)
Net Patient Accounts Receivable	<u>\$ 21,173,802</u>	<u>\$ 17,144,559</u>

NOTE 6 DESIGNATED NET POSITION

Of the \$55,628,092 and \$45,960,005 of unrestricted net position reported in 2024 and 2023, \$21,594,523 and \$18,390,901, respectively, are reserve funds to be used at the discretion of the Board of Trustees as deemed necessary.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 7 CAPITAL ASSETS

Capital assets additions, retirements, and balances for the years ended June 30, 2024 and 2023 are as follows:

	Balance June 30, 2023	Additions	Transfers Retirements	Balance June 30, 2024
Land	\$ 18,245	\$ -	\$ -	\$ 18,245
Land Improvements	4,224,049	-	340,824	4,564,873
Buildings	49,248,231	-	1,551,000	50,799,231
Equipment	135,557,116	1,407,981	1,510,992	138,476,089
Totals at Historical Cost	189,047,641	1,407,981	3,402,816	193,858,438
Less: Accumulated Depreciation for:				
Land Improvements	(3,212,707)	(210,795)	-	(3,423,502)
Buildings	(19,194,985)	(1,845,549)	-	(21,040,534)
Equipment	(89,204,747)	(8,437,175)	416,378	(97,225,544)
Total Accumulated Depreciation	(111,612,439)	(10,493,519)	416,378	(121,689,580)
Capital Assets, Net before Construction in Progress	77,435,202	(9,085,538)	3,819,194	72,168,858
Construction in Progress	1,689,590	4,033,329	(3,826,610)	1,896,309
Capital Assets, Net	<u>\$ 79,124,792</u>	<u>\$ (5,052,209)</u>	<u>\$ (7,416)</u>	<u>\$ 74,065,167</u>

	Balance June 30, 2022	Additions	Transfers Retirements	Balance June 30, 2023
Land	\$ 18,245	\$ -	\$ -	\$ 18,245
Land Improvements	4,224,049	-	-	4,224,049
Buildings	48,913,909	-	334,322	49,248,231
Equipment	130,934,373	4,157,361	465,382	135,557,116
Totals at Historical Cost	184,090,576	4,157,361	799,704	189,047,641
Less: Accumulated Depreciation for:				
Land Improvements	(3,018,292)	(194,415)	-	(3,212,707)
Buildings	(17,435,698)	(1,759,287)	-	(19,194,985)
Equipment	(81,209,612)	(8,453,249)	458,114	(89,204,747)
Total Accumulated Depreciation	(101,663,602)	(10,406,951)	458,114	(111,612,439)
Capital Assets, Net before Construction in Progress	82,426,974	(6,249,590)	1,257,818	77,435,202
Construction in Progress	819,572	2,131,405	(1,261,387)	1,689,590
Capital Assets, Net	<u>\$ 83,246,546</u>	<u>\$ (4,118,185)</u>	<u>\$ (3,569)</u>	<u>\$ 79,124,792</u>

Construction in progress at June 30, 2024 is related primarily to an oncology suite renovation project and a lab renovation project. The oncology suite renovation project has an estimated total cost of approximately \$1,000,000 and is expected to be completed in September 2024. The project is being financed with internal funds. The lab renovation project has an estimated total cost of approximately \$9,000,000 and is being financed through a combination of internal funds and grant awards. The lab renovation project is expected to be completed by December 2026.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 7 CAPITAL ASSETS (CONTINUED)

Right of use assets and subscription-based information technology arrangements (SBITAs), which are included in Capital Assets on the combined balance sheets, are as follows as of June 30:

	2024	2023
Equipment	\$ 24,725,540	\$ 24,450,660
Less: Accumulated Amortization	(10,538,508)	(5,033,575)
Total	<u>\$ 14,187,032</u>	<u>\$ 19,417,085</u>

NOTE 8 LONG-TERM DEBT

Long-term debt at June 30, 2024 and 2023 consists of the following:

	Balance June 30, 2023	Additions	Reductions	Balance June 30, 2024	Amount Due Within One Year
Hospital Revenue Bonds: Series 2021	\$ 26,320,000	\$ -	\$ (1,455,000)	\$ 24,865,000	\$ 1,630,000
SBITAs	259,923	470,074	(183,417)	546,580	204,315
Leases	15,951,567	1,157,717	(3,435,615)	13,673,669	3,182,509
Total SBITA and Lease Obligations	<u>16,211,490</u>	<u>1,627,791</u>	<u>(3,619,032)</u>	<u>14,220,249</u>	<u>3,386,824</u>
Total Long-Term Debt	<u>\$ 42,531,490</u>	<u>\$ 1,627,791</u>	<u>\$ (5,074,032)</u>	<u>\$ 39,085,249</u>	<u>\$ 5,016,824</u>
	Balance June 30, 2022	Additions	Reductions	Balance June 30, 2023	Amount Due Within One Year
Hospital Revenue Bonds: Series 2021	\$ 26,835,000	\$ -	\$ (515,000)	\$ 26,320,000	\$ 1,455,000
SBITAs	-	350,484	(90,561)	259,923	91,197
Leases	15,847,694	3,722,352	(3,618,479)	15,951,567	3,204,265
Total SBITA and Lease Obligations	<u>15,847,694</u>	<u>4,072,836</u>	<u>(3,709,040)</u>	<u>16,211,490</u>	<u>3,295,462</u>
Total	<u>\$ 42,682,694</u>	<u>\$ 4,072,836</u>	<u>\$ (4,224,040)</u>	<u>\$ 42,531,490</u>	<u>\$ 4,750,462</u>

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 8 LONG-TERM DEBT (CONTINUED)

The terms and due dates of the Hospital's long-term debt at June 30, 2024 are as follows:

- Sweetwater County, Wyoming Taxable Hospital Revenue Refunding Bond (Convertible to Tax-Exempt) Series 2021 (Memorial Hospital Project), dated December 17, 2021. Interest is due semi-annually to September 2036 at a 3.19% rate. Bonds are secured by Hospital revenues.
- The Hospital leases equipment for various terms under long-term noncancelable lease agreements. The leases expire at various dates through October 2030 and provide for renewal options. The leases are payable in monthly installments ranging from \$204 to \$123,648, with interest rates ranging from 0.70% to 4.75%.
- The Hospital has entered into subscription-based information technology arrangements (SBITAs). The SBITAs are payable in monthly installments of ranging from \$1,208 to \$8,371 with an interest rates ranging from 0.00% to 2.87% The SBITAs expire at various dates through 2030 and provide for renewal options.

Restrictive Covenants

The Hospital is required to meet certain financial and nonfinancial covenants. Management believes the Hospital was in compliance with the restrictive covenants as of June 30, 2024 and 2023, respectively.

Scheduled principal and interest payments on bonds, leases, and SBITAs are as follows:

Year Ending June 30,	Bonds		Leases		SBITAs		Total Long-Term Debt	
	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest
2025	\$ 1,630,000	\$ 605,339	\$ 3,182,509	\$ 203,296	\$ 204,315	\$ 990	\$ 5,016,824	\$ 809,625
2026	1,675,000	563,745	2,243,634	159,621	177,137	247	4,095,771	723,613
2027	1,715,000	521,082	2,044,379	121,807	66,749	-	3,826,128	642,889
2028	1,760,000	477,349	2,081,842	82,916	61,916	-	3,903,758	560,265
2029	1,810,000	432,421	2,039,822	42,837	34,211	-	3,884,033	475,258
2030 to 2034	9,775,000	1,445,702	2,081,483	16,771	2,252	-	11,858,735	1,462,473
2035 to 2037	6,500,000	248,332	-	-	-	-	6,500,000	248,332
Total	<u>\$ 24,865,000</u>	<u>\$ 4,293,970</u>	<u>\$ 13,673,669</u>	<u>\$ 627,248</u>	<u>\$ 546,580</u>	<u>\$ 1,237</u>	<u>\$ 39,085,249</u>	<u>\$ 4,922,455</u>

NOTE 9 PENSION PLANS

The Hospital has a Section 457 defined contribution pension plan that is available to all qualified Hospital employees. Employees are eligible to participate in the plan upon completion of three months of service. The Hospital's matching contributions are deposited into the 401(a) plan described below.

The Hospital has a Section 401(a) defined contribution pension plan that is available to all qualified Hospital employees. The Hospital's contribution is based on a 100% match of employee contributions up to a maximum of 7% of participant salaries. Employees are eligible to participate in the plan upon completion of one year of service.

The pension expense for the years ended June 30, 2024, 2023, and 2022 was \$2,170,132, \$1,943,755, and \$1,788,966, respectively.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 10 CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of who are insured under third-party payor agreements. The mix of patient receivables from third-party payors and patients at June 30, 2024 and 2023 was as follows:

	2024	2023
Medicare	40 %	25 %
Medicaid	10	7
Blue Cross	9	12
Other Third-Party Payors	17	27
Patients	24	29
Total	<u>100 %</u>	<u>100 %</u>

NOTE 11 COMMITMENTS AND CONTINGENCIES

Malpractice Insurance

The Hospital has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. There is additional excess coverage above this limit up to \$5 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

Self-Funded Health Insurance

The Hospital self-funds health benefits for eligible employees and their dependents. Health insurance expense is recorded on an accrual basis. An accrued liability is recorded in the combined financial statements, which estimates the claims incurred but not yet reported and claims reported but not yet paid. The Hospital has stop loss insurance to cover catastrophic claims. The Hospital expensed amounts representing the employer's portion of actual claims paid, adjusted for the actuarially determined estimates of liabilities relating to claims resulting from services provided prior to the respective fiscal period-end. The Hospital recognized approximately \$9,220,000 and \$8,486,000 of expense during the years ended June 30, 2024 and 2023, respectively.

Litigations, Claims, and Disputes

The Hospital is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of litigation, claims, and disputes in process will not be material to the combined financial position of the Hospital.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
NOTES TO COMBINED FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 11 COMMITMENTS AND CONTINGENCIES (CONTINUED)

Litigations, Claims, and Disputes (Continued)

Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services. Management believes that the Hospital is in substantial compliance with current laws and regulations.



**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF COMBINED FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Trustees
Memorial Hospital of Sweetwater County
Rock Springs, Wyoming

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Memorial Hospital of Sweetwater County (the Hospital), which comprise the combined statement of net position as of June 30, 2024, and the related combined statement of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated October 22, 2024.

Internal Control Over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered the Hospital's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the combined financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 22, 2024



Board Meeting Date:11/6/2024

Topic for Old & New Business Items:
Patient Safety Plan

Policy or Other Document:

- ☒ Revision
☐ New

Brief Senior Leadership Comments:

The Patient Safety Plan requires annual review and approval. The edits this year included changing the prioritization where staff are listed first and the Board of Trustees last. Additional changes included defining accountability at all levels of the organization. These edits were initiated regarding CMS Patient Safety Structural Measures and accountability statements more clearly stated.

Board Committee Action:

First Read

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:

Click or tap here to enter text.

	Approved	N/A	Document	Quality & Risk
	Review Due	N/A	Area	Management
			Reg.	APR 09.01.01,
			Standards	APR 09.02.01, TJC EC.04.01.01 + 25 more

Patient Safety Plan

Introduction

Memorial Hospital of Sweetwater County (MHSC) is committed to providing compassionate, high-quality care with a strong culture of safety for the best patient outcomes. Our objective is to support a culture of safety for our patients and staff, as well as to support an unrelenting commitment to safety and to do no harm. This culture allows our organization to consistently identify opportunities to improve performance and safety, while maintaining a commitment to responsible stewardship of resources by aligning with MHSC's mission, vision, values, and strategic objectives. The Patient Safety Plan cultivates an organization-wide approach and provides a coordinated, collaborative effort to patient safety.

Purpose

MHSC strives for staff to feel supported, safe and empowered in speaking up about errors, Good Catches/near misses, and related opportunities for improvement. The Patient Safety Plan provides guidelines for collecting, analyzing, and using data to identify, address, and monitor performance to continually improve the quality and safety of care provided by the hospital,please. Please see the [Performance Improvement and Patient Safety Plan](#) for more details.

The Patient Safety Plan provides a systematic, organization wide program that minimizes hazards and patient harm by improving processes of care. The purpose of MHSC's Patient Safety Plan is to build a framework for the delivery of safe care, perpetuate a culture of safety, improve patient safety and reduce risk to patients by reducing variability in care processes, increase reporting of occurrences, and reduce preventable adverse events.

Scope

The Patient Safety Plan is organization wide and encompasses patients, visitors, volunteers, medical staff, and staff. The plan integrates all services and departments impacting patient care including

contracted services. The plan addresses maintenance and improvement of patient safety in all departments throughout the organization.

Objectives

- I. To promote patient safety through effective management of identified risks and prevention of adverse events
- II. To reduce the opportunity for harm and improve safety mechanisms and processes
- III. To encourage reporting of errors, occurrences, and risks to patient safety without judgment or placement of blame
- IV. To collect and analyze data to ensure proper prioritization of process improvements
- V. To identify risk through trending of confidential patient safety occurrence information from individual event reports and aggregate data reports
- VI. To investigate and analyze occurrences with a focus on process and system improvements to reduce risk
- VII. To integrate patient safety priorities into the design and redesign of all relevant organizational processes, functions, and services
- VIII. To provide open communication regarding patient safety risks, events, and system-based improvements
- IX. To facilitate organizational learning about patient safety occurrences
- X. To incorporate recognition of patient safety as an integral job responsibility
- XI. To use education as a key strategy for prevention of patient safety issues based on needs specific to the organization
- XII. To involve patients in decisions about their health care and promote open communication with patients and families about medical errors that occur
- XIII. To identify at least one high-risk patient safety process selected at a minimum of every 18 months for proactive risk assessment. The following may be considered, but not limited to, when selecting a proactive risk assessment:
 - A. The Joint Commission Sentinel Event alerts
 - B. Regulatory measure performance data
 - C. Occurrence reporting information
 - D. Information from external sources: state, federal and current literature
 - E. National Patient Safety Goals
- XIV. To support initiatives that promote person-centered care and involvement
- XV. To identify patient perception of safety issues using patient satisfaction survey data
- XVI. To regularly evaluate staff perception of the organizational culture of safety using a valid and reliable survey tool, and to implement improvements identified from survey results

Definitions

Adverse event: An occurrence with an unplanned, unexplained negative event that reaches the patient and results in no harm, harm (minimal to severe), or death

Good Catch/ near miss: An event that could have caused harm, but was prevented from reaching the patient

Hazard: A potential source of harm or adverse effect

Just Culture: A value supported system of accountability that allows the individual to report adverse events, Good Catches, and hazards in an atmosphere of trust. See also [Just Culture](#)

Occurrence: Any happening that is not consistent with routine operation of the facility. See also [Occurrence Reporting](#)

Patient harm: Unintended physical or psychological injury or damage resulting from or contributed to by medical care that requires additional monitoring, treatment, or hospitalization, or that results in death

Patient safety: The prevention of errors and adverse effects to patients that are associated with health care

Patient safety event: An event, occurrence, or condition that could have resulted or did result in harm to a patient

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

Safety culture: The product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety

For further definitions please refer to these documents: [Occurrence Reporting](#), [Adverse Drug Reactions](#), [Medication Errors](#), [Fall Prevention Program](#), [Just Culture](#), [Disclosure of Adverse Medical Event](#), [Performance Improvement and Patient Safety Plan](#), and [Sentinel Event Policy](#)

Responsibilities

MHSC recognizes that all staff have an impact on patient safety. All staff are expected to participate in patient safety activities and to offer suggestions and recommendations for improvement through their involvement in occurrence reports, patient safety initiatives, department meetings, and other formal and informal means.

Staff

- I. [Prioritize patient safety and be accountable for active engagement in patient safety processes](#)
- II. Actively engage in and keep patient safety initiatives at the forefront
- III. Know and understand the organizational definitions of terms as outlined in this and other policies

- IV. Comply with all hospital policies and procedures related to patient safety that apply to their position and job duties
- V. Know and understand the role of occurrence reporting and their responsibilities under MHSC's culture of safety
- VI. Improve the culture of safety and accountability by employing a “see something, say something, do something” approach
- VII. Report occurrences regardless of level of harm to patient immediately, and document events through the hospital's occurrence reporting platform
- VIII. Participate in any investigative activities including but not limited to the following:
 - A. Describe, in writing, the situation and event
 - B. Any clinical data related to the event (for example, patient’s vital signs, medication name and dosage, and so on)
 - C. Identify any other staff members who were present during the event
 - D. Answer questions from the individual(s) investigating the event
 - E. Collaborate with Quality department, department directors and others as appropriate, to design and implement corrective actions and monitor the results
- IX. Participate in data collection and analysis activities as well as performance improvement activities
- X. Identify and engage in process improvement using evidence-based approaches to continuously improve the quality and safety of patient care
- XI. Participate in improvement activities related to the Patient Safety Plan
- XII. Advocate for changes where opportunities are identified
- XIII. Encourage patients and their family members to speak up when they observe or suspect a patient safety event or if they have questions about the safety of a system or process
- XIV. For further information, please refer to the following policies: [Occurrence Reporting](#), [Adverse Drug Reactions](#), [Medication Errors](#), [Fall Prevention Program](#), [Just Culture](#), [Disclosure of Adverse Medical Event](#), and [Sentinel Event Policy](#)

Medical Staff

- I. [Prioritize patient safety and be accountable for active engagement in patient safety processes](#)
- II. Provide effective mechanisms to measure, assess, and improve the quality and appropriateness of patient care, and the clinical performance of all individuals with delineated clinical privileges, accomplished through Ongoing Professional Practice Evaluations (OPPE), Focused Professional Practice Evaluations (FPPE), and Peer Review Process (refer to [Professional Practice Review Plan – Medical Staff Peer Review](#)).
- III. Know and understand the role of occurrence reporting and their responsibilities under MHSC's culture of safety
- IV. Report occurrences regardless of level of harm to patient immediately, and document events through the hospital's occurrence reporting platform

- V. Participate in any investigative activities including but not limited to the following:
 - A. Describe, in writing, the situation and event
 - B. Any clinical data related to the event (for example, patient's vital signs, medication name and dosage, and so on)
 - C. Identify other staff members who were present during the event
 - D. Answer questions from the individual(s) investigating the event
 - E. Collaborate with Quality department, department directors, and others as appropriate to design and implement corrective actions and monitor the results
- VI. Contribute to an environment that supports a Just Culture and patient safety by:
 - A. Modeling professional behavior by adopting and promoting the Medical Staff Code of Conduct that defines acceptable behavior as well as behaviors that undermine a culture of safety.
 - B. Addressing intimidating behavior that undermines the safety culture so as not to inhibit others from reporting safety concerns
- VII. Act upon identified areas for improvement

Leadership Team

- I. Prioritize patient safety and be accountable for patient safety outcomes
- II. Create and maintain a culture of safety that supports effective implementation of the Patient Safety Plan
- III. Monitor for opportunities for improving the safety of care provided by their department(s)
- IV. Inform and engage staff ~~of~~regarding patient safety initiatives
- V. Encourage participation in patient safety principles and initiatives, performance improvement, and problem-solving processes
- VI. Participate in the collection and analysis of relevant departmental data
- VII. Ensure initiation and completion of performance improvements and action plans
- VIII. Foster a climate of continuous improvement through measurement, data analysis, identification, and implementation of changes needed to improve safety of care and ensure sustainment
- IX. Use Quality Department as a resource
- X. Provide the foundation for an environment that supports Just Culture and patient safety by:
 - A. Acknowledging that most safety events are process failures and monitoring processes to mitigate the risk of patient harm
 - B. Promoting learning
 - C. Motivating staff to uphold a fair and Just Culture of safety
 - D. Provide a Just Culture that promotes transparency of event reporting, safety data collection and analysis, and information sharing organization wide
 - E. Modeling professional behavior by adopting and promoting the MHSC Code of

- Conduct that defines acceptable behavior as well as behaviors that undermine a culture of safety
- F. Addressing intimidating behavior that undermines the safety culture so as not to inhibit others from reporting safety concerns
- G. Educating staff and holding them accountable for professional behavior
- XI. Provide resources and mechanisms for support as necessary following a patient safety event. Examples include but are not limited to: debriefing, counseling, and resources provided through the employee assistance program
- XII. Disseminate lessons learned from safety events

Senior Leadership Team

- I. Prioritize patient safety and be accountable for patient safety outcomes
- II. Promote and model behaviors consistent with a Just Culture, as well as oversee actions to improve patient safety throughout the organization
- III. Create and maintain a culture of safety that supports effective implementation of the Patient Safety Plan
- IV. Use strategic planning and organizational policies to demonstrate patient safety is a core value
- V. Provide the resources necessary for the effective implementation of the Patient Safety Plan
- VI. Define, in writing, the following terms:
 - A. Occurrence
 - B. Patient safety event
 - C. Adverse events
 - D. Adverse drug events
 - E. Medication errors
 - F. Sentinel events
 - G. Good Catch/ near miss
- VII. Disseminate above definitions throughout the organization
- VIII. Set expectations for improvement work based on results from the Culture of Safety survey and additional safety data
- IX. Prioritize and ensure that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
- X. Participate in regular safety rounds
- XI. Encourage communication of ongoing efforts to improve safety in the organization

Board of Trustees

- I. Prioritize patient safety and be accountable by monitoring that appropriate policies and processes are in place for patient safety outcomes

- II. Review and approve Patient Safety Plan annually
- III. Review annual written report provided by Patient Safety Committee
- IV. Monitor that quality and safety are at the core of the organization's mission
- V. Monitor that quality and safety values are embedded in guiding the organization's strategic plan
- VI. Monitor that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
- VII. Monitor the Hospital's ongoing monitoring, maintenance, and improvement efforts for safe, high quality, and efficient medical care

Quality Department

- I. Utilize evidence-based practices/protocols to cultivate a learning system and hospital culture that prioritizes safety
- II. Facilitate education about patient safety principles to the Board of Trustees
- III. Coordinate and provide education on patient safety and performance improvement processes at new employee orientation and to staff annually
- IV. Collaborate with department directors to determine the likelihood of patient safety events
- V. Conduct investigative processes as appropriate
- VI. Serve as a resource for performance improvement and patient safety

Patient Safety Committee

The Patient Safety Committee is a standing interdisciplinary group that manages the Patient Safety Plan through a systematic, coordinated, continuous approach. Please see the Patient Safety Committee Charter for details on the responsibilities of the Patient Safety Committee (attached).

Data

The Patient Safety Committee will monitor data that is further specified and defined in the PIPS Plan and Patient Safety Committee Charter. Information from data analysis is used to make changes that improve performance and patient safety and reduce the risk of adverse and sentinel events. Please see Patient Safety Committee Charter "Data" heading for details.

Communication

Patient safety initiatives, lessons learned, and patient safety improvement work will be communicated as appropriate throughout the organization. Communication will occur through:

- I. Quality Committee of the Board
- II. PIPS Committee
- III. Patient Safety Committee
 - A. Monthly Patient Safety Newsletters

B. Monthly Key Takeaway Information

- IV. Leadership meetings
- V. Medical Staff meetings
- VI. Staff meetings
- VII. Department white boards, electronic communication, patient safety rounding, and other various methods

Confidentiality

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

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Reviewed and Approved:

Patient Safety Committee: ~~June 27~~October 24, 2024

Medical Executive Committee: ~~July~~October 30, 2024

Quality Committee of the Board: October 16, 2024

Board of Trustees:

Attachments

[Patient Safety Committee Charter.docx](#)

Approval Signatures

Step Description	Approver	Date
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Reg. Standards

APR 09.01.01, APR 09.02.01, TJC EC.04.01.01, TJC IC.01.03.01, TJC LD.02.01.01, TJC LD.03.01.01, TJC LD.03.02.01, TJC LD.03.03.01, TJC LD.03.04.01, TJC LD.03.05.01, TJC LD.03.07.01, TJC LD.03.09.01, TJC LD.04.01.01, TJC LD.04.01.05, TJC LD.04.01.10, TJC MM.07.01.03, TJC MM.08.01.01, TJC MS.09.01.01, TJC NR.02.01.01, TJC PI.01.01.01, TJC PI.02.01.01, TJC PI.03.01.01, TJC RI 02.01.01, TJC RI.01.01.01, TJC RI.01.01.03, TJC RI.01.02.01, TJC RI.01.03.01, TJC RI.01.05.01

Board Charter: Governance Committee

Category: Board Committees & Committee Charters

Title: Governance Committee

Original adoption: June 14, 2010

Revision: 2011; 2017; 2020; 2022; 2023; July 2024; October 2024

Purpose:

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

Responsibilities:

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

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

- Periodically assesses the educational needs of the Board and encourages the Board members to avail themselves of the large variety of educational opportunities —such as, professional meetings, webinars, board workshops, etc. From time to time, suggests specific videos, webcasts, etc. for Board review and discussion at upcoming meetings of the Board.
- May recommend new Trustee candidates to the County Commissioners, who are charged with appointing Board members. In making such recommendations, the Governance Committee shall consider the skills and the attributes of the candidate, the needs of the Board, and representation of the residents of Sweetwater County.

Composition

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

Meeting Schedule

The Committee shall meet monthly, or as needed.

Reports

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

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

Board Meeting Date:11/6/2024

Topic for Old & New Business Items:
Policy – Professional Practice Review Plan

Policy or Other Document:

- ☒ Revision
☐ New

Brief Senior Leadership Comments:

- FPPE used to be part of the Professional Practice Evaluation Plan. However, a new policy was drafted, and it is lengthy, so it was removed from this plan and is now a separate policy.

Board Committee Action:

Approval Needed for the Professional Practice Review Plan and all attachments

Policy or Other Document:

- ☒ For Review Only
☐ For Board Action

Legal Counsel Review:

- ☒ In House Comments: Suzan reviewed the policy and was present
MEC when they reviewed and approved the policy and attachments.
☐ Board Comments:Click or tap here to enter text.

Senior Leadership Recommendation:

Recommend approval for the Professional Practice Review Plan and all attachments.

Professional Practice Review Plan -Medical Staff Peer Review-Draft-Changes



Approved N/A
Review Due N/A

Document Area **Medical Staff**
Reg. TJC MS
Standards 05.01.01, TJC MS 06.01.05, TJC MS 08.01.01 + 2 more

Professional Practice Review Plan (Medical Staff Peer Review)

Statement of Purpose

Memorial Hospital of Sweetwater County (MHSC) Medical Staff professional practice review (peer review) process provides a standardized mechanism to measure, assess, improve, and evaluate medical staff member's performance, professionalism, competency, and behaviors through the conduct of peer and chart review. The process involves monitoring and analyzing data, along with identifying trends and/or adverse outcomes, which may impact patient safety and quality of care. This process provides for continuous quality improvement as well as opportunity to address any potential problems in a timely manner. The information identified through this process is also factored into decisions to grant clinical privileges through the credentialing process.

Plan

I. Objectives

The goal of the Professional Practice Review (Medical Staff Peer Review) Plan is to outline processes to:

- A. Assist in driving healthcare quality, defined as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge " (Agency for Healthcare Research and Quality [AHRQ], 2018; Institute of Medicine [IOM], 1990). Refer to MHSC's Performance Improvement and Patient Safety (PIPS) Plan
- B. Provide a mechanism for review of charts and ongoing evaluation of Practitioner clinical competence and professional performance through systematic, data-driven processes.

- C. Identify and resolve Practitioner performance and clinical competency issues.
- D. Comply with The Joint Commission standards for Medical Staff Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).
- E. Create a culture of accountability.
- F. Assist in organizational process improvement strategies based on identified opportunities and in congruence with MHSC's PIPS Plan and organizational strategic plan.
- G. Continuously improve processes to ensure safe, timely, effective, efficient, patient-centered, and equitable care delivery.

II. Definitions

- A. Medical Staff: The group of all Practitioners privileged through the organized medical staff process who are subject to the Medical Staff Bylaws, Rules, and Regulations. Nurse practitioners, physician assistants and other Non-Physician Providers (NPP) are considered part of the Medical Staff per MHSC's Bylaws and will be referred to as Practitioners.
- B. Professional performance review/peer review: A process that allows the Medical Staff to evaluate an individual's professional practice and/or system issues that may affect the delivery of quality care. The process includes measuring Practitioner professional performance based on metrics as defined by the Medical Staff (see attached Professional Performance Review Indicators), in addition to quality events identified through other processes (see Medical Staff Peer Review Process Flow). The evaluation may identify systems or processes of care that do not adequately protect against foreseeable human error. These system opportunities will be referred to the Performance Improvement and Patient Safety (PIPS) Committee as appropriate for evaluation and improvement interventions.
- C. Professional Practice Evaluation Committee (PPEC): A multidisciplinary peer review committee authorized to conduct peer review for the Medical Staff. This committee will also function to review and monitor the ongoing evaluation of Practitioner performance trends and provide recommendations and follow-up as appropriate. The Vice Chair of each department (Medicine and Surgery) shall serve on PPEC. Three other Physicians will be appointed by the Chief of Staff to serve on the committee. A Non-Physician Provider shall also be appointed to serve. The PPEC chair shall be selected by the Chief of Staff. The Chief Medical Officer shall serve as an alternate, as needed.
- D. Ongoing Professional Practice Evaluation (OPPE): A summary of ongoing data collected for the purpose of assessing a Practitioner's clinical competence and professional behavior.
- E. Focused professional practice evaluation (FPPE) is a systematic process to ensure the current competency of Practitioners at Memorial Hospital of Sweetwater County. FPPE occurs routinely whenever the Hospital grants new privileges, such as when new privileges are initially granted to a Practitioner who is new to the organization or when an existing Practitioner requests a new privilege. FPPE can also be initiated

when a question arises regarding a Practitioner's ability to provide safe, high quality patient care (Triggered FPPE). Triggered FPPE can be requested by the Credentials Committee, the Professional Practice Evaluation Committee (PPEC), or the Medical Executive Committee (MEC). See [Focused Professional Practice Evaluation Plan](#).

Focused professional practice evaluation (FPPE) is a systematic process to ensure the current competency of Practitioners at Memorial Hospital of Sweetwater County. FPPE occurs routinely whenever the Hospital grants new privileges, such as when new privileges are initially granted to a Practitioner who is new to the organization or when an existing Practitioner requests a new privilege. FPPE can also be initiated when a question arises regarding a Practitioner's ability to provide safe, high quality patient care (Triggered FPPE). Triggered FPPE can be requested by the Credentials Committee, the Professional Practice Evaluation Committee (PPEC), or the Medical Executive Committee (MEC). See [Focused Professional Practice Evaluation Plan](#).

F. Care ratings: Practitioner (as determined by the PPEC or MEC)

1. Care Appropriate: Despite a complication, adverse outcome, or other question regarding the quality delivery of care, it is determined that a majority of peers would have responded similarly under similar circumstances. This designation adjudicates that there was no clear deviation from standard of practice.
2. Improvement Opportunity: Care that involved simple errors in diagnosis, treatment or judgment, or inadvertently doing other than what should have been done: a slip, lapse, or mistake.
3. At Risk Behavior: Care that requires education or coaching to prevent recurrence, or behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.
4. Reckless Behavior: Care that suggests reckless disregard of the Practitioner's duty to the patient through gross negligence, general incompetence or actual intent to provide substandard care, or behavioral choice to consciously disregard a substantial and unjustifiable risk.

G. Care ratings: System Improvement (as determined by the PPEC or MEC)

1. System Improvement Opportunity: Designates an event as resulting at least in part from an opportunity to improve the care system to reduce caregiver errors, mitigate the effects of any future errors, or otherwise better support the care process. This rating will apply whenever a system improvement opportunity is identified, independent of any individual Practitioner's care rating.

H. Professional Behavior: As defined in MHSC's Behavior Standards, the Code of Caring, a high standard of professional behavior, ethics, and integrity is expected of each individual member of the Medical Staff at MHSC in order to promote an environment conducive to providing the highest quality of care. The standards expected to be practiced at MHSC include: Courtesy, Accountability, Respect, Integrity, Nurturing, and Growth. In addition to the Code of Caring, Medical Staff will adhere to the Medical Staff Code of Conduct found within the Medical Staff Bylaws. Violations of the Code of Caring and/or Medical Staff Code of Conduct will be addressed by the

Medical Executive Committee.

- I. Medical Staff Quality Reviewer: A group of reviewers appointed to perform an initial case review to determine if the case requires peer review by the PPEC. Reviewer will be appointed each year, by the Chief of Staff.
- J. Conflict of Interest: A member of the medical staff requested to perform peer review may have a conflict of interest if they may not be able to render an unbiased opinion. An automatic conflict of interest would result if the Practitioner is involved in any way in the case under review. Relative conflicts of interest are either due to a Practitioner's involvement in the patient's care not related to the issues under review or because of a relationship with the Practitioner involved as a direct competitor, partner, or key referral source. It is the responsibility of the PPEC to determine on a case by case basis if a potential conflict exists and if substantial enough to prevent the individual from participating in the review. If a potential conflict exists, the individual may not participate or be present during peer review discussions or decisions other than to provide specific information requested.
- K. Low volume/no activity Practitioners or specialties: Alternate data collection methods may be developed and used as approved by the Professional Practice Evaluation Committee for Practitioners in low volume specialties or specialties in which objective data is unable to be obtained.
- L. Peer: An individual practicing in the same profession and who has expertise in the appropriate subject matter. The level of subject matter expertise required to provide meaningful evaluation of a Practitioner's performance will determine what "practicing in the same profession" means on a case by case basis. (Example: for quality issues related to general medical care, a physician may review the care of another physician. For specialty-specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer is an individual who is well-trained and competent in that surgical specialty).

III. Review Process

- A. All reviews will be directly documented within the quality management system.
- B. Indicators

Different types of indicators are utilized to identify potential quality concerns. The indicator type dictates the action required. See the Medical Staff Peer Review Process Flow. All review indicators and rate thresholds will be reviewed annually, at a minimum, by the PPEC and/or appropriate specialties.

- 1. Rule indicators will initiate a peer review by PPEC. The PPEC will be notified when a rule has been triggered. Additionally, the individual Practitioner will be notified when a rule indicator has been triggered through the process of OPPE.
- 2. Rate indicators will be trended and added to OPPE profiles. The PPEC will review peers with outlier rate indicators twice per year (every 6 months) at a minimum and provide feedback, education, initiate a performance

improvement plan, or recommend FPPE with the individual as appropriate. Refer to the OPPE process flow.

3. Review indicators will be screened through an initial case review by a designated Medical Staff Quality Reviewer. If the case requires further action, follow-up, or review, it will be reviewed by the PPEC as a peer review case.
4. Other quality events will initiate a peer review and be referred directly to PPEC.
5. If a sentinel event is identified during the peer review process, the sentinel event policy will be enacted.

C. Initial Case Review (performed by Medical Staff Quality Reviewer)

1. An initial case review of a quality event will occur by a designated Medical Staff Quality Reviewer if the event is triggered by a review indicator (see attached list of Medical Staff Review Indicators).
2. Six Medical Staff Quality Reviewers will be appointed by the Chief of Staff. Three will be appointed from the Medicine Department and three from the Surgery Department. In the event a designated Medical Staff Quality Reviewer is unable to fulfill the term, a new reviewer will be appointed by the Chief of Staff, as a replacement.
3. Medical Staff Quality Reviewers will be notified via quality management system of cases needing review as they occur.
 - a. Review of case and outcome determination is expected to be completed within 2 weeks of notification.
4. The initial case review outcome will determine if referral to the PPEC for peer review of the case in question is needed.
 - a. If care is appropriate, a summary of findings and final conclusion of appropriate care is documented in the quality management system. The case will be documented and trended via the quality management system by the Quality Department. Trended results will be located on the OPPE profiles.
 - b. If the case needs further follow-up, investigation, or it is unable to determine appropriateness of care, a summary of findings and conclusion of further review needed is documented in the quality management system. The case will be documented and referred to the PPEC via the quality management system by the Quality Department. Cases requiring further review may include identification of system of care opportunities. Final conclusions

of the review will be located on OPPE profiles.

D. Peer Review (performed by PPEC)

1. PPEC will meet ten (10) times per year, ideally monthly. They may meet more or less often, as needed, dependent on the volume of cases requiring review by the committee. It is the responsibility of PPEC members to review cases prior to set meeting date for discussion and final outcome determination at PPEC meeting.
2. The PPEC will be provided a list of cases and/or Practitioners for review prior to the meeting.
3. All reviews from PPEC will be documented directly in the quality management system using a secure log-in by a designated member of the committee or may be transcribed from meeting minutes by Quality.
4. A summary of findings will be documented on all cases for peer review.
5. Outcome determinations for final conclusions must be made by a consensus of members present at PPEC.
6. The PPEC reserves the right to halt the peer review process for a Practitioner that has terminated. Judgment of whether or not the case needs to be reviewed is left up to PPEC.
7. The PPEC will review all cases for peer review in which rule indicators are met, those referred by Medical Staff Quality Reviewers following initial case review and cases referred by other departments.
 - a. Practitioner standard of care rating will include the following outcomes:
 - i. Care Appropriate - case closed/trended
 - ii. Improvement Opportunity - education, follow-up, FPPE, etc. provided or delegated to another peer to provide to the Practitioner in question.
 - a. Case can be closed in the quality management system once education, follow-up, FPPE, etc. is provided and documented with date.
 - iii. At Risk Behavior - MEC notified of outcome finding and recommendation for next action.
 - a. Case can be closed after MEC final conclusion is made.

- iv. Reckless Behavior - referred to MEC with summary of findings and recommendations for appropriate action.
 - a. Case can be closed after MEC final conclusion is made.
 - b. In the event that PPEC is unable to determine the final outcome, the case will be referred to MEC for evaluation and final determination.
 - c. If additional follow-up, referral, etc. is required prior to making a final conclusion the case is kept open and referred to the appropriate department. The case will be closed and trended upon final conclusion.
- 8. Findings in which care is appropriate, yet system of care opportunities are identified is a possibility will be referred to the PIPS Committee for organizational improvement interventions. Medical staff input, engagement, and support for system of care resolutions will be expected. The solution/plan for improvement developed by the PIPS Committee will be reported back to PPEC as necessary.
 - a. System improvement care rating will include the following:
 - i. System Improvement Opportunity - education, follow-up, etc. provided or delegated to appropriate department
- 9. Findings in which nursing, essential services, or other departments are needing to review or follow-up can be referred to the PIPS committee or appropriate individual department as necessary. It is the responsibility of the PPEC to communicate this need with appropriate department/committee. Medical staff input, engagement, and support for resolutions will be expected.

E. Patient Complaints and Grievances

1. Patient Complaints/Grievances will be entered into the electronic occurrence reporting system.
2. If the Grievance Committee determines a case needs a review for behavioral issues, they will forward the case to PPEC, first.
3. PPEC will determine whether or not the standard of care was met for the grievance case. The case will then be forwarded to MEC to review for the behavioral issues.
4. Medical Staff Services (MSS) will request the practitioner's peer review file, from Quality, to determine if he or she had any other grievances (within the past 24 months.) MSS will draft a summary of any grievances for review at

MEC.

5. The grievance (and summary of past grievances) will then go to MEC and will be discussed during executive session.
6. MEC will discuss and decide on appropriate action for the grievance.
7. If the Grievance Committee determines that a case needs to be reviewed for clinical competence, they will follow the steps in section D, above.

F. Anonymous Referrals

1. Cases can be sent to PPEC anonymously by completing the [MHSC Peer Review Request Form](#).

G. External Reviews

1. The PPEC or MEC may require use of external peer review consultation in cases including, but not limited to:
 - a. The absence of an appropriate Practitioner able to render an opinion regarding a peer review or FPPE.
 - b. The presence of a significant conflict of interest.
 - c. Potential for litigation.
 - d. Ambiguity, especially when dealing with vague or conflicting recommendations from internal reviewers.
2. External reviews can also be initiated by Medical Executive Committee after appropriate referral from PPEC and inability to determine a final conclusion.
3. If a case is sent for external review by in house legal/risk, results of the external review as they pertain to individual Practitioner performance are requested to be presented to the PPEC and entered into MHSC's internal peer review process if indicated.

H. Practitioners performing reviews will not review their own cases.

- I. Practitioners serving on PPEC in which their case is being reviewed will not take part in the review process and outcome determination.
- J. The PPEC may request the Practitioner in question to present the case to PPEC before an outcome determination can be made.
- K. The Practitioner whose patient's clinical course of treatment is scheduled for discussion of a possible deviation from standard clinical practice at a Department, Service or Committee meeting, shall be notified in writing from the Department, Service or Committee's chair at least one week prior to the scheduled date of presentation.

1. The involved Practitioner will be given a brief case summary including the

medical record number, encounter number, and reason for review.

2. If a case has been sent for external review, a copy of the external review will be provided to the Practitioner involved.
 3. The involved Practitioner may request the names of the attendees of PPEC and MEC where their case(s) were reviewed.
 4. To protect the integrity of the peer review process, the names or other identifying information of individuals requesting the peer review will not be provided to the involved Practitioner.
 5. Attendance by the involved Practitioner shall be mandatory. Failure to appear or to secure postponement from the chair may be deemed “unprofessional conduct”, and result in corrective action as outlined in Article XVII of the Medical Staff Bylaws. This rule is not to be construed as applying to discussion of cases identified by routine monitoring of patient care.
 6. Except as explicitly provided in Article XVIII of Medical Staff Bylaws in connection with the exercise of applicable hearing and appeal rights, and notwithstanding anything to the contrary in the Medical Staff Documents, no Practitioner shall have the right to be represented or accompanied by an attorney at any meeting of the Medical Staff, or any committee (standing or ad hoc), Department, or section thereof, or when meeting with any Medical Staff officer.
- L. Whenever possible, a Practitioner involved as a member of the MEC, PPEC, or any other ad hoc committee tasked with peer review should vote in only one (1) level of the decision-making process. In situations in which this is not possible, Practitioners are expected to limit their involvement in multiple levels of review.

IV. OPPE

- A. Ongoing professional practice evaluation (OPPE) is factored into the decision to maintain, revise, limit, or revoke existing medical staff privileges. The organized medical staff are responsible for defining the OPPE process.
- B. Department Leadership will do the following:
 1. Perform at least two OPPE's on all designated staff members every 24 months, but not longer than 9 months apart. This will be performed by the Vice Chair of each Department, through their membership on PPEC. If there are negative trends or concerns about an Individual Practitioner, the Vice Chair will communicate that information to the Department Chair.
 2. Use the types of data and evaluation processes developed by the departments and approved by the organized medical staff.
- C. While the practitioner is on FPPE, specialty specific OPPE data will be concurrently monitored.
- D. The following general competencies are included in OPPE :
 1. Patient Care: Practitioners are expected to provide patient care that is

compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.

2. Medical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.
3. Practice-based Learning and Improvement: Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.
4. Interpersonal & Communication: Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of healthcare interdisciplinary teams.
5. Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward patients, families, colleagues, their profession, and society.
6. Systems-based Practice: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare.
7. Stewardship of Resources: Practitioners are expected to demonstrate an appropriate use and allocation of resources.

E. The Quality Department will be responsible for compiling the OPPE profiles based on data available in MHSC's electronic data systems.

1. OPPE profiles will include Practitioner level metrics for Medical Staff indicators, including rule, rate, and review indicators. Profiles will also include indicators from other quality events that required a review by PPEC.
2. OPPE profile metrics may change and evolve over time based on individual performance and opportunities for improvement and specialty specific indicators. Specialty specific measures will be recommended for inclusion on the OPPE profiles and approved by each specialty, PPEC, and MEC.
3. Other metrics will be included on the OPPE profiles to meet the six (6) general competency categories, including patient experience data, and will include any data showing zero performance.
4. Compile at least two OPPE's on all designated staff members every 24 months, but not longer than 9 months apart.
5. Individual Practitioners will be notified when profile is ready for review.

F. PPEC will be responsible for ensuring consistent implementation of the OPPE process and for reviewing at least two OPPE's on all designated staff members every 24 months, but not longer than 9 months apart.

1. Review is expected to be completed within 30 days of receiving OPPE profiles.
2. Purpose:
 - a. To review Practitioner performance, identify trends and intervene when appropriate.
 - i. If data is exceeding thresholds, the cases that contributed to the excess rate may be reviewed when indicated.
 - b. To request additional information for further review.
 - c. Develop individual improvement plans from this process when appropriate.
 - i. If improvement plans are not effective in improving performance, recommendation and/or initiation for FPPE may occur.
3. PPEC designated members are expected to communicate feedback and opportunities for improvement with individual Practitioners when appropriate, or communicate with the appropriate Department Chair/Vice Chair for follow-up actions.

V.

VI. Authority for Peer Review

A. **WY Stat § 35-2-910. Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review.**

1. (c) No hospital shall be issued a license or have its license renewed unless it provides for the review of professional practices in the hospital for the purpose of reducing morbidity and mortality and for the improvement of the care of patients in the hospital. This review shall include, but not be limited to:
 - (i) The quality and necessity of the care provided to patients as rendered in the hospital;
 - (ii) The prevention of complications and deaths occurring in the hospital;
 - (iii) The review of medical treatments and diagnostic and surgical procedures in order to ensure safe and adequate treatment of patients in the hospital; and
 - (iv) The evaluation of medical and health care services and the qualifications and professional competence of persons performing or seeking to perform those services.
2. (d) The review required in subsection (c) of this section shall be performed according to the decision of a hospital's governing board by:
 - (i) A peer review committee appointed by the organized medical staff of the hospital.

VII. Confidentiality

- A. **WY Stat § 35-2-910.** Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review. Subsection A. "Each licensee [hospital, healthcare facility and health services] shall implement a quality management function to evaluate and improve patient and resident care and services in accordance with the rules and regulations promulgated by the division. Quality management information relating to the evaluation or improvement of the quality of health care services is confidential. Any person who in good faith and within the scope of the functions of a quality management program participates in the reporting, collection, evaluation, or use of quality management information or performs other functions as part of a quality management program with regards to a specific circumstance shall be immune from suit in any civil action based on such functions brought by a health care Practitioner or person to whom the quality information pertains. In no event shall this immunity apply to any negligent or intentional act or omission in the provision of care" (Wyoming Laws, 2015).
- B. **WY Stat § 35-17-103.** Exemption from liability; exception: A professional standard review organization or a society or person rendering services as a member of a professional standard review organization functioning pursuant to this act is not liable either independently or jointly for any civil damages as a result of acts or omissions in his capacity as a member of any such organization or society. Such persons or organizations or societies are not immune from liability for intentional or malicious acts or omissions resulting in harm or any grossly negligent acts or omissions resulting in harm.
- C. **WY Stat § 35-17-105.** Information of review organizations to be confidential and privileged. All reports, findings, proceedings and data of the professional standard review organizations is confidential and privileged, and is not subject to discovery or introduction into evidence in any civil action, and no person who is in attendance at a meeting of the organization shall be permitted or required to testify in any civil action as to any evidence or other matters produced or presented during the proceedings of the organization or as to any findings, recommendations, evaluations, opinions or other actions of the organization or any members thereof.
- D. Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with hospital policy and state and federal regulations governing the confidentiality of quality and patient safety work. All quality and patient safety data and information shall be considered the property of Memorial Hospital of Sweetwater County.
- E. Only the following individuals will have access to Practitioner-specific peer review information and only for purposes of evaluation and improvement of the quality of care rendered in the hospital:
1. The specific Practitioner.
 2. The Chief of Staff for purposes of considering corrective action.
 3. Department chairpersons (for members of their department only) for purposes of initial chart review or considering corrective action.

4. Members of the PPEC, MEC, and Credentials Committees for purposes of considering corrective action and as part of the appointment/reappointment process.
 5. Medical staff service professionals supporting the credentialing process and to the extent that the access to this information is necessary for re-credentialing or formal corrective action.
 6. The Quality Department for purposes of tracking peer review processes, OPPE profile compilation, and generating reports as requested by parties privileged to the information.
 7. Individuals performing surveys for accrediting bodies with appropriate jurisdiction (i.e. TJC, CMS, DHS, etc.).
 8. The Hospital Chief Executive Officer (CEO) when information is needed to take immediate formal corrective action for purposes of summary suspension by the CEO.
- F. No copies of peer review documents will be created and distributed unless authorized by medical staff policy or bylaws, the MEC, PPEC, Credentials Committee, or by mutual agreement between the Chief of Staff and CEO for purposes of deliberations regarding corrective action on specific cases.
- G. No copies of peer review information will be given to other facilities or agencies without specific written authorization from the Practitioner.

Reviewed and Approved:

PPEC 9/18/2024

MEC

Board of Trustees

References

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Attachments

[Medical Staff Professional Practice Indicators 2024 - 2025 UPDATED 9.4.2024.pdf](#)

[Medical Staff Professional Practice- Peer Review Flow- OPPE 2024-2025.pdf](#)

Approval Signatures

Step Description

Approver

Date

Reg. Standards

TJC MS 05.01.01, TJC MS 06.01.05, TJC MS 08.01.01, TJC MS 08.01.03, TJC MS 09.01.01

Medical Staff Professional Practice Indicators 2024 - 2025 UPDATED
9.4.2024

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
All Medical Staff Practitioners					
Mortality: Acute Care & ED	Review	EMR - Quality RN			All mortality cases are reviewed by a Medical Staff Quality Reviewer. Cases requiring further review will be sent to the Professional Practice Evaluation Committee (PPEC).
ED Traumas	Review	MHSC internal data - Trauma Committee			Referred from Trauma Committee if indicated for further review, sent via e-mail to Quality
Grievances - Standard of Care Issue	Review	Synergi - Patient Relations Specialist, Grievance Coordinator	Trend		Cases reviewed by Grievance Committee are referred to PPEC if peer review is indicated
Unexpected Postoperative Diagnosis	Review	MHSC internal data - Medical Director of the Lab	Trend		Data reviewed by Dr. Karn, any fallouts or cases needing to have further review will be referred into the peer review process, sent via email to Quality
CME	Rate	MHSC internal data - Medical Staff Services MD-Staff Indicator	Trend		Count of completed CME during review period. Individual provider is responsible for sending completed CME to Medical Staff Services.
Board Certified	Rate	MHSC internal data - Medical Staff Services MD-Staff Indicator	Trend		Active board certification indicator, 1 listed if there is an active board certification 0 is listed if there are no active board certifications. Certifications are considered active if it is in use and if expired date extends into the current reporting period.
Attendance at Hospital Provided CME Presentations	Rate	MHSC internal data - Medical Staff Services	Trend		<i>Indicator under development</i>
Peer Review Outcomes					
Initial Quality Physician Case Review Outcome- Appropriate Care		MD-Stat Peer Review Module Indicator	Trend		Count of Initial Quality Physician Case Review Outcome- Appropriate Care. Outcomes are determined by designated initial quality peer reviewers and PPEC.
Professional Practice Evaluation Committee Peer Review Outcome- Care Appropriate		MD-Stat Peer Review Module Indicator	Trend		Count of Professional Practice Evaluation Committee Outcome- Care Appropriate. Outcomes are determined by designated initial quality peer reviewers and PPEC.
Professional Practice Evaluation Committee Peer Review Outcome- Improvement Opportunity		MD-Stat Peer Review Module Indicator	Trend		Count of Professional Practice Evaluation Committee Outcome- Improvement Opportunity. Outcomes are determined by designated initial quality peer reviewers and PPEC.
Professional Practice Evaluation Committee Peer Review Outcome- At Risk Behavior		MD-Stat Peer Review Module Indicator	Trend		Count of Professional Practice Evaluation Committee Outcome- At Risk Behavior. Outcomes are determined by designated initial quality peer reviewers and PPEC.
Professional Practice Evaluation Committee Peer Review Outcome- Reckless Behavior		MD-Stat Peer Review Module Indicator	Trend		Count of Professional Practice Evaluation Committee Outcome- Reckless Behavior. Outcomes are determined by designated initial quality peer reviewers and PPEC.
Disruptive Behavior	Rate	Director of Medical Staff Services MD-Stat Disruptive Behavior (Count) Module	> 1 per quarter (greater than 2 in 4 quarters will be reviewed)		Grievance related to behavior reviewed by Grievance Committee and forwarded to MEC-If substantiated and follow up needed with provider, Kerry sends this incident to Quality to include on OPPE Profile, listed as a number. If code of conduct incident is not initiated through Grievance Committee but is initiated separately via staff or peers, sent to MEC. If substantiated and follow up needed with provider, Kerry will send this to Quality to include in OPPE Profile. These two types of incidence will be grouped together in OPPE Profile.
Positive Patient Feedback Comments (Count)	Rate	Press Ganey and MHSC internal data - Quality Analyst MD-Stat Positive Patient Feedback Module Indicator	Trend		Count of Press Ganey comments by received date and positive patient comments, thank you notes, Social media notes, etc.) collected by Medical Staff Services with confirmed date.
Meeting Attendance	Rate	Director of Medical Staff Services MD-Staff Indicator	50.00%		Percentage of meetings attended by meeting date. Excluding meetings where provider was identified as excluded.
Sentinel Events					
Intraoperative or immediately postoperative/postprocedure death	Rule	Referral from Risk			
Wrong patient, wrong site, wrong procedure	Rule	Referral from Risk			
Death (not primarily related to the natural course of the patient's illness or underlying condition)	Rule	Referral from Risk			
Unintended retention of foreign body	Rule	Referral from Risk			

Memorial Hospital of Sweetwater County
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Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
All Medical Staff Practitioners					
Product or Device Events					
Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the health care setting	Rule	Referral from Risk			
Suicide	Rule	Referral from Risk			
Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person	Rule	Referral from Risk			
Any unauthorized elopement leading to death, permanent harm, or severe temporary harm to the patient	Rule	Referral from Risk			
Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used for functions other than as intended	Rule	Referral from Risk			
Care Management Events					
Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)	Rule	Referral from Risk			
Hemolytic transfusion reaction involving administration of blood or blood products	Rule	Referral from Risk			
Unsafe administration of blood products	Rule	Referral from Risk			
Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)	Rule	Referral from Risk			
Any stage 3, stage 4, or unstageable pressure ulcers acquired after admission/presentation to a health care facility	Rule	Referral from Risk			
Patient death or serious disability resulting from the irretrievable loss of an irreplaceable biological specimen	Rule	Referral from Risk			
Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results	Rule	Referral from Risk			
Unanticipated death of a full term infant	Rule	Referral from Risk			
Discharge of an infant to the wrong family					
Any intrapartum (related to the birth process) maternal death	Rule	Referral from Risk			
Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm	Rule	Referral from Risk			
Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury; or a patient with coagulopathy who receives blood products as a result of the fall; death or permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall).	Rule	Referral from Risk			
Delay in treatment	Rule	Referral from Risk			
Any unanticipated event resulting in permanent harm or severe temporary harm	Rule	Referral from Risk			
Environmental Events					
Patient or staff death or serious disability associated with an electric shock in the course of a patient care process in a health care setting	Rule	Referral from Risk			
Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or is contaminated by toxic substances	Rule	Referral from Risk			
Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a health care setting	Rule	Referral from Risk			

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
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Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
All Medical Staff Practitioners					
Environmental Events Cont.					
Patient death or serious injury associated with the use of restraints or bedrails while being cared for in a health care setting	Rule	Referral from Risk			
Fire, flame, or unanticipated smoke, heat, or flashes occurring during an episode of patient care	Rule	Referral from Risk			
Radiologic Events					
Death or serious injury of a patient or staff associated with introduction of a metallic object into the MRI area	Rule	Referral from Risk			
Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose	Rule	Referral from Risk			
Criminal Events					
	Rule	Referral from Risk			
Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider	Rule	Referral from Risk			
Abduction of any patient receiving care, treatment, and services	Rule	Referral from Risk			
Sexual abuse/assault:					
a. of any patient while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.*					
b. of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to patients.*					
c. Sexual abuse/assault (including rape) as a sentinel event is defined as					
d. One or more of the following must be present to determine that it is a sentinel event:					
i. Any staff-witnessed sexual contact as described above.					
ii. Admission by the perpetrator that sexual contact, as described above, occurred on the premises.					
iii. Sufficient clinical evidence obtained by the health care organization to support allegations of unconsented sexual contact.	Rule	Referral from Risk			
Physical assault of any patient (leading to death, permanent harm, or severe temporary harm) while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.	Rule	Referral from Risk			
Physical assault (leading to death, permanent harm, or severe temporary harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization/facility or while providing care/supervision to patients.	Rule	Referral from Risk			
Homicide of any patient while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.	Rule	Referral from Risk			
Homicide of any patient while receiving care, treatment, and services while on site at the organization/facility or while under the supervision/care of the organization.	Rule	Referral from Risk			
Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a health care setting	Rule	Referral from Risk			

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
Anesthesiology					
Unplanned Postoperative Reintubation Rate	Rate	EMR DA2 Report & Synergi - Quality Analyst Self reported by Anesthesiologist MD-Stat Anesthesia Events Module Indicator	5%		Denominator: number of endotracheal intubation encounters. Numerator: number of endotracheal intubation encounters defined in the denominator that required an unplanned reintubation. Denominator attributed by anesthesiologist of record in DA2 report Surgery - OR Log- MEML_WY.
Dental Injury Rate	Rate	EMR DA2 Report & Synergi - Quality Analyst Self reported by Anesthesiologist MD-Stat Anesthesia Events Module Indicator	5%		Denominator: number of endotracheal intubation encounters. Numerator: number of endotracheal intubation encounters defined that resulted in a dental injury. Denominator attributed by anesthesiologist of record in DA2 report Surgery - OR Log- MEML_WY.
Post-Spinal Headache Rate	Rate	EMR DA2 Report & Synergi - Quality Analyst Self reported by Anesthesiologist MD-Stat Anesthesia Events Module Indicator	5%		Denominator: number of encounters with the anesthesia type of spinal. Numerator: number of encounters with the anesthesia type of spinal that reported a headache afterwards. Denominator attributed by anesthesiologist of record in DA2 report Surgery - OR Log- MEML_WY.
Preanesthesia Evaluation Note Completion Rate	Rate	EMR - HIM			Percentage of Preanesthesia Evaluation Note completed in 24 hours immediately prior to any surgery or procedure requiring anesthesia services. <i>Indicator under development</i>
Postanesthesia Evaluation Note Completion Rate	Rate	EMR - HIM			Percentage of Postanesthesia Evaluation Note completed in 24 hours after surgery or procedure requiring anesthesia services. <i>Indicator under development</i>
Epidural Note Completion Rate	Rate	EMR - HIM			Percentage of Epidural Note completed in 24 hours after epidural insertion. <i>Indicator under development</i>
Cardiovascular Disease					
Echo Turn Around Time - within 72 Hours	Rate	EMR- Manual abstraction by Quality Analyst MD-Stat Echo Turnaround Time Module Indicator	Trend		Denominator: The number of echos. Numerator: The number of echos interpreted within 72 hours
Certified Nurse Midwife					
Core Measure PC-01 Elective Delivery	Rule	EMR/Cerner Lighthouse Report - Quality Analyst MD-Stat Core Measures Module Indicator	2%	Nat'l Avg CMS Hospital Compare	Patients with elective vaginal deliveries or cesarean births >=37 weeks and < 39 weeks gestation/ Patients with elective deliveries
Chlamydia Screening in Women	Rate	EMR - MIPS Cerner DA2 Report- Informatics/Quality Analyst MD-Stat Core Measures Module Indicator	Trend	CMS 36.20%	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period. <i>Indicator under consideration</i>
Cervical Cancer Screening	Rate	EMR - MIPS Cerner DA2 Report- Informatics/Quality Analyst MD-Stat Core Measures Module Indicator	Trend	CMS 36.44%	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years <i>Indicator under consideration</i>
NRP Certified	Rate	MHSC internal data - Women's Health Director MD-Stat Specialty Certification & Training Module Indicator	1		1 listed if maintains biannual NRP Certification 0 listed if biannual NRP certification is not maintained
Specialty Specific Simulator Training	Rate	MHSC internal data - Women's Health Director MD-Stat Specialty Certification & Training Module Indicator	1		1 listed if completed annual specialty specific simulator training. 0 listed if annual specialty specific simulator training did not happen.
Gynecology Office Visit Note Completion Rate	Rate	EMR - HIM			Percentage of Gynecology Office Visit Note completed within 14 days after office visit encounter. <i>Indicator under development</i>
IP Discharge Summary Completion Rate	Rate	EMR - HIM			Percentage of IP Discharge Summary completed within 7 days of discharge. <i>Indicator under development</i>
Count of Deliveries Performed	Rate	EMR - MD-Stat Indicator	N/A		Count of times where a procedure was performed as defined in code group Procedure : Deliveries, can include the same procedure performed multiple times for the same encounter. Attributed to provider identified as performing procedure by procedure date. <i>Indicator under development</i>

Memorial Hospital of Sweetwater County
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Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
Clinical Social Work					
ED Consult Turnaround Time- Time From Order placed to consult complete	Rate	EMR - <i>Data collection process is being developed</i>			<i>Indicator under development</i>
Consultation Note Completion Rate	Rate	EMR - HIM			Percentage of Consultation Note completed within 24 hours for inpatient consultations. <i>Indicator under development</i>
Emergency Medicine					
Sepsis Bundle Compliance	Rate	EMR - Quality Analyst/OFI Meeting MD-Stat Quality Indicators Module Indicator	60%		Numerator: individual provider noncompliance with sepsis bundle. Denominator: attributed to providers providing care for the patient during implementation of the sepsis bundle. Percentage of ED Provider Note Completed 24 hours after ED encounter. <i>Indicator under development</i>
ED Provider Note Completion Rate	Rate	EMR - HIM			
Family Medicine & Family Nurse Practitioner					
Critical Values - Responding in a Timely Manner	Rate	MHSC internal data - Lab/Medical Director of the Lab MD-Stat Critical Value - Responding in a Timely Manner Indicator	Trend		Numerator -number of critical values called to provider or nurse. Denominator - total number of critical values called. Fallouts-number of critical values called to Dr. Karn (Does not include COVID Data) Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			
Family Nurse Practitioner - Surgery (OB/GYN)					
Cervical Cancer Screening	Rate	EMR - MIPS Cerner DA2 Report- Informatics/Quality Analyst MD-Stat Core Measures Module Indicator	Trend	CMS 36.44%	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years Percentage of completed Gynecology Office Clinic Note Physician within 14 days of the encounter. <i>Indicator under development</i>
Gynecology Office Visit Note Completion Rate	Rate	EMR - HIM			
Gastroenterology					
Consult Evaluation					<i>Indicator under development</i>
Genetic Counselor					
Hematology/Oncology					
Critical Values - Responding in a Timely Manner	Rate	MHSC internal data - Lab/Medical Director of the Lab MD-Stat Critical Value - Responding in a Timely Manner Indicator	Trend		Numerator -number of critical values called to provider or nurse. Denominator - total number of critical values called. Fallouts-number of critical values called to Dr. Karn (Does not include COVID Data)
Infertility Risks Discussed Prior to Chemotherapy with Patients of Reproductive Age	Rate	MD-Stat Cancer Center Data Module Indicator - Quality Analyst Data: Director of Hematology Oncology	Trend		Numerator -number of patients with Infertility risk discussion documented prior to starting chemotherapy in Female patients between age 16-50, excluding patients with hysterectomy documented. Denominator -number of female patients between 16-50 receiving chemo, excluding patients with hysterectomy documented.
Intent of Chemotherapy Documented Prior to Start of Chemo Regimen	Rate	MD-Stat Cancer Center Data Module Indicator - Quality Analyst Data: Director of Hematology Oncology	Trend		Numerator -Number of patients with intent of chemotherapy documented prior to starting chemo regimen. Denominator -Number of patients receiving Chemo
New patient H&P completed with 24 hours	Rate	EMR - HIM	Trend		Percentage of new patient H&P completed within 24 hours. <i>Indicator under development</i>
Hospitalists					
Sepsis Bundle Compliance	Rate	EMR - Quality Analyst/OFI Meeting - Quality Analyst MD-Stat Quality Indicators Module Indicator	Trend		Numerator: individual provider noncompliance with sepsis bundle. Denominator: attributed to providers providing care for the patient during implementation of the sepsis bundle. Percentage of Physician H&P completed within 24 hours of admission. <i>Indicator under development</i>
Physician H&P Completion Rate	Rate	EMR - HIM			Percentage of IP Discharge Summary completed within 7 days of discharge.
IP Discharge Summary Completion Rate	Rate	EMR - HIM			<i>Indicator under development</i>

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
Internal Medicine					
Critical Values - Responding in a Timely Manner	Rate	MHSC internal data - Lab/Medical Director of the Lab MD-Stat Critical Value - Responding in a Timely Manner Indicator	Trend		Numerator -number of critical values called to provider or nurse. Denominator - total number of critical values called. Fallouts-number of critical values called to Dr Karn (Does not include COVID Data)
Controlling High Blood Pressure	Rate	EMR - MIPS Cerner DA2 Report- Informatics/Quality Analyst MD-Stat Core Measures Module Indicator	Trend	CMS 62.80%	Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Rate	EMR - MIPS Cerner DA2 Report- Informatics/Quality Analyst MD-Stat Core Measures Module Indicator	Trend	CMS 44.92%	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>
Maternal Fetal Medicine					
A copy of the most recent University of Utah Health Professional Practice Profile will be included each MHSC OPPE Cycle		Data: University of Utah Health ONDTooperations@hsc.utah.edu			
Nephrology					
Critical Values - Responding in a Timely Manner	Rate	MHSC internal data - Lab/Medical Director of the Lab MD-Stat Critical Value - Responding in a Timely Manner Indicator	Trend		Numerator -number of critical values called to provider or nurse. Denominator - total number of critical values called. Fallouts-number of critical values called to Dr Karn (Does not include COVID Data)
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>
Neurology					
Critical Values - Responding in a Timely Manner	Rate	MHSC internal data - Lab/Medical Director of the Lab MD-Stat Critical Value - Responding in a Timely Manner Indicator	Trend		Numerator -number of critical values called to provider or nurse. Denominator - total number of critical values called. Fallouts-number of critical values called to Dr Karn (Does not include COVID Data)
Secondary Prevention of Ischemic Stroke	Rate	Data: MOB Clinic Leadership MD-Stat Core Measures Module Indicator	Trend		Denominator: patients with post- ischemic stroke. Numerator met: Hemoglobin A1C < 7, LDL < 100 for patients w/out DM, LDL <70 for patient with DM, on Aspirin, and on High Dose Statin.
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>
Nurse Practitioner Adult-Gerontology					
Critical Values - Responding in a Timely Manner	Rate	MHSC internal data - Lab/Medical Director of the Lab MD-Stat Critical Value - Responding in a Timely Manner Indicator	Trend		Numerator -number of critical values called to provider or nurse. Denominator - total number of critical values called. Fallouts-number of critical values called to Dr Karn (Does not include COVID Data)
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>
Nurse Practitioner Pediatrics					
Critical Values - Responding in a Timely Manner	Rate	MHSC internal data - Lab/Medical Director of the Lab MD-Stat Critical Value - Responding in a Timely Manner Indicator	Trend		Numerator -number of critical values called to provider or nurse. Denominator - total number of critical values called. Fallouts-number of critical values called to Dr Karn (Does not include COVID Data)
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
OB/GYN					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
Core Measure PC-01 Elective Delivery	Rule	EMR/Cerner Lighthouse Report - Quality Analyst MD-Stat Core Measures Module Indicator	2%	Nat'l Avg CMS Hospital Compare	Patients with elective vaginal deliveries or cesarean births >=37 weeks and < 39 weeks gestation/ Patients with elective deliveries
• (PSI 14) Postoperative Wound Dehiscence Rate	Rate	Data: EMR MD-Stat Indicator	1.58%		<i>Indicator under development</i>
• (PSI 15) Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate	Rate	Data: EMR MD-Stat Indicator	0.97%		<i>Indicator under development</i>
NRP Certified	Rate	MHSC internal data - Women's Health Director MD-Stat Specialty Certification & Training Module Indicator	1		1 listed if maintains biannual NRP Certification 0 listed if biannual NRP certification is not maintained
Specialty Specific Simulator Training	Rate	MHSC internal data - Women's Health Director MD-Stat Specialty Certification & Training Module Indicator	1		1 listed if completed annual specialty specific simulator training. 0 listed if annual specialty specific simulator training did not happen.
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery. <i>Indicator under development</i>
Operative Notes Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Gynecology Office Visit Note Completion Rate	Rate	EMR - HIM			Percentage of Gynecology Office Visit Note completed within 14 days after office visit encounter. <i>Indicator under development</i>
IP Discharge Summary Completion Rate	Rate	EMR - HIM			Percentage of IP Discharge Summary completed within 7 days of discharge. <i>Indicator under development</i>
Count of Deliveries Performed	Rate	EMR - MD-Stat Indicator	N/A		Count of times where a procedure was performed as defined in code group Procedure : Deliveries, can include the same procedure performed multiple times for the same encounter. Attributed to provider identified as performing procedure by procedure date. <i>Indicator under development</i>
Count of Procedures Performed	Rate	EMR - MD-Stat Indicator	N/A		Count of times where a procedure was performed, can include the same procedure performed multiple times for the same encounter. Attributed to provider identified as performing procedure by procedure date. <i>Indicator under development</i>
Occupational Medicine					
Ophthalmology					
Otolaryngology					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
Post-tonsillectomy Hemorrhage Rate	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	Trend		The rate of post-tonsillectomy hemorrhage rate. Denominator: number of tonsillectomy procedures attributed to the surgeon of record in DA2 report Surgery OR Log- MEML_WY. Numerator: number of post-tonsillectomy hemorrhage cases from the denominator. Post-tonsillectomy hemorrhage is tracked through occurrence reporting in Synergi.
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery. <i>Indicator under development</i>
Operative Notes Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
Pathology					
Surgical pathology Number of Cases	Rate	Data: Pathologist - Medical Director of the Lab	Trend		Number of Surgical Pathology cases
Surgical Pathology Percentage of Cases with External Consultations	Rate	Data: Pathologist - Medical Director of the Lab	5%		Numerator: Surgical pathology cases with external consultations Denominator: Surgical pathology cases
Surgical Pathology Percentage of Consultations with Major Disagreement	Rate	Data: Pathologist - Medical Director of the Lab	2%		Numerator: Surgical pathology consultations with major disagreement Denominator: Surgical pathology consultations
Number of Intraoperative Consultations	Rate	Data: Pathologist - Medical Director of the Lab	Trend		Number if Interoperative Consultations
Major Discrepancies Between Intraoperative Consultations and Final Diagnosis	Rate	Data: Pathologist - Medical Director of the Lab	3%		Numerator: Major discrepancies between intraoperative consultations and final diagnosis Denominator: number of intraoperative consultations
Annual Participation in PI Projects	Rate	Lab Director	Trend		1 if there is participation on annual PI projects 0 if there is no participation on annual PI projects
Review Procedures/Polices	Rate	Data: Media Labs Report - Lab Director	Trend		1 if policies/procedures are reviewed quarterly 0 if policies/procedures are not reviewed quarterly
Pediatric Dentistry					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery. <i>Indicator under development</i>
Operative Notes Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Pediatrics					
Pediatric Bronchiolitis Guidelines: How many on antibiotics?	Rate				<i>Indicator under development</i>
Pediatric Bronchiolitis Guidelines: How many showed improvement after requiring duo neb	Rate				<i>Indicator under development</i>
Appropriate use of antibiotic therapy for pediatric pneumonia patients	Rate				<i>Indicator under development</i>
IP Discharge Summary Completion Rate	Rate	EMR - HIM			Percentage of IP Discharge Summary completed within 7 days of discharge. <i>Indicator under development</i>
Professional Counselor					
Consult Turnaround Time- Time From Order placed to consult complete	Rate				<i>Indicator under development</i>
Consultation Note Completion Rate	Rate	EMR - HIM			Percentage of Consultation Note completed within 24 hours of consultation. <i>Indicator under development</i>
Public Health					
Consult Evaluation					<i>Indicator under development</i>
Pulmonary Medicine					
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
Radiation Oncology					
Staging Documented		MD-Stat Cancer Center Data Module Indicator Data: Director of Radiation Oncology - Quality Analyst	80%		Percentage of cancer staging documented on the consult note.
Turnaround time from therapeutic simulation to treatment within three weeks		MD-Stat Cancer Center Data Module Indicator Data: Director of Radiation Oncology - Quality Analyst	80%		This measures the time between therapeutic simulation to the start of the first radiation treatment within three weeks.
New patient H&P completed with 24 hours	Rate	EMR - HIM	Trend		Percentage of new patient H&P completed within 24 hours. <i>Indicator under development</i>

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
Radiology					
Core Measure OP-39 Breast Cancer Screening Recall Rates	Rate	Data: EMR/Cerner Lighthouse Report - Quality Analyst MD-Stat Core Measures Module Indicator	Trend	CMS: 5-12%	Denominator: number of screening mammograms. Numerator: number of screening mammograms returning for additional imaging because something seen on the screening mammogram.
PET Scans for Hodgkin's Lymphoma	Rate	Data: Director of Medical Imaging - Quality Analyst MD-Stat Module	Trend		<i>Indicator under development</i>
RN First Assist					
Number of First Assist Cases	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		Total count of first assist cases for RNFA from CRNFA Practice Hour Documentation From: Alisha Mackie
Percentage of OBGYN First Assist Cases	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		Percentage of OBGYN first assist cases from total count of first assist cases.
Percentage of Otolaryngology First Assist Cases	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		Percentage of Otolaryngology first assist cases from total count of first assist cases.
Percentage of Surgery, General First Assist Cases	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		Percentage of Surgery, General first assist cases from total count of first assist cases.
Percentage of Surgery, Orthopedic First Assist Cases	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		Percentage of Surgery, Orthopedic first assist cases from total count of first assist cases.
Percentage of Surgery, Plastic First Assist Cases	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		Percentage of Surgery, Plastic first assist cases from total count of first assist cases.
Percentage of Surgery, Podiatric First Assist Cases	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		Percentage of Surgery, Podiatric first assist cases from total count of first assist cases.
Performance Evaluation	Rate	MD-Stat Module: RNFA Case Totals Data: Individual Practitioner - Quality Analyst	Trend		<i>Indicator under development</i>
Sleep Medicine					
Turn Around Time for Sleep Study Reports	Rate	Data: Director of Cardiopulmonary - Quality Analyst MD-Stat Module Indicator	Trend		Percentage of sleep study reports completed within
Turn Around Time for ONO Reports	Rate	Data: Director of Cardiopulmonary - Quality Analyst MD-Stat Module Indicator	Trend		Percentage of ONO reports completed within
Completion of Site Visits for AASM (American Academy of Sleep Medicine) Accreditation	Rate	Data: Director of Cardiopulmonary - Quality Analyst MD-Stat Module Indicator	Trend		Number of completed site visits at MHSC.
Surgery, General					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR/DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
OP-29/ASC9 - Colonoscopy Follow Up for Average Risk Patients	Rate	Data: EMR/Cerner Lighthouse Report - Quality Analyst MD-Stat Core Measures Module Indicator	94%		Patients who had recommended follow up interval for at least 10 years. All patients aged 50-75 who are receiving screening without biopsy or polypectomy.
Adenoma Detection Rate	Rate	Data: EMR/Quality Analyst, Medical Director of the Lab MD-Stat Core Measures Module Indicator	25%		Numerator and Denominator both at provider level data.
• (PSI 14) Postoperative Wound Dehiscence Rate	Rate	Data: EMR MD-Stat Indicator	1.58%		Number of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy. Patients age 50 years or older undergoing a screening colonoscopy.
• (PSI 15) Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate	Rate	Data: EMR MD-Stat Indicator	0.97%		<i>Indicator under development</i>
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery.
Operative Notes Completion Rate	Rate	EMR - HIM			<i>Indicator under development</i>
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Count of Procedures Performed	Rate	EMR - MD-Stat Indicator	N/A		Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>

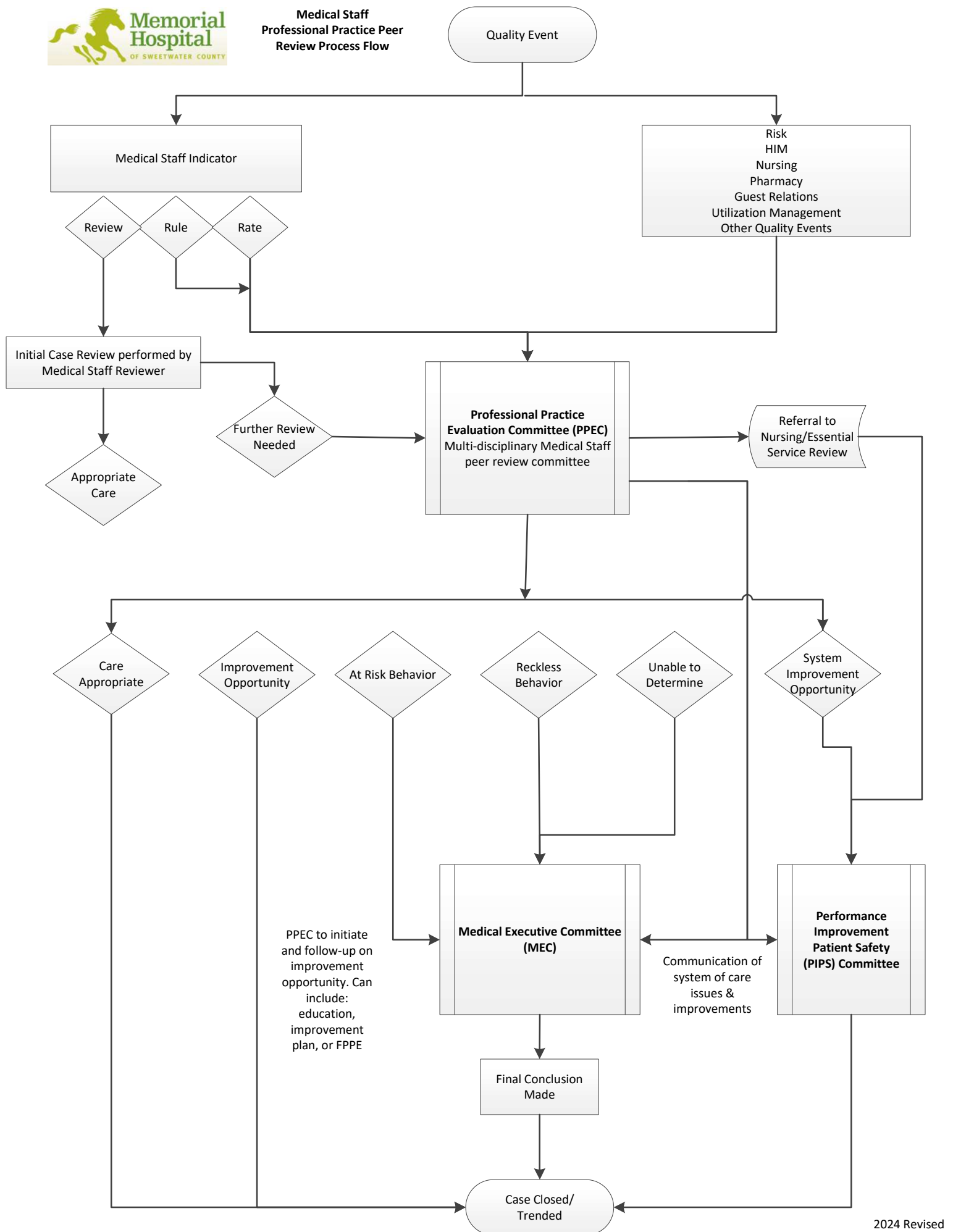
Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

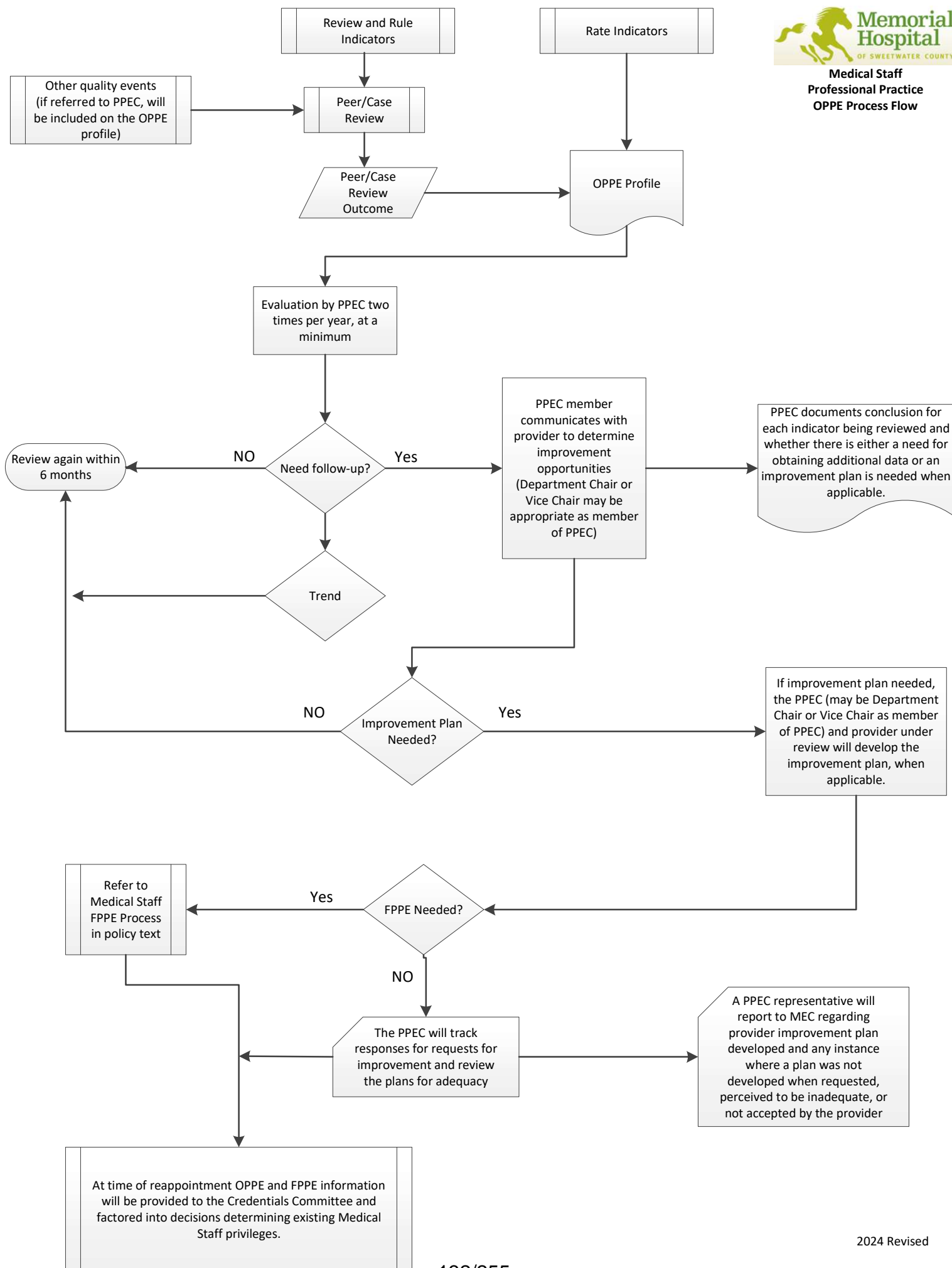
Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
Surgery, Orthopedic					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery. <i>Indicator under development</i>
Operative Notes Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Office Clinic Note Physician Completion Rate	Rate	EMR - HIM			Percentage of Office Clinic Note Physician completed within 14 days of encounter. <i>Indicator under development</i>
Surgery, Plastic					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery. <i>Indicator under development</i>
Operative Notes Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Count of Procedures Performed	Rate	EMR - MD-Stat Indicator	N/A		Count of times where a procedure was performed, can include the same procedure performed multiple times for the same encounter. Attributed to provider identified as performing procedure by procedure date. <i>Indicator under development</i>
Surgery, Podiatric					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery. <i>Indicator under development</i>
Operative Notes Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Count of Procedures Performed	Rate	EMR - MD-Stat Indicator	N/A		Count of times where a procedure was performed, can include the same procedure performed multiple times for the same encounter. Attributed to provider identified as performing procedure by procedure date. <i>Indicator under development</i>
Tele Burn					
A copy of the most recent University of Utah Health Professional Practice Profile will be included each MHSC OPPE Cycle Consult Evaluation		Data: University of Utah Health ONDTooperations@hsc.utah.edu		<i>Indicator under development</i>	
Tele ICU					
A copy of the most recent University of Utah Health Professional Practice Profile will be included each MHSC OPPE Cycle Consult Evaluation		Data: University of Utah Health ONDTooperations@hsc.utah.edu		<i>Indicator under development</i>	
Tele Neurology					

Memorial Hospital of Sweetwater County
Medical Staff Professional Practice Indicators
2024-2025

Medical Staff Indicator	Category for Review	Indicator Data Source	MHSC Benchmark	Comparison Source	Definition/Indicator Information
Specialty Indicators					
Tele Psychiatry					
Turnaround Time from Order Placed to Time Consult Completed (Possibly 2 indicators 1 for IP & 1 for ED)					<i>Indicator under development</i>
Consult Note Completion Rate					<i>Indicator under development</i>
Tele Radiology					
A copy of the Radiology Quality Report from vRad will be included each MHSC OPPE Cycle		Data: vRad- Director of Medical Staff Services			
Tele Stroke					
A copy of the most recent University of Utah Health Professional Practice Profile will be included each MHSC OPPE Cycle		Data: University of Utah Health ONDTooperations@hsc.utah.edu			
Consult Evaluation					<i>Indicator under development</i>
Urology					
SSI Rate	Rate	Data: Infection Prevention MD-Stat Surgery Events Module Indicator	Trend		Rate of surgical site infection attributed to surgeon of record. <i>Indicator under development</i>
Rate of Unplanned Return to Surgery within 30 days	Rate	Data: EMR DA2 Report & Synergi - Quality Analyst MD-Stat Surgery Events Module Indicator	5%		Rate of unplanned reoperation within the 30-day postoperative period of the initial procedure. Attributed to surgeon of record of initial procedure in DA2 report Surgery - OR Log- MEML_WY. Unplanned return to surgery is tracked through occurrence reporting in Synergi.
TURP Length of Stay Greater Than 2 Days	Rate				<i>Indicator under development</i>
• (PSI 14) Postoperative Wound Dehiscence Rate	Rate	Data: EMR MD-Stat Indicator	1.58%		<i>Indicator under development</i>
• (PSI 15) Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate	Rate	Data: EMR MD-Stat Indicator	0.97%		<i>Indicator under development</i>
Preoperative H&P Completion Rate	Rate	EMR - HIM			Percentage of Preoperative H&P's completed within 24 hours prior to surgery. <i>Indicator under development</i>
Operative Notes Completion Rate	Rate	EMR - HIM			Percentage of Operative Notes within 24 hours of procedure completion. <i>Indicator under development</i>
Count of Procedures Performed	Rate	EMR - MD-Stat Indicator	N/A		Count of times where a procedure was performed, can include the same procedure performed multiple times for the same encounter. Attributed to provider identified as performing procedure by procedure date. <i>Indicator under development</i>

**Medical Staff Professional Practice- Peer Review Flow-
OPPE 2024-2025**







Approved N/A
Review Due N/A

Document CAH - Patient
Area Care
Reg. American
Standards Dietetic
Association
(NCM), TJC
PC.02.02.03

Diet Manual

STATEMENT OF PURPOSE

The Nutrition Services Diet Manual shall serve as an effective resource to provide education and direction for appropriate nutritional care to the patient population.

The Nutrition Care Manual by the Academy of Nutrition and Dietetics (NCM) was adopted for use as a reference for the members of the Health Care Team. This manual includes research and evidence-based nutrition information as well as printer-friendly client education.

PROCEDURE

The Nutrition Care Manual is available through the hospital intranet.

The Registered Dietitian, Pharmacy and Therapeutics Committee, and the Medical Executive Committee approve the Nutrition Services Diet Manual.

Reviewed and Approved:

P&T Committee: 10/30/2024

MEC: 10/30/2024

Josie Ibarra RDN/LDN 10/28/2024

Shauna Erramouspe MS RDN/LDN 10/28/2024

Attachments

Approval Signatures

Step Description	Approver	Date
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Board Meeting Date:11/6/2024

Topic for Old & New Business Items:
Radiation Oncology Privilege Form

Policy or Other Document:

- ☒ Revision
☐ New

Brief Senior Leadership Comments:

- This privilege form was revised to include the following: Radiation Therapy for Osteoarthritis and Other Benign Conditions

Board Committee Action:

Approval Needed for Privilege Form

Policy or Other Document:

- ☐ For Review Only
☒ For Board Action

Legal Counsel Review:

- ☒ In House Comments: Suzan was present at Credentials Committee and MEC when they reviewed and approved the privilege form.
☐ Board Comments:Click or tap here to enter text.

Senior Leadership Recommendation:

Recommend approval for the Radiation Oncology Privilege Form.



Name: _____

Page 1

**Delineation of Privileges
RADIATION ONCOLOGY**

☐ Initial appointment

☐ Reappointment

☐ Modification of Privileges

Applicant

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

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

LICENSURE / PROFESSIONAL LIABILITY INSURANCE	MD or DO Licensed to practice medicine in the State of Wyoming Current Wyoming designated DEA Registration and current Wyoming Controlled Substance Registration Proof of Professional Liability Insurance in the amounts of at least: Per Claim: \$1,000,000.00 Aggregate: \$3,000,000.00.
EDUCATION / TRAINING	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)-accredited residency in radiation oncology.
CERTIFICATION	Certification by the applicable Radiology specialty board for any clinical privileges for which applicant has applied or be eligible for certification by such board. Once physician is board certified, Maintenance of Board Certification is required.
CLINICAL EXPERIENCE (INITIAL)	Applicants for initial appointment must be able to demonstrate that they have provided primary or consultative services in radiation oncology for at least 25 patients over the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, fellowship, or research. Applicants for initial appointment may be requested to provide documentation of the number and types of cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications, and for resolving any doubts.
CLINICAL EXPERIENCE (REAPPOINTMENT)	To be eligible to renew core privileges in radiation oncology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges
FPPE	FPPE criteria will be assigned by the Department Chair during the approval process.
OTHER REQUIREMENTS	<ul style="list-style-type: none"> Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Name: _____

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Requested	PATIENT POPULATION AND SETTING	Board Approval
	PATIENT POPULATION	
<input type="checkbox"/>	Newborns/Infants (birth to 1 year)	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric (age 2 to 21 years)	<input type="checkbox"/>
<input type="checkbox"/>	Adult (18 years or older)	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric (65 and older)	<input type="checkbox"/>
	SETTING	
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>

RADIATION ONCOLOGY CORE PRIVILEGES - This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/ privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/ procedures/privileges requiring similar skill sets and techniques.

Requested	CHECK ALL PRIVILEGES/PROCEDURES YOU ARE REQUESTING	Approved
<input type="checkbox"/>	Admit and provide comprehensive (multidisciplinary) evaluation and treatment planning for patients with cancer, related disorders, and therapeutic radiation for benign diseases, and consult on patients of all ages. [May provide care to patients in the intensive care setting in conformance with unit policies.] Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.	<input type="checkbox"/>
<input type="checkbox"/>	Administration of drugs and medicines related to radiation oncology and cancer supportive care	<input type="checkbox"/>
<input type="checkbox"/>	Administration of radiosensitizers, radioprotectors under appropriate circumstances	<input type="checkbox"/>
<input type="checkbox"/>	Combined modality therapy (e.g., surgery, radiation therapy, chemotherapy, or immunotherapy used concurrently or in a timed sequence)	<input type="checkbox"/>
<input type="checkbox"/>	Computer assisted treatment simulation and planning (external beam therapy and radioactive implants)	<input type="checkbox"/>
<input type="checkbox"/>	Fractionated stereotactic radiotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Interpretation of studies as they pertain to neoplastic or benign conditions	<input type="checkbox"/>
<input type="checkbox"/>	Perform history and physical exam	<input type="checkbox"/>
<input type="checkbox"/>	Placement of catheters, IV's, IV contrast dye, and radiopaque devices that pertain to treatment planning	<input type="checkbox"/>
<input type="checkbox"/>	Radiation prescription of doses, treatment volumes, field blocks, molds and other special devices for external beam therapy	<input type="checkbox"/>
<input type="checkbox"/>	Radiation therapy of external beam (photon and electron irradiation)	<input type="checkbox"/>
<input type="checkbox"/>	Radiation therapy contact therapy (SR, molds, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Radiation therapy for Osteoarthritis and other Benign Conditions	<input type="checkbox"/>
<input type="checkbox"/>	Stereotactic radiosurgery	<input type="checkbox"/>
<input type="checkbox"/>	X-ray, ultrasound, CT, MRI, and PET, assisted treatment planning	<input type="checkbox"/>
	Administration of Sedation and Analgesia See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists	

Name: _____

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ACKNOWLEDGEMENT OF APPLICANT

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

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

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

DEPARTMENT CHAIR REVIEW

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

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

Department Chair's Printed Name: _____

Department Chair's Signature: _____ Date: _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee approval

Date: _____

Medical Executive Committee approval

Date: _____

Board of Trustees approval

Date: _____

Privileges Effective From: _____ To: _____

Date Form Approved by Specialty: _____ 10/15/2024

Date Form Approved by Department Chair: _____ 10/15/2024

Date Approved by Credentials Committee: _____ 10/15/2024

Date Approved by MEC: _____ 10/30/2024

Date Approved by Board of Trustees: _____

References

- Age Limit of Pediatrics; American Academy of Pediatrics; [Age Limit of Pediatrics | Pediatrics | American Academy of Pediatrics \(aap.org\)](https://www.aap.org). 2017: 1-14.
- NIH Style Guide: Age; National Institutes of Health; [Age | National Institutes of Health \(NIH\)](https://www.nih.gov). September 9, 2022: 1-2.



Board Meeting Date:11/6/2024

Topic for Old & New Business Items:

Policy – Focused Professional Practice Evaluation (FPPE) Policy

Policy or Other Document:

- ☐ Revision
☒ New

Brief Senior Leadership Comments:

- FPPE used to be part of the Professional Practice Evaluation Plan. However, a new policy was drafted, and it is lengthy, so it was removed from that plan and is now a separate policy. The plan details FPPE for initial appointment, for existing providers requesting new privileges, and for Triggered FPPE when there are quality concerns. The policy also covers FPPE for Tele-Medicine providers.
- There are several attachments to this policy:
 - FPPE Instructions for New Prctitioner
 - FPPE Instructions for Proctor Evaluator
 - FPPE Evaluation Form
 - Telehealth FPPE Evaluation Form
 - Behavioral Health FPPE Evaluation Form
 - FPPE Department Chair Review

Board Committee Action:

Approval Needed for the FPPE Policy and all attachments

Policy or Other Document:

- ☐ For Review Only
☒ For Board Action

Legal Counsel Review:

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

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

Senior Leadership Recommendation:

Recommend approval for the FPPE policy and all attachments.

Focused Professional Practice Evaluation -FPPE- Policy



Approved N/A
Review Due 1 year after approval

Document Area Medical Staff
Reg. TJC MS
Standards 05.01.01, TJC MS 06.01.05, TJC MS 08.01.01 + 1 more

Focused Professional Practice Evaluation (FPPE) Policy

Focused Professional Practice Evaluation (FPPE)

Statement of Purpose:

To establish a systematic process for evaluating the privilege-specific competence of a Practitioner who does not have documented evidence of competently performing the requested privileges at Memorial Hospital of Sweetwater County. This policy also describes the Focused Professional Practice Evaluation (FPPE) process for Triggered FPPE which is used when there are quality of care concerns.

Definitions:

1. Focused professional practice evaluation (FPPE) is a systematic process to ensure the current competency of Practitioners at Memorial Hospital of Sweetwater County. FPPE occurs routinely whenever the Hospital grants new privileges, such as when new privileges are initially granted to a Practitioner who is new to the organization or when an existing Practitioner requests a new privilege. FPPE can also be initiated when a question arises regarding a Practitioner's ability to provide safe, high quality patient care (Triggered FPPE). Triggered FPPE can be requested by the Credentials Committee, the Professional Practice Evaluation Committee (PPEC), or the Medical Executive Committee (MEC).
2. Medical Staff: The group of all Practitioners privileged through the organized medical staff process who are subject to the Medical Staff Bylaws and Rules & Regulations. Advance Practice Registered Nurses (APRNs), Physician Assistants (PAs), Certified Nurse Midwives (CNMs) and other Advance Practice Providers are considered part of the Medical Staff per the Medical Staff Bylaws and will be referred to, throughout, as Practitioners.
3. Professional Performance Review/Peer Review: A process that allows the Medical Staff to evaluate an individual's professional practice and/or system issues that may affect the delivery of quality care. The process includes measuring Practitioner professional performance based

on metrics as defined by the Medical Staff, in addition to quality events identified through other processes. The evaluation may identify systems or processes of care that do not adequately protect against foreseeable human error. These system opportunities will be referred to the Performance Improvement and Patient Safety (PIPS) Committee as appropriate for evaluation and improvement interventions.

4. Professional Practice Evaluation Committee (PPEC): A multidisciplinary peer review committee authorized to conduct peer review for the Medical Staff. This committee will also function to review and monitor the ongoing evaluation of Practitioner performance trends and provide recommendations and follow-up, as appropriate. The Vice Chair of each department (Medicine and Surgery) shall serve on PPEC. Three other Physicians will be appointed by the Chief of Staff to serve on the committee. An Advance Practice Provider (APP) shall also be appointed to serve. The PPEC chair shall be selected by the Chief of Staff. The Chief Medical Officer shall serve as an alternate, as needed.

Medical Staff Oversight:

Since FPPE is a component of the Medical Staff credentialing process, Department Chairs and the Credentials Committee are charged with the responsibility of monitoring compliance with this FPPE policy and procedure, with ultimate oversight by the Medical Executive Committee (MEC) and the Governing Body or Hospital Board of Trustees. The Medical Staff Office (MSO) will provide regular status reports to the Department Chairs and Credentials Committee related to the progress of all Practitioners required to be proctored as well as any issues or problems involved in implementing this policy and procedure. The Department Chairs (or their designees) will be responsible for overseeing the evaluation process and performing the actual reviews for all applicants assigned to their departments.

The appropriate Department Chair will provide the Credentials Committee with a copy of the FPPE evaluations and a Department Chair review form upon the completion of the focused review period.

All recommendations arising out of the FPPE process are sent from the Department Chair to the Credentials Committee, to the Medical Executive Committee (MEC), and then on to the Board of Trustees for final approval and action, as appropriate.

FPPE/Proctoring or Evaluation:

The Medical Staff grants new privileges based on a prediction of competence after reviewing relevant training and experience. For purposes of this policy, FPPE is a focused performance evaluation to confirm the individual Practitioner's competence when he or she begins to exercise newly granted privileges, either immediately after initial appointment or for current Medical Staff members recently approved for a new privilege. FPPE can also be initiated for triggered reviews when there is a question as to a Practitioner's competence.

In addition to specialty-specific issues or indicators, FPPE will also address the six general competencies of Practitioner performance:

- Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.

- **Medical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences and the application of their knowledge to patient care and the education of others.
- **Practice-Based Learning & Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- **Interpersonal & Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare interdisciplinary teams.
- **Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity, and a responsible attitude toward patients, families, colleagues, their profession, and society.
- **Systems-Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare.

FPPE Evaluation Methods:

Several types of evaluation methods may be utilized to determine clinical competence. These include:

- Retrospective chart review by internal or external reviewers.
- Concurrent proctoring, simulation, monitoring, or direct observation of procedures or patient care practices; and/or
- Discussion with other individuals also involved in the care of the Practitioner's patients.
- In addition, review of available Ongoing Professional Practice Evaluation (OPPE) data and other quality data may be used in conjunction with this data to confirm competence.

Medical Staff's Obligation to Serve as Proctor or Evaluator for FPPE:

All Medical Staff members with privileges are expected to serve as FPPE evaluators if requested by the Department Chair. The FPPE Evaluator's role is not to serve as a consultant or mentor and the evaluator shall receive no compensation for this service.

The evaluator is expected to report immediately to the appropriate Department Chair, any concerns regarding the care being rendered by the Practitioner being evaluated.

Proctor/Evaluator Qualifications:

Proctors/Evaluators must be members in good standing of the Medical Staff of Memorial Hospital of Sweetwater County. They must have unrestricted privileges to provide the same kind of care and/or perform the same types of procedures as the Practitioner being proctored. Usually, the proctor will be in the same department and specialty, but this is not always possible in some single-provider specialties. In those cases, a proctor in a similar specialty may suffice.

Process: Newly Privileged Practitioners

This process pertains to initial appointments and to current members of the Medical Staff who have requested new privileges.

1. The Department Chair will oversee the evaluation process for all Practitioners undergoing FPPE.
2. When the Practitioner's credentials file is reviewed and approved by the Department Chair, the Chair will assign an FPPE evaluator. The Chair may evaluate the Practitioner themselves, or they may assign another member of the Medical Staff to evaluate the Practitioner. When possible, the evaluator should have the same or similar privileges as the Practitioner being evaluated.
3. The Department Chair will develop an FPPE monitoring plan using pre-established department specific criteria. In those instances when no department-specific criteria have been established, the Department Chair will determine the specific privileges to be monitored.
4. Because FPPE is a routine requirement for new privileges, the requirement to undergo a concurrent or prospective case evaluation as part of the FPPE process for new privileges shall neither be deemed a corrective action nor a limitation on privileges under the Medical Staff Bylaws or for the purposes of reporting to other facilities or regulatory agencies under state and federal law.
5. The Medical Staff Services Office will send an FPPE letter and evaluation forms to the Practitioner. A letter and FPPE evaluation forms will also be sent to the evaluator. The FPPE letters will be sent after the Practitioner's privileges have been approved by the Board of Trustees.
6. When the Practitioner is ready to commence clinical activity at the Hospital, he/she shall notify their assigned evaluator. It shall be the Practitioner's responsibility to work with the evaluator to ensure that he/she complies with and completes the monitoring requirements.
7. In most cases, the FPPE for initial privileges, or new privileges, should be completed within six (6) months from the date the privileges were granted. However, the FPPE can be based on volume of cases, instead of a specific time period, if necessary.
8. As soon as the Practitioner commences clinical activity, all his/her work is subject to evaluation until the FPPE has been completed and competency evaluated.
9. Evaluations shall be documented on standardized forms and returned to the Medical Staff Office.
10. Once all the professional practice evaluations pertaining to a Practitioner have been received by the Medical Staff Office, they will be forwarded to the appropriate Department Chair. The Department Chair will review the evaluations and when necessary, will converse with the evaluators. The Department Chair will also consult with the Chair of the Professional Practice Evaluation Committee (PPEC) to determine if the Practitioner has had cases reviewed by PPEC and if PPEC has identified any improvement opportunities. The Department Chair will then determine whether:
 - a. The Practitioner's performance is deemed satisfactory and FPPE can be concluded.
 - b. The period of FPPE must be extended.
 - c. Action must be taken to improve performance; or

- d. The Practitioner's privileges should be limited or revoked.
- 11. If the Department Chair's recommendation is to limit or revoke any portion of the Practitioner's privileges, he/she shall forward this information to the Credentials Committee for final determination regarding continuation of privileges.
- 12. While the Practitioner is on FPPE, Ongoing Professional Practice Evaluation (OPPE) will be concurrently monitored (based on specific specialty indicators). See [Professional Practice Review Plan](#) for details.

Duration of FPPE Evaluation for Newly Privileged Practitioners:

The FPPE evaluation period will begin when the Practitioner is informed of appointment to the Medical Staff or upon being granted a new privilege.

In most cases, the duration of the initial evaluation period should not exceed six (6) months, but the Chair may elect to have the Practitioner undergo FPPE until a specific number of cases/encounters have been evaluated.

Credentials Committee may extend FPPE once for a period not to exceed six (6) months, unless there are unique circumstances. In unique circumstances, FPPE may be extended through the next reappointment period.

Telemedicine Practitioners:

Occasionally, a Practitioner whose primary practice is outside of MHSC is asked to provide clinically crucial services that are not available within MHSC. For example, Telemedicine Practitioners are contracted through various organizations so that MHSC can provide vital assistance to our patients. Tele-health Practitioners are credentialed by proxy through the distant-site organization. There may be numerous Practitioners credentialed for each specialty, so that there is always someone available to take call for our hospital, when needed. There is a low chance of each different Practitioner being utilized numerous times during their initial appointment. Because MHSC is aware of the Practitioner's privilege status at other hospitals, because the Telemedicine Practitioners are fully credentialed at other hospitals or organizations, and because these Practitioners are clinically less active or low volume providers at our hospital, the FPPE requirement for Telemedicine Practitioners will be different than those Practitioners that need to come on-site. MHSC evaluators will be responsible for reviewing Telemedicine consults to complete the FPPE for these Telemedicine Practitioners. At least one (1) consult will be reviewed by the Department Chair and shared with the Credentials Committee and Medical Executive Committee for final review and approval.

In the event the Telemedicine Practitioner does not have at least one consult during the current appointment period, their FPPE may roll into the next credentialing cycle. The Department Chair and Credentials Committee will be informed of their status during the reappointment review.

Process: Triggered FPPE

This process pertains to all members of the Medical Staff with clinical privileges. A "Triggered" FPPE will be initiated when there are concerns regarding clinical activity and performance quality. A Triggered

FPPE may also result from findings of the Ongoing Professional Practice Evaluation (OPPE), or by other information or events that are brought to the attention of the Department Chair, the Chair of PPEC, the CMO, or MEC. Events that may warrant consideration of a Triggered FPPE include, but are not limited to:

- Specific questions of clinical competence, patient care and treatment, or case management.
- Inappropriate or disruptive behavior as referenced in the Medical Staff Code of Conduct; or
- Violations of applicable ethical standards; the Medical Staff Bylaws, Rules & Regulations, or Policies & Procedures.
- A quality concern regarding a Practitioner raised by members of the Medical Staff; Nursing or other department staff; patients, family members, or others; or through the Hospital's performance improvement activities.

Each time a Triggered-event occurs, or a Trigger-threshold is breached, a standardized process to address the situation shall be implemented:

1. PPEC or MEC shall conduct a prompt investigation to understand the circumstances. At any point during the investigation, and prior to reaching a final conclusion, PPEC or MEC may require the involved Practitioner to respond to the committee's concerns by addressing the committee in person. It shall be the obligation of the Practitioner being reviewed to fulfill this requirement within a reasonable period of time as may be established by the committee. The involved Practitioner shall be strongly encouraged to submit a written response to all identified clinical concerns, as well. Failure of the Practitioner to comply with the requests for additional information or a personal appearance shall be considered a violation of Medical Staff Bylaws and will result in automatic suspension of the Practitioner's privileges.
2. If requested to attend a MEC or PPEC meeting, the Attendance by the Practitioner shall be mandatory. Failure to appear or to secure postponement from the chair may be deemed "unprofessional conduct", and result in corrective action as outlined in Article XVII of the Medical Staff Bylaws. This rule is not to be construed as applying to discussion of cases identified by routine monitoring of patient care.
3. Except as explicitly provided in Article XVIII of Medical Staff Bylaws in connection with the exercise of applicable hearing and appeal rights, and notwithstanding anything to the contrary in the Medical Staff Documents, no Practitioner shall have the right to be represented or accompanied by an attorney at any meeting of the Medical Staff, or any committee (standing or ad hoc), Department, or section thereof, or when meeting with any Medical Staff officer.
4. The involved Practitioner will be given access to information specified below to respond to the cases or events.
 - a. The involved Practitioner will be given a brief case summary including the medical record number, encounter number, and reason for review.
 - b. If a case has been sent for external review, a copy of the external review will be provided to the Practitioner involved.
 - c. The involved Practitioner may request the names of the attendees of PPEC or MEC where their case(s) were reviewed.
 - d. To protect the integrity of the peer review process, the names or other identifying information of individuals requesting the peer review will not be provided to the involved Practitioner.

3. Based on the findings of the investigation, PPEC or MEC shall determine whether the situation warrants:

- a. No action.
 - b. Corrective action. If corrective action is warranted, it shall be requested in accordance with the Medical Staff Bylaws.
 - c. The implementation of a Triggered FPPE directed at the concerns raised by the investigation. If a Triggered FPPE is warranted, PPEC or MEC shall formulate an FPPE plan and review it with the Practitioner, who may provide input into developing the plan. The plan may involve prospective, concurrent, or retrospective case evaluation. External review may also be used.
1. If the triggered FPPE is recommended by PPEC, the PPEC chairperson shall notify the MEC at the next regularly scheduled MEC meeting that a FPPE is either recommended and/or has been initiated.
 2. Once MEC is notified of the recommendation for a triggered FPPE, the following steps will be taken:
 - a. The Chief of Staff will notify the Board that a triggered FPPE has been initiated.
 - b. The Practitioner may opt to comply with the plan or to voluntarily relinquish the privilege(s) in question.
 - c. A Triggered FPPE, in and of itself, is not automatically reportable to the NPDB or other regulatory agencies. However, if the plan constitutes a restriction or limitation on privileges, the voluntary (or involuntary) relinquishment of privileges may necessitate reporting to the NPDB, to other facilities, or to regulatory agencies in accordance with state and federal law.
 1. When the FPPE plan is in place, MEC will notify Credentials Committee of the triggered FPPE.
 2. The conclusions and recommendations of a triggered FPPE shall be recorded in writing and shall include a record of any medical record reviews, interviews, reports, medical literature information utilized, relevant clinical practice guidelines and/or evidence-based information which has been used in arriving at the FPPE's conclusions. The recommendations shall include consideration of the need for corrective action, education, additional performance monitoring (internal or external), and/or other actions deemed appropriate by PPEC and/or MEC.
 3. If PPEC conducts the triggered FPPE, the findings and conclusions of the FPPE evaluation shall be reported to the MEC by the PPEC chairperson or designee at the next regularly scheduled MEC meeting.
 4. A triggered FPPE shall be completed within 120 days of initiation, when possible, depending on the nature of the situation. If PPEC conducts the FPPE and is unable to complete the triggered FPPE within 120 days of initiation, a report will be submitted to the MEC regarding the status and timeliness of the FPPE in progress.
 5. Upon completion of the triggered FPPE, the Practitioner will be notified in writing of the results.
 6. Correspondence with the Practitioner regarding the monitoring plan, progress reports, and the final report will be included in the Practitioner's peer review file, which is reviewed by the Department Chair and Credentials Committee as part of the appointment/reappointment process.

7. Failure of the Practitioner to comply promptly with the FPPE plan or to provide an acceptable alternative shall result in a request for corrective action.

Use of External Evaluators:

The Department Chair or the Practitioner, may ask for and utilize external physicians as evaluators when the procedure is new to the organization and no current Medical Staff member has the privilege. Please see the [Visiting Proctors Policy](#).

Confidentiality and Protection of Privileged Information:

All FPPE review documents, correspondence, and recommendations will be considered confidential, peer review, quality assurance documents. Copies of the FPPE evaluations will be maintained in the Practitioner's peer review file which is housed in the Quality Department.

References

The Joint Commission. (2022) "Focused Professional Practice Evaluation (FPPE) - Understanding the Requirements." Jointcomission.org. May 10, 2022. [Focused Professional Practice Evaluation \(FPPE\) - Understanding The Requirements | Critical Access Hospital | Medical Staff MS | The Joint Commission](#)

Portneuf Medical Center. (2024) Telehealth OPPE Evaluation Form. Shared by Melanie Durfee, Medical Staff Services Director. Adapted for MHSC use, with modifications. Used with Permission.

Mountain West Medical Center. (2024) Delegated Credentialing Manual. Shared by Joleen Perez, Quality Director and Facility Compliance Officer at Mountain West Medical Center. Used with Permission.

Mount Carmel Health. (2017) "Medical Staff and Advance Practice Provider Focused Professional Practice Evaluation for New Privileges and ongoing Professional Practice Policy. [medical-staff-and-ahp-fppe-and-oppe-policy-final-5-22-17.pdf \(trinity-health.org\)](#)

Santa Rosa Memorial Hospital and Affiliated Entities. (2018) "FPPE Policy to Confirm Practitioner Competence and Professionalism (New Members/New Privileges)" [focusedprofessionalpracticeevaluationpolicy32718.pdf \(providence.org\)](#).

MISH Hospitals and Clinics. (2013). "FPPE Policy - Procedure Manual Focused Professional Practice Evaluation." [Focused Professional Practice Evaluation For Granting Privileges \(FPPE\) \(squarespace.com\)](#).

Credentialing Resource Center (2023). "Granting Privileges to Low-Volume/No-Volume Practitioners." [Granting privileges to low-volume/no-volume practitioners | Credentialing Resource Center](#)

Approvals

Professional Practice Evaluation Committee (PPEC)

Credentials Committee

Medical Executive Committee (MEC)

Attachments

- [FPPE Department Chair Review r 072024.docx](#)
- [FPPE Eval Form R 07242024.docx](#)
- [FPPE instructions for new Practitioner.docx](#)
- [FPPE instructions for Proctor Evaluator.docx](#)
- [Telehealth FPPE Evaluation Form.docx](#)

Approval Signatures

Step Description	Approver	Date
	Stephanie Mlinar: Director Quality	Pending
	Kerry Downs: Director of Medical Staff Services	09/2024

Reg. Standards

TJC MS 05.01.01, TJC MS 06.01.05, TJC MS 08.01.01, TJC MS.09.01.01

FPPE instructions for new Practitioner

Dr. Smith

All new members of the medical staff are requested to undergo a period of focused professional practice evaluation (FPPE). In order to comply with Joint Commission requirements, and as part of the Medical Staff Rules and Regulations, evaluation of practitioner's clinical competence must be done when an initial request for privileges is made, whether it is privileges for a new appointee, or a new privilege granted to an existing medical staff member.

You are required to have an evaluation of five different cases or five patients you cared for. The specific types of cases for your specialty are listed on the Department Specific FPPE Requirements (attached.)

Dr. Joshua Binks, the Medicine Department Chair, has assigned Dr. Alicia Gray to evaluate your cases. His/her contact information is as follows:

Cell Phone #: _____

Email Address: _____

Office Phone: _____

It is YOUR responsibility to alert your evaluator to review your charts/cases.

Please mark the "new applicant" box on the attached form and fill in your name and the name of your evaluator. If more than one doctor has been assigned to evaluate you, please make copies for each doctor. When you give the forms to your evaluator(s), please also include a copy of your delineation of privileges. Please have your evaluator complete a separate form for each case, and include the MRN number.

Your evaluating providers should be able to access your charts without issue, because access for a quality review is allowed.

You have six months to have your FPPE completed. Please have all of your evaluations completed and returned to the Medical Staff Office by January 24, 2025. I will send you periodic reminders, in case you forget.

Once your evaluations are completed, the appropriate Department Chair will review them and determine whether your performance is deemed satisfactory and FPPE can be concluded.

Your evaluator can ask for additional charts to review and extend the review period if any or some of the outcomes are unsatisfactory.

Unsatisfactory outcomes will be addressed/reviewed as described in the FPPE Plan.

Please return all evaluation forms to the Medical Staff Office:

MHSC Medical Staff Services Office

Attention: Kerry Downs

1200 College Drive, Rock Springs, WY 82901

Email: kdowns@sweetwatermemorial.com

Fax: 307-352-8502, Attention: Kerry Downs

If you have any problems or questions, please don't hesitate to contact me.

Thank you!

FPPE Eval Form R 07242024



FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

Practitioner Name: _____ Practitioner Specialty: _____ Medical Staff Dept.: _____

Date privileges were granted: _____

The Joint Commission standards state that a period of focused review is required for all new privileges. This includes all privileges for new applicants and all newly requested privileges for existing providers. Focused professional practice evaluations can also be triggered by low volume procedures, a sentinel event, complaint, variance from acceptable practice patterns, or variance from comparative peer performance data.

You are being asked to evaluate the practitioner listed above, for the following reason:

- ☐ Initially Requested Privilege (applicant is new to the organization) ☐ Existing Provider Requesting New Privilege
☐ Triggered Review – Date Review to be Completed: _____

For new privileges, FPPE will need to be completed **within six (6) months from the date the above listed practitioner was granted privileges**. Please include a case or MRN on each form. **An evaluation form will need to be completed for each of the five cases.** A copy of the practitioner's delineation of privileges will be provided to you. Once you have completed the evaluation forms, please submit them to the Medical Staff Services Office. Medical Staff Services will forward the FPPE reviews to the Department Chair. The Department Chair will determine if the practitioner demonstrates current competence and if the practitioner can conclude FPPE and begin OPPE.

NOTE: If an event happens in the last month of initial monitoring, or if FPPE is unsatisfactory, then FPPE can be extended for six months or five cases, whichever comes first, based on the recommendation of the reviewer and approval of the Department Chair. If there is continued concern about specific privileges, the practitioner will be referred to Credentials Committee for final determination regarding continuation of privileges.

Please submit the completed forms to the following:

Mail: MHSC Medical Staff Services Office
Attention: Kerry Downs, 1200 College Drive, Rock Springs, WY 82901
Email: kdowns@sweetwatermemorial.com Fax: 307-352-8502, Attention: Kerry Downs



FOCUSED PROFESSIONAL PRACTICE EVALUATION FORM

Evaluator: Please complete this form and return it to the Medical Staff Services Office. It is a FPPE evaluation for the following reason:

- ☐ Initially Requested Privilege (applicant is new to the organization) ☐ Existing Provider Requesting New Privilege
- ☐ Triggered Review – Date Review to be Completed: _____

Individual Requesting Privileges: _____

Assigned Evaluator Name (print): _____				Privilege to be Monitored/Type of Case/Procedure: (see Dept. Specific Criteria):	
Direct Observation is Required. You may use other methods of evaluation in addition to direct observation. DO = Direct Observation S = Simulation D = discussion with others involved in patient's care CR = Chart Review P = Proctoring M = Monitoring of diagnostic and treatment techniques				Patient Sticker:	
Patient Care:	YES	NO	NA	Comment	Method of Evaluation
H&P is complete and recorded within 24 hours of admission					
All Medical Records entries appropriate to patient condition and treatment					
Medication Orders appropriate to patient condition and treatment					
Makes informed decisions based on patient information, current scientific evidence, and sound clinical judgment.					
Provides patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.					
Medical/ Clinical Knowledge:					
Demonstrates knowledge of established and evolving biomedical, clinical, and social sciences and the application of their knowledge to patient care and the education of others.					

	YES	NO	NA	Comment	Method of Evaluation
Practice-Based Learning and Improvements:					
Demonstrates the ability to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.					
Interpersonal Communication Skills:					
Demonstrates interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare interdisciplinary teams.					
Professionalism:					
Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding of sensitivity to diversity, and a responsible attitude toward patients, families, colleagues, their profession, and society.					
Systems-Based Practice:					
Demonstrates an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare.					

Signature of Evaluator: _____ **Date:** _____ **Printed Name:** _____

Signature of Practitioner Reviewed: _____ **Date:** _____

By signing above, I acknowledge that the results of my Focused Professional Practice Evaluation were shared with me. My signature does not necessarily constitute agreement with this evaluation.

R 07/2024

Telehealth FPPE Evaluation Form



Telehealth FPPE Evaluation Form

Name of Medical Staff Member Doing Evaluation: _____ Specialty: _____

Name of Telehealth Provider: _____ Specialty: _____

Telehealth Charts Reviewed:

MR #: _____ Date Patient Seen or Admitted: _____ Primary Diagnosis: _____

MR #: _____ Date Patient Seen or Admitted: _____ Primary Diagnosis: _____

MR #: _____ Date Patient Seen or Admitted: _____ Primary Diagnosis: _____

MR #: _____ Date Patient Seen or Admitted: _____ Primary Diagnosis: _____

MR #: _____ Date Patient Seen or Admitted: _____ Primary Diagnosis: _____

	No Concerns	Concerns	Comments
I. Patient Care			
Provider satisfied with the consult they received on the patient			
II. Medical Knowledge			
Adequate knowledge demonstrated			
III. Practice-Based Learning			
Evidence of use of resources and guidelines			
IV. Interpersonal & Communication Skills			
Good communication skills (peers, patients, staff)			
V. Professionalism			
Readily available when called, responsive to requesting provider and patient questions			
Courteous, appropriate, pleasant demeanor			
VI. Systems-Based Practice			
Demonstrates an understanding of Evidence-Based Practice			

Additional Comments: _____

Signature of Evaluator

Date

Please return completed evaluations to: MHSC Medical Staff Services Office
Attention: Kerry Downs, 1200 College Drive, Rock Springs, WY 82901
Email: kdowns@sweetwatermemorial.com Fax: 307-352-8502

Confidential and Privileged Peer Review Information

FPPE instructions for Proctor Evaluator

Dr. Gray,

Dr. Binks, the Medicine Department Chair, has assigned you as a proctor/evaluator for Dr. Smith, who is a new doctor who will be practicing Hospitalist Medicine. You are being asked to evaluate him/her for Focused Professional Practice Evaluation (FPPE). I have attached a copy of Dr. Smith's privilege form.

All new members of the medical staff are requested to undergo a period of focused professional practice evaluation (FPPE). In order to comply with Joint Commission requirements, and as part of the Medical Staff Rules and Regulations, evaluation of practitioner's clinical competence must be done when an initial request for privileges is made, whether it is privileges for a new appointee, or a new privilege to an existing medical staff member.

Dr. Smith will be sent information on FPPE, and will also be sent a copy of the attached evaluation form. He/she may approach you to ask you to evaluate him/her on specific cases. You can also choose cases for evaluation.

You can use direct observation, chart review, consultations with others involved in care, monitoring of diagnostic and treatment techniques, or simulation as methods of evaluation.

You should be able to access Dr. Smith's charts without issue, because access for a quality review is allowed.

Dr. Smith is required to have an evaluation of five different cases or five patients they cared for. The specific types of cases to be evaluated are listed on the Department Specific FPPE Requirements (attached.) FPPE should be completed by this date: January 24, 2025.

It is Dr. Smith's responsibility to contact you and ask you to review their charts. But I will send you both periodic reminders, in case you forget.

You can ask for additional charts to review and can ask to extend the review period if some of the outcomes are unsatisfactory. Please convey this information to the Department Chair and the Medical Staff Services Office, as soon as possible.

Please return all evaluation forms to the Medical Staff Office:

MHSC Medical Staff Services Office

Attention: Kerry Downs

1200 College Drive, Rock Springs, WY 82901

Email: kdowns@sweetwatermemorial.com

Fax: 307-352-8502, Attention: Kerry Downs

If you have any problems or questions, please don't hesitate to contact me.

Thank you!

FPPE Department Chair Review r 072024



FOCUSED PROFESSIONAL PRACTICE EVALUATION

Department Chair Review

Practitioner: _____ Specialty: _____

Evaluator Name(s): _____ Date Appointed: _____

Reason for Monitoring Plan:

☐ Initially Requested Privilege (applicant is new to the organization) ☐ Existing Provider Requesting New Privilege

☐ Triggered Review – Date Review to be Completed: _____

Department Chair Recommendation

1. Has this practitioner completed all aspects of his/her FPPE? ☐ Yes ☐ No
2. Does this staff member demonstrate current clinical competence? ☐ Yes ☐ No
3. Was this staff member cooperative with colleagues, nurses, and other hospital staff? ☐ Yes ☐ No
4. Has this staff member demonstrated any signs of unacceptable behavior? ☐ Yes ☐ No
5. Have any opportunities for improvement been identified for this practitioner? ☐ Yes ☐ No
6. Have you consulted with the Chair of the Professional Practice Evaluation Committee (PPEC) before making your final recommendation concerning this practitioner? ☐ Yes ☐ No

Comments: _____

Recommendation:

☐ FPPE is Satisfactory and Can be Concluded

☐ Extend FPPE Until: _____

☐ Improvement Plan Recommended

☐ Other _____

Department Chair Signature

Date

Reviewed and Approved by:

Credentials Committee Signature

Date

Chief of Staff Signature on Behalf of MEC

Date



**FOCUSED PROFESSIONAL PRACTICE EVALUATION- Behavioral Health version
(FPPE)**

Practitioner Name: _____ Practitioner Specialty: _____ Medical Staff Dept.: _____

Date privileges were granted: _____

The Joint Commission standards state that a period of focused review is required for all new privileges. This includes all privileges for new applicants and all newly requested privileges for existing providers. Focused professional practice evaluations can also be triggered by low volume procedures, a sentinel event, complaint, variance from acceptable practice patterns, or variance from comparative peer performance data.

You are being asked to evaluate the practitioner listed above, for the following reason:

- ☐ Initially Requested Privilege (applicant is new to the organization) ☐ Existing Provider Requesting New Privilege
- ☐ Triggered Review – Date Review to be Completed: _____

For new privileges, FPPE will need to be completed **within six (6) months from the date the above listed practitioner was granted privileges**. Please include a case or MRN on each form. **An evaluation form will need to be completed for each of the ten cases.** A copy of the practitioner's delineation of privileges will be provided to you. Once you have completed the evaluation forms, please submit them to the Medical Staff Services Office. Medical Staff Services will forward the FPPE reviews to the Department Chair. The Department Chair will determine if the practitioner demonstrates current competence and if the practitioner can conclude FPPE and begin OPPE.

NOTE: If an event happens in the last month of initial monitoring, or if FPPE is unsatisfactory, then FPPE can be extended for six months or five cases, whichever comes first, based on the recommendation of the reviewer and approval of the Department Chair. If there is continued concern about specific privileges, the practitioner will be referred to Credentials Committee for final determination regarding continuation of privileges.

Please submit the completed forms to the following:

Mail: MHSC Medical Staff Services Office
Attention: Kerry Downs, 1200 College Drive, Rock Springs, WY 82901
Email: kdowns@sweetwatermemorial.com Fax: 307-352-8502, Attention: Kerry Downs



FOCUSED PROFESSIONAL PRACTICE EVALUATION FORM

Evaluator: Please complete this form and return it to the Medical Staff Services Office. It is a FPPE evaluation for the following reason:

☐ Initially Requested Privilege (applicant is new to the organization) ☐ Existing Provider Requesting New Privilege

☐ Triggered Review – Date Review to be Completed: _____

Individual Requesting Privileges: _____

Assigned Evaluator Name (print): _____				Privilege to be Monitored/Type of Case/Procedure: (see Dept. Specific Criteria):	
Direct Observation is Required. You may use other methods of evaluation in addition to direct observation. DO = Direct Observation S = Simulation D = discussion with others involved in patient's care CR = Chart Review P = Proctoring M = Monitoring of diagnostic and treatment techniques					Patient Sticker:
Patient Care:	YES	NO	NA	Comment	Method of Evaluation
BH crisis evaluation is complete and recorded within 12 hours of consult					
All BH Records entries appropriate to patient condition and treatment					
Coordinates with physician and Case Management staff on all aspects of patient care and encourages conjoint decision making					
Makes informed decisions based on patient information, current scientific evidence, and sound clinical judgment.					
Provides compassionate, appropriate, effective care for promotion of health, prevention of illness, treatment of disease, and at the end of life.					
Professionalism:					
Exhibits behavior that encourages and promotes team work, communication and a collaborative work environment. Demonstrates a commitment to providing care in a compassionate and ethical manner with understanding and sensitivity to diversity.					

	YES	NO	NA	Comment	Method of Evaluation
Practice-Based Learning and Improvements:					
Participates in the education of patients, families, students, and co-workers. Works to improve patient care practices.					
Systems-Based Practice:					
Demonstrates an understanding of Evidence-Based Practice and the ability to apply this knowledge to provide safe, patient-centered care.					
Medical/ Clinical Knowledge:					
Demonstrates knowledge of established clinical sciences and applies that knowledge to patient care.					
Interpersonal Communication Skills:					
Demonstrates effective communication that helps to develop professional relationships with patients, families, physicians, and other health care workers.					

Signature of Evaluator: _____ **Date:** _____ **Printed Name:** _____

Signature of Practitioner Reviewed: _____ **Date:** _____

By signing above, I acknowledge that the results of my Focused Professional Practice Evaluation were shared with me. My signature does not necessarily constitute agreement with this evaluation.

N 10/2024

MHSC Board of Trustees: November 2024

Chief Clinical Officer (CCO) Report

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

- 1) A Baxter manufacturing plant in North Carolina suspended operations after Hurricane Helene in September. Baxter is a medical equipment supplier and IV solution manufacturer. Baxter produces approximately 60% of the intravenous solutions used in U.S. hospitals. As a result of the Baxter plant shutdown, B. Braun Medical, another IV solution manufacturer, increased production at its sites in Florida and California. Memorial Hospital of Sweetwater County (MHSC) uses B. Braun as our primary supplier of IV fluids. MHSC established an incident command team whose goals include minimal disruption to normal operations and avoiding canceling elective surgical cases. MHSC began to experience a decrease in IV fluid allocations in mid-October. The IV fluids with significantly reduced allocations compared to our average utilization are lactated ringers IV bags and sodium chloride (saline) 3,000 mL irrigations. Surgery and O.B. are the primary utilizers of these two products. MHSC has implemented conservation and substitution strategies, resulting in reasonably normal operations, no negative impact on patient care, and no need to cancel elective surgical cases. The MHSC incident command team continues to monitor inventory, allocations, and utilization as we move into the time of year when surgery demand increases. Per the Baxter website, their goal is to “return to 90% to 100% allocation of certain IV solution product codes for U.S. customers by the end of 2024”.
- 2) On October 23, 2024, MHSC received notification from our radiopharmacy that they could not supply any technetium unit doses due to all four nuclear reactors being down globally. Initially, the technetium shortage was estimated to last through Thanksgiving. The shortage impacts all nuclear medicine patient studies except thyroid uptake/scan and PET scans. MHSC was forced to delay these exams due to the shortage. The nuclear medicine technologist is cross-trained in C.T. and X-ray. Thus, we shifted the skills of the nuclear medicine technologist to other modalities where extra staffing assisted with higher patient volumes. MHSC expects to receive some radiopharmaceutical unit doses the week of 11/04/2024, although the studies for which we will receive doses are still limited. MHSC is currently rescheduling nuclear medicine studies based on the anticipated receipt of the product. Consequently, nuclear medicine volumes and revenue will be reduced for October. Manufacturers estimate the resumption of standard technetium supplies by 11/10/2024.
- 3) We are currently utilizing more contracted technologists in our ultrasound department. According to the American Institute of Ultrasound in Medicine, ultrasound exams in the United States from 2011 to 2021 increased from 38.6 million to 59.8 million, while the number of sonographers increased from 54,760 to 78,640 in the same time frame. The number of sonography graduates increased from 4,386 to 5,393 (2011-2021), while the number of open sonographer positions increased from 18,642 to 25,162 (2012-2021). Tracie Soller, Director of Medical Imaging, and I are currently working with our Human Resources staff on ways to attract and recruit permanent ultrasound sonographers.
- 4) On 10/31/2024, MHSC’s “Patient survey rating” increased from a three-star to a four-star on the medicare.gov hospital compare website. The increase indicates that our targeted patient experience and Planetree initiatives are gaining traction.
- 5) We did not have enough cases to publicly report our stroke data for the July 2024 CMS star rating refresh. Specifically, we monitor head CT/MRI scan results for acute ischemic stroke or hemorrhagic stroke patients within 45 minutes of E.D. arrival. Internal data tracking indicates we are meeting and exceeding our target and stretch goals. The stroke measure is an area of focus and aligns with our strategic plan.
- 6) The clinical dietitians have recently worked on several things to increase volumes. These things include shifting the scheduling of patients from the clinical dietitian to central scheduling, targeted marketing campaigns, and increased education in the community on services provided by clinical dietitians. Interest in weight management has significantly increased, and clinical dietitians can bill for these services.

Respectfully submitted,
Kari Quickenden

Report of the CFO – 11/06/2024

Financial summary - Revenue was lower in September, coming in at \$22.5 million and under budget by \$96,000. Expenses came in at \$10.6 million, \$440,000 under budget. Our bottom line for September is a loss of \$468,000. Year-to-date, gross revenue remains over budget by \$1.9 million and expenses remain under budget by \$784,000. October inpatient volumes increased mid-month with outpatient visits remaining high across most ancillary services. Revenue is projected to be \$24 million, over budget, and expenses should be close to budget, resulting in a gain for the month.

Critical Access. The Wyoming Department of Health issued our provisional Critical Access license effective 10/1/2024. The Cerner buildout was completed on time, and we were ready for the billing changeover. We are waiting for the Joint Commission and the State licensing division to arrive for the survey. Once Joint Commission completes a successful survey, the state and CMS will be notified and we will receive our new Medicare number. We are currently holding approximately \$5 million in Medicare claims which can be released under the new Medicare number. Our cost report preparer will be onsite in November to educate us on the nuances of CAH cost reporting, including the impact of capturing costs under different categories and how they are allocated on the cost report. He will be working with PFS on tracking Medicare bad debts, as under CAH, we will be reimbursed 65% of any Medicare bad debt.

MIPS – The MIPS scores were reported in the Quality committee in October. Merit-based Incentive Payment System (MIPS) payment adjustments are based on the MIPS Final Score, with weights for different performance categories. MIPS payment adjustments impact Medicare Part B covered professional services for the following calendar year. The 2023 MIPS Score of 100 resulted in a 2.15% payment adjustment for calendar year 2025 clinic Medicare payments. The result will be an estimated \$45,000 in payment adjustments applied on a claim-by-claim basis.

Central Scheduling – The Quality team has organized a process mapping project for Central Scheduling. We have met a couple of times, and we are excited to work through the process of better efficiencies within this department and with the providers and Clinics ordering the magnitude of Imaging procedures.

Medicare Advantage – We receive notice that BCBS of Wyoming is postponing their Advantage plan for another year. They are concerned with the new changes coming from CMS regarding the administration of advantage plans. We also received a notice from Aetna Medicare Advantage that they will no longer be participating in Sweetwater County effective January 1st. Our Patient Navigation team is working on a plan to educate the affected patients. The Aetna MA patients will have the choice of moving to traditional Medicare with a supplemental without underwriting or to another Medicare Advantage plan.

Other news – I continue to work with County officials regarding the industrial siting permit for the new Pacific Soda Dry Creek permit. Like the request we made for Project West several months ago, the hospital is included in Sweetwater County's request for impact assistance funds. The final application is due to Impact Counsel November 19th with the hearing scheduled December 4 & 5.

MHSC Board of Trustees: 11/2024

Chief Nursing Officer (CNO) Report

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

Aligning with the strategic plan, initiatives have been implemented to meet the goals of MHSC. The following are ways the leaders and teams within my reporting structure have done this.

1. As measured by Press Ganey, the Director of Care Management, Robin Jenkins leads strategic initiatives to improve patient experience scores, specifically in Discharge Information and Care Coordination. Every clinical department plays a role in these efforts. Research indicates that discharge education should begin during admission to enhance patient outcomes. Clinical nursing staff, case managers, and Holly Blau, the patient educator, initiate this process early during a patient's admission, starting with basic information and gradually providing more detailed guidance, including medication management and care instructions. Additional initiatives are being explored within clinical units to address the educational needs of patients and their families. Furthermore, follow-up appointments are scheduled when necessary before discharging patients from the hospital to ensure a smooth transition from the hospital to home. Deb Davis-Richardson, a Case Manager, contacts all patients discharged to home within 48 to 72 hours to answer any questions and offer assistance. This approach aims to prevent unnecessary readmissions and ensure continuity of care. Readmissions are monitored, tracked, and reported in CMS measures for MHSC. A challenge arises when patients and families cannot comply with the agreed-upon plan of care, which may lead to readmission.
2. Upon transitioning to Critical Access on October 1, 2024, I, clinical nurse leaders, and the house supervisors closely monitor and manage patients' inpatient and observation status. We have created an Excel tracking sheet shared among interested leaders to allow quick reference to the patient census throughout 24 hours to maintain compliance standards in the census. We continue to track the midnight census to provide a snapshot of a daily census. Care Management and the physicians are working closely to ensure that patient admission status is aligned with Interqual Guidelines, which assist in identifying inpatient versus observation status. House Supervisors have been approved through the Position Control Team (PCT) for 24-7 coverage. This coverage increases the house supervisors' presence when they were previously only staffed on nights and weekends, and it will improve patient flow, patient and staff experience, and bed management oversight.
3. The availability of qualified staffing is a national concern. The nursing shortage is projected to peak in 2027, and according to the Human Resources and Services Administration (2023), most areas, excluding those in high demand, should meet the demand by 2035. Numerous factors impact availability post-pandemic, including the fact that nursing programs must turn away qualified applicants due to the lack of enough educators or qualified applicants (U.S. Chamber of Commerce, 2024). Low retention rates for nurses are also a concern nationally. National turnover rates vary from 8.8%-37%. Calendar year to date, as of August 2024, the nurse turnover rate at MHSC is 15%, well below the national average of 22.7%. Efforts to improve recruitment and retention include an increase in MOUs with nursing and respiratory therapy schools to allow students to train at our facility, an annual open house for

nursing and clinical specialties in the spring, sponsorship of two Western Wyoming Community College Nursing Students each year, improved onboarding for nursing that includes specialized education to new graduates and those with less than one year experience, and a preceptor education program that has educated over 35 nurses with 16 current approved preceptors, an initiative to up-train Med Surg nurses that are interested in ICU, resulting in a reduction in travel staff in the ICU, and a cross-training program that has included three previously cross-trained staff and three additional spanning in the house supervisor role, emergency, OB, ICU, and Med Surg departments.

Attention has been given to reducing the number of travel staff. Barriers include the nurse-to-patient ratios we uphold to ensure patient and staff safety, which may require travel staff. An example consists of the increased census that MHSC typically has in winter. We plan to expand our staffing in the Med Surg Unit to allow for additional patient admissions. This will be accomplished through travel staff for a limited time during the trended needs.

Updates to staffing include Tiffany Uranker, an emergency department nurse who accepted the director of nursing for emergency services. Please congratulate her if you see her. The interim nursing director, Nicole Torres, has been an asset to improvement, but she will be moving on in her travel career and will be missed. The Med Surg Department has integrated an additional CNA staff member from noon to midnight, resulting in a marked increase quarter to quarter in the patient experience score for staff meeting patient needs.

4. Director of Surgical Services, Noreen Hove, works closely with Interim Infection Preventionist Barbara McDonald. Barbara provides excellent insight into department processes, shares her expertise, and works alongside directors and the quality department to improve identified opportunities.

Ann

ORIENTATION MEMO

Board Meeting Date: November 6, 2024

Topic for Old & New Business Items: Laboratory expansion project Change Order 3 for delayed days due to addition of sewer line project, City approval, DEQ approval and delay in materials.

Policy or Other Document:

_____ Revision
___X___ New

Brief Senior Leadership Comments: The Building and Grounds Committee and Finance and Audit Committee reviewed the change order and approved moving to the full Board.

Board Committee Action: The Building and Grounds Committee and Finance & Audit Committee recommend approval of Groathouse Construction CO3.

Policy or Other Document:

_____ For Review Only
___X___ For Board Action

Legal Counsel Review:

_____ In House Comments: N/A
_____ Board Comments: N/A

Senior Leadership Recommendation: Irene Richardson, CEO and Tami Love, CFO recommend approval of Groathouse Construction CO3.



CHANGE ORDER PROPOSAL

PROJECT: 2312 - MHSC Lab Expansion

Date: 16-Oct-24

COP #: 03

Prepared by: *[Signature]*

REASON FOR COP: Extended Overhead

RESP	BP	CAT	DESCRIPTION	QTY	UNIT	UNIT COST	LABOR	MATERIAL	SUB	OTHER	ADD	DEDUCT
GC	BP00	1111	Project Management	888	hr	\$ 125					\$ 111,000	
GC	BP00	1346	Safety Manager	90	hr	\$ 100					\$ 9,000	
GC	BP00	1553	Lodging	5	Mo	\$ 3,000					\$ 15,000	
GC	BP00	1520	Office Trailer	5	Mo	\$ 2,000					\$ 10,000	
GC	BP00	1518	Sanitary Facilities	5	Mo	\$ 600					\$ 3,000	
GC	BP00	1111	Project Administration	2	hr	\$ 125					\$ 250	

SUBTOTALS: \$ - \$ - \$ - \$ - \$ - \$ 148,250 \$

NOTES: This COP presents costs for the extended overhead due to 151 days of delays from building permit procurement, MEP and structural drawing coordination, and new sanitary sewer. This COP will change the date of substantial completion from August 1st, 2025 to December 31st, 2025.

Rates and Percentages per executed contract.

(Additional Back up Provided during October 15th, 2024 Building and Grounds Meeting)

Please note Weather Protection will be tracked and reviewed as a cost of the work line item in General Requirements for a later potential CO.

ADD SUBTOTAL	\$ 148,250
DEDUCT SUBTOTAL	\$ -
SUBTOTAL	\$ 148,250
INSURANCE/BOND (1.375%)	\$ 2,038
OH/PROFIT (8%)	\$ 9,017
TOTAL COST	\$ 159,306

ACCEPTED:

ARCHITECT: Plan One

DATE:

OWNER: MHSC

DATE:




CHANGE ORDER PROPOSAL

PROJECT: 2312 - MHSC Lab Expansion

Date: 16-Oct-24

COP #: 03

REASON FOR COP: Extended Overhead

Prepared by: 

RESP	BP	CAT	DESCRIPTION	QTY	UNIT	UNIT COST	LABOR	MATERIAL	SUB	OTHER	ADD	DEDUCT
GC	BP00	1111	Project Management	888	hr	\$ 125					\$ 111,000	
GC	BP00	1346	Safety Manager	90	hr	\$ 100					\$ 9,000	
GC	BP00	1553	Lodging	5	Mo	\$ 3,000					\$ 15,000	
GC	BP00	1520	Office Trailer	5	Mo	\$ 2,000					\$ 10,000	
GC	BP00	1518	Sanitary Facilities	5	Mo	\$ 600					\$ 3,000	
GC	BP00	1111	Project Administration	2	hr	\$ 125					\$ 250	

NOTES: This COP presents costs for the extended overhead due to 151 days of delays from building permit procurement, MEP and structural drawing coordination, and new sanitary sewer. This COP will change the date of substantial completion from August 1st, 2025 to December 31st, 2025.

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(Additional Back up Provided during October 15th, 2024 Building and Grounds Meeting)

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ADD SUBTOTAL	\$ 148,250
DEDUCT SUBTOTAL	\$ -
SUBTOTAL	\$ 148,250
INSURANCE/BOND (1.375%)	\$ 2,038
OH/PROFIT (6%)	\$ 9,017
TOTAL COST	\$ 159,306

ACCEPTED:

ARCHITECT: Plan One

DATE: _____

OWNER: MHSC

DATE: _____

Capital Request Summary

Capital Request #

FY25-22

Name of Capital Request:

SCOUT BREAST LOCALIZATION CONSOLE

Requestor/Department:

NOREEN HOVE/SURGICAL SERVICES

Sole Source Purchase: ☒ Yes or ☐ No

Reason: only system on the market that provides this specific technology

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	MERIT MEDICAL	SOUTH JORDAN, UT	\$65,495.00
2.			
3.			

Recommendation:

MERIT MEDICAL - \$65,495.00



Memorial Hospital

OF SWEETWATER COUNTY

Assigned: FY 25-22

Capital Request

Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity.

Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.

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

Department: Surgical Services 630

Submitted by: Noreen Hove

Date: 9/25/2024

Provide a detailed description of the capital expenditure requested:

Scout Product

Preferred Vendor:

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

1. Renovation	\$ Amount
2. Equipment	\$ 65495.00
3. Installation	\$ Amount
4. Shipping	\$ Amount
5. Accessories	\$ Amount
6. Training	\$ Amount
7. Travel costs	\$ Amount
8. Other e.g. interfaces	\$ Amount
Total Costs (add 1-8) \$ 65495.00	

Does the requested item:

Require annual contract renewal? ☐ YES ☒ NO

Fit into existing space?

☒ YES ☐ NO

Explain: Click or tap here to enter text.

Attach to a new service?

☐ YES ☒ NO

Explain: Click or tap here to enter text.

Require physical plan modifications?

If yes, list to the right:

☐ YES ☒ NO

Electrical

HVAC

Safety

Plumbing

Infrastructure (I/S cabling, software, etc.)

\$ Amount

\$ Amount

\$ Amount

\$ Amount

\$ Amount

Annualized impact on operations (if applicable):

Increases/Decreases

Projected Annual Procedures (NEW not existing)

Revenue per procedure

\$ Amount

Projected gross revenue

\$ Amount

Projected net revenue

\$ Amount

Projected Additional FTE's

Salaries

\$ Amount

Benefits

\$ Amount

Maintenance

\$ Amount

Supplies

\$ Amount

Total Annual Expenses \$ Total

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

Budgeted Item:

☒ YES ☐ NO

of bids obtained? _____

☐ Copies and/or Summary attached.

If no other bids obtained, reason:

This is the only system on the market that provides this specific technology. Dr's Hoffman, Crofts, and Jamias have all used and prefer this over the needle localization technique.

Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Executive Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 10-8-24
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 10-8-24
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>[Signature]</i> 10-9-24
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

At MHSC we are currently utilizing a technique called Needle localization to define the area of concern in the breast. This requires the patient to come in the day of surgery, go to radiology, have a wire place in the breast to locate the lesion site. This process leaves the patient with an exposed wire protruding from the breast until surgery is performed. The needle localization is done at the convenience of Radiology and may delay surgery start times. This technique also increases risk of infection and/or being dislodged during transport between departments the day of surgery. It is very uncomfortable for the patient.

The Scout SAVI process allows Radar reflector localization. It can be placed at the convenience of the patient days to weeks before surgery, thus eliminating surgery start time delays. It stays where it is placed until the time of surgery and also lessens the chance for infection.

Submitted by: Signature

Date



SCOUT® PRODUCT PURCHASE QUOTE

Quote Number	QUO-19830-G8Q8L7	Company Address	1600 W Merit Pkwy South Jordan, UT 84095
Created Date	9/24/2024	Prepared By	Lacey Kenner
Expiration Date	12/23/2024	Email	lacey.kenner@merit.com
		Phone	720-369-8680

Account Information

MEMORIAL HOSPITAL OF SWEETWATER CNT
22079

Contact Information

Catalog Item	Product	PUOM	Qty / PUOM	List Price	Discount Price (Each)	Quantity	Total Price
SCRT-01	SCOUT®.Console and Accessory Cart..	EACH	1	\$3,300.00	\$2,500.00	1	\$2,500.00
SG-02	SCOUT®.Access Guide.Non Sterile.NS.	EACH	1	\$15,750.00	\$4,995.00	1	\$4,995.00
SSCSYS-01	SCOUT Console (includes one Surgical Guide)	EACH	1	\$94,500.00	\$58,000.00	1	\$58,000.00

Grand Total: \$65,495.00

Additional Information

Pricing per Vizient Contract# XR0645

Sales Tax

\$0.00

The products described in this quote are provided to the customer listed above ("Customer") pursuant to the terms of any agreement, currently in effect as of the date listed above, that governs the purchase of the products. If no agreement exists between the parties with respect to the products above, including any group purchasing or similar agreement, Merit's standard product purchase terms and conditions and product return policy shall apply, as posted on Merit's website (www.merit.com).

If an Extended Service Plan is purchased, the terms and conditions currently posted on Merit's website at www.merit.com/extended-service-plan/terms/ shall also apply but solely with respect to such Extended Service Plan. A Confirmation Letter shall be sent to confirm purchase of the Extended Service Plan and other applicable details with respect to the equipment and services covered by the plan. The applicable agreement or terms and conditions set forth above prevail over any terms or conditions contained in any other documentation and expressly exclude any of Customer's terms and conditions contained in any purchase order or other document issued by Customer.

CONFIDENTIAL – NOT FOR DUPLICATION OR REDISTRIBUTION

SCOUT Breast Localization & Surgical Guidance Value Analysis

Hospital Multiple Use Guide Quality Metric Improvement (NQMBC)

NATIONAL QUALITY METRICS	Estimated Improvement
Imaging Timeliness of Care - Time Between Screening Mammogram and Diagnostic Mammogram	
Imaging Timeliness of Care - Time Between Diagnostic Mammogram and Needle/Core Biopsy ¹	
Surgical Timeliness of Care - Time Between Needle Biopsy and Initial Breast Cancer Surgery	
Surgical Timeliness of Care - Time Between Diagnostic Mammogram and Open Surgical Biopsy	
Breast Conservation Surgery - Re-Excision Rate	
Patient Satisfaction ²	

Cost and Reimbursement

COST/REIMBURSEMENT COMPARISON	SCOUT	WL
Radiology Cost per Placement ³	\$535	\$30
Radiology Reimbursement per Placement ⁴	\$1,074	\$5
Net Radiology Reimbursement per Placement	\$539	(\$25)
Overall Net Cost/Reimbursement Per Case - SCOUT vs. WL	\$564	

Cost/Reimbursement per Case:
\$564

Revenue Improvement and Savings Potential

RADIOLOGY REVENUE IMPROVEMENT

Unused/Delayed Wire Localization Appointments per Week	1
Additional Breast Biopsies per Week ⁵	1
Revenue per Breast Biopsy ⁶	\$1,236
Cost per Breast Biopsy ⁷	\$300
Total Increased Revenue per Week	\$936

OPERATING ROOM SAVINGS POTENTIAL

Operating Room Cost per Hour	\$3,000
Average Time Delay Caused by WL in Hours	0.5
Average Cost of 1 WL Delay	\$1,500
Current # of Lumpectomies per Week	3
% of Lumpectomies Delayed due to WL	30%
Total Operating Room Savings per Week	\$1,350

RADIOLOGY SAVINGS POTENTIAL

Current # of Lumpectomies per Week	3
Patient Transport Cost per Lumpectomy	\$0
Other Per Case Cost Saving Variables	\$0
Total Savings per Week	\$0

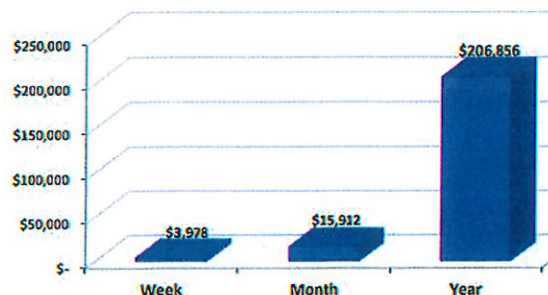
Total Revenue and Savings per Week:
\$2,286

Value Assessment

PROFIT ENHANCEMENT

Total Savings and Revenue per Week	\$2,286
Net Cost/Reimbursement per Week	\$1,692
Total Profit Enhancement per Week	\$3,978

Value of SAVI SCOUT per Week
\$3,978



¹Sharek D, Zuley M, et al. Radioactive Seed Localization Versus Wire Localization for Lumpectomies: A Comparison of Outcomes. AJR. 2015;204:872-877.

²Bloomquist EV, Ajkay N, et al. A Randomized Prospective Comparison of Patient-Assessed Satisfaction and Clinical Outcomes with Radioactive Seed Localization versus Wire Localization. Breast J. 2016 Mar;22(2):151-7.

³Cost per SAVI SCOUT placement includes reflector (\$595.00). Cost per WL placement includes wire (\$30.00).

⁴Reimbursement for breast localization based on 2017 National Medicare Averages for CPT 19281, 19283 and 19285 (Hospital Outpatient, Technical). Status indicator is Q1: Payment is packaged when reported on same claim as lumpectomy (CPT 19301).

⁵Assumes unused WL appointments can be filled with biopsies.

⁶Reimbursement for breast biopsy based on 2017 National Medical Averages for CPT 19081, 19083 and 19085 (Hospital Outpatient, Technical).

⁷Cost per biopsy includes needle and marker.

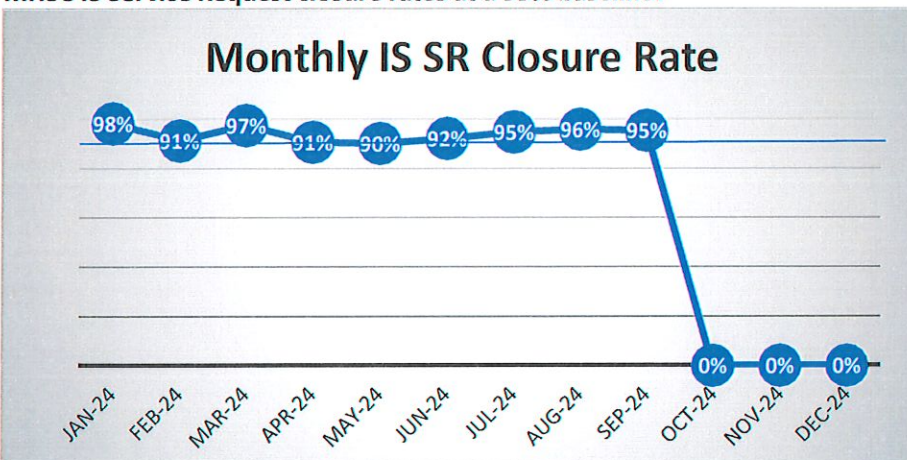
IS Report September 2024

By Terry (TJ) Thompson, IS Director

MHSC IS service environment:

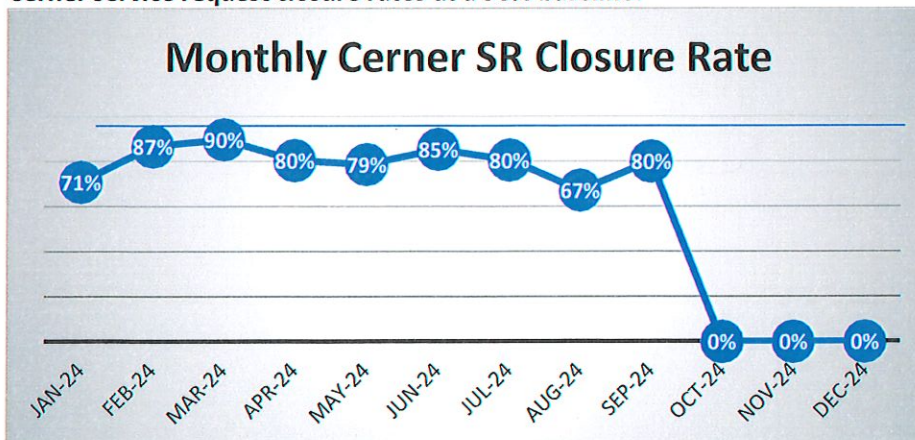
- 1158 computer user accounts
- 100 portable devices, Cell Phones, and iPads
- 790 Desktop systems, Laptops, and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 Uninterrupted Power Supplies

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



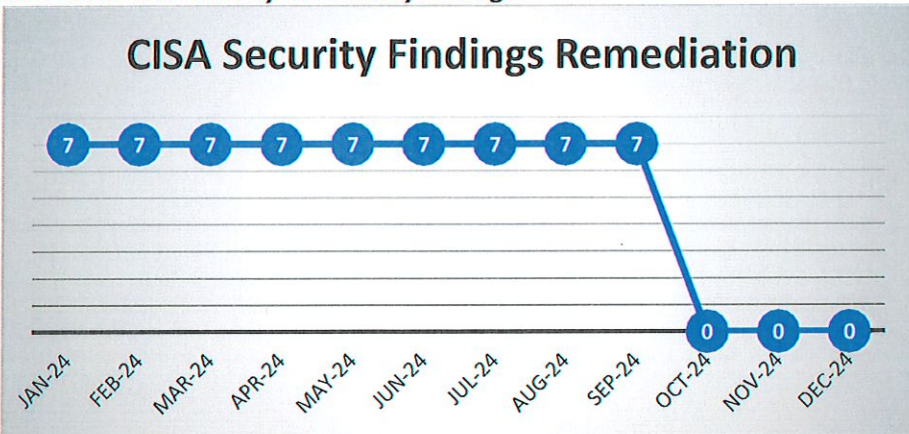
Service Desk 95% of our new 95% weekly meantime to restore baseline. Where the service desk closed 841 of the 1014 service tickets opened, which 132 are still pending.

Cerner service request closure rates at a 90% baseline:



Cerner is at 80% of the weekly meantime to restore the 90% baseline. Cerner closed 64 of the 89 service requests of which 16 are pending.

Remediation of CISA Cyber Security findings:



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

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

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

2024-09-28

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

HIGH LEVEL FINDINGS

LATEST SCANS

July 25, 2024 — September 28, 2024

Completed host scan on all assets

September 26, 2024 — September 28, 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

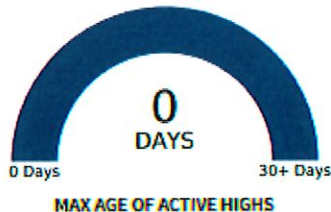
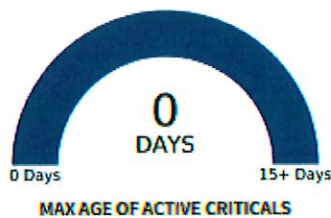
Decrease of 1

VULNERABILITIES

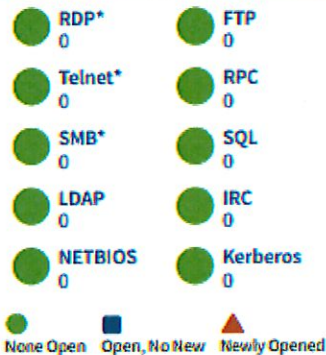
SEVERITY BY PROMINENCE



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 Meeting
October 30, 2024

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

Voting Member Absent: Ms. Irene Richardson, *CEO*

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*
Ms. Noreen Hove, *Director of Surgical Services*
Mr. Gerry Johnston, *Director of Facilities*
Mr. Taylor Jones, *County Commissioner*

Call Meeting to Order

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

Mission Moment

Dr. Quickenden shared mission moments provided at a recent Patient and Family Advisory Council meeting regarding good comments about the Walk-In Clinic and services provided by Melissa Jewell, PA.

Approve Agenda

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

Approve Meeting Minutes

A motion to approve the meeting minutes from September 25, 2024, was made by Mr. Rood; second by Ms. Love. Motion carried.

Capital Requests FY25

Groathouse Change Order – Lab

Mr. Kelsey said this request was reviewed at the recent Building and Grounds Committee meeting. Following discussion of information provided in the request and concerns around timing, communication, and the amount, the motion to approve Groathouse Change Order #3 for

the Lab as presented was made by Mr. Rood; second by Ms. Love. Motion carried. The request will be presented to the Board of Trustees for approval.

FY25-22 Savi Scout Console

Mr. Kelsey reviewed the request. Ms. Hove provided background information. The motion to approve FY25-22 for \$65,495 as presented was made by Mr. Rood; second by Ms. Love. Motion carried. The request will be presented to the Board of Trustees for approval.

Financial Report

Ms. Love reviewed the narrative highlights. She said the outlook has changed due to increased inpatient volumes. She reported we are holding Medicare charges while we wait for our new Medicare number. The survey from The Joint Commission will move that process forward. Ms. Love said we should have a gain for October. The Committee reviewed the revenue details. Ms. Love said revenue is based on patient volume. She said you can tell we are getting back to our usual volumes.

Financial Goals

Ms. Love reviewed the financial goals. Detailed information is included in the packet.

Self-Pay Report

Ms. Love reviewed the information. She reviewed the hiring process for the third person in patient navigation.

Preliminary Bad Debt

Ms. Love said most of the bad debt comes from self-pay, followed by Blue Cross Blue Shield and commercial insurance. She said we are seeing large deductibles with the new insurance plans.

Old Business

Critical Access

Ms. Love reported we received our provisional license from the State. We are waiting for The Joint Commission to complete the survey. Then they will let the State know and the State lets Medicare know we are ready for our new number. Ms. Love said then we can submit Medicare charges. Dr. Quickenden said The Joint Commission reached out on October 17 and we are deemed ready for survey. They have 45 days from that ready date. If there are any findings, that could be another 45-60 days. Dr. Quickenden said we are probably 1.5-2 months out from a complete survey process. Ms. Love said although we are not submitting bills, we are working the claims. She said we will probably push the claims through in batches. Ms. Love said this will impact our cash and numerous ratios until we can get these out the door and begin seeing payments. Ms. Love reviewed the “true-up” process. She said under Critical Access Hospital (CAH) status, we will follow the same process as in the past. The cost report becomes our way to

make sure all costs are where they need to be, coded to the correct place, etc. She said some costs are not allowable. Ms. Layne and Ms. Love will have a Cost Report 101 with the person who provides that service for us. Ms. Love said the plan is to build a model to look at on at least a quarterly basis. The number has a chance to swing more with CAH status.

CLA Project – Financial goals

Ms. Love reviewed the latest update included in the meeting packet. She said we will have written procedures for everything being done in the financial office. She will review the information to see if there are any policies needing approval. Ms. Love said the timeline to be done with all procedures is November 30, 2024. She said the denials management group continues to meet. CLA has been doing a lot of coaching throughout the process. The Committee reviewed buy-in and hurdles still needing to be crossed.

New Business

Outsourcing Aging AR

Ms. Love said CLA joined us in interviewing six vendors. We narrowed the group to three and are waiting for additional information from one of them. We asked for an FTE model and a contingency model. Ms. Love said we hope to have a contract to Ms. Richardson to sign in the next week. Ms. Love said we were able to rehire a former employee to help with Medicare/Medicaid billing. She will start the project the first weekend in November. Ms. Love said we will track reports, payments, and adjustments.

Self-Pay Financing Options

Ms. Love said we are working with two companies and leaning toward the “recourse” company. We plan to follow up with our auditors on the process.

Financial Forum Discussion

Ms. Love said we received our letter from QRA for over \$4.7M which is similar to last year. There will not be an adjustment to the audit. Ms. Love said we may have a swing in our days of cash on hand during the time we pay the amount and wait for the reimbursement of the amount.

Next Meeting

The next meeting is Tuesday, November 26 at 2:00 pm.

Meeting adjourned at 3:12pm.

Submitted by Cindy Nelson

EMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO SEPTEMBER 2024 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for September is a loss of \$468,463, compared to a loss of \$389,109 in the budget. This yields a -4.59% operating margin for the month compared to -3.64% in the budget. The year-to-date operating gain is \$987,481 compared to a loss of \$784,264 in the budget. The year-to-date operating margin is 2.93%, compared to -2.38% in the budget.

Year-to-date, the total net gain is \$1,063,381, compared to a total net gain of \$6,253 in the budget. This represents a profit margin of 3.15% compared to .02% in the budget.

REVENUE. Revenue was lower in September coming in at \$22,457,535, under budget by \$96,128. Inpatient revenue is \$4,592,477, over budget by \$50,267 and outpatient revenue is \$17,865,059, under budget by \$146,396. Year-to-date, gross revenue remains over budget by \$1,974,694. The largest percentage variances for revenue to budget comparison came from the following hospital departments:

MAMMOGRAPHY	14%
LABOR & DELIVERY	17%
PET SCAN	26%
TELEPSYCH	26%
AMBULATORY SURGICA	32%
INTENSIVE CARE UNIT	33%
MEDICAL ONCOLOGY	38%
MAGNETIC RESONANCE	40%
NUCLEAR MEDICINE	48%
DIETITIANS	68%

CARDIAC REHABILITATION	-41%
DIALYSIS	-25%
RESPIRATORY THERAPY	-24%
MEDICAL FLOOR	-17%
SPECIALTY CLINICS	-17%

REDUCTION OF REVENUE. Deductions from revenue are estimated at 54%, over budget for the month. The year-to-date reduction of revenue is 53%, right at budget. Total AR decreased from July, down by \$2.6 million:

Medicare – *decrease \$2 million*
Medicaid - *decrease \$455,000*
Blue Cross – *decrease \$200,000*
Commercial – *increase \$174,000*

Government – *increase \$129,000*
Self-Pay – *decrease \$308,000*
Worker's Comp – *increase \$65,000*

Total collections for the month came in higher this month, at \$10.2 million, at 100.8% of net patient revenue, meeting the goal. Year-to-date collections are 94.6% 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 \$10,175,428 in September and \$33,705,680 year-to-date. Other operating revenue in September includes occupational medicine revenue and cafeteria revenue.

RATIOS. Annual Debt Service Coverage came in at 4.36. Days of Cash on Hand increased a couple days, at 102 days at the end of September. Daily cash expenses remained stable at \$329,000 year-to-date. Net days in AR increased to 60.7 days.

VOLUME. Inpatient discharges and Births came in at budget for September, with inpatient days coming in under budget. The average daily census (ADC) increased to 12.8, slightly under the budget for the month, and average length of stay (LOS) decreased to 3.0, slightly under budget. Clinic visits came in under budget and Outpatient visits, ER Visits and Surgeries were over budget.

EXPENSES. Total expenses came in under budget, at \$10,643,891, under budget by \$441,416. Expenses remain under budget year to date by \$784,264. The following line items were over budget in September:

Contract Labor - Contract labor for Medical Floor, Labor & Delivery, Surgical Services, and Emergency department are over budget in September. There is unbudgeted contract labor cost in Infection Control as we search for a permanent employee.

Utilities – Electricity, fuel and water costs came in over budget this month.

Leases & Rentals – Lease payments for copiers and printers have increased.

Depreciation and Amortization – This expense is over budget for September and over budget year-to-date by \$7,508.

PROVIDER CLINICS. Revenue for the Clinics decreased in September at \$2,766,032, under budget by \$30,965 for the month but remains over budget year-to-date by \$240,609. Clinic volumes decreased slightly from August to 5,931 visits. Total Clinic expenses for September are lower than the previous month, at \$2,097,628, over budget by \$3,122 for the month but under budget by \$169,369 year-to-date. Salaries, Fringe benefits, professional liability, leases, and depreciation are over budget for September.

OUTLOOK FOR OCTOBER. Gross patient revenue for October is projected to \$23.5 million, coming in over the budget of \$22.6 million. Inpatient admissions and patient days are expected to be slightly over budget as inpatient statistics have increased mid-month. LOS is currently lower at 2.2 days and average daily census is currently at 9.2. We continue to see increased volumes in outpatient departments with ER visits, Surgeries, and ancillary departments projecting over budget. Clinic visits are projecting to be under budget this month.

Collections are projecting higher in October, to around \$11 million. We expect to keep deductions of revenue stable as we hold claims for Critical Access. As of October 18, we were holding \$2.6 million in Medicare claims. Expenses are expected to remain under budget in October. The estimated bottom line for October will be a small gain for the month.

Critical Access. The Wyoming Department of Health issued our provisional Critical Access license effective 10/1/2024. The Cerner buildout was completed on time, and we were ready for the billing changeover. We are waiting for the Joint Commission and possibly the State licensing division to arrive for the survey. They will then send the State confirmation of recommendation, and the State will then notify CMS for final approval and a new Medicare number.

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 September executive summary of the engagement is included in the packet. We are scheduled to end the CLA engagement in December. The Strategic Plan objectives are also tracked on the Financial Goal graphs included in the Finance packet and on spotlight reports which report through the Quality Committee.

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

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



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

Unaudited Financial Statements

for

Three months ending September 30, 2024

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

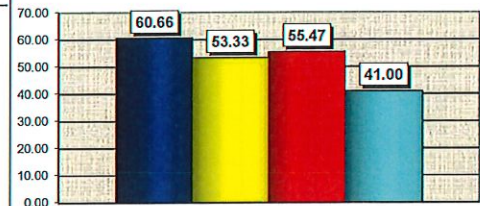
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Three months ending September 30, 2024

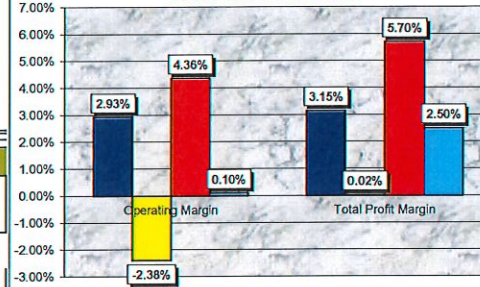
BALANCE SHEET

	YTD 9/30/2024	Prior FYE 6/30/2024
ASSETS		
Current Assets	\$44,815,640	\$43,911,479
Assets Whose Use is Limited	22,031,706	23,098,589
Property, Plant & Equipment (Net)	73,614,450	74,279,500
Other Assets	880,099	898,060
Total Unrestricted Assets	141,341,894	142,187,628
Restricted Assets	475,122	474,171
Total Assets	\$141,817,016	\$142,661,800
LIABILITIES AND NET ASSETS		
Current Liabilities	\$14,386,520	\$16,058,606
Long-Term Debt	23,103,205	23,506,667
Other Long-Term Liabilities	10,999,859	10,833,425
Total Liabilities	48,489,584	50,398,698
Net Assets	93,327,433	92,263,102
Total Liabilities and Net Assets	\$141,817,016	\$142,661,800

NET DAYS IN ACCOUNTS RECEIVABLE



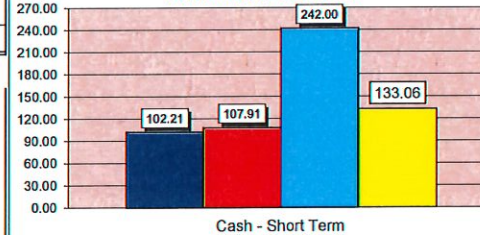
HOSPITAL MARGINS



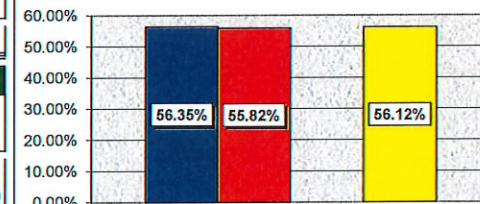
STATEMENT OF REVENUE AND EXPENSES - YTD

	09/30/24 ACTUAL	09/30/24 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$22,457,535	\$22,553,663	\$71,113,751	\$69,139,057
Deductions From Revenue	(12,327,160)	(11,979,383)	(37,880,269)	(36,678,563)
Net Patient Revenues	10,130,375	10,574,280	33,233,483	32,460,493
Other Operating Revenue	68,378	121,917	495,522	433,287
Total Operating Revenues	10,198,753	10,696,198	33,729,005	32,893,780
Expenses:				
Salaries, Benefits & Contract Labor	5,953,659	6,115,629	18,449,657	18,742,424
Purchased Serv. & Physician Fees	1,034,310	1,116,378	3,190,338	3,468,038
Supply and Drug Expenses	1,889,326	1,910,715	5,628,495	5,782,154
Other Operating Expenses	900,515	1,054,217	2,793,048	3,012,951
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	889,405	888,368	2,679,986	2,672,478
Total Expenses	10,667,216	11,085,307	32,741,524	33,678,044
NET OPERATING SURPLUS	(468,463)	(389,109)	987,481	(784,264)
Non-Operating Revenue/(Exp.)	2,468	698,385	75,900	790,517
TOTAL NET SURPLUS	(\$465,995)	\$309,276	\$1,063,381	\$6,253

DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	09/30/24 ACTUAL	09/30/24 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	383	400	1,141	1,212
Average Acute Length of Stay	3.0	3.2	3.1	3.0
Total Emergency Room Visits	1,423	1,360	4,442	4,069
Outpatient Visits	7,971	7,722	25,036	23,763
Total Surgeries	191	147	592	458
Total Worked FTE's	499.42	521.15	491.22	521.15
Total Paid FTE's	548.00	571.09	541.92	571.09
Net Revenue Change from Prior Yr	-0.51%	4.34%	10.28%	7.55%
EBIDA - 12 Month Rolling Average			11.91%	5.74%
Current Ratio			3.12	
Days Expense in Accounts Payable			32.12	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	09/30/24
Prior Fiscal Year End	06/30/24
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX -	1.44
Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY

PAGE 3

Three months ending September 30, 2024



- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 9/30/2024	Budget 6/30/2025	Prior Fiscal Year End 06/30/24	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	2.93%	1.47%	4.36%	0.10%
Total Profit Margin	↑	3.15%	4.61%	5.70%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	102.21	133.06	107.91	242.00
Net Days in Accounts Receivable	↓	60.66	53.33	55.47	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	12.49	11.59	11.61	12.00
Long Term Debt to Capitalization	↓	20.27%	17.97%	20.74%	27.00%
Debt Service Coverage Ratio **	↑	4.36	3.60	5.84	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	7.54	8.14	6.76	NA
Salary Expense per Paid FTE		\$106,409	\$106,348	\$105,036	NA
Salary and Benefits as a % of Total Operating Exp		56.35%	56.12%	55.82%	NA
Employee Benefits %		29.59%	30.75%	30.97%	22.98%
Supply Expense Per Adj. Discharge		\$2,605	\$2,865	\$2,510	\$1,270
		YTD - Actual 9/30/2024	Prior FYE 6/30/2024		
Other Ratios:					
Gross Days in Accounts Receivable		65.63	64.59		
Net Revenue per Adjusted Discharge		\$15,613	\$14,822		
Operating Expenses per Adj. Discharge		\$15,156	\$14,176		

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Three months ending September 30, 2024

	Current Month 9/30/2024	Prior Month 8/31/2024	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2024
Current Assets					
Cash and Cash Equivalents	\$11,820,209	\$11,079,556	\$740,653	6.68%	\$12,428,264
Gross Patient Accounts Receivable	48,724,165	51,383,934	(2,659,769)	-5.18%	50,557,292
Less: Bad Debt and Allowance Reserves	(27,994,995)	(30,226,337)	2,231,342	7.38%	(30,463,009)
Net Patient Accounts Receivable	20,729,171	21,157,597	(428,427)	-2.02%	20,094,283
Interest Receivable	0	0	0	0.00%	0
Other Receivables	7,297,126	7,190,987	106,139	1.48%	6,209,096
Inventories	3,132,619	3,136,447	(3,828)		3,137,536
Prepaid Expenses	1,836,515	1,941,460	(104,946)	-5.41%	2,042,300
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	44,815,640	44,506,049	309,591	0.70%	43,911,479
Assets Whose Use is Limited					
Cash	93,369	92,382	987	1.07%	(123,123)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	219,782	1,969,554	(1,749,772)	-88.84%	1,585,606
Trustee Held Funds - SPT	0	0	0	0.00%	0
Board Designated Funds	7,103,680	7,075,983	27,696	0.39%	7,021,234
Other Limited Use Assets	14,614,875	14,614,874	1	0.00%	14,614,873
Total Limited Use Assets	22,031,706	23,752,794	(1,721,088)	-7.25%	23,098,589
Property, Plant, and Equipment					
Land and Land Improvements	4,583,118	4,583,118	0	0.00%	4,583,118
Building and Building Improvements	51,626,757	51,568,240	58,517	0.11%	51,482,921
Equipment	140,100,553	140,067,117	33,436	0.02%	138,741,400
Construction In Progress	2,136,259	1,978,974	157,284	7.95%	1,630,998
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	198,446,686	198,197,449	249,237	0.13%	196,438,437
Less: Accumulated Depreciation	(124,832,236)	(123,945,306)	(886,930)	-0.72%	(122,158,937)
Net Property, Plant, and Equipment	73,614,450	74,252,143	(637,693)	-0.86%	74,279,500
Other Assets					
Unamortized Loan Costs	880,099	886,086	(5,987)	-0.68%	898,060
Other	0	0	0	0.00%	0
Total Other Assets	880,099	886,086	(5,987)	-0.68%	898,060
TOTAL UNRESTRICTED ASSETS	141,341,894	143,397,071	(2,055,177)	-1.43%	142,187,628
Restricted Assets	475,122	475,122	0	0.00%	474,171
TOTAL ASSETS	\$141,817,016	\$143,872,193	(\$2,055,177)	-1.43%	\$142,661,800

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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Three months ending September 30, 2024

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2024
	Current Month 9/30/2024	Prior Month 8/31/2024	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$5,751,962	\$5,579,508	(\$172,454)	-3.09%	\$5,686,582
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,797,421	1,446,856	(350,565)	-24.23%	2,304,822
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	3,275,559	3,220,281	(55,277)		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	3,381,048	3,433,784	52,736	1.54%	3,386,824
Other Current Liabilities	180,531	1,937,997	1,757,466	90.68%	1,566,951
Total Current Liabilities	14,386,520	15,618,426	1,231,906	7.89%	16,058,606
Long Term Debt					
Bonds/Mortgages Payable	26,484,252	26,673,713	189,461	0.71%	26,893,490
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	3,381,048	3,433,784	52,736	1.54%	3,386,824
Total Long Term Debt (Net of Current)	23,103,205	23,239,929	136,725	0.59%	23,506,667
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	10,999,859	11,220,410	220,552	1.97%	10,833,425
Total Other Long Term Liabilities	10,999,859	11,220,410	220,552	1.97%	10,833,425
TOTAL LIABILITIES	48,489,584	50,078,766	1,589,182	3.17%	50,398,698
Net Assets:					
Unrestricted Fund Balance	89,833,683	89,833,683	0	0.00%	82,391,633
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	471,249	471,249	(0)	0.00%	470,299
Net Revenue/(Expenses)	1,063,381	1,529,375	N/A	N/A	7,442,051
TOTAL NET ASSETS	93,327,433	93,793,427	465,995	0.50%	92,263,102
TOTAL LIABILITIES AND NET ASSETS	\$141,817,016	\$143,872,193	\$2,055,177	1.43%	\$142,661,800

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Three months ending September 30, 2024

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	CURRENT MONTH				Prior Year 09/30/23
	Actual 09/30/24	Budget 09/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$4,229,582	\$4,242,026	(\$12,444)	-0.29%	\$4,038,243
Outpatient Revenue	15,461,921	15,514,639	(52,718)	-0.34%	14,487,978
Clinic Revenue	2,766,032	2,796,998	(30,966)	-1.11%	2,531,474
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>22,457,535</u>	<u>22,553,663</u>	<u>(96,128)</u>	<u>-0.43%</u>	<u>21,057,695</u>
Deductions From Revenue					
Discounts and Allowances	(10,445,910)	(10,306,009)	(139,901)	-1.36%	(9,424,162)
Bad Debt Expense (Governmental Providers Only)	(1,865,917)	(1,434,320)	(431,597)	-30.09%	(1,460,018)
Medical Assistance	(15,333)	(239,053)	223,721	93.59%	1,270
Total Deductions From Revenue	<u>(12,327,160)</u>	<u>(11,979,383)</u>	<u>(347,777)</u>	<u>-2.90%</u>	<u>(10,882,911)</u>
Net Patient Revenue	<u>10,130,375</u>	<u>10,574,280</u>	<u>(443,905)</u>	<u>-4.20%</u>	<u>10,174,785</u>
Other Operating Revenue	68,378	121,917	(53,539)	-43.91%	76,424
Total Operating Revenue	<u>10,198,753</u>	<u>10,696,198</u>	<u>(497,444)</u>	<u>-4.65%</u>	<u>10,251,208</u>
Operating Expenses					
Salaries and Wages	4,421,373	4,448,494	27,121	0.61%	3,826,537
Fringe Benefits	1,138,750	1,293,334	154,585	11.95%	1,004,543
Contract Labor	393,537	373,800	(19,737)	-5.28%	285,363
Physicians Fees	294,647	380,146	85,499	22.49%	252,623
Purchased Services	739,663	736,232	(3,432)	-0.47%	620,426
Drug Expense	904,747	1,015,114	110,367	10.87%	1,057,312
Supply Expense	984,579	895,601	(88,979)	-9.94%	764,805
Utilities	116,368	114,249	(2,119)	-1.85%	109,851
Repairs and Maintenance	337,361	433,357	95,997	22.15%	415,782
Insurance Expense	97,214	107,291	10,077	9.39%	67,726
All Other Operating Expenses	308,900	362,764	53,864	14.85%	316,879
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	40,673	36,556	(4,117)	-11.26%	39,636
Depreciation and Amortization	889,405	888,368	(1,037)	-0.12%	862,144
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>10,667,216</u>	<u>11,085,307</u>	<u>418,091</u>	<u>3.77%</u>	<u>9,623,627</u>
Net Operating Surplus/(Loss)	<u>(468,463)</u>	<u>(389,109)</u>	<u>(79,354)</u>	<u>20.39%</u>	<u>627,582</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	49,266	19,357	29,910	154.52%	33,135
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)	(68,858)	(73,809)	(4,951)	6.71%	(59,321)
Other Non-Operating Revenue/(Expenses)	22,060	752,837	(730,777)	-97.07%	17,195
Total Non Operating Revenue/(Expense)	<u>2,468</u>	<u>698,385</u>	<u>(695,917)</u>	<u>-99.65%</u>	<u>(8,991)</u>
Total Net Surplus/(Loss)	<u>(\$465,995)</u>	<u>\$309,276</u>	<u>(\$775,271)</u>	<u>-250.67%</u>	<u>\$618,591</u>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	<u>(\$465,995)</u>	<u>\$309,276</u>	<u>(\$775,271)</u>	<u>-250.67%</u>	<u>\$618,591</u>
Operating Margin	-4.59%	-3.64%			6.12%
Total Profit Margin	-4.57%	2.89%			6.03%
EBIDA	4.13%	4.67%			14.53%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Three months ending September 30, 2024

	YEAR-TO-DATE				Prior Year 09/30/23
	Actual 09/30/24	Budget 09/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$12,278,628	\$12,533,974	(\$255,346)	-2.04%	\$11,920,959
Outpatient Revenue	50,072,734	48,083,303	1,989,431	4.14%	44,946,832
Clinic Revenue	8,762,389	8,521,780	240,609	2.82%	7,556,741
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	71,113,751	69,139,057	1,974,694	2.86%	64,424,531
Deductions From Revenue					
Discounts and Allowances	(31,600,520)	(31,658,443)	57,923	0.18%	(29,758,578)
Bad Debt Expense (Governmental Providers Only)	(6,220,767)	(4,302,960)	(1,917,807)	-44.57%	(4,356,960)
Medical Assistance	(58,982)	(717,160)	658,178	91.78%	(190,370)
Total Deductions From Revenue	(37,880,269)	(36,678,563)	(1,201,705)	-3.28%	(34,305,908)
Net Patient Revenue	33,233,483	32,460,493	772,989	2.38%	30,118,623
Other Operating Revenue	495,522	433,287	62,236	14.36%	467,243
Total Operating Revenue	33,729,005	32,893,780	835,225	2.54%	30,585,866
Operating Expenses					
Salaries and Wages	13,230,725	13,657,930	427,205	3.13%	11,773,924
Fringe Benefits	3,914,886	3,963,094	48,208	1.22%	3,138,821
Contract Labor	1,304,047	1,121,400	(182,647)	-16.29%	1,017,775
Physicians Fees	1,112,423	1,192,439	80,015	6.71%	903,742
Purchased Services	2,077,915	2,275,599	197,685	8.69%	1,760,222
Drug Expense	2,867,386	3,045,341	177,955	5.84%	3,052,207
Supply Expense	2,761,109	2,736,812	(24,297)	-0.89%	2,244,049
Utilities	346,409	334,408	(12,001)	-3.59%	322,704
Repairs and Maintenance	1,127,835	1,328,677	200,842	15.12%	1,208,664
Insurance Expense	292,920	321,872	28,953	9.00%	201,522
All Other Operating Expenses	899,775	918,243	18,468	2.01%	821,447
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	126,108	109,750	(16,359)	-14.91%	122,722
Depreciation and Amortization	2,679,986	2,672,478	(7,508)	-0.28%	2,612,029
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	32,741,524	33,678,044	936,520	2.78%	29,179,829
Net Operating Surplus/(Loss)	987,481	(784,264)	1,771,745	-225.91%	1,406,037
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	185,562	58,070	127,493	219.55%	103,409
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)	(212,197)	(218,214)	6,017	-2.76%	(191,794)
Other Non-Operating Revenue/(Expense)	102,534	950,662	(848,127)	-89.21%	54,939
Total Non Operating Revenue/(Expense)	75,900	790,517	(714,618)	-90.40%	(33,445)
Total Net Surplus/(Loss)	\$1,063,381	\$6,253	\$1,057,127	16904.89%	\$1,372,592
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$1,063,381	\$6,253	\$1,057,127	16904.89%	\$1,372,592
Operating Margin	2.93%	-2.38%			4.60%
Total Profit Margin	3.15%	0.02%			4.49%
EBIDA	10.87%	5.74%			13.14%

Statement of Revenue and Expense - 13 Month Trend

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

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	Actual 9/30/2024	Actual 8/31/2024	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024
Gross Patient Revenue					
Inpatient Revenue	\$4,229,582	\$3,815,950	\$4,233,097	\$3,753,329	\$4,873,910
Inpatient Psych/Rehab Revenue					
Outpatient Revenue	\$15,461,921	\$16,307,549	\$18,303,263	\$16,025,677	\$17,065,942
Clinic Revenue	\$2,766,032	\$3,030,522	\$2,965,835	\$2,909,994	\$3,098,260
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$22,457,535	\$23,154,021	\$25,502,195	\$22,689,001	\$25,038,111
Deductions From Revenue					
Discounts and Allowances	\$10,445,910	\$10,358,617	\$10,795,994	\$10,263,890	\$11,795,527
Bad Debt Expense (Governmental Providers Only)	\$1,865,917	\$1,630,927	\$2,723,923	\$2,000,964	\$1,283,539
Charity Care	\$15,333	\$36,283	\$7,366	\$241,325	\$57,087
Total Deductions From Revenue	12,327,160	12,025,826	13,527,282	12,506,179	13,136,153
Net Patient Revenue	\$10,130,375	\$11,128,195	\$11,974,912	\$10,182,821	\$11,901,958
Other Operating Revenue	68,378	91,198	335,946	305,556	131,038
Total Operating Revenue	10,198,753	11,219,393	12,310,859	10,488,378	12,032,996
Operating Expenses					
Salaries and Wages	\$4,421,373	\$4,667,572	\$4,141,780	\$4,693,168	\$4,203,693
Fringe Benefits	\$1,138,750	\$1,687,786	\$1,088,350	\$1,105,022	\$1,677,550
Contract Labor	\$393,537	\$501,556	\$408,954	\$475,083	\$543,862
Physicians Fees	\$294,647	\$373,229	\$444,547	\$451,969	\$389,941
Purchased Services	\$739,663	\$724,260	\$613,991	\$727,936	\$691,394
Drug Expense	\$904,747	\$771,034	\$1,191,605	\$918,152	\$1,125,459
Supply Expense	\$984,579	\$853,023	\$923,507	\$620,399	\$956,733
Utilities	\$116,368	\$112,884	\$117,156	\$107,637	\$122,860
Repairs and Maintenance	\$337,361	\$447,570	\$342,905	\$446,822	\$367,427
Insurance Expense	\$97,214	\$97,214	\$98,493	\$62,095	\$135,140
All Other Operating Expenses	\$308,900	\$280,875	\$310,000	\$260,091	\$253,110
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$40,673	\$51,789	\$33,647	\$42,332	\$36,108
Depreciation and Amortization	\$889,405	\$900,391	\$890,190	\$920,211	\$946,935
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$10,667,216	\$11,469,184	\$10,605,124	\$10,830,915	\$11,450,213
Net Operating Surplus/(Loss)	(\$468,463)	(\$249,791)	\$1,705,735	(\$342,537)	\$582,783
Non-Operating Revenue:					
Contributions					
Investment Income	49,266	63,735	72,561	133,266	282,618
Tax Subsidies (Except for GO Bond Subsidies)					
Tax Subsidies for GO Bonds	0	0	0	0	0
Interest Expense (Governmental Providers Only)	(68,858)	(77,005)	(66,334)	(125,580)	(68,089)
Other Non-Operating Revenue/(Expenses)	16,560	20,984	69,457	515,404	15,619
Total Non Operating Revenue/(Expense)	(\$3,032)	\$7,713	\$75,684	\$523,090	\$230,148
Total Net Surplus/(Loss)	(\$471,495)	(\$242,078)	\$1,781,419	\$180,553	\$812,931
Change in Unrealized Gains/(Losses) on Investment	0	0	0	59,257	272,726
Increase/(Decrease in Unrestricted Net Assets	(\$471,495)	(\$242,078)	\$1,781,419	\$239,810	\$1,085,657
Operating Margin	-4.59%	-2.23%	13.86%	-3.27%	4.84%
Total Profit Margin	-4.62%	-2.16%	14.47%	1.72%	6.76%
EBIDA	4.13%	5.80%	21.09%	5.51%	12.71%

Actual 4/30/2024	Actual 3/31/2024	Actual 2/29/2024	Actual 1/31/2024	Actual 12/31/2023	Actual 11/30/2023	Actual 10/31/2023
\$3,666,923	\$4,236,296	\$4,714,671	\$5,004,383	\$4,119,968	\$3,552,335	\$3,746,554
\$16,587,785	\$15,459,637	\$15,607,056	\$16,628,567	\$17,109,573	\$15,516,757	\$14,463,990
\$3,244,931	\$3,031,288	\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$23,499,639	\$22,727,221	\$23,574,354	\$24,700,776	\$23,659,252	\$21,637,009	\$20,879,205
\$11,571,869	\$10,397,914	\$9,922,170	\$12,184,470		\$10,060,276	\$9,166,702
\$1,043,471	\$1,508,964	\$1,403,286	\$1,320,206	\$1,360,315	\$1,134,520	\$1,410,631
\$2,736	\$89,904	\$302,604	\$5,763	\$311,923	\$73,754	\$188,565
12,618,076	11,996,782	11,628,061	13,510,438	12,702,579	11,268,550	10,765,897
\$10,881,563	\$10,730,439	\$11,946,293	\$11,190,337	\$10,956,673	\$10,368,459	\$10,113,308
163,765	128,902	398,244	286,515	71,274	91,333	118,581
11,045,328	10,859,341	12,344,537	11,476,852	11,027,947	10,459,793	10,231,889
\$4,125,869	\$4,151,633	\$4,204,531	\$4,262,641	\$4,134,172	\$4,106,842	\$4,180,542
\$1,369,376	\$1,751,548	\$1,345,949	\$1,307,203	\$1,293,553	\$1,186,780	\$1,260,515
\$370,248	\$284,184	\$354,484	\$306,448	\$327,326	\$420,155	\$322,974
\$288,730	\$243,692	\$338,319	\$322,799	\$264,625	\$303,047	\$282,515
\$792,911	\$773,560	\$705,125	\$688,536	\$681,342	\$582,899	\$679,295
\$1,022,725	\$823,901	\$1,042,911	\$844,768	\$864,876	\$1,056,487	\$987,515
\$958,145	\$853,767	\$1,193,600	\$997,801	\$911,134	\$769,388	\$867,552
\$118,540	\$123,306	\$123,145	\$128,505	\$139,792	\$125,552	\$112,585
\$380,073	\$359,588	\$433,508	\$460,691	\$356,186	\$421,619	\$374,630
\$72,832	\$71,334	\$71,184	\$70,566	\$70,566	\$70,566	\$67,726
\$271,601	\$216,298	\$301,714	\$182,091	\$238,412	\$186,495	\$298,563
\$37,629	\$48,301	\$54,589	\$20,820	\$17,877	\$17,833	\$44,102
\$887,647	\$885,626	\$878,266	\$880,262	\$867,058	\$841,307	\$866,707
\$10,696,326	\$10,586,737	\$11,047,324	\$10,473,131	\$10,166,918	\$10,088,970	\$10,345,220
\$349,002	\$272,604	\$1,297,214	\$1,003,721	\$861,029	\$370,822	(\$113,331)
56,673	52,083	55,654	54,241	23,953	25,927	38,387
0	0	0	0	0	0	0
(91,263)	(71,778)	(55,734)	(56,478)	(63,173)	(58,383)	(58,584)
17,003	593,094	512,608	15,618	15,618	10,043	23,222
(\$17,587)	\$573,399	\$512,528	\$13,381	(\$23,602)	(\$22,412)	\$3,024
\$331,415	\$846,003	\$1,809,742	\$1,017,102	\$837,427	\$348,411	(\$110,307)
0	0	0	0	0	0	0
\$331,415	\$846,003	\$1,809,742	\$1,017,102	\$837,427	\$348,411	(\$110,307)
3.16%	2.51%	10.51%	8.75%	7.81%	3.55%	-1.11%
3.00%	7.79%	14.66%	8.86%	7.59%	3.33%	-1.08%
11.20%	10.67%	17.62%	16.42%	15.67%	11.59%	7.36%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Three months ending September 30, 2024

	CASH FLOW	
	Current Month 9/30/2024	Current Year-To-Date 9/30/2024
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(\$465,995)	\$1,063,381
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	889,405	2,679,986
(Increase)/Decrease in Net Patient Accounts Receivable	428,427	(634,888)
(Increase)/Decrease in Other Receivables	(106,139)	(1,088,030)
(Increase)/Decrease in Inventories	3,828	4,917
(Increase)/Decrease in Pre-Paid Expenses	104,946	205,785
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	172,454	65,380
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	405,842	(345,270)
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	(1,757,466)	(1,386,420)
Net Cash Provided by Operating Activities:	(324,698)	564,841
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(251,712)	(2,014,935)
(Increase)/Decrease in Limited Use Cash and Investments	1,722,075	1,283,375
(Increase)/Decrease in Other Limited Use Assets	(987)	(216,493)
(Increase)/Decrease in Other Assets	5,987	17,961
Net Cash Used by Investing Activities	1,475,363	(930,091)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(189,461)	(409,238)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(220,552)	166,433
Net Cash Used for Financing Activities	(410,012)	(242,805)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	(0)
Net Increase/(Decrease) in Cash	740,653	(608,055)
Cash, Beginning of Period	11,079,556	12,428,264
Cash, End of Period	\$11,820,209	\$11,820,209

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Three months ending September 30, 2024

Current Month				Year-To-Date				
Actual 09/30/24	Budget 09/30/24	Positive/ (Negative) Variance	Prior Year 09/30/23	STATISTICS	Actual 09/30/24	Budget 09/30/24	Positive/ (Negative) Variance	Prior Year 09/30/23
Discharges								
129	126	3	126	Acute	373	399	(26)	399
129	126	3	126	Total Adult Discharges	373	399	(26)	399
41	40	1	40	Newborn	113	127	(14)	127
170	166	4	166	Total Discharges	486	526	(40)	526
Patient Days:								
383	400	(17)	400	Acute	1,141	1,212	(71)	1,212
383	400	(17)	400	Total Adult Patient Days	1,141	1,212	(71)	1,212
65	71	(6)	71	Newborn	180	213	(33)	213
448	471	(23)	471	Total Patient Days	1,321	1,425	(104)	1,425
Average Length of Stay (ALOS)								
3.0	3.2	(0.2)	3.2	Acute	3.1	3.0	0.0	3.0
3.0	3.2	(0.2)	3.2	Total Adult ALOS	3.1	3.0	0.0	3.0
1.6	1.8	(0.2)	1.8	Newborn ALOS	1.6	1.7	(0.1)	1.7
Average Daily Census (ADC)								
12.8	13.3	(0.6)	13.3	Acute	12.4	13.2	(0.8)	13.2
12.8	13.3	(0.6)	13.3	Total Adult ADC	12.4	13.2	(0.8)	13.2
2.2	2.4	(0.2)	2.4	Newborn	2.0	2.3	(0.4)	2.3
Emergency Room Statistics								
129	134	(5)	134	ER Visits - Admitted	382	401	(19)	401
1,294	1,226	68	1,226	ER Visits - Discharged	4,060	3,668	392	3,668
1,423	1,360	63	1,360	Total ER Visits	4,442	4,069	373	4,069
9.07%	9.85%		9.85%	% of ER Visits Admitted	8.60%	9.86%		9.86%
100.00%	106.35%		106.35%	ER Admissions as a % of Total	102.41%	100.50%		100.50%
Outpatient Statistics:								
7,971	7,722	249	7,722	Total Outpatients Visits	25,036	23,763	1,273	23,763
187	145	42	145	Observation Bed Days	487	387	100	387
5,488	5,594	(106)	5,594	Clinic Visits - Primary Care	17,355	16,900	455	16,900
443	497	(54)	497	Clinic Visits - Specialty Clinics	1,660	1,635	25	1,635
56	49	7	49	IP Surgeries	188	147	41	147
135	98	37	98	OP Surgeries	404	311	93	311
Productivity Statistics:								
499.42	521.15	(21.73)	451.49	FTE's - Worked	491.22	521.15	(29.93)	448.00
548.00	571.09	(23.09)	494.77	FTE's - Paid	541.92	571.09	(29.17)	498.16
1.6100	1.5100	0.10	1.5100	Case Mix Index -Medicare	1.4600	1.4896	(0.03)	1.2433
1.3300	1.2100	0.12	1.2100	Case Mix Index - All payers	1.2700	0.6731	0.60	1.1900

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
09/30/24

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	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	65.63	64.59
Net Days in Accounts Receivable	60.66	55.47
Number of Gross Days in Unbilled Revenue	11.06	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	25.05%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.07%	1.06%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.08%	1.04%
Bad Debts as a % of Gross Patient Revenue - Current Month	8.31%	6.36%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	8.75%	6.22%
Collections as a Percentage of Net Revenue - Current Month	100.88%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	94.64%	100% or >
Percentage of Blue Cross Receivable > 90 Days	8.09%	< 10%
Percentage of Insurance Receivable > 90 Days	32.57%	< 15%
Percentage of Medicaid Receivable > 90 Days	32.03%	< 20%
Percentage of Medicare Receivable > 60 Days	41.97%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Three months ending September 30, 2024

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	(96,128)	-0.43%	1,974,694	2.86%
Gross patient revenue is under budget for the month and over budget year to date. Patient statistics over budget in September were ER visits and outpatient visits. Average Daily Census is 12.8 in September which is under budget by 0.6				
Deductions from Revenue	(347,777)	-2.90%	(1,201,705)	-3.28%
Deductions from revenue are over budget for September and over budget year to date. They are currently booked at 54.9% for September and 53.5% 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.				
Bad Debt Expense	(431,597)	-30.09%	(1,917,807)	-44.57%
Bad debt expense is booked at 8.3% for September and 8.7% year to date.				
Charity Care	223,721	93.59%	658,178	91.78%
Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.				
Other Operating Revenue	(53,539)	-43.91%	62,236	14.36%
Other Operating Revenue is under budget and over budget for the year.				
Salaries and Wages	27,121	0.61%	427,205	3.13%
Salary and Wages are under budget in September 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.				
Fringe Benefits	154,585	11.95%	48,208	1.22%
Fringe benefits are over budget in September and over budget year to date.				
Contract Labor	(19,737)	-5.28%	(182,647)	-16.29%
Contract labor is over budget for September and over budget year to date. Med Floor, OR, L&D, ER, and X-ray are over budget for the month.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Three months ending September 30, 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	%
Physician Fees	85,499	22.49%	80,015	PAGE 14 6.71%
Physician fees under budget in September and over budget year to date. Hospitalist, Locums and Sleep Lab are over budget in September.				
Purchased Services	(3,432)	-0.47%	197,685	8.69%
Purchased services are over budget for September and under budget year to date. Expenses over budget are consulting, sponsorships, collection agency and department mgmt service				
Supply Expense	(88,979)	-9.94%	(24,297)	-0.89%
Supplies are under budget for September and under budget year to date. Line items over budget include lab supplies, chargeables, inventory and other non med supplies.				
Repairs & Maintenance	95,997	22.15%	200,842	15.12%
Repairs and Maintenance are under budget for September and under budget year to date.				
All Other Operating Expenses	53,864	14.85%	18,468	2.01%
This expense is under budget in September and under budget year to date. Other expenses over budget are postage, freight and other expenses.				
Leases and Rentals	(4,117)	-11.26%	(16,359)	-14.91%
This expense is over budget for September and is over budget year to date				
Depreciation and Amortization	(1,037)	-0.12%	(7,508)	-0.28%
Depreciation is over budget for September and is over budget year to date				
BALANCE SHEET				
Cash and Cash Equivalents	\$740,653	6.68%		
Cash increased in September. Cash collections for September were \$10.2 million. Days Cash on Hand increased to 102 days.				
Gross Patient Accounts Receivable	(\$2,659,769)	-5.18%		
This receivable decreased in September due to lower revenue & medicare payments and adjustments				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Three months ending September 30, 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 Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	2,231,342	7.38%		
Bad Debt and Allowances decreased.				
Other Receivables	106,139	1.48%		
Other Receivables increased in September due to the QRA accrual and retention bonus' paid.				
Prepaid Expenses	(104,946)	-5.41%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	(1,721,088)	-7.25%		
These assets increased due to debt service fund payment.				
Plant Property and Equipment	(637,693)	-0.86%		
The decrease in these assets is due to the normal increase in accumulated depreciation.				
Accounts Payable	(172,454)	-3.09%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	(350,565)	-24.23%		
This liability increased in September. The payroll accrual for September was 8 days.				
Accrued Benefits	(55,277)			
This liability increased in September with the normal accrual and usage of PTO.				
Other Current Liabilities	1,757,466	90.68%		
This liability decreased for September due to the payment on the bonds				
Other Long Term Liabilities	220,552	1.97%		
This liability decreased with the payments on the leases				
Total Net Assets	370,822	0.50%		
The net loss from operations for September is \$468,463				

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

PROVIDER CLINICS

Unaudited Financial Statements

for

Three months ending September 30, 2024

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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ROCK SPRINGS, WY	
Three months ending September 30, 2024	

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Three months ending September 30, 2024

PAGE 2

- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 9/30/2024	Year to Date 9/30/2024	Prior Fiscal Year End 06/30/24	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-24.86%	-23.23%	-23.84%	-36.58%
Total Profit Margin	-24.86%	-23.23%	-23.84%	-36.58%
Contractual Allowance %	40.61%	43.05%	44.34%	
Liquidity:				
Net Days in Accounts Receivable	34.91	35.24	42.14	39.58
Gross Days in Accounts Receivable	35.42	34.29	36.55	72.82
Productivity and Efficiency:				
Patient Visits Per Day	182.93	188.64	198.57	
Total Net Revenue per FTE	N/A	\$190,147	\$206,194	
Salary Expense per Paid FTE	N/A	\$157,926	\$176,010	
Salary and Benefits as a % of Net Revenue	102.29%	99.99%	103.17%	91.26%
Employee Benefits %	16.67%	20.39%	20.86%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Three months ending September 30, 2024

	CURRENT MONTH				Prior Year 09/30/23
	Actual 09/30/24	Budget 09/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,766,032	2,796,998	(30,966)	-1.11%	2,531,474
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	2,766,032	2,796,998	(30,966)	-1.11%	2,531,474
Deductions From Revenue					
Discounts and Allowances	(1,123,349)	(1,225,119)	101,770	8.31%	(1,097,845)
Total Deductions From Revenue	(1,123,349)	(1,225,119)	101,770	8.31%	(1,097,845)
Net Patient Revenue	1,642,683	1,571,879	70,804	4.50%	1,433,629
Other Operating Revenue	37,318	41,485	(4,167)	-10.05%	40,709
Total Operating Revenue	1,680,001	1,613,364	66,637	4.13%	1,474,338
Operating Expenses					
Salaries and Wages	1,472,901	1,433,007	(39,895)	-2.78%	1,268,262
Fringe Benefits	245,580	223,077	(22,503)	-10.09%	191,356
Contract Labor	0	0	0	0.00%	0
Physicians Fees	128,010	169,283	41,273	24.38%	48,223
Purchased Services	2,679	3,430	750	21.88%	7,449
Supply Expense	51,523	55,285	3,762	6.80%	32,976
Utilities	1,048	1,159	111	9.58%	1,866
Repairs and Maintenance	3,374	6,219	2,844	45.74%	7,881
Insurance Expense	31,297	30,615	(682)	-2.23%	22,391
All Other Operating Expenses	149,112	162,981	13,868	8.51%	153,968
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	5,617	4,826	(792)	-16.40%	3,828
Depreciation and Amortization	6,485	4,626	(1,859)	-40.20%	6,791
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	2,097,628	2,094,506	(3,122)	-0.15%	1,744,991
Net Operating Surplus/(Loss)	(417,627)	(481,142)	63,515	-13.20%	(270,653)
Total Net Surplus/(Loss)	(417,627)	(481,142)	\$63,515	-13.20%	(270,653)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(417,627)	(481,142)	\$63,515	-13.20%	(270,653)
Operating Margin	-24.86%	-29.82%			-18.36%
Total Profit Margin	-24.86%	-29.82%			-18.36%
EBIDA	-24.47%	-29.54%			-17.90%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Three months ending September 30, 2024

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	YEAR-TO-DATE				Prior Year 09/30/23
	Actual 09/30/24	Budget 09/30/24	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	8,762,389	8,521,780	240,609	2.82%	7,556,741
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	8,762,389	8,521,780	240,609	2.82%	7,556,741
Deductions From Revenue					
Discounts and Allowances	(3,772,006)	(3,725,203)	(46,803)	-1.26%	(3,320,076)
Total Deductions From Revenue	(3,772,006)	(3,725,203)	(46,803)	-1.26%	(3,320,076)
Net Patient Revenue	4,990,383	4,796,577	193,806	4.04%	4,236,665
Other Operating Revenue	122,514	124,455	(1,941)	-1.56%	143,816
Total Operating Revenue	5,112,897	4,921,032	191,865	3.90%	4,380,481
Operating Expenses					
Salaries and Wages	4,246,493	4,399,703	153,210	3.48%	3,684,093
Fringe Benefits	865,794	721,542	(144,252)	-19.99%	619,200
Contract Labor	0	0	0	0.00%	0
Physicians Fees	450,469	607,850	157,381	25.89%	304,045
Purchased Services	7,328	10,289	2,961	28.78%	21,370
Supply Expense	106,070	106,563	493	0.46%	70,960
Utilities	3,619	3,477	(142)	-4.08%	3,758
Repairs and Maintenance	23,055	18,656	(4,399)	-23.58%	14,392
Insurance Expense	93,892	91,845	(2,047)	-2.23%	62,801
All Other Operating Expenses	471,015	481,502	10,486	2.18%	424,738
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	13,404	14,467	1,062	7.34%	12,447
Depreciation and Amortization	19,262	13,877	(5,385)	-38.81%	21,859
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	6,300,402	6,469,770	169,369	2.62%	5,239,662
Net Operating Surplus/(Loss)	(1,187,505)	(1,548,738)	361,233	-23.32%	(859,181)
Total Net Surplus/(Loss)	(1,187,505)	(1,548,738)	\$361,233	-23.32%	(\$859,181)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(1,187,505)	(1,548,738)	\$361,233	-23.32%	(\$859,181)
Operating Margin	-23.23%	-31.47%			-19.61%
Total Profit Margin	-23.23%	-31.47%			-19.61%
EBIDA	-22.85%	-31.19%			-19.11%

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

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	Actual 9/30/2024	Actual 8/31/2024	Actual 7/31/2024	Actual 6/30/2024	Actual 5/31/2024
Gross Patient Revenue					
Clinic Revenue	\$2,766,032	\$3,030,522	\$2,965,835	\$3,098,260	\$3,244,931
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$2,766,032	\$3,030,522	\$2,965,835	\$3,098,260	\$3,244,931
Deductions From Revenue					
Discounts and Allowances	(\$1,123,349)	(\$1,323,509)	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)
Total Deductions From Revenue	(\$1,123,349)	(\$1,323,509)	(\$1,325,148)	(\$1,247,082)	(\$1,596,933)
Net Patient Revenue	\$1,642,683	\$1,707,013	\$1,640,687	\$1,851,177	\$1,647,998
Other Operating Revenue	\$37,318	\$44,317	\$40,879	\$41,325	\$48,843
Total Operating Revenue	1,680,001	1,751,330	1,681,566	1,892,502	1,696,841
Operating Expenses					
Salaries and Wages	\$1,472,901	\$1,447,522	\$1,326,070	\$1,487,393	\$1,445,111
Fringe Benefits	\$245,580	\$373,923	\$246,291	\$379,342	\$326,956
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$128,010	\$142,605	\$179,854	\$183,150	\$110,473
Purchased Services	\$2,679	\$3,262	\$1,386	\$818	\$7,543
Supply Expense	\$51,523	\$34,125	\$20,422	\$25,558	\$40,409
Utilities	\$1,048	\$1,723	\$848	\$1,754	\$815
Repairs and Maintenance	\$3,374	\$6,285	\$13,396	\$19,503	\$4,634
Insurance Expense	\$31,297	\$31,297	\$31,297	\$31,297	\$22,391
All Other Operating Expenses	\$149,112	\$134,426	\$187,477	\$143,924	\$143,679
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$5,617	\$3,716	\$4,072	\$4,322	\$4,400
Depreciation and Amortization	\$6,485	\$6,485	\$6,292	\$6,547	\$6,372
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$2,097,628	\$2,185,370	\$2,017,404	\$2,283,608	\$2,112,782
Net Operating Surplus/(Loss)	(\$417,627)	(\$434,039)	(\$335,839)	(\$391,106)	(\$415,941)
Total Net Surplus/(Loss)	(\$417,627)	(\$434,039)	(\$335,839)	(\$391,106)	(\$415,941)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets)	(\$417,627)	(\$434,039)	(\$335,839)	(\$391,106)	(\$415,941)
Operating Margin	-24.86%	-24.78%	-19.97%	-20.67%	-24.51%
Total Profit Margin	-24.86%	-24.78%	-19.97%	-20.67%	-24.51%
EBIDA	-24.47%	-24.41%	-19.60%	-20.32%	-24.14%

Actual 4/30/2024	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
\$3,031,288	\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$3,031,288	\$3,252,627	\$3,067,826	\$2,429,711	\$2,567,917	\$2,668,662	\$2,531,474	\$2,624,096
(\$1,305,169)	(\$1,437,969)	(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)
(\$1,305,169)	(\$1,437,969)	(\$1,166,358)	(\$1,175,631)	(\$1,127,929)	(\$1,203,232)	(\$1,097,845)	(\$1,132,244)
\$1,726,120	\$1,814,659	\$1,901,467	\$1,254,080	\$1,439,988	\$1,465,429	\$1,433,629	\$1,491,852
\$37,502	\$44,208	\$40,957	\$39,646	\$44,519	\$40,763	\$40,709	\$56,677
1,763,622	1,858,867	1,942,425	1,293,727	1,484,508	1,506,193	1,474,338	1,548,529
\$1,402,323	\$1,417,161	\$1,401,458	\$1,401,351	\$1,379,054	\$1,406,800	\$1,268,262	\$1,189,449
\$402,575	\$352,833	\$344,600	\$265,866	\$246,824	\$253,428	\$191,356	\$211,574
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$95,316	\$184,805	\$142,870	\$104,507	\$141,747	\$122,560	\$48,223	\$124,955
\$8,021	\$4,886	\$4,971	\$3,976	\$6,143	\$8,953	\$7,449	\$11,119
\$15,937	\$20,431	\$35,784	\$18,050	\$22,062	\$25,675	\$32,976	\$20,843
\$888	\$890	\$1,016	\$957	\$957	\$954	\$1,866	\$946
\$4,634	\$2,942	\$3,991	\$6,565	\$8,071	\$3,411	\$7,881	\$3,298
\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$22,391	\$20,205
\$74,051	\$126,422	\$103,364	\$122,279	\$94,799	\$172,653	\$153,968	\$97,070
\$3,072	\$5,937	\$4,426	\$3,528	\$4,556	\$4,912	\$3,828	\$2,865
\$6,673	\$6,773	\$7,332	\$6,757	\$6,757	\$6,757	\$6,791	\$7,097
\$2,035,880	\$2,145,470	\$2,072,203	\$1,956,227	\$1,933,361	\$2,028,495	\$1,744,991	\$1,689,421
(\$272,258)	(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)
(\$272,258)	(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)
0	0	0	0	0	0	0	0
(\$272,258)	(\$286,604)	(\$129,778)	(\$662,500)	(\$448,853)	(\$522,302)	(\$270,653)	(\$140,892)
-15.44%	-15.42%	-6.68%	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%
-15.44%	-15.42%	-6.68%	-51.21%	-30.24%	-34.68%	-18.36%	-9.10%
-15.06%	-15.05%	-6.30%	-50.69%	-29.78%	-34.23%	-17.90%	-8.64%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Three months ending September 30, 2024

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior Year		Actual	Budget	Positive/ (Negative)	Prior Year
09/30/24	09/30/24	Variance	09/30/23		09/30/24	09/30/24	Variance	09/30/23
Outpatient Statistics:								
5,488	5,594	(106)	5,594	Clinic Visits - Primary Care	17,355	16,900	455	16,900
443	497	(54)	497	Clinic Visits - Specialty Clinics	1,660	1,635	25	1,635
Productivity Statistics:								
86.77	97.78	(11.01)	73.72	FTE's - Worked	96.77	97.78	(1.01)	68.61
106.68	107.45	(0.77)	80.18	FTE's - Paid	106.68	107.45	(0.77)	78.57

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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	547	9,222,591.17
CAPITAL EQUIPMENT (PLANT FUND)	5	179,629.60
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	316,501.72
PAYROLL SEPTEMBER 12, 2023		1,973,802.60
PAYROLL SEPTEMBER 26, 2023		1,946,501.24
TOTAL CASH OUTFLOW		<u>\$9,718,722.49</u>
CASH COLLECTIONS		10,219,780.00
INCREASE/DECREASE IN CASH		\$501,057.51

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	WYOELCTRIC, INC	27,700.00	ELECTRICAL ED X-RAY ROOM		
002666	7/11/2024	WYOELCTRIC, INC	4,522.00	UPS FOR IT EQUIPMENT		
002667	7/18/2024	CDW GOVERNMENT LLC	24,263.27	UPS FOR MHSC DATA CENTER		
002674	7/25/2024	CDW GOVERNMENT LLC	1,183.69	UPS FOR MHSC DATA CENTER		
002675	7/25/2024	PEDIA PALS, INC.	2,517.50	PEDIATRIC BED		
002676	7/25/2024	FOLLETT CORPORATION	5,375.54	ICE/WATER MACHINE FOR SAME DAY SURGERY		
JULY TOTALS					72,582.00	72,582.00

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

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

**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 SERVICI	7/31/2024	WF DEBT SERVICE	185,523.05	WF DEBT SERVICE		
JULY TOTALS					229,636.30	229,636.30

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

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

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

GENERAL FUND DISBURSEMENTS

9/30/2024

Amount	Description
50,075.72	Advertising Total
10,275.20	Billing services Total
12,627.11	Blood Total
3,500.00	Building Lease Total
136,005.35	Café Management Total
62,312.83	Collection Agency Total
6,302.01	Computer Equipment Total
9,077.24	Consulting Fees Total
598,952.39	Contract Maintenance Total
397,717.75	Contract Personnel Total
399.96	Courier Services Total
683.83	Credit Card Payment Total
22,415.85	Dental Insurance Total
7,295.62	Dialysis Supplies Total
4,974.00	Education & Travel Total
7,831.57	Employee Recruitment Total
7,098.79	Employee Vision Plan Total
100,928.79	Equipment Lease Total
7,778.85	Food Total
11,069.40	Freight Total
597.37	Fuel Total
3,490.19	Garbage Collection Total
753,664.15	Group Health Total
540,593.08	Hospital Supplies Total
23,724.28	Implant Supplies Total
1,059.70	Instruments Total
100,899.35	Laboratory Services Total
101,665.63	Laboratory Supplies Total
15,277.50	Legal Fees Total
37,764.48	License & Taxes Total
1,279.44	Linen Total
58,332.98	Maintenance & Repair Total
2,772.00	Marketing & Promotional Supplies Total
100.00	Membership Dues Total
4,166.32	MHSC Foundation Total
3,163.31	Minor Equipment Total
719.00	Monthly Pest Control Total
4,248.99	Non Medical Supplies Total
11,014.06	Office Supplies Total
2,736.50	Other Employee Benefits Total
8,365.00	Other Purchased Services Total
5,173.75	Oxygen Rental Total
1,007.22	Payroll Deduction Total
4,946.29	Payroll Garnishment Total
3,800,000.00	Payroll Transfer Total
1,093,813.81	Pharmacy Management Total
6,911.00	Physician Recruitment Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
9/30/2024

45,000.00	Physician Retention Total
368,505.74	Physician Services Total
15,833.35	Physician Student Loan Total
12,822.93	Professional Service Total
6.70	Radiation Monitoring Total
284.29	Radiology Film Total
15,328.23	Radiology Material Total
14,841.49	Reimbursement - CME Total
15,484.15	Reimbursement - Education & Travel Total
169.00	Reimbursement - Membership Dues Total
161.52	Reimbursement - Non Hospital Supplies Total
54.06	Reimbursement - Office Supplies Total
425,073.79	Retirement Total
6,800.00	Sponsorship Total
131,067.79	Surgery Supplies Total
4,980.90	Surveys Total
2,210.23	Translation Services Total
110,275.24	Utilities Total
3,540.10	Waste Disposal Total
5,344.00	Window Cleaning Total
9,222,591.17	Grand Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
9/30/2024

Check Number	Date	Vendor Check Name	Amount	Description
201763	9/26/2024	BIG THICKET BROADCASTING	6,424.45	Advertising
201532	9/12/2024	BRIDGER VALLEY PIONEER	1,150.80	Advertising
201766	9/26/2024	BRIDGER VALLEY PIONEER	375.00	Advertising
201640	9/13/2024	CARTVERTISING	15,400.00	Advertising
201581	9/12/2024	KEMMERER GAZETTE	462.60	Advertising
201808	9/26/2024	KEMMERER GAZETTE	315.00	Advertising
201582	9/12/2024	LAMAR ADVERTISING	2,160.00	Advertising
201809	9/26/2024	LAMAR ADVERTISING	450.00	Advertising
201468	9/5/2024	PILOT BUTTE BROADCASTING	650.00	Advertising
201599	9/12/2024	PINEDALE ROUNDUP	625.00	Advertising
201826	9/26/2024	PINEDALE ROUNDUP	750.00	Advertising
201608	9/12/2024	ROCKET MINER	267.44	Advertising
201714	9/19/2024	ROCKET MINER	128.43	Advertising
201479	9/5/2024	ROYAL FLUSH ADVERTISING	3,402.00	Advertising
201837	9/26/2024	SARATOGA SUN	576.00	Advertising
201611	9/12/2024	SCORPION HEALTHCARE LLC	5,851.00	Advertising
201624	9/12/2024	THE RADIO NETWORK	4,700.00	Advertising
201856	9/26/2024	TRUE NORTH CUSTOM PUBLISHING	2,850.00	Advertising
201872	9/26/2024	WYOMING NEWS SOURCE LLC	1,008.00	Advertising
EF100000008809	9/5/2024	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EF100000008816	9/12/2024	GREEN RIVER STAR	950.00	Advertising
EF100000008839	9/26/2024	GREEN RIVER STAR	1,300.00	Advertising
201668	9/19/2024	EXPRESS MEDICAID BILLING SERV	10,275.20	Billing Services
201632	9/12/2024	VITALANT	7,330.09	Blood
201864	9/26/2024	VITALANT	5,297.02	Blood
201781	9/26/2024	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
201858	9/26/2024	UNIDINE CORPORATION	136,005.35	Café Management
201658	9/19/2024	COLLECTION PROFESSIONALS, INC.	102.75	Collection Agency
201556	9/12/2024	EXPRESS RECOVERY SERVICES	44,780.97	Collection Agency
201735	9/19/2024	WAKEFIELD & ASSOCIATES, INC.	420.34	Collection Agency
201865	9/26/2024	WAKEFIELD & ASSOCIATES, INC.	17,008.77	Collection Agency
201405	9/5/2024	CDW GOVERNMENT LLC	1,227.68	Computer Equipment
201538	9/12/2024	CDW GOVERNMENT LLC	787.00	Computer Equipment
201654	9/19/2024	CDW GOVERNMENT LLC	1,612.66	Computer Equipment
201769	9/26/2024	CDW GOVERNMENT LLC	954.51	Computer Equipment
201419	9/5/2024	DELL COMPUTER CORPORATION	514.80	Computer Equipment
201665	9/19/2024	DELL COMPUTER CORPORATION	1,205.36	Computer Equipment
201839	9/26/2024	THE SPYGLASS GROUP, LLC	9,077.24	Consulting Fees
201533	9/12/2024	CARAHSOFT TECHNOLOGY CORP	17,584.50	Contract Maintenance
201408	9/5/2024	CLOUDLI COMMUNICATIONS INC.	81.12	Contract Maintenance
201659	9/19/2024	COMPUNET, INC.	16,570.76	Contract Maintenance
201655	9/19/2024	CSG, LLC	2,721.99	Contract Maintenance
201786	9/26/2024	ENERGY LABORATORIES INC.	108.00	Contract Maintenance
201428	9/5/2024	GE HEALTHCARE	510.72	Contract Maintenance
201563	9/12/2024	GE HEALTHCARE	22,781.16	Contract Maintenance
201673	9/19/2024	GE HEALTHCARE	264.84	Contract Maintenance
201792	9/26/2024	GE HEALTHCARE	23,892.77	Contract Maintenance
201571	9/12/2024	HOLOGIC, INC.	6,400.00	Contract Maintenance
201798	9/26/2024	HOLOGIC, INC.	980.20	Contract Maintenance
201573	9/12/2024	INMAR INC.	2,200.00	Contract Maintenance
201680	9/19/2024	INOVALON PROVIDER INC.	995.70	Contract Maintenance
201437	9/5/2024	ISI WATER CHEMISTRIES	409.21	Contract Maintenance
201681	9/19/2024	ISI WATER CHEMISTRIES	180.42	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
9/30/2024

201448	9/5/2024	MD ANDERSON CANCER CENTER	870.00	Contract Maintenance
201589	9/12/2024	MERGE HEALTHCARE SOLUTIONS, INC	107.11	Contract Maintenance
201591	9/12/2024	NETDAIS	1,925.00	Contract Maintenance
201595	9/12/2024	ORACLE AMERICA, INC.	218,753.61	Contract Maintenance
201702	9/19/2024	ORACLE AMERICA, INC.	204,695.90	Contract Maintenance
201820	9/26/2024	ORACLE AMERICA, INC.	3,583.77	Contract Maintenance
201704	9/19/2024	OTIS ELEVATOR COMPANY	190.00	Contract Maintenance
201598	9/12/2024	PHILIPS MEDICAL SYSTEM N.A.CO	1,016.67	Contract Maintenance
201706	9/19/2024	PHILIPS MEDICAL SYSTEM N.A.CO	1,366.67	Contract Maintenance
201824	9/26/2024	PHILIPS MEDICAL SYSTEM N.A.CO	1,366.67	Contract Maintenance
201830	9/26/2024	PROVIDER RESOURCES, INC.	594.00	Contract Maintenance
201708	9/19/2024	QUADRAMED	17,750.00	Contract Maintenance
201713	9/19/2024	REMI CORPORATION	2,924.34	Contract Maintenance
201834	9/26/2024	REMI CORPORATION	3,021.83	Contract Maintenance
201477	9/5/2024	RL DATIX	842.00	Contract Maintenance
201480	9/5/2024	SIEMENS MEDICAL SOLUTIONS USA	2,059.28	Contract Maintenance
201612	9/12/2024	SIEMENS MEDICAL SOLUTIONS USA	11,317.16	Contract Maintenance
201638	9/12/2024	STATE FIRE DC SPECIALTIES	6,479.50	Contract Maintenance
201629	9/12/2024	UNITED AUDIT SYSTEMS, INC.	6,652.75	Contract Maintenance
201500	9/5/2024	WYODATA SECURITY INC.	1,865.00	Contract Maintenance
201637	9/12/2024	WYODATA SECURITY INC.	1,865.00	Contract Maintenance
201870	9/26/2024	WYODATA SECURITY INC.	1,865.00	Contract Maintenance
EFT000000008842	9/26/2024	STATE FIRE DC SPECIALTIES	5,362.80	Contract Maintenance
W/T	9/20/2024	TRIZETTO FEE	6,128.84	Contract Maintenance
W/T	9/9/2024	ZENITH	420.42	Contract Maintenance
W/T	9/20/2024	TRIZETTO FEE	247.68	Contract Maintenance
201427	9/5/2024	FOCUSONE SOLUTIONS LLC	105,010.00	Contract Personnel
201561	9/12/2024	FOCUSONE SOLUTIONS LLC	99,440.75	Contract Personnel
201671	9/19/2024	FOCUSONE SOLUTIONS LLC	92,814.25	Contract Personnel
201791	9/26/2024	FOCUSONE SOLUTIONS LLC	100,092.75	Contract Personnel
201610	9/12/2024	SARAH ROTH	360.00	Contract Personnel
201821	9/26/2024	PACKAGERUNNER LOGISTICS LLC	399.96	Courier Services
W/T	9/30/2024	UMB BANK	683.83	Credit Card Payment
201549	9/12/2024	DELTA DENTAL	22,415.85	Dental Insurance
201562	9/12/2024	FRESENIUS USA MARKETING, INC.	1,597.91	Dialysis Supplies
201672	9/19/2024	FRESENIUS USA MARKETING, INC.	5,181.39	Dialysis Supplies
201569	9/12/2024	HENRY SCHEIN INC	263.57	Dialysis Supplies
201796	9/26/2024	HENRY SCHEIN INC	252.75	Dialysis Supplies
201416	9/5/2024	COPE2THRIVE, LLC	675.00	Education & Travel
201687	9/19/2024	KRISTINA CONSULTING GROUP	250.00	Education & Travel
201874	9/26/2024	LARRY D. MACY	3,600.00	Education & Travel
201450	9/5/2024	MEDICAL IMAGING CONSULTANTS, INC	199.00	Education & Travel
201502	9/5/2024	WYOMING HOSPITAL ASSOCIATION	250.00	Education & Travel
201755	9/26/2024	ALTITUDE ANALYSIS	585.00	Employee Recruitment
201568	9/12/2024	HEALTH ECAREERS	3,510.00	Employee Recruitment
201801	9/26/2024	INSIGHT SCREENING LLC	1,510.75	Employee Recruitment
201842	9/26/2024	STATE OF WYOMING	120.00	Employee Recruitment
201853	9/26/2024	TINA JULIUS	2,105.82	Employee Recruitment
201631	9/12/2024	VISION SERVICE PLAN - WY	7,098.79	Employee Vision Plan
201777	9/26/2024	COPIER & SUPPLY COMPANY	10,133.94	Equipment Lease
201564	9/12/2024	GE HEALTHCARE FINANCIAL SERVICES	7,472.32	Equipment Lease
201793	9/26/2024	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
201692	9/19/2024	MAKO SURGICAL CORP	15,200.00	Equipment Lease
201458	9/5/2024	NEWLANE FINANCE COMPANY	59.58	Equipment Lease

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201592	9/12/2024	NEWLANE FINANCE COMPANY	54.99	Equipment Lease
201817	9/26/2024	NEWLANE FINANCE COMPANY	84.58	Equipment Lease
201716	9/19/2024	SHADOW MOUNTAIN WATER CO ,WY	376.96	Equipment Lease
201718	9/19/2024	SIEMENS FINANCIAL SERVICES, INC	16,664.17	Equipment Lease
201496	9/5/2024	US BANK EQUIPMENT FINANCE	1,185.57	Equipment Lease
201630	9/12/2024	US BANK EQUIPMENT FINANCE	253.46	Equipment Lease
201860	9/26/2024	US BANK EQUIPMENT FINANCE	2,278.29	Equipment Lease
201422	9/5/2024	F B MCFADDEN WHOLESALE	2,094.65	Food
201557	9/12/2024	F B MCFADDEN WHOLESALE	1,551.85	Food
201669	9/19/2024	F B MCFADDEN WHOLESALE	2,005.55	Food
201788	9/26/2024	F B MCFADDEN WHOLESALE	2,126.80	Food
201423	9/5/2024	FED EX	402.54	Freight
201639	9/13/2024	FED EX	599.02	Freight
201494	9/5/2024	TRIOSE, INC	5,068.10	Freight
201628	9/12/2024	TRIOSE, INC	2,795.98	Freight
201731	9/19/2024	TRIOSE, INC	2,185.98	Freight
201855	9/26/2024	TRIOSE, INC	17.78	Freight
201606	9/12/2024	BAILEY ENTERPRISES	597.37	Fuel
201622	9/12/2024	SWEETWATER COUNTY SOLID WASTE	20.00	Garbage Collection
201848	9/26/2024	SWEETWATER COUNTY SOLID WASTE	20.00	Garbage Collection
EFT000000008823	9/12/2024	WWS - ROCK SPRINGS	3,450.19	Garbage Collection
W/T	9/6/2024	BLUE CROSS BLUE SHIELD 8/30/24	271,568.07	Group Health
W/T	9/13/2024	BLUE CROSS BLUE SHIELD 9/6/24	209,694.36	Group Health
W/T	9/20/2024	BLUE CROSS BLUE SHIELD 9/13/24	170,345.89	Group Health
W/T	9/27/2024	BLUE CROSS BLUE SHEILD 9/20/24	88,435.14	Group Health
W/T	9/12/2024	FURTHER FLEX 9/11/24	3,697.67	Group Health
W/T	9/5/2024	FURTHER FLEX 9/4/24	3,483.24	Group Health
W/T	9/25/2024	FURTHER FLEX 9/25/24	3,308.38	Group Health
W/T	9/19/2024	FURTHER FLEX 9/18/24	2,793.40	Group Health
W/T	9/23/2024	FURTHER ADMIN FEE	338.00	Group Health
201609	9/12/2024	ABBOTT NUTRITION	174.12	Hospital Supplies
201387	9/5/2024	AESCLAP INC	944.78	Hospital Supplies
201643	9/19/2024	AESCLAP INC	1,847.29	Hospital Supplies
201519	9/12/2024	AIRCLEAN SYSTEMS	185.00	Hospital Supplies
201645	9/19/2024	Ambu Incorporated	3,532.49	Hospital Supplies
201392	9/5/2024	APPLIED MEDICAL	260.00	Hospital Supplies
201525	9/12/2024	APPLIED MEDICAL	870.00	Hospital Supplies
201646	9/19/2024	APPLIED MEDICAL	264.00	Hospital Supplies
201393	9/5/2024	ARTHREX INC.	2,821.50	Hospital Supplies
201647	9/19/2024	ARTHREX INC.	6,457.00	Hospital Supplies
201528	9/12/2024	B BRAUN MEDICAL INC.	2,540.75	Hospital Supplies
201761	9/26/2024	B BRAUN MEDICAL INC.	2,540.75	Hospital Supplies
201398	9/5/2024	BARD MEDICAL	1,226.00	Hospital Supplies
201760	9/26/2024	BARD MEDICAL	6,322.00	Hospital Supplies
201399	9/5/2024	BARD PERIPHERAL VASCULAR INC	2,862.39	Hospital Supplies
201648	9/19/2024	BARD PERIPHERAL VASCULAR INC	1,434.19	Hospital Supplies
201402	9/5/2024	BOSTON SCIENTIFIC CORP	1,953.86	Hospital Supplies
201531	9/12/2024	BOSTON SCIENTIFIC CORP	332.06	Hospital Supplies
201662	9/19/2024	C R BARD INC	855.04	Hospital Supplies
201779	9/26/2024	C R BARD INC	1,349.43	Hospital Supplies
201404	9/5/2024	CARDINAL HEALTH/V. MUELLER	1,907.18	Hospital Supplies
201535	9/12/2024	CARDINAL HEALTH/V. MUELLER	46,730.24	Hospital Supplies
201652	9/19/2024	CARDINAL HEALTH/V. MUELLER	120,403.64	Hospital Supplies
201767	9/26/2024	CARDINAL HEALTH/V. MUELLER	31,199.02	Hospital Supplies

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201768	9/26/2024	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
201409	9/5/2024	COASTAL LIFE SYSTEMS, INC.	219.98	Hospital Supplies
201774	9/26/2024	CONE INSTRUMENTS	330.38	Hospital Supplies
201660	9/19/2024	COOK MEDICAL INC.	425.00	Hospital Supplies
201414	9/5/2024	COOK MEDICAL INCORPORATED	511.89	Hospital Supplies
201543	9/12/2024	COOK MEDICAL INCORPORATED	271.59	Hospital Supplies
201418	9/5/2024	CR BARD INC	1,224.10	Hospital Supplies
201780	9/26/2024	CR BARD INC	374.50	Hospital Supplies
201551	9/12/2024	DIAGNOSTIGA STAGO INC	5,281.47	Hospital Supplies
201667	9/19/2024	DIAGNOSTIGA STAGO INC	1,713.30	Hospital Supplies
201421	9/5/2024	DJ ORTHOPEDICS, LLC	148.72	Hospital Supplies
201552	9/12/2024	DJ ORTHOPEDICS, LLC	267.23	Hospital Supplies
201784	9/26/2024	EITAN GROUP NORTH AMERICA, INC.	571.65	Hospital Supplies
201426	9/5/2024	FISHER & PAYKEL HEALTHCARE, INC	652.88	Hospital Supplies
201560	9/12/2024	FISHER & PAYKEL HEALTHCARE, INC	1,147.88	Hospital Supplies
201675	9/19/2024	GEM MEDICAL SUPPLIES, LLC	109.46	Hospital Supplies
201430	9/5/2024	GENERAL HOSPITAL SUPPLY CORPORATION	240.00	Hospital Supplies
201566	9/12/2024	GYNEX CORP	554.95	Hospital Supplies
201567	9/12/2024	HEALTHCARE LOGISTICS INC	11.58	Hospital Supplies
201677	9/19/2024	HEALTHCARE LOGISTICS INC	580.12	Hospital Supplies
201570	9/12/2024	HILL-ROM	194.46	Hospital Supplies
201678	9/19/2024	HILL-ROM	3,496.95	Hospital Supplies
201434	9/5/2024	HOLLISTER	98.30	Hospital Supplies
201679	9/19/2024	HULL ANESTHESIA INC	201.00	Hospital Supplies
201438	9/5/2024	J & J HEALTH CARE SYSTEMS INC	2,895.88	Hospital Supplies
201578	9/12/2024	J & J HEALTH CARE SYSTEMS INC	5,272.47	Hospital Supplies
201682	9/19/2024	J & J HEALTH CARE SYSTEMS INC	11,643.37	Hospital Supplies
201804	9/26/2024	J & J HEALTH CARE SYSTEMS INC	6,451.90	Hospital Supplies
201580	9/12/2024	KARL STORZ ENDOSCOPY-AMERICA	13,829.50	Hospital Supplies
201685	9/19/2024	KARL STORZ ENDOSCOPY-AMERICA	6,629.50	Hospital Supplies
201440	9/5/2024	KCI USA	526.07	Hospital Supplies
201807	9/26/2024	KCI USA	2,466.62	Hospital Supplies
201487	9/5/2024	LEICA BIOSYSTEMS RICHMOND	159.60	Hospital Supplies
201457	9/5/2024	M V A P MEDICAL SUPPLIES, INC.	204.20	Hospital Supplies
201816	9/26/2024	M V A P MEDICAL SUPPLIES, INC.	408.00	Hospital Supplies
201585	9/12/2024	MARKET LAB, INC	764.95	Hospital Supplies
201446	9/5/2024	MASIMO AMERICAS, INC.	6,630.00	Hospital Supplies
201586	9/12/2024	MASIMO AMERICAS, INC.	1,360.00	Hospital Supplies
201693	9/19/2024	MASIMO AMERICAS, INC.	880.00	Hospital Supplies
201447	9/5/2024	MCKESSON MEDICAL-SURGICAL	924.18	Hospital Supplies
201694	9/19/2024	MCKESSON MEDICAL-SURGICAL	193.67	Hospital Supplies
201449	9/5/2024	MEDELA LLC	569.60	Hospital Supplies
201451	9/5/2024	MEDLINE INDUSTRIES INC	19,436.05	Hospital Supplies
201587	9/12/2024	MEDLINE INDUSTRIES INC	55,692.78	Hospital Supplies
201696	9/19/2024	MEDLINE INDUSTRIES INC	65,959.57	Hospital Supplies
201813	9/26/2024	MEDLINE INDUSTRIES INC	28,879.89	Hospital Supplies
201453	9/5/2024	MEDTRONIC USA INC	15,537.90	Hospital Supplies
201452	9/5/2024	MEDTRONIC, USA	824.00	Hospital Supplies
201460	9/5/2024	OLYMPUS AMERICA INC	363.01	Hospital Supplies
201594	9/12/2024	OLYMPUS AMERICA INC	217.31	Hospital Supplies
201701	9/19/2024	OLYMPUS AMERICA INC	751.51	Hospital Supplies
201819	9/26/2024	OLYMPUS AMERICA INC	865.73	Hospital Supplies
201462	9/5/2024	OWENS & MINOR 90005430	161.19	Hospital Supplies
201467	9/5/2024	PERFORMANCE HEALTH SUPPLY INC	315.97	Hospital Supplies

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201597	9/12/2024	PERFORMANCE HEALTH SUPPLY INC	33.47	Hospital Supplies
201474	9/5/2024	RADIOMETER AMERICA INC	297.35	Hospital Supplies
201603	9/12/2024	RADIOMETER AMERICA INC	1,129.65	Hospital Supplies
201833	9/26/2024	RADIOMETER AMERICA INC	1,459.46	Hospital Supplies
201835	9/26/2024	RESPIRONICS	307.50	Hospital Supplies
201717	9/19/2024	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	2,732.71	Hospital Supplies
201484	9/5/2024	STERIS CORPORATION	697.18	Hospital Supplies
201616	9/12/2024	STERIS CORPORATION	3,003.17	Hospital Supplies
201724	9/19/2024	STERIS CORPORATION	1,498.50	Hospital Supplies
201844	9/26/2024	STERIS CORPORATION	122.88	Hospital Supplies
201493	9/5/2024	TRI-ANIM HEALTH SERVICES INC	518.19	Hospital Supplies
201626	9/12/2024	TRI-ANIM HEALTH SERVICES INC	827.04	Hospital Supplies
201730	9/19/2024	TRI-ANIM HEALTH SERVICES INC	971.18	Hospital Supplies
201854	9/26/2024	TRI-ANIM HEALTH SERVICES INC	35.29	Hospital Supplies
201733	9/19/2024	UTAH MEDICAL PRODUCTS INC	270.30	Hospital Supplies
201497	9/5/2024	VERATHON INC.	686.09	Hospital Supplies
201734	9/19/2024	VERATHON INC.	1,596.27	Hospital Supplies
201498	9/5/2024	WAXIE SANITARY SUPPLY	181.76	Hospital Supplies
201633	9/12/2024	WAXIE SANITARY SUPPLY	1,706.48	Hospital Supplies
201737	9/19/2024	WAXIE SANITARY SUPPLY	893.40	Hospital Supplies
201866	9/26/2024	WAXIE SANITARY SUPPLY	5,924.86	Hospital Supplies
EFT000000008806	9/5/2024	BREG INC	579.56	Hospital Supplies
EFT000000008807	9/5/2024	HARDY DIAGNOSTICS	468.70	Hospital Supplies
EFT000000008808	9/5/2024	IN PRO CORPORATION	104.03	Hospital Supplies
EFT000000008815	9/12/2024	BREG INC	165.73	Hospital Supplies
EFT000000008818	9/12/2024	HARDY DIAGNOSTICS	1,126.70	Hospital Supplies
EFT000000008825	9/19/2024	BEEKLEY CORPORATION	298.50	Hospital Supplies
EFT000000008826	9/19/2024	BREG INC	615.37	Hospital Supplies
EFT000000008828	9/19/2024	HARDY DIAGNOSTICS	1,206.12	Hospital Supplies
EFT000000008832	9/19/2024	STRYKER INSTRUMENTS	329.16	Hospital Supplies
EFT000000008836	9/26/2024	BEEKLEY CORPORATION	366.00	Hospital Supplies
EFT000000008838	9/26/2024	BREG INC	67.76	Hospital Supplies
EFT000000008840	9/26/2024	HARDY DIAGNOSTICS	299.12	Hospital Supplies
EFT000000008841	9/26/2024	OVATION MEDICAL	89.90	Hospital Supplies
EFT000000008843	9/26/2024	STRYKER INSTRUMENTS	329.16	Hospital Supplies
201461	9/5/2024	OSSIO, INC.	7,685.00	Implant Supplies
201703	9/19/2024	OSSIO, INC.	7,685.00	Implant Supplies
201464	9/5/2024	PARAGON 28 INC.	1,326.28	Implant Supplies
201729	9/19/2024	TREACE MEDICAL CONCEPTS, INC.	7,028.00	Implant Supplies
201618	9/12/2024	STORZ INSTRUMENT COMPANY	751.70	Instruments
201621	9/12/2024	SUMMIT MEDICAL LLC	308.00	Instruments
201522	9/12/2024	ALLERMETRIX INC	1,934.75	Laboratory Services
201812	9/26/2024	MAYO COLLABORATIVE SERVICES, INC.	314.44	Laboratory Services
201697	9/19/2024	METABOLIC NEWBORN SCREENING	6,135.48	Laboratory Services
201726	9/19/2024	SUMMIT PATHOLOGY	35,051.05	Laboratory Services
EFT000000008835	9/26/2024	ARUP LABORATORIES, INC.	57,463.63	Laboratory Services
201394	9/5/2024	ASSOCIATES OF CAPE COD INC	22.00	Laboratory Supplies
201401	9/5/2024	BIOMERIEUX, INC.	6,930.51	Laboratory Supplies
201534	9/12/2024	CARDINAL HEALTH	1,502.17	Laboratory Supplies
201537	9/12/2024	CARESFIELD LLC	459.45	Laboratory Supplies
201406	9/5/2024	CEPHEID	4,306.40	Laboratory Supplies
201656	9/19/2024	CEPHEID	12,738.20	Laboratory Supplies
201770	9/26/2024	CEPHEID	27,684.00	Laboratory Supplies
201425	9/5/2024	FISHER HEALTHCARE	1,488.48	Laboratory Supplies

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201559	9/12/2024	FISHER HEALTHCARE	17,541.77	Laboratory Supplies
201670	9/19/2024	FISHER HEALTHCARE	3,118.39	Laboratory Supplies
201790	9/26/2024	FISHER HEALTHCARE	2,638.03	Laboratory Supplies
201588	9/12/2024	MERCEDES MEDICAL	50.20	Laboratory Supplies
201711	9/19/2024	R&D SYSTEMS INC	90.47	Laboratory Supplies
201615	9/12/2024	STATLAB MEDICAL PRODUCTS	225.02	Laboratory Supplies
201623	9/12/2024	SYSMEX AMERICA INC.	1,507.78	Laboratory Supplies
201727	9/19/2024	SYSMEX AMERICA INC.	2,218.41	Laboratory Supplies
201850	9/26/2024	SYSMEX AMERICA INC.	1,025.63	Laboratory Supplies
201495	9/5/2024	TYPENEX MEDICAL, LLC	236.84	Laboratory Supplies
201732	9/19/2024	TYPENEX MEDICAL, LLC	106.92	Laboratory Supplies
201857	9/26/2024	TYPENEX MEDICAL, LLC	37.15	Laboratory Supplies
EFT000000008805	9/5/2024	BIO-RAD LABORATORIES	5,822.10	Laboratory Supplies
EFT000000008814	9/12/2024	BIO-RAD LABORATORIES	2,256.10	Laboratory Supplies
EFT000000008817	9/12/2024	GREER LABORATORIES, INC	5,543.68	Laboratory Supplies
EFT000000008819	9/12/2024	IDENTICARD	29.56	Laboratory Supplies
EFT000000008827	9/19/2024	GREER LABORATORIES, INC	4,086.37	Laboratory Supplies
201800	9/26/2024	HUSCH BLACKWELL LLP	8,235.00	Legal Fees
201825	9/26/2024	PHILLIPS LAW, LLC	6,750.00	Legal Fees
201635	9/12/2024	WELBORN SULLIVAN MECK & TOOLEY, P.C.	292.50	Legal Fees
201574	9/12/2024	INTERACT INTRANET INC	37,764.48	License & Taxes
201840	9/26/2024	STANDARD TEXTILE	1,279.44	Linen
201386	9/5/2024	ABOVE ALL MEDICAL PARTS INC.	75.00	Maintenance & Repair
201388	9/5/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	4,587.49	Maintenance & Repair
201518	9/12/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	1,271.21	Maintenance & Repair
201644	9/19/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	4,693.04	Maintenance & Repair
201752	9/26/2024	AGILITI SURGICAL EQUIPMENT REPAIR INC.	1,080.45	Maintenance & Repair
201413	9/5/2024	CONTROL SOLUTIONS, INC	108.00	Maintenance & Repair
201545	9/12/2024	COUNTERWISE	4,558.00	Maintenance & Repair
201459	9/5/2024	OHLIN SALES INC.	78.19	Maintenance & Repair
201593	9/12/2024	OHLIN SALES INC.	3,660.00	Maintenance & Repair
201818	9/26/2024	OHLIN SALES INC.	104.65	Maintenance & Repair
201463	9/5/2024	PACIFIC WATER INC	773.05	Maintenance & Repair
201465	9/5/2024	PARTSSOURCE	249.72	Maintenance & Repair
201705	9/19/2024	PARTSSOURCE	142.20	Maintenance & Repair
201822	9/26/2024	PARTSSOURCE	1,925.28	Maintenance & Repair
201600	9/12/2024	PLAN ONE/ARCHITECTS	980.00	Maintenance & Repair
201827	9/26/2024	PRECISION MEDICAL INC	386.62	Maintenance & Repair
201828	9/26/2024	PRECISION TESTING TECHNOLOGIES, INC.	967.00	Maintenance & Repair
201472	9/5/2024	PURE PROCESSING LLC	169.75	Maintenance & Repair
201720	9/19/2024	SOUTHWEST DOORS	267.95	Maintenance & Repair
201849	9/26/2024	SWEETWATER PLUMBING & HEATING	25.00	Maintenance & Repair
201728	9/19/2024	THOMAS SCIENTIFIC HOLDINGS, LLC	5,422.50	Maintenance & Repair
201868	9/26/2024	WESTERN ENGINEERS & GEOLOGISTS, INC.	2,345.00	Maintenance & Repair
201501	9/5/2024	WYOELECTRIC, INC	697.34	Maintenance & Repair
201503	9/5/2024	WYOMING TRUCKS AND CARS INC	85.00	Maintenance & Repair
EFT000000008810	9/5/2024	SERVCO	5,100.00	Maintenance & Repair
EFT000000008830	9/19/2024	SERVCO	4,443.97	Maintenance & Repair
201524	9/12/2024	ALPINE PURE SOFT WATER	970.20	Maintenance Supplies
201650	9/19/2024	BLOEDORN LUMBER	34.45	Maintenance Supplies
201410	9/5/2024	CODALE ELECTRIC SUPPLY, INC	15.63	Maintenance Supplies
201540	9/12/2024	CODALE ELECTRIC SUPPLY, INC	30.00	Maintenance Supplies
201657	9/19/2024	CODALE ELECTRIC SUPPLY, INC	446.20	Maintenance Supplies
201431	9/5/2024	GRAINGER	180.16	Maintenance Supplies

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201565	9/12/2024	GRAINGER	349.60	Maintenance Supplies
201676	9/19/2024	GRAINGER	112.51	Maintenance Supplies
201794	9/26/2024	GRAINGER	19.41	Maintenance Supplies
201736	9/19/2024	HARRIS MOUNTAIN WEST, LLC	1,920.00	Maintenance Supplies
201435	9/5/2024	HOME DEPOT	1,352.55	Maintenance Supplies
201572	9/12/2024	HOME DEPOT	292.70	Maintenance Supplies
201799	9/26/2024	HOME DEPOT	1,680.67	Maintenance Supplies
201439	9/5/2024	JOHNSON CONTROLS FIRE PROTECTION LP	1,240.62	Maintenance Supplies
201698	9/19/2024	MOUNTAIN STATES SUPPLY CO.	425.36	Maintenance Supplies
201699	9/19/2024	NAPA AUTO PARTS	204.91	Maintenance Supplies
201478	9/5/2024	ROCK SPRINGS WINNELSON CO	112.96	Maintenance Supplies
201508	9/5/2024	ROCK SPRINGS WINNELSON CO	44.92	Maintenance Supplies
EFT000000008811	9/5/2024	WHITE MOUNTAIN LUMBER	497.63	Maintenance Supplies
EFT000000008812	9/12/2024	ACE HARDWARE	190.88	Maintenance Supplies
EFT000000008820	9/12/2024	ROBERT I MERRILL COMPANY	1,624.00	Maintenance Supplies
EFT000000008829	9/19/2024	ROBERT I MERRILL COMPANY	2,000.00	Maintenance Supplies
EFT000000008831	9/19/2024	SHERWIN WILLIAMS CO	50.08	Maintenance Supplies
EFT000000008833	9/26/2024	ACE HARDWARE	231.93	Maintenance Supplies
EFT000000008837	9/26/2024	BENNETT'S	109.20	Maintenance Supplies
201601	9/12/2024	PURPLE LIZARDS, LLC	2,772.00	Marketing & Promotional Supplies
201455	9/5/2024	MHSC MEDICAL STAFF	100.00	Membership Dues
201514	9/10/2024	MHSC-FOUNDATION	1,441.51	MHSC Foundation
201749	9/24/2024	MHSC-FOUNDATION	1,414.01	MHSC Foundation
201815	9/26/2024	MHSC-FOUNDATION	1,310.80	MHSC Foundation
201407	9/5/2024	CLAFLIN SERVICE COMPANY (CME)	3,163.31	Minor Equipment
201491	9/5/2024	TERMINIX OF WYOMING	719.00	Monthly Pest Control
201547	9/12/2024	BABY360	753.70	Non Medical Supplies
201663	9/19/2024	BABY360	2,334.59	Non Medical Supplies
201403	9/5/2024	BROWN INDUSTRIES INC	206.70	Non Medical Supplies
201683	9/19/2024	J.J. KELLER & ASSOCIATES, INC.	458.95	Non Medical Supplies
201441	9/5/2024	KRAMES STAYWELL, LLC	129.60	Non Medical Supplies
201719	9/19/2024	SMILEMAKERS	365.45	Non Medical Supplies
201553	9/12/2024	ENCOMPASS GROUP, LLC	214.50	Office Supplies
201481	9/5/2024	STANDARD REGISTER COMPANY	486.64	Office Supplies
201613	9/12/2024	STANDARD REGISTER COMPANY	663.84	Office Supplies
201721	9/19/2024	STANDARD REGISTER COMPANY	54.25	Office Supplies
201482	9/5/2024	STAPLES BUSINESS ADVANTAGE	4,592.18	Office Supplies
201614	9/12/2024	STAPLES BUSINESS ADVANTAGE	1,175.93	Office Supplies
201722	9/19/2024	STAPLES BUSINESS ADVANTAGE	301.08	Office Supplies
201841	9/26/2024	STAPLES BUSINESS ADVANTAGE	422.14	Office Supplies
EFT000000008821	9/12/2024	SMYTH PRINTING	3,103.50	Office Supplies
201490	9/5/2024	TELUS HEALTH (US) LTD	766.50	Other Employee Benefits
201505	9/5/2024	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
201411	9/5/2024	KEVERN CASINO CORP	3,900.00	Other Purchased Services
201590	9/12/2024	MOMENTS BY TAYLOR PHOTOGRAPHY	475.00	Other Purchased Services
201443	9/5/2024	QUICK RESPONSE TAXI	239.00	Other Purchased Services
201583	9/12/2024	QUICK RESPONSE TAXI	509.00	Other Purchased Services
201691	9/19/2024	QUICK RESPONSE TAXI	363.00	Other Purchased Services
201811	9/26/2024	QUICK RESPONSE TAXI	179.00	Other Purchased Services
201492	9/5/2024	TINY HOOD HEALTHCARE	2,500.00	Other Purchased Services
201641	9/16/2024	TURN UP THE VOLUME DJ SERVICES	200.00	Other Purchased Services
EFT000000008804	9/5/2024	AIRGAS INTERMOUNTAIN INC	239.58	Oxygen Rental
EFT000000008813	9/12/2024	AIRGAS INTERMOUNTAIN INC	337.01	Oxygen Rental
EFT000000008824	9/19/2024	AIRGAS INTERMOUNTAIN INC	163.59	Oxygen Rental

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
9/30/2024

EFT00000008834	9/26/2024	AIRGAS INTERMOUNTAIN INC	4,433.57	Oxygen Rental
201517	9/10/2024	UNITED WAY OF SWEETWATER COUNTY	753.61	Payroll Deduction
201748	9/24/2024	UNITED WAY OF SWEETWATER COUNTY	253.61	Payroll Deduction
201509	9/10/2024	CIRCUIT COURT 3RD JUDICIAL	468.87	Payroll Garnishment
201510	9/10/2024	CIRCUIT COURT 3RD JUDICIAL	268.19	Payroll Garnishment
201511	9/10/2024	CIRCUIT COURT 3RD JUDICIAL	451.02	Payroll Garnishment
201512	9/10/2024	CIRCUIT COURT 3RD JUDICIAL	261.50	Payroll Garnishment
201513	9/10/2024	CIRCUIT COURT 3RD JUDICIAL	269.51	Payroll Garnishment
201740	9/24/2024	CIRCUIT COURT 3RD JUDICIAL	468.83	Payroll Garnishment
201741	9/24/2024	CIRCUIT COURT 3RD JUDICIAL	297.96	Payroll Garnishment
201742	9/24/2024	CIRCUIT COURT 3RD JUDICIAL	284.11	Payroll Garnishment
201743	9/24/2024	CIRCUIT COURT 3RD JUDICIAL	164.29	Payroll Garnishment
201744	9/24/2024	CIRCUIT COURT 3RD JUDICIAL	92.64	Payroll Garnishment
201745	9/24/2024	CIRCUIT COURT 3RD JUDICIAL	256.01	Payroll Garnishment
201515	9/10/2024	STATE OF WYOMING DFS/CSES	600.91	Payroll Garnishment
201747	9/24/2024	STATE OF WYOMING DFS/CSES	600.91	Payroll Garnishment
201516	9/10/2024	TX CHILD SUPPORT SDU	461.54	Payroll Garnishment
W/T	9/9/2024	PAYROLL 19	1,900,000.00	Payroll Transfer
W/T	9/24/2024	PAYROLL 20	1,900,000.00	Payroll Transfer
201536	9/12/2024	CARDINAL HEALTH PHARMACY MGMT	87,500.00	Pharmacy Management
201653	9/19/2024	CARDINAL HEALTH PHARMACY MGMT	1,006,313.81	Pharmacy Management
201785	9/26/2024	DR. ELIZABETH CONGDON	1,500.00	Physician Recruitment
201433	9/5/2024	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	2,304.00	Physician Recruitment
201797	9/26/2024	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	3,107.00	Physician Recruitment
201759	9/26/2024	AUGUSTO JAMIAS	25,000.00	Physician Retention
201712	9/19/2024	DR. RAZVAN DUCU	20,000.00	Physician Retention
201750	9/26/2024	ADVANCED MEDICAL IMAGING, LLC	21,607.00	Physician Services
201412	9/5/2024	COMPHEALTH, INC.	28,235.36	Physician Services
201541	9/12/2024	COMPHEALTH, INC.	89,826.65	Physician Services
201773	9/26/2024	COMPHEALTH, INC.	14,185.41	Physician Services
201432	9/5/2024	HAYES LOCUMS, LLC	26,448.25	Physician Services
201444	9/5/2024	LOCUM TENENS.COM	24,623.63	Physician Services
201584	9/12/2024	LOCUM TENENS.COM	328.87	Physician Services
201456	9/5/2024	MOUNTAIN STATES MEDICAL PHYSICS	12,207.46	Physician Services
201625	9/12/2024	THE SLEEP SPECIALISTS	7,750.00	Physician Services
201859	9/26/2024	UNIVERSITY OF UTAH (UUHC OUTREACH)	113,943.83	Physician Services
201499	9/5/2024	WEATHERBY LOCUMS, INC	620.35	Physician Services
201634	9/12/2024	WEATHERBY LOCUMS, INC	27,055.93	Physician Services
201867	9/26/2024	WEATHERBY LOCUMS, INC	1,673.00	Physician Services
201753	9/26/2024	AIDVANTAGE	2,500.00	Physician Student Loan
201795	9/26/2024	GREAT LAKES	1,666.67	Physician Student Loan
201782	9/26/2024	MOHELA	1,666.67	Physician Student Loan
201875	9/30/2024	MOHELA	5,000.00	Physician Student Loan
201861	9/26/2024	US DEPARTMENT OF EDUCATION	3,333.34	Physician Student Loan
201862	9/26/2024	US DEPT OF EDUCATION	1,666.67	Physician Student Loan
201751	9/26/2024	ADVANCED MEDICAL REVIEWS, INC	1,652.70	Professional Service
201390	9/5/2024	ALSCO AMERICAN LINEN	127.68	Professional Service
201787	9/26/2024	CE BROKER	592.80	Professional Service
201772	9/26/2024	CLEANIQUE PROFESSIONAL SERVICES	6,450.00	Professional Service
201695	9/19/2024	MEDICAL PHYSICS CONSULTANTS, INC	1,600.00	Professional Service
201596	9/12/2024	P3 CONSULTING LLC	978.75	Professional Service
201838	9/26/2024	SIDELINE COLLECTIONS INC	200.00	Professional Service
201863	9/26/2024	VERISYS INC.	94.50	Professional Service
201871	9/26/2024	WYOMING DEPARTMENT OF HEALTH	261.00	Professional Service

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
9/30/2024

EFT00000008822	9/12/2024	WESTERN STAR COMMUNICATIONS	865.50	Professional Service
201832	9/26/2024	RADIATION DETECTION COMPANY	6.70	Radiation Monitoring
201454	9/5/2024	MERRY X-RAY	77.14	Radiology Film
201814	9/26/2024	MERRY X-RAY	207.15	Radiology Film
201651	9/19/2024	BRACCO DIAGNOSTICS INC	412.25	Radiology Material
201429	9/5/2024	GE HEALTHCARE INC	1,669.30	Radiology Material
201674	9/19/2024	GE HEALTHCARE INC	1,669.30	Radiology Material
201442	9/5/2024	LANTHEUS MEDICAL IMAGING, INC	1,147.10	Radiology Material
201689	9/19/2024	LANTHEUS MEDICAL IMAGING, INC	2,054.74	Radiology Material
201823	9/26/2024	PHARMALOGIC WY, LTD	8,375.54	Radiology Material
201396	9/5/2024	AUGUSTO JAMIAS	4,950.00	Reimbursement - CME
201389	9/5/2024	DR. ALICIA GRAY	287.00	Reimbursement - CME
201397	9/5/2024	DR. BANU SYMINGTON	600.00	Reimbursement - CME
201765	9/26/2024	DR. BRIANNE CROFTS	675.00	Reimbursement - CME
201548	9/12/2024	DR. DAVID DANSIE	525.00	Reimbursement - CME
201475	9/5/2024	DR. RASHEEL CHOWDHARY	3,333.36	Reimbursement - CME
201604	9/12/2024	DR. RASHEEL CHOWDHARY	715.18	Reimbursement - CME
201605	9/12/2024	DR. RAZVAN DUCU	759.00	Reimbursement - CME
201869	9/26/2024	DR. WILLIAM SARETTE	475.50	Reimbursement - CME
201577	9/12/2024	ISRAEL STEWART, DO	1,726.45	Reimbursement - CME
201803	9/26/2024	ISRAEL STEWART, DO	795.00	Reimbursement - CME
201756	9/26/2024	AMANDA ARMENDAREZ	757.90	Reimbursement - Education & Travel
201391	9/5/2024	AMY LUCY	50.00	Reimbursement - Education & Travel
201757	9/26/2024	ANGEL BENNETT	772.22	Reimbursement - Education & Travel
201539	9/12/2024	CINDY NELSON	1,808.61	Reimbursement - Education & Travel
201771	9/26/2024	CINDY NELSON	504.21	Reimbursement - Education & Travel
201664	9/19/2024	DANI SMITH	867.33	Reimbursement - Education & Travel
201666	9/19/2024	DESERIEE PADILLA	34.20	Reimbursement - Education & Travel
201805	9/26/2024	DR. JANENE GLYN	1,938.97	Reimbursement - Education & Travel
201690	9/19/2024	DR. LAWRENCE LAURIDSEN	383.04	Reimbursement - Education & Travel
201470	9/5/2024	DR. PRACHI PAWAR	155.00	Reimbursement - Education & Travel
201476	9/5/2024	DR. RAZVAN DUCU	1,564.64	Reimbursement - Education & Travel
201636	9/12/2024	DR. WILLIAM SARETTE	1,166.22	Reimbursement - Education & Travel
201576	9/12/2024	IRENE RICHARDSON	476.52	Reimbursement - Education & Travel
201806	9/26/2024	JESSICA ICE	95.76	Reimbursement - Education & Travel
201684	9/19/2024	JOSHUA VIANA	360.39	Reimbursement - Education & Travel
201579	9/12/2024	KARI QUICKENDEN	262.20	Reimbursement - Education & Travel
201686	9/19/2024	KERRY DOWNS	401.52	Reimbursement - Education & Travel
201688	9/19/2024	LACY LOVE	488.20	Reimbursement - Education & Travel
201466	9/5/2024	PATTY O'LEXY	943.20	Reimbursement - Education & Travel
201483	9/5/2024	STEPHANIE DUPAPE	100.78	Reimbursement - Education & Travel
201723	9/19/2024	STEPHANIE DUPAPE	712.04	Reimbursement - Education & Travel
201843	9/26/2024	STEPHEN CASE	249.26	Reimbursement - Education & Travel
201485	9/5/2024	STEVIE NOSICH	343.65	Reimbursement - Education & Travel
201489	9/5/2024	TAMI LOVE	476.95	Reimbursement - Education & Travel
201852	9/26/2024	TIFFANY URANKER-WEBB	571.34	Reimbursement - Education & Travel
201847	9/26/2024	SUZAN CAMPBELL	169.00	Reimbursement - Membership Dues
201758	9/26/2024	APRIL PRADO	58.72	Reimbursement - Non Hospital Supplies
201445	9/5/2024	MARIANNE SANDERS	52.80	Reimbursement - Non Hospital Supplies
201707	9/19/2024	PHILLIP FLAKE	50.00	Reimbursement - Non Hospital Supplies
201555	9/12/2024	ERIKA TAYLOR	54.06	Reimbursement - Office Supplies
W/T	9/6/2024	PCS 8/29/24	131,187.34	Retirement
W/T	9/23/2024	PCS 9/12/24	128,322.65	Retirement
W/T	9/6/2024	PCS MATCH 8/29/24	84,882.96	Retirement

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
9/30/2024

W/T	9/23/2024	PCS MATCH 9/12/24	80,680.84	Retirement
201778	9/26/2024	COWBOYS AGAINST CANCER	2,000.00	Sponsorship
201836	9/26/2024	ROCK SPRINGS RENEWAL FUND	1,500.00	Sponsorship
201506	9/5/2024	YWCA OF SWEETWATER COUNTY	3,300.00	Sponsorship
201642	9/19/2024	ADVANCED STERILIZATION PRODUCTS INC.	86.98	Surgery Supplies
201520	9/12/2024	ALI MED INC	356.91	Surgery Supplies
201754	9/26/2024	ALI MED INC	295.66	Surgery Supplies
201521	9/12/2024	ALK ABELLO, INC.	1,021.94	Surgery Supplies
201400	9/5/2024	BECTON DICKINSON	2,628.75	Surgery Supplies
201529	9/12/2024	BECTON DICKINSON	1,511.00	Surgery Supplies
201649	9/19/2024	BECTON DICKINSON	1,335.03	Surgery Supplies
201762	9/26/2024	BECTON DICKINSON	3,558.54	Surgery Supplies
201530	9/12/2024	BLUE ENDO	282.36	Surgery Supplies
201764	9/26/2024	BLUE ENDO	282.30	Surgery Supplies
201542	9/12/2024	CONMED LINVATEC	195.25	Surgery Supplies
201775	9/26/2024	CONMED LINVATEC	95.50	Surgery Supplies
201415	9/5/2024	COOPER SURGICAL	1,305.16	Surgery Supplies
201544	9/12/2024	COOPER SURGICAL	787.41	Surgery Supplies
201661	9/19/2024	COOPER SURGICAL	103.28	Surgery Supplies
201776	9/26/2024	COOPER SURGICAL	1,305.37	Surgery Supplies
201417	9/5/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,609.87	Surgery Supplies
201546	9/12/2024	COVIDIEN SALES LLC, DBA GIVEN IMAGING	602.69	Surgery Supplies
201550	9/12/2024	DESOUTTER MEDICAL	307.65	Surgery Supplies
201420	9/5/2024	DIRECT SUPPLY	499.96	Surgery Supplies
201554	9/12/2024	EQUASHIELD LLC	1,568.00	Surgery Supplies
201436	9/5/2024	INTUITIVE SURGICAL INC.	40,539.68	Surgery Supplies
201575	9/12/2024	INTUITIVE SURGICAL INC.	765.95	Surgery Supplies
201802	9/26/2024	INTUITIVE SURGICAL INC.	11,382.00	Surgery Supplies
201700	9/19/2024	NEOGEN CORPORATION	810.99	Surgery Supplies
201469	9/5/2024	POCKET NURSE ENTERPRISES LLC.	79.95	Surgery Supplies
201471	9/5/2024	PROGRESSIVE MEDICAL INC.	212.60	Surgery Supplies
201619	9/12/2024	STRYKER ENDOSCOPY	304.55	Surgery Supplies
201725	9/19/2024	STRYKER ENDOSCOPY	304.55	Surgery Supplies
201845	9/26/2024	STRYKER ENDOSCOPY	629.50	Surgery Supplies
201486	9/5/2024	STRYKER ORTHOPAEDICS	18,772.50	Surgery Supplies
201620	9/12/2024	STRYKER ORTHOPAEDICS	26,995.66	Surgery Supplies
201846	9/26/2024	STRYKER ORTHOPAEDICS	1,825.00	Surgery Supplies
201488	9/5/2024	SURGISHOP	3,000.00	Surgery Supplies
201851	9/26/2024	TELEFLEX LLC	850.00	Surgery Supplies
201627	9/12/2024	TRICOR SYSTEMS INC.	335.00	Surgery Supplies
201504	9/5/2024	XODUS MEDICAL, INC.	398.00	Surgery Supplies
201739	9/19/2024	XODUS MEDICAL, INC.	921.00	Surgery Supplies
201873	9/26/2024	XODUS MEDICAL, INC.	2,028.75	Surgery Supplies
201507	9/5/2024	ZIMMER BIOMET	172.50	Surgery Supplies
201829	9/26/2024	PRESS GANEY ASSOCIATES, INC	4,980.90	Surveys
201810	9/26/2024	LANGUAGE LINE SERVICES	2,210.23	Translation Services
201523	9/12/2024	ALL WEST COMMUNICATIONS	3,370.50	Utilities
201395	9/5/2024	AT&T	44.24	Utilities
201526	9/12/2024	AT&T	51.39	Utilities
201527	9/12/2024	AT&T	319.10	Utilities
201473	9/5/2024	CENTURY LINK	4,360.56	Utilities
201602	9/12/2024	CENTURY LINK	2,083.91	Utilities
201710	9/19/2024	CENTURY LINK	269.01	Utilities
201831	9/26/2024	CENTURY LINK	371.25	Utilities

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
9/30/2024

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

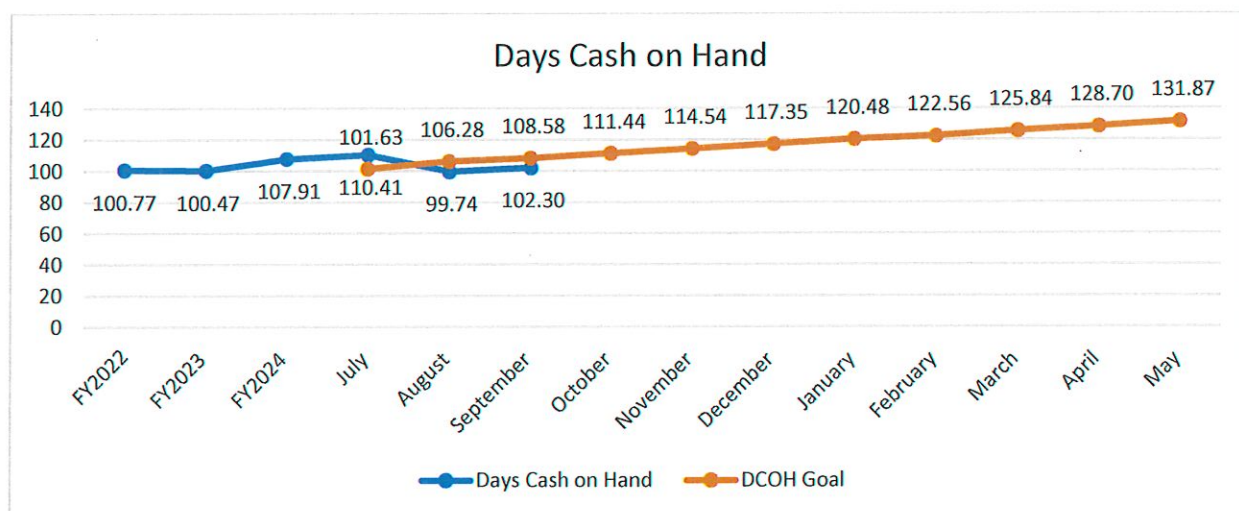
Vouchers Submitted by MHSC at agreed discounted rate	
July 2024	\$45,604.93
August 2024	\$0.00
September 2024	\$41,031.27
October 2024	
November 2024	
December 2024	
January 2025	
February 2025	
March 2025	
April 2025	
May 2025	
June 2025	
County Requested Total Vouchers Submitted	<u>\$86,636.20</u>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

FY25 Title 25 Fund Budget from Sweetwater County	\$244,167.00
Funds Received From Sweetwater County	<u>\$45,604.93</u>
FY25 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	\$0.00
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>

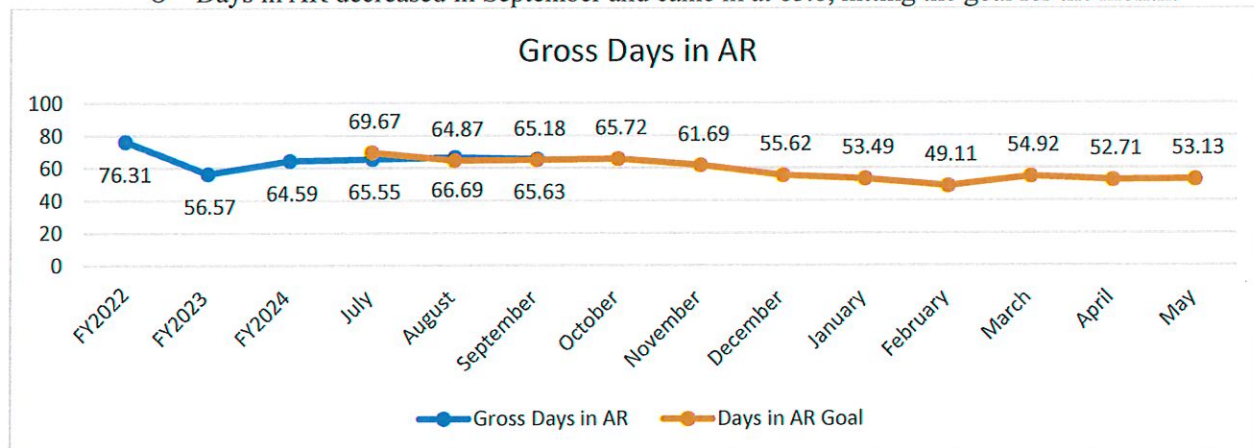
Financial Goals – Fiscal Year 2025. The revenue cycle goals for fiscal year 2025 have been created in conjunction with the objectives of the finance pillar of the new Strategic Plan. For fiscal year 2025, we will continue to focus on the following revenue cycle metrics: Days Cash on Hand (DCOH), Days 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 slight increase in DCOH, coming in at 102, below the goal for the month. Cash collections were \$10.2 million. Daily cash expense decreased slightly to \$329,000 in September.

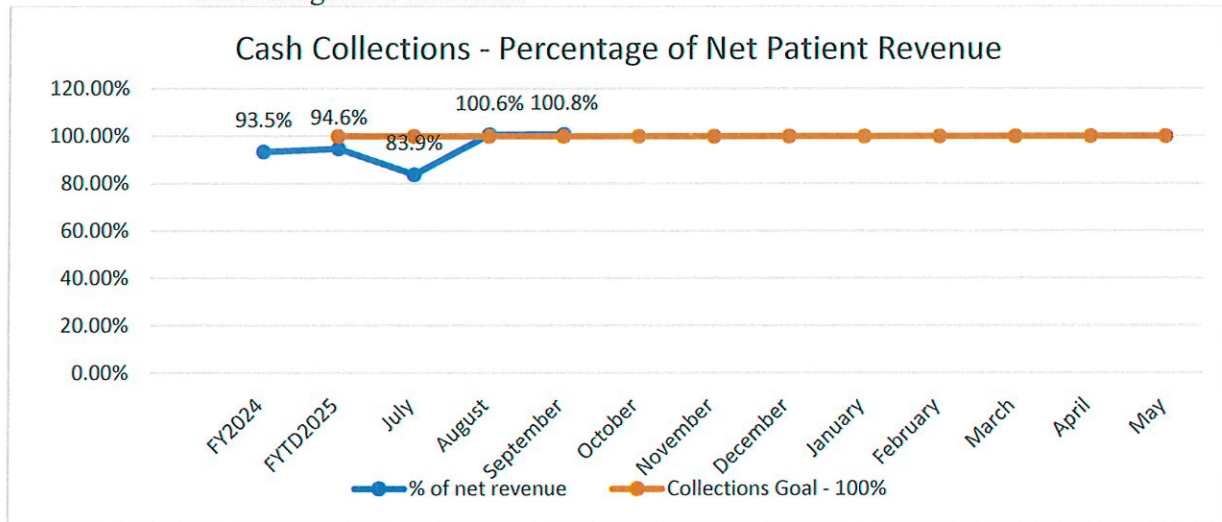


- **Days in Accounts Receivable** represents the number of days of patient charges tied up in unpaid patient accounts. We have set interim goals of 65 days for September, 56 days for December, 55 for March and 53 by year end.

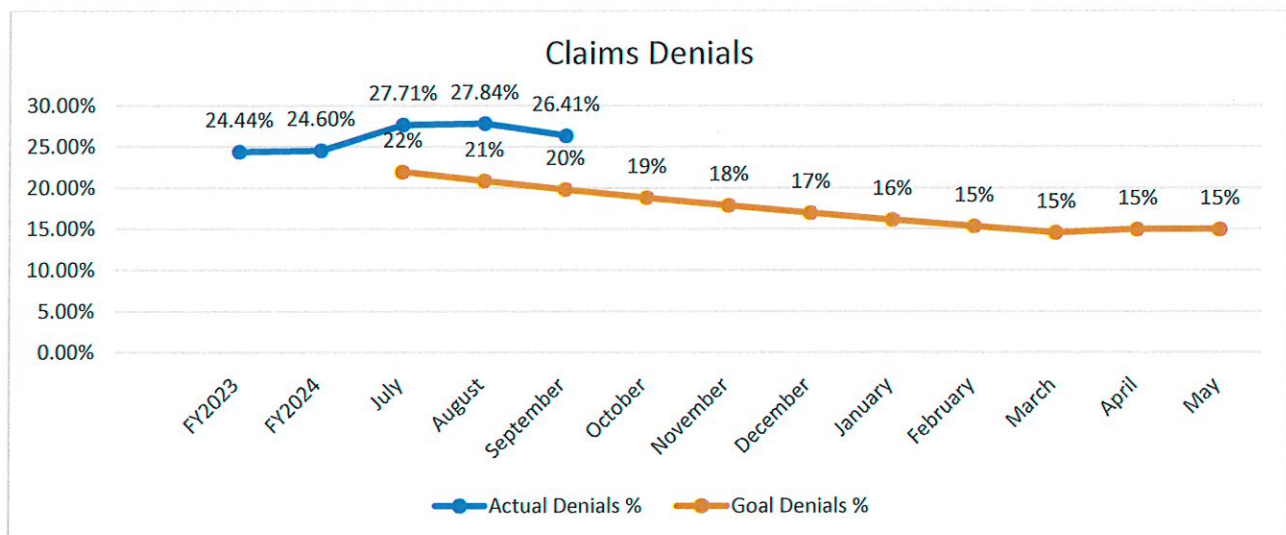
- Days in AR decreased in September and came in at 65.6, hitting the goal for the month.



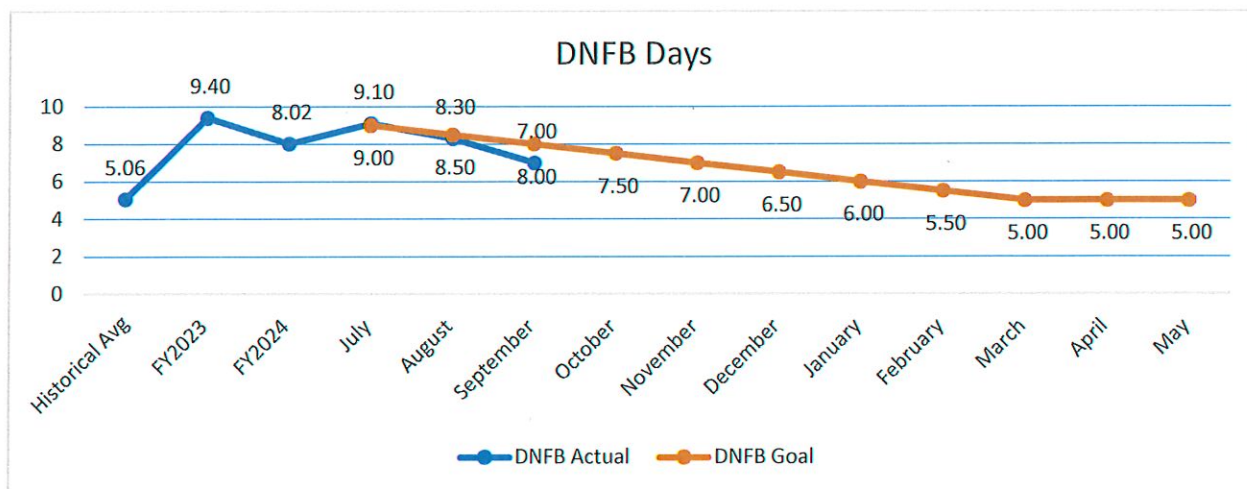
- **Cash Collections** – The goal for cash collections is 100% or > than net patient revenue.
 - Cash collections for September were \$10.2 million, or 100.8% of net patient revenue, above the goal for the month.



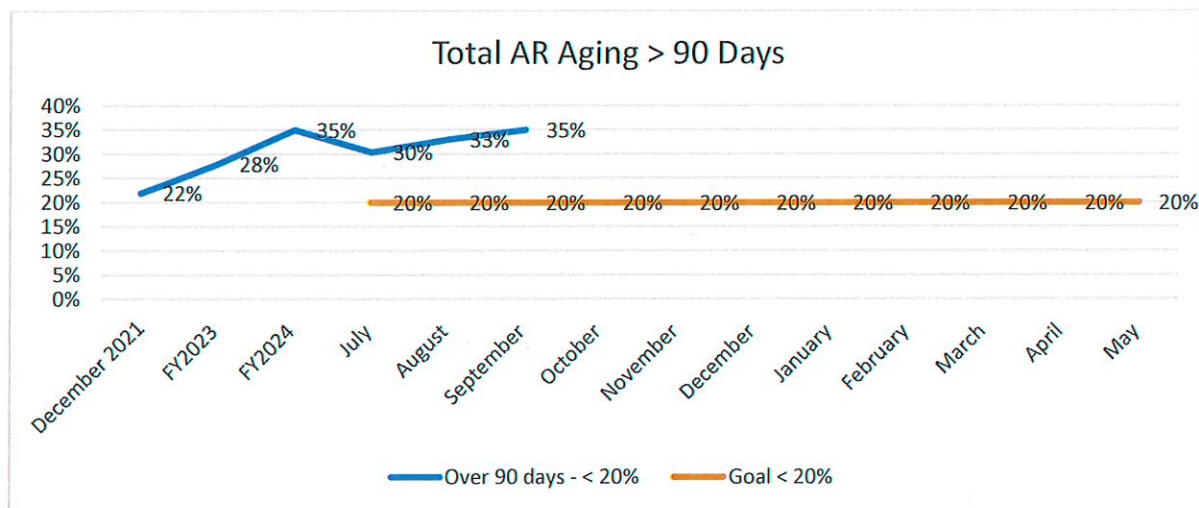
- **Denial Rate** – The denial rate is the percentage of all submitted claims denied by payers. A lower denial rate means improved cash flow. Current state and national benchmarks are at 15%. We have set interim goals of 20% for September, 17% for December, 15% for March and maintaining 15% by year end.
 - The denial rate for September decreased to 26.41%, under the goal of 19%. We continue to focus on denials within the new Denials Management Workgroup, meeting regularly to correct issues, educate staff and analyze trends.



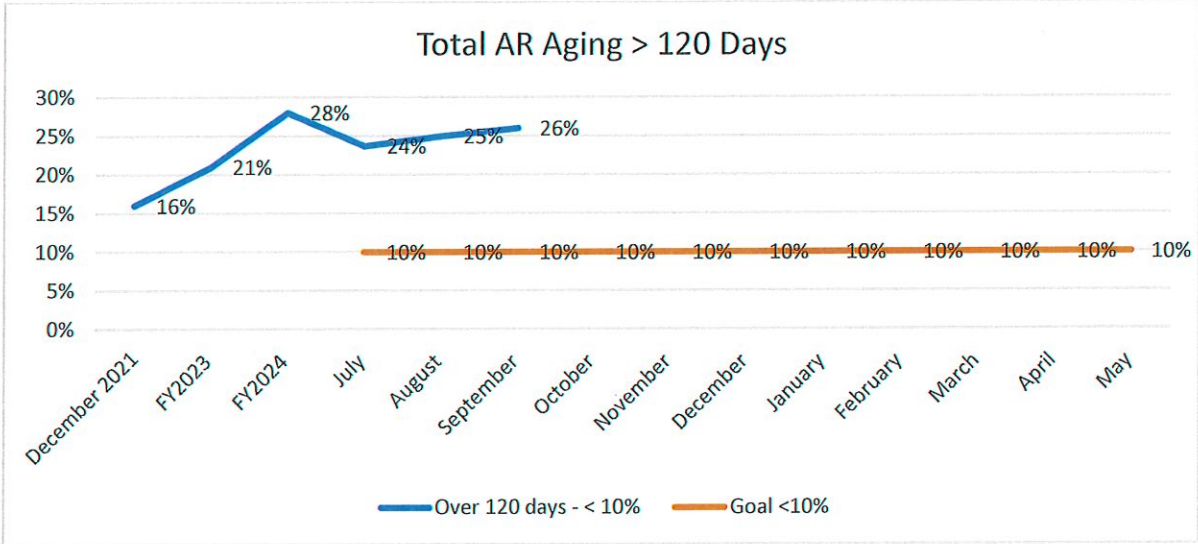
- **DNFB Days – Discharged Not Final Billed days.** Patient accounts that have been discharged but not billed. DNFB includes billing holds, corrections required, credit balances, waiting for coding, ready to bill and standard delay which are accounts held for 3 days before being released for billing. This allows for all charges to be posted, charts documented, and coding completed. The goal for DNFB days is 5 days by the end of the fiscal year.
 - DNFB Days decreased to 7 days in September, below the goal of 8 days. The team continues to prioritize this goal. We will see this number increase as we hold Medicare claims for CAH.



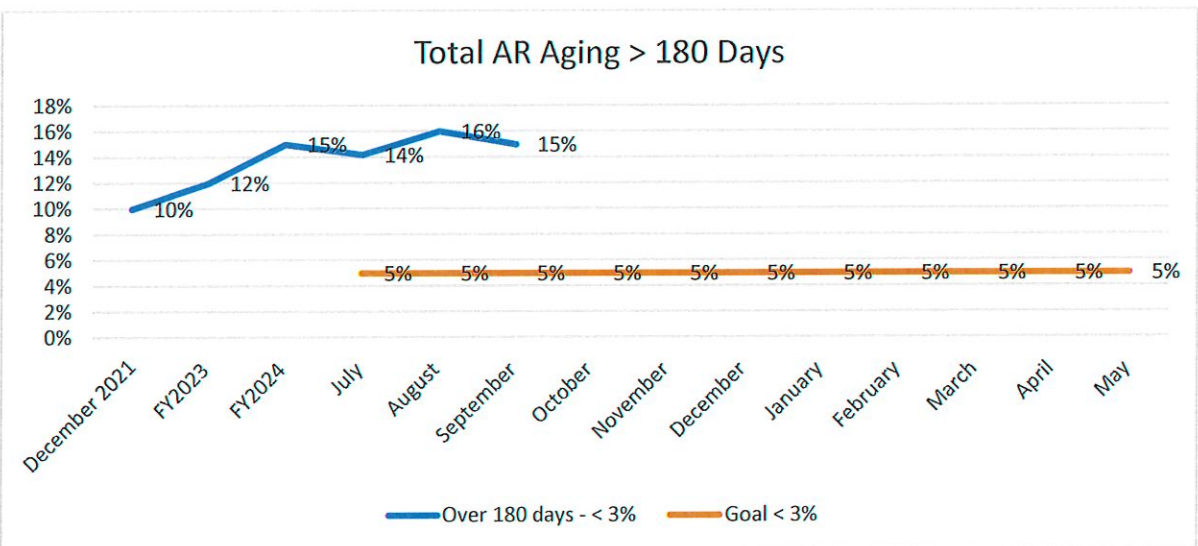
- **Total Accounts Receivable aging** – Goals were set based on national benchmarks received from CLA and are set as follows:
 - Days over 90 days set be < 20% of total AR.
 - Days over 120 days set at < 10% of total AR.
 - Days over 180 days set at < 5% of total AR.



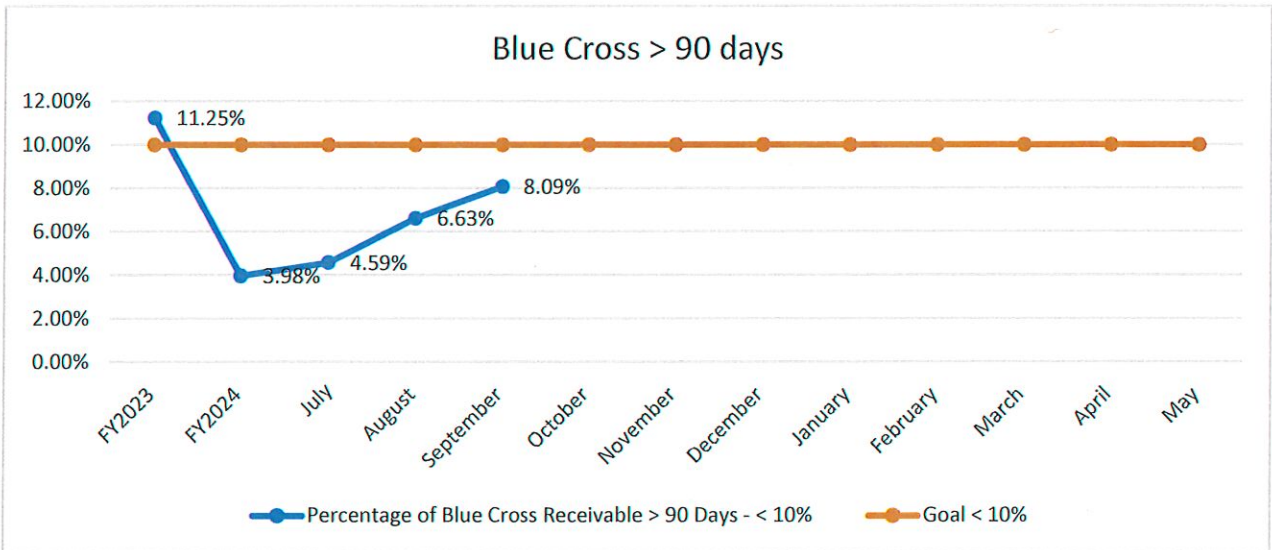
- Days over 90 days increased to 35% for September.



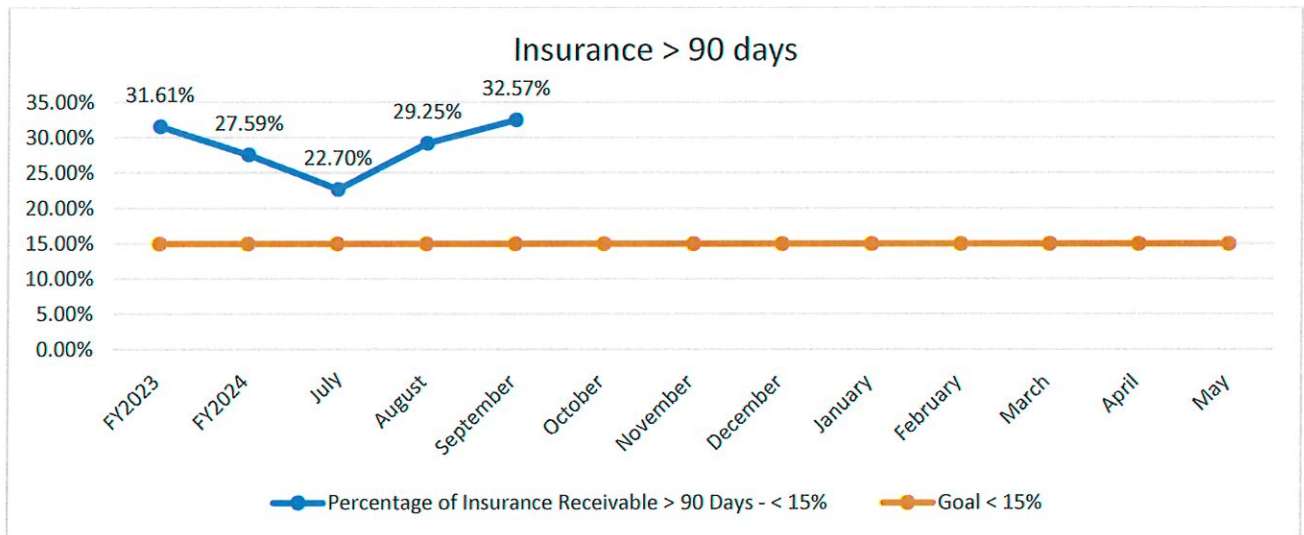
- Days over 120 days increased to 26% for September.



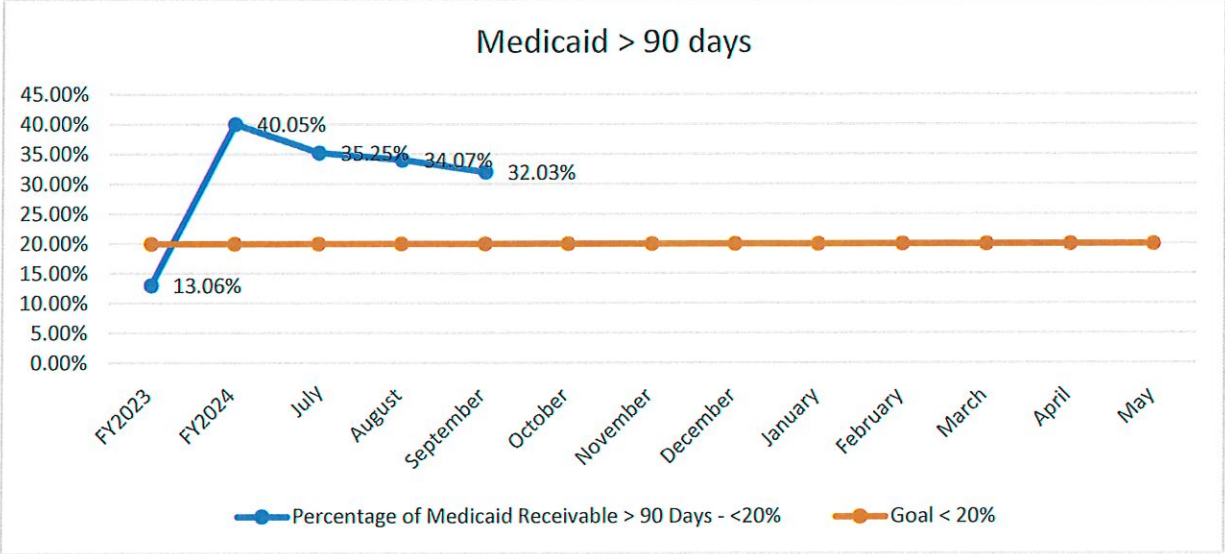
- Days over 180 days decreased to 15% for September. We are currently receiving proposals from vendors for temporary outsourcing of aging account follow-ups.
- **Days in AR by Payer** – These metrics show more detail of the aging AR by payer. We saw a decrease in the aging AR for Blue Cross, Commercial 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%



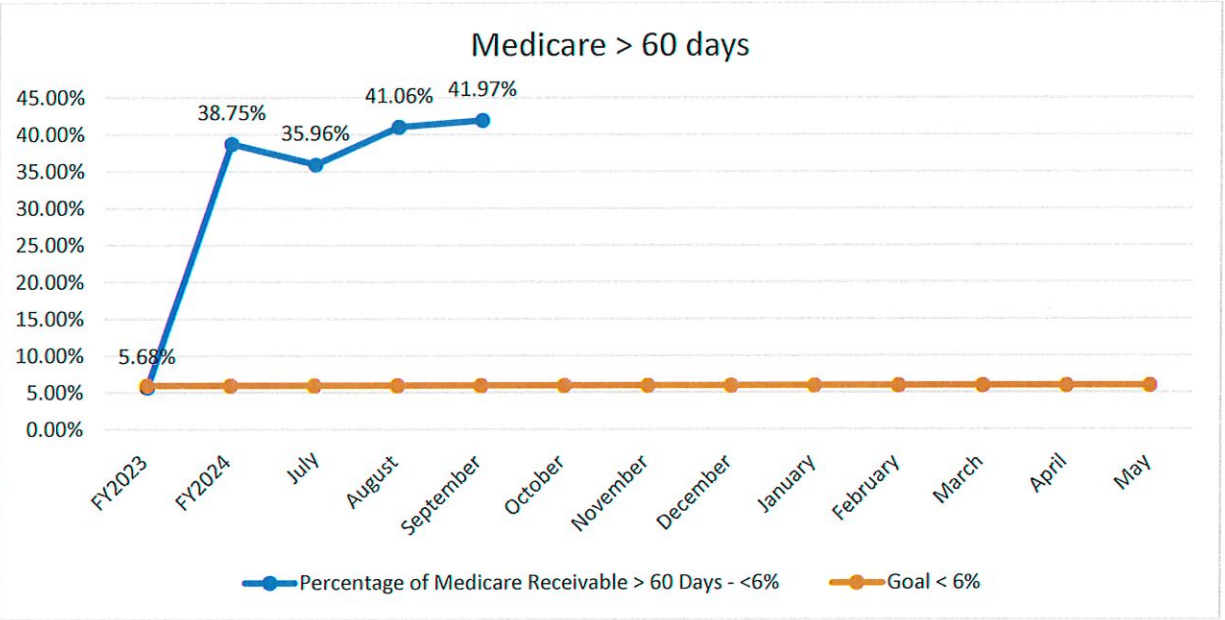
- Blue Cross aging remains under the goal of 10%, at 8.09% in September.



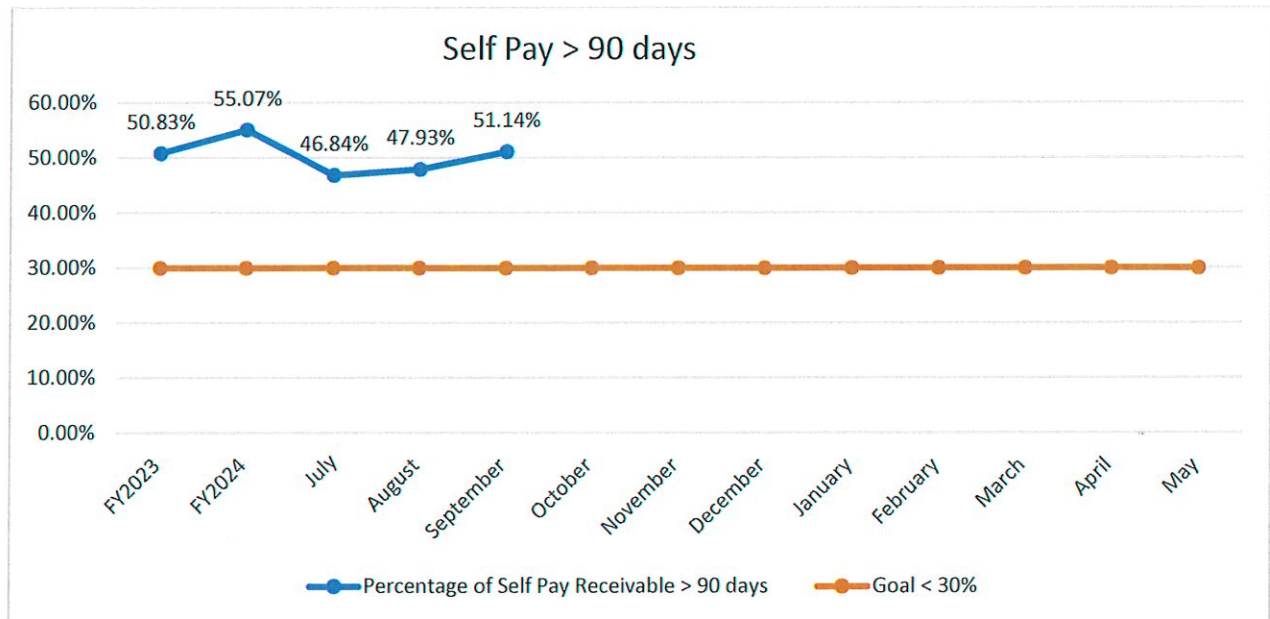
- Commercial aging increased to 32.57% for September, over the 15% goal.



- Medicaid aging continued to trend down in September as we continue to train staff. Aging is at 32% for September, over the 20% goal.



- Medicare remained stable in September at 41.97%, over the 6% goal. We have hired a temporary employee to work the Medicare and Medicaid accounts with a goal of meeting the 6% > 60 days within 90 days of start date.



- In September, aging increased to 51.14%. 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
October, 2024**

	FY22	FY23	FY24	FY25
SELF PAY DISCOUNTS	1,353,208.58	780,098.39	844,366.51	177,344.87
FY 25 ESTIMATE			844,366.51	709,379.48
SEPTEMBER ADJ AMT				51,200.12

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

	FY22	FY23	FY24	FY25
HARDSHIP PROGRAM	3,164.60	61,124.87	183,310.54	24,312.61
50% DISCOUNT SEPTEMBER				3,554.09

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

TOTAL SELF PAY PAYMENTS	HOSPITAL	CLINIC
FY 20	8,093,427.44	
FY 21	7,763,867.42	
FY 22	7,359,544.59	
FY 23	7,816,556.16	1,393,371.32
FY 24	8,289,382.17	1,633,256.43
FY 25	2,763,967.77	484,159.99

TOTAL SELF PAY REVENUE	HOSPITAL	CLINIC
FY 20	13,566,281.12	
FY 21	14,306,425.74	
FY22	14,129,092.76	
FY 23	14,426,972.88	1,161,887.99
FY 24	14,058,581.93	1,365,896.47
FY 25	3,997,590.21	423,337.50

Self Pay Plan Information and Results

PAGE 2

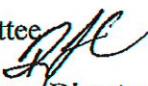
MEDICAL ASSISTANCE

FY20	2,579,929.74
FY21	2,890,990.97
FY22	1,534,631.43
FY23	2,382,483.18
FY 24	1,488,871.52
FY 25	46,581.82

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	490,158.00
PREMIUM ASSISTANCE *ACTUAL COLLECTIONS	823,191.00	664,667.00	72,548.00
TOTAL COST SAVINGS AND COLLECTED REVENUE	<u>2,219,433.00</u>	<u>3,572,852.00</u>	<u>663,419.00</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>-3,836,581.00</u>

MEMO: October 29, 2024

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

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

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$ 2,453,156.21
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	\$ 2,453,156.21
Accounts Returned	\$ - 57,493.44

Net Bad Debt Turned \$2,395,662.77

Recoveries Collection Agency Cerner	\$ - 123,227.35
Recoveries Collection Agency Affinity	\$ - 60,614.22
Recoveries Payment Plans Affinity	\$ - 1,250.00
Medical Clinic Recoveries EMD's	\$ - 4,105.32
Ortho Clinic Recoveries EMD's	\$ - 587.65
Total Bad Debt Recoveries	\$- 189,784.54

Net Bad Debt Less Recoveries \$ 2,205,878.23

Projected Bad Debt by Financial Class

Blue Cross and Commercial	\$ 638,054.22
Medicare	\$ 17,198.84
Medicare Advantage	\$ 13,211.05
Self Pay	\$ 1,518,144.54



MHSC Board of Trustees Report

Business

- A credit card policy for the Foundation has been approved.
- The Foundation Coordinator position has been filled.
- 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

- \$10,000 **Received in memory of Kary and Randy Pitt**
- \$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.
- **Inquiry** for 3 Procedure Charis for MOB general surgery

Upcoming Events

- The Foundation's Red Tie Gala is **February 1st @ 5pm**. The event will take place at the Sweetwater Events Complex. Tickets are \$100 each and includes dinner. Visit MHSCFoundation.com to purchase tickets and to see available Sponsorships.

Scan here for Red Tie Gala tickets!



- Holiday Community Event December 6th @ 5pm

Other

- Dr. Cournoyer passed away on September 1st and his family requested that donations go to the Foundation. We are still 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 elected as Vice President of the BOOST Leadership program & is working to implement a community project to spread prevention for suicide & mental health awareness.
- 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
October 15, 2024

The Building and Grounds Committee met in regular session via Zoom on October 15, 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*
Mr. Wayne Kitchen, *Groathouse Construction*
Mr. Fred Bronnenberg, *Groathouse*
Mr. Will Wheatley, *PlanOne Architects*
Mr. Taylor Jones, *County Commissioner*

Mr. Rood called the meeting to order.

Ms. Richardson shared a mission moment.

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

Mr. Rood asked for a motion to approve the minutes of the September 17, 2024 meeting. Mr. Kelsey made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

Maintenance Metrics

Mr. Johnston reviewed the September metrics report. He compared month-to-month changes from August and there was an increase in percentage complete and a decrease in the days overdue. The improvements have been slow and steady. Mr. Rood asked about what they need to do for winter preparation. Mr. Johnston said they will be putting the snowplows on the trucks this week to be ready for the storm.

Old Business – Project Review

Oncology Suite renovation

Mr. Johnston reported Phase II started last week after questions and concerns were addressed with the sewer tie in. The sewer was completed last week and it is expected Phase II will be completed in about one month.

Medical Imaging Core and X-ray

Mr. Johnson and Mr. Wheatley reported they are delayed as they are waiting for the final City approval for the electrical plans. They are hoping to receive approval later this week. The State has sent their approval. Groathouse is working with subcontractors to issue the final schedule.

Laboratory Expansion project - SLIB

Mr. Bronneberg met with Mr. Johnston and Ms. Love last week to discuss the impact of the delay with the sewer line change order. That project did stop the Laboratory project completely and they are currently 145-151 days delayed. The completion date has been moved from August 1, 2025, to December 31, 2025. Ms. Love confirmed this will not jeopardize our SLIB grant deadlines. Mr. Bronneberg discussed submitting a change order for the days and costs versus using contingency funds. The cost of the change order is about \$148,000, which includes extended mobilization and manager costs. There will most likely be additional costs for weather protection, but he will take those through the contingency funds. Mr. Kelsey asked if we knew of the delay when we approved the sewer change order. Mr. Bronnenberg said they did not expect this long of delay when the sewer change order was approved. They worked with Wylie Construction on pricing and scope, then the design phase, the DEQ took longer than expected and then there was a long lead time on delivery of the manholes, which just showed up last week. Mr. Kelsey asked if the change order and delayed days will impact the other two projects. Mr. Bronnenberg said no, in fact they may get some synergy for management costs on the other two projects. This was taken into consideration when the projects were bid but he said they may see more savings. Mr. Rood asked when the change order would be submitted. Mr. Bronnenberg said he could have it next week. Ms. Love said if we can get it by the end of next week, we will present it at the Finance & Audit meeting on October 30 and the Board meeting on November 6.

MOB Entrance – SLIB

Mr. Wheatley said this project has been approved with notice to proceed. Groathouse should be able to finish up subcontracts and finalize the schedule.

Foundation Area Renovation

Mr. Johnston said this area is still under discussion. There are some options in the Master Plan, but we will need to have a plan for the current staff before moving forward. Mr. Rood asked that we table this project on the agenda until we have more information to report.

Master Plan

Ms. Richardson said we would like to schedule a Master Plan Board workshop in November. She recommended we schedule the workshop in lieu of the November Building & Grounds Committee meeting. The committee agreed on the date of the workshop for November 19 from 2:00 pm to 4:00 pm. PACT Studios will present their Master Plan recommendations and options. Mr. Johnston will also include our prioritized list of capital projects. The number one driver for prioritizing will be available funds. Ms. Love said she will confirm the date and time with PACT Studios and get invitations sent out.

New Business

No new business was discussed.

Other

The next meeting is scheduled for Tuesday, November 19, 2024; 2:00pm – 4:00pm, and will be in conjunction with the Master Plan Board workshop.

Mr. Rood adjourned the meeting at 2:55 pm.

Submitted by Tami Love

DRAFT



Board Compliance Committee Meeting

Memorial Hospital of Sweetwater County

October 28th, 2024

Present via Zoom: Suzan Campbell, *In House Counsel*, Irene Richardson, *CEO*, Kandi Pendleton, *Trustee-Chair*, Barbara Sowada, *Trustee*, April Prado, *Foundation & Compliance*.

Minutes

Call to Order

The meeting was called to order at 9:01am by Kandi Pendleton.

Agenda

The October 28, 2024, agenda was approved as written, Barbara made the motion and Irene seconded.

Meeting Minutes

The meeting minutes from July 22, 2024, were brought forward. They were approved as written; Barbara made the motion and Suzan seconded.

New Business

- a. Vendor Audit. April reported on the presented the “Compliance Audit of Segregation of Duties for Vendor Set-up”. She stated that one specific policy was reviewed for compliance with MHSC process. She added that this audit took place in Materials Management, Patient Financial Services and Administration. She briefly went over the purpose of the audit and the process that she used. April stated that this policy and process are complex but the paper trail of it in motion was impressive. 180 vendors were audited and 100% of them were compliant with the Hospital’s policy and procedure. April added that she was fully confident in the process of segregation of duties within the hospital. Kandi asked about the process of invoice to vendor payment and what that looks like. April stated that she did review this process and will add more on this as an addendum to the audit. Irene questioned HR and payroll segregation and what that process looks like. Suzan stated that this would be a great audit for next year. Kandi also asked if the Hospital must participate in county audits. Irene stated that we must report financials-specifically if we are going over our budget.
- b. Role of Internal Audits. Suzan presented information about the role and function of internal audits. She also stated that April will be taking a class(es) on auditing to better the process at the hospital. April stated that her first class is specifically on auditing for compliance.
- c. Top RM areas for auditing. Suzan presented the top risk management areas for hospitals. This was presented as an FYI. Suzan stated that April will be auditing the Peer Review process in 2025 as well as the HR payroll audit. She continued that last year Irene, April and herself met to discuss audits and then presented this information to this Board to decide which ones would be done. Suzan asked the Board to review the presented information and to let her know if they see anything else that would be a good audit.
- d. RFR Email sent to employees. Suzan reported that this is an email that went out to all employees about our Red Flag Reporting. This is the Hospitals anonymous reporting platform. Suzan continued that this was just a reminder to employees about what they can utilize if they need to. She stated that she gets emails from employees thanking her for this information. Irene stated that Suzan will be working with several people in the community on a presentation for our legislators about Workplace Violence. Irene continued that this is something that our staff faces daily, and we need as much help from the state as possible. Kandi added that she was blown away by how prevalent this is here. She continued that she always thought this only

happened in the big hospitals. Irene added that it is sensitive as to what the RSPD can and cannot do for staff and patients. She encouraged this Board to attend the presentation. Kandi asked if this is also a Behavioral and Mental Health problem. Suzan stated that we NEED state legislation for protection. Kandi agreed and added that legislation is also needed for mental health issues.

Summary Report

- a. Audits- Suzan presented the annual work plan and stated that the following audits have been completed this year; "Falls Audit", "Sterilization Audit", and the "Vendor and Accounts Payable Audit". Suzan continued that the last audit involves physicians' ability to login and get to the program that they need for patient care. She further explained that physicians are stating that it takes too much time to access what they need for patient care and that sometimes they cannot access what they need. Suzan stated that this may not be an official audit but more of a "Is this a problem? and What can we do, if anything, to fix it?".
- b. HIPAA. The HIPAA report was presented for review. Suzan briefly explained that Synergi is the Hospitals self-reporting system and P2Sentinel audits Cerner, the Hospitals program for Medical Records. Suzan continued that since her last email to all employees, the HIPAA numbers have gone down, which is great. April explained that wrong fax numbers or wrong information in a medical record are examples of self-reporting or reporting from Directors in Synergi. There was discussion about this, and Barbara asked if a HIPAA violation would show up in Performance System (the Hospitals employee tracking system). She continued and asked if there is weakness in the process or if the process is as good as it could be. Suzan and Irene stated that this would be a good audit topic for April to take on. Barbara also brought up mislabeled lab specimens and who is tracking that. Suzan and April both stated that they believed Quality tracks this, but we will look into it and find out.
- c. Exclusionary Report. The exclusionary report for July, August and September was presented. Suzan briefly explained that this report comes from the OIG, and she has never seen one of providers on this list.

Additional Discussion

Suzan presented the meeting schedule for 2025. The meetings will be January 28th, April 28th, July 28th, and October 27th.

Next Meeting

The next meeting is scheduled for January 28th, 2025 @ 09:00am.

Adjournment

The meeting adjourned at 9:36am

Respectfully Submitted,

April Prado, Recording Secretary

Minutes
Governance Committee
October 21, 2024

Present: Irene Richardson, Marty Kelsey, and Barbara Sowada, who substituted for Kandi Pendleton
Zoom meeting called to order at 2:00 pm

Minutes of August meeting were approved with Barbara abstaining

Meeting called to order at 2:00 pm by Marty Kelsey.

NEW Business

1. Board Evaluation. Recommended using TGI survey again. One of its benefits is it compares our results with like hospitals. Marty suggested additional informal survey of Board regarding five questions, which would be done through email and responses sent to Cindy.
 - a. Action: Cindy in conversation with TGI regarding their board survey. Survey will be completed this winter.
 - b. Action: Marty proposed following 2 questions (1) What changes to how are meetings are run, if any, might be beneficial, and (2) What can the CEO do, if anything, to help the Board function at a higher level. Marty will include these questions in his email to Board soliciting additional questions.
2. Board education. Possible subjects were discussed. Kandi had recommended "committee effectiveness." Hospital department presentations was also recommended. Irene recommended the next presentation be about the Walk-in Clinic for the January Board meeting.
3. Board Policy HOSPITAL POLICIES AND OTHER DOCUMENTS REQUIRING BOARD OF TRUSTEES APPROVAL. The attached policy was discussed. That document does a good job in clarifying the kinds of policies, etc. the Board is required to approve. Multiple questions regarding the role of the Board in approving employee policies. Also, questions regarding whether the Board is responsible for approving Medical Staff Rules and Regulations or just Medical Staff Bylaws.
 - a. Action: Irene to check with Geoff and Suzan regarding their understanding of the Board's responsibilities regarding approval of employee policies and Medical Staff Rules and Regulations. Irene will also check with other WY CEOs regarding how other hospitals handle this.
 - b. Action: The policy will be brought back to the November Governance meeting for further review before sending to full Board.
4. Board Charter. Suzan's recommended revisions to Governance Charter were reviewed. (See Attached document.) Committee recommended adding the following to Suzan's changes:

· Pursuant to the Board's duty to carry out its fiduciary and strategic responsibilities, the Governance Committee shall review the Board bylaws and board committee charters during the even numbered fiscal years, and in odd numbered years shall review Board Policies to ascertain if any need revisions, or if an addition would be beneficial. The Committee will submit any suggested additions or revisions to the Board for review and approval. Documents which do not originate with the Board, but require Board approval will follow the Hospital's internal process for periodic review and approval.

5. Board Bylaw changes. Suzan recommended Board Bylaw changes. Below is the current wording and Marty's recommended new wording:

- a. Board By-Laws
- b. Chapter Three; Section 5 Policies
- c. Current Wording: "The Board shall create and establish such Board policies as it shall deem necessary and appropriate. The Board shall also create and approve a process for the review of Hospital wide policies over which the Board has oversight obligations."
- d. Possible New Wording: "The Board shall create and establish such Board policies as it shall deem necessary and appropriate. The Board shall also approve, in policy, a process for the review of other applicable policies, plans required by regulatory agencies, and any other documents the Board is required to approve or over which the Board has oversight obligations as determined by the Board."

Meeting adjourned at 3:30 pm.

Next meeting is tentatively scheduled for November 18 at 2:00 pm.

Respectfully submitted,

Barbara J. Sowada, Ph.D.



Approved N/A
Review Due N/A

Document Board of
Area Trustees

HOSPITAL POLICIES AND OTHER DOCUMENTS REQUIRING BOARD OF TRUSTEES APPROVAL



Board of Trustees

STATEMENT OF PURPOSE:

As part of its oversight responsibilities, the Board of Trustees (Board) of Memorial Hospital of Sweetwater County (Hospital) is required to ensure that policies, Plans or other documents that affect the overall governance and administration of the Hospital are approved by the Board.

Any policy created specifically for the Board shall be presented to the Governance Committee for review and approval. Upon approval, the Governance Committee will refer the document to the Board for final approval.

Documents which do not originate with the Board, but require Board approval (outlined below) will follow the Hospital's internal process for drafting and approval through the appropriate committees. Upon completion of internal review and approval the document will be presented to the Board for final approval.

- I. The following documents require Board approval:
 - Board Bylaws
 - Medical Staff Bylaws
 - Board Committee Charters
 - The Scope of Services document
 - Plans as required by a regulatory or compliance agency

- Employee Policies
- Board policies required by Board Bylaws
- Critical Access Hospital (CAH)-Patient Care Policies recommended by one of the Medical Staff Committees. If recommendations of one of the Medical Staff Committees are rejected, the Board must document its rationale for adopting a different standard than that which was recommended.

After the initial review and approval by the Board, these documents shall be presented to the Board for review and re-approval, as often as required.

Board of Trustees Approval:

Approval Signatures

Step Description

Approver

Date

DRAFT

Quality Chair Report
October, 2024

Neil Malicoat was introduced as new member of the Quality Committee. He's the first community, non-Board member of a Board committee. Neil is the Director of Safety and Health at Sisecam. an employee of 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 approved with the incorporated changes discussed at last month's meeting. Plan goes to Board for first reading with due pass recommendation.

MIPS final score for 2023 was 100%, which translates to a positive 2.15% adjustment to Medicare reimbursement. MIPS stands for Medicare's Merit-Based Incentive Payment System that rewards clinics for improvements in cost, quality, improvement activities, and use of EHR. Because Clinics took advantage of Covid-hardship criteria, the 2023 score based on improvement activities and use of EHR. This major achievement was noted and celebrated.

Health Equity is new and mandated by CMS and TJC. The AHA's Roadmap for Health Equity was discussed. Hospital's consensus is to tailor roadmap to fit the hospital's needs and size. Plan will be brought to Committee no earlier than December.

Hospital Care Compare Report discussed. Highlights include movement up to Four Star rating; improvement in HCHAPS scores, with patient surveys having more "usually" and fewer "nevers." This major achievement was noted and celebrated.

The ideal flowchart and the actual flowchart of the sepsis bundle was presented. Opportunities for improvement were identified.

Executive Update – MHSC Quality Committee of the Board

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

REPORTING DATE October 2024 Quality Committee Monthly Meeting

General Highlights

- Patient safety plan presented for approval
- MIPS Update provided
- Hospital Care Compare Quarterly report reviewed
- MQSA Post Inspection report reviewed

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/Senior Leader Rounding Checklist created for OB, MS, ICU, ED, and RT as part of the action plan	None Identified		Senior Leaders and Leaders are documenting rounding results and following up actions
Formal leader training occurred on Sept. 25 and 26 th as one of the strategic initiatives	None identified		Ongoing training via virtual meetings for two more sessions.
			Work continues with hospital and clinic offices to move process improvement to Synergi from stoplight reports

Stoplight reports are created for: Cleanliness, Quietness, Care Coordination and Discharge information. Nursing units have a Synergi/stoplight report for Compassion. Initiatives for Director training and Senior Leadership meetings in Synergi.

Quality & Safety Pillar

FY 2025 Priorities and Strategic Objectives:

- C. Diff: No more than one reportable case from 4/1/2024 to 3/31/2025 (re-evaluate goals in April '25)
 - 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 stoplight 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. Attendance Tracking is in place and the activities are open to clinical and non-clinical staff.	None identified	Improve inter-and intradepartmental communication	Three sessions for each of the three levels are available for staff to sign up each month. Monthly report sent to leadership with updates on compliance.
Risk management minutes are being presented at medical staff meetings.	None identified	Provide education for staff, including employed medical staff	Plan to upload risk management minutes to process improvement case in Synergi
Synergi report categorization with further development for HIPAA, grievance/complaint, and process improvements	None identified	Further case categorization increases tracking and trending capabilities	
Health Equity			The American Hospital Association Health Equity Assessment was submitted, and we are waiting for an action plan.
Staff education – Prosper training held for evidence-based research regarding suicide prevention offered by community agency	None identified		Reviewing and updating annual education courses
Patient Education Program	None identified	Full-time nurse educator hired	Reviewing health literacy tools. Shadowing at U of U with unit Educator
All Quality & Safety Objectives and Initiatives are in Synergi.			

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 MHSC Education Director and Pt Educator continue to meet with public health to understand their processes for diabetes education
Objectives for Community Education and Google Star Rating available in Synergi. All objectives and initiatives are in 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 Additional goal to remain under national staff turnover rate (YTD 22.7%) HR and Nursing have action plans in place to reduce turnover
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.	October 7, 2024, began the survey window and will run for 3 weeks Historically, the Culture of Safety Survey is done every 2 years. We will be able to look at engagement scores in 2026 if we keep the current schedule and vendor.
Success sharing bonus implemented at the end of June 2024			
Stoplight report created for Reducing Staff Turnover. All objectives and initiatives are ready in Synergi.			

Financial Stewardship Pillar

Strategic Objectives:

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

Initiatives:

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

Accomplishments	Issues	Impact	Action Plan
Stoplight reports created for all objectives			Will transition to Synergi
County Fund process still being discussed			
DNFB split into HIM and PFS cases	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		Surgical Services – working on endo room turnover times Patient Navigation – working on a self-pay project
Stoplight reports are built for all objectives and initiatives. Pending a move to Synergi.			

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 for Central Scheduling started- looking at special procedures first
- Quality department actions:
 - Department rounding with mock tracers
 - Quick reminders via “Joint Point” emails being sent out
 - Critical Access Hospital chapter reviews completed
 - Using Synergi to create process improvement cases for identified needs
- We are expecting a State of Wyoming and Joint Commission Survey anytime

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Special Meeting Minutes - Draft
Monday – October 24, 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: Tom Waldrip (Gallagher), Ann Marie Clevenger, Cindy Nelson

Kandi called the meeting to order at 4:00 p.m. and welcomed everyone.

APPROVAL OF AGENDA

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

COMPENSATION ANALYSIS

Tom Waldrip introduced himself as the Gallagher HR Consultant Group Managing Director and reviewed the compensation assessment summary report. He provided an overview of the methodology. Gallagher looked at the data in a variety of ways, for example quartile analysis and tenure. He discussed the Hospital's compensation philosophy. Mr. Waldrip said most companies target the 50th percentile. Gallagher is always working to help us understand the bigger picture. Mr. Waldrip reviewed merit increase trends. He said market data was obtained from 24 different salary surveys. The key findings reflected the Hospital was behind the market for staff and management. A recommendation was drafted. The Hospital is working to provide a competitive compensation platform. Mr. Waldrip discussed providing a minimum and maximum range that reflects the market and placement of jobs based on internal equity. He reviewed salary ranges with key definitions and concepts, as well as provided a modeling example. Cost projections were reviewed utilizing existing compensation administration guidelines. Kandi requested a copy of the presentation and felt the information presented was fantastic. Nena agreed and said she appreciated the presentation.

The meeting adjourned at 5:00 p.m.