

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

April 7, 2021

2:00 p.m.

Dial: 301-715-8592

Meeting ID: 831 6869 5368

Password: 497664

AGENDA

- I. Call to Order Taylor Jones
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Our Mission and Vision](#) Barbara Sowada
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Taylor Jones
- III. [Minutes](#) *(For Action)* Taylor Jones
- IV. Community Communication Taylor Jones
- V. Old Business Taylor Jones
 - A. COVID-19 Preparation and Recovery
 - 1. Incident Command Team Update Kim White, *Director of Emergency Services*
 - B. Employee Policy *(from the Human Resources Committee)* Ed Tardoni
 - 1. Termination and Appeals
 - 2. Introductory Period
 - 3. [Political Activity](#)
 - 4. [Communication Systems](#)
 - C. Rules of Practice Governing Hearings Taylor Jones
 - D. [Medical Staff Rules and Regulations](#) Dr. Jacques Denker, *Medical Staff President*
 - E. Medical Staff Bylaws
 - 1. [Proposed Changes to Existing Bylaws](#)
 - 2. [Proposed Changes to New Bylaws](#)
- VI. New Business (Review and Questions/Comments) Taylor Jones
 - A. [Board Bylaws](#) Barbara Sowada
 - B. Employee Policies *(from the Human Resources Committee)* Ed Tardoni
 - 1. [Telecommuting](#)
 - C. [Plan for Providing Patient Care Services and Scopes of Care](#) Kari Quickenden,
Chief Clinical Officer
 - D. [Medical Staff Leadership Direct Consultation with the Board Policy](#) Kara Jackson,
Director of Quality, Accreditation, Patient Safety
 - D. [FOIA Public Records](#) Suzan Campbell, *In House Counsel*
- VII. Chief Executive Officer Report Irene Richardson

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AGENDA

VIII. Committee Reports

- | | |
|---|----------------|
| A. Quality Committee | Marty Kelsey |
| B. Human Resources Committee | Ed Tardoni |
| C. Finance & Audit Committee | Ed Tardoni |
| 1. Capital Expenditure Requests <i>(For Action)</i> | |
| 2. Bad Debt <i>(For Action)</i> | |
| March Committee Meeting Information | |
| D. Building & Grounds Committee | Marty Kelsey |
| E. Foundation Board | Taylor Jones |
| F. Compliance Committee | Ed Tardoni |
| G. Governance Committee | Barbara Sowada |
| H. Executive Oversight and Compensation Committee | Taylor Jones |
| I. Joint Conference Committee | Taylor Jones |

IX. Contract Review Suzan Campbell

- | | |
|---|--|
| A. Contracts Approved by CEO since Last Board Meeting <i>(For Your Information)</i> | |
| 1. Agreement for Occupational Health Medical Services Jim Bridger Power Plant | |
| 2. Second Amendment to Specialty Services Agreement (Wamsutter Clinic High Desert Rural Health Care District) | |
| 3. Varian | |
| 4. VIE Healthcare | |

- | | |
|--|--------------------|
| X. Medical Staff Report | Dr. Jacques Denker |
| XI. Good of the Order | Taylor Jones |
| XII. Executive Session (W.S. §16-4-405(a)(ix)) | Taylor Jones |
| XIII. Action Following Executive Session | Taylor Jones |
| A. Notice of Claim | |
| XIV. Adjourn | Taylor Jones |



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

Workplace Experience

Growth, Opportunity & Community

Financial Stewardship

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

February 3, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on February 3, 2021, at 2:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order and announced there was a quorum. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer; Dr. Jacques Denker, Medical Staff President; Mr. Geoff Phillips, Legal Counsel; and Mr. Jeff Smith, Sweetwater County Board of County Commissioners Liaison.

Pledge of Allegiance

Mr. Jones led the attendees in the Pledge of Allegiance.

Our Mission and Vision

Mr. Kelsey read aloud the mission and vision statements.

Mission Moment

Ms. Richardson shared a story a patient gave to her at the grocery store. The patient couldn't say enough good things about their care and said everyone was kind and so nice. The patient said so many times we don't hear the positive things and only the negative so she wanted the CEO to know she had impressive visits in two different areas. Ms. Richardson applauded staff for all they do to take such good care of our patients. Mr. Jones said the jobs at the hospital can be difficult under normal circumstances so under the current conditions, it is always so nice to hear positive stories.

APPROVAL OF AGENDA

Mr. Jones asked if there were any changes to the agenda. Mr. Jake Blevins of ST&B Engineering requested adding discussion of the air handler project and a proposed change order. He requested an out-of-sequence review of the HVAC upgrade project to avoid three weeks of delay. Mr. Jones said it could become item "A" under "New Business." The motion to approve the agenda with the requested change was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the January 6, 2021, regular meeting as presented was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

COVID-19 Preparation and Recovery - Incident Command Team Update

Ms. Kim White, Incident Commander and Director of Emergency Services, reported Covid testing is decreasing with about forty patients a day. We are helping Public Health with getting vaccines out quickly. We are having more visitors in the hospital. Staff have done a phenomenal job of implementing new things and taking care of patients. Mr. Jones asked Ms. White to pass along to staff the Board's gratitude.

Termination and Appeals Policy

Mr. Jones said we are still working on the Termination and Appeals Policy and Rules of Practice. Mr. Mathey asked how we are going to handle these coming before the Board. He said there are things to be said and asked when we are going to discuss them. He asked if Mr. Geoff Phillips, Legal Counsel, is going to review and report back to the Board. Ms. Richardson said she thinks that is the plan and is not sure on the timing.

Medical Staff Rules and Regulations, Medical Staff Bylaws

Mr. Jones said Dr. Denker asked if there are questions to please forward them via e-mail to Dr. Denker. Following discussion, Dr. Sowada said copies of questions will also be sent to Ms. Richardson, Ms. Kerry Downs-Medical Staff Services Director, Ms. Suzan Campbell-In House Counsel, and the Board of Trustees.

NEW BUSINESS

Mr. Jones said these items are for review as well as to ask questions or make comments.

HVAC Project Update

Mr. Blevins reviewed information discussed at the last Building and Grounds Committee meeting. A decision was made that a portion of the laboratory addition project be accelerated into the existing HVAC upgrade project that is underway. That portion is mechanical and intensive in nature. The name of that unit is S1 that serves a large portion of the facility. It took the design team quite a bit of time to pull together all the plans. We obtained the pricing earlier in the day and it is \$1,587,208. The work needs to be completed by June 30 with available funds or those funds will be forfeited. Mr. Kelsey asked Ms. Tami Love, Chief Financial Officer, or Ms. Richardson to address the financial implication. Ms. Love said this was being planned as part of the lab

renovation. The plan is to use remaining CARES Act funds. She said she is comfortable with the amount of the change order. Ms. Richardson noted this should decrease the cost of the lab remodel. Mr. Will Wheatley, Plan One, said S1 came after the original estimating efforts. When we dug into mechanical systems is when S1 came to light. He said it is not a one-for-one savings and maybe half of the amount was the breaking point difference. The motivation was to get to CARES Act funds. Mr. Blevins said the amount will come down but not one-for-one. Ms. Richardson said she thinks it is timely and a justifiable expense under the rules of CARES Act and things it is a good move. The motion to approve the change order as discussed in the approximate amount of \$1,587,000 be approved as discussed was made by Mr. Kelsey; second by Dr. Sowada. Motion carried. Dr. Sowada said anytime we can replace old equipment with SLIB money, we should. Mr. Blevins thanked the Board, Mr. Wheatley, and the representative from Grothouse.

Proposed Changes to Existing Bylaws

Dr. Denker said the Medical Staff found an opportunity to improve documents and noted the changes made.

Proposed Changes to New Bylaws

Ms. Downs said the Medical Staff made a proposal to change the new bylaws which the Board is still reviewing so they made a decision to make those same changes to the existing in case the new bylaws take awhile to change.

Employee Policies

Political Activity: Mr. Jones said the policy kind of addresses whether or not a person can apply work time for running for political office. He could see the opportunity for someone to be at home and on hospital time and they might want to clarify personal time vs. work time. Mr. Tardoni said we do have a policy regarding working from home that addresses that and distractions that impact work. Ms. Campbell said that is a good point. She would like to look at telecommunication policy to ensure they coordinate. Mr. Tardoni asked that questions and comments are collected, then address them, and then bring them back to the Board. He asked that questions be sent to him and copy Ms. Campbell. Mr. Kelsey thanked the HR Committee for taking this up and said he thinks it is a really good policy and well-written. He said campaigning should be on a person's own. We need to avoid double-dipping for payment. He wants to discuss non-elected appointments to boards and commissions. He asked what do we do with employees who want to serve on these groups. He is not sure how the hospital handles these things. He is not sure we need a policy and hopes our current practice is we don't require people to use PTO for those types of things. He hopes we encourage the employees to serve our communities. He views unpaid service similar to appointments. Ms. Richardson said there is a difference between exempt and non-exempt staff. She said we have never actually had this come up where staff have asked to take time off to serve on a board. There was discussion of concerns. Mr. Kelsey said it is important the hospital shares the talent and expertise of staff with other entities at the community and state level.

Communication Systems: Mr. Tardoni asked for questions after the meeting on communications go to Mr. Tardoni and Ms. Campbell.

Equal Employment Opportunity: Mr. Tardoni said it came up for review. The changes are insignificant and no Board action is required. It is just included as a “for your information” item.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson said Ms. Lena Warren is the new Community Outreach Director. Her first big project is the health fair March 6. Ms. Richardson welcomed Ms. White as the new Director of the Emergency Room and said Ms. White has led the Incident Command Team so well. Ms. Richardson said we continue to interview urology and pathology candidates. The locums have been saying good things about the hospital facility and staff and are very complimentary of what is happening here. The vaccine clinic went extraordinarily well in working with Public Health. Ms. Richardson thanked everyone for every effort. She announced we started a community “Health Matters” newsletter. Commissioner Smith reached out to Ms. Richardson and the Board to join in helping find a solution to the ambulance service. Commissioner Smith said the word from the city is the hospital should take it. Ms. Richardson said we talked about it in the past and determined it is not viable but we are happy to look at solutions. Ms. Richardson thanked staff for working so hard. She said Covid numbers are decreasing and we have been doing our best to take care of our community. She thanked staff, physicians, the Board, and the Commissioners.

COMMITTEE REPORTS

Mr. Jones said if anything needs to be brought forward, please discuss it at this time.

Quality Committee

Mr. Jones asked for more information regarding physicians reporting on quality issues. Mr. Kelsey said we are still reviewing the process. Ms. Downs said Ms. Kari Quickenden, Chief Clinical Officer, brought the information to the Medical Executive Committee meeting. They feel a Joint Conference Committee meeting would be the best place to discuss.

Human Resources Committee

Mr. Tardoni pointed out the good statistics of the HR program in this report.

Finance and Audit Committee

Mr. Mathey said everything is in the packet. There are no capital expenditure requests or requests for ratification of SLIB or CARES Act money.

Bad Debt: The motion to approve the net potential bad debt of \$1,221,052.79 as presented by Mr. Ron Cheese, Patient Financial Services Director, was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

Building & Grounds Committee

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

Foundation

Ms. Tiffany Marshall, Foundation Director, said the County Commissioners held a special meeting to look at applications for CARES Act money for non-profits covering lost revenue, canceled or altered events, etc. We applied for funding for the golf tournament and it was approved. We are excited for that revenue and are grateful. Ms. Dianne Blazovich's term is over so we have a new President next month, Mr. Matt Jackman. We continue looking for a date to have a joint meeting with the Board of Trustees. We have rolled out the Planned Gifts Committee. We hope it will be community volunteers driven. Mr. Jones noted Ms. Marshall has done an excellent job with grant writing.

Compliance Committee

Mr. Tardoni reported the Committee did not meet to make way for the vaccination clinic.

Governance Committee

Dr. Sowada said she and Mr. Mathey are reviewing and revising the bylaws. They plan for a draft to be to the Board by April. They need to make sure we are recording the CEO performance reviewed per The Joint Commission requirements. We are also required to have a Board self-assessment. She recommends using The Governance Institute process. It is standardized and compares us to like hospitals. Dr. Sowada suggested completing the assessment in April. She asked Ms. Richardson if we can ask her assistant to make those contacts to get it going. The annual summary is the one that needs to be recorded as a written record. Dr. Sowada said we are meeting the requirement.

Executive Oversight and Compensation Committee

Mr. Jones said the Board will discuss in executive session.

Joint Conference Committee

Mr. Mathey said they have not met.

CONTRACT REVIEW

Dr. Sowada said iProtean offers a series of 10-30 minute videos that are training documents that have to do with significant Board topics. She said the material is really useful. The agreement covers access for the five Trustees and five Senior Leaders.

MEDICAL STAFF REPORT

Dr. Denker said the Medical Staff are focusing on quality and Press Ganey. They are excited and nervous with Cerner getting started. The physicians noticed Ms. Richardson has been rounding in the departments and that is powerful, meaningful, and appreciated. Mr. Jones thanked Dr. Denker for participating in the meeting.

GOOD OF THE ORDER

Mr. Kelsey said he was not aware of the timing of the Finance and Audit Workshop on February 24th and requested a later time in the day. The group agreed to begin at 3:30 PM.

Mr. Kelsey said he really liked the website with the leadership team. However, if you tap the e-mail button, it not really user-friendly to get an e-mail to people. He said it is hard to navigate and asked if IT could investigate.

Mr. Jones thanked everyone for all they are doing.

EXECUTIVE SESSION

Mr. Jones said there would be an executive session. He said the Board would take a five-minute break and reconvene in executive session at 3:33 PM. The motion to go into executive session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

RECONVENE INTO REGULAR SESSION

At 5:32 PM, the Board came out of executive session and the motion to resume regular session was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to approve hospital privileges for the healthcare providers discussed in executive session was made by Mr. Mathey; second by Mr. Kelsey. Motion carried.

Credentials Committee Recommendations from January 12, 2021

1. Initial Appointment to Consulting Staff (1 years)
 - Dr. Sarah Lombardo, Tele ICU (U of U)
 - Dr. Sudha Jayaraman, Tele ICU (U of U)
 - Dr. Jennifer Ngo, Tele Radiology (VRad)
2. Initial Appointment to Locum Tenens Staff (1 year)
 - Dr. Veronica Ledvin, Hospitalist
 - Dr. Nicole Dyer, Hospitalist
 - Dr. Cameron Kesler, Hospitalist
3. Temporary Privileges to Locum Tenens Staff
 - Dr. Edward Callaghan, Pathology
4. Reappointment to Active Staff (2 years)
 - Dr. Steven Croft, Anesthesia
 - Dr. David Duckwitz, Podiatric Surgery
5. Reappointment to Consulting Staff (2 years)
 - Dr. Gregg Sydow, Tele Radiology (VRC)
6. Reappointment to Locum Tenens Staff (1 year)
 - Dr. Preetpal Grewal, OB/GYN

The motion to authorize the CEO to enter into the healthcare provider employment contracts discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

The motion to deny the governmental claim as discussed in executive session was made by Mr. Mathey; second by Mr. Kelsey. Motion carried.

The motion to authorize the CEO to pay the medical expenses discussed in executive session was made by Mr. Mathey; second by Mr. Kelsey. Motion carried.

ADJOURNMENT

Mr. Jones thanked everyone. There being no further business to discuss, the meeting adjourned at 5:35 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

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

February 8, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on February 8, 2021, at 5:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer, and Mr. Geoff Phillips, Legal Counsel.

EXECUTIVE SESSION

The motion to move into executive session to discuss matters confidential by law was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

At 6:23 PM, the Board came out of executive session and the motion to go back into regular session was made by Mr. Kelsey; second by Mr. Mathey. Motion carried.

The motion to authorize the CEO to execute the new emergency department contract with the University of Utah with minor additions about quality as discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

The motion as to waive the requirement of treatment at a blue distinction hospital as to the dependent insured and as to the treatment discussed in executive session on condition that Memorial Hospital of Sweetwater County's stop loss insurer also waives the requirement was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

ADJOURNMENT

Mr. Jones thanked everyone for their time. There being no further business to discuss, the meeting adjourned at 6:25 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

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

February 9, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met in an emergency meeting via Zoom on February 9, 2021, at 5:30 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer, and Mr. Geoff Phillips, Legal Counsel.

EXECUTIVE SESSION

The motion to move into executive session to discuss matters confidential by law was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

At 6:37 PM, the Board came out of executive session and the motion to go back into regular session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

The motion that MHSC waive the requirement of treatment at a blue distinction hospital as to the dependent insured and as to the treatment discussed in executive session was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

ADJOURNMENT

Mr. Jones thanked everyone for their time. There being no further business to discuss, the meeting adjourned at 6:38 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

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

February 11, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on February 11, 2021, at 4:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Mr. Richard Mathey, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer, and Mr. Geoff Phillips, Legal Counsel.

FEBRUARY 9, 2021 EMERGENCY MEETING ACTION

The motion to waive the requirement of treatment at a blue distinction hospital as to the dependent insured and as to the treatment discussed in executive session was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 4:02 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

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

February 24, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in a special workshop on February 24, 2021, at 3:30 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order and announced there was a quorum. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Dr. Barbara Sowada, and Mr. Ed Tardoni. Excused: Mr. Richard Mathey.

Officially present: Ms. Irene Richardson, Chief Executive Officer; Mr. Geoff Phillips, Legal Counsel.

Pledge of Allegiance

Mr. Jones led the attendees in the Pledge of Allegiance.

Mission Moment

Ms. Richardson shared comments made at a recent Patient and Family Advisory Council meeting by a patient who had a very positive experience in the Rehab Department. He said that everyone was very nice, kind, and that the team was very attentive. He said he was most appreciative that the staff even brought him water to drink and he thanked everyone for everything they are doing for our patients.

FINANCE AND AUDIT WORKSHOP

Ms. Richardson said we would love to be back to our pre-Covid levels. We have good data to make good projections. She reminded everyone the workshop was in lieu of the March regular meeting. Ms. Tami Love, Chief Financial Officer, reviewed a PowerPoint presentation. She reviewed the following agenda items:

- Meet the team
- Revenue Cycle project updates
 - Patient Navigation program
 - Clinical Documentation improvement - CDI
- Cerner update
- SLIB grant update
- Hospital challenges
 - Price Transparency
 - No Surprises Act

- Insurance Contract management
- COVID-19 pandemic financial impact
- CARES Act funds and Medicare Accelerated payments
- Standard & Poor's Outlook
- Construction projects
- FY2021 Current and Projected financials
- FY2022 Budget focus and assumptions
- Budget Process and Timeline

Mr. Jones thanked everyone for their time.

EXECUTIVE SESSION

The motion to go into executive session was made by Mr. Tardoni; second by Dr. Sowada. Motion carried. Mr. Jones said there would be a five-minute break.

RECONVENE INTO REGULAR SESSION

At 6:17 PM, the Board came out of executive session and the motion to go back in to regular session was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

The motion to approve credentials for providers from the list provided by Ms. Kerry Downs, Medical Staff Services Director, was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

Credentials Committee Recommendations from February 9, 2021

1. Initial Appointment to Active Staff (2 years)
 - Dr. Michael Neyman, Hospitalist
2. Initial Appointment to Locum Tenens Staff (1 year)
 - Dr. Mark Uhlman, Urology
3. Reappointment to Active Staff (2 years)
 - Dr. Michael Bowers, Family Medicine
 - Dr. Peter Jensen, Ophthalmology
 - Dr. Weston Jones, Pediatric Dentistry
4. Reappointment to Consulting Staff (2 years)
 - Dr. Ronald Sonken, Tele Radiology (VRC)
 - Dr. David Tague, Tele Radiology (VRC)
 - Dr. Edward Kimball, Tele ICU (U of U)

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 6:18 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

DRAFT

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

March 30, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on March 30, 2021, at 5:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

Mr. Jones called the meeting to order. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Dr. Barbara Sowada, and Mr. Ed Tardoni. Excused: Mr. Richard Mathey.

Officially present: Ms. Irene Richardson, Chief Executive Officer, and Mr. Geoff Phillips, Legal Counsel.

EXECUTIVE SESSION

The motion to move into executive session was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

At 5:19 PM, the Board came out of executive session and the motion to go back into regular session was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

The motion to authorize the CEO to sign the physician contract as discussed in executive session was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:20 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary



Approved:

N/A

Review Due:

N/A

Document Area:

Administration

Reg. Standards:

EMPLOYEE POLICIES-POLITICAL ACTIVITY

STATEMENT OF PURPOSE

To provide guidelines for Memorial Hospital of Sweetwater County (MHSC) employees as to political activity either for others or self.

Policy

Every MHSC employee has the right to and is encouraged to register and vote. However, as MHSC receives federal and state funds there are certain limits on employees political rights. Those limits include but are not limited to:

A Hospital employee may not engage in, nor may Supervisors or Directors allow employees to engage in campaign activities of any sort, including solicitation of political contributions while on any of the Hospital's campuses.

Employees are not permitted to use Hospital property, such as copiers, printers, fax machines, computers or telephones for political activities.

An employee may not campaign or participate in political activities while wearing Hospital apparel. This includes wearing of political buttons or signs when at work and/or on duty, and placing signs on any of the Hospital campuses. However, this does not exclude an employee's right to display a bumper sticker on an employee's personal vehicle. In short, all political activity is to be kept separate and apart from the job and away from the workplace.

Running for public office

MHSC employees are encouraged to engage in the political process i.e. running for local (community college board, county commissioners etc) state or federal office. However, MHSC cannot appear to support/promote its employee over another candidate. To avoid any appearance of impropriety or unfair advantage, MHSC will require any employee who runs for office at any level of government or board position (that requires an election process) to take PTO to campaign and/or serve in the position. Once all available PTO is used up any time taken from the employees job at MHSC to run a campaign or hold office will be unpaid.

Employees may not campaign in the Hospital and may not use Hospital equipment, communications systems, supplies or any other materials from MHSC for campaign/election purposes. This prohibition includes social media and email campaigns. These campaigns may not be conducted from MHSC computers or communication devices. Any employee who runs for office must disclose that they are not endorsed by MHSC

and that no MHSC equipment or supplies was used for their campaign.

REFERENCES

Attachments

No Attachments

DRAFT



Approved:

N/A

Review Due:

N/A

Document Area:

Administration

Reg. Standards:

EMPLOYEE POLICIES- COMMUNICATION SYSTEMS

EMPLOYEE POLICIES-COMMUNICATION SYSTEMS

PURPOSE

To inform MHSC employees of MHSC communication systems and of the expectations and responsibility of using Hospital communication systems. Employee violations of this policy may result in corrective action up to termination depending on the severity of the violation.

POLICY

MHSC employees should have no expectation of a right to privacy on Hospital computers, Hospital issued phones, Hospital voice mail systems or any other Hospital communication system.

Computers

The Hospital's computer network, access to Internet, e-mail and voice mail systems are business tools intended for employees to use in performing their job duties. Therefore, all documents and files are the property of MHSC. All information regarding access to Hospital's computer resources, such as user identifications, modem phone numbers, access codes, VPN log-in credentials and accounts, IP addresses and passwords are confidential Hospital information and may not be disclosed to non-Hospital personnel.

All computer files, documents, and software created or stored on the Hospital's computer systems are subject to review and inspection at any time. This includes web-based email employees may access through Hospital systems, whether password protected or not. Employees should not assume that information accessed, shared, copied, emailed through a Hospital computer is confidential, including e-mail either sent or received.

As computers in the Hospital allows access to ePHI all computers will be controlled with a unique username and password. Computer equipment should not be removed from the Hospital premises without written approval from the employee's department head.

Personal Use of the Internet

Hospital employees will need to access information through the internet/intranet in order to do their job. However, **the use of the internet/intranet is only for business purposes during the time employees are working.** Personal use of the Hospital's internet system should be done before or after work or during breaks or lunch period. Regardless, MHSC prohibits the display, transmittal, or downloading of material that is in violation of Hospital guidelines or otherwise is offensive, pornographic, obscene, profane, discriminatory, harassing, insulting, derogatory, or otherwise unlawful at any time.

Software and Copyright

MHSC fully supports copyright laws. Employees may not copy or use any software, images, music, or other intellectual property (such as books or videos) unless the employee has the legal right to do so. Employees must comply with all licenses regulating the use of any software and may not disseminate or copy any such software without authorization. Employees may not use unauthorized copies of software on personal computers housed in hospital facilities.

Unauthorized Use

Employees may not attempt to gain access to another employee's personal file of e-mail messages or send a message under someone else's name without the latter's express permission. Employees are strictly prohibited from using the Hospital's communication systems in ways that management deems to be inappropriate. If you have any question whether your behavior would constitute unauthorized use, contact your immediate supervisor before engaging in such conduct.

E-mail

E-mail is only to be used for business purposes during the time employee is working. While personal e-mail is permitted, it is to be kept to a minimum. Personal e-mail should be brief and sent or received as seldom as possible. MHSC prohibits the display, transmittal, or downloading of material that is offensive, pornographic, obscene, profane, discriminatory, harassing, insulting, derogatory, or otherwise unlawful at any time. No one may solicit, promote, or advertise any outside organization, product, or service through the use of e-mail or anywhere else on hospital premises during working times. Working time does not include breaks or meal periods. Management may monitor e-mail from time to time.

Employees must be aware at all times of phishing and cyber-security breaches. Do not reply to emails or click links requesting user names and passwords. Only click on links or open emails from people you know and that have a valid email address.

Employees are prohibited from unauthorized use of encryption keys or the passwords of other employees to gain access to another employee's e-mail messages.

Voice Mail

The Hospital voice mail system is intended for transmitting business-related information. Although the Hospital does not monitor voice messages as a routine matter, the Hospital reserves the right to access and disclose all messages sent over the voice mail system for any purpose. Employees must use judgment and discretion in their personal use of voice mail and must keep such use to a minimum.

Telephones/Cell Phones/Mobile Devices

Employee work hours are valuable and should be used for business/patient care. Excessive **personal** cell use can significantly disrupt business operations. Employees should use their break or lunch period for cell phone use for personal calls, texting and social media.

Confidential information should not be discussed on a cell phone or via any mobile device. Phones and mobile devices with cameras should not be used in a way that violates other Hospital policies such as Confidentiality policies; HIPAA policies; EEO/Sexual Harassment policies and other relevant policies. Employees' use of a cell phone or mobile device to access Hospital communication systems is restricted/prohibited without prior authorization. Such access, once authorized, may subject the employee's personal device to discovery requests or Hospital corrective action. Employees authorized to access Hospital systems and information using a personal device must immediately inform the Hospital if the device is lost or stolen.

For safety reasons, employees will not use cell phones and mobile devices to make calls or text while driving personal vehicles or Hospital vehicles/equipment. Employees should park whenever they need to use a cell phone. Generally, stopping on the shoulder of the road is not acceptable. Texting while driving is illegal and could subject the employee to tickets and fines from law enforcement.

Separation from MHSC

Upon separation of employment, all Hospital issued communication tools (cell phones, laptops, etc) must be returned to Hospital's IT or HR Department. Failure to return Hospital owned/issued equipment will result in withholding of employees final paycheck until the equipment is returned.

This policy will replace current Computer Usage Employee Policy and Limited Use of Hospital Info Systems, Sanctions and HIPAA security, Computer Usage IT policies will be archived as relevant sections from those policies have been incorporated into this policy. Draft policy was reviewed and approved by IT Director

Attachments

No Attachments

DRAFT

Please see the attached proposed changes to the Medical Staff Rules and Regulations.

Changes have been made to Section 6 – Medical Records.

- On page 22, item E – the following was added: “within 14 days of their clinic visit.”
- Section S will be removed.

The changes have been printed in red. These changes were approved at the General Medical Staff meeting, on December 1, 2020. They now need to go to the Board of Trustees for final approval.

performed, provisional anatomic diagnoses shall be recorded in the medical record within three days, and the complete protocol shall be made part of the record within thirty (30) days unless exceptions for special studies are established by the medical staff.

Section VI. MEDICAL RECORDS

A. Practitioner Responsibilities

1. The attending Physician shall be responsible for the preparation of a complete and legible medical record for each patient. This record shall, at a minimum, include a complete admission H&P, all special reports such as consultations and pathology findings, clinical laboratory results, interpretations of studies performed by Medical Imaging, operative reports, progress notes, autopsy report (when performed), and a discharge summary.
2. Completion of medical records by locum tenens Physicians will be according to policies and procedures developed by the Medical Records Committee and approved by the Medical Executive Committee.
3. All Physician Assistant and Nurse Midwife inpatient medical record entries shall be countersigned by the appropriate Practitioner's authorized, supervising Physician within 48 hours.

B. History and Physical Examination

A complete admission history and physical examination shall be performed and recorded within twenty-four (24) hours of admission. This report should include identifying data, chief complaint, history of present illness, significant past medical and surgical history, relevant family history, social history, a review of all systems of the body, physical examination, significant laboratory results, provisional diagnosis and treatment plan. If a complete history has been recorded and a physical examination performed within one week prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the patient's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a member of the medical staff. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded.

C. Readmissions

When a patient is readmitted within thirty (30) days, a brief interval history and physical may be recorded in lieu of a full exam, provided a copy of the most recent Hospitalization H&P and discharge summary are placed in the current chart.

D. Surgery

An adequate history and physical shall be recorded within the chart of each patient within 24 hours prior to surgery unless any delay for recording the history and physical would be detrimental to the patient.

E. Outpatients

Each outpatient admission will have a note/report adequately describing the medical circumstances surrounding that visit **within 14 days of their clinic visit.**

F. Twenty Three and One Half Hour Outpatient Stays

1. Surgical procedures involving anesthesia, done in the OR Suite, require a complete H&P, operative report and a dictated or written discharge note.
2. Medical outpatient admissions require an H&P (to include chief complaint, pertinent history, and pertinent physical findings), and a dictated or written discharge note. A full H&P will be required if the patient is admitted.
3. Obstetrical outpatient admissions require a prenatal H&P, results, order for discharge and nursing discharge instructions.
4. Chemo or other cycle patients require an initial H&P with the plan of therapy, which will be valid for one year. An interval note will be required if there is any change in condition or if treatment is stopped and started again.
5. Observation patients will be treated in accordance with the Observation/Surgical Outpatient Admissions Policy.
6. In all cases in this section F, if the patient becomes an inpatient, all requirements for inpatient charting must be observed.

G. Progress Notes

Pertinent progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Whenever possible each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Progress notes shall be written at least daily on critically ill patients, and those where there is difficulty in diagnosis or management of the clinical problem. All other patients will have progress notes recorded at least every other Hospital day.

H. Operative Reports

A written operative note, for both inpatients and outpatients, will be entered in the chart immediately following surgery. That note will include pre and post-operative diagnosis, the operation performed, surgeons involved, anesthesia type and other information pertinent to the immediate postop care of the patient. In addition, a comprehensive operative report shall be dictated or written at the conclusion of the procedure which includes findings found at surgery, details of surgical technique, specimen(s) removed, pre and post-operative diagnosis, surgeon(s) and assistant(s) and type of anesthetic used. Dentists shall record the number of teeth and/or fragments removed on the operative report. Reports shall be promptly signed by the surgeon and made a part of the patient's current medical record.

I. Consents

All procedures listed below require written consent from the patient or parent/guardian/next of kin, in the case of a minor, and adequate documentation of the procedure or transfer recorded in the chart or dictated within twenty-four (24) hours except for transfers to another acute care facility (see 3., a. below). In those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained, these circumstances should be fully explained on the patient's medical record.

1. General Anesthesia

All procedures with general anesthesia, regional anesthesia or Bier Block.

2. Other

Other procedures not using general anesthesia, including, but not limited to:

Amniocentesis

Arteriography

Arthrography

Aspiration of hematomas or other body fluid collections (cysts, purulent Accumulations, etc.)

Biopsies of all types (liver, lung, skin, etc.)

Bone marrow aspiration/biopsy

Bronchography

Chest tube insertion

Circumcision

Closed reduction of fractures

Debridement, major burns and wounds

Dilation and curettage

Elective DC cardioversion

Endoscopic procedures (esophagogastroduodenoscopy,

Sigmoidoscopy, colonoscopy, bronchoscopy, cystoscopy, etc.)

Excision, removal or destruction of skin or subcutaneous tissues

Hysterosalpingography

Invasive vascular line placements (central venous lines, Swan-Ganz, catheters, arterial Lines, external jugular lines, pacemakers, etc.)
Kirshner wire insertion
Myelography
Paracentesis
Placement of posterior nasal packs
Removal of external fixation devices
Spinal taps
Steinman pin insertion
Suction curettage
Thoracentesis
Umbilical artery catheterization
Vasectomy
Venous cutdown
Moderate sedation/analgesia

3. Special Consents

Special consents are required for the following:

Transfusion of blood or blood products

Autopsy

Therapeutic abortion

All experimental treatments and medications

Sterilization procedures

Rubella vaccine

Transfer to another acute care facility

- a. Whenever a patient is transferred to another acute care facility, the attending Physician must explain the benefits versus risks of the transfer with the patient and/or parent/guardian/next of kin, in the case of a minor, and sign a certification that he/she has discussed the benefits versus risks of a transfer. In the event the Physician is unavailable at the time of transfer, the certification may be signed by the case manager or house supervisor in consultation with the attending Physician. If the certification is signed by anyone other than the Physician, the Physician must countersign the certification within twenty-four (24) hours of the transfer.

J. Consultations

Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's record. A limited statement such as "I concur" does not constitute an acceptable report of the consultation. Except in an emergency, so verified on the record, when operative procedures are involved the consultation note shall be recorded prior to operation. (See VII, B. of these Rules & Regulations).

K. Obstetrical Records

The current obstetrical record shall include a complete prenatal record. This may be a legible copy of the attending Physician's office record transferred to the Hospital before admission. In such instances, an interval admission note must be recorded that includes pertinent additions to the history and any subsequent changes in physical findings.

L. Authentication

All clinical entries in the patient's medical record shall be accurately dated and authenticated. Authenticated means to prove authorship, for example, by written signature or identifiable initials.

M. Symbols and Abbreviations

Symbols and abbreviations may be used only in accordance with the Abbreviation Usage Policy.

N. Discharge Summary

A discharge clinical summary shall be recorded within seven (7) days of the date of discharge on all medical records of patients Hospitalized. The discharge summary shall accurately reflect the patient's reason for admission, clinical course, all operations and procedures performed, findings of various investigations, response to treatment, condition at discharge, recommended activity and diet, medications on discharge, follow-up instructions and final diagnoses.

O. Release of Medical Records

The written consent of the patient or guardian is required for release of medical information.

P. Removal of Medical Records

Records may be removed from the Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the Hospital and shall not otherwise be taken away without the permission of the Executive Director. All records shall be available for the use of all involved Practitioners.

Q. Access to Medical Records

Free access to all medical records of all patients shall be afforded to members of the medical staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. All such projects shall be approved by the Medical Executive Committee before records can be studied. Former members of the medical staff shall be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in the Hospital.

R. Filing of Medical Records

A medical record shall not be permanently filed until it is completed by the responsible Practitioner or is ordered filed by the Medical Record Committee.

S. ~~Completion of Medical Records~~

~~All records shall be completed within thirty (30) days following the discharge of the patient.~~

T. Incomplete Medical Records

1. Emergency Admissions

In cases where a member of the medical staff has had his/her privileges suspended by virtue of incomplete medical records, in accordance with ARTICLE XII, Section C. 4. of the Bylaws, and has a patient who requires admission to the Hospital, the following will be applied:

- a. The attending Physician must contact the Hospital admitting office and declare the admission to be an emergency. Such declarations may be made verbally over the phone to the Hospital admitting personnel, if necessary, but must be set forth in writing on the patient's chart on admission. This initial progress note will also contain sufficient medical information to justify and support the declared emergency.
- b. The Hospital admitting office, when in receipt of a declared and written emergency, will expedite such admissions without delay. They will then report the following information to the Executive Director's office:
 - (1) Name of admitting Physician;
 - (2) Patient's name, Hospital and room number;
 - (3) Date and time Physician declared the emergency admission;
 - (4) Date and time admitted;
 - (5) Service to which patient was admitted; and
 - (6) Admitting diagnosis;
- c. Administration will forward information pertaining to each emergency admission to the President of the Medical Staff and to the chairman of the department appropriate by the medical nature of the admission.

To: The Hospital Board of Trustees

From: Medical Executive Committee

Date: January 26, 2021

Subject: Proposed Changes to the Existing Medical Staff Bylaws

Please see the attached proposed changes to the existing Medical Staff Bylaws. Changes have been made to Article IX, Section E – Medical Executive Committee:

- On page 46, item 1, Composition - This language was added: The Immediate Past President, provided that he or she continues to be a member of the Active Medical Staff, shall be an ex officio member of the Medical Executive Committee, but without a vote.

Changes have also been made to Article IX, Section F – Credentials Committees:

- On page 48, item 1, Composition - This language has been added: “and who aren’t serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials Committee at the same time.”

The changes have been noted in colored ink. These changes were suggested by the General Medical Staff at their meeting on January 20, 2021. The same changes were approved for the new Bylaws. However, since it may be a few months before the new Bylaws are approved by the Board of Trustees, the Medical Staff voted to make these changes to the existing Bylaws, as well.

/kd

Section E. MEDICAL EXECUTIVE COMMITTEE (MEC)

1. Composition:

- a. — The Medical Executive Committee shall be composed of the officers of the Medical Staff ~~and;~~ the Chair of each clinical department, ~~and the Immediate Past President of the Medical Staff if he or she continues to be a member of the Active Medical Staff.~~
- b. — The President of the Medical Staff shall be Chair of the MEC.
- c. The Immediate Past President, provided that he or she continues to be a member of the Active Medical Staff, shall be an ex officio member of the Medical Executive Committee, but without a vote.
- d. The Chief Medical Officer shall be an ex officio member of the Medical Executive Committee, but without a vote.
- d.e. — The Chief Executive Officer shall be an ex officio member of the Medical Executive Committee, but without a vote, and shall be present at all meetings of the Medical Executive Committee. Members of the Governing Board and the Chief Nursing Officer may attend meetings of the Medical Executive Committee and participate in its discussions but without a vote.

2. Duties:

The duties of the Medical Executive Committee shall be:

- a. To represent and to act on behalf of the Medical Staff in all matters, without the requirement of subsequent approval by the staff, subject only to any limitations imposed by these Bylaws, Rules, Regulations, and Policies;
- b. To coordinate the activities and general policies of the various departments;
- c. To receive and to act upon the committee and departmental reports as specified in these Bylaws, and to make recommendations concerning them to the Medical Staff, Chief Executive Officer, and the Governing Board;
- d. To implement policies of the Hospital that affect the Medical Staff, and those policies of the Medical Staff not otherwise the responsibility of the departments;
- e. To provide liaison among the Medical Staff, the Chief Executive Officer, and the Governing Board;
- f. To keep the Medical Staff abreast of applicable accreditation and regulatory

recommendations for reappointments and renewal or changes to clinical privileges;

- t. To take all reasonable steps to ensure professional ethical conduct and competent clinical performance on the part of all Appointees of the Medical Staff, including the initiation of and/or participation in staff corrective or review measures when warranted; and
- u. To report at each general Medical Staff meeting.

3. Meetings:

The Medical Executive Committee shall meet at least ten (10) times per year, ideally monthly. The Secretary will be responsible for maintaining reports of all meetings, which shall include the minutes of the various committees and departments of the staff. Copies of all Medical Executive Committee minutes and reports shall be transmitted to the Chief Executive Officer and the Departmental Chair routinely as prepared.

4. Reports and Recommendations:

Recommendations of the Medical Executive Committee shall be transmitted to the Governing Board with a copy to the Chief Executive Officer. The Chair of the Medical Executive Committee shall be available to meet with the Board or its applicable committee on all recommendations of the Medical Executive Committee. The minutes of all Medical Executive Committee meetings will be reviewed by each Department Chair at his/her departmental meetings.

Section F. CREDENTIALS COMMITTEE

1. Composition:

The Credentials Committee shall consist of the three (3) most recent Past Presidents of the Medical Staff who are still Appointees to the Active Staff category, and who aren't serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials Committee at the same time. The Chair shall be the member who has the most recent consecutive years of service on the committee. If the functions of the committee are threatened by the inability or unwillingness of any of the Past Presidents to serve, as determined by the Medical Executive Committee, the President of the Medical Staff shall appoint members to the committee to fulfill those terms.

To: The Hospital Board of Trustees

From: Medical Executive Committee

Date: January 26, 2021

Subject: Proposed Changes to the New Medical Staff Bylaws

Please see the attached proposed changes to the new Medical Staff Bylaws. These are the Bylaws that were approved by the medical staff at the General Medical Staff meeting of December 1, 2020. These are the Bylaws that are waiting approval by the Board of Trustees.

Changes have been made to Article XXI – Committees, Section 5 – Medical Executive Committee:

- On page 68, item A, Composition - This language was added: The Immediate Past Chief of Staff, provided that he or she continues to be a member of the Active Medical Staff, shall be an ex officio member of the Medical Executive Committee, but without a vote.

Changes have also been made to Article XXI – Committees, Section 6 – Credentials Committee:

- On pages 70 and 71, this language has been added: “and who aren’t serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials Committee at the same time.”

The changes have been noted in colored ink. These changes were suggested by the Medical Executive Committee on December 22, 2020. These changes were proposed after the Bylaws (as a whole) were approved by the General Medical Staff. These changes were approved by the Medical Staff at their meeting on January 20, 2021.

/kd

representatives from Hospital management, nursing, medical records, pharmacy, or social services, and such other departments as are appropriate to the function(s) to be discharged. Service of Medical Staff Members on committees is encouraged and expected.

Section 2. Appointment and Term.

Except as otherwise provided, the Chief of Staff, in consultation with the Chief Executive Officer, shall appoint members of each committee yearly. The Chief Executive Officer and the Chief of Staff or their respective designee(s) shall be members, ex-officio, without a vote, of all committees. There is no limit to the number of one-year terms committee members may serve.

Section 3. Chairs.

All committee Chairs, unless otherwise provided for in these Bylaws, will be appointed by the Chief of Staff. Initial appointments of the committee Chair, unless otherwise provided for in these Bylaws, shall be for a period of one (1) year, after which a Chair may be reappointed for unlimited one (1) year terms.

Section 4. Removals and Vacancies.

All appointed members and Chair may be removed and vacancies filled at the discretion of the Chief of Staff unless otherwise provided for in these Bylaws.

Section 5. Medical Executive Committee.

A. Composition.

1. The Medical Executive Committee shall be composed of the officers of the Medical Staff, the Chair of each clinical department, ~~and the Immediate Past Chief of Staff, provided that he or she continues to be a member of the Active Medical Staff.~~
2. The Chief of Staff shall be Chair of the MEC.
3. ~~and the Immediate Past Chief of Staff, provided that he or she continues to be a member of the Active Medical Staff,~~ shall be an ex officio member of the Medical Executive Committee, but without a vote.
43. The Chief Medical Officer shall be an ex officio member of the Medical Executive Committee, but without a vote.
54. The Chief Executive Officer shall be an ex officio member of the Medical Executive Committee, but without a vote, and may be present at all meetings of the Medical Executive Committee.
65. General legal counsel will be present at MEC meetings as an advisor.

B. Duties. The duties of the Medical Executive Committee shall be:

1. To represent and to act on behalf of the Medical Staff in all matters, without

19. To review the recommendations of the Credentials Committee concerning all applications and to make written report to the Governing Board on the recommendations from the Credentials Committee regarding an appointment, assignments to services, and delineation of clinical privileges;
 20. To review periodically all information of Medical Staff Appointees and other Practitioners with clinical privileges, including, but not limited to Peer Review Information and Credentialing Data, and, as a result of such reviews, make recommendations for reappointments and renewal or changes to clinical privileges;
 21. Requests evaluations of practitioners privileged through the medical staff process in instances where there is doubt about an applicant's ability to perform the privileges requested.
 22. Recommends to the Governing Board, the process used to review credentials and delineate privileges.
 23. With input from the Radiation Safety Committee (excluding any member with a conflict of interest), to specify and approve the nuclear medicine director's specifications for the qualifications, training, functions, and responsibilities of nuclear medicine staff;
 24. To take all reasonable steps to ensure professional ethical conduct and competent clinical performance on the part of all Appointees of the Medical Staff, including the initiation of and/or participation in staff corrective or review measures when warranted; and
 25. To report at each general Medical Staff meeting.
- C. Meetings. The Medical Executive Committee shall meet at least ten (10) times per year, ideally monthly. The Secretary/Treasurer, or designee, will be responsible for maintaining reports of all meetings, which shall include the minutes of the various committees and departments of the staff. Copies of all Medical Executive Committee minutes and reports shall be transmitted to the Chief Executive Officer and the Departmental Chair routinely as prepared.
- D. Reports and Recommendations. Recommendations of the Medical Executive Committee shall be transmitted to the Governing Board with a copy to the Chief Executive Officer. The Chair of the Medical Executive Committee shall be available to meet with the Board or its applicable committee on all recommendations of the Medical Executive Committee. Each Departmental Chair at his /her departmental meetings will review the minutes of all Medical Executive Committee meetings.

Section 6. Credentials Committee

- A. A.—Composition. The Credentials Committee shall consist of the three (3) most recent Past Chiefs of Staff of the Medical Staff who are still Appointees to the Active Staff category, and who aren't serving as voting members on MEC. No Medical Staff member shall be allowed to serve as an active elected voting member/officer of the MEC and serve as a voting member of Credentials

Committee at the same time. The Chair shall be the member who has the most recent consecutive years of service on the committee. If the functions of the committee are threatened by the inability or unwillingness of any of the Past Chiefs of Staff to serve, as determined by the Medical Executive Committee, the Chief of Staff shall appoint members from the pool of prior Medical Staff officers or prior Department chairs to the committee to fulfill those terms.

- B. Duties. The duties of the Credentials Committee shall be to:
1. Review the credentials of all Applicants for Medical Staff appointments, reappointments, and clinical privileges; to make investigations of, and interview, such Applicants as may be necessary; and to submit a written report of its findings and recommendations;
 2. Review the credentials of all Applicants who request to practice at the Hospital as Non-Physician Providers; to make investigations of, and interview, such Applicants as may be necessary; and to submit a report of its findings and recommendations;
 3. Annually review and recommend amendments to the policies on appointments, reappointments and clinical privileges as outlined in these Bylaws, Rules and Regulations; and
 4. Generate threshold requirements and other criteria for granting of clinical privileges in consultation with the appropriate Departmental Chair
- C. Meetings. The Credentials Committee shall meet at least ten (10) times per year, ideally monthly, unless there is no business to be transacted, and shall maintain a permanent record of its proceedings and actions.
- D. Reports and Recommendations. The Credentials Committee shall report its recommendations to the Medical Executive Committee and the Chief Executive Officer. The Chief of Staff will report recommendations to the Governing Board. The Chair of the Credentials Committee shall be available to meet with the Governing Board or its applicable committee on all recommendations that the Credentials Committee may make.
- E. Recusal. Whenever an Applicant's or Medical Staff Appointee's practice is in direct economic competition with the practice of a member of the Credentials Committee, such member of the Credentials Committee who is in direct economic competition with the Applicant or Medical Staff Appointee shall abstain from voting during proceedings involving the Applicant or Medical Staff Appointee. Such abstention shall be recorded in the minutes of the meeting.

Memorial Hospital of Sweetwater County

Board of Trustees

Bylaws

CHAPTER I: DEFINITIONS

Section 1. Authority

Memorial Hospital of Sweetwater County (Hospital) was established pursuant to Wyoming Statutes Sections 1-18-101 *et seq.* (2009). Accordingly, it is a county public hospital that operates and acts exclusively for tax-exempt purposes.

Section 2. Definitions

- A. The ANNUAL MEETING is the first Wednesday in July.
- B. The BOARD OF TRUSTEES (Board) of Memorial Hospital of Sweetwater County (Hospital) is as defined in Chapter III, Section 1, of these Bylaws.
- C. The BOARD OF COUNTY COMMISSIONERS (Commissioners) shall mean the board of duly qualified elected officials in Sweetwater County, Wyoming as provided in Wyo. Stat. § 18-3-501 (2009) that has the authority and duty to appoint members of the Board of the Hospital according to Wyo. Stat. § 18-8-102 (2009).
- D. The CHIEF EXECUTIVE OFFICER (CEO) is as defined in Chapter V, Section 1, of these Bylaws.
- E. The FISCAL YEAR commences on July 1 and concludes on June 30 of the following calendar year.
- F. The HOSPITAL shall mean Memorial Hospital of Sweetwater County and all services and facilities operated under its license.
- G. The MEDICAL STAFF refers to licensed practitioners who attend to patients in the Hospital. Members include physicians and non-physician providers.
- H. A TRUSTEE is a member of the Board.

CHAPTER II: LEGAL STRUCTURE

Section 1. Legal Structure

The Board is appointed by the Commissioners and is constituted as a body corporate and with perpetual existence with the duty to erect, manage, operate and control the Hospital pursuant to Wyo. Stat. §§ 18-8-101 *et seq.* (2009).

Section 2. Overall Statements

The Board has the authority and duty to approve mission, values and vision statements, and the strategic plans for the Hospital, as well as to provide oversight of the CEO.

CHAPTER III: GOVERNING BODY

Section 1. Appointment and Term

A non-partisan board of at least five (5) and no more than eleven (11) residents of Sweetwater County shall be appointed by the Commissioners as provided in Wyo. Stat. §§ 18-8-102, 18-8-104 (2009). Hospital employees cannot be appointed to the Board. Wyo. Stat. § 18-8-102 (2009). The Board shall always consist of an odd number of Trustees.

Trustees are appointed for a five (5) year term. The term shall begin on the first Monday of July and end on the first Monday of July of the fifth year. Trustees may be eligible for reappointment by the Commissioners to succeed themselves for one (1) additional term. Trustees who are appointed to fill a vacancy are eligible to succeed themselves for two (2) additional terms.

The Board, as the Hospital's governing body, has the sole legal responsibility for the conduct of the Hospital as an institution. No individual member of the Board is personally liable for any actions, inactions, omissions, or procedures of the Board. Wyo. Stat. § 18-8-104 (2009).

Section 2. Resignation

A Trustee may resign at any time by giving written notice of such resignation to the Commissioners and a copy to the President of the Board. The resignation shall be effective when stated, or if not stated, upon presentation to the President of the Board. Any vacancies shall be filled by appointments made by the Commissioners.

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

Section 3. Removal

A Trustee may be removed from the Board by the Commissioners. The Board may recommend the removal of a disruptive Board member.

Section 4. Seal

The Board shall have a seal on which shall be engraved the name of the Hospital. This seal shall be kept by the Hospital's CEO and used in authentication of acts of the Board and the Hospital when such authentication is required or necessary.

Section 5. Policies

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.

Section 6. Meeting Records

The minutes of all Board meetings shall be available for public inspection at the Hospital's administrative office and on the Hospital's website, in accordance with applicable laws.

Section 7. Powers and General Duties of the Board of Trustees

The Wyoming Statutes, providing for the creation of memorial hospitals (Wyo. Stat. §§ 18-8-101 *et seq.* 2009), vest in the Board the sole duty to erect, manage and control the Hospital and all property, affairs, and funds received for the benefit of the Hospital. Accordingly, the Board shall have the power and authority to do and perform all acts, functions, and things necessary, proper, and consistent with these Bylaws, Laws of the United States, and the Laws of the State of Wyoming to affect the purposes for which the Hospital has been created.

Consistent therewith, the powers and duties of the Board, as the governing body, shall generally include, but shall not be limited to, the following:

- A. Organizing itself as provided in these Bylaws (See Chapter IV)
- B. Monitoring compliance with federal, state and local laws
- C. Providing direction and exercising general oversight over the affairs of the Hospital to ensure fulfillment of its mission

- D. Monitoring that all applicable accreditations and licenses are obtained and maintained as are appropriate and necessary to effectuate the Hospital's purpose
- E. Providing for the establishment of a duly licensed and qualified Medical Staff to carry out the Hospital's obligations and objectives for the care of the sick and infirm of the Hospital (See Chapter VII)
- F. Overseeing the ongoing implementation, maintenance, and monitoring of the standards of safe, quality, and efficient medical care in accordance with all applicable laws and accrediting bodies
- G. Appointing and fixing compensation and terms of office for a properly qualified CEO, who shall be responsible to the Board for managing the Hospital and who shall carry out the delegated authority of the Board. Consistent with such appointment, the Board shall periodically review and evaluate the performance of such officer
- H. Reviewing and approving an annual operating and annual and long-term capital budgets for the Hospital. The budget shall be for the Hospital's fiscal year, which commences on July 1 and concludes June 30 of the following calendar year. The budget shall be presented to the Commissioners in June, prior to commencement of the fiscal year
- I. Monitoring that the Hospital maintains a uniform system of accounting in accordance with generally accepted accounting principles and federal hospital regulations
- J. Retaining an independent auditor consistent with applicable laws and best practices to examine the Hospital's financial statements and provide a written report that contains an opinion as to whether the financial statements are fairly stated and comply in all material respects to the applicable audit standards
- K. Monitoring that the Hospital has an overall institutional plan that meets the conditions of the Medicare Conditions of Participation
- L. Receiving and owning personal property, and such real property as is authorized by Wyoming Statutes
- M. Making, altering, revoking, amending, executing and enforcing such Bylaws of the Hospital and the Medical Staff as the Board determines will promote the Hospital's best interest in accordance with the laws and the Hospital's mission
- N. Retaining independent counsel
- O. Having a policy and procedure for the approval and oversight of contracts entered into by the Hospital that assures 1) the maintenance of a data base that includes the nature, scope and length of term for each contract and 2) that prior to entering into any contract or affiliation agreement that must be approved by the Commissioners, the Board obtains the Commissioners' approval

- P. Having a policy and procedure for the approval and oversight of clinical service contracts that assures 1) the maintenance of a data base that includes the nature, scope and length of term for each contract, 2) evidence of physician involvement in the selection of the contractor, and 3) an annual evaluation showing the contractor meets quality standards
- Q. Procuring and entering into contracts for adequate and prudent insurance necessary and desirable for the conduct and operation of the Hospital
- R. Making provision for a Hospital Auxiliary and a non-profit Foundation, as the needs may arise. The Board shall require that Bylaws be established and shall approve such Bylaws, and any amendments thereof, for the Auxiliary and Foundation
- S. Reporting to and making recommendations to the Commissioners as necessary and appropriate, including the submission of the Hospital's annual budget as required
- T. Periodically reviewing and approving a general employee wage/compensation plan to assure an adequate work force
- U. Monitoring that all Board members understand and fulfill their responsibilities as Trustees of the Hospital, and providing for periodic evaluation of the Board's performance. New members of the Board shall participate in a Hospital Trustee orientation program and all members are encouraged to participate in available education programs
- V. Complying with state statutes for conducting open (public) meetings
- W. Providing for a systematic and effective mechanism for communication among the Medical Staff, the Board, and the CEO
- X. Assessing the health care needs of the community, the services provided by the Hospital, and the number of practitioners providing those services. In that regard, the Board retains the authority to restrict or expand the services offered by the Hospital, to restrict or expand the number of employed, licensed practitioners providing services in a given specialty based on its evaluation, and to determine that an exclusive contract is or is not necessary for a specific specialty or service
- Y. Considering, and if appropriate, establishing rules of conduct and behavior for the members of the Medical Staff, and procedures for monitoring compliance with such rules
- Z. Considering, and if appropriate, establishing through Board policy, such economic conflict of interest requirements for membership on the Hospital Medical Staff as deemed to be in the best interest of the Hospital
- AA. As the Hospital's governing body, having the sole legal responsibility for the conduct of the Hospital as an institution. No individual member of the Board is personally liable for any action or procedure of the board

CHAPTER IV: ORGANIZATION OF THE BOARD OF TRUSTEES

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Section 1. Meetings

Any assembly of at least a quorum of the Board that has been called by proper authority for the purpose of discussion, deliberation, presentation of information, or taking action regarding public business is a public meeting, open to the public at all times, except as otherwise provided.

- A. Regular meetings of the Board shall be held on Hospital premises on the first Wednesday of each month, unless the Board sets the regular meeting for an upcoming month on a different date and/or location. The annual meeting of the Hospital governing body shall be the July meeting. The September Board meeting shall be in Green River. Any meeting that is not a regular meeting is a special meeting.
- B. Special meetings may be called by the presiding officer of the Board by giving verbal, electronic, or written notice of the meeting to each member of the governing body and to each newspaper of general circulation, radio, and television station requesting the notice. The notice shall specify the time and place of the special meeting and the business to be transacted and shall be issued at least eight (8) hours prior to the commencement of the meeting. No other business, other than noticed, shall be considered at a special meeting.
- C. Notice of special meetings and changes to the time or place of regular meetings shall be announced during the course of regular meetings and/or given to persons who have requested notice, as well as each newspaper of general circulation, radio and television stations in Sweetwater County. A request for notice shall be in writing and on file with Hospital. The request for notice may be made for all future meetings for which notice is required.
- D. The Board may recess any regular or special meeting to a place and time specified in an order of recess. A copy of the order of recess shall be conspicuously posted on or near the door of the place where the meeting or recessed meeting was held. In the case of a digital meeting, a digital notice will be sent to all participants, as well as to persons who have requested notice.
- E. The Board may hold an emergency meeting on matters of serious, immediate concern to take temporary action without notice. Reasonable efforts shall be made to offer public notice. All action at an emergency meeting is of a temporary nature, and in order to become permanent shall be reconsidered and acted upon at an open, public meeting within forty-eight (48) hours, excluding weekends and holidays, unless the event constituting the emergency continues to exist after forty-eight (48) hours. In such case the Board may reconsider and act upon the temporary action at the next regularly scheduled meeting of the agency, but in no event later than thirty (30) days from the date of the emergency action. Wyo. Stat. § 16-4-404(d) (2009).
- F. The Board may hold executive sessions, not open to the public, as provided for by law.

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- G. All meetings of the Board shall comply with the Wyoming Open Meetings Act, Wyo. Stat. §§ 16-4-401 to 16-4-407 (2009).
- H. Any member of the Board who attends, or remains at a meeting, knowing the meeting is in violation of the Wyoming Public Meetings Act Wyo. Stat. §§ 16-4-401 through 16-4-410 (2009) shall be liable under Wyo. Stat. § 16-4-408 (2009), unless minutes were taken during the meeting and the parts thereof recording the member's objections are made public or at the next regular public meeting the member objects to the meeting where the violation occurred and ask that the objection be recorded in the minutes.
- I. Day-to-day administrative activities of the Hospital shall not be subject to the above notice requirements.

Section 2. Executive Session

The Board may hold executive sessions not open to the public under the following circumstances:

- A. With the attorney general, county attorney, district attorney, city attorney, sheriff, chief of police or their respective deputies, or other officers of the law, to consider matters posing a threat to the security of public or private property, or a threat to the public's right of access.
- B. To consider the appointment, employment, right to practice or dismissal of a public officer, professional person or employee, or to hear complaints or charges brought against an employee, professional person or officer, unless the employee, professional person or officer requests a public hearing. The Board may exclude from any public or private hearing during the examination of a witness, any or all other witnesses in the matter being investigated. Following the hearing or executive session, the Board may deliberate on its decision in executive session.
- C. To consider matters concerning litigation to which the Board is a party or proposed litigation to which the Board may be a party.
- D. To consider the selection of a site or the purchase of real estate when the publicity regarding the consideration would cause a likelihood of an increase in price.
- E. To consider the acceptance of gifts, donations and bequests that the donor has requested in writing be kept confidential.
- F. To consider or receive any information classified as confidential or proprietary by law.
- G. To consider accepting or tendering offers concerning wages, salaries, benefits and terms of employment during all negotiations.
- H. To consider any other matter authorized by law to be considered in an executive session.

Minutes shall be maintained of any executive session. These minutes shall show time, members present, and subjects considered. No action shall be taken in executive session. Any actions taken in connection with executive session shall be taken in the regular session and recorded in the minutes of the regular session. Except for those parts of minutes of an executive session reflecting a members' objection to the executive session as being a violation of this act, minutes and proceedings of executive session shall be confidential and produced only in response to a valid court order.

Section 3. Officers

Officers elected are President, Vice-President, Secretary, and Treasurer. Any Board member may be considered eligible to be an officer of the Board. Board officers shall be elected at the July meeting of the Board. Officers' terms are from the annual meeting to annual meeting of the following year. No Trustee shall hold the same office for more than three (3) consecutive terms. When completing another officer's term, the Trustee is still eligible for three (3) consecutive terms.

Section 4. Duties of Officers

- A. The President shall prepare the agenda for all meetings of the Board in consultation with the CEO. The President shall call and preside at all meetings of the Board. With the exception of the Finance & Audit Committee, the President shall appoint all members of the Board's standing committees who are not designated in the committee charters. With the exception of the chairperson of the Finance & Audit Committee, who is the Treasurer, the President shall also appoint the chairperson of each standing committee and is an *ex officio* member of all board committees. The President shall act for the Board as a whole only with the Board's authorization.
- B. The Vice President shall, in the absence of the President, or in the event of his/her death, inability, or refusal to act, perform the duties of President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice President shall also perform such executive duties as may be delegated to him/her by the President of the Board.
- C. The Secretary, or his/her designee, shall act as secretary of the Board and shall act as custodian of all records and reports of the Board. The Secretary's designee shall be responsible for recording and keeping all minutes and transactions of all Board meetings.
- D. The Treasurer shall be the chair of the Finance & Audit Committee; have signing authority on behalf of the Board for financial matters; ensure audited financial statements are

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presented to the Board on an annual basis; and manage, with the Finance & Audit Committee, the Board's review of, and action related to, the Board's financial responsibilities.

Section 5. Quorum

A quorum of the Board consists of a majority of the Trustees in attendance at the time the meeting is called to order. No action of the Board shall be valid unless such action has been approved by a quorum of the Board. Proxy voting shall not be permitted. Any Trustee may participate in any meeting of the Board or Board committee by means of digital technology whereby all members participating in such meeting can hear one another for the entire discussion of the matter(s) to be voted upon. Such participation shall constitute attendance in person for all purposes, including but not limited to establishing a quorum.

Section 6. Conflict of Interest

The Board shall adopt and maintain a comprehensive Conflict of Interest Policy. Upon taking the Oath of Office, each Trustee shall be required to agree in writing to adhere to the terms of the policy and to annually affirm in writing his/her agreement to adhere to the policy. The Board shall have the right to adjudicate any alleged violations of the policy and determine the disciplinary or corrective measures required. The Board will also report any violations and subsequent disciplinary or corrective measures to the Commissioners.

Section 7. Voting

- A. Each Trustee shall be entitled to one vote on any matter properly submitted to the Board for vote. Voting shall be in person or by digital technology, and there shall be no voting by proxy.
- B. If a Trustee has a conflict of interest, he/she may not participate in the discussion nor vote on the issue for which he/she has declared a conflict.
- C. The President of the Board shall not be required to vote except when necessary in case of a tie vote. The President shall, however, have the privilege to vote when he/she so desires.
- D. If any Trustee(s) in the minority on any question wishes to present a written explanation of his/her position to the Secretary, such explanation shall be filed with the permanent records of the Board.

Section 8. Committees

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- A. All committee meetings will be held on the Hospital premises, unless otherwise indicated in the call.
- B. Minutes from standing committee meetings will be provided to the Board at the Board meeting following the committee meeting.
- C. Committees may be standing committees or special committees.
- D. Standing committee members shall be appointed by the President. Two Trustees shall be appointed to each standing committee. Their tenure will run from annual meeting to the following annual meeting, or until a successor is named, whichever last occurs. Standing committees of the Board shall be Building & Grounds, Compliance, Executive Oversight and Compensation, Finance & Audit, Governance, Human Resources, Joint Conference, and Quality. The charge of all standing Committees will be stated in the committee charters as adopted by the Board.
- E. Special committees will be appointed by the President on the approval of the Board for such special tasks as circumstances warrant. The special committees shall limit their activities to the accomplishment of the task for which they were created or appointed and shall have no power to act except as specifically conferred by the Board. Special committees shall be dissolved upon completion of their task.

CHAPTER V: HOSPITAL CHIEF EXECUTIVE OFFICER

Section 1. Appointment

The CEO shall be appointed by the Board and be responsible only to the Board and shall be given the necessary authority and be held responsible for the administration of the Hospital in all its activities, subject only to these bylaws and such policies as may be adopted and such orders as may be issued by the Board. The CEO is responsible for investigating and resolving all complaints and allegations concerning the conduct of the Hospital and its staff, and the Board is responsible for investigating and resolving all reported complaints and allegations concerning the conduct of the CEO.

Section 2. Authority

Within the framework of broad objectives and policies developed and approved by the Board, the CEO shall plan, direct, coordinate and evaluate all activities of the Hospital. The CEO shall report to the Board at its regular monthly meeting. Official communication with the Board between regular monthly meetings shall be through the President of the Board. This shall not be interpreted to prohibit a Board member and the CEO from communicating directly with each other.

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Section 3. Duties

The CEO is charged with fulfilling the duties as stated in his/her job description and with performing these duties in accordance with his/her employment agreement and in full compliance with the Hospital Bylaws.

CHAPTER VI: FISCAL CONTROL

Section 1. Guidelines and Audits

- A. The Chart of Accounts for Hospitals prescribed by the American Hospital Association, with modification as needed, the laws of the State of Wyoming, and Generally Accepted Accounting Principles shall be followed in recording and accounting for financial transactions of the Hospital.
- B. The Board shall review and approve an annual budget for the operation of the Hospital in a format acceptable to the Director of the Wyoming Department of Audit. The budget shall require that 1) businesslike methods are employed in the expenditure of and accounting for all monies, 2) a long-term capital expenditure plan is included and 3) the implementation of the plan is monitored. The annual budget shall be presented to the Commissioners in June, prior to the beginning of the new fiscal year.
- C. The financial records and financial procedures of the Hospital shall be audited annually by an independent, certified public accountant and/or firm. Prior to the audit, Trustees who are members of the Finance & Audit Committee may meet with the auditors, independent of management, to review annual audit and associated management letter. The results of this annual audit shall be presented to the Finance & Audit Committee and to the Board at the meetings immediately following the completion of the audit report.

Section 2. Execution of Instruments

- A. Unless otherwise specifically determined by the Board, or required by law, formal contracts of the Hospital, promissory notes, deeds of trust, mortgages or other evidences of indebtedness of the Hospital shall be executed, signed or endorsed by the CEO or other officers of the Hospital as provided in Board policy.
- B. There are certain transactions of the Board that require the Commissioners approval as stated in the Wyo. Stat. §§ 18-8-108 and 18-8-301 (2009).

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- C. The CEO has the authority to endorse checks made to the Hospital for deposit in any of its duly authorized depositories, without countersignature. This authority may be delegated by the CEO to other officer(s) of the Hospital to whom the Board, by policy, has approved such power.
- D. All checks, drafts, or other orders for payment of money, notes or other evidences of indebtedness, issued in the name of or payable to the Hospital, shall be signed or endorsed by the CEO or other officer(s) to whom the Board, by policy, has approved such power.

Chapter VII-MEDICAL STAFF

Section 1. Establishment of Medical Staff

The Board, by this Chapter VII, and by approving the Bylaws of the Medical Staff, which are incorporated into these Bylaws by this reference, hereby establishes and sets forth the organizational structure of the Medical Staff and its relationship to the Board and to the Hospital administration.

In the event of any conflict between the provisions of these Bylaws and the Medical Staff Bylaws, the provisions of these Bylaws shall supersede any conflicting provisions of the Medical Staff Bylaws provided, however, that every effort shall be made to interpret these Bylaws and the Medical Staff Bylaws as being consistent with one another. In the event of any such conflict, it shall be referred to the Joint Conference Committee.

The relationship between the Medical Staff and the Hospital is the following:

- A. The Medical Staff makes recommendations to the Board regarding privileges and credentials, which the Board considers in accepting credentials and granting privileges.
- B. Hospital privileges are in the nature of a license to use the Hospital facilities for the treatment of patients.
- C. The Medical Staff is an advisor to the Board concerning the clinical quality and safety of patient care.
- D. The Medical Staff Bylaws serve as a framework for self-governance of Medical Staff activities, but do not suggest that the Medical Staff is a separate entity; the Medical Staff is a part of the Hospital.

Section 2. Responsibilities of the Medical Staff

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- A. The Board shall ensure that the Medical Staff is organized into a responsible administrative unit. The Medical Staff shall adopt Bylaws subject to Chapter 7, Section 3, of these Bylaws. The Medical Staff shall periodically review its Bylaws, Rules and Regulations, and policies to ensure consistency with current standards of care; consistency with Hospital policies; compliance with the requirements of The Joint Commission and Centers for Medicare and Medicaid; and compliance with applicable laws and regulations. Acting in its role as advisor to the Board in matters requiring clinical expertise, the Medical Staff shall be responsible for making recommendations to the Board concerning initial staff appointments, reappointments and the granting, termination, curtailment or revision of clinical privileges for Medical Staff members. The Medical Staff shall be responsible for the submission of regular reports on the review processes carried out by the Medical Staff in accordance with the requirements of the Medical Staff Bylaws, Rules and Regulations.
- B. The Board shall approve the Medical Staff's Bylaws and act on recommendations concerning Medical Staff appointments, reappointments, terminations of appointments, and the granting, termination, curtailment or revision of clinical privileges within the time specified in the Medical Staff Bylaws.

Section 3. Medical Staff Bylaws

The Medical Staff Bylaws shall set forth the Medical Staff's organization and government, including mechanisms for the following: appointment and reappointment; the granting, termination, curtailment and revision of clinical privileges; liaison between the Board and the Medical Staff; and the quality assurance/improvement, peer review and other responsibilities of the Medical Staff as required by The Joint Commission, the Centers for Medicare and Medicaid, and applicable laws.

The Medical Staff Bylaws shall be drafted and adopted by the Medical Staff and then presented to the Board for approval. The ultimate authority to adopt or amend the Medical Staff Bylaws shall be vested in the Board.

Section 4. Medical Staff Communication with the Board of Directors and Hospital Administration

There shall be effective and systematic liaison and communication between the Board, the Medical Staff, and the Hospital administration. The primary means of collaboration and communication shall be the Joint Conference Committee. In addition, the Medical Staff shall

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participate in the regular Board meetings by the attendance of the Chief of Staff. All members of the Medical Staff are welcome at all Board meetings.

Section 5. Medical Staff Recommendations

The Medical Staff, as provided in the Medical Staff Bylaws, shall make recommendations to the Board for the Board's approval, which shall include recommendations pertaining to the following:

- A. The structure of the Medical Staff
- B. The mechanism used to review credentials and to delineate individual clinical privileges
- C. Individual Medical Staff membership
- D. Specific delineated clinical privileges for each individual exercising such privileges
- E. The organization of the quality and safety activities of the Medical Staff and the Hospital as well as the mechanisms used to conduct, evaluate, and revise such activities
- F. Clinical service contracts, as well as mechanisms to monitor and evaluate the quality and safety of the deliverables to be provided under said contracts
- G. The mechanism by which membership on the Medical Staff and clinical privileges may be suspended, curtailed or terminated
- H. The mechanism for fair hearings

Section 6. Liability Insurance

Members of the Medical Staff shall annually provide written proof of liability insurance (malpractice insurance) for an amount to be determined by the Board. Furthermore, each member of the Medical Staff shall notify the Hospital within two (2) business days of receiving notification of cancellation of liability insurance. Noncompliance with this requirement is cause for immediate revocation of staff membership and clinical privileges.

CHAPTER VIII: DISCRIMINATION

Nondiscrimination Policy

No discrimination because of sex, race, creed, religion, national origin, disability, age, ancestry, pregnancy, gender identity, or sexual orientation shall be allowed in the admission and treatment of patients, appointments or privileges of Medical Staff members, employment of personnel, or the conduct of other business of the Hospital.

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CHAPTER IX: PUBLIC STATEMENTS AND PRONOUNCEMENTS

Official Positions

The Board acts as a body. Policy and statement of official positions shall be made only after Trustees' concurrence as indicated by a majority vote. All such statements shall be issued by the President through the office of the CEO.

CHAPTER X: GIFTS AND BEQUESTS

Acceptance Policy

The Board may receive, through the Foundation, the donations of real estate, money or other property in the aid of the establishment of the Hospital or for the construction of additions or provision of equipment, furniture, or facilities. The Board shall permit any donor furnishing the means for the construction of any individual portion of the Hospital, or for equipping and especially endowing any service or room therein, to name the same in memory of any person chosen by the donor and shall observe the conditions accompanying every gift that is not in violation of Wyoming Law and is consistent with the proper management and objectives of the Hospital. The Board may consult with the Hospital's Foundation prior to the receipt of such donations.

CHAPTER XI: VOLUNTEER GROUPS

Section 1. Purpose

All volunteer groups, such as the Sweetwater County Memorial Hospital Auxiliary Inc., shall serve without remuneration, with their prime purpose being the support and betterment of the Hospital and its services.

Section 2. Governance

All volunteer groups are authorized to establish a mechanism for governing themselves. Subject to the approval of the Board, all volunteer groups may, for governance purposes, adopt Bylaws, rules, regulations, policies, and procedures. None of these governance mechanisms shall supersede or take priority over these Bylaws.

Section 3. Reports

Actions of volunteer groups shall be subject to review by the Board through the CEO and through an annual report of their activities.

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Chapter XII INDEMNIFICATION AND INSURANCE

Indemnification and Directors and Officers Insurance

The Hospital shall indemnify a Trustee who was wholly successful, on the merits or otherwise, in the defense of any proceeding to which the Trustee was a party because he/she is or was a Trustee against reasonable expenses actually incurred by the Trustee in connection with a proceeding. The Hospital shall also advance expenses to the Trustee as outlined in Wyo. Stat. §17-19-853 (2009).

The Hospital shall purchase and maintain directors and officers insurance on behalf of an individual who is or was a Trustee, officer, employee, or agent of the Hospital against liability asserted against or incurred by him/her in that capacity or arising from his/her status as a Trustee, officer, employee, or agent of the Hospital whether or not the Hospital would have power to indemnify the person against same liability. Wyo. Stat. §17-19-857 (2009).

CHAPTER XIII: AMENDMENTS AND ALTERATIONS

Section 1. Requirements

Amendments and alterations to the Bylaws shall require a majority vote of a quorum of the Trustees present at any regular or special meeting, provided the proposals for changes have been furnished in writing to each Trustee at least five (5) days prior to the meeting.

Section 2. Effective Date

These Bylaws become effective immediately upon their acceptance and adoption and supersede all previously adopted Bylaws.

ACCEPTANCE AND ADOPTION

The foregoing Bylaws of Memorial Hospital of Sweetwater County Board of Trustees are hereby accepted and adopted as of this ____ day of August, 2018.

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Approved: N/A
Review Due: N/A
Document Area: *Employee Policies*
Reg. Standards:

EMPLOYEE POLICIES-TELECOMMUTING

STATEMENT OF PURPOSE

An MHSC employee who successfully completes the process to become a telecommuter will perform his or her job duties from a “workspace”. For purpose of telecommuting, the term “workspace” is defined as the immediate area in which the computer is located.

The employee agrees that once he/she is a telecommuter, he/she remains subject to the terms and conditions of MHSC employment pursuant to MHSC employee policies, job descriptions, procedures, guidelines, and instruction.

A telecommuting employee is eligible for the same benefits, insurance and worker’s compensation coverage as other MHSC employees. All benefits and subject to change by MHSC. Eligibility for workers compensation is determined through the worker’s compensation application process. Contact employee health or HR for information.

Telework -temporary or occasional work from home. Telework is not telecommuting.

- I. **Employees may work from home on an occasional basis only and only if pre-approved by their supervisor. If the employee's supervisor does not pre-approve the employee working from home and the employee chooses to work home without such approval, the employee's supervisor will enter PTO for the day the employee worked at home. Working from home is not the same as telecommuting and should only be used occasionally and not as a remote/telecommuting arrangement.**

TEXT

- I. **Employees wishing to telecommute:**

- A. Will apply to be a telecommuter through the Human Resource Department.
- B. If the application is approved by HR and the appropriate supervisor, the employee will be required to sign the Agreement to show his/her understanding of the terms and conditions of the MHSC Telecommuting Agreement.

- II. **Application**

- A. Employees who desire to be a telecommuter shall complete a *Telecommuting Application* and submit it to the HR Department. HR will process this application as any other employment application.

- B. Employees who are allowed to telecommute will be subject to a the same introductory period length and conditions as other employees. (See Employee Policies-Introductory Period).

III. **Agreement**

- A. Employees who are approved for telecommute shall sign and abide by a *Telecommuting Agreement*. The agreement may require modification to fit individual telecommute-site circumstances. A copy of the Agreement will be retained in the employee's personnel file.
- B. Unless otherwise stated in the agreement, the supervisor, the HR Department, Senior Leadership or the employee may discontinue the arrangement, generally giving at least one-week notice. The parties may negotiate a longer notice to provide for a smooth transition.

IV. **General Provisions**

- A. **Communication.** While telecommuting, the employee must be reachable by telephone, fax, pager, or e-mail during agreed-upon work hours. The employee and supervisor shall agree on expected turnaround time and the medium for responses.
- B. **Conditions of Employment.** The telecommuter's conditions of employment shall remain the same as for non-telecommuting employees; wages, benefits and leave accrual will remain unchanged.
- C. **Equipment.** The telecommuter will provide his/her own workspace furniture, laptop computer and equipment. MHSC will provide VPN software for installation on the telecommuter's personal computer. This will allow remote access to the hospital's intranet. Any software provided by MHSC shall not be duplicated.
- D. **Work Space.** The telecommuter may hold business visits or meetings with professional colleagues or the public by electronic means (ZOOM, Microsoft Teams, etc) but may not have in person meetings or in-person business visits at the workspace. Meetings with other MHSC staff at the workspace will not be permitted unless approved in advance by the employee's supervisor.
- E. **Hours of Work.** The telecommuter will have specific available hours and telephone accessibility with the department and supervisor. The agreed upon work schedule shall comply with FLSA regulations. Overtime work for a non-exempt employee must be pre-approved by the supervisor. Unapproved overtime work will lead to corrective action against the telecommuter. Excessive unavailability of the telecommuter will lead to corrective action as per Exempt or Non-Exempt Employee Policies.
- F. **Incidental Costs.** Unless otherwise stated in the Telecommute Agreement, all incidental costs of telecommuting, such as residential utility costs, Internet costs, phone costs or cleaning services, are the responsibility of the telecommuter.
- G. **Inclement weather.** If there is an emergency at the workspace, such as a power outage, the telecommuter will notify his/her supervisor as soon as possible. The telecommuter may be reassigned to the Hospital or an alternate work-site.
- H. **Intellectual Property.** Products, documents, and records developed while telecommuting are the property of MHSC and will not be shared with others at the workspace. This includes any software provided to the employee such as VPN, or HIPAA compliant software.
- I. **Network.** MHSC will provide instructions on the installation and use of VPN software to allow secure connectivity to MHSC.
- J. **Performance & Evaluations.** The supervisor and telecommuter will formulate objectives, expected results, and job duty evaluation the same as is required for all MHSC employees. The supervisor will monitor and evaluate performance by relying more heavily on work results rather than direct

observation. The supervisor and telecommuting employee will meet, either by phone or in person, at regular intervals to review the employee's work performance.

- K. **Policies.** All MHSC policies, rules and practices shall apply to the telecommuter including all employee policies, HIPAA, confidentiality, IT policies and computer usage policies. Failure to follow MHSC policies, rules and procedures may result in termination of the telecommuting arrangement and/or disciplinary action. Of utmost importance is compliance with MHSC confidentiality and HIPAA policies and requirements.
- L. **Political Activity- The Hospital's Political Activity Employee Policy applies to employees who are telecommuters and corrective action will be pursued if a telecommuting employee uses Hospital equipment or Hospital software for political activity or in some other manner violates the Political Activity Policy while telecommuting.**
- M. **Retention of Data.** Products, documents, data and records that are used, developed, or revised while telecommuting shall be retained/maintained on MHSC equipment only and not the employee's personal computer.
- N. **Security.** Security of records, files and other documents shall be maintained by the telecommuter at the same level as expected in the hospital. Confidential and PHI data shall not be shared with anyone in any format. Sharing of PHI with anyone other than those with approved access will result in immediate corrective action.

Approved: HR Committee 2/20, Senior Leadership 2/20

REFERENCES

Attachments

[803058 - TELECOMMUTING Application 3.pdf](#)



Approved: N/A
Review Due: 1 year after approval
Document Area: Administration
Reg. Standards: TJC LD 01.03.01 EP 3, TJC LD.04.03.01, TJC LD.04.03.07, TJC PC.01.01.01, EP 7

Plan for Providing Patient Care Services and Scopes of Care

STATEMENT OF PURPOSE:

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

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

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

Accreditations:

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

The plan for providing patient care takes into consideration:

1. The areas of the organization in which care is provided to patients and its defined scope of service
2. The mechanisms used in each area to identify patient care needs
3. The needs of the population(s) served and how decisions are guided by care provided directly or through referral, consultation, contractual arrangements or other agreements
4. The process used for assessing and acting on staffing variances
5. The plan for improving the quality and safety of patient care in each area.

The organization's plan is approved by the organization's Board of Trustees and its leadership team.

Planning and ongoing evaluation for patient care services is part of the organization's strategic plan as determined by the Board of Trustees and the Chief Executive Officer. Specific strategies have action plans and time frames that define how patient care services will be implemented, maintained or provided. Planning processes for such strategies take into consideration community needs, internal and external valid data resources, the ability to provide a service, internal and external customer and community surveys, medical

staff and other provider input, networking with community/state/national agencies, market research, healthcare research, and professional organizations that guide evidence-based practice.

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

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

PLAN FOR PATIENT SERVICES

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

- Ultrasound
- Dietary and nutritional service
- Emergency and trauma care
- Endoscopy
- Infection prevention and control services
- Medical records/information technology
- Nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, and end stage chronic dialysis
- Oncology, including outpatient chemotherapy administration and radiation oncology/pathology/histopathology, clinical laboratory and transfusion services
- Pharmaceutical
- Physical rehabilitation, occupational therapy, and speech therapy
- Provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, Occupational medicine, pulmonology, nephrology, urology and ear/nose and throat
- Quality improvement
- Social work
- Telemedicine - stroke and burn
- Volunteers.

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

III. MHSC is affiliated with the following organizations:

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

IV. Patient services provided by contracted organizations include:

- Emergency medicine

- Pharmacy services
- Radiologist services
- Sterilizer support and maintenance

V. Contractual arrangements for extension of care include:

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

VI. Data related to services in calendar year 2018:

Campus Size	Hospital = 188,470 square feet, Medical Office Building = 77,392 square feet, Specialty Clinic = 14,797 square feet, Central Plant = 19,781 square feet, Paving area = 378,865 square feet and Total lot area = 1,472, 289 square feet or 33.8 acres
Licensed Beds	99
Staffed Beds	58
Employees	550
Full-time employee equivalent (FTE)	454.78
FTEs/ Occupied Bed	8.36
Average patient length of stay (LOS)	2.5
Average Daily Inpatient Census	12.90
Inpatient Discharges	1861
Births	410
Non-ED Outpatient Visits	86,909
ED Visits	14,876

ED Visits Admitted	1,513
Inpatient Surgeries	295
Outpatient Surgeries	1,485
Medical Office Building Clinic Visits	54,815

- VII. Located on the I-80 corridor, MHSC provides trauma care as an essential service and is an Area Trauma Center as designated by the State of Wyoming.
- VIII. As an important part of clinical care the hospital serves as a clinical practice site for schools of nursing (Western Wyoming Community College and University of Wyoming being the majority), and schools of medicine (Wyoming, Montana, Alaska and Idaho educational program).
- IX. Care provided to the patient are determined by the types and availability of services offered within the organization. If the service cannot be provided, patients can be transferred via fixed-wing air ambulance and helicopter service or ground transportation. Consultation via telephone with Wyoming, Utah, Colorado and other major medical centers takes place as needed. During times in which weather does not permit safe transportation patients will be stabilized to the best of the organization's ability to provide emergency care. MHSC does not use a process in which emergency medical services (EMS) are requested and used to divert patients to other health care facilities. Rather, patients are brought to the hospital where solutions for care are investigated. MHSC has an emergency plan for patient surge that is activated when immediate problem solving is not successful.
- X. Patients with the same diagnosis and health care needs can be expected to receive the same standard and level of care throughout the organization. Each patient care area has a scope of service describing the focus of care, capacity of the area, staffing for the area, triage of patients from the area and competencies of staff. Outcomes are measured and monitored through quality improvement processes.
- XI. The medical staff of the organization is a key partner in the success of patient care outcomes. The role of the medical staff is defined in the organizational Medical Staff Bylaws. As partners in care the medical staff is to be actively engaged in the patient care and quality work of the organization. The structure through which this is accomplished is defined in the Bylaws. The medical staff is actively involved in the process of policy development and approval, service improvement through customer relations scores, quality improvement processes, governance through committees and representation, communication through daily mechanisms, information management through electronic medical records (EMR), and oversight of care through peer review and utilization management.

INFRASTRUCTURE

I. PROFESSIONAL PATIENT CARE STAFF

- Professional practice at MHSC is defined in accordance with state licensure laws, applicable Federal and State regulations, standards as established by MHSC and the use of evidence-based practice.

- Professional staff qualifications are listed per specific job description.
- Professional staff members who provide patient care receive an annual performance review based on specific job descriptions and job standards. Each staff member must demonstrate beginning and ongoing competency and education. Self-directed lifelong learning is an expectation. Attainment of advanced and terminal degrees and national certifications in one's area of expertise is desired and encouraged.

II. PATIENT CARE STANDARDS

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

III. PATIENT CARE OUTCOMES

- Patient outcomes are described in the mission and vision of the organization and throughout a variety of patient care standards. Patient and family centered care is the care delivery model that is essential to the success of patient outcomes.
- Further patient care outcomes are defined in the Quality Assurance Performance Improvement (QAPI) and Safety Plan, and in the Utilization Review plan.

IV. PATIENT CARE QUALITY AND PATIENT SAFETY PLAN

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

V. ORGANIZATIONAL STRUCTURE

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

VI. SERVICE AVAILABILITY

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

VII. FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY

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

VIII. STAFF EDUCATION

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

IX. PATIENT RIGHTS AND RESPONSIBILITIES

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

X. FAIR BILLING PRACTICE

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

XI. CONTRACTED SERVICES

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

GOVERNANCE

I. BOARD OF TRUSTEES

- The hospital Board of Trustees' role is to serve as the governing body of the hospital.
- Board of Trustee (BOT) meetings open to the public occur the first Wednesday of every month from 2:00 - 5:00 PM. Board members serve on several other committees that meet at various times, dates and hours of the day.
- The BOT is responsible for oversight of the hospital.
- The BOT responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing safe, quality care, overseeing the organization's financial well-being, staying educated in health care industry news and best practices, and being a representative of the organization in the community.
- The BOT is not involved in the day-to-day operations of the hospital. The daily operation of the hospital is Senior Leadership's responsibility.

- The Board of Trustees consists of five (5) members who are citizens of Sweetwater County and appointed by the Sweetwater County Commissioners.
- A County Commission liaison attends monthly Board of Trustee meetings and other meetings attended by Board of Trustee members whenever possible.
- **CONTRACTED SERVICES**
 - Legal services
- **AFFILIATIONS OR SOURCES OF REFERENCE**
 - American Hospital Association (AHA)
 - Wyoming Hospital Association (WHA)

II. SENIOR LEADERSHIP

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

III. LEADERSHIP TEAM

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

SCOPES OF SERVICE

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

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

SCOPE OF SERVICE: ADMITTING

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 5:30 p.m., and on weekends from 9:00 a.m. until 2:00 p.m., except on holidays.
- The Medical Imaging Admitting area is staffed Monday through Friday from 6:30 a.m. until 5:00 p.m., except holidays.
- However, all services are also able to be admitted in the Emergency Department admitting area 24 hours per day 7 days per week.
- The Communications department is staffed from 6:30 a.m. until 9:00 p.m. Monday through Friday and from 8:00 a.m. until 9:00 p.m. on weekends and holidays.

TYPES OF SERVICES

- Initial welcoming of patient's and visitors to our facility.
- Arranges for the accurate, efficient, and orderly scheduling and registration of patients into inpatient,

outpatient, and ancillary departments of our facility.

- Ensure that accurate, comprehensive demographic information is acquired and keyed into the hospital's database.
- Available to answer any questions patients might have and works to ensure that the patient's registration is an exceptional experience.

CONTRACTED SERVICES

- Companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification:
 - Change Healthcare
 - Waystar
 - Provider Advantage

STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 7:00 a.m. - 5:30 p.m., Monday through Friday in addition to laboratory coverage on weekends from 9:00 a.m. until 2:00 p.m., along with 24/7 coverage in the Emergency Department.
- The staff includes a Patient Access Manager, Patient Access Specialists, Lead Pre-Admissions Registrar, Pre-Admissions Registrars, and Operator/Receptionists.
- All personnel report directly to the Director of Patient Financial Services.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

SCOPE OF SERVICE: ANESTHESIA

DEFINITION OF SERVICE:

- Chief of Surgery with collaboration of Anesthesiology is responsible for all anesthesia standards of care and practice. All types of non-flammable agents may be provided by an Anesthesiologist where deemed appropriate and necessary. All anesthesia is provided by credentialed anesthesia providers.
- Types of anesthesia services provided are:
 - General
 - Inhalational
 - Major conduction block, caudal, epidural, spinal
 - Local with or without intravenous analgesia and monitored anesthesia care
 - Pain control
 - Airway management
 - Intravenous regional blocks
 - Major vascular access placement
- Approved anesthesia locations are:
 - OR-all types (5 suites and endoscopy)
 - OB-all types (1 Suite and labor and delivery)
 - ED-topical, local, nerve block, intravenous sedation
 - Radiology-local and moderate sedation.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Board of Anesthesiologists
- American Society of Anesthesiologists

SCOPE OF SERVICE: CARDIAC/PULMONARY REHABILITATION

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Phase II: Cardiac Rehabilitation/Secondary Prevention and Pulmonary Rehabilitation provide adult outpatient and family centered interdisciplinary care including but not limited to assessment, exercise prescription, monitored and supervised progressive exercise program and interdisciplinary education. Outcomes are managed and reported to meet the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) requirements.
- Phase III: Unmonitored exercise sessions that are paid for directly by the participant after completing Phase II. These are provided on a monthly basis. Continuing education and support are provided by the staff.
- Objectives of the service are to ensure proper care and support of patients suffering from Cardiovascular and Pulmonary Disease, ensure the educational development of the patients and their family, so as to promote an understanding of Cardiovascular and Pulmonary disease and related risk factors, provide a

complete Phase II Cardiac and Pulmonary Rehabilitation Program, and permit the staff to carry out its works under favorable conditions.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs, 5th ed. (2013). American association of Cardiovascular and Pulmonary Rehabilitation

SCOPE OF SERVICE: CARDIOPULMONARY

DEFINITION OF SERVICE:

- MHSC operates a fully functional Cardiopulmonary Services Department. The combining of Respiratory Care, Cardiovascular, and Sleep Lab allow for an interdisciplinary approach to the provision of patient care. Patient care is provided to inpatients and outpatients. Cardiopulmonary services provide optimum assistance to nurses and physicians in maintaining preventive and restorative health needs for patients. Cardiopulmonary Services staff provides quality, conscientious, cost effective, and competent care with respect for life and dignity at every stage of the human experience.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The patient population served by Cardiopulmonary Services consists of newborn, pediatric, adolescent, adult and geriatric patients requiring cardiac and respiratory care, services, treatment or testing to maintain optimum physiological maintenance of cardiac and respiratory systems.
- Patient care services provided by the department, through an order of a physician or under formal hospital protocols or guidelines.
- **Services of the Cardiopulmonary Department will include, but are not limited to:**

- Cardiac:
 1. Stress testing – Cardiolite, Lexiscan/Cardiolite, Stress Echocardiogram, Plain Stress Echocardiogram, and Plain Stress
 2. Holter Monitor recording and scanning
 3. Electrocardiograms (ECG)
 4. Event monitors (3-30 Days)
- Respiratory
 1. All forms of mechanical ventilation (excluding that provided by anesthesiologist during surgical procedures) including:
 - a. Conventional ventilation in all forms and modes
 - b. Assist physicians with endotracheal intubation and extubation performed outside the surgical suite
 - c. Reposition and stabilize endotracheal tubes
 - d. Tracheostomy care, including changing tracheostomy tubes, and assist with decannulation procedures
 - e. Non-invasive ventilation including BiPap and CPAP
 2. All forms of airway clearance techniques including:
 - a. Positive Expiratory Pressure (PEP) therapy
 - b. Chest Physiotherapy (CPT)
 - c. Autogenic Drainage
 - d. Assisted Cough
 - e. Therapy Vest
 3. Medications are administered by respiratory therapists via the following routes:
 - a. Small and large volume nebulizers
 - b. Metered dose inhalers (MDI)
 - c. Small particle aerosol generators (SPAG)
 - d. Direct instillation via endotracheal tubes or tracheostomy routinely or during emergency resuscitation procedures under direct supervision of a physician
 4. Qualified and trained respiratory therapists can perform:
 - a. Nasotracheal, nasopharyngeal and oral suctioning, as well as suctioning of all forms of artificial airways
 - b. Placement of nasopharyngeal and oral airways
 - c. Assist with respiratory emergencies and performing CPR as a member of the code team.
 - d. Set-up, monitor and change all oxygen and aerosol therapy equipment and supplies for inpatients
 - e. Manually ventilate patients when required
 - f. Accompany patients requiring assisted ventilation during hospital transports.

- g. Assessments of respiratory status of patients with recommendations to physicians for the care plan.
 - h. Administration of medical gases, including medical air, medical oxygen, helium/oxygen mixtures, and nitric oxide.
 - i. Administration of high flow Oxygen therapy
 - j. Perform non-invasive Oxygen exchange assessments.
 - k. Directed cough with various devices
5. Diagnostic Services
- a. Complete assessment of respiratory status
 - b. Measurement of pulmonary mechanics
 - c. Capnography & end-tidal monitoring
 - d. Pulse oximetry
 - e. Arterial/capillary blood gas drawing
 - f. Point of care (POC) blood gas analysis
 - g. Exercise testing for evaluation of hypoxemia and/or hypoxia
 - h. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
 - i. Assist physicians with bronchoscopy procedures
 - j. Electroencephalogram (EEG) procedures
6. Sleep Lab
- a. Polysomnography. Reports contract to off-site pulmonologist.
 - b. PAP titration studies
 - c. Oxygen titration studies
 - d. Home Sleep Apnea Testing (HSAT)
 - e. Nocturnal Oxygen studies
7. Support Services
- a. Training of nurses and physicians in applied respiratory care
 - b. Monitoring, updating, stocking, and maintaining records on code carts
 - c. Ordering and maintaining inventory of oxygen and aerosol therapy equipment and supplies
 - d. Stocking of respiratory supplies and equipment
 - e. Collaborate with biomedical engineering to maintain preventive maintenance records on equipment
8. Education
- a. The hospital serves as a clinical teaching facility for students from Western Wyoming Community College and Independence University. MHSC has formal agreements with both schools and department staff members may be asked to serve as clinical mentors.

CONTRACTED SERVICES

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

STAFFING

- There is at least one (1) licensed therapist on shift at all times to assist patients and physicians with procedures, treatments, ventilator care and any other emergencies requiring his/her assistance. Availability of therapists on various shifts meet the needs of our patients. There shall be at least one credentialed staff member in-house 24 hours per day 7 days per week. Daily patient volume is assessed and staffing adjustments are made as necessary.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CARE TRANSITION

DEFINITION OF SERVICE

- Transitions of care, also known as care transition, occurs when a patient is transferred to a different setting or level of care. Care transitions can occur when the patient moves to a different unit within the hospital, when a patient moves to a rehabilitation or skilled nursing facility, or when a patient is discharged back home. Among older patients or those with complex conditions, research shows that care transitions that are not managed well can be associated with adverse events, poorer outcomes, and higher overall costs. Lack of well managed care transitions can also lead to an increase in potentially preventable hospital readmissions. The most important factor in successful care transition is communication during the hand-off process.

HOURS / DAYS OF THE WEEK OF SERVICE

- Basic hours of operation are Monday through Friday, with typical hours of 8:00 a.m. - 4:30 p.m. There is no coverage on holidays.

TYPES OF SERVICES

- All ages throughout the life span are served through Care Transition, with the majority of those served are 65 years of age and older.
- The Care Transition nurse is a member of the Case Management Department. The Care Transition nurse visits patients in the hospital setting and then through home visits and to provider appointments as needed to provide the following:
 - Teach disease specific information:
 - Medication management
 - Use of equipment

- Disease process
- Provide patients with specialized, written material, information and self-management skills
- Prepare patient and caregivers to identify and respond quickly to worsening symptoms
- Assist patient and caregivers to create/update personal health record
- Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life
- Teach patients about how to communicate with healthcare providers
- Coach patient and/or caregivers regarding the importance of follow up with their primary care providers
- Target patients transitioning from hospital to home who are at high risk for poor outcomes
- Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care
- Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals
- Identify and address patient priority risk factors and symptoms
- Promote consensus on the plan of care between patients and members of the care team
- Prevent breakdowns in care from hospital to home by having same clinician involved across these sites, inasmuch as possible
- Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.

CONTRACTED SERVICE

- None

STAFFING

- 1 FTE Care Transition Registered Nurse.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Case Management Association (ACMA)
- American Nurses Association (ANA)
- National Transitions of Care Coalition (NTCC)
- University of Wyoming Rural Health ECHO Care Transition
- Care Coordination and Transition Management (CCTM)

SCOPE OF SERVICE: CASE MANAGEMENT

DEFINITION OF SERVICE

- Patients at MHSC benefit from individualized Case Management Services for inpatients or outpatients as needed, including ED patients. Case Managers bridge the clinical and financial aspects of health care. Discharge planning, utilization management, and coordination of care are key focus areas of this department.
- The Case Manager works with the patient, family, and the clinical team to set priorities for coordination of care, planning for anticipated needs at discharge, and insurance authorization. Specific services may include but are not limited to:
 - Level of care determination in conjunction with the attending physician
 - Insurance precertification and continued stay approvals
 - Acute rehabilitation, extended care and long-term acute care and assisted living facility placement
 - Home Health Care, Hospice, outpatient therapy and durable medical equipment arrangements

- Providing social support and resources for patients who have complex social needs to provide resources related to prescription vouchers, travel assistance, etc.

HOURS / DAYS OF THE WEEK OF SERVICE

- Case Management providers full time service Monday - Friday with hours typically that of 8:00 a.m. - 5:00 p.m., though the Case Managers work variable hours to meet the needs of patients and families. There is no holiday coverage.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Interqual for determination of patient criteria of admittance

STAFFING

- Case Manager Registered Nurses: 4 full time (1 which serves as Supervisor), 1 PRN and 1 Care Transition/Case Manager cross-trained on as needed basis.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINIC DOCUMENTATION IMPROVEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Hours vary between 8:00 a.m. - 5:00 p.m., Monday - Friday but are flexible to match inpatient hospital

census.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- United Auditing Services Part time 20 hours - Remote CDI specialist

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINICAL INFORMATICS

DEFINITION OF SERVICE

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

HOURS/DAYS OF THE WEEK OF SERVICE:

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

TYPES OF SERVICES

- Maintain and support the informatics component of the hospital EMR system. This includes, but is not limited to, eMDs, QCPR and T- system software.
- Abstract accurate data for use in determining patient outcomes.
- Education relating to using the EMR.

STAFFING

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

CONTRACTED SERVICES

- eMDs
- Quadramed
- T-Systems

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT (CCM)

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The CCM is typically available 8:00 a.m. - 4:30 p.m., Monday through Friday excluding holidays. After hour phone calls are to be sent to the house supervisor on shift.

TYPES OF SERVICES

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

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

CONTRACTED SERVICES

- None

STAFFING

- 1 registered nurse and 1 medical assistant

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: COMMUNITY OUTREACH & VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Build mutually beneficial partnerships between employers, community-based organizations and the populations we serve.
- Foster stakeholder and community partnerships to improve the health of the community.
- Create awareness campaigns and education through health events, employer sponsored events, presentations, social media, traditional news outlets, and other venues to reach our community members.
- Develop and implement effective employee wellness campaigns in partnership with local employers.
- Responsible for planning and implementing policies under Marketing and Community Outreach, working

closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.

- Provide mail service, flower delivery, Comfort Cart, Gift Shop, Chaplain Services, and assistance to departments such as filing, laminating and clerical duties.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

-

SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

- The MHSC Dialysis Unit provides chronic hemodialysis and peritoneal dialysis care to patients in an outpatient setting. The eight (8) chair unit is located on the third floor of the Medical Office Building adjacent to the hospital.
- Chronic hemodialysis is offered to patients in Sweetwater County and the surrounding area who are experiencing end-stage renal disease (ESRD). The age range of the population served is 16 years of age and above. Acute dialysis is not offered at MHSC at this time. Patients in need of acute dialysis are transferred to a facility with acute dialysis care services.
- The primary goal of the chronic hemodialysis and peritoneal dialysis are to adjust and/or restore the health, and functional status of patients with ESRD or kidney disease to improve quality of life to the greatest extent possible. In an effort to meet the needs of these patients, their families and significant others, a holistic and multidisciplinary approach is used, involving social, medical, economic, spiritual, nutritional, educational and psychological aspects of care.
- In addition to hemodialysis, peritoneal dialysis is a treatment modality of choice offered at the MHSC Dialysis Unit when appropriate. Patients are educated to, and assisted with the further exploration and possible change to this modality by dialysis staff of MHSC.
- Arrangements for those interested in kidney transplant are made with the kidney transplant programs of the University of Colorado Medical center in Denver, Colorado, the University of Utah in Salt Lake City Utah, or Intermountain Health Hospitals in Salt Lake City Utah.
- An additional goal of staff in the MHSC Dialysis Unit is to provide education for the care of patients receiving hemodialysis or peritoneal dialysis or who are experiencing chronic renal disease to other health care professionals within the MHSC and any other interested community individuals, groups, or educational institutions. Care for patients requiring chronic hemodialysis or peritoneal dialysis augments the medical and nursing care provided by at the MHSC.

HOURS / DAYS OF THE WEEK OF SERVICE

- The MHSC Dialysis Unit hours of operation for hemodialysis are 5:30 a.m. - 6:00 p.m., Monday through Saturday. Holiday coverage is provided according to the patients' needs. Three shifts of patients are treated each day, starting the first shift of patient's at 6:00 a.m. and sending the last patient's home

around 5:00 or 6:00 pm.

- Hours for peritoneal dialysis are typically Monday through Friday, 8:00 a.m. – 5:00 p.m. Peritoneal dialysis nursing staff carry an on-call phone 24/7 to field calls from patients on peritoneal dialysis who have questions or concerns.
- Operational hours for the unit may change in accordance to patient census and staffing changes. All patients will be informed in writing of any change in operational hours and/or days. Any changes in patient schedules will result in the patients being informed verbally and in writing no less than 24 hours prior to the patient's time of treatment. Every effort is made to schedule treatment time that is convenient to the patient.

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

- During the hours of operation the hemodialysis unit is covered by two staff members, either a combination of registered nurse and one patient care technician or two registered nurses. One nurse covers the peritoneal dialysis service with two additional staff members cross-trained to allow additional nursing care coverage to patients on peritoneal dialysis. The unit nursing director oversees the day to day operations and care of patients. Each dialysis patient is visited monthly by a registered dietitian and receives a monthly visit from a social worker. Once a quarter the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide service to them.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

- The Education Department is an interdisciplinary collaboration between the Nursing Services Department and Human Resources Department.
- The Human Resources Department collaborates with the Education department staff to conduct hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded

and individualized orientation for newly hired nurses. Services include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, coordination of American Heart Association courses to meet compliance, conducting competency assessments and assisting in the development of competencies throughout the organization, conducting preceptor training and evaluating the effectiveness of educational activities.

- A nursing professional facilitates and oversees all nursing education in the organization and reports to the Chief Nursing Officer.
- Human Resources staff share education duties and work with all other departments in the organization to meet the learning needs of employees in non-nursing departments.
- The Education department staff and the staff in Human Resources facilitates lifelong learning and professional development activities with the goal of personal and professional growth, competency, and proficiency for all employees at MHSC. Professionals facilitating nursing education use knowledge and skills in educational theory, and application thereof, career development, leadership, curriculum, and program management to assist employees in providing safe, evidence-based and exceptional patient care.
- The Education Department, a collaboration between Nursing and Human Resources, is MHSC's contact for educational resources.
- The Education department maintains resources available to all staff on a variety of educational topics through on-line resources such as Lippincott, NetLearning, UpToDate, and Ovid. Education is also available through the University of Utah with offerings such as Grand Rounds from various disciplines, STABLE, and Tele ICU courses.
- Course certifications through the American Heart Association include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS) are required for specific departments and employees. Additionally, Trauma Nurse Core Course (TNCC) and Neonatal Resuscitation Program (NRP) are required for specific departments and employees.
- Learning needs of employees in all departments guide meaningful continuing education opportunities necessary, and pertinent to position description.
- Continuing education opportunities include mandatory education needed to meet the requirements of regulatory agencies.
- The nurse educator and Human Resources staff disseminates information and educational/learning opportunities to employees who may not otherwise know such opportunities exist, thus expanding growth in knowledge, critical thinking and looking at issues from multiple perspectives.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Human Resource staff facilitating non-nursing education have standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as needed basis.
- The nurse educator facilitating nursing education has flexible hours that include weekends, but are typically 8:00 a.m. - 4:30 p.m., Monday through Friday. Hours of availability of the nurse educator are flexible dependent on the learning needs of Nursing Services employees who work in an organization that functions twenty-four hours a day, seven days a week.

TYPE OF SERVICE PROVIDED

- Education staff conducts hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded and individualized orientation for newly hired nurses. Services provided by the staff facilitating education include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, coordination of American Heart Association courses to meet compliance, conducting competency assessments and

assisting in the development of competencies throughout the organization, writing and assisting in the writing of grants, conducting preceptor training, and evaluating the effectiveness of educational activities. The nurse educator provides career and academic counseling and guidance to those seeking careers in the nursing profession.

- The MHSC philosophy fosters professional development and self-directed learning and believes that those with the most appropriate expertise are those best to conduct department-specific orientation and training on the use of the electronic medical record. The nurse educator and others in the organization with the appropriate experience serve as a resource whenever needed. The nurse educator routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning. Currently, continuing education units courses are not offered through MHSC but are offered through the Lippincott Learning system, the NetLearning system and a plethora of easily accessible outside resources.

CONTRACTED SERVICES

- Lippincott
- OVID
- Up To Date
- NetLearning through HealthCareSource
- American Association of Critical Care Nurses (AACN)

STAFFING

- The Education Department consists of a Nurse Education Supervisor and Education Assistant who report to the Chief Nursing Officer, and as well as the Human Resource staff who share education responsibilities and report to the Director of Human Resources.

AFFILIATIONS OR SOURCES OF REFERENCE

- The nurse educator and Chief Nursing Office have developed relationships with educators at the University of Utah, Primary Children's Hospital in Salt Lake City, Utah, University of Wyoming, and Western Wyoming Community College. These affiliations have led to opportunities to be involved in certain educational activities provided by these organizations.
 - American Association of Nurses in Professional Development (ANPD)
 - American Nurses Association (ANA)
 - Revolutionizing Nursing Education in Wyoming (ReNEW)

SCOPE OF SERVICE: EMERGENCY DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Emergency services without acute hemodialysis, interventional cardiology, neurosurgery and interventional radiology.
- Access to tele-stroke services.
- The ED is designated as an Area Trauma Hospital by the State of Wyoming which correlates to a Level III trauma designation by the American College of Surgeons.
- The department consists of 22 private patient rooms, including 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.

CONTRACTED SERVICES

- University of Utah Emergency Department Physicians

STAFFING

- The ED is staffed by board certified emergency physicians 24/7, and provides physician overlap coverage from 11:00 a.m. - 11:00 p.m.
- Registered nurses (RN) staff the unit by census and acuity trends and work 12 hours shifts that are staggered throughout the day to meet volume demands. Shifts are typically 7:00 a.m.- 7:00 p.m., 10:00 a.m. - 10:00 p.m., and 7:00 p.m. - 7:00 a.m.
- Additional support staff include nursing unit secretaries, ED technicians, EMTs, and certified nursing assistants (CNA) with varying hours and coverage.
- The ED has access to other physician specialties that fulfill call availability to the department including, but not limited to; hospitalist care, pediatrics, orthopedics, general surgery, urology, and obstetrics.

AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah
- Air Med Flight Services
- Emergency Nurses Association (ENA)
- American Nurses Association (ANA)

SCOPE OF SERVICE: ENVIRONMENTAL SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

personnel.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Fibertech Window Cleaning
- Martin Ray Laundry Equipment Services

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

- FSS personnel are available 24 hours a day.
- FSS working hours are typically Monday-Friday from 6:30 a.m. - 9:00 p.m. Saturday, Sunday and holiday hours vary. Typically, on weekends and holidays the on-call staff member will work 10 hours during the day and evening. FSS personnel are assigned on-call for after-hours emergencies or when the shop is not otherwise staffed.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Original Equipment Manufacturer (OEM) or other professional services are contracted on the basis of bids, time and material contracts or annual/multiyear contract basis to perform repair, services and maintenance on select systems and components. This is especially true where certifications or advanced training beyond what is typical of in-house personnel or where special tools and equipment are required and the cost of this equipment or training is not cost effective as an in-house service.

STAFFING

- Typically an FSS staff-member is on site for approximately 14.5 hours on week days and 10 hours on weekends. When FSS personnel are not on site, a designated member of FSS Department is on call and available, thereby assuring FSS coverage 24/7. The PBX operator and House Supervisors are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to PBX operators and House Supervisors. The PBX operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX operator and House Supervisor.
- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.

AFFILIATIONS OR SOURCES OF REFERENCE:

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

SCOPE OF SERVICE: FISCAL SERVICES

DEFINITION OF SERVICE

- Fiscal Services is a non-clinical department that provides the following services: Payroll, Accounts Payable, Fixed Assets, Budgeting, General Ledger, and Financial and Statistical reporting. Fiscal Services personnel are non-clinical and do not provide direct patient care. Fiscal Services work in a

collaborative effort to provide all other hospital departments with financial and reporting assistance.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Health Information Management Department is staffed as follows:
 - **Medical Records Department Access:**
 - Monday through Friday, 6:30 a.m. - 4:30 p.m.
 - Saturday and Sunday – Closed
 - Holidays Recognized by Hospital – Closed
 - **General Medical Transcription**
 - Monday through Thursday – 5:00 a.m. - 11:00 p.m., and Friday from 5:00 a.m. - 10:00 p.m.
 - All weekends and holidays covered for minimal hours per day, depending on dictation back log. H&Ps and any dictations dictated are done within required turnaround time frames.
 - On-call for any after-hours transfer summaries that need done STAT, unless other arrangements are made in advance.
 - **Health Information Management Director**
 - Monday through Friday, 7:00 a.m. - 3:30 p.m.
 - Saturday and Sunday, or after hours, available by cell phone

TYPES OF SERVICES

- All patients – Information faxed to continuing care facilities per request
- Previous patients – We copy charts per patient requests as they walk in or call
- Birth certificate completion and submission to State of Wyoming

- Completing Affidavit Acknowledging Paternity and Affidavit Denying Paternity document with single parents
- Collecting paper chart documentation from all patient care areas in the hospital
- Analyzing and verifying that patient documentation (including orders for admission) are in the correct chart and the documentation is complete
- Scanning paper documents into electronic medical record into the correct section and attaching to the appropriate patient's record
- Verifying that physicians have completed necessary documentation in each patient's chart
- Notifying physician of deficient or delinquent information in patient records
- Locating and accessing microfilm records for patient care
- Identifying and pulling old records from shelf to be microfilmed/archived electronically
- Verifying that appropriate orders are documented before coding chart
- Verifying appropriate ICD-9 codes to correspond with patient's diagnosis
- Verifying CPT or procedure codes are correct for the patient's procedures
- Verifying inpatient data has correct codes before being submitted to Medicare
- Coding and abstracting charts in a timely manner to allow days in AR to be minimal
- Provide Health Information to requesting physicians from outside clinics or hospitals
- Faxing information to other health care providers for continuing patient care
- Transcribing general medical, surgical reports, obstetrical reports, pediatric and Oliver clinic notes.
- Identifying and submitting all cancer cases diagnosed at our hospital to the State of Wyoming
- Locating and copying records for attorneys and patients
- Bill for records copied and submitted to attorneys and patients (usually taken care of by our vendor)
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed
- Maintaining personal health information
- Notifying physicians to complete outstanding dictations or authenticate incomplete patient records
- A notary is located in our office. We will notarize any legal documents for the convenience of patients and staff members
- Working with case managers to improve physician documentation
- Work closely with admission staff to ensure proper identification of patients
- In conjunction with Information Technology, merge together duplicate medical records on the same patient
- In conjunction with Compliance Officer, responsible for policies regarding personal health information
- Locating Advanced Directives for patient, when not present in most recent record.

CONTRACTED SERVICES

- United Auditing Services (external chart review and back-up coding)
- Arrendale and Associates (contracted to transcribe backlogs and for dictation and transcription software)
- Care Consultants Better Solutions (release of information for legal charts)
- Fair Warning (managed privacy services)
- Copier and Supply (copy/fax)

STAFFING

- 1 - Health Information Management Director
- 1 - HIM Supervisor
- 1 - Inpatient coders
- 3 - Outpatient coders

- 1 - General medical transcriptionists (2 PT)
- 5 - Health Information Management Technicians (4 FT, 1 PT, 1 PRN)

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Healthcare Documentation Integrity (AHD)
- American Health Information Management Association (AHIMA)
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)

SCOPE OF SERVICE: HUMAN RESOURCES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: INFECTION PREVENTION & EMPLOYEE HEALTH

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

Disease physician, except for phone consultation through the affiliation of the University of Utah.

CONTRACTED SERVICES

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

STAFFING

- Two RNs staff this department who are licensed in the State of Wyoming.
- A qualified physician licensed in the State of Wyoming acts as the Medical Director.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: INFORMATION TECHNOLOGY SERVICES

DEFINITION OF SERVICES

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

AFFILIATION OR SOURCES OF REFERENCE

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

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

DEFINITION OF SERVICE

Intensive Care Unit (ICU) Level I cares for patients with severe and life-threatening severe illnesses and injuries that require constant, close monitoring and support from specialized equipment and medications in order to ensure normal bodily functions.

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Seven days a week, 24 hours per day, 365 days a year. The unit is only closed when no patients are present. Staff remains available per on call standards to open the unit should patient care needs arise requiring ICU trained nursing staff.

TYPES OF SERVICES

- ICU Level I

- Has a maximum capacity of 4 critical beds located in private rooms. The patient population is predominantly adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms have bedside monitors with central monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO2, respiratory rate, and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has 3 oxygen outlets, compressed air, and 2 suction outlets. Other equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.
- ICU Level II / Step-down Unit
 - Has a capacity of six acute care/step down beds located in private rooms, one of which has a negative pressure relationship. The population is predominately adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the ICU, Medical/Surgical Unit, Obstetrical Services, or from PACU, or admitted directly from physicians' offices. All Step-down rooms have bedside monitors with central monitoring and recording. There is the capability of monitoring of cardiac rhythms, blood pressure, SpO2, and respiratory rate. Each patient head wall has oxygen outlets, compressed air, and suction outlets. Other equipment available includes volumetric pumps, PCA pumps, enteric feeding pumps, BiPAP, and Vapotherm.
- Both units are physically located in the same department.
- In the event of a higher census in other areas, either the step-down or intensive care unit may take non-ICU patients as overflow for patient care needs, care and treatment.

CONTRACTED SERVICES

- University of Utah Tele-ICU

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: LABORATORY & PATHOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday - Friday

7:00 a.m. - 9:30 p.m. and Saturday - Sunday 9:00 a.m. - 2:00 p.m.

TYPES OF SERVICES

- The Laboratory provides service to all ages of clients. Services provided includes, but are not limited to:
 - Clinical Laboratory
 - General chemistry
 - Special chemistry
 - Therapeutic drug testing
 - Microbiology
 - Bacteriology
 - Parasitology by PCR
 - Acid fast smears
 - Urinalysis
 - Hematology
 - Coagulation
 - Immunology
 - Drug screens
 - Serology and molecular testing
 - Transfusion/blood bank services
 - Prenatal screening
 - Cord blood workup
 - ABO, Rh
 - Antibody screens
 - Antibody identification
 - Compatibility testing
 - Blood products
 - Packed RBC units
 - Frozen plasma
 - Platelets-by special order
 - Histopathology
 - Non-gynecology cytology
 - Complete histology
 - Special stains
 - Frozen sections
 - Testing not provided in house by MHSC Laboratory will be sent to a reputable and licensed reference laboratory.

CONTRACTED SERVICES

- Vitalant – provides blood and blood products
- ARUP Laboratories

STAFFING

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

- Director, Coordinator, Medical Technologists/Medical Laboratory Scientists, Medical Laboratory Technicians and Lab Assistants/Phlebotomists

AFFILIATIONS OR SOURCES OF REFERENCE

- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- American Society of Clinical Pathologists (ASCP)
- American Association of Blood Banks (AABB)
- Food and Drug Administration (FDA)
- The Joint Commission (TJC)
- Mayo Laboratories
- Colorado Public Health
- Wyoming Public Health
- Integrated Oncology
- Oncotype Dx
- Labcorp
- Prometheus
- Quest Diagnostics
- Vitalant

SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

TYPES OF SERVICES

- Creating, implementing and measuring the success of a comprehensive marketing, communications and public relations program that includes communications and public relations activities and materials including publication, media relations, and community relations.
- Development of an annual department budget to cover advertising, sponsorship requests, digital needs, promotional materials, etc. for Memorial Hospital of Sweetwater County, its Specialty Clinics and its service lines.
- In charge of all branding – including use of logo(s) – for Memorial Hospital of Sweetwater County, its Specialty Clinics, service lines, medical staff, employees, and programs.
- Responsible for creating, editing and designing physical layout of print and digital advertising and marketing materials including all brochures, rack cards, fliers, pamphlets, etc. for anything distributed internally or externally for the entire organization.
- Responsible for planning and implementing all publicity, advertising, marketing, and promotion activities

and material that represents the organization to the press and public.

- Responsible for planning and implementing policies under Marketing and Community Outreach, working closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.
- Establishes, maintains and monitors all official social media accounts including Facebook, Twitter, Instagram, Snapchat, etc.
- Designs, implements and maintains hospital website at <https://sweetwatermemorial.com>

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Maintains MHSC's membership in the Wyoming Press Association.

SCOPE OF SERVICE: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Intalere

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Diagnostic radiology (X-ray):
 - The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
 - There is a registered and licensed radiologic technologist on duty at all times.
 - Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
 - After hours fluoroscopic procedures, will be performed on an emergent basis only and after direct physician consultation with the radiologist on call.
- Ultrasound:
 - The normal operating hours for Ultrasound are 7:00 am-5:30 pm, Monday through Friday.

- Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
- There will be an Ultrasound technologist on call for Ultrasound emergencies from 5:30 pm until 7:00 am Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
 - The normal operating hours for Nuclear Medicine are 7:00 am - 3:30 pm, Monday through Friday. There is no evening, night or weekend coverage available.
 - Due to the specialized nature of Nuclear Medicine these procedures will be performed after normal operating hours for emergencies, and only after direct physician consultation with the radiologist on-call.
- CT:
 1. The normal operating hours for outpatient CT are 7:30 am – 4:00 pm.
 2. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, and after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
 - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 4:00 p.m.
 - Due to the specialized nature of MRI and the limited number of time slots available, emergencies or add-on scans must be approved by a radiologist.
 - There will be an MRI technologist on-call for MRI emergencies from 5:00 pm until 6:30 am Monday through Friday and all day Saturday and Sunday.
- PET Scanning
 - PET Services are provided through a mobile service.
 - The normal operating hours for the PET scanner are every Friday beginning at 8:00 a.m.
 - Due to the specialized nature of the PET/CT exam, scheduling for this exam will cease at noon the day preceding the exam. The mobile service company reserves the right to ask that the PET exam be rescheduled in the event only one patient is scheduled for any day of contracted service.
- Radiologist Consultation
 - A radiologist is available for consultation 24/7 per the physician call schedule.
 - Imaging studies are read daily.
 - In the event there is a "critical" finding the radiologist will call the report to the requesting physician.
- Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

CONTRACTED SERVICES

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

STAFFING

- Diagnostic Radiology is staffed 24 hours per day with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming. The techs are scheduled on staggered shifts to allow for more coverage during peak hours.
- Mammography is staffed with two technologists Monday through Friday. No after-hours coverage is provided. Technologists are registered by the American Registry of Radiologic Technologists and certified

by the State of Wyoming.

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL ONCOLOGY

DEFINITION OF SERVICE

- Medical Oncology is a branch of medicine that involves the prevention, diagnosis and treatment of cancer. Treatment may involve chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other medical specialists. Care is provided by a multidisciplinary patient navigation team of a dietitian, social worker, care coordinator, and financial navigator.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- In the Medical Oncology and Hematology Clinic medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition of the patient. Patients may be discharged home, started on a treatment plan, admitted to the hospital, or referred to another physician.
- In the Medical Oncology and Hematology infusion area, patients may receive chemotherapy, biotherapy, adjunctive treatments such as zoledronic acid or denosumab, transfusions, iron infusions, education and patient navigation team services. Our care team focuses on symptom management and triage to help patients get through treatment as smoothly as possible.
- Diagnostic bone marrow aspirates and biopsies may be performed as necessary.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- The Medical/Surgical Unit is a 35 bed unit with private and semi-private rooms. This unit provides care for patients requiring observational and inpatient care for medical or surgical needs.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitian, laboratory, respiratory therapy, case managers, physicians and counseling.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

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

CONTRACTED SERVICES

- None

STAFFING

- The staff on the unit includes a Unit director, one Clinical Coordinator, Registered Nurses, Certified Nursing Assistants, and Nursing Unit Secretaries.
- The typical staffing standard is 1 RN to 5 patients. Each shift is staffed by a charge nurse or Clinical Coordinator, RNs and 1-2 CNAs. Staffing adjustments are made according to census and acuity. Typical shifts are 7:00 a.m. - 7:00 p.m. and 7:00 p.m. to 7:00 a.m. CNA 12-hour shifts start at 6:00 a.m, and 6:00 p.m.
- Student nurses rotate through this unit for clinical practicum training. Students in other disciplines also participate in multidisciplinary training with appropriate preceptors in their specialty in this unit.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Staff Services Office is open Monday through Friday, 8:00 a.m. - 5:00 p.m., with the exception of holidays.

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

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: NUTRITION SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- In room dining for patients is available from 7:00 a.m. - 7:00 p.m., Monday through Sunday, 365 days a year. The Cafeteria hours are Monday through Sunday: Breakfast 8:00 a.m. - 10:30a.m.; Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:30 p.m.

TYPES OF SERVICES

- Both inpatients and outpatients are given a room service menu and have the opportunity to select their menu according to their diet prescription.
- The hospital cafeteria is open to all employees and visitors. Employees receive a 35% discount on all meal items.
- The Executive Chef, and kitchen staff, prepares a wide range of dishes each week. The cafeteria also offers an all-you-care to eat salad bar, daily, to satisfy almost any demand.
- Visitors are welcome to order room service while visiting patients, and are also welcome to utilize the cafeteria for meal service.
- The Nutrition Services Department also caters the meetings of MHSC as well as community events on, and off, property.
- MHSC offers two full time Registered Dietitians for inpatient and outpatient services based on the needs of the patient.
- The dietitians are responsible for the nutritional care of all Dialysis unit and Cancer Center patients.
- Dietitians assess inpatient and outpatient nutritional needs, develop and implement nutrition care plans and advise people on what to eat in order to achieve specific health related goals.
- Dietitians are part of the community Diabetic Education program.
- Dietitians are on the Head-Start advisory board for community nutrition.

CONTRACTED SERVICES

- Hobart Services – Dishwasher
- DFM – Register System
- Western Wyoming Beverage
- Coca Cola Bottling

STAFFING

- Executive Chef
- 2 full time Registered Dietitians, Monday through Friday
- 1 PRN Registered Dietitian available for evening appointments
- Dietary support staff

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OBSTETRICAL SERVICES

DEFINITION OF SERVICE

- The Obstetrical Department (OB) provides a securely locked badge-access only unit. The unit is comprised of 3 labor & delivery room (LDR) suites, 5 private postpartum rooms, a Level II A Nursery that accommodates nine well-newborn beds, a special care nursery that accommodates two sick-newborn beds, a procedural/isolation room for newborns, 1 surgical suite, and a two bay Post-Anesthesia Care Unit (PACU).
- The OB Department provides outpatient, observational, and inpatient services to pregnant patients, postpartum patients, and newborns up to twenty-eight days of age. The OB staff coordinates care with the Surgical Services Department to meet the needs of patients who require Cesarean section delivery or postpartum tubal ligations.
- The unit uses a multidisciplinary approach of care that includes services of case management, dietitians, laboratory, respiratory therapy, radiology, anesthesia providers and physicians.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Populations served include adolescent and adults who are of childbearing age and neonates 0 to 28 days of age.
- **Obstetrical Observational/Antepartum Services:**
 - Obstetrical Triage Services
 - Non-Stress Test
 - External Fetal Monitoring
 - Oxytocin Challenge Test
 - External Version
 - Premature Labor Management
 - Subcutaneous, Oral, and IV tocolytics
 - Betamethasone injections (Intramuscular)
 - Fetal Fibronectin Testing
 - Ultrasound evaluation
 - IV Therapy, Hydration

- ROM (rupture of membranes) Plus Testing
- Hyperemesis Gravidarum
- Pyelonephritis
- Preeclampsia
- **Intrapartum**
 - Low-Risk Pregnancies
 - Stabilization/Transport of High-Risk Pregnancies
 - Labor and Delivery Care
 - > 35 Weeks Gestation
 - External/Internal Fetal Monitoring
 - Wireless External Fetal Monitoring
 - Cesarean Section Delivery
 - Gestational Diabetes
 - Preeclampsia, Eclampsia, HELLP Syndrome
 - Spontaneous rupture of membranes (SROM) and artificial rupture of membranes (AROM)
 - IV Therapy, Hydration
 - Fetal Demise
 - Induction and Augmentation of labor
 - Amnioinfusion
 - Epidural Services
 - Intrauterine Growth Restriction
 - Nitrous oxide administration
- **Postpartum**
 - Couplet Care
 - Postpartum Care
 - Up to 6 weeks postpartum
 - Post-op cesarean section care
 - Postpartum tubal ligation
 - Preeclampsia, Eclampsia, HELLP
 - Post-op Gynecology
- **Nursery**
 - Couplet Care
 - Newborn Care
 - > 35 Weeks Gestation
 - Safe Haven Nursery
 - Level II A Nursery and Special Care Nursery
 - Stabilization/Transportation of the High-Risk Newborn
 1. High-Flow Oxygenation
 2. Sepsis
 3. Respiratory Distress Syndrome (RDS)
 4. Continuous Positive Airway Pressure (CPAP)
 5. Ventilation Support
 6. Surfactant administration
 - IV Therapy
 - Glucose Management

- Transient Tachypnea of the Newborn (TTN)
- Oxygen Support
- Preemie Feeder and Grower
- Phototherapy
- Large for gestational age (LGA), small for gestational age (SGA) newborns
- Circumcisions up to 12 weeks of age
- Newborn Hearing Screen
- Newborn Genetic Screening
- Back transport to Level I/Special Care Nursery
- Breastfeeding Support (Certified Lactation Counselors)

CONTRACTED SERVICES

- Marshall Industries (Infant Security System)
- OBIX (Fetal Monitoring System)

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OUTPATIENT SERVICES

DEFINITION OF SERVICE

- Outpatient Services provides for the patients who require infusions of medications, treatments, transfusions, or wound care that doesn't require a hospital stay.
- Outpatient Services operates out of the Medical/Surgical department with one designated patient room, and accesses additional patient rooms as needed.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Services for a diverse patient population includes:
 - blood disorders
 - intravenous antibiotics
 - medication injections
 - central line care

- hydration therapy
- antibiotic therapy
- therapeutic phlebotomy
- blood transfusions
- wound care

CONTRACTED SERVICES

- None

STAFFING

- 1 registered nurse with support from hospital-wide nursing staff

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Finance Management Association (HFMA)

SCOPE OF SERVICE: PHARMACY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Pharmaceutical care is provided to patients through monitoring of patient medication therapy, provision of drug information to professional staff, and patient medication education. Specific services include:
 1. Oversight of medication management including establishing policies and practices concerning planning, selection, storage, ordering, dispensing, administering, monitoring, and evaluating to promote safe use
 2. Identifying high-alert drugs (including insulin, anticoagulants, concentrated electrolytes, neuromuscular blockers and others designated by the organization)
 3. Identifying hazardous drugs and implementing policies for safe handling of these agents
 4. Procurement of medications from suppliers approved by the hospital's purchasing organization
 5. Review of medication orders
 6. Evaluation of potential drug interactions
 7. Packaging, labeling, and dispensing all medications, chemicals, and other pharmaceutical preparations to patient care areas consistent with current recommended practices
 8. Provision of a unit-dose drug distribution system
 9. Compounding sterile preparations to meet federal and state requirements
 10. Inspection of all areas where medications are stored, dispensed, or administered
 11. Assessment of patient's medication therapy for potential problems such as adverse drug reactions, drug interactions, inappropriate dose or dosing interval, or allergy
 12. Assessment of drug therapy for renal impaired patients
 13. Ensure rational and appropriate antibiotic therapy based on culture sensitivity results

14. Participation in patient medication education through counseling selected inpatients and appropriate medication use prior to discharge and participation in selected outpatient education
 15. Monitors, reports, and assesses adverse drug events
 16. Monitors medication usage and identifying opportunities for improvement in cooperation with the Pharmacy and Therapeutics Committee
 17. Participation in in-service education programs for professional and nonprofessional staff of the hospital
- Medication therapy is reviewed by a pharmacist at the time of order entry for inpatients. Medication therapy management includes monitoring and intervention protocols designed to promote positive patient outcomes. Monitoring includes but is not limited to:
 1. Therapeutic dose monitoring of aminoglycosides and vancomycin
 2. IV to PO Conversions
 3. Adverse drug reaction monitoring
 4. Creatinine clearance estimation/renal dosing
 5. Antibiotic streamlining
 6. TPN electrolyte monitoring
 7. Medication use evaluation
 - Medication therapies targeted for specific monitoring include those that are high volume, potentially problem prone, and/or possess a narrow therapeutic index.
 - The Department of Pharmacy is committed to supporting the hospital's mission and goals. This includes but is not limited to: budgetary and financial responsibility, active participation in multi-disciplinary task forces and committees, and participation in education programs.
 - Important functions are identified by hospital leaders as those that have the greatest impact on patient care. Those processes which are high-volume, high risk, or problem prone are the aspects of care given the highest priority for monitoring and evaluation.
 - The Pharmacy, in collaboration with other departments, addresses the following important functions and processes:
 1. Infection prevention and control
 2. Management of information
 3. Management of human resources
 4. Management of environment of care
 5. Improving organization performance education
 6. Patient rights and organizational ethics
 - The Director of Pharmacy is a co-chair on the Pharmacy and Therapeutics (P&T) Committee. Committee activities include:
 1. Developing medication-related policies and procedures
 2. Developing policies for therapeutic interchange
 3. Developing and maintaining a formulary system and approving a formulary (list of medications) acceptable for use in the facility
 4. Defining and reviewing significant adverse drug events (medication errors, adverse drug events,

incompatibilities)

5. Participating in activities relating to the review and evaluation of medication usage
 6. Participating, as necessary, in establishing standards and protocols for the use of investigational drugs and medications in clinical trials
 7. Communicating decisions to the medical, pharmacy, and patient care area staff
- The Department of Pharmacy provides drug information and education to patient care providers via newsletters, in-service education programs, IV administration guidelines, flow rate charts, and patient medication specific information.
 - Pharmacy provides education and information to the medical staff via presentations at medical committees, newsletters, the clinical pharmacy intervention program, the antibiogram, and patient/ medication specific information as requested.
 - The Pharmacy participates in the organization-wide Performance Improvement and Patient Safety (PIPS) Program.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards

SCOPE OF SERVICE: PROVIDER PRACTICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients are seen by appointment.
- Office hours vary in Clinics, Monday through Friday between 8:00 a.m. to 6:00 p.m. or 11:00 a.m. to 7:00 p.m. The offices are closed on holidays.
- Appointments can be made for acute conditions within 24 hours, in most cases.
- New patients are accepted regardless of type of insurance and self-pay is accepted. Patients can be referred or self-referred.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

- The medical staff is supported by senior leadership, registered nurses, licensed professional nurses, medical assistants, reception and billing staff.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: QUALITY, ACCREDITATION & PATIENT SAFETY DEPARTMENT

DEFINITION OF SERVICE

- The Quality, Accreditation & Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement impacting patient outcomes and effective delivery of services in acute care and outpatient settings. The department also provides direction, coordination, and facilitation of patient safety through the development of processes that promote and support a strong culture of safety, as well as effective management of identified risks and prevention of adverse events. Every department and service organization – wide is involved in quality improvement and patient safety work. The scope of services provided assure the integration of services

along the health care continuum. We are dedicated to providing support and assistance in a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday- 8:00 a.m. to 5:00 p.m., except holidays.

TYPES OF SERVICES

- The Quality, Accreditation & Safety Department functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety (PIPS) Plan. The Quality, Accreditation & Safety Department proactively monitors and works collaboratively to improve system issues that arise in providing health care services to patients. Services provided impact all patients, visitors, advocates, and employees, through a multi-disciplinary, systematic approach. The scope of the organizational quality program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided throughout the hospital.
- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all departments/services and disciplines of the facility in an effort to improve outcomes. A summary of the significant findings is reported at the Medical Executive Committee and the Quality Committee of the Board for further review, evaluation and action, as indicated.
- The Quality, Accreditation & Safety Department maintains Joint Commission accreditation through facilitation of continuous improvement in providing evidence based care, and by ensuring organizational functions that are essential to providing safe, high quality care are in place.
- MHSC Leadership supports continuous performance improvement through:
 - Professional development
 - Efforts towards quality and safety goals
 - Encouraging and engaging all employees in quality improvement initiatives

CONTRACTED SERVICES

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

AFFILIATIONS OR SOURCES OF REFERENCE

- National Quality Forum (NQF)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- Hospital Improvement and Innovation Network/Health Research and Educational Trust (HIIN/HRET)
- Hospital Quality Improvement Contractor (HQIC)
- The Joint Commission (TJC)
- Centers for Disease Control and Prevention (CDC)
- National Association for Healthcare Quality (NAHQ)
- University of Utah Health Care- Value Affiliate Network (UUHC)
- American Nurses Association (ANA)
- American Society for Quality (ASQ)

- Mountain Pacific Quality Health - Quality Improvement Organization (MPQH)
- Press Ganey

SCOPE OF SERVICE: RADIATION ONCOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Physics support is provided by Mountain States Medical Physics

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: REHABILITATION DEPARTMENT

DEFINITION OF SERVICE

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

- Cooperate with physicians by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- Promotes an environment that strives for optimum care to the patient through:
 - Knowledgeable, pleasant, cheerful, concerned and progressive personnel,
 - Updated and safe equipment,
 - And a neat department.
- Schedule treatments at a time most convenient to the patient and to the therapist
- Maintains the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- Provision of in-service and/or continuing education to share and increase therapists' knowledge and expertise as health care providers.
- Documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- Assessment our services enabling positive change.

HOURS / DAYS OF THE WEEK OF SERVICE

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

- Licensed Physical Therapists provide outpatient and inpatient services from 8:00 a.m. - 5:00 p.m., Monday through Friday.
- Licensed Speech Therapist provide services 9:00 a.m. - 2:30 p.m., Monday through Thursday.
- Licensed Occupational Therapist provided on PRN basis - we do not have any OT available at this time.
- Each therapist's personal hours may be changed in accordance with the patient and department's needs as approved by department head.

TYPES OF SERVICES

- Physical therapy, speech therapy, and occupational therapy provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not have aquatic therapy available.
 - Treatment occurs in the hospital facilities, and/or in the patient's home
 - Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities,

and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties

- **Physical Therapy Services**

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

- **Speech Therapy Service**

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

Occupational Therapy Services (Not available at this time)

- *Provision of modalities and treatments such as: Hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin*
- *Provision of functional, cognitive and visual perceptual assessment and treatment, therapeutic exercise, proprioceptive neuromuscular facilitation, activities of daily living with appropriate adaptive devices, functional development training, gross and fine motor function, therapeutic massage, joint and soft tissue mobilization*
- *Fit for custom made or prefabricated upper extremity braces, splints and orthotics*

CONTRACTED SERVICES

- None

STAFFING

- Personnel for the Rehabilitation department includes 2 full-time, one acting as the director of the department, and a full-time secretary.
- Part-time speech therapist.
- Medical Director
- Occupational therapist services (not available at this time).

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: RISK MANAGEMENT & COMPLIANCE

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays

TYPES OF SERVICES

- **Compliance**
 - This department ensures that staff in the facility follow any and all regulations governing the function of MHSC. The goal is to stay current with new regulations as they become available, and prepare the facility for regulatory surveys of any kind. This is done through compliance monitoring, and proactive survey preparation within the various departments.
- **Risk Management**
 - Risk Management services are under the direction and support of Senior Leadership, medical staff, administrative and other health care providers throughout the organization. The designated officer is notified immediately of any significant occurrences to patients, visitors, volunteers or personnel which have the potential for serious harm or impact. Appropriate documentation of unusual occurrences is performed within a 24-hour time frame of the occurrence.
 - Educational support is provided to all personnel and volunteers to ensure the provision and respect of patient rights. Assuring patient rights is the responsibility of all hospital personnel, members of the medical staff and volunteers. Resolution and appeal processes of patient complaints are accessed

through the Director of Risk Management & Compliance.

- **Patient, Staff and Environmental Safety**

- Patient and environmental safety initiatives allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and death. This department utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the facility QAPI and Safety Plan. All staff members aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

- **Guest Relations**

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

CONTRACTED SERVICES

- MIDAS
- MSDS Online
- Soleran-eMeditrack
- The Joint Commission (TJC)
- Advanced Medical Reviews

STAFFING

- Oversight by Infection Prevention, Risk & Compliance Director
- Compliance auditor

AFFILIATIONS OR SOURCES OF REFERENCE

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- National Fire Protection Association (NFPA)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- National Database of Nursing Quality Indicators (NDNQI)
- Wyoming Department of Health (WDOH)
- United States Department of Health and Human Services (DHHS)

SCOPE OF SERVICE: SECURITY DEPARTMENT

DEFINITION OF SERVICE

- General conduct and responsibilities include taking the appropriate action to:
 - **Protect life and property**
 - To provide services which contribute to the preservation of life, the protection of property, and safety of the hospital.

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Security Officers provide many services. These services include but are not limited to:
 - Providing a safe secure environment for all persons coming and going from our campus.
 - Patrol the entire campus including our exterior buildings and clinic on a routine basis
 - Traffic control of entire facility
 - Managing of the security access system
 - Managing of the key system
 - Assist ambulance services, flight crews, county coroner's office, and local law enforcement agencies
 - Monitor the CCTV system
 - Controlling and restraining combative patients
 - Removal of the deceased
 - Repair and service locks
 - Customer service as needed
 - Responds to all emergencies including and not limited to Critical Response, trauma level one and two
 - Assist when needed with Title 25 Patients
 - Oversees and collaborates with the behavioral health coordinator with monitoring of behavioral health patients
- Behavioral Health
 - Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.

- In the absence of social workers, the behavioral health coordinator assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.
- The behavioral health coordinator notifies all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.

STAFFING

- The director of security is responsible for any and all actions of the department. The security supervisor assists the director and accepts departmental responsibility in the absence of the director. Additional staff include security officers and one emergency management deputy.
- Behavioral health staff consists of 1 coordinator, and nine on-call monitors that assist with behavioral health issues, and report to the Director of Security.

AFFILIATIONS OR SOURCES OF REFERENCE

- International Association of Hospital Safety and Security (IAHSS)
- Managing of Aggressive Behaviors training (MOAB)

SCOPE OF SERVICE: SURGICAL SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The patient population served by the Surgical Services Department consists of the newborn, pediatric, adolescent, adult and geriatric patients requiring or seeking surgical intervention to maintain or restore an optimum level of wellness.
- The Surgical Services Department provides a safe and comfortable environment for both patients and personnel in order to provide optimum assistance to the surgeons in meeting the emergency, preventative

and restorative health needs of the patients. The Surgical Services staff provides safe, high quality, and cost-effective care with respect for life and dignity.

- Procedures performed in the Surgical Services Department include general, ENT, pediatric dental, limited vascular, urological, orthopedic, pain management, diagnostic and treatment endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.
- PICC line placement is also performed in the Surgical Services Department.
- Procedures not performed are thoracic, organ transplant, neurology, spine, and ophthalmology.
- The patient's physical, psychological and social needs are assessed initially upon admission. Intra-operatively and postoperatively, the patient is continually reassessed; modifications to that plan of care are based on reassessment of the patient. In the immediate postoperative phase, the patient is under the direct supervision of the anesthesiologist who maintains responsibility for the needs of the patient until the patient has been appropriately discharged from the PACU. Disposition of the patient from the PACU is based on the complexity of the patient's care needs. This decision is made collaboratively between the anesthesiologist and surgeon, with information related from clinical data provide by the PACU staff. Upon discharge from PACU phase 1, the patient is under the direct supervision of the surgeon who maintains responsibility for the needs of the patient until the patient has been appropriately discharged home or care is transferred to the hospitalist for inpatients.

CONTRACTED SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Operating Room Nurses (AORN)
- American Society of Peri-anesthesia Services (ASPA)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Association of Moderate Sedation Nurses (AAMSN)
- American Academy of Ambulatory Care Nurses (AAACN)
- American Nurses Association (ANA)
- The Association of Operating Room Nurses (AORN), American Society of PeriAnesthesia Nurses (ASPA), Association for Advancement of Medical Instrumentation (AAMI), Center for Disease Control and Prevention (CDC), and public health department standards are references used in the formulation

and review of policies, procedures and standards of practice in the Surgical Services Department, as well as collaborative input from the knowledge and expertise of the surgical staff. To assist in meeting patient core needs, support is readily available from most equipment and instrument manufacturers.

Reviewed and Approved:

MHSC Board of Trustees:

Attachments

No Attachments

Approval Signatures

Approver	Date
Ann Clevenger: CNO	pending
Irene Richardson: CEO	03/2021
Tami Love: CFO	03/2021
Kari Quickenden: Chief Clinical Officer	03/2021
Ann Clevenger: CNO	03/2021



Approved: N/A
Review Due: 2 years after approval
Document Area: Medical Staff
Reg. Standards: CMS Appedix A 482.12(a) (10), A-0053

Medical Staff Leadership Direct Consultation with the Board

STATEMENT OF PURPOSE:

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

SCOPE:

- This policy applies to the Medical Staff and Board of Memorial Hospital of Sweetwater County.

DEFINITIONS:

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

POLICY:

- Approach**
 - Direct consultation will be with the Board, at least twice yearly, at the monthly board meetings.
- Medical Staff Leader Designee**
 - In accordance with CMS, the Board may determine if the Medical Staff leader must make the designation in writing when he/she chooses to designate another individual to make the periodic consultations or whether the leader of the Medical Staff may make informal, ad hoc designation; and if advance notice of a designation is required.
 - The Memorial Hospital of Sweetwater County Board has determined:
 - the designation may be informal and adhoc; and
 - the Board requires no advance notice.
- Frequency of Periodic Consultation**
 - The Medical Staff leader or designee is required to meet at least twice during the fiscal year.

- The Board may increase the number of consultations based upon the scope and complexity of the hospital services offered, specific patient populations served by the hospital, and any issues of patient safety and quality of care that the hospital's quality assessment and performance improvement program might periodically identify as needing the attention of the Board in consultation with it's Medical Staff.

- **Required Elements of the Consultation**

- The required consultation must include discussion of matters related to the quality of medical care provided to patients of the hospital.

- **Board Responsiveness**

- The Board is expected to be responsive to any periodic and/or urgent requests from the leader of the Medical Staff or designee for timely consultation on issues regarding the quality of medical care provided to patients of the hospital.

- **Documentation**

- Consultation with the Medical Staff leader or designee will be documented in minutes, including attendees and the matters discussed.

REFERENCES

CMS State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 151, 11-20-15), §482.12(a) (10), A-0053 retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Attachments

No Attachments

Approval Signatures

Approver	Date
Irene Richardson: CEO	pending
Tami Love: CFO	02/2021
Kari Quickenden: Chief Clinical Officer	02/2021
Ann Clevenger: CNO	02/2021



Approved: N/A
Review Due: 3 years after approval
Document Area: General - Housewide
Reg. Standards: TJC RC.01.05.01, Wyoming Statute §16-4-204(e)

Public Records Release (FOIA)

STATEMENT OF PURPOSE

To define the responsibility of the Custodian of Records to process requests for copies of public records of Memorial Hospital of Sweetwater County (MHSC), pursuant to the *Wyoming Public Records Act as revised*.

DEFINITIONS

For purposes of this policy, the Custodian of Records is a member of the leadership team or a designated employee of the Hospital who is responsible for the maintenance, care, and keeping of Hospital public records — regardless of whether or not those records are in that individual's actual, personal custody or control. The process to request copies of patient medical records is a separate process and not part of this policy.

- Custodian of Hospital Public Records: Executive Assistant to the CEO

POLICY

1. Requests for copies of Hospital public records (also known as Freedom of Information Act FOIA request)
 - A. A person making a request for access to a public record of the Hospital for inspection, copying, or other lawful purposes, shall make the request to the applicable Custodian of Records. Upon receipt of the request the Custodian will email or mail a FOIA request form to the person making the request. Once the completed FOIA request is received by the Custodian of Records he/she shall provide an estimate of the cost and the amount of time required to comply with the person's request and will provide the requesting the records with a Public Records Invoice which shows the cost of processing the records request. The invoice estimate of cost and time shall be provided within three (3) business days of the receipt of the FOIA request form.
 - B. Requests for access to public records shall be completed within ten (10) business days after the requesting person has approved payment for the estimate of cost and time required to comply with the request, unless the estimate identified a greater level of effort than can be met within the applicable ten (10) day time period.
 - C. Charges for providing public records will be based on the most current rate schedule for MHSC, to be periodically identified as an exhibit to this policy. The requesting party shall pay all charges upon receipt of estimate of cost and time for copying of requested records. Current rate schedules may be obtained from the Hospital's Administration Office.
 - D. If a public record exists primarily or solely in an electronic format, the requesting person shall be so

notified. All electronic inspection and copying will be subject to the reasonable cost of producing a copy of the public record which may include the costs of producing a copy of the public record and the cost of constructing the record, including the cost of programming and computer-service time. Electronic records will be provided in alternative formats unless doing so is impractical or impossible.

- E. Wyoming law does not require MHSC to compile data, extract data, or create a new document to comply with an electronic-record request if doing so impairs the Hospital's ability to discharge its duties. Further, MHSC is not required by Wyoming law to allow inspection or copying of a record in its electronic format if doing so would jeopardize or compromise the security or integrity of the original record or of any proprietary software in which it is maintained.
- F. The applicable Custodian of Records from MHSC shall determine whether or not any public record for which the Hospital is the custodian is subject to denial of the right to inspection under terms of the *Wyoming Public Records Act*. A requesting person who is denied access to a public record may request a written statement of the grounds for the denial.

NOTE: This policy is adopted in accordance with *Wyo. Stat. §16-4-204(e)*.

Rate Schedule of Charges for Provision of Public Records

Effective April 14, 2008

- \$0.50 per page for document requests readily retrievable and not exceeding a maximum of 50 pages in total.
- \$0.50 per page plus an hourly rate of \$31.75 per hour for document requests exceeding 50 pages in total.
- Retrieval fee of \$30.00 for any documents stored off site or archived in any format.

References

***Wyo. Stat. §16-4-204(e)*.**

Formerly: SPP 1015 Public Records Release Policy

Attachments

[802801 - FOIA Public Records Invoice.xls](#)
[803120 - \(FOIA\) Public Records Request Form 3.21.pdf](#)

Approval Signatures

Approver	Date
Ann Clevenger: CNO	pending

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...March Quality Committee Meeting
Date: March 25, 2021

Staff has removed the Risk Management Plan from Committee consideration as Suzan Campbell wishes to combine Risk Management with Compliance into a single report. It will first be reviewed by the Compliance Committee.

The Committee discussed the Medical Staff Consultation policy. It has been reviewed by the MEC and the Joint Conference Committee and is ready for consideration by the Quality Committee. It is proposed that the Chief of Staff will present this information to the Board of Trustees at the May and September meetings...and more often if needed. The Committee approved the proposed policy and it will be on the April Board agenda for consideration.

There was a brief discussion on The Joint Commission Survey. MHSC has no schedule yet and the staff continues to prepare for the survey.

The Committee discussed the STAR rating matter. MHSC dropped from a 4-Star to a 2-Star rating. The major contributing factors to the drop were c-diff results, HCAHPs, and sepsis bundle compliance. The staff laid out a comprehensive, aggressive plan to address this concern. Due to COVID, there may well not be a star rating given in 2022. In any event, it is likely the earliest MHSC can expect a positive change will be in 2023 as the 2021 statistics will be used in that rating.

Dr. Karn gave a Medical Staff update. She opined that MHSC needs "one-on-one" conversations regarding the problem areas...often physician to physician conversations are necessary.

Ms. Jackson explained some changes to some dashboards. Discussion took place regarding which CMS benchmarks to use. Ms. Jackson indicated that leaders will be reviewing the statistics monthly.

Ms. Jackson pointed that some of files provided to Press Ganey were incomplete and MHSC subsequently provided the missing files.

Present: **Voting Members:** Kara Jackson (Quality Director), Dr. Banu Symington, Irene Richardson (CEO), Marty Kelsey (Quality Board Chair), Leslie Taylor (Clinic Director), Dr. Cielette Karn, Tami Love (CFO), Dr. Kari Quickenden (CCO), Ann Clevenger (CNO), Dr. Melinda Poyer (CMO)

Guests: Dr. Barbara Sowada (Board Member), Taylor Jones (Board Member),

Non-voting Members: Valerie Boggs, Cindy Nelson, Corey Worden, Karali Plonsky

Absent/Excused: **Voting Members:** Richard Mathey (Board Member)

Non-voting Members: Kalpana Pokhrel, Noreen Hove

Chair: Mr. Marty Kelsey

Approval of Agenda & Minutes

Mr. Kelsey presented the Agenda for approval, Dr. Quickenden motioned to approve, Dr. Karn seconded. Motion was approved. Mr. Kelsey then presented the February 17, 2021 Minutes for approval. Ms. Richardson motioned to approve, Ms. Jackson seconded the motion. Motion was approved.

Mission Moment

Irene shared a moment that was a compilation of mission moments in relation to our health fair at the Senior Center. Many comments from the visitors to the health fair were very complimentary of the hospital and staff, in fact the word "compassionate" was used several times.

Old Business

Ms. Hove stated that our In-house legal, Suzan Campbell has asked to remove the Risk Management plan from old business, as her plan is to roll this plan into a comprehensive Risk and Compliance plan.

Ms. Jackson stated that she and Ms. Richardson were reviewing the Board Reporting calendar, and their goal will be to have an update next month. As Marty noted "we would rather have it done right, than done fast".

Ms. Jackson and Dr. Quickenden attended the Joint Conference meeting as guests to discuss the Medical Staff Consultation with Board Policy. We have developed a comprehensive plan that was approved by MEC in February. Mr. Kelsey agreed this looked to be a good policy, he questioned the reporting schedule of May and September. Ms. Jackson agreed that is the proposed timing. Dr. Poyer noted that it would likely be Dr. Denker as Chief of Staff who will be reporting, but that the premise was open, so others if needed could also report. Mr. Jones and Dr. Poyer both agreed that there has always been an open door policy between the Board and the Medical Staff, and that the opportunity will continue to be there. Mr. Kelsey requested a

motion to approve the Medical Staff Consultation with Board Policy. Dr. Poyer motioned to approve, Dr. Symington seconded the motion, motion was unanimously approved. This will now be moved forward to the April Board meeting for approval.

Dr. Quickenden reported on The Joint Commission (TJC) Survey waiting process. We are still waiting for our survey, although TJC did announce that starting on March 15 they will be resuming onsite surveys. Our numbers are still ticking up, though, so there is a chance we may still receive an offsite survey. So, we wait, but in the meantime, we continue to round and ensure we are ready for their arrival.

New Business

Ms. Jackson gave an update on our star rating. Since February 2019 we have had a 4-star rating, we received notice that in April our star rating would be refreshed and that we would drop down to a 2-star rating. Ms. Jackson noted that both our performance metrics and a change in methodology scoring played parts in this step down. The 2021 Star rating results are calculated using our 2019 data, showing a drop in c. diff, HCAHPS, sepsis, OP 29 scores. We continue to be concerned with c. diff results, HCAHPS, sepsis bundle compliance, all which have not improved in 2020 and we had one early elective delivery – which we typically do not have, but just one case in this measure can throw us off. CMS calculates and updates the star rating once a year but in 2020 CMS provided an option to not submit the first 2 quarters of data due to COVID. We did submit the full year of 2020 data, although others may not, and we are unsure how this will affect the results. The concern is if they only use two quarters, we may fall short in numbers for calculations. Ms. Jackson believes it possible that a star rating may not be given in 2022.

Dr. Quickenden noted we have been working on a corrective action plan and assigning responsibility to individuals for the metrics. We set clear expectations for reporting, and we have made several changes within the dashboards, including moving back to the green, yellow and red highlighting. Quality metrics that fall below the benchmark and directly affect the star rating will require a corrective action plan and will be reported monthly to the PIPS Committee. We are looking at software solutions for predicting Star rating calculations. A big part of our Star rating is our HCAHPS – 22% of overall rating. We will be working with Leaders in regards to staff positions and how our entire organization affects our patient experience and our HCAHPS results. We are also asking departments to pick priorities to focus their improvement efforts on. Monthly reports will go to PIPS from ED, OR, ICU, Med/Surg and OB. Medical staff will be part of these metrics with corresponding Directors. We are also working on the development of a communication plan, thanks to Dr. Sowada, and will be incorporating this into our PIPS Plan. Plus, we will have a mandatory Leadership meeting in March. We are restructuring leadership meetings, with a 15-minute section at the beginning for quality reporting. This plan is fluid and we will have all hands on deck as we work to return to a 4-Star rating in the 2023 Star Rating Refresh.

Ms. Richardson offered her feelings on the rating decrease. Ms. Richardson stated after the rating information came out the Senior leaders immediately started strategic planning – if we fell from a 4-star to a 2-star rating in one year then we could return in one year. Most important is to assign responsibility and hold them accountable. Mr. Kelsey questioned the reality of moving back to a 4-Star rating in just one year? Ms. Richardson agreed that is a possibility or it may take longer, but we will continue to improve our process no matter what methodology for calculation they should use. We need to be diligent in our communication with front line staff.

Ms. Richardson suggested two options for presentation to the Board; the full report or a summary of the report. Mr. Jones suggested a summary of the Star rating report be given to the Board, getting too deep in the "weeds" is unnecessary. Mr. Kelsey and Dr. Sowada both agree with this idea. Dr. Sowada did question a corrective action point that stated "a corrective action plan or PIPS improvement documentation tool" would be reported to PIPS and/or MEC monthly. Dr. Sowada suggested there should also be a status report to the Quality Board. Dr. Quickenden agreed, that was actually part of the plan.

Mr. Jones had a question on reducing the number of meetings, noting meetings are a necessary evil, but also reducing the length of the time might be conducive to efficiency and effectiveness. Mr. Jones further noted this hospital is populated with very knowledgeable, smart, educated people, who both know the issue and the plan, and rehashing it in long meetings is counterproductive. Mr. Jones recommended a good read - One Minute Manager, it is the key to accountability.

Ms. Jackson further noted in the metrics how low the data numbers really are and that we need to recognize that we have to do it right every time. If we only have two cases and one falls out it is sure to score below the benchmark.

Medical Staff Update

Dr. Karn noted she is no longer on MEC, but had thoughts in regards to the 4-Star rating. She noted that sometimes we need one on one conversations with the "problem areas" – sometimes it needs to be a physician to physician conversation. Dr. Poyer noted that we are doing that now in the ED meeting with the Sepsis data which is reviewed by Dr. Najm on a case by case status, then speaks to the specific physician involved. Dr. Quickenden stated Quality will send out an email notifying medical staff on fall-outs, although she noted we may need to more strongly word the letter so they understand how this fall out impacts our star rating, and suggested cc'ing Dr. Poyer, so she is aware as well. "Go Team!" – Dr. Karn.

Informational Items for Review/Discussion

Mr. Kelsey presented the Informational Items, requesting any pullouts. Ms. Jackson requested first the chance to explain the changes to the dashboards. Ms. Jackson reviewed the changes:

1. Separated out into 3 dashboards
2. Added responsibility column
3. Oversight committee column
4. Verified benchmarks
5. Added quarterly, yearly, and year to date data

Dr. Sowada questioned which benchmark are we using? She noticed that there are several options State, National or Top 10%. Ms. Jackson stated for the CMS benchmark we use the national numbers. Dr. Sowada further questioned why not use the top 10% - since that is really who we are chasing. Dr. Quickenden agreed that was a valid point and should be discussed further. Additionally, Dr. Sowada thought quarterly reporting might not be enough. Ms. Jackson stated that the PIPS committee and Leaders will be reviewing it monthly, with Star Rating metrics also reported monthly, and all other metrics reported quarterly.

Ms. Jackson further reviewed the information, explaining HCAHPS data from Press Ganey, noting it looks different, it is less colorful but is actually more readable.

From the Director – bimonthly

Ms. Jackson wanted to put concerns first and significant achievements last, so we could end on a good note. Quality's goal is ultimately to be the coach, facilitator and cheerleader. Ms. Jackson wanted to recognize and commend everyone on their hard work. We have numerous continual and time-consuming quality projects, the looming TJC survey, our Cerner implementation, the continuing development of patient safety, and focusing on PI in general – including focusing on the Star rating. We are also looking into a replacement for MIDAS.

Ms. Jackson pointed out a current concern since going live with Press Ganey is the difficulties with file provision which was not all inclusive of our entire inpatient population, and that discrepancy reports have been filed with CMS and will be publicly reported on Care Compare. Ms. Plosky noted that as of March 1st all our provided files have been complete, correct and on track.

Ms. Jackson wanted to recognize her team and the Senior Leaders for the time that has been put in developing a corrective action that will help move us back to a 4-star rating.

Ms. Richardson wanted to echo Ms. Jackson's comments – by giving credit to the Quality team. She further noted we need to adhere to the responsibility and accountability to make this happen.

Mr. Kelsey extended his gratitude to the whole staff who have been working diligently toward our Star rating. Dr. Sowada echoed Dr. Karn – "Go Team!". Mr. Taylor stated he had complete confidence in our team!

Meeting Adjourned

The meeting adjourned at 9:3am

Next Meeting

April 21, 2021 at 08:15 am via ZOOM.

Respectfully Submitted,

Robin Fife, Recording Secretary

Quality, Risk, Safety, & Accreditation Summary

Quality Committee of the Board – March 2021

Three Performance Improvement and Patient Safety (PIPS) Priorities FY 2021

1. HCAHPS/Patient Experience
2. High Level Disinfection
3. Culture of Safety Survey Results and Action Plans

1) Star Rating

- a. There are seven categories within the Star Rating (this has changed there are actually now 5 categories) and they are as follows: mortality, readmission, safety of care, and timely and effective care. The following categories were combined into one called timely and effective care: efficient use of medical imaging, timeliness of care, and effectiveness of care. Each of these five categories contain several data metrics. Data within the following categories continues to trend in right direction: readmissions and safety of care.
- b. Mortality rate has increased in November, December, January. All cases are currently under review and will continue to monitor this data.
- c. Timely and Effective Care category:
 - i. Efficient Use of Medical Imaging: OP-10 Abdomen CT with and without Contrast data has decreased to 0%, meaning no opportunities for improvement were identified in December and January.
 - ii. Core Sep1 – Early Management Bundle, Severe Sepsis/Septic Shock. Scorecards identifying opportunities for improvement continue to be sent to physicians and nurses involved in each case. Leadership of Sepsis Work Group is to be determined, and we will provide an update when this has been decided upon. Improvement work continues for Core OP-23 – Head CT/MRI Results for Stroke Pts within 45 minutes of Arrival and Core OP-2 Fibrinolytic Therapy Received within 30 minutes.
- d. Patient Experience-HCAHPS: The “Inpatient HCAHPS” is the survey data that affects our Star Rating and Value Based Purchasing program. This survey includes OB, ICU, and Med-Surg. Please see the “Introduction to Press Ganey- Condensed Version” document for further information.

2) Risk/Safety

- a. Risk – Medication Errors are being reviewed and reported by SMPT. One fall without injury was reported by outpatient services. 7 Grievance reports were made. 2 have been resolved within the correct time frame. 4 remain open and are under investigation. One was recorded as a grievance and should have been an occurrence.
- b. High Level Disinfection – Three indicators were developed to monitor high level disinfection. These include high level disinfection log book audits, visual observation of high-level disinfection process, and ensuring annual staff competencies for high level disinfection are complete and found within their HR file. At this time, 100% of staff involved in high level disinfection have their competencies complete and are located in

their HR file. Log book audit forms are being individualized for each area and rounding to these areas to monitor this process continues.

- c. Safety – The Patient Safety Committee launched at the end of January. The committee finalized the charter and data that will be reviewed each month. Several improvement opportunities noted by our quality program consultant will be addressed by the committee. The Culture of Safety Survey was administered in June, and results have been analyzed. Results were presented to Leadership, Town Halls, Quality Committee of the Board, MEC, and Board of Trustees. We continue to schedule meetings to share individual department data. The committee reviewed the action planning document and will form a work group to complete action plans for Culture of Safety Survey opportunities for improvement. The action planning process is thorough and will take some time to complete prior to implementing any initiatives. The committee also discussed a patient safety issue that was brought forward, with committee members working on improvement.
- 3) PI Standards
- a. Our PI Standards within the dashboard include data metrics defined by Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), as well as priorities identified by MHSC on the Performance Improvement and Patient Safety (PIPS) Plan.
- 4) Accreditation
- a. We remain in our Joint Commission triennial survey window and a survey will occur soon, however this is also dependent upon the COVID 19 situation in Sweetwater County. We may receive either an onsite or offsite survey. CSR Committee continues to meet weekly in order to prepare. There are some standards that need work to come into compliance and this work is underway. “Joint Points” continue to be shared with the hospital and clinics and this increased in frequency from once a week to 5 times per week starting on February 15th. We continue to round to departments to help them prepare for survey.

HR CHAIR REPORT TO THE BOARD FOR MARCH 2021

Ed Tardoni

The Human Resources Committee met in a Zoom format in March. The committee did not meet in February

HR DATA FOR THE MONTH

The usual HR reports are included in the Board packet.

POLICY ACTIVITY

POLITICAL ACTIVITY POLICY (resubmitted to the Board with a do pass recommendation)

This policy will appear under **old business** for a final Board vote. See HR Committee meeting minutes for notes and discussion on the topic.

COMMUNICATION SYSTEMS POLICY (sent to the Board with a do pass recommendation)

This policy will appear under **old business** for a final Board vote. See HR Committee meeting minutes for notes and discussion on the topic.

TELECOMMUTING POLICY (sent to the Board with a do pass recommendation)

This policy will appear under **new business** since this is the first time the Board will see this. It spells out the difference between occasionally working from home and a full telecommuting assignment. Board members attention is directed to that portion of the policy.

COMMITTEE DISCUSSIONS

Covid and graduating student clinical training

The committee discussed the potential impacts to the clinical training of new nursing graduates. Committee was informed that the on boarding plan for all new graduate hires is developed on an individual employee basis. Any deficits in clinical training would be taken into account then. Chief Nursing Officer Ann Clevenger explained why a major challenge is not expected in this area.

Is responsibility related to quality addressed in employee director job descriptions?

The answer is yes and several example job descriptions were provided for Committee review

NEXT MEETING

The HR Committee meets the third Monday of the month. That would be April 19th, 2021 at 3:00 P.M most likely by Zoom

Human Resources Committee Meeting
Monday, March 15th, 2021
3:00 PM – Zoom meeting
AGENDA

Old Business

- I. Approval of minutes
- II. Turnover Report - Amber
- III. Open Positions –Amy
- IV. Employee Policies - Suzan:
 - a. Political Activity Policy**
 - b. Telecommuting Policy**
 - c. Communication Systems Policy**
- V. Other updates – Committee members
- VI. Questions from Ed Tardoni
 - a. Nursing**
 - b. Director Job Descriptions**

New Business

- VII. Committee member reports, other discussion(s) – as needed
- VIII. Determination of Next Meeting Date (Auto-Scheduled for (04/19/2021)

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Human Resources Committee Meeting – Minutes Draft

Monday – March 15, 2021 via Zoom

Trustee Members Attending by Zoom: Barbara Sowada & Ed Tardoni

Members present by Zoom: Irene Richardson, Suzan Campbell

Guests by Zoom: Amy Lucy, Ruthann Wolfe, Tami Love, Ann Clevenger

Ed called the meeting to order shortly after 3:00pm.

I. MINUTES APPROVED:

The motion was carried to approve minutes from the January 18, 2021 meeting. No meeting was held in February.

II. TURNOVER REPORT:

Amy presented the turnover report, 18% turnover for the rolling year. In the month of February, the hospital had 12 employees separate which is normal for this time of the year. Annual Education takes place in January and February and a number of employees don't complete the education and are then separated at that time, a number of those employees are PRN. The PRN employees decide that they didn't pick up enough hours and aren't interested in staying on with the hospital. The Clinic didn't have any turnovers this year. Barbara Sowada questioned if PRN employees leave is it listed as resigned and Amy told her yes.

III. OPEN POSITIONS:

Amy reported 15 full time positions, 2 part time positions and 1 PRN. Amy reported that after she sent the initial report out 2 more Clinic positions were added. The group discussed the Med Tech and Med Lab jobs that have been open for a while, Amy told the group that these positions are in high demand. Barbara asked what the difference was between the two jobs and it is the schooling. Barbara also questioned if the two positions would be in demand if COVID wasn't involved Amy told them that the hospital has had a number of employees in that department retire and also, they are needed for the walk-in clinic. Irene stated that she felt that the COVID lab positions were more the swabbing station. Amy discussed with the group that we currently have a PRN tech that is a student and they are trying to hold onto him so when he graduates he can move into one of the open positions.

IV. EMPLOYEE POLICIES:

Ed noted that the Communications Policy, Political Activity Policy and EEO were sent in January and were on the February agenda as new business and there were comments made on some of them. Ed stated that the EEO which was for information only with the board and he and Barbara both agreed that was sufficient so that policy is complete.

a. Political Activity Policy

Ed asked Suzan to address the remaining policies starting with the Political Activity Policy. Suzan stated that she didn't make any changes to this policy after speaking with Irene about it. Ed and Barbara both agreed that the questions that were brought up didn't need to be addressed so if everyone agrees

V. Other updates – Committee members

Nothing was discussed

VI. Questions from Ed Tardoni

Ed asked that Barbara address the following questions.

a. Nursing

Barbara wanted to know about the nursing programs at Western and if the hospital would be hiring and what accommodations are going to be needed because those nurses will have less clinical experience because of COVID. Ann Clevenger answered her questions she said that her and Patty O'lexey have already discussed this and she knows that the Wyoming State Board and the National Boards of nursing have authorized and those nursing students that miss some of the training made up for them with on-line training as a replacement which was approved. Ann also discussed that they she feels confident because they have passed the boards that they will be good to go. Ann said that they orientation plans that are set up they for three months but they might need five months to see all they need trained; every department is different so if the nurses aren't ready they typically allow the nurses to lengthen that to give them more time so they are comfortable. Barbara asked Ann if she knows if they will be hiring from the new students and Ann and Amy both told the group that a few have already been hired. In the past five or more have been hired. Ann stated that her and Patty are prepared for the training that is needed and they will continue to work with the directors to make sure that the nurses are comfortable and safe. Ann said that they have been lucky because only one semester. The only department that they haven't felt comfortable along with Incident Command is having the nursing students in was ICU, they will eventually have to do when they graduate. A number of positions will be affected, EMT, Phlebotomy and so on that weren't able to get clinical hours in. Ed asked if COVID funds could be used for any additional training but that is for finance.

b. Director Job Descriptions

Barbara's next question was in reference to the star ratings and some of the changes that are being made. Barbara wanted to know if Quality is one of the categories for department heads job description, does every department head or leader have some reference to being responsible for quality and safety. Irene said that Amber had sent her some example of job descriptions and she read some of the descriptions and they are listed. Barbara used Jim Horan as an example is it in his job description, Irene pulled the information from 2019 file and his information was in that file and Irene read it to the group and it did cover quality in his description as well. Barbara said from the quality meeting last week, Quality is a hospital wide endeavor so every department leader knows he or she has quality and patient safety responsibilities. Ann Clevenger added that with the new initiatives that are being brought forward all of the directors are being reminded and asked to bring plans to meetings and are having to present quality improvement plans. Barbara thanked the group for answering the questions that she had.

VII. New Business

The next meeting is auto-scheduled for April 19, 2021. Barbara Sowada is going to be out of town so Ed asked her to contact someone to sit in for her, she will let Ed know who is available.

Meeting adjourned.

this will be added to the old business section to the upcoming board meeting. Ed doesn't want this added to the HR section only old business.

b. Telecommuting Policy

Suzan then discussed the Telecommunications Policy was updated she said that the previous draft said that telework was not the same and didn't define what telework was because they are having issues with employees working from

home and then saying that they weren't on PTO and they were working but hadn't been pre-approved to do so.

Ed had six items that he wanted to address:

First item is in the third paragraph under header A, he suggests that the sentence that reads "All Benefits are subject to change by MHSC" be eliminated. Suzan and Barbara both questioned why it would be deleted and Ed agreed that if Suzan was comfortable with they statement from a legal standpoint than he would be comfortable with it as well. Barbara did bring it to the attention that on the draft it states that "All Benefits and subject to change" and it should read "All Benefits are subject to change".

Second item is item 1 section A that the change being made really doesn't need to be put back in new business and Barbara agreed.

Third item is a typo in the text section item 1 section B that needs to be corrected.

Fourth item is under application roman numeral 2 section B the 90-day language and instead of specifying 90-day probation it should say the introductory period policy and leave it at that everyone agreed that would be better.

Fifth item is in Section 4 General Provisions section D which talks about people telecommuting and holding meetings at their worksite and if it is read it implies that they can do a zoom meeting and Ed feels that the words "physically present", so having a meeting with other employees physically present. The way it reads right now if you are teleworking you can't have a meeting. All agreed to update.

Sixth item is in General Provisions item L on the last page. This item is what Taylor's concern about political activity and the hospital equipment. The policy says that the individual provides their own equipment but Ed thinks that it needs to read hospital equipment or software.

Ed asked Suzan to make the changes and submit the changes to Cindy to be included in the packet under Old Business, Barbara agreed.

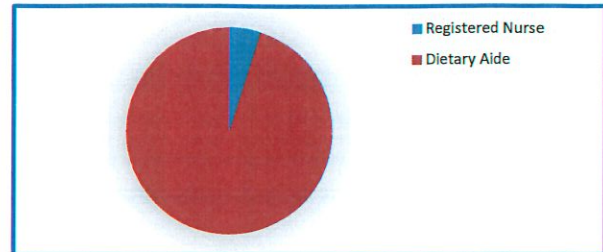
c. Communications Systems Policy

The next item was the Communications Systems Policy, Ed asked Suzan to take over. Suzan discussed that she just wanted to make sure that it was reviewed and everything was ok, Ed said that he was only concerned that people would show up and use the computer on a day off to get onto Facebook and other social media, Ed said the more that he thought about it if no one else sees it as an issue that it should just be left alone. It was discussed that if someone is coming in on days off then the supervisor should be addressing that. Ed suggested that this be placed under old business as well and all agreed.

2021 Overall Turnover Data (As of 2/28/2021)

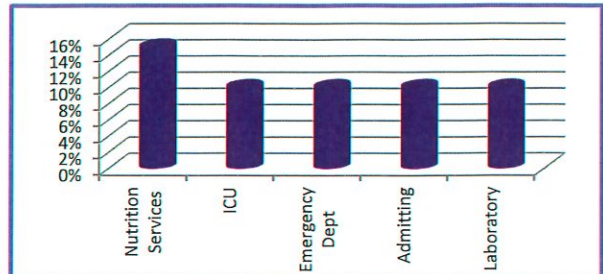
Top Position(s) / Turnover

	2021	%
Registered Nurse	3	2%
Dietary Aide	3	33%



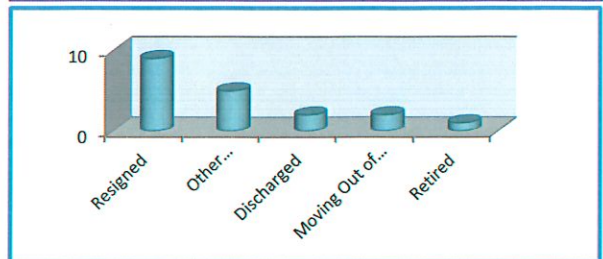
Top Department(s) / Turnover

	2021	%
Nutrition Services	3	15%
ICU	2	10%
Emergency Dept	2	10%
Admitting	2	10%
Laboratory	2	10%



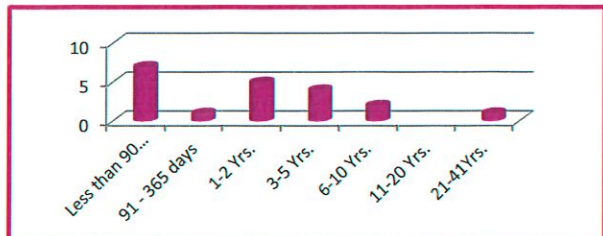
Top Reasons / Turnover

	2021	%
Resigned	9	45%
Other Employment	5	25%
Discharged	2	10%
Moving Out of Area/Relocation	2	10%
Retired	1	5%



Length of Service

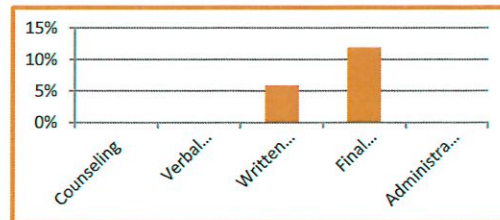
	2021	%
Less than 90 days	7	35%
91 - 365 days	1	5%
1-2 Yrs.	5	25%
3-5 Yrs.	4	20%
6-10 Yrs.	2	10%
11-20 Yrs.		0%
21-41 Yrs.	1	5%
Total	20	



Corrective Action

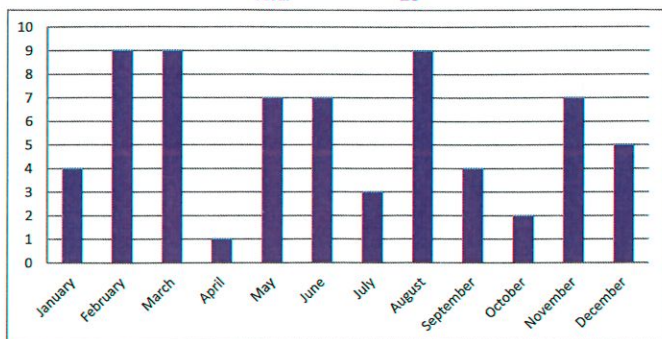
Counseling
Verbal Warning
Written Warning
Final Written Warning
Administrative Leave

% Discharged



2021 Separations - Hospital Wide

	Separations	New Employees	
January	8	10	556
February	12	2	548
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total	20		



	Separations
Involuntary	2
Voluntary	18
Total	20

	Classifications
RN	3
Classified	17
Total	20

Overall Turnover

2009	96
2010	98
2011	79
2012	104
2013	113
2014	88
2015	97
2016	86
2017	116
2018	96
2019	93
2020	67
2021	20

Overall Turnover 2021



Rolling 12

	Separations	%
Jan 2020 - Jan 2021	93	17%
Feb 2020 - Feb 2021	100	18%

Rehire Rate

	Rehires	%
Jan 20 - Jan 21		
Feb 20 - Feb 21	2	19%

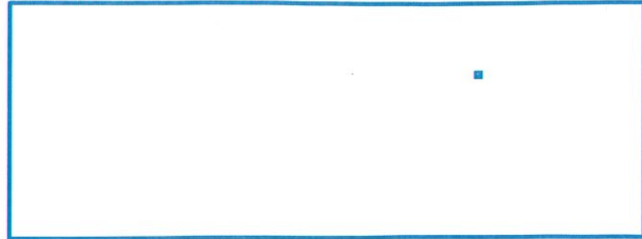
MEMORIAL HOSPITAL OF SWEETWATER COUNTY - CLINIC DATA

2021 **Clinic** Turnover Data (as of 2/28/2021)

Top Position(s) / Turnover

2021

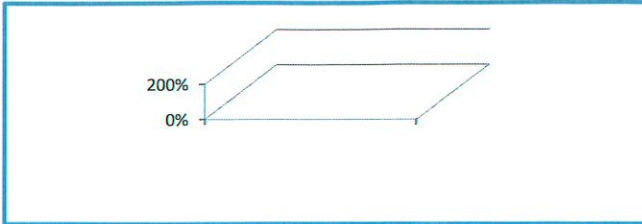
%



Top Reason(s) / Turnover

2021

%



Length of Service

Less than 90 days

91 - 365 days

1-2 Yrs.

3-5 Yrs.

6-10 Yrs.

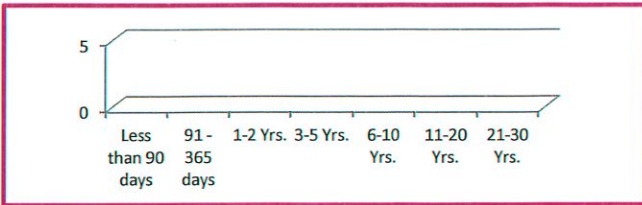
11-20 Yrs.

21-30 Yrs.

Total

2021

%



0

Corrective Action

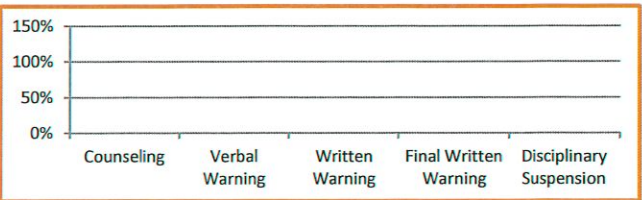
Counseling

Verbal Warning

Written Warning

Final Written Warning

Disciplinary Suspension



Requisition Number	Job Title	Schedule	Department	Department Status
Clinical				
2716	C.N.A.	Regular Full Time	MED/SURG	Active
2676	Med. LabTech	Regular Full Time	LABORATORY	Active
2677	Med. LabTech	Regular Full Time	LABORATORY	Active
2649	Med. Tech	Regular Full Time	LABORATORY	Active
2689	Med. Tech	Regular Full Time	LABORATORY	Active
2674	Nurse Practitioner	Regular Full Time	CLINIC	Active
2648	Rad. Tech. I (ARRT)	PRN	MEDICAL IMAGING	Active
2587	Ultrasound Tech.	Regular Full Time	ECHOCARDIOGRAPHY	Active
2680	Ultrasound Tech.	Regular Full Time	ULTRASOUND	Active
Non-Clinical				
2728	Admitting Specialist I	PRN	ADMITTING	Active
2732	Admitting Specialist I	PRN	ADMITTING	Active
2724	CDI Specialist	Regular Part Time	HEALTH INFORMATION MANAGEMENT	Active
2730	Dietary Aide	Regular Full Time	NUTRITION SERVICES	Active
2733	Director Information Svcs	Regular Full Time	INFORMATION TECHNOLOGY	Active
2367	Help Desk Analyst/PC Tech	Regular Full Time	INFORMATION TECHNOLOGY	Active
2731	Supply Chain Aide	Regular Part Time	MATERIALS MANAGEMENT	Active
Nursing				
2713	Registered Nurse	Regular Full Time	RECOVERY ROOM	Active
2725	Registered Nurse	Regular Full Time	MED/SURG	Active
2710	Registered Nurse	Regular Full Time	ICU	Active

Filters

All Active Facility; All Active Department; All Active ; Recruiters:All; Hiring Manager:All; JobStatus:Active - Posted; Optimize To Print:No; Display Job Summary:No; Custom Fields:No Custom Fields; Dates:6/1/

2721	Registered Nurse	PRN	EMERGENCY DEPARTMENT	Active
2675	Registered Nurse - Clinic	Regular Full Time	CLINIC	Active

Filters

All Active Facility; All Active Department; All Active ; Recruiters:All; Hiring Manager:All; JobStatus:Active - Posted; Optimize To Print:No; Display Job Summary:No;
Custom Fields:No Custom Fields; Dates:6/1/

F&A COMMITTEE CHAIR REPORT TO THE BOARD March 2021

Chair – Ed Tardoni

The Finance and Audit Committee met in a Zoom format this month. All voting members of the committee were present.

F&A DATA FOR THE MONTH

The usual F&A reports are included in the Board packet.

CAPITAL EXPENDITURES FOR BOARD CONSIDERATION.

The committee, by unanimous vote, sends \$1,957,597.76 in capital requests to the Board with a do pass recommendation. \$1,739,159.03 is for budgeted items. \$234,899.73 is for items not found in the budget.

Funding sources are classified as follows:

\$133,060 that qualifies for reimbursement from Cares Act Funds.

\$829,000 to submit to the County (this is the remaining balance in the County Maintenance Fund)

\$1,011,998.76

funded by MHSC

FY 21-60 \$74,560

Budgeted Cares Act Eligible

This item was requested by Mary Fischer. It is for an automated blood analysis system for the lab.

FY 21-61 \$54,500

Budgeted Cares Act Eligible

This item was requested by Mary Fischer. It is for an automated urine analysis system for the lab.

FY 21-62 \$181,359.20

Budgeted MHSC Funds

This item was requested by Bryan Bear. It is for normal cycle replacement of desktop computers and monitors.

FY 21-63 \$519,278.83

Budgeted MHSC Funds, the item appeared in the Budget as a \$500,000 cost

This item was requested by Stacy Nutt. It is for replacement of electronic routing switches throughout the hospital buildings. The existing switches are at the end of their service life.

FY 21-64 \$905,461

\$829,000 of this amount will be submitted for reimbursement by the County Maintenance fund. The remainder, \$76,461 will be funded by MHSC Funds.

This item was requested by Jim Horan. It is for air flow control systems located in ducts throughout the hospital. Many of the units to be replaced are 1970's pneumatically controlled devices for which parts may no longer be found.

FY 21-65 \$234,899.73

This is a non-budgeted item that will be funded by MHSC

The item was requested by Tami Love. It is for additional cardiac monitor units that interface with the automation of the new Cerner system. Several month ago, it was found that only a limited number of these monitors were included in the Cerner project funding. Full coverage is desirable from the perspective of quality of patient care. Hospital Staff was asked to determine the cost of full coverage. This purchase will meet the full coverage requirement.

General Discussion

Board members will most likely note that many of this month's capital requests involve sole source purchases. Each of these sole source requests were discussed and determined to be justified. However, the necessity of competitive bids was reviewed as a general operating principle.

Reimbursement Improvement Program

Ron Cheese made a presentation on the status of the Reimbursement Improvement Program. Covid related issues had impacted completion of some action items. The effort is back on track and the delayed staffing of a collections position has been lifted. The individual will start work in April.

Patient Navigation Program

The impact of the Patient Navigation Program was discussed. Following the discussion, the F&A Committee requested a stand-alone monthly report be developed for routine inclusion in the Board Packet. The Board members of the F&A Committee learned that the program involves software that continuously searches the internet for funding sources that match patient needs. When a match is found the program automatically sends an e-mail notice to Ron Cheese and both Patient Navigators. These funding finds are of great humanitarian value to the patient and of bottom-line financial value to MHSC.

NEXT MEETING

The next F&A Committee meeting will be on Wednesday, April 28, at 1600 hours. Meeting will most likely be by Zoom. Tami Love reminded Committee members that there will be two F&A Committee meetings in May. The usual meeting and one dedicated to a budget review.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Finance & Audit Committee Meeting
March 31, 2021

Voting Members Present: Mr. Ed Tardoni, *Trustee-Chairman*
 Mr. Taylor Jones *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Ms. Jan Layne, *Controller*

Voting Members Absent:

Non-Voting Members Present: Ms. Ann Clevenger, *CNO*
 Ms. Angel Bennett, *Director of Materials*
 Ms. Kari Quickenden, *CCO*
 Mr. Ron Cheese, *Director of Patient Financial Services*

Non-Voting Members Absent: Dr. Augusto Jamias
 Dr. Lawrence Lauridsen

Guests: Ms. Mary Fischer, *Lab Director*
 Mr. Bryan Bear, *Information Technology*
 Ms. Stacey Nutt, *Information Technology*
 Mr. Jim Horan, *Facilities Director*
 Ms. Leslie Taylor, *Clinic Director*

Call Meeting to Order

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

Approve Meeting Minutes

A motion to approve the meeting minutes of January 27, 2021 was made by Mr. Richardson; second by Ms. Love. Motion carried. Mr. Jones was not in attendance for that meeting so he abstained from voting.

Capital Requests

Ms. Fischer presented FY21-60 for the Ortho Vision Automated Blood Bank System. This system will enhance the testing capabilities for transfusion medicine. Mr. Jones asked what was meant by ‘preferred vendor’. Ms. Fischer said they are preferred if we already use their systems as we are used to the workflow and training is minimal. Mr. Jones wanted to remind everyone not to get too comfortable with vendors. They don’t always give you the best price. Mr. Tardoni asked if this item will qualify to use CARES funds. Ms. Love said that it will qualify. He also asked why we received the discount. Ms. Fischer said that we are good customers, so they gave us the same price as new vendors would receive. The motion to submit to the Board was made by Ms. Richardson; second by Ms. Love. Motion carried.

Ms. Fischer also presented FY21-61 for the Urine Analyzer. She said that this is the third piece of equipment needed for this unit. The first two items we received through the SLIB grant funds. This unit automates the process and provides consistency with the urine analysis. Mr. Tardoni asked if there would need to be any modifications to the electrical system. Ms. Fischer said they should not need modifications. He also asked if this item would qualify to use CARES funds. Ms. Love said that it would as the other units were purchased with SLIB funds. Mr. Jones said that he would like to see multiple bids on these capital items.

FY21-62 was a request for 150 Dell desktops and 200 monitors. These are replacements for the desktops that have reached end of life. There weren't any questions on this capital item. The motion to submit to the Board was made by Mr. Jones; second by Ms. Richardson. Motion carried.

FY21-63 was the replacement of the switches in the network closets. Ms. Nutt said that the current ones have reached end of life for the software development. The company is no longer updating any software for them. They would like to get these completed before the Cerner Go Live date. Mr. Tardoni asked why there was such a large difference in the quote between ConvergeOne and CDW. Ms. Nutt said that ConvergeOne can get us government pricing and the quote from CDW is retail pricing. Mr. Tardoni also asked if there will be any add-on expenses. Ms. Nutt said that the only additional expense they might have is cable. They plan on using the existing cable where they can. This project will be completed internally. The motion to submit to the Board was made by Mr. Jones; second by Ms. Love. Motion carried

Capital request FY21-64 was for the Building Automation System. Mr. Horan said we are currently using three systems and it is just not working well. We cannot get parts for some of these systems. The systems do not talk to each other. Mr. Jones asked if any other vendors could do this same work. Mr. Horan said that it is necessary to use this vendor to utilize the same platforms, controls and programming logic. Ms. Love said that we can use County maintenance funds for this project. We currently have \$829,000 left in our county budget for this year. Mr. Tardoni asked if the work has to be completed before we receive the funds from the County. Ms. Love said that we can send in the proposal and request the funds and they will reimburse us. Mr. Tardoni also asked how long it would take to complete this project. Mr. Horan said it would be at least 4 months of steady work to complete the project. The motion to submit to the Board was made by Mr. Jones; second by Ms. Love. Motion carried.

FY21-65 is a request for GE Carescape One Monitors. Ms. Love reminded everyone that we spoke about these monitors when the GE Cardiac Monitoring System was presented at a prior meeting. Ms. Clevenger said that these monitors are portable and stay with the patient. The motion to submit to the Board was made by Mr. Jones; second by Ms. Love. Motion carried.

Financial Report

Monthly Finance Statements & Statistical Data

Ms. Love reviewed the narrative for February. February had an operating loss of \$191,451, compared to budgeted loss of \$205,591. The YTD total net gain is \$3,130,683. The reduction of revenue was down this month at 47.9%. We are still exceeding the AR goals for accounts over 90 days. The outlook for March has collections projecting to around \$8.5 million, one of the highest collection months. The reduction of revenue should be similar to February. We are projecting a gain of around \$200,000 in March.

She said that we have received all of the SLIB funds. We have also received the funds from the County for the SLIB grants they did on our behalf. We have reconciled \$9.2 million of CARES funds so far. We are confident we will be able to reconcile the full amount by June 30, 2021.

Mr. Cheese said that the preliminary bad debt for March is \$1,281,973.58. This will be presented to the Board for approval.

New Business

Self-Pay Plan

Mr. Cheese said that we have implemented almost everything in the Self Pay plan except for the additional person that we will hire to collect on self-pay accounts. This person will work a variable shift to try and contact patients in the evening hours. This position is now posted. This part of the plan was placed on hold due to COVID19. Mr. Cheese said he did change the duties of one of his existing employees to try and help make these phone calls and set people up on payment plans. Mr. Jones said he liked the plan, but would like to see how it is working. Ms. Love said that they would put together something to place in the packet monthly. She said she would work with Ron and they will have a draft for the next meeting. Ms. Richardson said she would like to see the savings from the patient navigation program on the free and reduced price drugs and how it affected revenue also included in the report.

Financial Forum Discussion

Ms. Love said that the next meeting is April 28th at 2pm. She said that we are in budget meetings with the departments next week. We plan on having a budget meeting with the committee in early May and then still hold the regular meeting at the end of May.

Mr. Tardoni adjourned the meeting at 3:47 PM.

Submitted by Jan Layne

Capital Request Summary

Capital Request #

FY21-60

Name of Capital Request:

Ortho Vision automated blood bank system

Requestor/Department:

Mary Fischer/Laboratory

Sole Source Purchase: Yes or No

Reason: preferred vendor, staff familiar with MTS-Gel testing and Ortho reagents

☐ 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.	Cardinal Health	Dublin, OH	\$78,560.00
2.			
3.			

Recommendation:

Cardinal Health - \$78,560.00

Memorial Hospital

OF SWEETWATER COUNTY

Assigned: FY 2021 - 60

Capital Request

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

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

Department: Blood Bank 811

Submitted by: Mary Fischer, MT(ASCP)

Date: 2/25/2021

Provide a detailed description of the capital expenditure requested:

Ortho Vision Automated Blood Banking; Column Agglutination Technology using ORTHO ID-MTS™ Gel card technology. The system automates test processing functions including liquid pipetting, reagent handling, incubation, centrifugation, reaction grading and interpretation and data management requirements using ORTHO ID-MTS™ Gel card technology and digital image processing.

Preferred Vendor: Ortho Clinical Diagnostics

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

1. Renovation	\$
2. Equipment	\$ 90,000.00
3. Installation	\$
4. Shipping	\$ 1,500.00
5. Accessories	\$ 2,060.00 (table and printer)
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$ (15,000.00 allowance/discount)
Total Costs (add 1-8)	
	\$ 78,560.00

Does the requested item:

Require annual contract renewal? ☒ YES ☐ NO

Fit into existing space?

☒ YES ☐ NO

Explain:

Attach to a new service?

☐ YES ☒ NO

Explain:

Require physical plan modifications?

If yes, list to the right:

☐ YES ☒ NO

Electrical

HVAC

Safety

Plumbing

Potential modifications to electrical.

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

Annualized impact on operations (if applicable):

Increases/Decreases

Projected Annual Procedures (NEW not existing)

Revenue per procedure

\$

Projected gross revenue

\$

Projected net revenue

\$

Projected Additional FTE's

Salaries

\$

Benefits

\$

Maintenance

\$

Supplies

\$

Total Annual Expenses

\$

Net Income/(loss) from new service

\$

Budgeted Item:

☒ YES ☐ NO

of bids obtained? 1

☒ Copies and/or Summary attached.

If no other bids obtained, reason:

Preferred vendor, staff currently familiar with MTS-Gel testing and Ortho reagents.

Review and Approvals

Submitted by:

Verified enough Capital to purchase

Department Leader

☐ YES ☐ NO

Executive Leader

☒ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO

Kan G 03/11/2021
J. G. 3-9-2021
J. G. 3-9-2021

OTHER CONSIDERATIONS

The Ortho Vision automated blood bank system will enhance testing capabilities for transfusion medicine;

Provides the most comprehensive testing capabilities on the market, including serial dilutions (for titration studies and configurable reflex testing), extended antigen testing and selected cell panels.

Assists with achieving greater staff utilization, freeing up staff to focus on more specialized tasks.

Optimizes workflow by providing greater consistency and faster turnaround times to get the right results when needed, including scheduling intelligence to handle stat orders without disrupting routine.

Assists in achieving budget efficiencies by maximizing reagent and card usage, managing costs, automates more tests, increases utilization, and reduces time to result by offering walk away capabilities.

Using the Column Agglutination Technology ORTHO ID-MTS™ Gel card technology to test for blood types will provide crucial information to care givers. This information can be used to match to donor plasma containing COVID-19 antibodies. When transfused in COVID-19 positive patients, the convalescent plasma may be able to boost their ability to fight the virus. For this reason, the acquisition of this analyzer should be a consideration for CARES Act funds.

The proposal for the analyzer is an attractive package and includes;

- 24 month manufacturer service warranty
- up to \$10,000 in LIS Allowance
- \$15,000 Promotional Discount

submitted by Mary Fischer, MT(ASCP) 2/25/2021


Submitted by: Signature


Date



Diagnostic Instrument Proposal

Scientific Products Distribution

Monday, February 22, 2021

Prepared for:

10023674 - MEMORIAL HOSPITAL OF SWEETWATER
1200 COLLEGE DR
ROCK SPRINGS WY 82901-5868

Presented by:

Cynthia Leon / Sally Cello
PH: (530) 400-1386 /
Email: cynthia.leon@cardinalhealth.com
Diagnostic Sales Specialist - Laboratory Products

This Quote Expires: May 23, 2021

Cardinal Health Laboratory Products

Your single source for diagnostic instrumentation across all lab disciplines

<https://www.cardinalhealth.com/en/cmp/ext/ac/diagnostic-instrumentation.html>

Please send your Purchase Order & copy of this Quote to:

Email: [Email: cynthia.leon@cardinalhealth.com](mailto:cynthia.leon@cardinalhealth.com)
and GMB-MPS-DUB-LEASINGSVCS@cardinalhealth.com
Fax: 614-652-0525

Purchase Proposal

Exhibit A

Scientific Products Distribution

Quote: 1002367444249

Date: 02/22/21

Facility: 10023674 - MEMORIAL HOSPITAL OF SWEETWATER

Address: 1200 COLLEGE DR
ROCK SPRINGS WY 82901-5868

Prepared for: Mary Fischer

Phone #: 307-352-8364

Pricing Source Open Market

Equipment Description:						24 Months Service Warranty Included	
Product Code & Description	UM	Qty	Manufacturer	Price	Extended Price		
6904577 ORTHO VISION ANALYZER	EA	1	Ortho Clinical Diagnostics	\$ 90,000.00	\$ 90,000.00		
6904701 ORTHO VISION TABLE	EA	1	Ortho Clinical Diagnostics	\$ 1,545.00	\$ 1,545.00		
SP6986685 ORTHO VISION LEXMARK PRINTER	EA	1	Ortho Clinical Diagnostics	\$ 515.00	\$ 515.00		
Includes Estimated Freight				\$ 1,500.00	\$ 1,500.00		
Includes Promo Discount					\$ (15,000.00)		
Outright Purchase Total				Equipment	\$ 78,560.00		

Equipment Includes Two Year Manufacturer Warranty Service, After Warranty Service may be purchased from the Manufacturer

Includes:

up to \$10,000 in LIS Allowance.

Two Yr. manufacturer warranty.

IF DURING THE TIME FRAME OF THIS QUOTE A GPO PRICE CONTRACT IS IMPLEMENTED, PRICES HEREIN WILL BE NULL AND VOIDED

If Customer has a formal written agreement between Customer and Cardinal Health governing Customer purchases, that written agreement shall govern this acquisition.

This Quote Expires: May 23, 2021

Respectfully Submitted,

I accept conditions and prices as quoted

Cynthia Leon / Sally Cella
(530) 400-1386

cynthia.leon@cardinalhealth.com

Please send Purchase Order to:

Email: cynthia.leon@cardinalhealth.com
and GMB-MPS-DUB-LEASINGSVCs@cardinalhealth.com
Fax: 614-652-0525

Company 10023674 - MEMORIAL HOSPITAL OF SWEETWATER

Name _____

Title _____

Signature _____

Date _____

THIS QUOTATION IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

EQUIPMENT PURCHASE AGREEMENT

PRODUCT ORDERS SHALL BE SUBJECT TO THE TERMS OF THE APPLICABLE AGREEMENT BETWEEN CUSTOMER AND CARDINAL HEALTH 200. IF NO SUCH AGREEMENT EXISTS THEN CARDINAL HEALTH 200, LLC (CARDINAL HEALTH) STANDARD TERMS AND CONDITIONS HEREIN SHALL APPLY.

10023674 - MEMORIAL HOSPITAL OF SWEETWATER ("Customer") and Cardinal Health 200, LLC ("Cardinal Health") hereby enter into this Equipment Purchase Agreement dated February 22, 2021 ("Equipment Agreement") for the purchase of the equipment identified on Exhibit A attached hereto ("Equipment").

1. **Purchase Price.** Subject to the provisions set forth herein, Customer shall pay Cardinal Health for the Equipment, as full and complete consideration therefore, the amounts set forth in Exhibit A (hereinafter "Purchase Price").

2. **Delivery Installation and Testing, etc.,** Terms related to the delivery, (except for the Freight charges set forth in Exhibit A installation, testing, acceptance, service, and return of the Equipment, shall be negotiated between the manufacturer, Ortho Clinical Diagnostics ("Manufacturer") and Customer.

3. **Payment Terms.** Customer's payment terms, including late payment fees, are set forth in the agreement between Customer and Cardinal Health governing the distribution of laboratory products from Cardinal Health to Customer ("Distribution Agreement"). In the event there is no Distribution Agreement, or there are no payment terms set forth therein, then Customer's payment terms shall be net thirty (30) days from the "Installation Date", which is the date on which the Equipment is delivered and installed at Customer's premises as evidenced by the manufacturer's records. Notwithstanding the foregoing, if Customer intends to reject the Equipment, then Customer must notify Cardinal Health within fifteen (15) days of the Installation Date and upon such notice, Cardinal Health will work with the Manufacturer and Customer to arrange for the removal and return of the Equipment. Any past due invoice will be assessed interest at a 1.5% monthly (18% annual) rate or the highest amount allowed by law, if lower. Until Equipment is paid for in full, Cardinal Health will have a security interest in any deposit(s) to secure payment to Cardinal Health (or its affiliates) of all of the Customer's obligations, existing and future. Without limiting Cardinal Health's rights under law or in equity, Cardinal Health (including its affiliates, subsidiaries, parent or related entities, collectively or individually), may exercise a right of set-off against any and all amounts due the Customer or its facilities. For purposes of this section, Cardinal Health shall be deemed to be a single creditor. The Customer will give Cardinal Health any and all credit information Cardinal Health requests not less than thirty (30) days before the Customer purchases under this Agreement.

4. **Warranty.** Cardinal Health warrants that any Equipment it manufactures shall, as of the date of shipment, be fit for the purposes and indications described in the Equipment labeling. Notwithstanding the foregoing, any warranties provided by Cardinal Health shall not apply in the event that any Equipment delivered pursuant to this Agreement is misused, altered, damaged or used other than in accordance with Equipment label, inserts, or other instructions provided by Cardinal Health. Cardinal Health does not warrant Equipment that it does not manufacture; however, to the extent assignable, Cardinal Health will assign to the Customer the manufacturer warranties for such Equipment. THERE ARE NO OTHER EXPRESSED OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY, NON-INFRINGEMENT OR FITNESS FOR A PARTICULAR PURPOSE, OUR SOLE OBLIGATION AND THE CUSTOMER'S EXCLUSIVE REMEDY FOR BREACH OF ANY WARRANTY WILL BE, AT CARDINAL HEALTH'S OPTION, TO REPAIR OR REPLACE THE EQUIPMENT.

5. **Limitation of Liability.** IN NO EVENT SHALL CARDINAL HEALTH BE LIABLE WHETHER IN CONTRACT OR TORT OR OTHERWISE, FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, OR SPECIAL DAMAGES OR LOSSES OF ANY NATURE OR FOR LOST REVENUE, LOST PROFITS OR LOST BUSINESS ARISING OUT OF THIS AGREEMENT OR THE USE OF EQUIPMENT.

6. **Equipment Returns.** Equipment returns will be governed by Cardinal Health's Returns Goods Policy, and the current version of this policy is available at www.cardinalhealth.com. Notwithstanding the foregoing, any Equipment used to analyze human body tissue may not be returned.

7. **Confidentiality.** Neither the Customer nor Cardinal Health may disclose the terms of this Agreement to a third party without advance written consent of the other party, except as required by law or as necessary to perform our obligations under this Agreement.

8. **Entire Agreement.** If Customer has signed a formal written agreement between Customer and Cardinal Health governing Customer purchases, that written agreement shall govern this purchase. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof, and supersedes all prior agreements and negotiations related thereto. If Customer is a qualified participant in a third party group purchasing organization (GPO) with which Cardinal Health has an active contract or other mutually-agreed arrangement (GPO Agreement), the order of precedence among any conflicting terms and conditions applicable to the Equipment listed on Exhibit A shall be (1) the terms of the GPO Agreement, (2) these Terms and Conditions. All Exhibits are hereby incorporated by reference and made a part of this Agreement. The terms and conditions of this Agreement are intended to govern the purchase and sale of the Equipment listed on Exhibit A.

9. **Execution in Counterparts.** This Equipment Agreement may be executed in one or more counterparts and delivered by facsimile or electronic mail, each with original signature visible, and each such counterpart shall be deemed to be an original, but all such counterparts shall together constitute but one and the same agreement. If this Agreement is not fully executed and returned by Customer on or before June 22, 2021 the offer set forth herein shall expire.

CUSTOMER:

CARDINAL HEALTH 200, LLC

Signature:

Signature:

Cynthia Leon

Name (Print):

Name:

Cynthia Leon

Title (Print):

Title:

Diagnostic Specialist

Date:

Date:

February 22, 2021

Mary Fischer

From: Leon, Cynthia <cynthia.leon@cardinalhealth.com>
Sent: Monday, February 22, 2021 3:52 PM
To: Cello, Sally; Mary Fischer
Subject: RE: Equipment quotes
Attachments: 10023674 - MEMORIAL HOSPITAL OF SWEETWATER - Vision - Purchase - February-22-21.pdf

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Hello Mary,

Following our conversation, I have attached an updated Vision proposal.

Just to recap, we received approval to offer Memorial Hospital of Sweetwater the following:

- 24 month manufacturer service warranty
- up to \$10,000 in LIS Allowance
- \$15,000 Promo Discount

This proposal does expire on May 23rd and requires that the Vision be shipped and installed by June 15th.

If you need any additional information from me, please don't hesitate to call me.

Cynthia



CardinalHealth

Cynthia Leon

Diagnostic Specialist, Rocky Mountain Region
Southern CA, CO, AZ, NV, UT, WY, ID, W, NE, NW OK & Guam
Laboratory Products
7000 Cardinal Place, Dublin, OH 43017
530.400.1386 Mobile

From: Leon, Cynthia
Sent: Thursday, February 4, 2021 11:31 AM
To: Cello, Sally <sally.cello@cardinalhealth.com>; Mary Fischer <mfischer@sweetwatermemorial.com>
Subject: RE: Equipment quotes

Hello Mary,

I just called and left you a voice message. I would like to schedule a quick call to discuss your current Blood Bank automation.

This will allow me to provide the most accurate proposal which will reflect eligible promo's.

In the meantime, I have attached an updated standard Vision proposal based on the Intalere GPO pricing structure.

Are you available later this afternoon?

Cynthia



Cynthia Leon
Diagnostic Specialist, Rocky Mountain Region
Southern CA, CO, AZ, NV, UT, WY, ID, W, NE, NW OK & Guam
Laboratory Products
7000 Cardinal Place, Dublin, OH 43017
530.400.1386 Mobile

From: Cello, Sally <sally.cello@cardinalhealth.com>
Sent: Wednesday, February 3, 2021 8:52 AM
To: Leon, Cynthia <cynthia.leon@cardinalhealth.com>
Subject: FW: Equipment quotes
Importance: High

Hi Cynthia,

Please see below!



Sally Cello, MS
Laboratory Sales Consultant NM/CO/WY/MT/ND/SD/MN/WI
5100 Rings Rd, Dublin, OH 43016
Direct: 614-698-5822 | Customer Service: 800-964-5227
February 17th Webinar:
"The New Stark Law and Anti-Kickback Statute Final Rules:
Implications and Considerations for Laboratories"
Register [here](#)!

From: Mary Fischer <mfischer@sweetwatermemorial.com>
Sent: Wednesday, February 3, 2021 11:34 AM
To: Cello, Sally <sally.cello@cardinalhealth.com>
Subject: Equipment quotes

External Email – Please use caution before opening attachments or clicking links

Hi Sally,
Good morning.

Could you provide pricing for an Ortho Vision? If possible, I am going to swing for the fences and try to make this happen sometime between now and June 30th. Please include any promotions or other price breaks Cardinal may be offering.

Additionally, I am preparing capital requests for our upcoming budget cycle. I typically ask for refrigerator and freezer replacements. Do you have a catalog for cold storage I can have a quick look at?

Thanks,

Mary Fischer, MT(ASCP)

Director of Laboratory Services

Direct 307-352-8364 Laboratory 307-352-8360

mfischer@sweetwatermemorial.com

Main 307-362-3711, Fax 307-352-8171

1200 College Drive, Rock Springs, WY 82901

www.sweetwatermemorial.com



Connect with us on Facebook!



Memorial Hospital
OF SWEETWATER COUNTY

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Dansk - Deutsch - Espanol - Francais - Italiano - Japanese - Nederlands - Norsk - Portuguese - Chinese
Svenska: <http://www.cardinalhealth.com/en/support/terms-and-conditions-english.html>

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Platform](#)



[Semi-Automated
Solutions](#)



[ORTHO™ Sera](#)



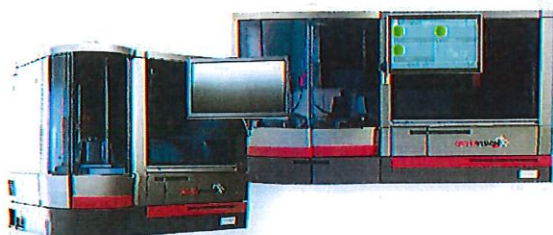
[ORTHO BioVue®](#)



[Reagents](#)



[ORTHO CONNECT™](#)



ORTHO VISION® Platform

Power your lab to succeed

ORTHO VISION® and ORTHO VISION® Max helps blood banks meet the challenges of today and tomorrow.

[Request a Demo](#)

Make critical matches quickly

The ORTHO VISION® Platform is the only system that can automate more tests than ever before, improving workflow and lab standardization. It all adds up to greater consistency, and improved outcomes for physicians and patients.

[Play Video](#)

Benefits for You and your Lab



Automate more tests

With the most comprehensive testing capabilities on the market, including serial dilutions (for titration studies and configurable reflex testing), extended antigen testing and selected cell panels.



Achieve greater staff utilization

Get the most out of your automated system, freeing up your staff to focus on more specialized tasks.



Optimize your workflow

Greater workflow consistency optimizes turnaround times to get the right results when needed, including scheduling intelligence to handle stat orders without disrupting routine.



Enable confidence

The standardization of the ORTHO VISION® Platform brings the skills of your staff to a higher, more consistent level.



Achieve budget efficiencies

Manage costs, automate more tests, increase utilization, reduce true to time to result, and maximize reagent and card usage.



Maximize uptime

Resolve technical issues quickly with our award winning customer service and support teams.

Beyond the Lab: Improve Lab Performance

Lab errors can delay diagnosis and treatment in some of a patient's most crucial life moments. Let's empower your lab to produce precise, rapid results so you can keep giving top-quality care.

[Read more about how we Improve Lab Performance](#)



Together we can find a solution [Contact Us](#)

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Capital Request Summary

Capital Request #

FY21-61

Name of Capital Request:

CLINITEK Novus Urine Analyzer

Requestor/Department:

Mary Fischer/Laboratory

Sole Source Purchase: Yes or No

Reason: preferred vendor, works with current Sysmex analyzer

☐ 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.	Sysmex America, Inc.	Lincolnshire, IL	\$54,500.00
2.			
3.			

Recommendation:

Sysmex America, Inc. - \$54,500.00

Memorial Hospital

OF SWEETWATER COUNTY

Assigned: FY 2021 - 1

Capital Request

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

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

Department: Laboratory through CARES Act funds **Submitted by:** Mary Fischer, MT(ASCP) **Date:** 2/25/2021

Provide a detailed description of the capital expenditure requested:

CLINITEK Novus® Urine Analyzer* offers dry-pad urine chemistry technology to help ensure maximum productivity and standardized testing with other CLINITEK® analyzers. Offering a full spectrum of tests and a throughput of up to 240 samples/hour, it streamlines workflow, simplifies testing, and delivers consistent, high-quality results.

Preferred Vendor: Sysmex/Siemens

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

1. Renovation	\$
2. Equipment	\$ 54,500.00
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 54,500.00

Does the requested item:

Require annual contract renewal? ☒ YES ☐ NO

Fit into existing space? ☒ YES ☐ NO Explain:

Attach to a new service? ☐ YES ☒ NO Explain:

Require physical plan modifications? If yes, list to the right: ☐ YES ☒ NO

Electrical	\$
HVAC	\$
Safety	\$
Plumbing	\$
Infrastructure (I/S cabling, software, etc.)	\$

Annualized impact on operations (if applicable):

Increases/Decreases

Projected Annual Procedures (NEW not existing)

Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$

Budgeted Item:

☒ YES ☐ NO

of bids obtained? 1

☒ Copies and/or Summary attached.

If no other bids obtained, reason:

Preferred vendor. Through the SLIB grant process, the Sysmex UD-10 digital imaging piece and the UF-5000 cell counter were purchased. The NOVUS dipstick reader is the third piece of this analyzer and will assist in fully automating urinalysis.

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
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO

K. Fischer 03/11/2021
J. [Signature] 3-9-2021
[Signature] 3-9-2021

OTHER CONSIDERATIONS

CLINITEK Novus® Urine Analyzer* combines dry-pad urine chemistry technology and a cassette test format to help ensure maximum productivity and standardized testing with other CLINITEK® analyzers. Offering a full spectrum of tests and a throughput of up to 240 samples/hour, it streamlines workflow, simplifies testing, and delivers consistent, high-quality results.

- Unique and easy-to-use 'load-and-go' test cassettes simplify operation
- Tilttable color touch screen with intuitive navigation and flexible menu options for easy system customization, setup, and maintenance
- Load up to 200 samples at one time with varying testing volumes and tube sizes
- Onboard barcode data entry automatically scans lot number and enters expiration date minimizing data entry errors and improving traceability
- True, live calibration of analytes with ready-to-use liquid calibration material enhances accuracy
- Broad menu: CLINITEK Novus 10 cassettes for routine urinalysis

The purchase of the UD-10 and UF-5000 were acquired through the SLIB grant process. The NOVUS Urine dipstick reader was not available at the time the SLIB grant request was submitted. The analyzer is now available for purchase and will fully automate urinalysis testing. Because initial purchase of the UD-10 digital imaging analyzer and the UF-5000 cell counter were acquired through the SLIB grant process, this piece should be a consideration for CARES Act funds.

The proposal includes a wagon/cart to house the analyzer and reagents. It also includes one year warranty service.

Acquiring this analyzer will complete and fully automate the urinalysis testing resulting in several advantages;

Turnaround time will be reduced.

Automation will optimize workflow and free tech time to perform other testing duties.

Automation will standardize urinalysis reporting and eliminate variation in reporting.

submitted by Mary Fischer, MT(ASCP) 2/25/2021

Submitted by: Signature

Date



ID: Q-00013818

SYSMEX AMERICA, INC.
577 Aptakisic Road
Lincolnshire, IL 60069
800-3-SYSMEX, 800-379-7639, 224-543-9300
www.sysmex.com

Equipment Purchase Option B ** QUOTE ONLY **

GPO Urinalysis: Intalere Urinalysis - Siemens

Prepared Date: 2/11/2021
Prepared By: Lance Kocherhans
Email: kocherhansl@sysmex.com

SECTION I: CUSTOMER INFORMATION (Requires Legal Name & Address)**Bill To:**

Account:	Address:	City:	State:	ZIP Code:
MEMORIAL HOSPITAL OF SWEETWATER	1200 COLLEGE DR	Rock Springs	WY	82901

Ship To:

Location	Address	City	State	ZIP Code
Memorial Hospital of Sweetwater Co	1200 College Dr	Rock Springs	WY	82901

The Term used in this Quote is: 60 Months. This quote is valid for 90 days.

The summary provided below is intended solely as an estimate for preliminary evaluation. Actual amounts the Customer will pay under the Contract may vary significantly from amounts reflected in the below summary.

Pricing Summary Option B

Price Component	Monthly Price	Annual Price	Final Contract Price
Equipment			\$54,500.00
Service Billing			\$31,752.00
TOTAL AMOUNT DUE (Equipment, Training, & Service)			\$86,252.00
Reagents	\$439.65	\$5,275.80	
TOTAL (Equipment and Service)			\$86,252.00

Equipment (Hardware / Software)

Site Name	Equipment	Material #	Net Price
Memorial Hospital of Sweetwater Co	NOVUS FOR UN ON WAGON EXPANSION	NOVUSWGNADDON	\$54,500.00

Training

Site Name	Model #	Training
Memorial Hospital of Sweetwater Co	NOVUSWGNADDON	VILT

Service

Site Name	Service Type	Total Service Warranty (months)	Price/Year	Total Contract Price
Memorial Hospital of Sweetwater Co	NOVUS BeyondCare Onsite Cal	12	\$7,938.00	\$31,752.00

Urinalysis Estimated Testing Profile

Site Name	Equipment	UA Micros/Day	UA Chem Strips/Day	%Repeat	%Review	Days/Week	Weeks/Year r/ Shifts/Day	Reportable Tests /Year
Memorial Hospital of Sweetwater Co	NOVUSWGNADDON Group	0	15	5	0	7	52 1	5,475

Products

Total Term (months): 60

Total Annual Price:
\$5,275.80

Site Name	Equipment	Material #	Description	Qty/Year	Unit Price	Price / Year
Memorial Hospital of Sweetwater Co	NOVUSWGNADDON	10311124	Clinitek Atlas Control strips	15	\$35.29	\$529.35

Memorial Hospital of Sweetwater Co	NOVUSWGNADDON	10311135	Clinitek Atlas Neg control Strips	15	\$32.27	\$484.05
Memorial Hospital of Sweetwater Co	NOVUSWGNADDON	10697753	Clinitek Novus Calibrator	5	\$50.36	\$251.80
Memorial Hospital of Sweetwater Co	NOVUSWGNADDON	10634643	Clinitek Novus 10 Cassette 450	26	\$153.24	\$3,984.24
Memorial Hospital of Sweetwater Co	NOVUSWGNADDON	10697754	Clinitek Novus Rinse Additive	1	\$26.36	\$26.36

Features & Benefits ▾

Search



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CLINITEK Novus Automated Urine Chemistry Analyzer*

Improve reliability and productivity with urinalysis technology you trust



CLINITEK Novus® Urine Analyzer* combines dry-pad urine chemistry technology and a cassette test format to help ensure maximum productivity and standardized testing with other CLINITEK® analyzers. Offering a full spectrum of tests and a throughput of up to 240 samples/hour, it streamlines workflow, simplifies testing, and delivers consistent, high-quality results.

- Unique and easy-to-use 'load-and-go' test cassettes simplify operation
- Tiltable color touch screen with intuitive navigation and flexible menu options for easy system customization, setup, and maintenance
- Load up to 200 samples at one time with varying testing volumes and tube sizes
- Onboard barcode data entry automatically scans lot number and enters expiration date minimizing data entry errors and improving traceability
- True, live calibration of analytes with ready-to-use liquid calibration material enhances accuracy
- Broad menu: CLINITEK Novus 10 cassettes for routine urinalysis



Features & Benefits ▾

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Watch the CLINITEK Novus Automated Urine Chemistry Analyzer video.

Features & Benefits

The latest urine chemistry analyzer from Siemens combines proven dry-pad technology with an easy-to-use cassette test format to help ensure standardized urine test results and maximum productivity in busy laboratories.

Enhanced productivity

- Accepts up to 450 test sets and processes up to 240 samples/hour for increased walkaway time
- Automated entry of lot number and expiration date via RFID tag saves operator time and reduces potential for errors
- Test cassettes eliminate the need to align the test strips
- Built-in liquid-level sensing reduces sample preparation time
- System design allows easier access to replaceable parts to streamline maintenance and cleaning

Enhanced Reliability

- Card handler provides highly reliable transport of test cards for seamless operation
- Onboard barcode reader reduces potential for errors reading sample IDs



- System identifies tube type and senses if cap has been removed, improving pipette reliability

- LED light source and digital camera increase optical system longevity and overall uptime

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Easy to Use

- Customer-driven design – color touch screen, tiltable display, customizable menu options
- Load-and-go test cassettes and test tubes simplify operations
- Online help and guidance
- Supports a wide range of testing volumes – load up to 200 samples at once

Trusted Results

- Clinically relevant sensitivity and specificity for peace of mind.
- Digital camera measures color to improve accuracy of urine test results
- Standardized output – same proven test pads used in CLINITEK[®] Analyzer family from the point of care to the central lab.
CLINITEK brand is the recognized leader in urine chemistry testing
- Ready-to-use liquid calibration of all analytes provides confidence in urine test results

Broad Menu

- CLINITEK Novus 10 cassettes* for routine urine testing

Assays

Tests Measured

Specific Gravity	Blood	Bilirubin
pH	Leukocyte	Color and Clarity
Protein	Nitrite	
Glucose	Urobilinogen	
Ketone		

Automated Checks: Humidity exposure; Low sample level; Waste bottle full; Rinse bottle empty;



Card waste drawer full; Low tests remaining.
Features & Benefits ▾

> Contact Us

Technical Specifications

System Description

Fully automated urine chemistry analyzer

General

Dimensions	Depth: 68.6 cm (27 inches) Width: 63.5 cm (25 inches) Height: 53.3 cm (21 inches)
Weight	42 kg (93 lb)
Power Requirements	100–240 VAC 48–62 Hz
Maximum Power Output	100 VA
Decibel Rating	60 dBA
Recommended Minimum Bench Area	Width: 78.7 cm (31 inches) Depth: 71.1 cm (28 inches)
Recommended Minimum Clearance above Bench	84.3 cm (33 inches)
Ambient Operating Temperature Range	18° to 30°C (64° to 86°F)
Ambient Operating Humidity Range	20 to 80% relative humidity
Optical System	Color digital camera that captures images with a resolution of one megapixel (1400 x 750 pixels), and an LED light source
Urine Color Correction	Automatically provided
Compliance	TUV, CE, EMC, IEC 61326
Calibration	With every Novus Cassette change (or every 24 hours when multiple same-lot Novus Cassette used within 24 hours); System completes calibration using factory entered baseline adjustment for each test pad to ensure optimal performance



Features & Benefits ▾

System Description[> Contact Us](#)

Throughput	Up to 240 samples per hour
Load List	Available
STAT Testing Capability	Available
Sample Tube Requirements	Width: 16 mm (0.63 inches) Height: 95–106 mm (3.74–4.17 inches)
Sample Loading Capacity	200 tubes (10 tubes per rack)
Sample ID Entry	Manual, barcode, or downloaded from LIS
Result Units	Conventional, conventional with plus system, SI, and SI with plus system

Test Cassettes

Test Sets per Cassette	450 minimum; up to 464
Cassette Types	CLINITEK Novus™ 10
Cassette Lot and Expiration Date Entry	Automatic with RFID tag
Onboard Cassette Stability	14 days

Onboard Computer

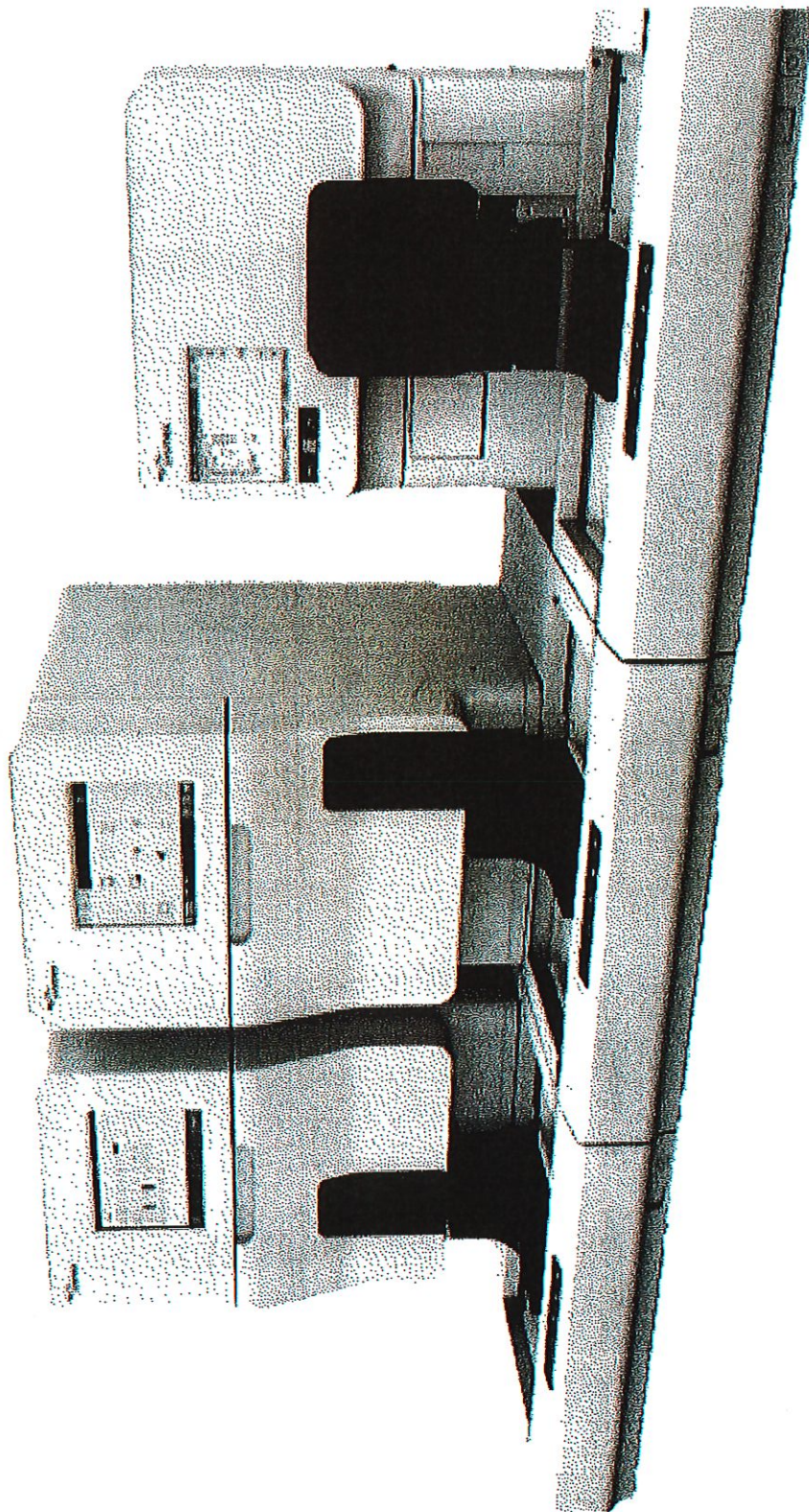
Memory	Patient results 7,500; Calibration results 200; Control results 400
Interfaces	ASTM and HL7
Display	Color touch screen display with adjustable brightness
Speaker	Adjustable volume
Barcode Reading	Internal barcode reader reads Codabar (NW-7); Interleaved 2 of 5 (I 2 of 5), Codes 39, 93, and 128
External Handheld Barcode Reader	Optional
Ports	4 USB, Ethernet, 3 Serial



Siemens NOVUS Clinitek

UF-5000

UD-10



The Siemens Novus Clinitek analyzer will be jointed to the UD-10 and UF5000 purchase with the help of the SLIB grant process

Capital Request Summary

Capital Request #

FY21-62

Name of Capital Request:

Dell Precision 3240 Compact desktops and monitors

Requestor/Department:

Bryan Bear/Information Technology

Sole Source Purchase: Yes or No

Reason: direct registration with Dell

☐ 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.	Dell Technologies	Round Rock, TX	\$181,359.20
2.			
3.			

Recommendation:

Dell Technologies - \$181,359.20



# Assigned: FY 21 - 02	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Information Technology	Submitted by: Bryan Bear
Date: 02/17/2021	
Provide a detailed description of the capital expenditure requested: Dell Precision 3240 Compact desktops (150) and monitors (200).	
Preferred Vendor: Dell	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$ \$180,260.00
3. Installation	\$
4. Shipping	\$ 1,099.20
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ \$181,359.20	
Does the requested item:	
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fit into existing space?	Explain:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Attach to a new service?	Explain:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Require physical plan modifications?	Electrical
If yes, list to the right:	HVAC
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety
	Plumbing
	Infrastructure (I/S cabling, software, etc.)
	\$
	\$
	\$
	\$
	\$
Annualized impact on operations (if applicable):	
Increases/Decreases	
Projected Annual Procedures (NEW not existing)	
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
	\$
	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Budgeted Item:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
# of bids obtained? 1	
<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: See other considerations for explanation	
Review and Approvals	
Submitted by:	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER CONSIDERATIONS

Dell desktop replacements for end of life desktops. We would like to purchase 150 Presicion 3240 Compact desktops, 120 24" monitors and 80 22" monitors.

We currently have a direct registration with Dell for our day to day Latitude, Optiplex, and monitor needs. We have this in place with Dell to protect us from resellers who may try to take our business without our say so. If we were to decide to use a different reseller, as we have used CDW in the past, Dell can hand this direct registration that is currently for Dell over to them. We have a direct registration with Dell. The models and pricing is generic because Dell knows that all organizations need a wide variety of systems and configurations that can cause differences in pricing. Our current registration number for Dell direct is: 19196764.

The reason for the registration is so that we do not get several different quotes with different prices from Dell. Dell does not want to be in competition with themselves and want to offer the best pricing to the partner we want to work with. The registration process solidifies that the company, whether Dell or a partner, that we want to work with will get the best pricing. That is the true benefit of deal registration.

Submitted by: Signature

Date



A quote for your consideration.

Based on your business needs, we put the following quote together to help with your purchase decision. Below is a detailed summary of the quote we've created to help you with your purchase decision.

To proceed with this quote, you may respond to this email, order online through your **Premier page**, or, if you do not have Premier, use this **Quote to Order**.

Quote No. 3000081565658.1
Total \$181,359.20
Customer # 1039001
Quoted On Mar. 23, 2021
Expires by Apr. 22, 2021
Deal ID 20409136

Sales Rep Brandon Boone
Phone (800) 456-3355, 80000
Email Brandon_Boone@Dell.com
Billing To ACCOUNTING TEAM
MEMORIAL HOSP OF
SWEETWATER CO
PO BOX 1359
1200 COLLEGE DR
ROCK SPRINGS, WY 82901-5868

Message from your Sales Rep

Please contact your Dell sales representative if you have any questions or when you're ready to place an order.
Thank you for shopping with Dell!

Regards,
Brandon Boone

Shipping Group

Shipping To
BRYAN BEAR
MEMORIAL HOSP OF
SWEETWATER CO
1200 COLLEGE DR
ROCK SPRINGS, WY 82901
(307) 352-8304

Shipping Method
Standard Delivery

Product	Unit Price	Quantity	Subtotal
Precision 3240 Compact	\$960.00	150	\$144,000.00
Precision 3240 Compact Behind Monitor Mount - includes Base Extender	\$25.00	150	\$3,750.00
Dell 24 Monitor - P2419H	\$172.79	120	\$20,734.80
Dell 22 Monitor - P2219H	\$147.19	80	\$11,775.20

Subtotal:	\$180,260.00
Shipping:	\$1,099.20
Non-Taxable Amount:	\$181,359.20
Taxable Amount:	\$0.00
Estimated Tax:	\$0.00

Total:	\$181,359.20
--------	--------------

Special lease pricing may be available for qualified customers. Please contact your DFS Sales Representative for details.

Shipping Group Details

Shipping To

BRYAN BEAR
MEMORIAL HOSP OF
SWEETWATER CO
1200 COLLEGE DR
ROCK SPRINGS, WY 82901
(307) 352-8304

Shipping Method

Standard Delivery

Precision 3240 Compact

Estimated delivery if purchased today:

May. 17, 2021

Contract # C000000006563

Customer Agreement # Dell Standard Terms and Conditions

		\$960.00	Quantity	Subtotal
			150	\$144,000.00
Description	SKU	Unit Price	Quantity	Subtotal
Intel Core i7-10700 (8 Core, 16M cache, base 2.9GHz, up to 4.8GHz) DDR4-2933	338-BVOL	-	150	-
Win 10 Pro 64 English, French, Spanish	619-AHKN	-	150	-
No Microsoft Office License Included -- 30 day Trial Offer Only	658-BCSB	-	150	-
Precision 3240 Compact Chassis	321-BFVY	-	150	-
16GB 2X8GB DDR4 2666MHz or 2933MHz (2933MHz requires Intel Core i7 or above) SoDIMM Non-ECC Memory	370-AFQF	-	150	-
65W CPU Heatsink	412-AATV	-	150	-
Intel Integrated Graphics	490-BBBS	-	150	-
C2 M.2 PCIe Boot SSD	780-BCPU	-	150	-
No RAID	780-BBCJ	-	150	-
256GB PCIe Class 40 M.2 SSD	400-BJQL	-	150	-
No Hard Drive	400-AKZR	-	150	-
No Hard Drive	400-AKZR	-	150	-
No Additional Network Card Selected (Integrated NIC included)	555-BBJO	-	150	-
Intel Wi-Fi 6 AX201 802.11ax Dual Band (2x2) Wireless Module + Bluetooth 5 with Puck Antenna	555-BGBZ	-	150	-
ME Disable - Manageability	631-ACRK	-	150	-
Dell KB216 Wired Keyboard English	580-ADJC	-	150	-
Black Dell MS116 Wired Mouse	275-BBBW	-	150	-
ENERGY STAR Qualified	387-BBLW	-	150	-
EPEAT 2018 Registered (Gold)	379-BDZB	-	150	-
Dell Precision TPM	340-ACBY	-	150	-
Wireless Driver Intel AX201	555-BGDZ	-	150	-
System Power Cord (Phillips/US)	450-AAZN	-	150	-
Quick Setup Guide - Precision 3240	340-CRZJ	-	150	-
Shipping and Handling Single-Pack	340-CRZI	-	150	-
Precision 3240, 180W Reg Label DAO	389-DWQD	-	150	-
No Internal Speaker	520-AARK	-	150	-
No PCIe add-in card	492-BBFF	-	150	-

SupportAssist	525-BBCL	-	150	-
Dell(TM) Digital Delivery Cirrus Client	640-BBLW	-	150	-
Dell Optimizer for Precision	640-BBSC	-	150	-
Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps)	658-BBMR	-	150	-
Waves Maxx Audio	658-BBRB	-	150	-
Dell SupportAssist OS Recovery Tool	658-BEOK	-	150	-
180W AC Adapter	450-AHBG	-	150	-
Custom Configuration	817-BBBB	-	150	-
Precision 3240 Compact CTO BASE	210-AWXT	-	150	-
Integrated Intel SATA Controller	403-BBCE	-	150	-
Dell Limited Hardware Warranty Plus Service	997-2808	-	150	-
ProSupport Plus: 7x24 Technical Support, 3 Years	997-2859	-	150	-
ProSupport Plus: Keep Your Hard Drive, 3 Years	997-2868	-	150	-
ProSupport Plus: Accidental Damage Service, 3 Years	997-2877	-	150	-
ProSupport Plus: Next Business Day Onsite, 3 Years	997-6820	-	150	-
Thank you for choosing Dell ProSupport Plus. For tech support, visit www.dell.com/contactdell or call 1-866-516-3115	997-8367	-	150	-

Quantity	Subtotal
150	\$3,750.00

Precision 3240 Compact Behind Monitor Mount - includes Base Extender

Estimated delivery if purchased today:
Apr. 30, 2021
Contract # C000000006563
Customer Agreement # Dell Standard Terms and Conditions

Description	SKU	Unit Price	Quantity	Subtotal
Precision 3240 Compact Behind Monitor Mount - includes Base Extender	575-BCHH	-	150	-
			Quantity	Subtotal
		\$172.79	120	\$20,734.80

Dell 24 Monitor - P2419H

Estimated delivery if purchased today:
Apr. 02, 2021
Contract # C000000006563
Customer Agreement # Dell Standard Terms and Conditions

Description	SKU	Unit Price	Quantity	Subtotal
Dell 24 Monitor - P2419H	210-AQDX	-	120	-
Dell Limited Hardware Warranty	814-5380	-	120	-
Advanced Exchange Service, 3 Years	814-5381	-	120	-
			Quantity	Subtotal
		\$147.19	80	\$11,775.20

Dell 22 Monitor - P2219H

Estimated delivery if purchased today:
Apr. 07, 2021
Contract # C000000006563
Customer Agreement # Dell Standard Terms and Conditions

Description	SKU	Unit Price	Quantity	Subtotal
Dell 22 Monitor - P2219H	210-AQBK	-	80	-
Dell Limited Hardware Warranty	814-9381	-	80	-
Advanced Exchange Service, 3 Years	814-9382	-	80	-

Subtotal:	\$180,260.00
Shipping:	\$1,099.20
Estimated Tax:	\$0.00
<hr/>	
Total:	\$181,359.20

Important Notes

Terms of Sale

This Quote will, if Customer issues a purchase order for the quoted items that is accepted by Supplier, constitute a contract between the entity issuing this Quote ("Supplier") and the entity to whom this Quote was issued ("Customer"). Unless otherwise stated herein, pricing is valid for thirty days from the date of this Quote. All product, pricing and other information is based on the latest information available and is subject to change. Supplier reserves the right to cancel this Quote and Customer purchase orders arising from pricing errors. Taxes and/or freight charges listed on this Quote are only estimates. The final amounts shall be stated on the relevant invoice. Additional freight charges will be applied if Customer requests expedited shipping. Please indicate any tax exemption status on your purchase order and send your tax exemption certificate to Tax_Department@dell.com or ARSalesTax@emc.com, as applicable.

Governing Terms: This Quote is subject to: (a) a separate written agreement between Customer or Customer's affiliate and Supplier or a Supplier's affiliate to the extent that it expressly applies to the products and/or services in this Quote or, to the extent there is no such agreement, to the applicable set of Dell's Terms of Sale (available at www.dell.com/terms or www.dell.com/oemterms), or for cloud/as-a-Service offerings, the applicable cloud terms of service (identified on the Offer Specific Terms referenced below); and (b) the terms referenced herein (collectively, the "Governing Terms"). Different Governing Terms may apply to different products and services on this Quote. The Governing Terms apply to the exclusion of all terms and conditions incorporated in or referred to in any documentation submitted by Customer to Supplier.

Supplier Software Licenses and Services Descriptions: Customer's use of any Supplier software is subject to the license terms accompanying the software, or in the absence of accompanying terms, the applicable terms posted on www.Dell.com/eula. Descriptions and terms for Supplier-branded standard services are stated at www.dell.com/servicecontracts/global or for certain infrastructure products at www.dell.com/en-us/customer-services/product-warranty-and-service-descriptions.htm.

Offer-Specific, Third Party and Program Specific Terms: Customer's use of third-party software is subject to the license terms that accompany the software. Certain Supplier-branded and third-party products and services listed on this Quote are subject to additional, specific terms stated on www.dell.com/offeringspecificterms ("Offer Specific Terms").

In case of Resale only: Should Customer procure any products or services for resale, whether on standalone basis or as part of a solution, Customer shall include the applicable software license terms, services terms, and/or offer-specific terms in a written agreement with the end-user and provide written evidence of doing so upon receipt of request from Supplier.

In case of Financing only: If Customer intends to enter into a financing arrangement ("Financing Agreement") for the products and/or services on this Quote with Dell Financial Services LLC or other funding source pre-approved by Supplier ("FS"), Customer may issue its purchase order to Supplier or to FS. If issued to FS, Supplier will fulfill and invoice FS upon confirmation that: (a) FS intends to enter into a Financing Agreement with Customer for this order; and (b) FS agrees to procure these items from Supplier. Notwithstanding the Financing Agreement, Customer's use (and Customer's resale of and the end-user's use) of these items in the order is subject to the applicable governing agreement between Customer and Supplier, except that title shall transfer from Supplier to FS instead of to Customer. If FS notifies Supplier after shipment that Customer is no longer pursuing a Financing Agreement for these items, or if Customer fails to enter into such Financing Agreement within 120 days after shipment by Supplier, Customer shall promptly pay the Supplier invoice amounts directly to Supplier.

Customer represents that this transaction does not involve: (a) use of U.S. Government funds; (b) use by or resale to the U.S. Government; or (c) maintenance and support of the product(s) listed in this document within classified spaces. Customer further represents that this transaction does not require Supplier's compliance with any statute, regulation or information technology standard applicable to a U.S. Government procurement.

For certain products shipped to end users in California, a State Environmental Fee will be applied to Customer's invoice. Supplier encourages customers to dispose of electronic equipment properly.

Electronically linked terms and descriptions are available in hard copy upon request.

Capital Request Summary

Capital Request #

FY21-63

Name of Capital Request:

Replacement of network closets

Requestor/Department:

Stacey Nutt/Information Technology

Sole Source Purchase: Yes or No

Reason:

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	ConvergeOne	Bloomington, MN	\$519,278.83
2.	CDW-G	Vernon Hills, IL	\$906,950.53
3.			

Recommendation:

ConvergeOne - \$519,278.83



# Assigned: FY 21 - 03	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: IT	Submitted by: Stacey Null
Date: 2-10-2021	
Provide a detailed description of the capital expenditure requested: Replace all 68 switches in MHSC Network Closets	
Preferred Vendor: ConvergeOne	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$ 519,278.83
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ 519,278.83	
Does the requested item: we do keep annual support contract on all critical IT hardware	
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain:
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical \$ HVAC \$ Safety \$ Plumbing \$ Infrastructure (I/S cabling, software, etc.) \$
Annualized impact on operations (if applicable):	
Increases/Decreases	
Projected Annual Procedures (NEW not existing)	
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Budgeted Item:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
# of bids obtained? 2	
<input checked="" type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:	
Review and Approvals	
Submitted by: Stacey Null	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature: 3-9-2021 Date: 3-18-2021	

OTHER CONSIDERATIONS

IT is looking to do a refresh for all of our network switches. The current ones are six plus years old. These switches have already reached End of Software Development as of 2019 which means the company is no longer updating any software/code for them. They will be End of Life (which means end of hardware support) at the end of next fiscal year. Typical life-cycle of network switches is 5-7 years so we are in the time frame that they should be replaced before we start having issues.

We would also like to get this completed before the Cerner Go Live.

Stacey Nutt

Digitally signed by Stacey Nutt
DN: cn=Stacey Nutt, o=MHSC, ou=IT,
email=snutt@sweetwatermemorial.com, c=US
Date: 2021.02.10 15:21:36 -07'00'

Submitted by: Signature

2-10-2021

Date



Date: 1/26/2021

Page #: 1 of 2

Documents #: OP-000590299
SO-000648994

Solution Name: Network Upgrade

Customer: Memorial Hospital of
Sweetwater County

Solution Summary

Network Upgrade

Customer: Memorial Hospital of Sweetwater County	Primary Contact: Stacey Nutt
Ship To Address: ,	Email: snutt@sweetwatermemorial.com
Bill To Address: 1200 College Dr PO Box 1359 Rock Springs, WY 82901-5868	Phone: (307) 352-8288
Customer ID: VTWMEMHOS0003	National Account Manager: James Voorhies
Customer PO:	Email: jvoorhies@convergeone.com
	Phone: +13079952000

Solution Summary	Current Due	Next Invoice	Due	Remaining	Total Project
Software	\$32,099.40		One-Time		\$32,099.40
Hardware	\$474,891.43		One-Time		\$474,891.43
Professional Services	\$12,288.00		One-Time		\$12,288.00
Project Subtotal	\$519,278.83				\$519,278.83
Estimated Tax	NOT INCLUDED				
Estimated Freight	NOT INCLUDED				
Project Total	\$519,278.83				\$519,278.83

This Solution Summary summarizes the document(s) that are attached hereto and such documents are incorporated herein by reference (collectively, this "Order"). Customer's signature on this Order (or Customer's issuance of a purchase order in connection with this Order) shall represent Customer's agreement with each document in this Order and acknowledgement that such attached document(s) are represented accurately by this Solution Summary.

Unless otherwise specified in this Order, this Order shall be subject to the following terms and conditions (the "Agreement"): (i) the Master Sales Agreement or other applicable master agreement in effect as of the date hereof between ConvergeOne, Inc. and/or its subsidiaries and affiliates (collectively, "C1" or "ConvergeOne" or "Seller") and Customer; or (ii) if no such master agreement is currently in place between C1 and Customer, the Online General Terms and Conditions currently found on the Internet at: <https://www.convergeone.com/online-general-terms-and-conditions/>. If Customer's Agreement is a master agreement entered into with one of ConvergeOne, Inc.'s predecessors, affiliates and/or subsidiaries ("Legacy Master Agreement"), the terms and conditions of such Legacy Master Agreement shall apply to this Order, subject to any modifications, located at: <https://www.convergeone.com/online-general-terms-and-conditions/>. In the event of a conflict between the terms and conditions in the Agreement and this Order, the order of precedence shall be as follows: (i) this Order (with the most recent and specific document controlling if there are conflicts between the Solution Summary and any applicable supporting document(s) incorporated into this Order), (ii) Attachment A to the Agreement (if applicable), and (iii) the main body of the Agreement.

This Order may include the sale of any of the following to Customer: (a) any hardware, third party software, and/or Seller software (collectively, "Products"); (b) any installation services, professional services, and/or third party provided support services that are generally associated with the Products and sold to customers by Seller (collectively, "Professional Services"); (c) any Seller-provided vendor management services, software release management services, remote monitoring services and/or, troubleshooting services (collectively, "Managed Services"); and/or (d) any Seller-provided maintenance services ordered by Customer to maintain and service Supported Products or Supported Systems at Supported Sites to ensure that they operate in conformance with their respective documentation and specifications (collectively, "Maintenance Services"). For ease of reference only, Professional Services, Managed Services and Maintenance Services may be referred to collectively as "Services." Unless otherwise defined herein, capitalized terms used herein will have the same meanings as set forth in the Agreement.

Products and/or Services not specifically itemized are not provided hereunder. This Order will be valid for a period of thirty (30) days following the date hereof. Thereafter, this Order will no longer be of any force and effect.

This Order is a configured order and/or contains software.

ACCEPTED BY:

BUYER: _____ DATE: _____ SELLER: _____ DATE: _____
TITLE: _____ TITLE: _____

CONFIDENTIAL AND PROPRIETARY INFORMATION OF CONVERGEONE, INC.



Date: 1/26/2021

Page #: 2 of 2

Documents #: OP-000590299
SO-000648994

Solution Name: Network Upgrade

Customer: Memorial Hospital of
Sweetwater County

Solution Quote

Network Upgrade

Customer: Memorial Hospital of Sweetwater County	Primary Contact: Stacey Nutt
Ship To Address: ,	Email: snutt@sweetwatermemorial.com
Bill To Address: 1200 College Dr PO Box 1359 Rock Springs, WY 82901-5868	Phone: (307) 352-8288
Customer ID: VTWMEMHOS0003	National Account Manager: James Voorhies
Customer PO:	Email: jvoorhies@convergeone.com
	Phone: +13079952000

#	Item Number	Description	Term	Qty	Unit Price	Extended Price
Cisco 9200 48 Port PoE Switching						
1	NETWORK-PNP-LIC	Network Plug-n-Play Connect for zero-touch device deployment		68	\$0.00	\$0.00
2	C9200-STACK	Catalyst 9200 Stack Module		136	\$0.00	\$0.00
3	STACK-T4-50CM	50CM Type 4 Stacking Cable		68	\$0.00	\$0.00
4	C9200L-STACK-KIT	Cisco Catalyst 9200L Stack Module		68	\$553.09	\$37,610.12
5	C9200L-DNA-E-48-3Y	C9200L Cisco DNA Essentials, 48-port, 3 Year Term license	36	68	\$472.05	\$32,099.40
6	C9200L-DNA-E-48	C9200L Cisco DNA Essentials, 48-port Term license		68	\$0.00	\$0.00
7	CAB-TA-NA	North America AC Type A Power Cable		136	\$0.00	\$0.00
8	PWR-C5-1KWAC/2	1KW AC Config 5 Power Supply - Secondary Power Supply		68	\$1,327.41	\$90,263.88
9	C9200L-NW-E-48	C9200L Network Essentials, 48-port license		68	\$0.00	\$0.00
10	CON-SNT-C20L94XG	CON-SNT-C20L94XG - SNTC-8X5XNBD C9200L 48-p 12xmGig, 36x1G, 4x10G PoE+,	12	68	\$634.95	\$43,176.60
11	C9200L-48PXG-4X-E	C9200L 48-p 12xmGig, 36x1G, 4x10G PoE+, Network Essentials		68	\$4,374.86	\$297,490.48
AddOn GLC LH Optics						
12	GLC-LH-SMD-AO	1000BLX SFP LC SMF F/CISCO W/DOM 1310NM 10KM 100% COMPATIBLE		1	\$66.00	\$66.00
AddOn 10G LR Optics						
13	SFP-10G-LR-AO	10GBASE-LR SFP+ LC SMF F/CISCO 1310NM 10KM 100% COMPATIBLE		2	\$270.00	\$540.00
AddOn 10G SR Optics						
14	SFP-10G-SR-S-AO	AddOn Cisco SFP-10G-SR-S Compatible TAA Compliant 10GBase-SR SFP+ Transceiver (MMF, 850nm, 300m, LC,		32	\$140.00	\$4,480.00
Cisco Stack Wise Cables 1 Meter						
15	STACK-T4-1M=	1M Type 4 Stacking Cable		15	\$84.29	\$1,264.35
ConvergeOne Professional Services (please refer to the Statement of Work provided)						
16	Professional Services	Professional Services				\$12,288.00

From: [Stacey Nutt](#)
To: [Stacey Nutt](#)
Subject: Stacey Nutt Sent You this CDW-G Shopping Cart for Review
Date: Tuesday, January 26, 2021 10:05:35 AM

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.



This email was sent to you from: Stacey Nutt. | [View in browser](#)

[Hardware](#) [Software](#) [Services](#) [IT Solutions](#) [Brands](#) [Tech Library](#)

CDW-G For Review

This email was sent to you from: Stacey Nutt snutt@sweetwatermemorial.com

[View Cart Online](#)

	Item	Qty	CDW #	Unit Price	Ext. Price
	CISCO DIRECT C9200L-48PXG4X-EDU Mfg. Part#: C9200L-48PXG4X-EDU UNSPSC: 43222612	68	5633421	\$6,950.79	
	CISCO 1M TYPE 4 STACKING CABLE Mfg. Part#: STACK-T4-1M= UNSPSC: 26121609	15	5524149	\$142.86	
	GSA CISCO 10GBASE-SR SFP MODULE Mfg. Part#: SFP-10G-SR-S UNSPSC: 43201553	32	5654696	\$469.11	
	GSA CISCO 10GBASE-LRM SFP MODULE Mfg. Part#: SFP-10G-LRM= UNSPSC: 43201553	2	5659331	\$818.72	

	AXIOM 1000BASE-LX SFP TRANSCEIVER Mfg. Part#: GLC-LH-SMD- 10PK UNSPSC: 43201553	1	5671776	\$418.19
	CIS DIR REFURB GLC- LH-SMD-RF Mfg. Part#: GLC-LH-SMD-RF UNSPSC: 43201553	1	3330680	\$412.56
	CISCO 3YR TERM LICS C9200L DNA ESSEN Mfg. Part#: C9200L-DNA-E- 48-3Y UNSPSC: 43233204	68	5400553	\$621.02
	CISCO DIR REFURB C9200L-STACKKIT-RF Mfg. Part#: C9200L- STACKKIT-RF	68	6116331	\$670.41
	CISCO DIRECT PWR- C5-1KWAC/2 Mfg. Part#: PWR-C5-1KWAC/2 UNSPSC: 39121004	68	5365448	\$2,193.74
	CIS DIR 3YR SNET 8X5XNBD Mfg. Part#: CON-SNT- C20L94XG UNSPSC: 81111811	68	5642554	\$2,612.98

Subtotal \$906,950.53

Grand Total \$906,950.53

Sales Contact Info



Samantha Hintze | (312) 547-2809 | sammhin@cdwg.com

Need Help?

 [My Account](#)

 [Support](#)

 [Call 800.800.4239](#)

* Pricing is reflective of items only. Shipping, tax, and any related fees will be calculated at checkout.

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This email was sent to snutt@sweetwatermemorial.com. Please add cdwsales@cdwemail.com to your address book.

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SSC:001 | WEB 007 | WEBdf67fd9c-666b-4cbf-b806-b6126fc92b00

FY21 64

Capital Request Summary

Capital Request #

FY21-64

Name of Capital Request:

Building Automation System

Requestor/Department:

Jim Horan/Facilities

Sole Source Purchase: Yes or No

Reason: prefer current vendor for consistency

☐ 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.	Harris	Salt Lake City, UT	\$905,461.00
2.			
3.			

Recommendation:

Harris - \$905,461.00



# Assigned: FY 21 -											
Capital Request											
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.											
Department: Facilities Support Services	Submitted by: Jim Horan Date: 3/9/2021										
Provide a detailed description of the capital expenditure requested: Upgrade "Building Automation System" (BAS) from 1970's vintage pneumatic controls to "Direct Digital Control" (DDC). More in-depth description is supplied under "other considerations".											
Preferred Vendor: Harris											
Total estimated cost of project (Check all required components and list related expense)											
1. Renovation 2. Equipment 3. Installation 4. Shipping 5. Accessories 6. Training 7. Travel costs 8. Other e.g. interfaces	\$ 905,461.00 \$ \$ \$ \$ \$ \$ \$ Total Costs (add 1-8) \$ 905,461.00										
Does the requested item:											
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain:										
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:										
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Electrical</td><td style="text-align: right;">\$</td></tr> <tr><td>HVAC</td><td style="text-align: right;">\$</td></tr> <tr><td>Safety</td><td style="text-align: right;">\$</td></tr> <tr><td>Plumbing</td><td style="text-align: right;">\$</td></tr> <tr><td>Infrastructure (I/S cabling, software, etc.)</td><td style="text-align: right;">\$</td></tr> </table>	Electrical	\$	HVAC	\$	Safety	\$	Plumbing	\$	Infrastructure (I/S cabling, software, etc.)	\$
Electrical	\$										
HVAC	\$										
Safety	\$										
Plumbing	\$										
Infrastructure (I/S cabling, software, etc.)	\$										
Annualized impact on operations (if applicable):											
Increases/Decreases											
Projected Annual Procedures (NEW not existing)											
Revenue per procedure	\$										
Projected gross revenue	\$										
Projected net revenue	\$										
Projected Additional FTE's											
Salaries	\$										
Benefits	\$										
Maintenance	\$										
Supplies	\$										
Total Annual Expenses	\$										
Net Income/(loss) from new service	\$										
Budgeted Item: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
# of bids obtained? <u>1</u>											
<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: single source											
Review and Approvals											
Submitted by:	Verified enough Capital to purchase										
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO										
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO										
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO										

3.24.21

OTHER CONSIDERATIONS

Pneumatic controls were very popular at one time before DDC controls were fully developed. MHSC still has many places with such controls from our original construction in the late 1970's. These controls were reasonably reliable for their time. But they have severe limitations. Pneumatic controls: are prone to air-leaking that can cause simultaneous heating and cooling. need routine manual re-calibration. cannot be monitored to assure accuracy. Must be manually measured, validated and manipulated. parts are becoming increasingly difficult to obtain.

This proposal provides upgrades of all controls to the latest DDC version. This upgrade includes: replacing "constant volume" (CV) reheat duct boxes with "variable air volume" (VAV) duct boxes. This provides the greatest improvement in efficiency and air/temperature measurement and accuracy. It allows us to precisely control and monitor room temperatures and pressurization for maximum comfort and code compliance. Also allowing us to create unoccupied settings for maximum efficiency. This proposal replaces 96 CV boxes and upgrades 238 boxes. replacing all pneumatic controls, valves, thermostats and devices to DDC so that our BAS can monitor and control device settings and function. upgrade all control interfaces for seamless communication in control systems. provide and install 12 room pressure monitors and connect to DDC. install DDC controls for kitchen air-handler (S-2). infrastructure upgrades that will allow us to integrate future BAS upgrades with minimal disruption and cost.

This is a single source quote. It is imperative that this upgrade utilize same BAS platform, controls, devices, and programming logic so as to be seamlessly integrated into our current system.

We will send to County for reimbursement from remaining maintenance funds.

Submitted by: Signature

Date



1193 W 2200 S Ste A
Salt Lake City, Utah 84119
P 801.956.0465 F 801.956.0466

DATE: 3/3/2021
PREPARED FOR: Jim Horan
COMPANY: Sweetwater Memorial
PROJECT: Hospital Controls
& Mechanical Upgrades
PREPARED BY: Jarvis Hofhines

Provide Upgrade of Remaining Pneumatics and Invensys Controls

- 96 **Provide preassembled reheat VAV assembly with premounted controls and manifolds**
 - (22) Lower Level B
 - (14) Lower Level C
 - (14) 1st Flr A
 - (40) 1st Flr B
 - (6) 1st Flr C
- 1 **Pre-manufacturing field measure labor and installation labor and materials (Vaughns)**
 - Remove existing reheat coils and retrofit new VAV assembly
 - Strategically manage installation to minimize or mitigate need for infection control measures
 - Includes \$20,000 duct repair contingency allowance
- 96 **Controls network, power and thermostat wiring**
 - document cabling paths as wire is pulled and minimize or mitigate infection control measures
- 238 **Retrofit existing Invensys VAV controls**
 - New VAV controller
 - New wall stat (no display in public areas, digital display in offices)
 - New valve actuator
- 2 **Pull new BACnet com wire on 2 trunks**
- 334 **Airflow calibration of all new VAVs**
 - Take airflow readings and calibrate VAV controllers and document flows in flow report
- 1 **Upgrade and add Niagara JACES and Server license to support Windows 10**
 - Power supplies, 485 com cards
 - (3) Titan 8100 (3) Titan 8200
 - Increase license on basement AHU jace - 50 device adder pack and 5yr SMA
 - Current N4 software and 5 year Software license
- 1 **Provide ethernet cabling and reconfiguration of existing BMS IP network**
 - Migrate all controls to internal hospital IT managed network/VLAN

Accepted for construction by: _____

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Page1



1193 W 2200 S Ste A
Salt Lake City, Utah 84119
P 801.956.0465 F 801.956.0466

DATE: 3/3/2021
PREPARED FOR: Jim Horan
COMPANY: Sweetwater Memorial
PROJECT: Hospital Controls
& Mechanical Upgrades

- 1 Installation and programming of previously provided parts for Kitchen MAU controls
 - Pull wire to all new valve locations
 - Install control valves
 - Install zone sensors and temp sensors in cooking hood
- 14 Radiant baseboard control valves and control of (14) zones
 - provide and install (14) 3/4" radiant zone valves
 - connect into closest VAV control zone as stage 1 heat
- 17 Replace Viconics Radiant Zone thermostat and connect to VAV zone controller
- 12 Provide and install 12 Room pressure monitors and connect to BMS
 - medical waste closets, soiled laundry etc.
- 5 Replace pneumatic fire damper actuators and fire alarm wiring
- 1 Update BMS graphics floor plans and system programming
- 1 Engineering package, as-built diagrams
- 1 Project Contingency (owner managed T&M) \$24,000
- 1 Travel and per diem
- 1 Shipping and storage

Package Total \$905,461

Clarifications and Exclusions

We are excluding and chemical treatment or glycol that may need to be added to HW system

Accepted for construction by: _____

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Page2

Capital Request Summary

Capital Request #

FY21-65

Name of Capital Request:

GE CARESCAPE One Monitors

Requestor/Department:

Ann Clevenger/Nursing Admin

Sole Source Purchase: Yes or No

Reason: compatible with GE cardiac monitors

☐ 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.	Cerner/GE Healthcare	Kansas City, MO	\$234,889.73
2.			
3.			

Recommendation:

Cerner/GE Healthcare - \$234,889.73



# Assigned: FY 21 - 65	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Nursing	Submitted by: Ann Clevenger
Date: 03/24/2021	
Provide a detailed description of the capital expenditure requested: GE CARESCAPE monitors (34)	
Preferred Vendor:	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$ 234,889.73
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 234,889.73
Does the requested item:	
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fit into existing space?	Explain:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Attach to a new service?	Explain:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Require physical plan modifications?	Electrical
If yes, list to the right:	HVAC
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety
	Plumbing
	Infrastructure (I/S cabling, software, etc.)
	\$
	\$
	\$
	\$
	\$
Annualized impact on operations (if applicable):	
Increases/Decreases	
Projected Annual Procedures (NEW not existing)	
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Budgeted Item:	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
# of bids obtained? <u>1</u>	
<input type="checkbox"/> Copies and/or Summary attached.	
If no other bids obtained, reason:	
same vendor as cardiac monitors	
Review and Approvals	
Submitted by:	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO

4.1.2021
 3-30-2021
 3-30-21

OTHER CONSIDERATIONS

The CARESCAPE One is the "brain" of the "host" patient monitor (CARESCAPE B450 or B650). All of the patient parameter cables (ECG/SPO2/NIBP/etc.) are connected to the CARESCAPE One, then the CARESCAPE One connects to the "host" patient monitor to display parameter waveforms and numeric as well as send data to Cerner. Additionally, the CARESCAPE one transitions into a transport monitor when dismounted from a "host" patient monitor. The CARESCAPE One display takes over showing waveforms and numeric until reconnected to a "host" which will then take over the display. The CARESCAPE One is meant to travel with the patient throughout their hospital stay (i.e. ED to OR to ICU + transport time).

We have entered into a supply purchase agreement with Masimo for the disposable patient supplies that will be used with this equipment. Within this agreement, Masimo has agreed to pay \$120,000 to GE for an additional 15 CARESCAPE One monitors. This brings the total quantity to 51 monitors.

Submitted by: Signature

Date



CERNER SALES ORDER

This Cerner Sales Order is made on March 29, 2021 ("Effective Date"), between

Memorial Hospital of Sweetwater County ("Client") and **Cerner Corporation ("Cerner")**

with its principal place of business at

1200 College Blvd
Rock Springs, WY 82901, United States
Telephone: (307) 362-3711

a Delaware corporation with its principal place of business at

2800 Rock Creek Parkway
North Kansas City, MO 64117, United States
Telephone: (816) 221-1024

Cerner Sales Contact: Jake Westhoff
+1 816 571 6378
jake.westhoff@cerner.com

Client agrees to purchase the specific products and services set forth herein, and Cerner agrees to furnish such products and services upon the terms and conditions of this Cerner Sales Order and the Cerner Business Agreement, dated September 04, 2020, between Client and Cerner (the "Agreement").

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Authorized signatory: _____

(signature)

(printed name)

Title: _____

CERNER CORPORATION

Authorized signatory: _____

Teresa Waller

Title: Sr. Director, Contract Management

CLIENT WILL COMPLETE THE FOLLOWING UPON EXECUTION OF THIS CERNER SALES ORDER:

Client Invoice Contact: _____

Contact Phone #: _____

Contact Email Address: _____

Client's account can be managed online at cerner.com by registering for Cerner eBill. To gain access to eBill, contact the Cerner Client Care Center at 866-221-8877 or e-mail ClientCareCenter@cerner.com.



Memorial Hospital of Sweetwater County
OPT-0279042_Q-60773.1_LA-0000042015
March 29, 2021

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**Cerner****CERNER SALES ORDER****FINANCIAL OVERVIEW**

Description	One-Time Fees	Monthly Fees
EQUIPMENT		
Equipment and Installation (if applicable)	234,889.73	--
TOTALS:	234,889.73	0.00

All prices in this Cerner Sales Order are shown in USD. Pricing is valid until June 27, 2021. If this Cerner Sales Order is not executed on or before such date, this pricing is considered null and void and will be subject to revision.

Not applicable is indicated by "--".

PAYMENT TERMS

ONE-TIME FEES			
Description	Payment Number	Percent (%) Of Total Due	Payment Due
Equipment and Installation (if applicable)	1	100%	Upon Shipment

EQUIPMENT/SUBLICENSED SOFTWARE

Technology Changes. At the time of the actual order, Cerner may substitute individual technology solutions and/or Maintenance services based on availability or technological advancements. Cerner and Client may also agree to replace certain technology solutions with other Cerner offerings. If the substitute items or Maintenance services result in an increase in fees, Cerner and Client will discuss and agree upon the fee increase prior to ordering such items or Maintenance services.

Shipping and Handling. Standard shipping of GE hardware included. Additional fees may apply if Client requests expedited shipping in writing. Notwithstanding any other agreement between the parties regarding shipping terms, the items set forth in this Cerner Sales Order shall be shipped FOB the manufacturer's plant.

EQUIPMENT AND INSTALLATION (if applicable)						
Quote: Q-60773.1						
Line No.	Manufacturer Part No.	Solution Detail Description	Qty.	Per Unit One-Time Fees	Extended One-Time Fees	Pass-Through Code
1	2087075-002	CARESCAPE ONE	34	0.00	0.00	--
2	2098985-001	CARESCAPE ONE MBZ101 HARDWARE	34	3,130.43	106,434.78	--
3	2087075-003	CARESCAPE ONE SOFTWARE	34	0.00	0.00	--
4	2098987-001	CARESCAPE ONE CSPV3 SW	34	2,782.61	94,608.70	--
5	2087075-004	CARESCAPE ONE BATTERY	34	0.00	0.00	--
6	2062895-001	BATTERY FLEX-3S2P 10.8V 18650 LI-ION SMBUS	34	208.70	7,095.65	--
7	2087075-005	CARESCAPE ONE FREQUENCY SETTING	34	0.00	0.00	--
8	2098988-002	CARESCAPE ONE FREQUENCY SETTING 60HZ	34	0.00	0.00	--
9	2087075-006	CARESCAPE ONE LANGUAGE LOCALIZATION KIT	34	0.00	0.00	--
10	2098989-016	CARESCAPE ONE ENGLISH US LOCALIZATION	34	0.00	0.00	--
11	2087075-007	CARESCAPE ONE KEYBOARD LOCALIZATION	34	0.00	0.00	--
12	2099023-005	CARESCAPE ONE ENGLISH US KEYBOARD SW SETTING	34	0.00	0.00	--
13	2099057-002	CARESCAPE DOCK F0	34	0.00	0.00	--
14	2099060-001	CARESCAPE DOCK F0 HARDWARE	34	452.17	15,373.91	--
15	2099057-003	EPORT COMM/POWER	34	0.00	0.00	--
16	2087716-002	CABLE ASSEMBLY EPORT CARESCAPE ONE TO HOST 1.5M(5FT)	34	121.74	4,139.13	--
17	2099057-004	CARESCAPE DOCK F0 POWER SUPPLY	34	0.00	0.00	--



Memorial Hospital of Sweetwater County
OPT-0279042_Q-60773.1_LA-0000042015
March 29, 2021

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**Cerner****CERNER SALES ORDER****EQUIPMENT AND INSTALLATION (if applicable)**

Quote: Q-60773.1

Line No.	Manufacturer Part No.	Solution Detail Description	Qty.	Per Unit One-Time Fees	Extended One-Time Fees	Pass-Through Code
18	2096539-001	POWER SUPPLY 15V F0 DOCKING STATION	34	208.70	7,095.65	--
19	2099057-005	POWER CORD	34	0.00	0.00	--
20	80274-006	CORD PWR 125V 13A 6FT STR	34	0.00	0.00	--
21	2083083-001	INSTALLATION CHARGE	34	4.17	141.91	--
TOTAL:					234,889.73	--



Memorial Hospital of Sweetwater County
OPT-0279042_Q-60773.1_LA-0000042015
March 29, 2021

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**Cerner****CERNER SALES ORDER****EQUIPMENT/SUBLICENSED SOFTWARE DELIVERY**

Delivery Information. The following delivery information is required to process the equipment/sublicensed software in this Cerner Sales Order.

Delivery Address	Delivery Contact Information
<hr/> <i>(Name of Facility)</i>	<hr/> <i>(Name – Printed)</i>
<hr/> <i>(Address Line 1)</i>	<hr/> <i>(E-mail Address)</i>
<hr/> <i>(Address Line 2)</i>	<hr/> <i>(Phone Number)</i>
<hr/> <i>(City, State/Province, Zip/Postal Code, Country)</i>	<hr/> <i>(Fax Number)</i>

Delivery Requirements. Please check the applicable box for each question below to help ensure a successful delivery.

Does the facility accommodate a 48-foot trailer?		Yes		No	
Does the facility have a loading dock?		Yes		No	
What are the receiving days and hours of operation? <i>(Please enter days and times available)</i>	Days:		Start Time:	End Time:	
Will a lift gate and/or ramp be required?	No		Lift Gate	Ramp	
To what floor will the equipment be delivered?	Basement		Ground	Floor:	
Does the facility have an elevator, or will a stair crawler be required?	Elevator		Stair Crawler	N/A	
Does the facility require floor covering?		Yes		No	

FACILITIES

Permitted Facilities. For use and access by these facilities:

Name	Address	City	State/Province	Zip/Postal Code	Country
Memorial Hospital of Sweetwater County	1200 College Blvd	Rock Springs	WY	82901	United States

The parties may add or substitute Permitted Facilities by amending this section.

PASS-THROUGH PROVISIONS

Memorial Hospital of Sweetwater County
OPT-0279042_Q-60773.1_LA-0000042015
March 29, 2021

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CERNER SALES ORDER

Where pass-through provisions are applicable to third-party products and services, these provisions are referenced by a pass-through code in the "Solutions", "Equipment/Sublicensed Software", "Professional Services", "Application Management Services", or "Managed Services" sections of this Cerner Sales Order, and that code can be entered at <https://passthroughprovisions.cerner.com> to view the pass-through provisions. These pass-through provisions are incorporated into this Cerner Sales Order by reference, and may also be attached as an exhibit to this Cerner Sales Order.



Memorial Hospital of Sweetwater County
OPT-0279042_Q-60773.1_LA-0000042015
March 29, 2021

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

Wednesday~ March 31, 2021

2:00 p.m.

Teleconference

Voting Members:

Ed Tardoni , Chairman
Taylor Jones
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

Ron Cheese	Kari Quickenden
Angel Bennett	Dr. Larry Lauridsen
Ann Clevenger	Dr. Augusto Jamias

Guests:

Jeff Smith, Commission
Stacey Nutt

Leslie Taylor
Bryan Bear

James Horan
Mary Fischer

- | | | |
|------|--|------------|
| I. | Call Meeting to Order | Ed Tardoni |
| II. | <u>Approve January 27, 2021 Meeting Minutes</u> | Ed Tardoni |
| III. | <u>Capital Requests FY 21</u> | |
| IV. | Financial Report | |
| | A. Monthly Financial Statements & Statistical Data | |
| | 1. <u>Narratives</u> | Tami Love |
| | 2. <u>Financial Information</u> | Tami Love |
| | B. Other Business | |
| | 1. <u>Preliminary Bad Debt</u> | Ron Cheese |
| V. | Old Business | |
| | A. SLIB grants update | Tami Love |
| VI. | New Business | |
| | A. Self Pay Plan Update | Ron Cheese |
| | B. Financial Forum Discussion | Ed Tardoni |
| VII. | Adjournment | Ed Tardoni |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Finance & Audit Committee Meeting
January 27, 2021

Voting Members Present: Mr. Richard Mathey, *Trustee-Chairman*
Mr. Ed Tardoni, *Trustee*
Ms. Irene Richardson, *CEO*
Ms. Tami Love, *CFO*
Ms. Jan Layne, *Controller*

Voting Members Absent:

Non-Voting Members Present: Ms. Ann Clevenger, *CNO*
Ms. Angel Bennett, *Director of Materials*
Ms. Kari Quickenden, *CCO*
Mr. Ron Cheese, *Director of Patient Financial Services*

Non-Voting Members Absent: Dr. Augusto Jamias
Dr. Lawrence Lauridsen

Guests: Leslie Taylor, *Clinic Director*

Call Meeting to Order

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

Approve Meeting Minutes

A motion to approve the meeting minutes of December 30, 2020 was made by Mr. Tardoni; second by Ms. Richardson. Motion carried.

Capital Requests

There were not any capital requests for this meeting. There were not any COVID related purchases to review for ratification of the Board.

Financial Report

Monthly Finance Statements & Statistical Data

Ms. Love went over the narrative and financials for December. She said we had an operating loss of \$1,048,915. This loss was mostly due to the COVID19 related bonuses disbursed in December. We have also hired more COVID related positions such as ICU nurses, door monitors and laboratory staff. Additionally, we brought in Locum providers to help for hospitalist coverage.

Ms. Love said we were able to reconcile \$9.2 million of the total \$11.6 million of the CARES Act funds in December. The reconciled funds included \$4 million in expenses and \$5.2 million in lost revenue. She is confident we will be able to reconcile the full amount by the June 30, 2021 deadline. Mr. Mathey asked what she meant by reconcile the funds. Ms. Love explained when we received the funds they were all placed on the balance sheet. As we are sure we are meeting HHS guidelines, we are able to move them over to the Profit and Loss statement as non-operating revenue. This does not offset the operating losses directly. Ms. Richardson asked how Ms. Love thought S&P would look at this last year. Ms. Love said that she has listened to several webinars on the bond ratings and one of the main things they will be looking for is volume recovery. She said there will be no automatic downgrades due to the pandemic. Mr. Mathey asked what they thought would happen to our rating. Ms. Love said the best we should expect is to stay where we are. Ms. Richardson said we would like to try to look at refinancing the bonds for a lower interest rate once the principal payments start in 2023.

Mr. Cheese provided the preliminary bad debt for January of \$1,202,585.33. He said he hopes to see bad debt decrease around \$200,000 in February and March.

Old Business

Ms. Love reported updated information on the SLIB grants. She said we have received \$2.7 million in reimbursements. We met the December 15 deadline for submitting all requests. We are waiting on \$2.2 million more in reimbursements for the construction projects and the proning beds.

New Business

Financial Forum Discussion

Mr. Jewell reviewed the results from the CLA penetration testing. He said they performed three types of tests. They performed external, internal and wireless testing. He said the testing went very well. He is working on implementing some on the recommendations that were made. Mr. Mathey asked what the process is for Mr. Jewell to implement the recommendations. Ms. Richardson said Mr. Jewell reports to Ms. Love and then Ms. Love will bring the information to senior leaders. If they wish to move forward, Ms. Richardson will bring the recommendations to the Board.

Mr. Mathey wanted to thank everyone for the work they have put in on the SLIB grants. He said other hospitals around the nation are not fairing as well.

The committee had a discussion on patient pricing and our charge master. Mr. Tardoni wanted to have a better understanding of how this works. Ms. Love explained most of the charges drop automatically through the ordering process, but some are still input manually. She said Cerner will make this easier as it will cut down on manual entry. Ms. Richardson explained every three years we have a chargemaster review from an outside company. They make regional comparisons and make sure our charges are within the range they should be. We make changes accordingly. They also make sure our increases are compliant with the contracts we have with

the payors. She said that each year we check supply mark-ups, do room rate surveys and equipment charges when deciding on increases. Mr. Cheese explained that the increases are also dependent on payers. He said it makes no sense to raise rates on some services when Medicare will only pay so much. Ms. Richardson said the increase proposal we present to the board is an aggregate amount. It is not an increase to every charge code in every department.

Ms. Love said the budget workshop is scheduled for February 24, 2021. She wanted to make sure this will replace the finance meeting for February and the board meeting for March. It was agreed that it would. The meeting will be held at 2pm.

With no further business, the meeting adjourned at 3:37pm.

Submitted by Jan Layne

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

NARRATIVE TO FEBRUARY 2021 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for February was a loss of \$191,451, compared to a loss of \$205,591 in the budget. This yields a -2.58% operating margin for the month compared to -2.92% in the budget. The YTD net operating loss is \$2,700,245, compared to a loss of \$3,081,187 in the budget. This represents a YTD operating margin of -4.46% compared with -5.38% in the budget.

The total net gain for February is \$471,035, compared to a loss of \$215,682 in the budget. The YTD total net gain is \$3,130,683, compared to a loss of \$3,141,569 in the budget. This represents a YTD profit margin of 5.17% compared to -5.49% in the budget.

REVENUE. Revenue for the month was \$13,916,690, under budget by \$222,442. Inpatient revenue was over budget by \$154,719, hospital outpatient revenue was under budget by \$476,740 and the Clinic was over budget by \$99,579. We saw a 1.6% decrease in gross revenue compared to budget and a 6.6% decrease from prior year.

Annual Debt Service Coverage came in at 5.06. Days of Cash on Hand are 197 in February, down two days from last month. Daily cash expense is \$241,000 year to date, increased due to the continued months of higher expenses.

REDUCTION OF REVENUE. Deductions from revenue are 47.9% in February, under budget. Year to date reduction of revenue is 52.3%, right at budget. Total collections for the month came in lower in February at \$6,519,471.

Net days in AR are up one day at 41 days. We continue to exceed the goals for AR greater than 90 days for all Payers.

EXPENSES. Total expenses in February were \$7,602,816, over budget by \$345,516. Expenses are over budget by \$3,001,531 year-to-date. COVID related expenses were \$262,000 in February and are \$2,658,500 year to date. The following line items were over budget:

Salary and Wage – Paid hours are also over budget in February due to the higher volumes and the continued need for COVID related positions such as additional ICU nurses, extra Hospitalist coverage, door monitors and laboratory staff.

Benefits – Group Health, FICA and Retirement are all over budget for February.

Contract Labor – There are currently contract labor positions in Behavioral Health, Labor & Delivery, Surgery, Emergency Room, Ultrasound, Physical Therapy and Respiratory Therapy. COVID related staff include door monitors and additional nursing, laboratory and respiratory therapy positions.

Physician Fees – Locum tenens fees are over budget for Pulmonology, Histology and Urology. We also have COVID related locum costs for hospitalist coverage.
Repairs and Maintenance – Contract maintenance and Bio Med repairs are over budget in February.

PROVIDER CLINIC. Revenue for the Clinic in February is \$1,581,380, over budget by \$99,579. Net patient revenue for the Clinic for February is \$822,735, over budget by \$18,584. The bottom line for the Clinic in February was a loss of \$731,814 compared to a loss of \$563,378 in the budget. Deductions from revenue for the Clinic were booked at 48% for February. Volume at the Clinics are 4,423 visits in February.

Total expenses for the month were \$1,620,324, over budget by \$185,008. The majority of the expenses consist of Salaries and Benefits; at 82.4% of total expenses year-to-date. Salary and wage, Benefits, Physician fees, Purchased services and Other expenses were over budget for February.

OUTLOOK FOR MARCH. Gross patient revenue is projecting higher in March at \$16 million. Compared to last March, ER visits, Births and Inpatient Admits are down but most other services have increased volumes, including Laboratory, Imaging and Surgeries.

Collections for March are projecting to a record high, over \$8 million. Projections for March payer mix show an increase in Medicare and a decrease in Commercial with all other payers similar to the prior month. We expect deductions of revenue to be stay lower with the favorable shift in payer mix. Expenses should remain similar to the prior month resulting in a gain in March of around \$200 - \$300K.

CARES Act – In March we received the balance of the SLIB grants for the construction projects and proning beds, \$1,816,000. We also received \$342,000 from Sweetwater County for the SLIB grants they sponsored on our behalf.

We have reconciled \$9.2 million for CY2020 of the total \$11.6 million in CARES Act funds received. The reporting timeline has been delayed by HHS but we have been able to register on the reporting portal. We will continue to reconcile lost revenue and COVID related expenses quarterly. In January and February, we estimate \$2.1 million used. We are confident we will be able to reconcile the full amount by June 30.

Through February, we have had additional operating expenses related to COVID-19 of \$2,658,500. These expenses are used to reconcile our CARES Act funds but they are included in our total expenses. The offset of these expenses is accounted for under non-operating revenue. Year to date through February, we have posted \$6,173,969 to Non-Operating Revenue. This amount includes funds received from SLIB and the reconciled funds from our CARES Act monies for both operating and capital expenses and lost revenue.



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

Unaudited Financial Statements

for

Eight months ended February 28, 2021

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
ROCK SPRINGS, WY**

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Eight months ended February 28, 2021

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

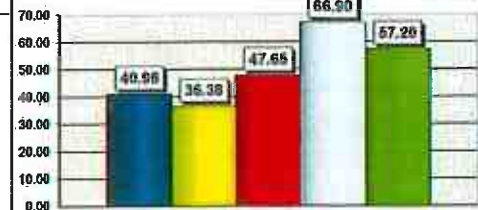
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Eight months ended February 28, 2021

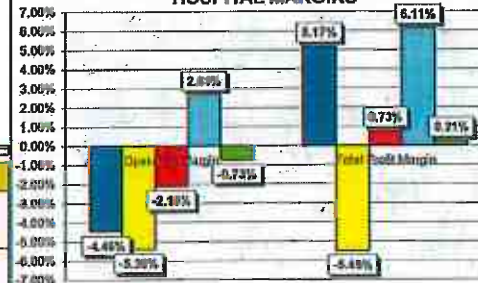
BALANCE SHEET

	YTD 2/28/2021	Prior FYE 6/30/2020
ASSETS		
Current Assets	\$27,068,238	\$29,710,616
Assets Whose Use is Limited	42,155,260	41,885,879
Property, Plant & Equipment (Net)	66,171,467	62,796,433
Other Assets	214,120	222,356
Total Unrestricted Assets	135,609,086	134,615,283
Restricted Assets	565,952	354,288
Total Assets	\$136,175,038	\$134,969,571
LIABILITIES AND NET ASSETS		
Current Liabilities	\$9,411,112	\$8,393,554
Long-Term Debt	27,762,003	27,800,498
Other Long-Term Liabilities	10,066,016	13,181,959
Total Liabilities	47,239,130	49,376,010
Net Assets	88,935,908	85,593,560
Total Liabilities and Net Assets	\$136,175,038	\$134,969,571

NET DAYS IN ACCOUNTS RECEIVABLE



HOSPITAL MARGINS



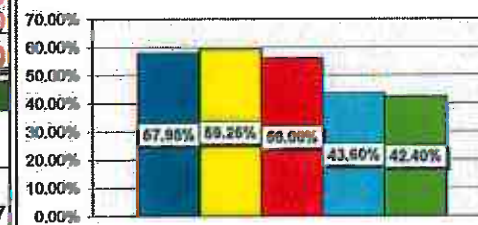
STATEMENT OF REVENUE AND EXPENSES - YTD

	02/28/21 ACTUAL	02/28/21 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$13,916,690	\$14,139,132	\$123,046,625	\$112,500,266
Deductions From Revenue	(6,663,970)	(7,244,050)	(64,311,836)	(58,773,037)
Net Patient Revenues	7,252,720	6,895,082	58,735,290	53,727,230
Other Operating Revenue	158,645	156,627	1,870,424	3,496,011
Total Operating Revenues	7,411,365	7,051,709	60,605,714	57,223,241
Expenses:				
Salaries, Benefits & Contract Labor	4,469,134	4,008,391	36,685,555	33,908,695
Purchased Serv. & Physician Fees	653,131	599,000	5,378,647	5,289,588
Supply Expenses	997,588	1,214,988	9,855,653	9,600,695
Other Operating Expenses	899,136	856,469	6,838,686	6,903,428
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	583,827	578,452	4,547,418	4,602,022
Total Expenses	7,602,816	7,257,300	63,305,959	60,304,428
NET OPERATING SURPLUS	(191,451)	(205,591)	(2,700,245)	(3,081,187)
Non-Operating Revenue/(Exp.)	662,486	(10,092)	5,830,928	(50,683)
TOTAL NET SURPLUS	\$471,035	(\$215,682)	\$3,130,683	(\$3,141,669)

DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	02/28/21 ACTUAL	02/28/21 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	319	269	2,881	2,426
Average Acute Length of Stay	3.2	2.7	3.1	2.7
Total Emergency Room Visits	919	1,126	8,593	9,581
Outpatient Visits	7,961	7,051	72,258	56,743
Total Surgeries	125	140	1,217	1,172
Total Worked FTE's	470.26	437.01	438.47	437.01
Total Paid FTE's	503.52	479.80	483.20	479.80
Net Revenue Change from Prior Yr	0.43%	-4.44%	-0.75%	-6.29%
EBIDA - 12 Month Rolling Average			2.20%	2.66%
Current Ratio			2.88	
Days Expense in Accounts Payable			28.14	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	02/28/21
Budget	06/30/20
Prior Fiscal Year End	All Hospitals
WYOMING	Rural
< \$90M Net Rev.	

FINANCIAL STRENGTH INDEX -		3.04
Excellent -	Greater than 3.0	Good - 3.0 to 0.0
Fair -	0.0 to (2.0)	Poor - Less than (2.0)

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eight months ended February 28, 2021

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	Current Month 2/28/2021	Prior Month 1/31/2021	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2020
Current Assets					
Cash and Cash Equivalents	\$9,539,029	\$9,870,879	(\$331,849)	-3.36%	\$12,052,717
Gross Patient Accounts Receivable	24,145,145	24,628,796	(483,652)	-1.96%	22,601,743
Less: Bad Debt and Allowance Reserves	(13,933,756)	(15,119,763)	1,186,007	7.84%	(12,704,325)
Net Patient Accounts Receivable	10,211,389	9,509,033	702,355	7.39%	9,897,418
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,992,242	1,841,970	150,272	8.16%	2,416,525
Inventories	3,378,425	3,387,717	(9,292)	-0.27%	3,208,539
Prepaid Expenses	1,947,153	2,094,710	(147,557)	-7.04%	2,135,417
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	27,068,238	26,704,309	363,929	1.36%	29,710,616
Assets Whose Use is Limited					
Cash	8,045	(798)	8,844	-1107.66%	23,688
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	3,239,454	3,127,814	111,640	3.57%	3,030,616
Trustee Held Funds - SPT	26,514	26,352	163	0.62%	14,345
Board Designated Funds	21,533,869	18,610,786	2,923,083	15.71%	23,843,068
Other Limited Use Assets	17,347,377	20,263,848	(2,916,471)	-14.39%	14,974,161
Total Limited Use Assets	42,155,260	42,028,002	127,258	0.30%	41,885,879
Property, Plant, and Equipment					
Land and Land Improvements	3,568,746	3,555,220	13,526	0.38%	3,527,687
Building and Building Improvements	38,815,872	38,815,872	0	0.00%	38,771,352
Equipment	114,056,082	113,952,124	103,958	0.09%	110,464,497
Construction In Progress	7,171,529	6,741,656	429,873	6.38%	2,957,578
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	163,612,229	163,064,872	547,357	0.34%	155,721,114
Less: Accumulated Depreciation	(97,440,762)	(96,865,581)	(575,200)	-0.59%	(92,924,681)
Net Property, Plant, and Equipment	66,171,467	66,199,310	(27,843)	-0.04%	62,796,433
Other Assets					
Unamortized Loan Costs	214,120	215,150	(1,029)	-0.48%	222,356
Other	0	0	0	0.00%	0
Total Other Assets	214,120	215,150	(1,029)	-0.48%	222,356
TOTAL UNRESTRICTED ASSETS	135,609,086	135,146,772	462,314	0.34%	134,615,283
Restricted Assets	565,952	560,552	5,400	0.96%	354,288
TOTAL ASSETS	\$136,175,038	\$135,707,324	\$467,714	0.34%	\$134,969,571

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2021

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2020
	Current Month 2/28/2021	Prior Month 1/31/2021	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$3,796,677	\$4,044,911	\$248,234	6.14%	\$3,776,951
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,846,213	1,824,401	(21,812)	-1.20%	1,377,654
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,789,719	2,651,373	(138,346)	-5.22%	2,483,630
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 (Bonds/Mortgages)	308,044	308,044	0	0.00%	308,044
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	670,459	558,845	(111,614)	-19.97%	447,275
Total Current Liabilities	9,411,112	9,387,574	(23,538)	-0.25%	8,393,554
Long Term Debt					
Bonds/Mortgages Payable	28,070,047	28,074,859	4,812	0.02%	28,108,542
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	308,044	308,044	0	0.00%	308,044
Total Long Term Debt (Net of Current)	27,762,003	27,766,815	4,812	0.02%	27,800,498
Other Long Term Liabilities					
Deferred Revenue	9,808,090	9,808,090	0	0.00%	12,716,487
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	257,926	285,372	27,447	9.62%	465,472
Total Other Long Term Liabilities	10,066,016	10,093,463	27,447	0.27%	13,181,959
TOTAL LIABILITIES	47,239,130	47,247,851	8,721	0.02%	49,376,010
Net Assets:					
Unrestricted Fund Balance	83,284,026	83,284,026	0	0.00%	78,299,323
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	562,080	556,680	(5,400)	-0.97%	350,415
Net Revenue/(Expenses)	3,130,683	2,659,648	N/A	N/A	4,984,703
TOTAL NET ASSETS	88,935,908	88,459,473	(476,435)	-0.54%	85,593,560
TOTAL LIABILITIES AND NET ASSETS	\$136,175,038	\$135,707,324	(\$467,714)	-0.34%	\$134,969,571

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Eight months ended February 28, 2021

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↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Year to Date 2/28/2021	Budget 6/30/2020	BB+ Credit Rating	BBB- Credit Rating	Prior Fiscal Year End 06/30/20	WYOMING All Hospitals (See Note 1)	National Rural < \$90M Net Rev. (See Note 2)
Profitability:							
Operating Margin	↓ -4.46%	1.90%	0.10%	0.30%	-2.10%	2.64%	-0.73%
Total Profit Margin	↑ 5.17%	0.76%	0.80%	1.00%	0.73%	6.11%	0.21%
Liquidity:							
Days Cash, All Sources **	↓ 197.34	129.76	91.30	129.00	218.17	62.00	37.80
Net Days in Accounts Receivable	↓ 40.98	50.02	52.40	51.80	47.65	66.90	57.20
Capital Structure:							
Average Age of Plant (Annualized)	↓ 14.80	12.58	15.10	11.20	14.33	9.50	12.40
Long Term Debt to Capitalization	↓ 24.31%	25.75%	48.20%	41.60%	26.04%	16.80%	10.00%
Debt Service Coverage Ratio **	↓ 5.08	3.97	1.80	2.30	3.42	N/A	2.64
Productivity and Efficiency:							
Paid FTE's per Adjusted Occupied Bed	↓ 8.62	8.43			8.36	6.60	4.63
Salary Expense per Paid FTE	\$90,612	\$86,892			\$87,488	\$82,436	\$48,150
Salary and Benefits as a % of Total Operating Exp	57.95%	56.43%			56.06%	43.60%	42.40%

Note 1 - 2017 Ingenix report (2016 median data), for all hospitals within the state regardless of size.

Note 2 - 2017 Ingenix report (2016 median data), for all U. S. hospitals that match this type and size.

**Bond Covenant ratio is 75 Days Cash on Hand and 1.25 Debt Service Coverage

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eight months ended February 28, 2021

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	CURRENT MONTH				Prior Year 02/28/20
	Actual 02/28/21	Budget 02/28/21	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$2,690,883	\$2,536,164	\$154,719	6.10%	\$2,722,882
Outpatient Revenue	9,644,427	10,121,167	(476,740)	-4.71%	10,746,705
Clinic Revenue	1,300,086	1,245,223	54,863	4.41%	1,161,210
Specialty Clinic Revenue	281,294	236,578	44,716	18.90%	262,865
Total Gross Patient Revenue	13,916,690	14,139,132	(222,442)	-1.57%	14,893,661
Deductions From Revenue					
Discounts and Allowances	(5,012,790)	(6,193,514)	1,180,724	19.06%	(6,619,613)
Bad Debt Expense (Governmental Providers Only)	(1,109,741)	(889,789)	(220,952)	-24.86%	(837,619)
Medical Assistance	(541,439)	(181,747)	(379,691)	-234.74%	(182,756)
Total Deductions From Revenue	(6,663,970)	(7,244,050)	580,081	8.01%	(7,639,991)
Net Patient Revenue	7,252,720	6,895,082	357,638	5.19%	7,253,671
Other Operating Revenue	158,645	156,627	2,017	1.29%	125,899
Total Operating Revenue	7,411,365	7,051,709	359,656	5.10%	7,379,569
Operating Expenses					
Salaries and Wages	3,298,343	3,161,633	(136,710)	-4.32%	3,348,166
Fringe Benefits	1,017,103	825,573	(191,530)	-23.20%	895,130
Contract Labor	153,689	21,186	(132,503)	-625.44%	41,291
Physicians Fees	304,497	226,464	(78,032)	-34.46%	411,317
Purchased Services	348,634	372,535	23,901	6.42%	322,523
Supply Expense	997,588	1,214,988	217,400	17.89%	1,176,617
Utilities	93,512	83,162	(10,350)	-12.45%	87,382
Repairs and Maintenance	518,310	493,875	(24,435)	-4.95%	420,693
Insurance Expense	44,229	43,848	(381)	-0.87%	59,739
All Other Operating Expenses	172,795	171,749	(1,046)	-0.61%	141,853
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	70,289	63,835	(6,455)	-10.11%	67,609
Depreciation and Amortization	583,827	578,452	(5,375)	-0.93%	554,019
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	7,602,816	7,257,300	(345,515)	-4.76%	7,526,339
Net Operating Surplus/(Loss)	(191,451)	(205,591)	14,139	-6.88%	(146,770)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	11,312	23,667	(12,355)	-52.20%	21,076
Tax Subsidies (Except for GO Bond Subsidies)	163	0	163	0.00%	373
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(107,865)	(400,268)	7,597	-7.58%	(100,299)
Other Non-Operating Revenue/(Expenses)	758,817	66,450	692,367	1041.93%	158,344
Total Non Operating Revenue/(Expense)	662,466	(10,092)	672,578	-6664.70%	79,583
Total Net Surplus/(Loss)	\$471,035	(\$215,682)	\$686,717	-318.39%	(\$67,187)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	\$471,035	(\$215,682)	\$686,717	-318.39%	(\$67,187)
Operating Margin	-2.58%	-2.92%			-1.99%
Total Profit Margin	6.36%	-3.06%			-0.91%
EBIDA	5.30%	5.29%			5.52%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2021

	YEAR-TO-DATE				Prior Year 02/29/20
	Actual 02/28/21	Budget 02/28/21	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$26,011,219	\$21,938,818	\$4,072,401	18.56%	\$23,483,310
Outpatient Revenue	83,699,994	79,208,384	4,491,610	5.67%	84,449,321
Clinic Revenue	10,928,155	9,221,095	1,707,059	18.51%	9,841,258
Specialty Clinic Revenue	2,407,258	2,131,969	275,288	12.91%	1,938,855
Total Gross Patient Revenue	123,046,625	112,500,266	10,546,359	9.37%	119,742,744
Deductions From Revenue					
Discounts and Allowances	(53,972,566)	(49,317,642)	(4,654,925)	-9.44%	(51,570,377)
Bad Debt Expense (Governmental Providers Only)	(8,636,831)	(7,562,876)	(1,074,155)	-14.20%	(7,158,320)
Medical Assistance	(1,791,938)	(1,892,717)	190,779	10.08%	(1,734,162)
Total Deductions From Revenue	(64,311,336)	(58,773,037)	(5,538,299)	-9.42%	(60,457,860)
Net Patient Revenue	58,735,290	53,727,230	5,008,060	9.32%	59,284,883
Other Operating Revenue	1,870,424	3,498,011	(1,625,587)	-46.50%	1,777,214
Total Operating Revenue	60,605,714	57,225,241	3,382,472	5.91%	61,062,097
Operating Expenses					
Salaries and Wages	28,493,226	25,836,103	(2,657,122)	-10.28%	25,972,848
Fringe Benefits	7,536,443	7,883,107	346,663	4.40%	7,384,299
Contract Labor	655,886	189,485	(466,400)	-246.14%	749,571
Physicians Fees	2,214,778	1,926,213	(288,565)	-14.98%	2,850,923
Purchased Services	3,163,869	3,363,375	199,506	5.93%	3,214,146
Supply Expense	9,855,653	9,600,695	(254,958)	-2.66%	9,475,291
Utilities	741,491	782,695	41,204	5.26%	774,176
Repairs and Maintenance	3,947,459	3,754,920	(192,539)	-5.13%	3,490,361
Insurance Expense	315,642	349,132	33,490	9.59%	440,885
All Other Operating Expenses	1,341,243	1,516,629	175,386	11.56%	1,360,466
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	492,851	500,052	7,201	1.44%	609,449
Depreciation and Amortization	4,547,418	4,602,022	54,603	1.19%	4,493,648
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	63,305,959	60,304,428	(3,001,531)	-4.95%	60,816,063
Net Operating Surplus/(Loss)	(2,700,245)	(3,081,187)	380,941	-12.36%	246,034
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	144,254	189,333	(45,080)	-23.81%	191,273
Tax Subsidies (Except for GO Bond Subsidies)	12,169	0	12,169	0.00%	14,042
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(674,493)	(815,199)	(59,295)	7.27%	(615,197)
Other Non-Operating Revenue/(Expense)	6,548,938	565,482	5,983,516	1058.13%	693,105
Total Non Operating Revenue/(Expense)	5,830,928	(60,383)	5,891,311	-9756.63%	83,223
Total Net Surplus/(Loss)	\$3,130,683	(\$3,141,569)	\$6,272,252	-199.65%	\$329,257
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$3,130,683	(\$3,141,569)	\$6,272,252	-199.65%	\$329,257
Operating Margin	-4.46%	-5.38%			0.40%
Total Profit Margin	5.17%	-5.49%			0.54%
EBIDA	3.07%	2.66%			7.75%

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

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	Actual 2/28/2021	Actual 1/31/2021	Actual 12/31/2020	Actual 11/30/2020	Actual 10/31/2020	Actual 9/30/2020	Actual 8/31/2020
Gross Patient Revenue							
Inpatient Revenue	\$2,690,883	\$3,645,930	\$3,807,334	\$3,541,154	\$3,015,926	\$3,085,621	\$2,958,360
Inpatient Psych/Rehab Revenue							
Outpatient Revenue	\$9,844,427	\$9,967,263	\$10,454,874	\$9,719,339	\$10,836,342	\$10,137,542	\$11,339,455
Clinic Revenue	\$1,300,086	\$1,410,842	\$1,374,826	\$1,444,093	\$1,435,042	\$1,264,797	\$1,333,361
Specialty Clinic Revenue	\$261,294	\$311,512	\$321,541	\$326,942	\$234,817	\$381,223	\$165,452
Total Gross Patient Revenue	\$13,916,690	\$15,335,466	\$15,958,475	\$15,031,529	\$15,522,127	\$14,849,182	\$15,796,628
Deductions From Revenue							
Discounts and Allowances	\$5,012,780	\$5,861,615	\$6,637,293	\$7,026,788	\$6,210,334	\$7,325,918	\$7,239,901
Bad Debt Expense (Governmental Providers Only)	\$1,189,741	\$1,215,379	\$1,274,182	\$1,254,957	\$1,223,363	\$933,320	\$1,042,687
Charity Care	\$541,439	\$149,128	\$184,529	\$189,028	\$417,497	\$109,311	\$28,185
Total Deductions From Revenue	6,663,970	8,026,321	8,096,004	8,470,772	7,851,193	8,368,550	8,308,774
Net Patient Revenue	\$7,252,720	\$7,309,145	\$7,862,470	\$6,560,757	\$7,670,934	\$6,480,633	\$7,487,854
Other Operating Revenue	168,645	554,961	156,310	182,630	170,853	219,213	207,806
Total Operating Revenue	7,411,365	7,864,106	8,048,781	6,713,387	7,841,787	6,699,846	7,695,660
Operating Expenses							
Salaries and Wages	\$3,288,343	\$3,506,906	\$4,555,329	\$3,537,167	\$3,500,184	\$3,478,745	\$3,333,426
Fringe Benefits	\$1,017,103	\$1,153,370	\$1,020,058	\$823,626	\$814,860	\$843,750	\$669,467
Contract Labor	\$153,889	\$186,407	\$104,064	\$35,423	\$29,017	\$67,570	\$43,538
Physicians Fees	\$304,497	\$327,846	\$282,199	\$281,773	\$307,801	\$216,064	\$203,217
Purchased Services	\$348,634	\$424,314	\$384,462	\$362,652	\$386,321	\$434,094	\$355,658
Supply Expense	\$997,588	\$1,413,761	\$1,284,207	\$1,087,336	\$1,198,557	\$1,318,278	\$1,318,845
Utilities	\$83,512	\$72,884	\$108,264	\$109,529	\$79,491	\$82,626	\$81,449
Repairs and Maintenance	\$518,310	\$624,934	\$444,569	\$489,805	\$694,480	\$499,765	\$385,930
Insurance Expense	\$44,229	\$42,444	\$42,449	\$42,449	\$44,678	\$41,335	\$41,794
All Other Operating Expenses	\$172,795	\$174,805	\$228,097	\$154,800	\$113,212	\$211,975	\$145,095
Bad Debt Expense (Non-Governmental Providers)							
Leases and Rentals	\$76,289	\$62,335	\$81,258	\$43,870	\$49,816	\$80,042	\$62,114
Depreciation and Amortization	\$583,827	\$582,176	\$582,723	\$573,996	\$567,511	\$567,542	\$553,903
Interest Expense (Non-Governmental Providers)							
Total Operating Expenses	\$7,802,816	\$9,551,884	\$9,097,696	\$7,561,415	\$7,773,819	\$7,821,786	\$7,412,435
Net Operating Surplus/(Loss)	(\$391,451)	(\$687,778)	(\$1,048,915)	(\$848,028)	\$68,969	(\$1,121,940)	\$282,824
Non-Operating Revenue;							
Contributions							
Investment Income	11,312	12,078	13,946	20,597	20,019	20,406	21,840
Tax Subsidies (Except for GO Bond Subsidies)							
Tax Subsidies for GO Bonds	183	(2,572)	10,360	0	178	3,102	374
Interest Expense (Governmental Providers Only)	(107,805)	(104,042)	(117,265)	(107,808)	(107,810)	(114,157)	(107,819)
Other Non-Operating Revenue/(Expenses)	758,517	181,885	3,925,813	48,539	\$42,821	\$81,008	\$91,818
Total Non-Operating Revenue/(Expense)	\$652,455	\$67,179	\$3,825,864	(\$36,272)	\$65,897	\$210,369	\$255,917
Total Net Surplus/(Loss)	\$471,035	(\$620,599)	\$2,786,739	(\$874,300)	\$823,876	(\$911,571)	\$488,842
Change in Unrealized Gains/(Losses) on Investments							
Increase/(Decrease in Unrestricted Net Assets	\$471,035	(\$620,599)	\$2,786,739	(\$874,300)	\$823,876	(\$911,571)	\$488,842
Operating Margin	-2.58%	-9.76%	-13.03%	-12.63%	0.39%	-16.75%	3.68%
Total Profit Margin	6.36%	-7.89%	34.62%	-13.08%	11.70%	-13.61%	6.35%
EBIDA	5.29%	-1.34%	-5.79%	-4.08%	7.99%	-8.42%	10.07%

Actual 7/31/2020	Actual 6/30/2020	Actual 6/31/2020	Actual 4/30/2020	Actual 3/31/2020	Actual 2/28/2020
\$3,256,010	\$2,923,872	\$2,863,837	\$2,794,519	\$2,777,536	\$2,722,882
\$11,600,532	\$9,853,590	\$8,485,713	\$8,104,600	\$10,336,977	\$10,746,705
\$1,965,508	\$1,291,508	\$1,116,816	\$1,146,805	\$984,201	\$1,161,210
\$414,476	\$281,911	\$314,858	\$268,932	\$244,806	\$262,885
\$16,636,529	\$14,350,879	\$12,781,224	\$12,334,856	\$14,343,521	\$14,893,661
\$7,857,728	\$5,960,928	\$5,186,138	\$5,565,060	\$6,081,868	\$6,019,613
\$583,202	\$1,101,340	\$1,256,071	\$1,158,759	\$813,846	\$837,619
\$84,622	\$194,709	\$55,091	\$67,459	\$284,093	\$182,758
8,525,752	7,256,676	6,497,301	6,811,278	7,159,635	7,639,991
\$8,110,777	\$7,064,203	\$6,283,923	\$5,523,576	\$7,183,916	\$7,253,671
226,205	(1,615,686)	1,546,149	2,076,282	231,037	126,899
8,330,962	6,477,615	7,330,071	7,599,849	7,414,953	7,379,569
\$3,263,128	\$3,165,696	\$3,315,414	\$3,149,585	\$3,411,912	\$3,348,166
\$894,212	\$854,214	\$886,042	\$920,695	\$933,298	\$895,130
\$58,159	\$10,676	\$26,130	\$46,078	\$49,063	\$41,291
\$281,282	\$334,073	\$316,372	\$336,295	\$368,453	\$411,317
\$448,335	\$503,588	\$385,944	\$361,426	\$485,887	\$322,523
\$1,242,081	\$1,138,363	\$1,008,570	\$1,156,916	\$1,321,818	\$1,176,817
\$103,746	\$88,261	\$102,274	\$89,337	\$84,093	\$87,382
\$399,565	\$426,586	\$462,934	\$444,788	\$446,244	\$420,593
\$16,283	\$44,627	\$43,428	\$47,455	\$54,964	\$59,789
\$140,863	\$211,687	\$91,828	\$149,189	\$208,356	\$141,653
\$63,328	\$49,303	\$49,189	\$64,204	\$68,908	\$67,609
\$555,840	\$566,458	\$546,931	\$549,655	\$552,321	\$554,019
\$7,484,888	\$7,355,671	\$7,237,066	\$7,319,780	\$7,981,317	\$7,528,339
\$846,174	(\$1,917,965)	\$93,018	\$220,080	(\$568,364)	(\$145,770)
16,359	35,221	175,009	18,515	21,451	21,079
594	(1,068)	651	968	(416)	373
(107,816)	(221,170)	(100,649)	(89,489)	(105,282)	(100,209)
36,906	2,594,222	10,604	1,422	\$1,228	158,344
(\$54,983)	\$2,407,208	\$85,921	(\$78,584)	\$7,093	\$79,693
\$751,181	\$489,261	\$178,936	\$201,476	(\$559,361)	(\$67,187)
\$791,181	\$489,261	\$178,936	\$201,476	(\$559,361)	(\$67,187)
10.16%	-35.01%	1.27%	3.69%	-7.64%	-1.98%
0.68%	8.93%	2.44%	2.65%	-7.64%	-0.91%
16.83%	-24.64%	8.73%	10.92%	-0.19%	6.52%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2021

CASH FLOW

	Current Month 2/28/2021	Current Year-To-Date 2/28/2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$471,035	\$3,130,683
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	583,827	4,547,418
(Increase)/Decrease in Net Patient Accounts Receivable	(702,355)	(313,971)
(Increase)/Decrease in Other Receivables	(150,272)	424,283
(Increase)/Decrease in Inventories	9,292	(169,887)
(Increase)/Decrease in Pre-Paid Expenses	147,557	188,264
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(248,234)	19,726
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	160,158	774,648
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	111,614	223,184
Net Cash Provided by Operating Activities:	382,622	8,824,349
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(555,984)	(7,922,453)
(Increase)/Decrease in Limited Use Cash and Investments	(118,414)	(285,024)
(Increase)/Decrease in Other Limited Use Assets	(8,844)	15,643
(Increase)/Decrease in Other Assets	1,029	8,235
Net Cash Used by Investing Activities	(682,212)	(8,183,599)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(4,812)	(38,495)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(27,447)	(3,115,943)
Net Cash Used for Financing Activities	(32,259)	(3,154,438)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0
Net Increase/(Decrease) in Cash	(331,849)	(2,513,688)
Cash, Beginning of Period	9,870,879	12,052,717
Cash, End of Period	\$9,539,029	\$9,539,029

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2021

Current Month				STATISTICS	Year-To-Date			
Actual 02/28/21	Budget 02/28/21	Positive/ (Negative) Variance	Prior Year 02/29/20		Actual 02/28/21	Budget 02/28/21	Positive/ (Negative) Variance	Prior Year 02/29/20
Discharges								
101	98	3	109	Acute	918	896	23	995
101	98	3	109	Total Adult Discharges	918	896	23	995
35	20	15	22	Newborn	262	266	(4)	296
136	118	18	131	Total Discharges	1,180	1,162	18	1,291
Patient Days:								
319	269	50	299	Acute	2,881	2,426	456	2,695
319	269	50	299	Total Adult Patient Days	2,881	2,426	456	2,695
69	38	31	42	Newborn	385	440	(55)	489
388	307	81	341	Total Patient Days	3,266	2,866	400	3,184
Average Length of Stay (ALOS)								
3.2	2.7	0.4	2.7	Acute	3.1	2.7	0.4	2.7
3.2	2.7	0.4	2.7	Total Adult ALOS	3.1	2.7	0.4	2.7
2.0	1.9	0.1	1.9	Newborn ALOS	1.5	1.7	(0.2)	1.7
Average Daily Census (ADC)								
11.4	9.6	1.8	10.7	Acute	11.9	10.0	1.9	11.1
11.4	9.6	1.8	10.7	Total Adult ADC	11.9	10.0	1.9	11.1
2.5	1.4	1.1	1.5	Newborn	1.6	1.8	(0.2)	2.0
Emergency Room Statistics								
112	117	(5)	130	ER Visits - Admitted	934	973	(39)	1,081
807	1,009	(202)	1,121	ER Visits - Discharged	7,659	8,608	(949)	9,564
919	1,126	(207)	1,251	Total ER Visits	8,593	9,581	(988)	10,645
12.19%	10.39%		10.39%	% of ER Visits Admitted	10.87%	10.16%		10.16%
110.89%	119.27%		119.27%	ER Admissions as a % of Total	101.74%	108.64%		108.64%
Outpatient Statistics:								
7,961	7,051	910	7,834	Total Outpatients Visits	72,258	56,743	15,515	63,048
114	104	10	116	Observation Bed Days	769	853	(84)	948
4,012	5,070	(1,058)	4,084	Clinic Visits - Primary Care	32,521	41,287	(8,766)	33,347
411	483	(72)	502	Clinic Visits - Specialty Clinics	4,127	4,372	(245)	4,112
18	23	(5)	26	IP Surgeries	192	194	(2)	215
107	117	(10)	130	OP Surgeries	1,025	978	47	1,087
Productivity Statistics:								
470.26	437.01	33.25	451.95	FTE's - Worked	438.47	437.01	1.46	429.95
503.52	479.80	23.72	482.57	FTE's - Paid	483.20	479.80	3.40	473.55
0.0000	1.3476	(1.35)	1.4973	Case Mix Index - Medicare	1.1567	9.8461	(8.69)	1.3675
0.0000	1.3476	(1.35)	1.2113	Case Mix Index - All payers	0.9028	9.8461	(8.94)	0.9532

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

02/28/21

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	48.07	52.11
Net Days in Accounts Receivable	40.98	47.65
Number of Gross Days in Unbilled Revenue	3.49	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	29.82%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	3.89%	1.14%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	1.38%	1.68%
Bad Debts as a % of Gross Patient Revenue - Current Month	7.97%	6.29%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	7.02%	6.72%
Collections as a Percentage of Net Revenue - Current Month	89.89%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	98.40%	100% or >
Percentage of Blue Cross Receivable > 90 Days	-0.55%	< 10%
Percentage of Insurance Receivable > 90 Days	8.66%	< 15%
Percentage of Medicaid Receivable > 90 Days	6.68%	< 20%
Percentage of Medicare Receivable > 60 Days	3.23%	< 6%

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 13****ROCK SPRINGS, WYOMING****Eight months ended February 28, 2021**

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	(222,442)	-1.57%	10,546,359	9.37%
Gross patient revenue is under budget for the month and over budget year to date. Patient statistics under budget include Surgeries, Clinic visits and ER visits Average Daily Census is 11.4 in February which is over budget by 1.8				
Deductions from Revenue	580,081	8.01%	(5,538,209)	-9.42%
Deductions from revenue are over budget for February and over budget year to date. They are currently booked at 47.9% for February and 52.2% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.				
Bad Debt Expense	(220,952)	-24.86%	(1,074,159)	-14.20%
Bad debt expense is booked at 8.0% for February and 7.0% year to date.				
Charity Care	(378,691)	-234.74%	190,779	10.08%
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	2,017	1.29%	(1,625,587)	-46.50%
Other Operating Revenue is over budget for the month and is under budget year to date. This is due to the CARES funds budgeted here, but now has to be reported in non-operating.				
Salaries and Wages	(136,710)	-4.32%	(2,657,122)	-10.28%
Salary and Wages are over budget and remain over budget year to date. Paid FTEs are over budget by 23.72 FTEs for the month and over 3.4 FTEs year to date.				
Fringe Benefits	(191,539)	-23.20%	346,663	4.40%
Fringe benefits are over budget in February and remain under budget year to date.				
Contract Labor	(132,593)	-625.44%	(468,480)	-246.14%
Contract labor is over budget for February and over budget year to date. Behavioral Health, Ultrasound, OR, ER, Physical therapy, Respiratory and Emergency Mgmt are over budget.				

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 14****ROCK SPRINGS, WYOMING****Eight months ended February 28, 2021**

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	(78,032)	-34.46%	(288,565)	-14.98%

Physician fees are overbudget in February and over budget year to date. Histology, Locums clinic, Hospitalists and Emergency Mgmt are over budget in February.

Purchased Services	23,901	6.42%	199,506	5.93%
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Purchased services are overbudget for February and under budget year to date. Expenses over budget are advertising, legal and other dept mgmt service

Supply Expense	217,400	17.89%	(254,958)	-2.66%
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Supplies are under budget for February and over budget year to date. Line items over budget include Oxygen, lab supplies and minor equipment

Repairs & Maintenance	(24,435)	-4.95%	(192,539)	-5.13%
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Repairs and Maintenance are over budget for February and over budget year to date.

All Other Operating Expenses	(1,046)	-0.61%	175,386	11.56%
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This expense is under budget in February and under budget year to date. Other expenses over budget are Physician recruitment, pharmacy floor direct, computer software and foundation expenses.

Leases and Rentals	(6,455)	-10.11%	7,201	1.44%
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This expense is over budget for February and is under budget year to date.

Depreciation and Amortization	(5,875)	-0.93%	54,603	1.19%
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Depreciation is over budget for February and is under budget year to date.

BALANCE SHEET

Cash and Cash Equivalents	(\$331,849)	-3.36%
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Cash decreased in February. Cash collections for February were \$6.5 million. Days Cash on Hand decreased to 197 days.

Gross Patient Accounts Receivable	(\$483,652)	-1.96%
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This receivable decreased in February.

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 15****ROCK SPRINGS, WYOMING****Eight months ended February 28, 2021**

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Bad Debt and Allowance Reserves	1,186,007	7.84%		
Bad Debt and Allowances increased.				
Other Receivables	150,272	8.16%		
Other Receivables decreased in February due to county and occ med invoices.				
Prepaid Expenses	(147,557)	-7.04%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	127,258	0.30%		
These assets increased due to the debt service payment				
Plant Property and Equipment	(27,849)	-0.04%		
The decrease in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	248,234	6.14%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	(21,812)	-1.20%		
This liability increased in February. The payroll accrual for February was 14 days.				
Accrued Benefits	(138,346)	-5.22%		
This liability increased in February with the normal accrual and usage of PTO .				
Other Current Liabilities	(111,814)	-18.97%		
This liability increased due to the payment on the bonds				
Other Long Term Liabilities	27,447	0.27%		
This liability decreased due lease payments.				
Total Net Assets	(476,435)	-0.54%		

The net loss from operations for February is \$191,451



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

Eight months ended February 28, 2021

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
ROCK SPRINGS, WY

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Eight months ended February 28, 2021

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2021

DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 2/28/2021	Year to Date 2/28/2021	Prior Fiscal Year End 06/30/20	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-82.36%	-59.12%	-68.15%	-36.58%
Total Profit Margin	-82.36%	-59.12%	-68.15%	-36.58%
Contractual Allowance %	47.97%	46.00%	46.02%	
Liquidity:				
Net Days in Accounts Receivable	30.53	30.32	50.83	39.58
Gross Days in Accounts Receivable	44.54	45.28	54.32	72.82
Productivity and Efficiency:				
Patient Visits Per Day	143.29	133.83	132.42	
Total Net Revenue per FTE	N/A	\$144,813	\$141,843	
Salary Expense per Paid FTE	N/A	\$163,022	\$162,294	
Salary and Benefits as a % of Net Revenue	151.45%	131.18%	134.65%	91.26%
Employee Benefits %	21.80%	16.52%	17.69%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eight months ended February 28, 2021

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	CURRENT MONTH				Prior Year 02/28/20
	Actual 02/28/21	Budget 02/28/21	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	1,300,086	1,245,223	54,863	4.41%	1,161,210
Specialty Clinic Revenue	281,294	236,578	44,716	18.90%	262,865
Total Gross Patient Revenue	1,581,380	1,481,801	99,579	6.72%	1,424,074
Deductions From Revenue					
Discounts and Allowances	(758,645)	(677,650)	(80,995)	-11.95%	(675,312)
Total Deductions From Revenue	(758,645)	(677,650)	(80,995)	-11.95%	(675,312)
Net Patient Revenue	822,735	804,150	18,584	2.31%	748,762
Other Operating Revenue	65,776	67,787	(2,012)	-2.97%	64,550
Total Operating Revenue	888,510	871,938	16,573	1.90%	813,312
Operating Expenses					
Salaries and Wages	1,104,879	1,010,077	(94,802)	-9.39%	1,032,181
Fringe Benefits	240,814	168,325	(72,489)	-43.07%	189,196
Contract Labor	0	0	0	0.00%	0
Physicians Fees	93,378	86,067	(7,311)	-8.50%	206,558
Purchased Services	13,204	10,663	(2,541)	-23.84%	11,304
Supply Expense	17,037	23,027	5,990	26.01%	14,825
Utilities	1,836	1,747	(89)	-5.11%	1,891
Repairs and Maintenance	18,542	23,345	4,803	20.57%	22,274
Insurance Expense	13,611	19,343	5,731	29.63%	17,874
All Other Operating Expenses	95,431	71,971	(23,459)	-32.60%	59,801
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,319	3,367	48	1.42%	4,642
Depreciation and Amortization	18,273	17,385	(888)	-5.11%	21,436
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,620,324	1,435,316	(185,008)	-12.89%	1,581,982
Net Operating Surplus/(Loss)	(731,814)	(563,378)	(168,436)	29.90%	(768,670)
Total Net Surplus/(Loss)	(573,814)	(563,378)	(168,436)	29.90%	(576,670)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(573,814)	(563,378)	(168,436)	29.90%	(576,670)
Operating Margin	-82.36%	-64.61%			-94.51%
Total Profit Margin	-82.36%	-64.61%			-94.51%
EBIDA	-80.31%	-62.62%			-91.88%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2021

YEAR-TO-DATE

	Actual 02/28/21	Budget 02/28/21	Positive (Negative) Variance	Percentage Variance	Prior Year 02/28/20
Gross Patient Revenue					
Clinic Revenue	10,928,155	9,221,095	1,707,059	18.51%	9,841,259
Specialty Clinic Revenue	2,407,258	2,131,969	275,288	12.91%	1,968,854
Total Gross Patient Revenue	13,335,413	11,353,065	1,982,348	17.46%	11,810,113
Deductions From Revenue					
Discounts and Allowances	(6,134,266)	(5,221,452)	(912,813)	-17.48%	(5,399,142)
Total Deductions From Revenue	(6,134,266)	(5,221,452)	(912,813)	-17.48%	(5,399,142)
Net Patient Revenue	7,201,147	6,131,613	1,069,534	17.44%	6,410,970
Other Operating Revenue	572,345	542,299	30,045	5.54%	544,453
Total Operating Revenue	7,773,492	6,673,912	1,099,580	16.48%	6,955,423
Operating Expenses					
Salaries and Wages	8,750,946	8,041,703	(709,242)	-8.82%	7,790,372
Fringe Benefits	1,445,972	1,652,911	206,938	12.52%	1,343,277
Contract Labor	0	0	0	0.00%	0
Physicians Fees	798,301	688,533	(109,767)	-15.94%	857,624
Purchased Services	102,627	83,292	(19,335)	-23.21%	80,806
Supply Expense	113,618	151,347	37,729	24.93%	160,038
Utilities	10,248	13,977	3,730	26.68%	10,119
Repairs and Maintenance	160,221	185,982	25,771	13.86%	172,521
Insurance Expense	104,779	153,080	48,311	31.56%	149,200
All Other Operating Expenses	710,200	628,659	(81,541)	-12.97%	625,329
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	24,830	25,285	455	1.80%	37,786
Depreciation and Amortization	147,434	142,170	(5,264)	-3.70%	174,349
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	12,369,176	11,766,980	(602,196)	-5.12%	11,401,420
Net Operating Surplus/(Loss)	(4,595,685)	(5,093,068)	497,384	-9.77%	(4,445,997)
Total Net Surplus/(Loss)	(4,595,685)	(5,093,068)	497,384	-9.77%	(4,445,997)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(4,595,685)	(5,093,068)	497,384	-9.77%	(4,445,997)
Operating Margin	-59.12%	-76.31%			-63.92%
Total Profit Margin	-59.12%	-76.31%			-63.92%
EBIDA	-57.22%	-74.18%			-61.41%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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	Actual 2/28/2021	Actual 1/31/2021	Actual 12/31/2020	Actual 11/30/2020	Actual 10/31/2020	Actual 9/30/2020
Gross Patient Revenue						
Clinic Revenue	\$1,300,056	\$1,410,642	\$1,374,626	\$1,444,093	\$1,435,042	\$1,264,797
Specialty Clinic Revenue	\$281,294	\$311,512	\$321,541	\$326,942	\$234,817	\$351,223
Total Gross Patient Revenue	\$1,581,380	\$1,722,154	\$1,695,166	\$1,771,035	\$1,669,859	\$1,616,020
Deductions From Revenue						
Discounts and Allowances	\$758,645	\$836,394	\$741,684	\$767,893	\$765,733	\$741,674
Total Deductions From Revenue	758,645	836,394	741,684	787,893	765,733	741,674
Net Patient Revenue	\$822,735	\$885,759	\$954,482	\$983,142	\$904,126	\$874,346
Other Operating Revenue	\$85,778	\$70,558	\$67,749	\$76,839	\$74,395	\$75,030
Total Operating Revenue	888,510	956,317	1,022,231	1,059,982	978,521	949,376
Operating Expenses						
Salaries and Wages	\$1,104,879	\$1,132,930	\$1,137,133	\$1,211,751	\$1,086,459	\$1,086,987
Fringe Benefits	\$240,814	\$263,026	\$168,192	\$149,894	\$164,048	\$149,004
Contract Labor	\$0	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$93,378	\$76,208	\$140,601	\$122,258	\$145,489	\$79,510
Purchased Services	\$13,204	\$15,024	\$12,233	\$12,756	\$14,882	\$15,580
Supply Expense	\$17,897	\$14,651	\$12,388	\$12,808	\$13,359	\$15,225
Utilities	\$1,836	\$1,810	\$594	\$2,122	\$872	\$647
Repairs and Maintenance	\$18,542	\$17,458	\$19,885	\$20,740	\$18,512	\$18,458
Insurance Expense	\$13,611	\$13,611	\$13,611	\$13,611	\$13,294	\$13,294
All Other Operating Expenses	\$95,431	\$91,548	\$109,020	\$82,354	\$103,990	\$88,010
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$3,310	\$3,032	\$2,398	\$3,871	\$3,239	\$2,177
Depreciation and Amortization	\$18,273	\$18,273	\$18,641	\$18,641	\$18,214	\$18,290
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$1,620,324	\$1,647,571	\$1,634,705	\$1,650,804	\$1,582,457	\$1,487,181
Net Operating Surplus/(Loss)	(\$731,814)	(\$691,254)	(\$612,474)	(\$590,823)	(\$603,935)	(\$537,805)
Total Net Surplus/(Loss)	(\$731,814)	(\$691,254)	(\$612,474)	(\$590,823)	(\$603,935)	(\$537,805)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$731,814)	(\$691,254)	(\$612,474)	(\$590,823)	(\$603,935)	(\$537,805)
Operating Margin	-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%
Total Profit Margin	-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%
EBIDA	-80.31%	-70.37%	-58.09%	-54.86%	-59.86%	-54.72%

Actual 8/31/2020	Actual 7/31/2020	Actual 6/30/2020	Actual 5/31/2020	Actual 4/30/2020	Actual 3/30/2020	Actual 2/29/2020	Actual 1/31/2020
\$1,333,361	\$1,368,508	\$1,291,508	\$1,116,818	\$1,146,806	\$984,201	\$1,161,210	\$1,485,917
\$165,452	\$414,473	\$281,911	\$314,858	\$288,932	\$244,806	\$262,985	\$247,493
\$1,498,813	\$1,779,986	\$1,573,417	\$1,431,674	\$1,435,737	\$1,229,007	\$1,424,074	\$1,733,410
\$703,186	\$799,056	\$736,720	\$637,461	\$713,510	\$556,603	\$675,312	\$757,358
703,186	799,056	736,720	637,461	713,510	556,603	675,312	757,358
\$795,627	\$980,930	\$836,697	\$794,213	\$722,227	\$672,404	\$748,762	\$976,052
\$75,344	\$72,653	\$77,628	\$66,375	\$32,189	\$43,725	\$64,550	\$68,061
870,971	1,063,683	914,325	860,588	754,416	716,129	813,312	1,044,113
\$984,249	\$1,006,558	\$983,977	\$979,724	\$886,494	\$1,031,014	\$1,032,181	\$938,454
\$144,807	\$166,187	\$170,998	\$162,005	\$171,434	\$216,704	\$189,186	\$208,849
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$84,083	\$76,774	\$126,801	\$119,793	\$141,169	\$160,415	\$206,558	\$118,254
\$8,196	\$10,752	\$9,098	\$10,144	\$8,138	\$13,433	\$11,304	\$12,082
\$9,216	\$18,937	\$10,722	\$10,730	\$7,126	\$25,468	\$14,825	\$19,220
\$979	\$1,288	\$1,951	\$1,804	\$1,803	\$1,818	\$1,891	\$1,704
\$25,877	\$20,741	\$24,187	\$26,489	\$23,772	\$23,881	\$22,274	\$20,942
\$11,873	\$11,873	\$11,873	\$17,874	\$17,874	\$17,874	\$17,874	\$17,812
\$62,041	\$77,807	\$45,948	\$53,551	\$47,258	\$96,350	\$69,801	\$75,204
\$3,652	\$3,141	\$3,083	\$2,405	\$2,476	\$4,976	\$4,642	\$6,363
\$18,616	\$18,488	\$18,487	\$18,488	\$21,109	\$21,436	\$21,436	\$21,436
\$1,333,568	\$1,412,545	\$1,406,033	\$1,403,007	\$1,328,709	\$1,613,388	\$1,581,992	\$1,440,322
(\$462,648)	(\$358,963)	(\$491,708)	(\$542,419)	(\$574,293)	(\$897,239)	(\$768,670)	(\$396,209)
0	0	0	0	0	0	0	0
(\$462,648)	(\$358,963)	(\$491,708)	(\$542,419)	(\$574,293)	(\$897,239)	(\$768,670)	(\$396,209)
-53.12%	-34.07%	-53.78%	-63.03%	-76.12%	-125.29%	-94.51%	-37.95%
-53.12%	-34.07%	-53.78%	-63.03%	-76.12%	-125.29%	-94.51%	-37.95%
-50.95%	-32.32%	-51.76%	-60.85%	-73.32%	-122.30%	-91.86%	-35.89%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eight months ended February 28, 2021

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative) Variance	Prior Year 02/28/20		Actual	Budget	Positive/ (Negative) Variance	Prior Year 02/28/20
02/28/21	02/28/21				02/28/21	02/28/21		
Outpatient Statistics:								
4,012	5,070	(1,058)	4,084	Clinic Visits - Primary Care	32,521	41,287	(8,766)	33,347
411	483	(72)	502	Clinic Visits - Specialty Clinics	4,127	4,372	(245)	4,112
Productivity Statistics:								
85.30	70.76	14.54	74.37	FTE's - Worked	74.02	70.76	3.26	68.30
89.34	77.76	11.58	78.51	FTE's - Paid	80.63	77.76	2.87	75.23

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR FEBRUARY 21**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	798	7,270,626.46
CAPITAL EQUIPMENT (PLANT FUND)	7	180,046.58
CONSTRUCTION IN PROGRESS (BUILDING FUND)	7	390,599.44
PAYROLL FEBRUARY 04, 2021	N/A	1,491,690.75
PAYROLL FEBRUARY 18, 2021	N/A	1,551,550.73
TOTAL CASH OUTFLOW		<u>\$7,841,272.48</u>
CASH COLLECTIONS		6,519,420.85
INCREASE/DECREASE IN CASH		-\$1,321,851.63

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2021**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001067	7/9/2020	CLARK'S QUALITY ROOFING, INC.	132,270.67	CENTRAL PLANT UPGRADE		
001068	7/17/2020	ROOFTOP ANCHOR, INC.	36,035.69	CENTRAL PLANT UPGRADE		
W/T	7/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
JULY TOTALS					272,654.54	272,654.54

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001069	8/14/2020	BH INC	234,938.42	CENTRAL PLANT UPGRADE		
W/T	8/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
AUGUST TOTALS					339,286.60	611,941.14

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001070	9/2/2020	TRANE U.S. INC.	482,854.00	HVAC UPGRADE		
001072	9/11/2020	PLAN ONE/ARCHITECTS	560.00	HVAC UPGRADE		
W/T	9/14/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
SEPTEMBER TOTALS					595,027.90	1,206,969.04

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001073	10/2/2020	B H INC.	240,495.98	CENTRAL PLANT UPGRADE		
001074	10/2/2020	ST+B ENGINEERING (SPACE TI	203,848.10	HVAC UPGRADE		
001075	10/7/2020	CITY OF ROCK SPRINGS	13,806.00	HVAC UPGRADE		
001076	10/12/2020	PLAN ONE/ARCHITECTS	17,430.00	MOB ENTRY RECONFIGURATION		
W/T	10/19/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
OCTOBER TOTALS					587,193.98	1,794,163.02

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001077	11/12/2020	B H INC.	58,977.75	LAB EXPANSION		
W/T	11/17/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
NOVEMBER TOTALS					170,591.65	1,964,754.67

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001078	12/2/2020	ST+B ENGINEERING (SPACE TI	63,750.45	HVAC UPGRADE		
001079	12/2/2020	ST+B ENGINEERING (SPACE TI	7,906.88	HVAC UPGRADE		
001080	12/2/2020	GROATHOUSE CONSTRUCTION,	141,553.00	HVAC UPGRADE		
001081	12/3/2020	B H INC.	115,884.92	CENTRAL PLANT UPGRADE		
001082	12/10/2020	PLAN ONE/ARCHITECTS	30,406.25	HVAC UPGRADE		
001083	12/14/2020	GROATHOUSE CONSTRUCTION,	1,779,859.00	HVAC UPGRADE		
W/T	12/31/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
DECEMBER TOTALS					2,250,974.40	4,215,729.07

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001085	1/7/2021	PLAN ONE/ARCHITECTS	126,842.96	HVAC UPGRADE		
001086	1/14/2021	GROATHOUSE CONSTRUCTION,	213,490.00	HVAC UPGRADE		
001087	1/28/2021	CACHE VALLEY ELECTRIC CO.	3,101.83	HVAC UPGRADE		
W/T	1/19/2021	WF DEBT SERVICE	111,613.90	WF DEBT SERVICE		
JANUARY TOTALS					455,048.69	4,670,777.76

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001088	2/10/2021	PLAN ONE/ARCHITECTS	31,275.00	LAB EXPANSION		
001088	2/10/2021	PLAN ONE/ARCHITECTS	15,749.50	MEDICAL IMAGING RENO		
001089	2/18/2021	GROATHOUSE CONSTRUCTION,	16,203.00	HVAC UPGRADE		
001090	2/18/2021	ST+B ENGINEERING (SPACE TI	67,856.64	CENTRAL PLANT UPGRADE		
001091	2/18/2021	GROATHOUSE CONSTRUCTION,	145,831.00	HVAC UPGRADE		
001092	2/25/2021	INSULATION INC.	2,070.40	LAB EXPANSION		
W/T	2/17/2021	WF DEBT SERVICE	111,613.90	WF DEBT SERVICE		
FEBRUARY TOTALS					390,599.44	5,061,377.20

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2021**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002340	7/9/2020	CONVERGEONE, INC.	4,343.78	INJECTOR CABLES FOR WIRELESS SYSTEM		
002341	7/17/2020	CDW GOVERNMENT LLC	12,600.00	DELL WORKSTATIONS AND MONITORS		
002342	7/17/2020	FOLSOM ASSOCIATES (HA FOLSOM & A	13,040.57	CONDENSATE PUMPS		
002343	7/17/2020	MIZUHO ORTHOPEDIC SYSTEMS, INC	51,063.00	OSI RADIOLOGIC OR TABLE		
002344	7/23/2020	CONMED LINVATEC	39,382.76	CONMED POWER SYSTEM		
002345	7/23/2020	OLYMPUS AMERICA INC	23,822.12	LONG CYSTOSCOPY RESECTION TRAY		
JULY TOTALS					144,252.23	144,252.23

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	8/6/2020	MOPEC INC	6,568.97	BODY TRAYS-MORGUE		
002347	8/6/2020	MAGNUM MOBILE SPECIALTY VEHICLE	91,770.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002348	8/14/2020	CONVERGEONE, INC.	8,194.80	CISCO VOIP PHONE LICENSES (30)		
002348	8/14/2020	CONVERGEONE, INC.	19,029.00	REPLACE WIRELESS NETWORK		
002349	8/14/2020	NANOSONICS, INC	10,625.00	TROPHON FOR UROLOGY		
002350	8/14/2020	P3 CONSULTING LLC	15,000.00	DYNAMICS GP UPGRADE		
002351	8/18/2020	CONMED LINVATEC	7,810.80	CONMED POWER SYSTEM		
002352	8/18/2020	INNOVATION WIRELESS	685.00	SYNCHRONIZED CLOCKS		
002353	8/27/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE		
AUGUST TOTALS					169,900.75	314,152.98

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	9/11/2020	MOPEC INC	6,400.00	WORKSTATIONS AND MONITORS (20)		
002347	9/11/2020	MAGNUM MOBILE SPECIALTY VEHICLE	10,980.00	BEDSIDE GLUCOSE MONITORS		
002348	9/17/2020	CONVERGEONE, INC.	430.86	LONG CYSTOSCOPY RESECTION TRAY		
002348	9/25/2020	CONVERGEONE, INC.	61,337.50	MOBILE LAB, CLINIC SWABBING STATION - 26 FOOT - SUB		
SEPTEMBER TOTALS					81,148.36	395,301.34

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002358	10/12/2020	INNOVATION WIRELESS	896.30	SYNCHRONIZED CLOCKS		
002359	10/14/2020	CUMMINS ROCKY MOUNTAIN, LLC	20,260.68	GENERATOR INTERFACE TOUCH MONITOR		
002360	10/14/2020	STRYKER ENDOSCOPY	43,303.76	CO2 CONDITIONING INSUFFLATOR KIT (3)		
002361	10/22/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE - WALK-IN		
002362	10/22/2020	VARIAN MEDICAL SYSTEMS, INC	30,867.00	STEREOTACTIC CONE SYSTEM		
002367	10/28/2020	CARDINAL HEALTH/V.MUELLER	78,000.00	CHEMISTRY ANALYZER - WALK-IN		
002368	10/28/2020	CARDINAL HEALTH/V.MUELLER	366,000.00	VITROS XT 7600 ANALYZER (2)		
002369	10/28/2020	SKYTRON	73,377.69	SKYTRON MODEL 2280 DISINFECTION ROBOT (2)		
002370	10/28/2020	SKYTRON	103,328.64	SKYTRON MODEL 3200 DISINFECTION ROBOT		
OCTOBER TOTALS					726,251.25	1,121,552.59

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002371	11/2/2020	SYNTHES LTD	11,598.50	LCP MINI FRAG SYSTEM		
002372	11/5/2020	CEPHEID	183,530.98	CEPHEID GENEXPERT MOLECULAR TESTING PLATFORM		
002373	11/5/2020	CERNER CORPORATION	99,193.32	CERNER		
002375	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICLE	170,430.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002376	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICLE	114,762.50	MOBILE LAB, CLINIC, SWABBING STATION - 26 FT		
002377	11/12/2020	CACHE VALLEY ELECTRIC CO.	17,938.25	BOILER HOUSE FIBER OPTIC		
002378	11/12/2020	CERNER CORPORATION	104,421.95	CERNER		
002379	11/12/2020	CHAVEZ CONCRETE	10,050.00	CONCRETE - BD ENTRANCE AND 3000 COLLEGE		
002380	11/12/2020	KRONOS INCORPORATED	6,030.00	KRONOS UPGRADE		
002381	11/18/2020	BIOFIRE DIAGNOSTICS, LLC	45,000.00	BIOFIRE TORCH SYSTEM MODULE (2)		
002382	11/18/2020	CERNER CORPORATION	104,421.95	CERNER		
002383	11/18/2020	FISHER HEALTHCARE	7,519.87	URINE CHEMISTRY ANALYZER - WALK-IN		
002384	11/25/2020	DELL COMPUTER CORPORATION	25,000.00	LAPTOPS (25)		
002385	11/25/2020	LUMENIS, INC.	200,900.01	LUMINES MOSES PULSED HOLMIUM LASER		
002386	11/25/2020	NATUS MEDICAL INC	36,686.00	BMG 951		
NOVEMBER TOTALS					#####	2,259,035.92

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002391	12/1/2020	SYSMEX AMERICA INC.	79,883.31	SYSMEX UN 2000 ANALYZER - WALK-IN		
002392	12/1/2020	SYSMEX AMERICA INC.	12,291.00	SYSMEX UN 2000 WAGON		
002393	12/2/2020	CARDINAL HEALTH/V.MUELLER	48,451.00	BD PHOENIX M50 SYSTEM INSTRUMENT		
002394	12/2/2020	CARDINAL HEALTH/V.MUELLER	244,250.00	BD BRUKER MALDI SIRIUS		
002395	12/9/2020	PHILIPS HEALTHCARE	15,092.22	PHILIPS V60 PLUS VENTILATOR		
002396	12/10/2020	SKYTRON	73,378.78	DISINFECTANT ROBOT		
002397	12/10/2020	CERNER CORPORATION	106,234.00	CERNER		
002398	12/10/2020	QUALITY BUILDERS, INC.	5,000.00	REPLACEMENT GROUNDS BUILDING		
002399	12/14/2020	MCKESSON MEDICAL-SURGICAL	77,367.00	HEMATOLOGY ANALYZER SYSMEX XN 1000 - WALK-IN		
002400	12/14/2020	QUALITY BUILDERS, INC.	17,483.00	REPLACE CONCRETE		
002401	12/17/2020	FISHER HEALTHCARE	219.70	THERMOFISHER REFRIGERATOR		
002402	12/17/2020	NATUS MEDICAL INC	47,851.40	NATUS EEG MACHINE		
002403	12/23/2020	CERNER CORPORATION	104,421.95	CERNER		
DECEMBER TOTALS					832,723.36	3,091,759.28

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002404	1/7/2021	KRONOS INCORPORATED	6,920.00	KRONOS UPGRADE		
002405	1/22/2021	QUADRAMED CORPORATION	15,256.01	LINUX SERVER		
002406	1/22/2021	SYSCO INTERMOUNTAIN FOOD	3,179.28	FREEZER, SANDWICH FRIDGE & HOT SERVING TABLE		
002408	1/25/2021	ARJO INC.	36,000.00	PRONING BED		
002409	1/28/2021	FISHER HEALTHCARE	13,591.12	WALK IN REFRIGERATOR/FREEZER		
002410	1/28/2021	KRONOS INCORPORATED	12,279.78	UPGRADE TIMECLOCKS		
002411	1/28/2021	SYSCO INTERMOUNTAIN FOOD	38,102.27	FOOD SERVICE LINE		
JANUARY TOTALS					125,328.46	3,217,087.74

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002412	2/10/2021	VAPOTHERM INC.	31,285.00	VAPOTHERM DEVICES		
002413	2/18/2021	VERATHON MEDICAL	7,095.00	VERATHON BLADDER SCANNER		
002414	2/18/2021	ROBERT I MERRILL COMPANY	6,193.00	PHARMACY DOORS		
002415	2/25/2021	CERNER CORPORATION	104,421.95	CERNER CORPORATION		
002416	2/25/2021	DATAX-OHMEDA, INC.	7,412.50	WIRELESS FETAL MONITOR SYSTEM		
002417	2/25/2021	FISHER HEALTHCARE	10,112.85	-80 DEGREE FREEZER		
002418	2/25/2021	L&S FENCING (Lois Stanton, Sr.)	13,526.28	CHAIN LINK FENCE AROUND COOLING TOWER		
FEBRUARY TOTALS					180,046.58	3,397,134.32

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS

2/28/21

Amount	Description
36,867.82	Advertising Total
2,588.58	Billing Services Total
9,481.20	Blood Total
10,400.00	Building Lease Total
3,320.40	Cellular Telephone Total
162.40	Collection Agency Total
10,646.31	Computer Equipment Total
92,347.46	Consulting Fees Total
368,310.18	Contract Maintenance Total
138,197.35	Contract Personnel Total
1,032.66	Courier Services Total
28,138.38	Dental Insurance Total
6,865.28	Dialysis Supplies Total
3,468.00	Education & Travel Total
122.00	Education Material Total
952.50	Employee Recruitment Total
7,011.40	Employee Vision Plan Total
112,255.45	Equipment Lease Total
58,420.16	Food Total
16,847.34	Freight Total
7,750.87	Fuel Total
2,546.15	Garbage Collection Total
531,756.83	Group Health Total
313,354.86	Hospital Supplies Total
5,590.00	Implant Supplies Total
15,251.81	Insurance Premiums Total
312.26	Insurance Refund Total
10.00	Internet Services Total
59,839.55	Laboratory Services Total
267,330.29	Laboratory Supplies Total
4,724.70	Laundry Supplies Total
17,770.00	Legal Fees Total
218.00	Liability Insurance Total
2,402.41	Life Insurance Total
136.08	Linen Total
12,400.00	Lithotripsy Services Total
23,161.16	Locum Tenens Total
87,221.59	Maintenance & Repair Total
20,995.87	Maintenance Supplies Total
700.00	Medical Staff Dues Total
1,275.00	Membership Fees Total
2,561.44	MHSC Foundation Total
6,548.07	Non Medical Supplies Total
14,693.90	Office Supplies Total
1,970.00	Other Employee Benefits Total
2,244.37	Other Purchased Services Total
667.64	Oxygen Rental Total

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/21

Check Number	Date	Vendor Check Name	Amount	Description
176585	2/4/2021	ALERT MAGAZINE	550.00	Advertising
176593	2/4/2021	BIG THICKET BROADCASTING	6,378.00	Advertising
176657	2/4/2021	FID.COM, INC	300.00	Advertising
176972	2/10/2021	ROCKET MINER	1,481.86	Advertising
176687	2/4/2021	THE RADIO NETWORK	3,166.65	Advertising
176907	2/10/2021	THE RADIO NETWORK	3,166.65	Advertising
176591	2/4/2021	BEST VERSION MEDIA LLC	774.40	Advertising
176633	2/4/2021	LOOPSCREEN LLC	420.00	Advertising
176656	2/4/2021	PILOT BUTTE BROADCASTING	650.00	Advertising
176666	2/4/2021	ROYAL FLUSH ADVERTISING	571.25	Advertising
177229	2/25/2021	BIG THICKET BROADCASTING	3,189.00	Advertising
177285	2/25/2021	KEMMERER GAZETTE	160.00	Advertising
177336	2/25/2021	SUBLETTE EXAMINER	399.25	Advertising
177339	2/25/2021	SWEETWATER NOW, LLC	3,700.00	Advertising
177309	2/25/2021	PINEDALE ROUNDUP	140.00	Advertising
177315	2/25/2021	RAWLINS DAILY TIMES	753.00	Advertising
177322	2/25/2021	SCORPION HEALTHCARE LLC	5,094.76	Advertising
177338	2/25/2021	SVI MEDIA	1,140.00	Advertising
EFT000000006502	2/4/2021	GREEN RIVER STAR	1,353.00	Advertising
EFT000000006504	2/4/2021	LAMAR ADVERTISING	1,200.00	Advertising
EFT000000006507	2/4/2021	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000006516	2/10/2021	GREEN RIVER STAR	900.00	Advertising
EFT000000006517	2/10/2021	LAMAR ADVERTISING	700.00	Advertising
EFT000000006535	2/10/2021	LAMAR ADVERTISING	400.00	Advertising
177063	2/18/2021	EXPRESS MEDICAID BILLING SERV	2,475.33	Billing Services
177137	2/18/2021	TRUE COMMERCE, INC	113.25	Billing Services
176997	2/10/2021	VITALANT	6,252.65	Blood
177355	2/25/2021	VITALANT	3,228.55	Blood
177252	2/25/2021	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
177276	2/25/2021	HILLTOP PROPERTIES, LLC	6,900.00	Building Lease
176692	2/4/2021	VERIZON WIRELESS, LLC	3,320.40	Cellular Telephone
177048	2/18/2021	COLLECTION PROFESSIONALS, INC	162.40	Collection Agency
177043	2/18/2021	CDW GOVERNMENT LLC	1,125.95	Computer Equipment
177057	2/18/2021	DELL COMPUTER CORPORATION	3,050.00	Computer Equipment
177239	2/25/2021	CDW GOVERNMENT LLC	4,998.00	Computer Equipment
177254	2/25/2021	DELL COMPUTER CORPORATION	1,472.36	Computer Equipment
177148	2/18/2021	WOODARD & CURRAN INC.	349.00	Consulting Fees
177349	2/25/2021	UNIVERSITY OF UTAH (UUMC OUTREACH)	91,998.46	Consulting Fees
177045	2/18/2021	CHANGE HEALTHCARE SOLUTIONS, LLC	4,012.44	Contract Maintenance
176621	2/4/2021	GREENSHADES SOFTWARE	1,046.84	Contract Maintenance
177073	2/18/2021	GREENSHADES SOFTWARE	67.13	Contract Maintenance
176623	2/4/2021	HENRY SCHEIN PRACTICE SOLUTIONS	561.00	Contract Maintenance
176636	2/4/2021	MCKESSON HEALTH SOLUTIONS	1,774.93	Contract Maintenance
177004	2/18/2021	MCKESSON HEALTH SOLUTIONS	364.73	Contract Maintenance
176651	2/4/2021	NUANCE COMMUNICATIONS, INC	105.00	Contract Maintenance
177111	2/18/2021	NUANCE COMMUNICATIONS, INC	45,713.23	Contract Maintenance
176965	2/10/2021	PHILIPS HEALTHCARE	2,237.40	Contract Maintenance
176966	2/10/2021	PLAYNETWORK, INC.	179.70	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/21

176664	2/4/2021	REMI CORPORATION	2,548.86	Contract Maintenance
176670	2/4/2021	SIEMENS MEDICAL SOLUTIONS USA	11,110.84	Contract Maintenance
176977	2/10/2021	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
176690	2/4/2021	T-SYSTEM, INC	633.34	Contract Maintenance
176991	2/10/2021	T-SYSTEM, INC	22,760.34	Contract Maintenance
177144	2/18/2021	UTAH HEALTH INFORMATION NETWORK, INC	8,621.00	Contract Maintenance
176695	2/4/2021	WORLDWASH LLC	1,450.00	Contract Maintenance
177015	2/18/2021	ABILITY NETWORK INC	806.13	Contract Maintenance
176590	2/4/2021	BBTEL INC.	65.46	Contract Maintenance
176600	2/4/2021	CHESTNUT LIGHTING	17,691.00	Contract Maintenance
176603	2/4/2021	CONVERGEONE, INC.	69,901.92	Contract Maintenance
177050	2/18/2021	CONVERGEONE, INC.	10,442.00	Contract Maintenance
176599	2/4/2021	CSG, LLC	1,932.15	Contract Maintenance
176945	2/10/2021	ICONTRACTS	401.00	Contract Maintenance
176628	2/4/2021	ISI WATER CHEMISTRIES	2,315.00	Contract Maintenance
176947	2/10/2021	ISI WATER CHEMISTRIES	2,315.00	Contract Maintenance
176649	2/4/2021	NEXTGEN HEALTHCARE, INC.	587.00	Contract Maintenance
176659	2/4/2021	QUADRAMED	39,571.08	Contract Maintenance
176974	2/10/2021	SCORPION HEALTHCARE LLC	2,849.00	Contract Maintenance
176668	2/4/2021	SDPI-TELEMEDICINE LLC	1,250.00	Contract Maintenance
177122	2/18/2021	SECHRIST TECHNOLOGY GROUP	1,024.00	Contract Maintenance
176993	2/10/2021	UNITED AUDIT SYSTEMS, INC.	4,826.50	Contract Maintenance
177000	2/10/2021	WYODATA SECURITY INC	4,150.00	Contract Maintenance
177241	2/25/2021	CHANGE HEALTHCARE SOLUTIONS, LLC	4,012.94	Contract Maintenance
177269	2/25/2021	GE HEALTHCARE	23,125.58	Contract Maintenance
177302	2/25/2021	NUANCE COMMUNICATIONS, INC	313.33	Contract Maintenance
177307	2/25/2021	PHILIPS HEALTHCARE	21,530.00	Contract Maintenance
177311	2/25/2021	PROVIDER ADVANTAGE NW INC	2,280.00	Contract Maintenance
177316	2/25/2021	REMI CORPORATION	2,821.96	Contract Maintenance
177325	2/25/2021	SIEMENS MEDICAL SOLUTIONS USA	9,167.75	Contract Maintenance
177345	2/25/2021	TRACTMANAGER INC	1,004.85	Contract Maintenance
177364	2/25/2021	QUADRAMED	7,020.00	Contract Maintenance
177359	2/25/2021	WYODATA SECURITY INC.	1,515.00	Contract Maintenance
EFT00000006512	2/10/2021	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
W/T	2/22/2021	ONTHO PHREESIA FEES	11.30	Contract Maintenance
W/T	2/5/2021	OPTIMIS	200.00	Contract Maintenance
W/T	2/19/2021	CARE CLOUD	349.00	Contract Maintenance
W/T	2/4/2021	ZENITH	350.35	Contract Maintenance
W/T	2/22/2021	TRIZETTO FEES	5,319.30	Contract Maintenance
W/T	2/22/2021	CLINIC PHREESIA FEES	5,977.35	Contract Maintenance
W/T	2/9/2021	SIEMENS EDI	9,017.12	Contract Maintenance
176911	2/10/2021	AVALIS WAYFINDING SOLUTIONS, INC.	350.00	Contract Personnel
176604	2/4/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
176925	2/10/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
176610	2/4/2021	ELWOOD STAFFING SERVICES, INC	2,248.12	Contract Personnel
176931	2/10/2021	ELWOOD STAFFING SERVICES, INC	2,520.21	Contract Personnel
176618	2/4/2021	FOCUSONE SOLUTIONS LLC	10,043.57	Contract Personnel
176935	2/10/2021	FOCUSONE SOLUTIONS LLC	11,421.69	Contract Personnel
177069	2/18/2021	FOCUSONE SOLUTIONS LLC	18,191.19	Contract Personnel

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/21

176948	2/10/2021	JIM LANE	3,828.00	Contract Personnel
176667	2/4/2021	SARAH ROTH	360.00	Contract Personnel
176973	2/10/2021	SARAH ROTH	570.00	Contract Personnel
176673	2/4/2021	SOLIAANT HEALTH	10,428.00	Contract Personnel
177124	2/18/2021	SOLIAANT HEALTH	10,164.00	Contract Personnel
177249	2/25/2021	CORE MEDICAL GROUP	16,700.00	Contract Personnel
177258	2/25/2021	ELMWOOD STAFFING SERVICES, INC	7,287.82	Contract Personnel
177267	2/25/2021	FOCUSONE SOLUTIONS LLC	15,885.75	Contract Personnel
177303	2/25/2021	NURSE ASSIST INC	660.00	Contract Personnel
177321	2/25/2021	SARAH ROTH	180.00	Contract Personnel
177328	2/25/2021	SOLIAANT HEALTH	10,659.00	Contract Personnel
176601	2/4/2021	CITY CAB	18.00	Courier Services
177131	2/18/2021	SUSAN K CROFUTT	294.66	Courier Services
177305	2/25/2021	PACKAGERUNNER LOGISTICS LLC	720.00	Courier Services
176928	2/10/2021	DELTA DENTAL	28,138.38	Dental Insurance
176941	2/10/2021	HENRY SCHEIN INC	124.95	Dialysis Supplies
177075	2/18/2021	HENRY SCHEIN INC	533.81	Dialysis Supplies
177070	2/18/2021	FRESENIUS USA MARKETING, INC.	1,269.34	Dialysis Supplies
177274	2/25/2021	HENRY SCHEIN INC	799.87	Dialysis Supplies
177268	2/25/2021	FRESENIUS USA MARKETING, INC.	3,938.72	Dialysis Supplies
EFT000000006533	2/18/2021	HENRY SCHEIN INC	198.59	Dialysis Supplies
177058	2/18/2021	DEPARTMENT OF HOMELAND SECURITY/USCIS	2,500.00	Education & Travel
177152	2/18/2021	DEPARTMENT OF HOMELAND SECURITY/USCIS	460.00	Education & Travel
177150	2/18/2021	WYO. SOCIETY-HEALTHCARE ENGIN.	75.00	Education & Travel
177298	2/25/2021	NATIONAL FIRE PROTECTION ASSN	433.00	Education & Travel
EFT000000006505	2/4/2021	MY EDUCATIONAL RESOURCES	122.00	Education Material
176946	2/10/2021	INSIGHT INVESTIGATIONS, INC	447.50	Employee Recruitment
EFT000000006510	2/4/2021	SST TESTING +, INC.	505.00	Employee Recruitment
177354	2/25/2021	VISION SERVICE PLAN - WY	7,011.40	Employee Vision Plans
176924	2/10/2021	COPIER & SUPPLY COMPANY	719.72	Equipment Lease
176938	2/10/2021	GE HEALTHCARE FINANCIAL SERVICES	10,692.03	Equipment Lease
176975	2/10/2021	SHADOW MOUNTAIN WATER CO, WY	4,557.35	Equipment Lease
176671	2/4/2021	SIEMENS FINANCIAL SERVICES, INC	25,553.36	Equipment Lease
176994	2/10/2021	US BANK EQUIPMENT FINANCE	1,284.87	Equipment Lease
177142	2/18/2021	US BANK EQUIPMENT FINANCE	1,865.77	Equipment Lease
177237	2/25/2021	CAREFUSION SOLUTIONS, LLC	21,293.00	Equipment Lease
177248	2/25/2021	COPIER & SUPPLY COMPANY	2,329.07	Equipment Lease
177323	2/25/2021	SHADOW MOUNTAIN WATER CO, WY	75.00	Equipment Lease
177326	2/25/2021	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
177351	2/25/2021	US BANK EQUIPMENT FINANCE	1,107.55	Equipment Lease
177361	2/25/2021	WYOMING RENTS, LLC	782.42	Equipment Lease
177265	2/25/2021	FIRST FINANCIAL HOLDINGS, LLC	7,248.00	Equipment Lease
EFT000000006556	2/25/2021	TIMEPAYMENT CORP	2,416.22	Equipment Lease
176616	2/4/2021	FIRST FINANCIAL HOLDINGS, LLC	7,248.00	Equipment Lease
177288	2/25/2021	LINCARE INC	6,653.45	Equipment Lease
176609	2/4/2021	DOMINOS	104.78	Food
176613	2/4/2021	F B MCFADDEN WHOLESAL	5,386.71	Food
176934	2/10/2021	F B MCFADDEN WHOLESAL	3,943.75	Food
177066	2/18/2021	F B MCFADDEN WHOLESAL	2,914.28	Food

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/21

176612	2/4/2021	FARMER BROS CO	481.97	Food
177064	2/18/2021	FARMER BROS CO	236.33	Food
176650	2/4/2021	NICHOLAS & CO INC	14,930.59	Food
176959	2/10/2021	NICHOLAS & CO INC	4,196.42	Food
177109	2/18/2021	NICHOLAS & CO INC	1,243.72	Food
176684	2/4/2021	SYS CO INTERMOUNTAIN FOOD	5,099.28	Food
176986	2/10/2021	SYS CO INTERMOUNTAIN FOOD	1,899.67	Food
177134	2/18/2021	SYS CO INTERMOUNTAIN FOOD	1,473.09	Food
176694	2/4/2021	WESTERN WYOMING BEVERAGES INC	2,027.80	Food
176999	2/10/2021	WESTERN WYOMING BEVERAGES INC	1,024.73	Food
177147	2/18/2021	WESTERN WYOMING BEVERAGES INC	595.05	Food
176607	2/4/2021	DFA DAIRY BRANDS CORP., LLC	651.16	Food
176927	2/10/2021	DFA DAIRY BRANDS CORP., LLC	318.90	Food
177056	2/18/2021	DFA DAIRY BRANDS CORP., LLC	217.27	Food
177263	2/25/2021	F B MCFADDEN WHOLESALE	1,412.65	Food
177262	2/25/2021	FARMER BROS CO	208.40	Food
177300	2/25/2021	NICHOLAS & CO INC	5,975.29	Food
177341	2/25/2021	SYS CO INTERMOUNTAIN FOOD	1,677.44	Food
177357	2/25/2021	WESTERN WYOMING BEVERAGES INC	347.65	Food
177253	2/25/2021	DFA DAIRY BRANDS CORP., LLC	92.73	Food
EFT000000006500	2/4/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	1,133.50	Food
EFT000000006514	2/10/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	288.00	Food
EFT000000006529	2/18/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	126.00	Food
EFT000000006547	2/25/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	413.00	Food
176614	2/4/2021	FED EX	772.83	Freight
177067	2/18/2021	FED EX	482.36	Freight
177347	2/25/2021	TRIOSE, INC	15,592.15	Freight
176968	2/10/2021	RED HORSE OIL COMPANIES INC	539.52	Fuel
EFT000000006534	2/18/2021	HOMAX OIL SALES	7,211.35	Fuel
EFT000000006522	2/10/2021	WWS - ROCK SPRINGS	2,546.15	Garbage Collection
W/T	2/24/2021	FURTHER FLEX ADMIN FEES	338.00	Group Health
W/T	2/5/2021	FURTHER FLEX 2/3/21	500.11	Group Health
W/T	2/12/2021	FURTHER FLEX 2/10/21	1,346.28	Group Health
W/T	2/19/2021	FURTHER FLEX 2/17/21	1,928.64	Group Health
W/T	2/26/2021	FURTHER FLEX 2/24/21	2,144.83	Group Health
W/T	2/26/2021	BLUE CROSS BLUE SHIELD 2/19/21	70,155.73	Group Health
W/T	2/12/2021	BLUE CROSS BLUE SHIELD 2/5/21	90,911.58	Group Health
W/T	2/5/2021	BLUE CROSS BLUE SHIELD 1/29/21	166,911.70	Group Health
W/T	2/19/2021	BLUE CROSS BLUE SHIELD 2/12/21	197,519.96	Group Health
177014	2/18/2021	ABBOTT LABORATORIES	445.96	Hospital Supplies
176665	2/4/2021	ABBOTT NUTRITION	47.87	Hospital Supplies
177121	2/18/2021	ABBOTT NUTRITION	397.34	Hospital Supplies
177016	2/18/2021	AESCLAP INC	1,065.30	Hospital Supplies
176906	2/10/2021	AMAZON.COM CREDIT PLAN	24.04	Hospital Supplies
176907	2/10/2021	APPLIED MEDICAL	96.00	Hospital Supplies
177022	2/18/2021	APPLIED MEDICAL	420.00	Hospital Supplies
177023	2/18/2021	AQUACAST LINER	976.00	Hospital Supplies
176908	2/10/2021	ARTHRON INC.	125.00	Hospital Supplies
176909	2/10/2021	ASPEN SURGICAL	394.99	Hospital Supplies

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177029	2/18/2021	B BRAUN MEDICAL INC.	3,053.36	Hospital Supplies
177027	2/18/2021	BAXTER HEALTHCARE CORP/IV	420.84	Hospital Supplies
176589	2/4/2021	BAXTER HEALTHCARE CORPORATION	4,787.04	Hospital Supplies
177028	2/18/2021	BAYER HEALTHCARE LLC	7,785.86	Hospital Supplies
176592	2/4/2021	BIG MEDICAL LLC	1,405.00	Hospital Supplies
177032	2/18/2021	BIOMET SPORTS MEDICINE	1,634.00	Hospital Supplies
176915	2/10/2021	BOSTON SCIENTIFIC CORP	14,801.29	Hospital Supplies
177034	2/18/2021	BOSTON SCIENTIFIC CORP	3,661.10	Hospital Supplies
177052	2/18/2021	C R BARD INC	767.90	Hospital Supplies
176598	2/4/2021	CARDINAL HEALTH/V. MUELLER	4,514.41	Hospital Supplies
176917	2/10/2021	CARDINAL HEALTH/V. MUELLER	13,545.29	Hospital Supplies
177039	2/18/2021	CARDINAL HEALTH/V. MUELLER	52,829.47	Hospital Supplies
177041	2/18/2021	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
177042	2/18/2021	CARSTENS HEALTH INDUSTRIES INC	65.40	Hospital Supplies
176919	2/10/2021	COASTAL LIFE SYSTEMS, INC.	194.49	Hospital Supplies
176921	2/10/2021	CONMED CORPORATION	124.45	Hospital Supplies
176922	2/10/2021	COOK MEDICAL INC.	412.26	Hospital Supplies
176923	2/10/2021	COOK MEDICAL INCORPORATED	1,222.66	Hospital Supplies
177053	2/18/2021	CREST HEALTHCARE SUPPLY	169.08	Hospital Supplies
176929	2/10/2021	DIAGNOSTICA STAGO INC	1,473.04	Hospital Supplies
177059	2/18/2021	DJ ORTHOPEDICS, LLC	21.24	Hospital Supplies
176937	2/10/2021	FSJ LABEL	19.00	Hospital Supplies
176939	2/10/2021	GENERAL HOSPITAL SUPPLY CORPORATION	222.00	Hospital Supplies
177071	2/18/2021	GENERAL HOSPITAL SUPPLY CORPORATION	222.00	Hospital Supplies
176940	2/10/2021	HEALTHCARE LOGISTICS INC	198.56	Hospital Supplies
177074	2/18/2021	HEALTHCARE LOGISTICS INC	84.40	Hospital Supplies
176624	2/4/2021	HILL-ROM	4,506.81	Hospital Supplies
176942	2/10/2021	HILL-ROM	6,089.08	Hospital Supplies
177077	2/18/2021	HOLLISTER	106.78	Hospital Supplies
176943	2/10/2021	HOLOGIC, INC.	1,271.00	Hospital Supplies
177078	2/18/2021	HOLOGIC, INC.	1,025.00	Hospital Supplies
177079	2/18/2021	INNOVATIVE PRODUCTS INC.	130.95	Hospital Supplies
177082	2/18/2021	J & J HEALTH CARE SYSTEMS INC	2,784.06	Hospital Supplies
177086	2/18/2021	KCI USA	606.22	Hospital Supplies
176680	2/4/2021	LEICA BIOSYSTEMS RICHMOND	232.00	Hospital Supplies
177130	2/18/2021	LEICA BIOSYSTEMS RICHMOND	902.27	Hospital Supplies
177106	2/18/2021	M V A P MEDICAL SUPPLIES, INC.	865.00	Hospital Supplies
177092	2/18/2021	MARK COSTELLO COMPANY	1,156.80	Hospital Supplies
177093	2/18/2021	MARKET LAB, INC	278.82	Hospital Supplies
176955	2/10/2021	MCKESSON MEDICAL-SURGICAL	760.00	Hospital Supplies
177095	2/18/2021	MCKESSON MEDICAL-SURGICAL	435.94	Hospital Supplies
177099	2/18/2021	MEDTRONIC USA INC	1,520.00	Hospital Supplies
176639	2/4/2021	MEDTRONIC, USA	4,605.00	Hospital Supplies
177098	2/18/2021	MEDTRONIC, USA	13,630.00	Hospital Supplies
176644	2/4/2021	MINDRAY DS USA, INC.	371.07	Hospital Supplies
177104	2/18/2021	MINDRAY DS USA, INC.	360.36	Hospital Supplies
176647	2/4/2021	NATUS MEDICAL INC	790.00	Hospital Supplies
176958	2/10/2021	NATUS MEDICAL INC	1,323.41	Hospital Supplies
176648	2/4/2021	NEOTECH PRODUCTS, INC	84.75	Hospital Supplies

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177112	2/18/2021	OLYMPUS AMERICA INC	478.65	Hospital Supplies
176652	2/4/2021	OWENS & MINOR 90005430	263.71	Hospital Supplies
177113	2/18/2021	OWENS & MINOR 90005430	43,050.28	Hospital Supplies
176963	2/10/2021	PATTERSON DENTAL - 408	43.93	Hospital Supplies
176654	2/4/2021	PERFORMANCE HEALTH SUPPLY INC	127.62	Hospital Supplies
176964	2/10/2021	PERFORMANCE HEALTH SUPPLY INC	61.73	Hospital Supplies
177115	2/18/2021	PERFORMANCE HEALTH SUPPLY INC	61.73	Hospital Supplies
176662	2/4/2021	RADIOMETER AMERICA INC	9,941.81	Hospital Supplies
177118	2/18/2021	RADIOMETER AMERICA INC	433.68	Hospital Supplies
177119	2/18/2021	RESPIRONICS	589.00	Hospital Supplies
176976	2/10/2021	SHIPPERT MEDICAL TECHNOLOGIES	246.00	Hospital Supplies
176978	2/10/2021	SMITHS MEDICAL ASD	200.00	Hospital Supplies
176676	2/4/2021	STERIS CORPORATION	4,583.75	Hospital Supplies
177127	2/18/2021	STERIS CORPORATION	4,522.22	Hospital Supplies
176689	2/4/2021	TRI-ANIM HEALTH SERVICES INC	182.98	Hospital Supplies
176990	2/10/2021	TRI-ANIM HEALTH SERVICES INC	117.50	Hospital Supplies
177136	2/18/2021	TRI-ANIM HEALTH SERVICES INC	1,330.38	Hospital Supplies
176995	2/10/2021	UTAH MEDICAL PRODUCTS INC	65.28	Hospital Supplies
176996	2/10/2021	VAPOTHERM INC.	3,192.00	Hospital Supplies
176691	2/4/2021	VERATHION INC.	589.00	Hospital Supplies
176693	2/4/2021	WAXIE SANITARY SUPPLY	4,528.25	Hospital Supplies
176996	2/10/2021	WAXIE SANITARY SUPPLY	4,956.89	Hospital Supplies
177145	2/18/2021	WAXIE SANITARY SUPPLY	3,760.07	Hospital Supplies
176930	2/10/2021	EDGE PHARMACEUTICALS, LLC	592.36	Hospital Supplies
177222	2/25/2021	AMAZON.COM CREDIT PLAN	3,722.75	Hospital Supplies
177224	2/25/2021	AQUACAST LINER	100.00	Hospital Supplies
177226	2/25/2021	BARD PERIPHERAL VASCULAR INC	1,044.00	Hospital Supplies
177233	2/25/2021	BOSTON SCIENTIFIC CORP	2,983.29	Hospital Supplies
177250	2/25/2021	C.R. BARD, INC.	200.04	Hospital Supplies
177236	2/25/2021	CARDINAL HEALTH/V. MUELLER	11,696.59	Hospital Supplies
177238	2/25/2021	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
177243	2/25/2021	COASTAL LIFE SYSTEMS, INC.	378.98	Hospital Supplies
177245	2/25/2021	COME INSTRUMENTS	87.69	Hospital Supplies
177247	2/25/2021	COOK MEDICAL INCORPORATED	453.20	Hospital Supplies
177273	2/25/2021	HEALTHCARE LOGISTICS INC	128.15	Hospital Supplies
177275	2/25/2021	HILL-ROM	5,345.18	Hospital Supplies
177297	2/25/2021	M V A P MEDICAL SUPPLIES, INC.	478.00	Hospital Supplies
177291	2/25/2021	MARKET LAB, INC	525.88	Hospital Supplies
177295	2/25/2021	MES	63.65	Hospital Supplies
177304	2/25/2021	OWENS & MINOR 90005430	673.26	Hospital Supplies
177314	2/25/2021	RADIOMETER AMERICA INC	253.01	Hospital Supplies
177317	2/25/2021	RESMED CORP	170.00	Hospital Supplies
177318	2/25/2021	RESPIRONICS	430.00	Hospital Supplies
177327	2/25/2021	SMITHS MEDICAL ASD	200.00	Hospital Supplies
177333	2/25/2021	STERIS CORPORATION	5,349.11	Hospital Supplies
177344	2/25/2021	TIDI PRODUCTS, LC	510.00	Hospital Supplies
177346	2/25/2021	TRI-ANIM HEALTH SERVICES INC	280.52	Hospital Supplies
177356	2/25/2021	WAXIE SANITARY SUPPLY	4,870.39	Hospital Supplies
177251	2/25/2021	CR BARD, INC	195.00	Hospital Supplies

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EFT000000006503	2/4/2021	HARDY DIAGNOSTICS	1,453.34	Hospital Supplies
EFT000000006518	2/10/2021	MARSHALL INDUSTRIES	124.95	Hospital Supplies
EFT000000006525	2/18/2021	BEEKLEY CORPORATION	249.00	Hospital Supplies
EFT000000006527	2/18/2021	BREG INC	558.27	Hospital Supplies
EFT000000006528	2/18/2021	BSN MEDICAL INC	56.95	Hospital Supplies
EFT000000006532	2/18/2021	HARDY DIAGNOSTICS	935.74	Hospital Supplies
EFT000000006536	2/18/2021	OVATION MEDICAL	988.90	Hospital Supplies
EFT000000006539	2/18/2021	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	2,177.50	Hospital Supplies
EFT000000006540	2/18/2021	STRYKER INSTRUMENTS	1,380.46	Hospital Supplies
EFT000000006545	2/25/2021	BREG INC	417.97	Hospital Supplies
EFT000000006546	2/25/2021	BSN MEDICAL INC	44.12	Hospital Supplies
EFT000000006550	2/25/2021	HARDY DIAGNOSTICS	540.36	Hospital Supplies
EFT000000006554	2/25/2021	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	2,040.00	Hospital Supplies
177024	2/18/2021	ARMSTRONG MEDICAL INDUSTRIES	150.00	Hospital Supplies
176914	2/10/2021	BECTON DICKINSON	575.00	Hospital Supplies
177030	2/18/2021	BECTON DICKINSON	4,021.50	Hospital Supplies
177100	2/18/2021	MERIT MEDICAL SYSTEMS, INC	595.10	Hospital Supplies
177337	2/25/2021	SURGICAL PRODUCT SOLUTIONS	20.00	Hospital Supplies
EFT000000006551	2/25/2021	LABORIE MEDICAL TECHNOLOGIES CORP	401.78	Hospital Supplies
177060	2/18/2021	EMERSON HEALTHCARE, LLC	685.00	Hospital Supplies
176611	2/4/2021	EQUASHIELD LLC	304.44	Hospital Supplies
177061	2/18/2021	EQUASHIELD LLC	3,010.48	Hospital Supplies
176641	2/4/2021	MERCURY MEDICAL	606.82	Hospital Supplies
177106	2/18/2021	MANOSONICS, INC	2,040.63	Hospital Supplies
176685	2/4/2021	TELEFLEX LLC	229.00	Hospital Supplies
177135	2/10/2021	TELEFLEX LLC	927.36	Hospital Supplies
177232	2/25/2021	BLUE ENDO	281.59	Hospital Supplies
176962	2/10/2021	PARAGON 28 INC.	548.08	Implant Supplies
176680	2/4/2021	TREACE MEDICAL CONCEPTS, INC.	5,590.00	Implant Supplies
177350	2/25/2021	PROVIDENT LIFE & ACCIDENT	15,251.81	Insurance Premiums
177003	2/10/2021	INSURANCE REFUND	7.55	Insurance Refund
177004	2/10/2021	INSURANCE REFUND	304.71	Insurance Refund
177001	2/10/2021	WYOMING.COM	10.00	Internet Services
176956	2/10/2021	METABOLIC NEWBORN SCREENING	2,822.28	Laboratory Services
176586	2/4/2021	ALLERMETRIX INC	962.00	Laboratory Services
176903	2/10/2021	ALLERMETRIX INC	704.00	Laboratory Services
177018	2/18/2021	ALLERMETRIX INC	1,477.00	Laboratory Services
EFT000000006543	2/25/2021	ARUP LABORATORIES, INC.	53,874.27	Laboratory Services
176588	2/4/2021	ASSOCIATES OF CAPE COD INC	968.15	Laboratory Supplies
177037	2/18/2021	CANCER DIAGNOSTICS, INC	938.17	Laboratory Supplies
176916	2/10/2021	CARDINAL HEALTH	23,101.86	Laboratory Supplies
177038	2/18/2021	CARDINAL HEALTH	41,049.79	Laboratory Supplies
176918	2/10/2021	CEPHEID	2,421.80	Laboratory Supplies
177044	2/18/2021	CEPHEID	3,825.78	Laboratory Supplies
176617	2/4/2021	FISHER HEALTHCARE	4,611.15	Laboratory Supplies
177068	2/18/2021	FISHER HEALTHCARE	8,695.63	Laboratory Supplies
176637	2/4/2021	MEDIVATORS REPROCESSING SYSTEM	723.58	Laboratory Supplies
177096	2/18/2021	MEDIVATORS REPROCESSING SYSTEM	5,481.69	Laboratory Supplies
176640	2/4/2021	MERCEDES MEDICAL	402.00	Laboratory Supplies

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177081	2/18/2021	PLATINUM CODE	176.36	Laboratory Supplies
176908	2/10/2021	THERMO FISHER SCIENTIFIC, LLC	5,483.00	Laboratory Supplies
177138	2/18/2021	TYPENEX MEDICAL, LLC	496.99	Laboratory Supplies
176594	2/4/2021	BIOFIRE DIAGNOSTICS, LLC	12,376.40	Laboratory Supplies
177033	2/18/2021	BIOMERIEUX, INC.	8,918.58	Laboratory Supplies
176951	2/10/2021	KURIN INC.	3,000.00	Laboratory Supplies
177110	2/18/2021	NOVA BIOMEDICAL CORP.	100.00	Laboratory Supplies
176980	2/10/2021	STATLAB MEDICAL PRODUCTS	5,282.60	Laboratory Supplies
177227	2/25/2021	BECKMAN COULTER, INC	127.12	Laboratory Supplies
177235	2/25/2021	CARDINAL HEALTH	78,520.96	Laboratory Supplies
177240	2/25/2021	CEPHID	2,067.12	Laboratory Supplies
177266	2/25/2021	FISHER HEALTHCARE	10,214.70	Laboratory Supplies
177293	2/25/2021	MEDIVATORS REPROCESSING SYSTEM	120.00	Laboratory Supplies
177280	2/25/2021	PLATINUM CODE	47.41	Laboratory Supplies
177230	2/25/2021	BIOFIRE DIAGNOSTICS, LLC	4,050.00	Laboratory Supplies
177301	2/25/2021	NOVA BIOMEDICAL CORP.	12,148.94	Laboratory Supplies
177332	2/25/2021	STATLAB MEDICAL PRODUCTS	30.38	Laboratory Supplies
EFT00000006499	2/4/2021	BIO-RAD LABORATORIES	5,922.89	Laboratory Supplies
EFT00000006506	2/4/2021	ORTHO-CLINICAL DIAGNOSTICS INC	2,957.47	Laboratory Supplies
EFT00000006513	2/10/2021	BIO-RAD LABORATORIES	7,876.89	Laboratory Supplies
EFT00000006519	2/10/2021	ORTHO-CLINICAL DIAGNOSTICS INC	506.08	Laboratory Supplies
EFT00000006526	2/18/2021	BIO-RAD LABORATORIES	5,455.94	Laboratory Supplies
EFT00000006544	2/25/2021	BIO-RAD LABORATORIES	827.40	Laboratory Supplies
EFT00000006553	2/25/2021	ORTHO-CLINICAL DIAGNOSTICS INC	8,402.46	Laboratory Supplies
EFT00000006552	2/25/2021	MARTIN-RAY LAUNDRY SYSTEMS	4,724.70	Laundry Supplies
176655	2/4/2021	PHILLIPS LAW, LLC	6,200.00	Legal Fees
177054	2/18/2021	CROWLEY FLECK ATTORNEYS	420.00	Legal Fees
177308	2/25/2021	PHILLIPS LAW, LLC	11,150.00	Legal Fees
177143	2/18/2021	USI INSURANCE SERVICES WYOMING	218.00	Liability Insurance
177299	2/25/2021	NEW YORK LIFE INSURANCE COMPANY	2,402.41	Life Insurance
177330	2/25/2021	STANDARD TEXTILE	136.00	Linen
176698	2/4/2021	WYOMING UROLOGICAL SERVICES, LP	12,400.00	Urology Services
177049	2/18/2021	COMPHEALTH, INC.	649.28	Locum Tenens
177146	2/18/2021	WEATHERBY LOCUMS, INC	1,700.76	Locum Tenens
176629	2/4/2021	JHHR MEDICAL ASSOCIATES	20,811.12	Locum Tenens
177020	2/18/2021	AMERI WATER	266.00	Maintenance & Repair
176558	2/4/2021	P M AUTO GLASS, INC.	50.00	Maintenance & Repair
176653	2/4/2021	PARTSSOURCE	874.87	Maintenance & Repair
177114	2/18/2021	PARTSSOURCE	753.62	Maintenance & Repair
176679	2/4/2021	SURFACES	233.00	Maintenance & Repair
176681	2/4/2021	SWEETWATER PLUMBING & HEATING	477.95	Maintenance & Repair
176584	2/10/2021	SWEETWATER PLUMBING & HEATING	248.85	Maintenance & Repair
177132	2/18/2021	SWEETWATER PLUMBING & HEATING	404.20	Maintenance & Repair
176686	2/4/2021	TENA COLE	1,209.95	Maintenance & Repair
177031	2/18/2021	BIG SKY PLUMBING LLC	31,505.00	Maintenance & Repair
176900	2/4/2021	BORCAT OF ROCK SPRINGS	555.19	Maintenance & Repair
176602	2/4/2021	COMPLIANCE PLUS INC.	500.00	Maintenance & Repair
176606	2/4/2021	DANIEL DORMAN PAINTING	39,501.00	Maintenance & Repair
176926	2/18/2021	DANIEL DORMAN PAINTING	200.00	Maintenance & Repair

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177231	2/25/2021	BIO-MED ENGINEERING INC	720.00	Maintenance & Repair
177242	2/25/2021	CLARK'S QUALITY ROOFING, INC	562.00	Maintenance & Repair
177306	2/25/2021	PARTSSOURCE	957.83	Maintenance & Repair
177234	2/25/2021	CACHE VALLEY ELECTRIC CO.	4,017.34	Maintenance & Repair
177260	2/25/2021	ENTRY SYSTEMS INC.	905.00	Maintenance & Repair
177329	2/25/2021	ST+B ENGINEERING	2,536.96	Maintenance & Repair
EFT000000006509	2/4/2021	SERVCO	222.50	Maintenance & Repair
EFT000000006521	2/10/2021	WHITE MOUNTAIN LUMBER	440.31	Maintenance & Repair
176912	2/10/2021	BARD ACCESS SYSTEMS	2,829.09	Maintenance Supplies
177025	2/18/2021	BARD ACCESS SYSTEMS	1,918.14	Maintenance Supplies
176913	2/10/2021	BATTERY SYSTEMS	159.21	Maintenance Supplies
176595	2/4/2021	BLOEDORN LUMBER	69.02	Maintenance Supplies
176920	2/10/2021	CODALE ELECTRIC SUPPLY, INC	248.13	Maintenance Supplies
177047	2/18/2021	CODALE ELECTRIC SUPPLY, INC	346.20	Maintenance Supplies
177065	2/18/2021	FASTENAL COMPANY	183.68	Maintenance Supplies
176620	2/4/2021	GRAINGER	71.75	Maintenance Supplies
177072	2/18/2021	GRAINGER	267.55	Maintenance Supplies
176625	2/4/2021	HOME DEPOT	1,539.01	Maintenance Supplies
176944	2/10/2021	HOME DEPOT	549.61	Maintenance Supplies
177065	2/18/2021	KAMAN INDUSTRIAL TECHNOLOGIES	657.23	Maintenance Supplies
177139	2/18/2021	UNIPOWER	427.45	Maintenance Supplies
177225	2/25/2021	BARD ACCESS SYSTEMS	1,854.24	Maintenance Supplies
177244	2/25/2021	CODALE ELECTRIC SUPPLY, INC	1,190.61	Maintenance Supplies
177271	2/25/2021	GRAINGER	1,355.78	Maintenance Supplies
177277	2/25/2021	HOME DEPOT	937.87	Maintenance Supplies
177284	2/25/2021	KAMAN INDUSTRIAL TECHNOLOGIES	142.36	Maintenance Supplies
177348	2/25/2021	UNIPOWER	1,833.08	Maintenance Supplies
EFT000000006497	2/4/2021	ACE HARDWARE	781.63	Maintenance Supplies
EFT000000006520	2/10/2021	ROCK SPRINGS WINNELSON CO	2,339.60	Maintenance Supplies
EFT000000006523	2/18/2021	ACE HARDWARE	109.94	Maintenance Supplies
EFT000000006538	2/18/2021	ROCK SPRINGS WINNELSON CO	1,144.74	Maintenance Supplies
EFT000000006541	2/25/2021	ACE HARDWARE	39.95	Maintenance Supplies
177103	2/18/2021	MHSC MEDICAL STAFF	700.00	Medical Staff Fees
177107	2/18/2021	NAMSS	555.00	Membership Fees
176678	2/4/2021	SUMMITTE COUNTY CHAMBER OF COMMERCE	330.00	Membership Fees
EFT000000006508	2/4/2021	R.S. CHAMBER OF COMMERCE	390.00	Membership Fees
176642	2/4/2021	MHSC-FOUNDATION	1,250.22	MHSC Foundation
177102	2/18/2021	MHSC-FOUNDATION	1,303.22	MHSC Foundation
176605	2/4/2021	CUSTOMIZED COMMUNICATIONS, INC	450.00	Non Medical Supplies
177076	2/18/2021	HITACHI HEALTHCARE AMERICAS CORPORATION	748.00	Non Medical Supplies
176638	2/4/2021	MEDLINE INDUSTRIES INC	2,361.82	Non Medical Supplies
177097	2/18/2021	MEDLINE INDUSTRIES INC	1,119.40	Non Medical Supplies
176960	2/10/2021	OPTUM360 LLC	55.97	Non Medical Supplies
176669	2/4/2021	SHARN ANESTHESIA INC	104.57	Non Medical Supplies
176672	2/4/2021	SMILEMAKERS	105.95	Non Medical Supplies
177140	2/18/2021	UNIQUE SIGNS AND DESIGN LLC	400.00	Non Medical Supplies
177270	2/25/2021	GLOBAL EQUIPMENT COMPANY	73.99	Non Medical Supplies
177294	2/25/2021	MEDLINE INDUSTRIES INC	173.85	Non Medical Supplies
176905	2/10/2021	ALTA MEDICAL SPECIALTIES	215.19	Non Medical Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
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177019	2/18/2021	ALTA MEDICAL SPECIALTIES	213.57	Non Medical Supplies
177228	2/25/2021	BECTON DICKINSON	526.56	Non Medical Supplies
176932	2/10/2021	ENCOMPASS GROUP, LLC	2,582.40	Office Supplies
177125	2/18/2021	STANDARD REGISTER COMPANY	881.35	Office Supplies
176674	2/4/2021	STAPLES BUSINESS ADVANTAGE	2,140.12	Office Supplies
176979	2/10/2021	STAPLES BUSINESS ADVANTAGE	279.17	Office Supplies
177126	2/18/2021	STAPLES BUSINESS ADVANTAGE	2,074.05	Office Supplies
177141	2/18/2021	UNITED AD LABEL	288.32	Office Supplies
177259	2/25/2021	ENCOMPASS GROUP, LLC	3,089.16	Office Supplies
177331	2/25/2021	STAPLES BUSINESS ADVANTAGE	3,081.08	Office Supplies
EFT000000006555	2/25/2021	SMYTH PRINTING	278.25	Office Supplies
177002	2/10/2021	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
177026	2/18/2021	BAUDVILLE DESKTOP PUBLISHING	100.94	Other Purchased Services
176619	2/4/2021	FOTOS BY JENNI	79.00	Other Purchased Services
176936	2/10/2021	FOTOS BY JENNI	79.00	Other Purchased Services
176635	2/4/2021	MAXAIR (BIO-MEDICAL DEVICES INTERNATIONAL, INC.)	1,624.43	Other Purchased Services
176632	2/4/2021	QUICK RESPONSE TAXI	137.00	Other Purchased Services
176953	2/10/2021	QUICK RESPONSE TAXI	94.00	Other Purchased Services
177090	2/18/2021	QUICK RESPONSE TAXI	77.00	Other Purchased Services
177287	2/25/2021	QUICK RESPONSE TAXI	53.00	Other Purchased Services
EFT000000006490	2/4/2021	AIRGAS INTERMOUNTAIN INC	358.49	Oxygen Rental
EFT000000006524	2/18/2021	AIRGAS INTERMOUNTAIN INC	192.54	Oxygen Rental
EFT000000006542	2/25/2021	AIRGAS INTERMOUNTAIN INC	116.61	Oxygen Rental
176701	2/4/2021	PATIENT REFUND	45.00	Patient Refund
176702	2/4/2021	PATIENT REFUND	37.00	Patient Refund
176703	2/4/2021	PATIENT REFUND	12.00	Patient Refund
176704	2/4/2021	PATIENT REFUND	147.64	Patient Refund
176705	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176706	2/4/2021	PATIENT REFUND	10.00	Patient Refund
176708	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176708	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176707	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176711	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176710	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176712	2/4/2021	PATIENT REFUND	14.88	Patient Refund
176713	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176714	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176716	2/4/2021	PATIENT REFUND	45.00	Patient Refund
176717	2/4/2021	PATIENT REFUND	358.48	Patient Refund
176715	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176718	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176719	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176720	2/4/2021	PATIENT REFUND	75.00	Patient Refund
176721	2/4/2021	PATIENT REFUND	97.40	Patient Refund
176722	2/4/2021	PATIENT REFUND	55.00	Patient Refund
176723	2/4/2021	PATIENT REFUND	60.87	Patient Refund
176725	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176724	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176727	2/4/2021	PATIENT REFUND	100.00	Patient Refund

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176726	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176728	2/4/2021	PATIENT REFUND	182.00	Patient Refund
176729	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176732	2/4/2021	PATIENT REFUND	42.40	Patient Refund
176731	2/4/2021	PATIENT REFUND	78.15	Patient Refund
176730	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176733	2/4/2021	PATIENT REFUND	281.00	Patient Refund
176734	2/4/2021	PATIENT REFUND	8.00	Patient Refund
176735	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176736	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176737	2/4/2021	PATIENT REFUND	45.00	Patient Refund
176739	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176738	2/4/2021	PATIENT REFUND	273.60	Patient Refund
176743	2/4/2021	PATIENT REFUND	400.00	Patient Refund
176744	2/4/2021	PATIENT REFUND	411.00	Patient Refund
176741	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176742	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176740	2/4/2021	PATIENT REFUND	57.67	Patient Refund
176745	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176746	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176747	2/4/2021	PATIENT REFUND	60.00	Patient Refund
176748	2/4/2021	PATIENT REFUND	78.85	Patient Refund
176749	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176750	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176751	2/4/2021	PATIENT REFUND	5.00	Patient Refund
176752	2/4/2021	PATIENT REFUND	56.80	Patient Refund
176753	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176754	2/4/2021	PATIENT REFUND	18.68	Patient Refund
176755	2/4/2021	PATIENT REFUND	286.02	Patient Refund
176756	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176757	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176758	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176759	2/4/2021	PATIENT REFUND	60.00	Patient Refund
176760	2/4/2021	PATIENT REFUND	15.00	Patient Refund
176761	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176762	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176764	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176765	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176763	2/4/2021	PATIENT REFUND	11.00	Patient Refund
176766	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176767	2/4/2021	PATIENT REFUND	5.00	Patient Refund
176768	2/4/2021	PATIENT REFUND	80.00	Patient Refund
176769	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176770	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176771	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176772	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176773	2/4/2021	PATIENT REFUND	90.00	Patient Refund
176774	2/4/2021	PATIENT REFUND	10.00	Patient Refund
176775	2/4/2021	PATIENT REFUND	142.33	Patient Refund

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GENERAL FUND DISBURSEMENTS
2/28/21

176776	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176777	2/4/2021	PATIENT REFUND	140.00	Patient Refund
176778	2/4/2021	PATIENT REFUND	51.00	Patient Refund
176781	2/4/2021	PATIENT REFUND	15.15	Patient Refund
176779	2/4/2021	PATIENT REFUND	46.00	Patient Refund
176780	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176782	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176784	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176783	2/4/2021	PATIENT REFUND	15.00	Patient Refund
176785	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176786	2/4/2021	PATIENT REFUND	262.50	Patient Refund
176787	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176791	2/4/2021	PATIENT REFUND	24.80	Patient Refund
176789	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176790	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176788	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176792	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176793	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176795	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176794	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176796	2/4/2021	PATIENT REFUND	100.00	Patient Refund
176797	2/4/2021	PATIENT REFUND	124.00	Patient Refund
176798	2/4/2021	PATIENT REFUND	75.00	Patient Refund
176799	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176800	2/4/2021	PATIENT REFUND	5.00	Patient Refund
176802	2/4/2021	PATIENT REFUND	97.55	Patient Refund
176801	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176803	2/4/2021	PATIENT REFUND	5.00	Patient Refund
176804	2/4/2021	PATIENT REFUND	60.00	Patient Refund
176805	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176806	2/4/2021	PATIENT REFUND	60.00	Patient Refund
176807	2/4/2021	PATIENT REFUND	15.00	Patient Refund
176808	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176809	2/4/2021	PATIENT REFUND	48.93	Patient Refund
176810	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176811	2/4/2021	PATIENT REFUND	55.00	Patient Refund
176813	2/4/2021	PATIENT REFUND	60.00	Patient Refund
176812	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176814	2/4/2021	PATIENT REFUND	10.00	Patient Refund
176815	2/4/2021	PATIENT REFUND	10.00	Patient Refund
176816	2/4/2021	PATIENT REFUND	90.00	Patient Refund
176817	2/4/2021	PATIENT REFUND	45.00	Patient Refund
176820	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176819	2/4/2021	PATIENT REFUND	10.42	Patient Refund
176818	2/4/2021	PATIENT REFUND	10.26	Patient Refund
176821	2/4/2021	PATIENT REFUND	60.00	Patient Refund
176822	2/4/2021	PATIENT REFUND	76.00	Patient Refund
176823	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176824	2/4/2021	PATIENT REFUND	20.00	Patient Refund

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176827	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176829	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176826	2/4/2021	PATIENT REFUND	34.10	Patient Refund
176825	2/4/2021	PATIENT REFUND	52.69	Patient Refund
176828	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176830	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176831	2/4/2021	PATIENT REFUND	210.60	Patient Refund
176832	2/4/2021	PATIENT REFUND	46.00	Patient Refund
176833	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176834	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176836	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176835	2/4/2021	PATIENT REFUND	80.00	Patient Refund
176837	2/4/2021	PATIENT REFUND	263.00	Patient Refund
176838	2/4/2021	PATIENT REFUND	65.20	Patient Refund
176839	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176840	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176842	2/4/2021	PATIENT REFUND	5.00	Patient Refund
176841	2/4/2021	PATIENT REFUND	400.00	Patient Refund
176843	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176844	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176845	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176846	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176847	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176848	2/4/2021	PATIENT REFUND	267.00	Patient Refund
176849	2/4/2021	PATIENT REFUND	10.40	Patient Refund
176852	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176850	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176851	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176854	2/4/2021	PATIENT REFUND	143.50	Patient Refund
176853	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176855	2/4/2021	PATIENT REFUND	70.00	Patient Refund
176856	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176857	2/4/2021	PATIENT REFUND	50.00	Patient Refund
176858	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176859	2/4/2021	PATIENT REFUND	30.00	Patient Refund
177005	2/10/2021	PATIENT REFUND	30.00	Patient Refund
176861	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176862	2/4/2021	PATIENT REFUND	13.60	Patient Refund
176860	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176863	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176864	2/4/2021	PATIENT REFUND	213.50	Patient Refund
176866	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176865	2/4/2021	PATIENT REFUND	10.00	Patient Refund
176867	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176869	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176868	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176870	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176871	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176873	2/4/2021	PATIENT REFUND	20.00	Patient Refund

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GENERAL FUND DISBURSEMENTS
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176872	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176874	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176875	2/4/2021	PATIENT REFUND	134.25	Patient Refund
176879	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176880	2/4/2021	PATIENT REFUND	42.50	Patient Refund
176878	2/4/2021	PATIENT REFUND	70.00	Patient Refund
176876	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176877	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176881	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176883	2/4/2021	PATIENT REFUND	38.05	Patient Refund
176882	2/4/2021	PATIENT REFUND	14.60	Patient Refund
176885	2/4/2021	PATIENT REFUND	80.00	Patient Refund
176884	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176887	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176886	2/4/2021	PATIENT REFUND	25.00	Patient Refund
177006	2/10/2021	PATIENT REFUND	111.44	Patient Refund
176888	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176889	2/4/2021	PATIENT REFUND	40.00	Patient Refund
176890	2/4/2021	PATIENT REFUND	20.00	Patient Refund
176891	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176892	2/4/2021	PATIENT REFUND	35.00	Patient Refund
176893	2/4/2021	PATIENT REFUND	271.30	Patient Refund
176894	2/4/2021	PATIENT REFUND	46.00	Patient Refund
176896	2/4/2021	PATIENT REFUND	160.00	Patient Refund
176895	2/4/2021	PATIENT REFUND	75.00	Patient Refund
176700	2/4/2021	PATIENT REFUND	25.00	Patient Refund
176897	2/4/2021	PATIENT REFUND	30.00	Patient Refund
176899	2/4/2021	PATIENT REFUND	97.00	Patient Refund
176898	2/4/2021	PATIENT REFUND	86.64	Patient Refund
177352	2/25/2021	PATIENT REFUND	85.73	Patient Refund
177353	2/25/2021	PATIENT REFUND	388.56	Patient Refund
176583	2/2/2021	UNITED WAY OF SWEETWATER COUNTY	156.75	Payroll Deduction
177013	2/16/2021	UNITED WAY OF SWEETWATER COUNTY	156.75	Payroll Deduction
176579	2/2/2021	FAMILY SUPPORT REGISTRY	403.84	Payroll Garnishment
177009	2/16/2021	FAMILY SUPPORT REGISTRY	403.84	Payroll Garnishment
176580	2/2/2021	STATE OF WYOMING DFS/CSES	2,599.06	Payroll Garnishment
177010	2/16/2021	STATE OF WYOMING DFS/CSES	2,599.06	Payroll Garnishment
177007	2/16/2021	CIRCUIT COURT 3RD JUDICIAL-GR	96.43	Payroll Garnishment
176578	2/2/2021	DAVID G. PEAKE	3,484.62	Payroll Garnishment
177006	2/16/2021	DAVID G. PEAKE	3,484.62	Payroll Garnishment
176983	2/10/2021	SWEETWATER CIRCUIT COURT-RS	271.13	Payroll Garnishment
177011	2/16/2021	SWEETWATER CIRCUIT COURT-RS	273.33	Payroll Garnishment
176582	2/2/2021	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
177012	2/16/2021	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	2/2/2021	PAYROLL 5	1,600,000.00	Payroll Transfer
W/T	2/16/2021	PAYROLL 6	1,600,000.00	Payroll Transfer
176643	2/4/2021	MHSC - PETTY CASH	50.55	Petty Cash
177040	2/18/2021	CARDINAL HEALTH PHARMACY MGMT	831,095.54	Pharmacy Management
176584	2/4/2021	ADVANCED MEDICAL IMAGING, LLC	17,796.50	Physician Services

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
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176901	2/10/2021	ADVANCED MEDICAL IMAGING, LLC	1,120.00	Physician Services
177091	2/18/2021	LOCUM TENENS.COM	28,881.63	Physician Services
176989	2/10/2021	THE SLEEP SPECIALISTS	4,000.00	Physician Services
176630	2/4/2021	JOHN A. ILIYA, M.D.	29,400.00	Physician Services
177343	2/25/2021	THE SLEEP SPECIALISTS	9,400.00	Physician Services
177255	2/25/2021	DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
177264	2/25/2021	FEDLOAN SERVICING	20,625.00	Physician Student Loan
177272	2/25/2021	GREAT LAKES	1,666.67	Physician Student Loan
177352	2/25/2021	US DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
177281	2/25/2021	DR. JACQUES DENKER	6,498.33	Physician Student Loan
177282	2/25/2021	JOCELYN PALINEK	17,147.31	Physician Student Loan
176969	2/10/2021	RESERVE ACCOUNT	5,000.00	Postage
177046	2/18/2021	CLEANIQUE PROFESSIONAL SERVICES	6,900.00	Professional Service
176626	2/4/2021	IMAGE WORKS	4,773.24	Professional Service
177087	2/18/2021	KONICA MINOLTA MEDICAL IMAGING USA, INC	3,710.00	Professional Service
176957	2/10/2021	MILE HIGH MOBILE PET	11,520.00	Professional Service
176961	2/10/2021	P3 CONSULTING LLC	7,225.00	Professional Service
176697	2/4/2021	WYOMING DEPARTMENT OF HEALTH	112.60	Professional Service
176646	2/4/2021	MOUNTAIN STATES MEDICAL PHYSICS	7,237.15	Professional Service
176992	2/10/2021	TTE LABORATORIES	166.66	Professional Service
177261	2/25/2021	CE BROKER	279.30	Professional Service
177353	2/25/2021	VERISYS INC.	27.00	Professional Service
177360	2/25/2021	WYOMING DEPARTMENT OF HEALTH	72.00	Professional Service
EFT000000006511	2/4/2021	WESTERN STAR COMMUNICATIONS	755.40	Professional Service
176661	2/4/2021	RADIATION DETECTION COMPANY	4.50	Radiation Monitoring
177101	2/18/2021	MERRY X-RAY	150.39	Radiology Film
176597	2/4/2021	BRACCO DIAGNOSTICS INC	1,210.15	Radiology Material
177035	2/18/2021	BRACCO DIAGNOSTICS INC	1,943.84	Radiology Material
176627	2/4/2021	INTERMOUNTAIN RADIOPHARMACY - UNIVERSITY OF UTAH	903.00	Radiology Material
176631	2/4/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
176952	2/10/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
177089	2/18/2021	LANTHEUS MEDICAL IMAGING, INC	4,533.19	Radiology Material
177055	2/18/2021	CURJUM US LLC	895.50	Radiology Material
177279	2/25/2021	INTERMOUNTAIN RADIOPHARMACY - UNIVERSITY OF UTAH	3,862.00	Radiology Material
177286	2/25/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
EFT000000006515	2/10/2021	GE HEALTHCARE INC	231.52	Radiology Material
EFT000000006531	2/18/2021	GE HEALTHCARE INC	2,060.36	Radiology Material
EFT000000006537	2/18/2021	PHARMALUCENCE, INC	708.50	Radiology Material
EFT000000006549	2/25/2021	GE HEALTHCARE INC	338.53	Radiology Material
177036	2/18/2021	BRIAN BARTON, PA-C	4,750.00	Reimbursement - CME
177292	2/25/2021	DR. MARK UHLMAN	59.61	Reimbursement - CME
177084	2/18/2021	DR. JONATHAN SCHWARTZ	2,044.59	Reimbursement - Education & Travel
177021	2/18/2021	ANEDA HAZELETT	173.29	Reimbursement - Education & Travel
177083	2/18/2021	DR. JANENE GLYN	1,951.35	Reimbursement - Education & Travel
177062	2/18/2021	ERIN FACINELLI	427.50	Reimbursement - Education & Travel
176949	2/10/2021	JOHANNA HERNANDEZ	132.64	Reimbursement - Education & Travel
176663	2/4/2021	RAMONA K BEACH	62.62	Reimbursement - Education & Travel
176970	2/10/2021	ROB FAIR	398.82	Reimbursement - Education & Travel
176677	2/4/2021	STEVEN GARRETT	256.75	Reimbursement - Education & Travel

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/21

177256	2/25/2021	DESERIEE PADILLA	379.12	Reimbursement - Education & Travel
177278	2/25/2021	ILSE STAUFFER	121.00	Reimbursement - Education & Travel
177283	2/25/2021	JOHANNA HERNANDEZ	132.64	Reimbursement - Education & Travel
177289	2/25/2021	LOLA GEBHARDT	95.00	Reimbursement - Education & Travel
177319	2/25/2021	ROB FAIR	357.00	Reimbursement - Education & Travel
177324	2/25/2021	SHAUNA ERRAMOUSFE	304.95	Reimbursement - Education & Travel
176608	2/4/2021	DEB SUTTON	410.25	Reimbursement - Education & Travel
177223	2/25/2021	AMBER FISK	175.00	Reimbursement - Non Hospital Supplies
177342	2/25/2021	TAWNYA PLUID	5.22	Reimbursement - Non Hospital Supplies
176950	2/10/2021	KIMBERLY ENSIGN	291.17	Reimbursement - Payroll Deduction
176954	2/10/2021	MARK SANDERS	200.00	Reimbursement - Payroll Deduction
176634	2/4/2021	MARIANNE SANDERS	200.00	Reimbursement - Physician Retention
177290	2/25/2021	MARIANNE SANDERS	200.00	Reimbursement - Physician Retention
W/T	2/9/2021	ABG	4,173.69	Retirement
W/T	2/11/2021	ABG 2/4/21	108,366.18	Retirement
W/T	2/26/2021	ABG 2/18/21	109,158.38	Retirement
176675	2/4/2021	STATE OF WYO.DEPT.OF REVENUE	760.94	Sales Tax Payment
176596	2/4/2021	BOOKCLIFF SALES INC	980.34	Scrub Sale deductions
176933	2/10/2021	FAIR WARNING SERVICES, LLC	46,384.00	Software
176622	2/4/2021	HEALTHCITY LLC	11,000.00	Software
176587	2/4/2021	AMERICAN LEGION TOM WHITMORE POST 28	250.00	Sponsorship
176602	2/4/2021	SWEETWATER DIRT RACING ALLIANCE	500.00	Sponsorship
177320	2/25/2021	ROCK SPRINGS RENEWAL FUND	200.00	Sponsorship
176645	2/4/2021	MOBILE INSTRUMENT SERVICE	5,626.96	Surgery Equipment
177105	2/18/2021	MOBILE INSTRUMENT SERVICE	404.00	Surgery Equipment
177296	2/25/2021	MOBILE INSTRUMENT SERVICE	228.00	Surgery Equipment
176902	2/10/2021	ALI MED INC	458.85	Surgery Supplies
177017	2/18/2021	ALI MED INC	229.42	Surgery Supplies
177051	2/18/2021	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,849.94	Surgery Supplies
177060	2/18/2021	INTEGRA SURGICAL	54.02	Surgery Supplies
177123	2/18/2021	SMITH & NEPHEW INC.	1,217.76	Surgery Supplies
176902	2/10/2021	STRYKER ENDOSCOPY	1,750.68	Surgery Supplies
177129	2/18/2021	STRYKER ENDOSCOPY	3,921.08	Surgery Supplies
176683	2/4/2021	SYNTHES LTD	2,703.36	Surgery Supplies
176905	2/10/2021	SYNTHES LTD	124.96	Surgery Supplies
177133	2/18/2021	SYNTHES LTD	21,733.36	Surgery Supplies
176699	2/4/2021	ZIMMER BIOMET	1,482.00	Surgery Supplies
177151	2/18/2021	ZIMMER BIOMET	32,929.30	Surgery Supplies
177246	2/25/2021	CONMED LINVATEC	31.50	Surgery Supplies
177335	2/25/2021	STRYKER ENDOSCOPY	734.40	Surgery Supplies
177340	2/25/2021	SYNTHES LTD	447.52	Surgery Supplies
EFT000000006501	2/4/2021	COOPER SURGICAL	678.70	Surgery Supplies
EFT000000006530	2/18/2021	COOPER SURGICAL	931.91	Surgery Supplies
EFT000000006548	2/25/2021	COOPER SURGICAL	66.44	Surgery Supplies
177310	2/25/2021	PRESS GANEY ASSOCIATES, INC	2,060.01	Survey Fees
177088	2/18/2021	LANGUAGE LINE SERVICES	1,010.88	Translation Services
W/T	2/2/2021	DEPARTMENT OF WORKFORCE SERVICES	42,900.23	Unemployment
177149	2/18/2021	WYOMING WORK WAREHOUSE	500.00	Uniforms
176910	2/10/2021	AT&T	114.78	Utilities

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
2/28/21

176660	2/4/2021	CENTURY LINK	312.39	Utilities
176967	2/10/2021	CENTURY LINK	1,145.39	Utilities
177117	2/18/2021	CENTURY LINK	333.82	Utilities
177116	2/18/2021	DOMINION ENERGY WYOMING	30,040.03	Utilities
176971	2/10/2021	ROCK SPRINGS MUNICIPAL UTILITY	13,043.59	Utilities
177120	2/18/2021	ROCKY MOUNTAIN POWER	37,853.32	Utilities
176904	2/10/2021	ALL WEST COMMUNICATIONS	4,162.13	Utilities
177313	2/25/2021	CENTURY LINK	6,579.11	Utilities
177257	2/25/2021	DISH NETWORK LLC	75.50	Utilities
177312	2/25/2021	DOMINION ENERGY WYOMING	61.12	Utilities
177358	2/25/2021	WHITE MOUNTAIN WATER & SEWER DISTRICT	57.50	Utilities
176981	2/10/2021	STERICYCLE, INC.	819.54	Waste Disposal
177334	2/25/2021	STERICYCLE, INC.	2,800.57	Waste Disposal
177128	2/18/2021	ST. JOHN'S HOSPITAL FOUNDATION	4,000.00	WCRC Grant
176615	2/4/2021	FIBERTECH	4,161.00	Window Cleaning
			7,270,626.46	

MEMO: March 29, 2021

TO: Finance Committee

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary March, 2021 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Hospital Accounts	\$ 1,395,000.00
Hospital Payment Plans	\$ 195,000.00
Medical Clinic Accounts	\$ 76,680.32
Ortho Clinic Accounts	\$ 00.00
Total Potential Bad Debt	\$ 1,666,680.32

Hospital Accounts Returned	\$ - 139,954.79	
Net Bad Debt Turned		\$1,526,725.53

Hospital Recoveries Collection Agency	\$ 133,723.77	
Hospital Recoveries Payment Plans	\$ 95,649.50	
Medical Clinic Recoveries	\$ 10,033.42	
Ortho Clinic Recoveries	\$ 5,345.26	
Total Bad Debt Recoveries		\$ 244,751.95

Net Bad Debt Less Recoveries		\$ 1,281,973.58
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MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...Building and Grounds Committee Meeting
Date: April 1, 2021

Regarding the Central Plant expansion project, there continues to be unfinished items. Final payment will not be made until all punch list items are completed.

Regarding the HVAC/UVG projects, Jake reported that progress is going well. Irene reported that all SLIB funds have been received for this project.

Regarding the Medical Imaging Renovation project, pricing is underway for some proposed changes to the intended use for storage. It is proposed that one half of the proposed storage area be used for Central Scheduling. Also, an uninterruptible power system (UPS) is being proposed to protect some radiology equipment. The Committee had no concerns about the proposed changes other than making sure MHSC construction/renovation projects are prioritized by staff. Other uses for this space are also under consideration. A change order is planned to come to the Finance and Audit Committee.

Regarding the proposed Laboratory addition, Irene related that staff has decided to hold off on this project at this time based on financial conditions. She mentioned that perhaps the Foundation area could be remodeled for a permanent laboratory. Future discussion necessary.

Regarding the S1 Unit project, Jake mentioned that the temporary air handler rental unit has been delivered. The existing air handler will be demolished and the new one will be installed in the basement.

Regarding the Chemo Mixing Room project, there is still no decision. The cost to make the necessary renovations is estimated to be about \$620,000. Inasmuch as this could be a safety issue, I asked staff to come up with a more clear pathway forward at the next Building and Grounds meeting.

Various other projects are in different stages of progress, including the Pharmacy Compounding Room (almost done); Dr. Sulentic's office renovation (still waiting on lease agreement); Bulk Oxygen (funds proposed for FY 2022 to do this project). Tabled projects include: (1) Replacement Roofing for Power House; (2) Waldner House foundation wall; (3) OB Bathtubs to Showers.

Jim Horan introduced a new project...replacement of the HVAC building automation system with new Honeywell controls. Estimated cost is about \$900,000. It is proposed that the remaining FY 2021 County maintenance funds be used for this project.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
March 16, 2021

The Building and Grounds Committee met in regular session via Zoom on March 16, 2021, at 3:30 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Dr. Barbara Sowada, *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. Jim Horan, *Facilities Director*
 Mr. Gerry Johnston, *Facilities Supervisor*
 Mr. Jake Blevins, *ST&B Engineering*

Mr. Kelsey called the meeting to order.

Dr. Sowada made a motion to approve the agenda. Ms. Richardson seconded; motion passed.

Mr. Kelsey asked for a motion to approve the minutes from the February 16, 2021 meeting. Dr. Sowada made a motion to approve the minutes. Ms. Love seconded; motion passed.

Maintenance Metrics

Mr. Horan said the metrics remain uniform over time. We have seen an increase in overtime with snow removal. He said there was nothing unusual in the metrics reported and we continue to send invoices to the County for reimbursement to offset the budget.

Old Business – Project Review

Central Plant Expansion

Mr. Blevins said the General Contractor is pushing for final payment but there are still a few open items that need to be completed before he releases the final pay application. He said he would be here the following week for final inspections. Mr. Johnston said the ladders will be here Friday morning. He will be doing a final walk through with the contractor on Friday. Mr. Kelsey asked that the final payment not be released until 100% of the project is complete. Mr. Blevins agreed.

HVAC/UVG Projects

Mr. Blevins feels good about the progress the contractor is making and will verify when he is onsite next week. The penthouse has been enclosed and holding heat and the rental units have been delivered. Ms. Richardson said all funds from SLIB have now been received, including the request for the HVAC and UVG projects.

Medical Imaging Renovation

Mr. Wheatley was unavailable for the meeting this month. Mr. Blevins reported that pricing is underway to address further developments and some comments from the State review. Grothouse is waiting on subcontractors for final pricing but these will be change orders as they are beyond the contingency dollars. Mr. Kelsey asked if these were owner requested. Mr. Horan explained changes to the future interventional radiology (IR) suite we had decided to finish out as a storage area. There has now been discussion to move Central Scheduling into half of that space. The other change is to tie in the Radiologist office spaces to the building UPS power to protect their expensive monitors. Mr. Kelsey asked if these were in the original conversations. Mr. Horan said no, these conversations are taking place now as we look to move some offices around to free up clinical space in the MOB. We have also discussed other uses for the large IR suite in the future. Ms. Richardson discussed the moves involving Medical Staff Services, Patient Navigation and Central Scheduling. Mr. Kelsey said he depends on staff to make these decisions and prioritize these changes. Mr. Kelsey said he would be willing to have another Building and Grounds committee meeting if needed. Dr. Sowada agreed and said her only concern is the funding of these projects. Ms. Richardson said the funds will come out of the Board Reserve fund. Ms. Love hoped to have the numbers by the end of the month for the Finance meeting.

Laboratory

Ms. Richardson said we have made the decision to hold off on the project based on financial projections and effect on days cash on hand. We have met with all of the parties and have asked them to look at costs for remodeling the Foundation area as a permanent outpatient laboratory. Mr. Kelsey gave an update from the legislature level and we may see an increase in sales tax to help with the economy. He said if this happens, we probably won't see any more special purpose tax projects. He likes the approach to be conservative with spending the cash we have on these projects.

S1 Unit

Mr. Blevins said the rental unit has been delivered with the temporary unit coming on line next week in preparation for demolition of the existing air handler. The new unit will be delivered in pieces and will be erected in the basement.

Pharmacy Chemo Mixing Room

Mr. Horan said we received the architectural estimate for this project. He also found a company for the industrial hygienist with a proposal of \$4,000. He had a conversation with Jonathan Beattie, the Director of Pharmacy, and the main concern is the lack of monitored pressurization in the space. This will make the space uncertifiable in the future. Mr. Kelsey asked about the estimate and Ms. Love replied the estimate came back at \$620,000. He asked about the priority of this project. Ms. Richardson said we would get a timeline from Mr. Beattie. USP 800 has not been adopted yet but will most likely be adopted by the end of the year. Once adopted, we will need to have a plan in place to make the corrections. Mr. Kelsey asked the committee to bring this back next month with a definitive decision on what we need to do.

Pharmacy Compounding Room

Mr. Johnston said the project is still progressing. The doors were hung today and they were working on ceiling tiles. The HEPA filters should be delivered this week. Automation for doors will be done next week along with the filters. This project is almost complete.

Dr. Sulentic Office

Ms. Richardson said she met with everyone and he has signed the new lease agreement. Dr. Sulentic is still concerned about his ability to bill and get reimbursed once the new space is licensed. It is his responsibility to reach out to confirm the billing and licensing requirements.

Bulk Oxygen

Mr. Horan has made a commitment with Air Gas to have this project completed next fiscal year. He will include the project in the FY2022 Capital Budget.

Tabled Projects

There are no new updates on the remaining tabled projects as most are on hold for the spring weather. Ms. Love mentioned these projects will also be included in the FY2022 Capital Budget.

- Replacement Roofing for Power House
- Foundation Waldner House Wall
- OB Bathtubs to Showers

New Business

Mr. Horan introduced a new project to replace the existing building automation system. The plan is to use the remaining County maintenance funds towards this project. He said this has been on the radar for a while as a portion of the building has been updated but most of the building is on the old pneumatic system. We will be taking the capital request to the March Finance meeting. Mr. Kelsey asked how much the project will be and if we will be staying with Honeywell controls. The project has been estimated at \$900,000. We will be staying with Honeywell as it is advisable to match the current system and the service is a plus. Mr. Blevins commented building automation has proven to reduce the maintenance burden of a facility and he 100% in support of this project. Dr. Sowada asked how long the project would take if it is approved. Mr. Horan said Honeywell would have a dedicated team onsite for at least six months.

Mr. Johnston shared some pictures of the ongoing construction projects. Mr. Kelsey said he can't wait to come back onsite for a tour of all these projects.

The next meeting will be held April 20 at 3:30 p.m.

The meeting adjourned at 4:32 p.m.

Submitted by Tami Love

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

BUILDING & GROUNDS COMMITTEE AGENDA

Tuesday ~ March 16, 2021

3:30 p.m.

Zoom teleconference

Voting Board Committee Members:

Marty Kelsey, Trustee - Chairman
Dr. Barbara Sowada, Trustee

Voting Staff Committee Members:

Irene Richardson, CEO
Tami Love, CFO
Jim Horan, Director of Facilities

Non-voting Members:

Gerry Johnston, Facilities Supervisor
Stevie Nosich, Safety Coordinator

Guests:

Jake Blevins – ST&B Engineering
Will Wheatley – PlanOne Architects
Jeff Smith - County Commissioner Liaison

1. Call Meeting to Order

Marty Kelsey

2. Approve Agenda

Marty Kelsey

3. Approve Minutes – February 16, 2021

Marty Kelsey

4. Maintenance Metrics

Jim Horan

- a. Work orders
- b. Department overtime
- c. Budget variance

5. Old Business

a. Project Review

- i. Central Plant expansion
- ii. HVAC/UVG projects
- iii. Medical Imaging renovation
- iv. Laboratory
- v. S1 Unit
- vi. Chemo Mixing room
- vii. Pharmacy Compounding room
- viii. Dr. Sulentic Office
- ix. Bulk Oxygen

Jake Blevins/Gerry Johnston
Jake Blevins
Will Wheatley/Jake Blevins/Gerry Johnston
Will Wheatley
Jake Blevins
Jim Horan
Gerry Johnston
Will Wheatley
Jim Horan

b. Tabled projects

Jim Horan

- i. Replacement roofing for power house

- ii. OB Bathtubs to Showers
- iii. Foundation Waldner House retaining wall

6. New Business

Jim Horan

- a. Building automation system upgrade
- b. In house office moves

7. Next meeting schedule

Marty Kelsey

- a. April 20, 2021 Classroom 1 or Zoom; 3:30P – 4:30P

8. Adjournment

Marty Kelsey

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
February 16, 2021

The Building and Grounds Committee met in regular session via Zoom on February 16, 2021, at 3:30 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Dr. Barbara Sowada, *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. Jim Horan, *Facilities Director*
 Mr. Gerry Johnston, *Facilities Supervisor*
 Mr. Jake Blevins, *ST&B Engineering*
 Mr. Will Wheatley, *PlanOne Architects*

Mr. Kelsey called the meeting to order.

Dr. Sowada made a motion to approve the agenda. Ms. Richardson seconded; motion passed.

Mr. Kelsey asked for a motion to approve the minutes from the January 19, 2021 meeting. Dr. Sowada made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

Maintenance Metrics

Mr. Horan said we have seen an increase in overtime with the winter storms and the added snow removal. He said there was nothing unusual in the metrics reported.

Old Business – Project Review

Central Plant Expansion

Mr. Blevins said they issued the substantial completion notice. There are still a few items left on the list to be completed but we are nearing the completion of the project. Mr. Kelsey asked if there were any surprises that we should be aware of. Mr. Blevins said they have not seen any issues. The contractor is motivated to complete the punch list as they want to see the remaining payment be issued.

HVAC/UVG Projects

Mr. Blevins is onsite checking on the progress of both of these projects. He feels everything is moving forward in the right direction. There has been a flurry of activity with the added projects recently approved by the Board. Those projects are ramping up also.

Medical Imaging Renovation

Mr. Wheatley talked about the added scope that had been approved under the CMAR. They are moving forward with RFI's and asbestos testing. Ms. Richardson signed everything so final

submittals have been sent to the State. He is working on final drawings to be sent to the City of Rock Springs on the electrical. Ms. Love said the project was approved at a prior Board meeting and the pricing ended up coming in less than the approved estimate. It will be done as change order #1 under the current CMAR project with Groathouse. Mr. Horan thanked the Board members for approving this project. He would like to invite the Board to see the construction if possible. This fall, he is planning a tour of the Central Plant to show the completed project to the Board and County Commissioners. Dr. Sowada asked about the remaining portions of Medical Imaging being fixed up. Mr. Horan said the whole area would be spruced up.

Laboratory

Mr. Wheatley went over the dates for the CMAR process with expected to break ground in May.

Pharmacy Chemo Mixing Room

Mr. Horan said he is finalizing the review with Mr. Blevins and Mr. Wheatley. They have discovered there will be a domino effect as to areas need to be moved. He hopes to have the proposal ready to bring to next month's meeting. They want to make sure the scope is defined ahead of time to get an accurate proposal. Dr. Sowada asked about a ripple effect and if others will be displaced. Mr. Horan said they are still working through those details to assure staff and patient care is not disrupted.

Pharmacy Compounding Room

Mr. Johnston said the project is still under way. The inspections for electrical and mechanical are done. Drywall and insulation are being done now and he hopes to be completed in about three weeks. Mr. Horan said he would bring pictures of the projects to the next meeting.

Dr. Sulentic Office

Ms. Richardson is still working on getting the signed contract back from Dr. Sulentic. She said he was grateful to the Board for approving the project. Mr. Wheatley will move forward as soon as he is notified of the signed contract.

Tabled Projects

Mr. Kelsey asked for an update on the Bulk Oxygen tank. Mr. Horan said we are still waiting on a proposal. There is now a conflict as the temporary air handler will be positioned where the temporary oxygen tank will need to be placed. He hopes to have this project completed by the end of the fiscal year. The vendor said they like to replace a tank every 50 years and ours is coming up on that age. He hopes to have a proposal by next month.

There are no new updates on the remaining tabled projects as most are on hold for the spring weather.

- Replacement Roofing for Power House
- Foundation Waldner House Wall
- OB Bathtubs to Showers

New Business

Mr. Kelsey asked if there was any new business to be discussed.

Mr. Horan discussed the issues we have been having with the MOB main entrance doors. We originally planned on doing this as a SLIB project but it was tabled as the timeline couldn't be met. We are looking to resurrect this project. Mr. Kelsey asked about what areas we are looking at. Mr. Horan said at this time it would just be the main doors of the MOB. Mr. Kelsey said it seems like it was a design flaw from the beginning as they facing due south. Ms. Richardson asked if the SLIB had denied it again. Mr. Horan will check with Tiffany Marshall.

Mr. Kelsey asked for an update on the reconciliation of the CARES Act money. Ms. Love said there hasn't been any update since December. We have reconciled \$9.2 million through December. She has resent the information on the outstanding SLIB projects. She also said the SLIB grants submitted by the County on our behalf have been approved and we will be receiving another \$342,000 from those grants.

Ms. Richardson thanked the Board for being proactive to help us manage the pandemic and approving these projects. Mr. Kelsey said he appreciates the Leadership at the Hospital. Mr. Horan thanked Ms. Richardson for her support on letting them work through all of the deferred maintenance projects.

Mr. Johnston described the shared pictures of the pharmacy project.

Mr. Blevins discussed the S1 Unit that was approved as a second change order from Groathouse. Groathouse has agreed to keep all of the funding for these three projects separated on the pay applications. We will add this as a separate line item to the next agenda.

The next meeting will be held March 16 at 3:30 p.m.

Mr. Kelsey expressed his appreciation to all of the Facility staff and Senior Leaders in tracking all of these new projects. He also asked Ms. Richardson to follow-up with Dr. Sulentic on the contract.

The meeting adjourned at 4:10 p.m.

Submitted by Tami Love

COMPLIANCE COMMITTEE CHAIR REPORT TO THE BOARD MARCH, 2021

Ed Tardoni

The Compliance Committee met in February and March in Zoom format. The March meeting was focused on an update on the continuity of the audit program and lasted only a few minutes.

Board attention is directed to the following:

- When reviewing the compliance packet, Board Members will notice a discussion of continuity concerns with the audit program. This was a major item of discussion in February. The brief March meeting was to secure an update on progress with resolution of those matters. It was reported that the challenges (Covid related, computer hardware, computer software compatibility) had been resolved and the audit program is back on track.
- Attention is also directed to an accounting of MHSC performance related to Covid Vaccinations. That is included in the February minutes and is very informative.

NEXT MEETING

The next meeting of the committee will be held April 22, 2021 at 1530 hours most likely by Zoom.



**Board Compliance Committee Meeting
Memorial Hospital of Sweetwater County
February 25th, 2021**

Present via Zoom: Irene Richardson, Suzan Campbell, Noreen Hove, Marty Kelsey, Ed Tardoni, April Prado
Excused:

Minutes

The meeting was called to order at 3:32pm by Ed Tardoni

Noreen shared a "Mission Moment" about a family members recent ED visit. She stated that everything went great, the staff was amazing and it was nice to see things that the grievance committee has been working on being put in motion. Ed added that he had a friend that told him that he had had many problems with the hospital but now he doesn't.

The February agenda was approved as written, Suzan made the motion and Marty seconded it. The meeting minutes from November were approved as written. Noreen made the motion and Irene seconded it.

Old Business

- A- After reviewing the notes from the last meeting, Noreen stated that the Risk Management Plan and the Compliance Plan are currently being combined by Suzan. Suzan verified that she is currently working on this. Ed clarified that this was the document that this committee sent to Quality for review. Noreen stated that this is that document. The committee will be updated when updates are available.

New Business

- A- COVID-19 Vaccine Update- Noreen presented our vaccine timeline to show all the work that has gone into getting this to vaccine out to workers and the community. Given all the obstacles, the clinics went very smoothly. Noreen added that when we first got the vaccine, several key staff members were gone and we were basically starting from scratch with everything. All that aside, we were able to get the first vaccine clinic started and gave our first shot within 3 hours- Great job team! Noreen also stated that we were able to work with other community entities to get the residents of our long-term healthcare facilities the vaccine weeks before they initially thought. It was brought up that there will be no more clinics at the hospital and that Public Health is now overseeing this. Noreen said that having the vaccine clinic at the hospital allowed our Emergency Management team the opportunity to fulfill a required "Surge Drill" for the facility. Ed added that it appears that coordination between the different community entities went extremely well. It was clarified that employees receiving the vaccine off-site need to report that to Employee Health and Noreen is working with them to gather all that information. Ed asked if the hospital received compensation for administering the vaccine. Irene stated that we were not- CARES Act money could be used to pay staff for administering the vaccine but we were not compensated in any other way.

Reports

Behavioral Health- Noreen reported that due to change in staffing, BH reports have not been updated since November of 2020. The new ED Director is working to re-vamp the data collection in this area.

Noreen will bring a report next month. Suzan asked if this will also include Title XXIV patients. Noreen said that she believes so and that Dirk is currently working on this.

HIPAA- Noreen reported that there were 2 HIPAA violations investigated in November and one in December. The November investigations resulted in employees being coached and monitored. The December investigation revealed an issue with a sorter on a printer. This issue was resolved. Noreen also announced the forming of a HIPAA Committee that will be meeting monthly to go over these cases. It was also discussed that we are currently reviewing the need for our current monitoring system, FairWarning. Several are involved in looking to see if our new system, Cerner, can provide us this service. Irene asked that she be informed if Cerner can provide this. A FairWarning report was attached for review by the committee.

Grievances- Noreen shared that the Grievance Committee resolved 2 cases for the month of November. 3 in December and 2 in January. Each of the cases were reviewed and resolved in a timely manner and 1 of the cases from January will be coming back to committee.

Audits- Noreen stated that Quality requested to change the Grievance Audit be changed to calendar year instead of fiscal year. This will suffice Quality issues with grievance review and will be done. April had no updates on audits.

Additional Discussion:

Ed questioned the gap in BH reporting being November 2020 until now. Noreen stated that Dirk is still gathering data to meet Joint Commission standards. It was discussed that staffing has been the issue and has been resolved and is being re-vamped. Ed also questioned the break in audits and the lack of an update. April and Noreen both reported that there have been several office moves along with programs not being compatible with laptop use. A semi-permanent office has been found for April and she is currently waiting for IT to move her desktop there. Ed asked if we have been consistent in this area and we have not been able to. Noreen stated she will be bringing the Compliance Work Plan to the meeting next month for review. The Board packet was discussed and it was decided that the packet will include the FairWarning report under Compliance, the vaccine timeline under Irene's notes, the reports from this meeting and the meeting minutes.

Adjournment

The meeting adjourned at 4:03p.m.

Next Meeting

March 25th @ 3:30pm

Respectfully Submitted,

April Prado, Recording Secretary

Agenda Board Compliance Committee
February 25, 2021
3:30 PM
Zoom

3:30 Call to order	E. Tardoni
3:35 Mission Moment	
3:45 Approve Agenda	E. Tardoni
3:50 Approve Minutes	E. Tardoni
4:00 Old Business	
4:15 New Business	
A. COVID 19 Vaccine Update	N. Hove
4:20 Reports	
January Fair Warning report	N. Hove
4:30 Adjourn	E. Tardoni

Your Monthly Effectiveness Report

Learn more about your FairWarning solution and how to ensure **Memorial Hospital of Sweetwater County** is receiving the most value possible.

NEWS & UPDATES

FairWarning's Customer Office Hours. Our next customer office hours event is February 5. Join us for an exciting opportunity to ask questions and get live feedback from a FairWarning expert. We welcome all customers as we continue to learn about and optimize the use of your FairWarning Patient Privacy Intelligence platform. We look forward to helping you!

[Register for FairWarning's Customer Office Hours here.](#)

FairWarning Ready Professional Training Program. The FairWarning Ready Certified Professionals training program includes advanced user training to set up proactive alerting, complete management of privacy related investigations, and governance and reporting to ensure effective patient privacy monitoring. Join us to hear from experts on patient privacy monitoring and healthcare privacy laws and regulations, including responding and reporting to government notices.

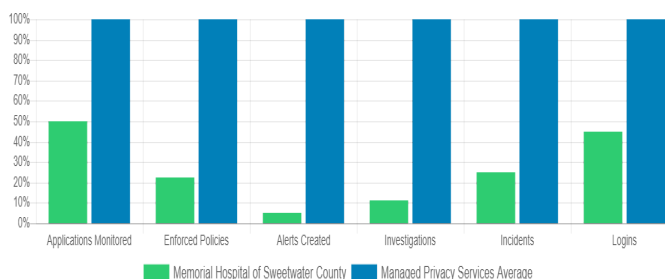
[Register for the Epic FairWarning Ready Program February 15-19 here.](#)

[Register for the Meditech FairWarning Ready Program March 22-26 here.](#)

Look for additional news and exciting customer programs in your FairWarning customer newsletter. The next edition drops Friday, February 5, 2021!

YOUR USAGE AND ADOPTION SUMMARY

- ✓ Active Enforced Policies
- ✓ Quick Reports
- ✓ Ad Hoc Reports
- ✓ Intelligent Filtering
- ✓ Machine Learning Enabled
- ✓ Automatic Incident Response
- ✓ Dynamic Identity Intelligence
- ✓ Person of Interest
- ✓ FairWarning Version



⚠ This indicates you are not using this feature. Contact your CEM to learn more.

MONTHLY INVESTIGATION ACTIVITY

Your confirmed incidents

13

Indicates potential breach, policy violation or incident

Your investigation to incident ratio

32%

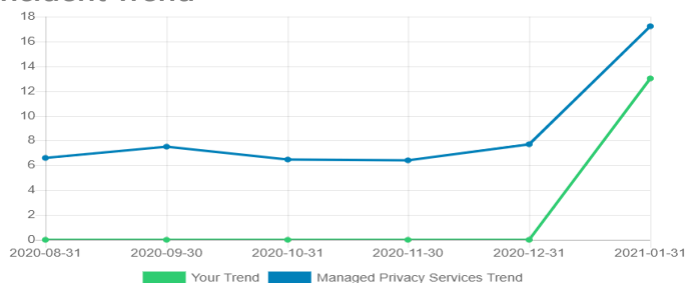
The percentage of closed investigations that were incidents

Your open investigations

3

Number of open investigations created last month

Incident Trend



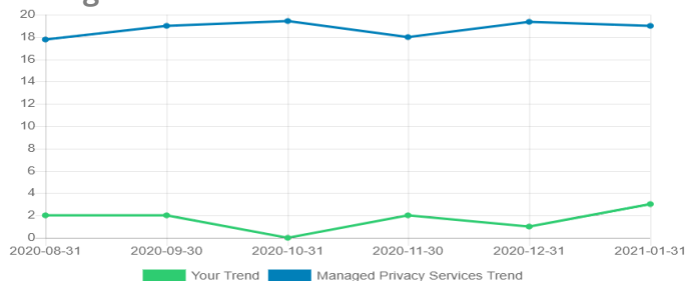
Last 6-months

Your average of **2** incidents per month compares to the customer average of **8** per month.



Great job! You are below our customer average.

Investigation Trend



Last 6-months

Your average of **2** investigations created per month compares to the customer average of **18** per month.

MONTHLY ALERT ACTIVITY

Your active Enforced Policies

2

Total number of active policies monitoring for inappropriate access.

Customer average is **10**.

Your current alerts under review

1

Total number of created alerts this month that are under review.

Customer average is **6**.

Your alerts closed with investigation

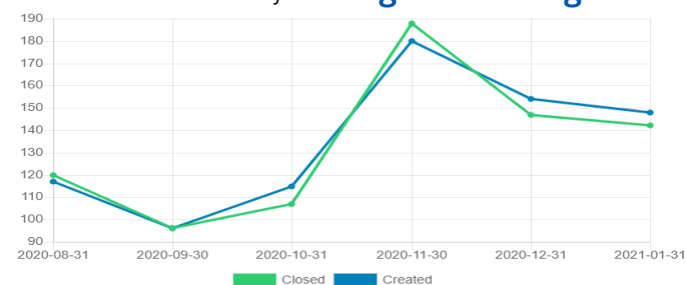
3

Total number of alerts that required an investigation.

Customer average is **20**.

Alerts Created vs. Closed Trend

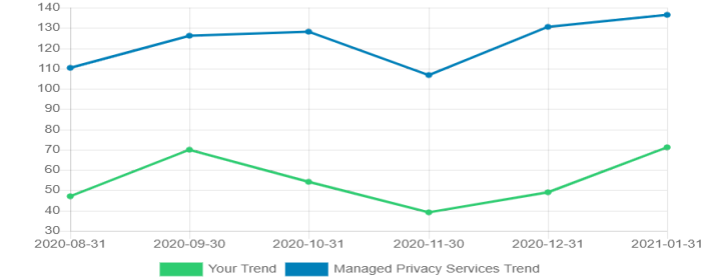
1% of alerts were closed by **Intelligent Filtering** this month



Last 6-months

Your average closure of alerts created per month is **99%**.

Total Login Trend



Last 6-months

Your team's average logins per month is **55**. This compares to the customer average of **123** per month.

USAGE

Your integrated applications

2

Computerized-Patient Record, eMD EHR

Your unused data source licenses

0

Represents the total number of purchased data source licenses remaining

Your storage usage

SaaS

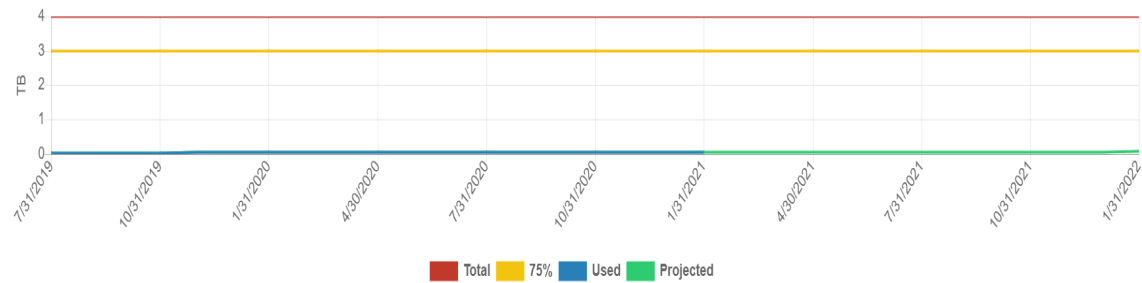
1%

0.0576171875 of 4 TB

Your monthly storage growth

0%

0.001 of 4 TB



TRAINING AND COMMUNITY ACTIVITY

Certified Users

[Learn More](#)

0 out of 8

0 available training voucher(s)

Master Certified Users

[Learn More](#)

0 out of 8

0 available training voucher(s)

Customer Council Member	Inactive
User Group Member	Inactive

Connect with us     

Reports for Board Compliance Committee 02-25-2021

1. Jessica Van Valkenburg was collecting data for Behavioral Health Compliance, she departed in December of 2020. There have been no updates since November of 2020. The new Director of the Emergency Department is taking over this task and we should have a report next month.
2. There was 2 HIPPA violation investigated in November and one in December. Both cases the employees were coached and will be monitored. The one in December revealed an issue with the sorter on the printer. This has since been resolved.
 - a. Carrie Canestorp, the Director of Health Information Management conducted a HIPPA committee meeting last week. Discussion was had regarding new software that is coming with Cerner, and if we are going to keep Fair Warning in conjunction with the new software of discontinue Fair Warning.
 - b. We are going to have monthly meetings to discuss the violations. The attached report is from Fair warning and we will get these reports each month.
3. The Grievance Committee resolved 2 cases in November, 3 in December, and 4 in January. Each of the cases were reviewed and resolved in a timely manner.
4. Ongoing Audits by April Prado
 - a. Per request of Quality we are changing the Grievance Audit to Calendar Year.

Memorial Hospital of Sweetwater County
Governance Committee Meeting
March 5, 2021
Zoom Meeting

Voting Members Present: Richard Mathey, Irene Richardson, and Barbara Sowada

Non-voting Members Present: Marianne Sanders

Call Meeting to Order

Richard Mathey called meeting to order at 2:00 pm.

Discussion

Agenda was created during the meeting.

Minutes January minutes had been previously approved by email

New Business

1. Began review of first draft of Board Bylaws. First four pages reviewed. Goal is to have final copy ready for Board first reading at April or May meeting. Marianne and Suzan Campbell will help with editing.
2. Discussion regarding Board policies. It was determined that Board policies are inter-mixed with hospital policies in Policy-Stat. Irene suggested that Marianne work with Robin Fife to create a separate category within Policy-State to house Board policies.

With no further business, the meeting was adjourned at 3:00 pm.

Submitted by Barbara J. Sowada, Ph.D.

Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

1. Name of Contract: **AGREEMENT FOR OCCUPATIONAL HEALTH MEDICAL SERVICES JIM BRIDGER POWER PLANT**
2. Purpose of contract, including scope and description: **MHSC providers will provide on-site occupational health services at Jim Bridger power plant. Jim Bridger will pay MHSC for the professional services of our providers per this agreement. The providers will be on-site three (3) days a week.**
3. Effective Date: **March 15, 2021**
4. Expiration Date: **2 years March 15, 2023**
5. Termination provisions: **either party may terminate with 30 days written notice** Is this auto-renew? **No**
6. Monetary cost of the contract: **This agreement is for Jim Bridger to pay MHSC \$135.00 an hour per physician provider and \$95.00 an hour per mid-level provider. Also provides for payment of travel time for providers.**
Budgeted? **NA**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Wyoming**
8. Any confidentiality provisions? **Yes section 4.3**
9. Indemnification clause present? **Yes section 7.4**
10. Is this contract appropriate for other bids? **NA**
11. Is County Attorney review required? **NA**

Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

1. Name of Contract: **SECOND AMENDMENT TO SPECIALITY SERVICES AGREEMENT (WAMSUTTER CLINIC High Desert Rural Health Care District)**
2. Purpose of contract, including scope and description: **MHSC providers, through a contract between MHSC and High Desert Clinic, staff the High Desert Clinic. High Desert pays us for the providers' time while at the Clinic. This amendment removes Section II, which stated that our providers would provide services 5 days a week and inserted a new Section II that states our providers will be in Wamsutter 2-4 days a week. We were agreeable to the decrease in number of days our providers were in Wamsutter as it allows the physicians/providers to see more patients in hospital clinics.**
3. Effective Date: **When fully executed.**
4. Expiration Date: **This new schedule for providers will be in effect until either the entire agreement is terminated or a new amendment to change the schedule for providers is agreed to.**
5. Termination provisions: **termination provisions are in original Specialty Service Agreement not addressed in this amendment** Is this auto-renew? **NA**
6. Monetary cost of the contract: **No cost to MHSC. Wamsutter clinic pays MHSC for time our providers are in Wamsutter** Budgeted? **NA**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NA**
8. Any confidentiality provisions? **NA**

- 9. Indemnification clause present? **NA**
- 10. Is this contract appropriate for other bids? **NO**
- 11. Is County Attorney review required? **NO**

Service Contract Check List

This check list summarizes the purpose of the contract, assures that the contract has been reviewed by In-house Legal Counsel and the CEO.

Any contract equal to or greater than \$25,000.00 This excludes service agreements (regardless of the dollar amount) attached to Board approved capital equipment. The service agreements attached to this equipment can be signed and approved by the CEO and reported to the Board at the next Board meeting after approval.

1. Name of Contract: **VARIAN**

2. Purpose of contract, including scope and description: this is a service agreement for the hardware maintenance for the **linear accelerator machine located in the Cancer Center.**

The linear accelerator is the machine that actually delivers the radiation to the patient. This contract includes coverage for RPM gated treatments (treatment while holding their breath) and if their breath falls below a certain level the machine will turn off. Assures they are hitting (radiating) where they want to hit. Varian is manufacturer of the machine and hardware update needs to come from the manufacturer.

The CLINAC-Trilogy portion of the agreement covers all parts, features and hardware needed for our machine to function correctly, and the computers that run our machine. It also includes PMIs (Periodic Maintenance Inspections). The RPM gating portion of the agreement covers the 4D gating camera and the computer that runs the gating software and connects to the machine. On-site emergency or non-emergency labor is included in our service agreement.

3. Date of contract execution: **March 31, 2021**

4. Date of contract expiration: **March 31, 2024**

5. Rights of renewal and termination: **Hospital could terminated with written notice 60 days before the end of the term (March 31) and if we pay remainder of the support agreement and early termination fee.**

6. Monetary costs: Clinac HE essentials \$200,000.00 year + RPM Essentials \$4190. 00 year for total of **\$204,190/year for a TOTAL cost of \$612,570.00**

- 7. Included in Department Budget: **Yes**
- 8. Extraneous costs associated with contract: **NONE**
- 9. Confidentiality clause/provisions? **Yes page 13**
- 10. Indemnification provisions? **No**
- 11. Jurisdiction/Venue in Wyoming? **No**
- 9. Let for bid, if appropriate: **Varian manufactured the machine so they need to provide service for the machine.**
- 10. County Attorney reviewed (if applicable):
- 11. In-house Counsel Reviewed: **Yes**

Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

1. Name of Contract: **VIE HEALTHCARE**
2. Purpose of contract, including scope and description: **The contract is a no-risk agreement, as Hospital will not be invoiced unless Vie finds savings for us. Vie will identify approved expense reduction and utilization improvement opportunities and will implement cost savings opportunities. Once they identify agreements or vendors where they can negotiate a better price, they will calculate the savings and invoice us 25% of those savings with regard to any approved initiative based upon the 12 months preceding the vendor's confirmation of the new price negotiated by VIE. We will then see the savings in the reduced cost to us from the agreement/vendor going forward.**
3. Effective Date: **When signed by CEO**
4. Expiration Date: **will continue until terminated by either party**
5. Termination provisions: **60 days written notice by either party** Is this auto-renew? **No**
6. Monetary cost of the contract: **Hospital will pay Vie 25% of the savings VIE achieves. Net savings to hospital estimated to be \$230,000.00** Budgeted? **NA**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Yes-State of Wyoming**
8. Any confidentiality provisions? **Yes section 8 and cost saving agreement itself is confidential.**
9. Indemnification clause present? **no**
10. Is this contract appropriate for other bids? **no**
11. Is County Attorney review required? **no**