



Memorial Hospital of Sweetwater County

Board of Trustees Regular Meeting

Wednesday - August 1, 2018

2:00 PM

MHSC Classrooms 1, 2 & 3

Meeting Book - Wednesday - August 1, 2018 Board of Trustees Regular Meeting

Board Meeting Agenda

I. Call to Order		Richard Mathey
A. Pledge of Allegiance		Richard Mathey
B. Our Mission and Vision		Ed Tardoni
Mission Vision Values Strategies March 2018.pdf - Page 5		
II. Minutes	For Approval	Richard Mathey
Minutes for July 11 2018.docx - Page 6		
III. Community Communication		Richard Mathey
IV. Medical Staff Report		Dr. David Dansie,
No report included in the meeting packet.		Medical Staff President
V. Executive Session (W.S. 16-4-405(a)(ii))		Richard Mathey
VI. Credentials	For Approval	Richard Mathey
Confidential information available for review in the Board Portal.		
VII. Old Business		Richard Mathey
A. Board Bylaws Revision		Richard Mathey
B. Conflict of Interest Policy		Suzan Campbell,
		Chief Legal Executive and General Counsel
MHSC Board of Trustees Conflict of Interest Policy 2018.pdf - Page 12		
C. Plan for Providing Patient Care Services and Scopes of Care		Suzan Campbell
Plan for Providing Patient Care Services and Scopes of Care.pdf - Page 34		
D. Report on Policy or Plan RE Inspections for Weapons		Suzan Campbell
E. Report RE Status of Firearms		Irene Richardson
F. Board Self-Evaluation		Barbara Sowada
Memo re Board Self assessment Sowada 2018.docx - Page 83		
Board Self Assessment_Public 2018.pdf - Page 84		
VIII. New Business		Richard Mathey
IX. Chief Executive Officer Report		Irene Richardson,
		Chief Executive Officer
X. Committee Reports		Richard Mathey

A. Building & Grounds Committee

Taylor Jones

meeting book - tuesday - july 24, 2018 building & grounds
committee meeting.pdf - Page 90

2018 July Jim Horan.doc - Page 108

1. Medical Office Building Ductwork Project Bid

For Approval

Jim Horan,
Facilities
Director

A Pleasant Bid 2018.pdf - Page 109

B. Compliance Ad-Hoc Committee

Richard
Mathey
Ed Tardoni

1. Charter

C. Executive Oversight and Compensation Committee

Richard
Mathey
Taylor Jones

D. Foundation Board

E. Finance and Audit Committee

Marty Kelsey

The Committee did not meet in July. There is no Committee meeting
packet in the Board meeting book.

1. Investment Recommendation

For Approval

Tami Love,
Chief
Financial
Officer

18 INVESTMENT SUMMARY 06-30-18.pdf - Page 115

2. Bad Debt

For Approval

Ron Cheese,
Patient
Financial
Services
Director
Barbara
Sowada
Ed Tardoni

Final numbers distributed near or on meeting date.

F. Governance Committee

G. Human Resources Committee

HR Committee Packet 7-16-18.pdf - Page 116

1. Employee Drug and Alcohol Policy

2. Employee Corrective Action Policy

3. Employee Grievance Procedure and Conflict/Dispute
Resolution Policy

H. Quality Committee

Taylor Jones

7 18 18 Quality Minutes.doc - Page 130

Quality Committee Summary Report- Dashboard July 2018.docx -
Page 133

XI. Contract Review

Suzan
Campbell

A. Contract Consent Agenda

For Approval

Applied Medical Voyant Intelligent Energy System.pdf - Page 135

B. Contracts Approved By CEO Since Last Board Meeting

For Your Information

Full contracts available for review in Board Portal.

1. Clear Data

Clear Data Contract Check List 2018.pdf - Page 154

2. DISA

3. Walk With A Doc

Walk With A Doc Contract Check List.pdf - Page 158

XII. Good of the Order

Richard
Mathey

XIII. Adjourn

Richard
Mathey



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

Workplace Experience

Quality & Safety

Growth, Opportunity & Community

Financial Stewardship

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

July 11, 2018

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on July 11, 2018, at 2:00 PM with Mr. Richard Mathey, President, presiding.

CALL TO ORDER

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

Officially present: Ms. Irene Richardson, CEO, and Dr. David Dansie, Medical Staff President. Mr. John Kolb, Sweetwater County Board of County Commissioners, arrived later in the meeting.

Mr. Mathey led the audience in the Pledge of Allegiance. He asked Mr. Jones to read aloud the mission and vision statements.

The motion to amend the agenda to add items to New Business and Consent Agenda to Contracts was made by Mr. Jones; second by Dr. Sowada. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the June 6, 2018, regular meeting as presented was made by Mr. Jones; second by Dr. Sowada. Motion carried.

COMMUNITY COMMUNICATION

Mr. Mathey invited members of the community to address the Board. Ms. Deb Sutton, Public Relations and Marketing Director, invited the Trustees and Medical Staff to join staff in walking in the Red Desert Parade in Rock Springs July 28. She invited them to also help represent the Hospital at the Sweetwater County Fair July 31 – August 4.

EXECUTIVE SESSION

The motion to go into Executive Session to review a litigation report and personnel matters was made by Mr. Jones; second by Mr. Tardoni. Motion carried.

RECONVENE INTO REGULAR SESSION

The Board of Trustees reconvened into Regular Session at 4:08 PM.

Mr. Mathey said that in Executive Session a Plan for Providing Care Services was passed out to Board members. He said that is not Executive Session material and will be discussed at the next meeting.

The motion to approve the introductory period employee policy with amendments as presented to the Board was made by Mr. Jones; second by Dr. Sowada. Motion carried. Mr. Mathey said the policy was adopted at the last meeting. The amendment provides the 90-day period can be extended up to an additional 90 days.

The motion to approve the workplace anti-violence policy as presented was made by Mr. Jones; second by Dr. Sowada. Motion carried.

The motion to authorize the CEO to sign contracts as presented was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

MEDICAL STAFF REPORT

Dr. Dansie reported the Medicine Department met and discussed goals and the Surgical Department met. Credentials Committee and Medical Executive Committee (MEC) did not meet. Dr. Dansie said not all of the MEC bylaws questions have been answered. We hope to address them at the MEC meeting later in July.

OLD BUSINESS

None.

NEW BUSINESS

Election of Officers

Mr. Mathey read information from the bylaws. He said the Governance Committee is responsible for providing a slate of officers. Dr. Sowada read the recommended slate of officers:

President:	Mr. Mathey
Vice President:	Mr. Jones
Secretary:	Mr. Tardoni
Treasurer:	Mr. Kelsey

Mr. Mathey asked for nominations from the floor for each position. There were none. The slate of officers was elected as presented.

Committee Appointments

Mr. Mathey announced Committee appointments:

Finance and Audit	Mr. Kelsey and Mr. Jones
Governance	Mr. Mathey and Dr. Sowada
Quality	Dr. Sowada and Mr. Kelsey
Human Resources	Mr. Kelsey and Mr. Tardoni
Joint Conference	Mr. Mathey and Mr. Tardoni
Executive Oversight & Compensation	Mr. Jones and Mr. Mathey
Foundation	Mr. Jones
Building and Grounds	Dr. Sowada and Mr. Tardoni

Mr. Mathey said each Trustee serves on three committees.

Conflict Waivers for the Board of Trustees

Ms. Suzan Campbell, Chief Legal Executive and General Counsel, distributed information to the Trustees. She said she has been reviewing changes to the conflict questionnaire created by former legal counsel. Mr. Mathey said this is serious business and asked the Trustees to review and prepare to discuss at the next meeting. Mr. Mathey read aloud part of the statute. Ms. Campbell said disclosure will be part of the minutes of the next meeting.

Next Meeting

Mr. Mathey said the Board had discussed having their next meeting in Green River. We are the Hospital for the county and it would be nice to meet in another location in the county. The bylaws provide meetings take place on the first Wednesday of each month at the Hospital. A change of the bylaws requires a five-day notice. The proposal will be to change the time and place of meetings with the intent to conduct a September meeting in Green River.

CEO REPORT

Ms. Richardson announced our final MIPS (Medicare Incentive Payment System) score was 98% which will result in higher Medicare reimbursement. We are finalizing the strategic plan with a key focus on selecting a relationship-based care program. Ms. Richardson presented the annual report to the Board of County Commissioners. She said it was well-received and thanked the staff for working very hard to get where we are. The Leadership Team participated in the June 14 Rotary flag celebration. The Hospital hosted the American Cancer Society Cancer Survivor Dinner. Ms. Richardson thanked the Nutrition Services staff for all they do. Ms. Richardson said Medical Staff bylaws work continues. The Position Control Team work continues. Various leaders are participating in weekly multi-disciplinary rounds. The auditors made a preliminary audit visit in June and will be back in late July. Dr. Ben Jensen, Anesthesiologist, will join us at the end of the summer. We have upcoming visits scheduled for other specialties. Town Hall meetings are scheduled in July. The Foundation Golf Classic will be held August 5 in Green River. The Hospital Picnic will be held August 11 at Crossroads Park

West. Ms. Richardson said we participated in the Flaming Gorge Days Parade in Green River and it was a huge success. We will participate in the Red Desert Round Up Parade July 28 in Rock Springs. We are sponsoring an ice cream social July 23 for staff to celebrate The Joint Commission accreditation. Ms. Richardson thanked all of the staff. She said we are all working together and it is showing. Mr. Mathey added a highlight is 10 fewer Providers yet increased revenue. Ms. Richardson said Providers are coming forward with great ideas and they are working very hard.

COMMITTEE REPORTS

Building and Grounds

Mr. Jim Horan, Facilities Director, referenced the report in the packet. He thanked the Board of County Commissioners for their offer of use of the old hospital properties. He also thanked them for their generous financial assistance with the retaining wall project.

Compliance Ad Hoc

Mr. Mathey said only he and Mr. Tardoni are committee members. They met with Mr. Clay Radakovich, Director of Compliance and Risk Management. Mr. Tardoni offered to draft a committee charter. Mr. Mathey said more activity will be coming from this committee.

Executive Oversight and Compensation

Mr. Mathey said he and Dr. Sowada presented a CEO evaluation form to the Trustees for their consideration. The intent is to solicit comments from the full Board and then proceed with the CEO evaluation. Dr. Sowada noted the CEO has had input on the form.

Foundation Board

Mr. Kelsey said the Board did not meet. He said Ms. Tiffany Marshall, Foundation Director, is working with the State with onboarding of a cancer grant. We have received donations to the Waldner House from local groups. A joint meeting with the Board of Trustees is planned later in the month.

Finance and Audit Committee

Ms. Richardson reviewed the narratives included in the packet. She said it looks like we will have a loss for the year. The expected loss is close to break-even compared to an \$8M loss at the end of the previous fiscal year.

Investment Recommendation: The motion to approve the investment recommendation as requested was made by Mr. Jones; second by Dr. Sowada. Motion carried.

Bad Debt: The motion to approve the net potential bad debt for \$1,232,021.71 as presented was made by Mr. Jones; second by Mr. Kelsey. Motion carried. Mr. Ron Cheese, Patient Financial

Services Director, said the amount is considerably higher than what he normally brings. Mr. Cheese said a previously employed oral surgeon's business accounts were included in this report.

Governance Committee

Dr. Sowada said there was no report.

Human Resources Committee

Mr. Mathey said the Committee is working on personnel policies and making progress.

Quality Committee

Dr. Sowada said that with the help of Ms. Campbell, Ms. Amanda Molski-Quality Director, Mr. Radakovich, and Ms. Richardson, we have a revised Committee. Participants are primarily senior leadership with additions of other key leaders. They separated the QAPI Committee out. People will be invited in to provide help as needed. Dr. Sowada urged Board members to look at the quality packets on the portal as they contain really pertinent information. She said there is continuous improvement. Dr. Sowada said Mr. Jones will be missed on the Committee.

CONTRACT REVIEW

Contract Consent Agenda

Ms. Campbell distributed a contract for review. She said it has been in the works for a couple of months. She spent extra time on it to try to answer all questions. Ms. Renee Petty, Cardinal Pharmacy Director, reviewed the agreement. Mr. Kelsey said that going forward he thinks senior management should come to the Board with recommendation of selection. Ms. Richardson said her recommendation is option one. The motion to authorize the CEO to execute the agreement with option one on behalf of the Hospital was made by Dr. Sowada; second by Mr. Jones. Motion carried.

Contracts Approved by CEO Since Last Board Meeting

Ms. Campbell asked if there were any questions. There were none.

GOOD OF THE ORDER

Mr. Kelsey said in looking at one or more of the policies, he noticed an expiration date in the upper right-hand corner of some policies and asked for clarification. Ms. Kari Quickenden, Chief Clinical Officer, said we will generally set the date for three years but some are regulated at different times. That triggers them for review. Mr. Kelsey said these policies get to be a burden. He is concerned we may be operating for periods of time without a policy. From a human point of view, we have a high chance of failure. Ms. Quickenden said this may be something we should review. Mr. Mathey said this should probably go under the purview of Compliance.

Mr. Tardoni said the Joint Conference Committee Charter needs to be revised due to differences in terms.

Mr. Mathey said he wanted to discuss the 6 cent tax. He said his purpose is to educate the staff so we can be ready. He thinks we should have an application prepared and ready to go. There was discussion about timing and Mr. Kolb said this cannot be a permanent tax. He said we must show voters the benefit to them. It cannot look like normal maintenance. It has to be for an improvement to services. He thinks we can work together to be successful. Mr. Kolb said the Board of County Commissioners has always been supportive of the Hospital.

Mr. Tardoni said it may have seemed like he was harsh in a discussion earlier in the meeting. He said we just made a decision for over \$1M. If we can encourage people to look at the total cost over the life of the contract instead of by month, we will make better decisions. We need to look at the total contract value. We need to get focus on the whole value of the contract.

EXECUTIVE SESSION

The motion to go into Executive Session was made by Dr. Sowada; second by Mr. Jones. Motion carried. Mr. Mathey said the Board would take a 5-minute recess and said he did not anticipate taking any action when they returned.

RECONVENE INTO REGULAR SESSION

The Board of Trustees reconvened into Regular Session at 6:12 PM.

ADJOURNMENT

There being no further business to discuss, the motion was made, second and carried to adjourn.

Mr. Richard Mathey, President

Attest:

Mr. Ed Tardoni, Secretary

MHSC Board of Trustees Conflict of Interest Policy

Memorial Hospital of Sweetwater County (MHSC) Board of Trustee members will operate in a manner that will avoid actual and apparent conflicts of interest. A conflict of interest arises when a Board member is unable to devote complete loyalty and singleness of purpose to the interests of the hospital.

1. A board member shall not furnish directly any labor or equipment to the Hospital or enter into any contracts between the Hospital and themselves or their family members without disclosing his/her interest or removing him/herself from the room while the remainder of the Board considers the contract or purchase of materials. He/she shall not attempt to influence the Board in making its decision and will not vote on the issue before the Board.
2. Each board member shall completely and submit the annual Conflict of Interest Disclosure form between July 1 and July 31 of each year. The annual completed forms will be maintained in the MHSC Administration office.
3. If, after completion and submission of the annual disclosure, a board member becomes aware of any interest that could be perceived as a conflict or is a potential conflict of interest, the board member shall promptly make disclosure of the interest to the board.
4. Board members will adhere to the Wyoming Ethics and Disclosure Act and all other applicable conflict of interest laws.
 - a. No board member will make or vote on an official decision if he/she has a material personal interest in the matter.
 - b. No board member may use the position or any public funds, time, personnel, facilities, or equipment for his/her private benefit or that of another, unless the use is authorized by law.
 - d. No board member may participate in the employment, transfer, discipline, or advancement of a family member at the Hospital.
 - e. A board member shall not apply for a position as an employee of the Hospital until he/she has duly resigned his/her position on the Board.

Reviewed by MHSC Board of Trustees on _____

Approved by MHSC Board of Trustees on _____

Dated this __, day of _____, 20__

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

FROM: _____
BOARD MEMBER

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

TO WHOM IT MAY CONCERN:

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

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

1. _____
2. _____
3. _____

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

Sincerely yours,

Trustee
Board of Trustees Member
Memorial Hospital of Sweetwater County

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2011 Wyoming Statutes

TITLE 6 - CRIMES AND OFFENSES

CHAPTER 5 - OFFENSES AGAINST

PUBLIC ADMINISTRATION

6-5-118. Conflict of interest; public investments; disclosure required; penalty; definitions.

Universal Citation: WY Stat § 6-5-118 (1997 through Reg Sess)

(a) No public officer or public servant who invests public funds for a unit of government, or who has authority to decide how public funds are invested, shall transact any personal business with, receive any pecuniary benefit from or have any financial interest in any entity, other than a governmental entity, unless he has disclosed the benefit or interest in writing to the body of which he is a member or entity for which he is working. Disclosures shall be made annually in a public meeting and shall be made part of the record of proceedings. The public officer or public servant shall make the written disclosure prior to investing any public funds in any entity, other than a governmental entity, which:

- (i) Provides any services related to investment of funds by that same unit of government; or
- (ii) Has a financial interest in any security or other investment made by that unit of government.

(b) A violation of subsection (a) of this section is a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than seven hundred fifty dollars (\$750.00), or both.

(c) The definitions in W.S. 6-5-101 shall apply to this section except "pecuniary benefit" shall also include benefits in the form of services such as, but not limited to, transportation and lodging. As used in this section, "personal business" means any activity that is not a governmental function as defined in W.S. 6-5-101(a)(ii).

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**Wyoming Statutes, Title 9, Administration of the Government,
Chapter 13, Government Ethics,
Article 1, Public Officials, Members, and Employee Ethics, 2014**

§9 13 101. Short title.

This article shall be known and may be cited as the Ethics and Disclosure Act.

§9 13 102. Definitions.

(a) As used in this article:

(i) "Anything of value" means:

(A) A pecuniary item, including money or a bank bill or note;

(B) A promissory note, bill of exchange, order, draft, warrant, check or bond given for the payment of money;

(C) A contract, agreement, promise or other obligation for an advance, conveyance, forgiveness of indebtedness, deposit, distribution, loan, payment, gift, pledge or transfer of money;

(D) A stock, bond, note or other investment interest in an entity;

(E) A right in action;

(F) A gift, tangible good, chattel or an interest in a gift, tangible good or chattel;

(G) A work of art, antique or collectible;

(H) An automobile or other means of personal transportation;

(J) Real property or an interest in real property, including title to realty, a fee simple or partial interest, present or future, contingent or vested within realty, a leasehold interest or other beneficial interest in realty;

(K) An honorarium or compensation for services arising out of the person's service as a public official, public member or public employee;

(M) The sale or trade of anything of value:

(I) For reasonable consideration that would ordinarily not be available to a member of the public; or

(II) With a rebate or at a discount in its price, unless the rebate or discount is made in the ordinary course of business to a member of the public, or any group or category thereof, but without regard to that person's status as a public official, public member or public employee.

(N) A promise or offer of employment;

(O) Any other thing of value that is pecuniary or compensatory in value to a person.

(ii) "Anything of value" does not mean a campaign contribution properly received and reported, if reportable, as required under the Wyoming Election Code;

(iii) "Compensation" includes:

(A) An advance, conveyance, forgiveness of indebtedness, deposit, distribution, loan, payment, gift, pledge or transfer of money or anything of value; or

(B) A contract, agreement, promise or other obligation for an advance, conveyance, forgiveness of indebtedness, deposit, distribution, loan, payment, gift, pledge or transfer of money or anything of value, for services rendered or to be rendered.

(iv) "Compensation" does not include:

(A) Reimbursement of expenses if the reimbursement does not exceed the amount actually expended for the expenses, and if the reimbursement is substantiated by an itemization of expenses; or

(B) Per diem payments or mileage allowances paid by the employing government entity in accordance with applicable law.

(v) "Family member" means an individual:

(A) Who is the spouse, parent, sibling, child, grandparent or grandchild; or

(B) Is a member of the individual's household.

(vi) "Gift" means anything of value to the extent that consideration of equal or greater value is not received, but excludes the following:

(A) Printed informational, educational or promotional material;

(B) A gift that:

(I) Is not used; and

(II) No later than thirty (30) days after receipt, is returned to the donor or delivered to a charitable organization and is not claimed as a charitable contribution for federal income tax purposes.

(C) A gift, devise or inheritance from any of the following, if the donor is not acting as the agent or intermediary for someone other than a person covered by this subparagraph:

(I) An individual's spouse;

(II) An individual's child, parent, grandparent, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle or first cousin;

(III) The spouse of any individual listed in subdivision (II) of this subparagraph;

(IV) Any person, including an organization, which has a bona fide social or private business relationship with the individual, where the circumstances demonstrate that the motivation for the gift arises out of that relationship and not from the recipient's holding of public office or employment. For the purposes of this subdivision, relevant circumstances include but are not limited to the source of funds used by the donor to acquire the gift;

(V) Any person, including an organization, where the gift does result from the person's holding an office or position, but where the gift is of nominal value, is made voluntarily by the donor and is made in recognition of a special occasion, such as marriage, illness or retirement.

(D) A certificate, commemorative token or item, or plaque with a value that does not exceed two hundred fifty dollars (\$250.00);

(E) Food and beverage;

(F) Compensation, per diem or other payments or benefits which the public official, public member or public employee receives in the performance of services for the governmental entity;

(G) Repealed By Laws 1999, ch. 140, § 2.

(H) Any loan, gift, gratuity, special discount or hospitality with a value of two hundred fifty dollars (\$250.00) or less; or

(J) Travel, registration and lodging for any conference or meeting while attending in his official capacity as a public official, public member or public employee.

(vii) "Local office" means the offices of county commissioner, county treasurer, county assessor, county clerk, county sheriff, county coroner, district attorney, county attorney, mayor and member of the council of a municipality, member of the board of trustees of a community college district or a school district and member of a joint powers board or special district. As used in this paragraph "special district" means any special district specified under W.S. 22 29 103(a) and any other corporate district authorized to be formed as a political subdivision under the laws of this state;

(viii) "Negotiating" or "negotiate for employment" means a communication, directly or indirectly, with a prospective employer to discuss rendering services for compensation to that prospective employer;

- (ix) "Negotiation for employment" means the period that begins with a communication to a prospective employer to discuss rendering services for compensation to the prospective employer;
- (x) "Official responsibility or official capacity" means the direct administrative or operating authority, whether intermediate or final, and either exercisable alone or with others, and either personally or through subordinates, to approve, disapprove, or otherwise direct government action;
- (xi) "Participation" includes decision, approval, disapproval or vote;
- (xii) "Public employee" means any of the following state employees:
 - (A) The attorney general and the director of any department of the executive branch appointed by the governor under W.S. 9 2 1706, or the director of any legislative agency;
 - (B) The chief executive officer of any separate operating agency under W.S. 9 2 1704(d), except those listed in paragraphs (d)(vi) and (x) of that section;
 - (C) To the extent the incumbent in the position serves at the pleasure of persons listed in subparagraphs (A) and (B) of this section, administrators of department or agency divisions, and deputy directors of departments;
 - (D) Commissioners of the public service commission and members of the state board of equalization;
 - (E) Deputies and administrators of divisions within the offices of state elected officials under W.S. 9 2 1704(a). The positions, in the governor's office, of chief of staff, attorney for intergovernmental affairs and chief of policy are included within this subparagraph.
- (xiii) "Public member" means a member appointed to a part-time position on a state board, commission or council. A public member does not lose this status by receiving reimbursement of expenses or a per diem payment for services. The term includes a member of the board of trustees of the University of Wyoming and the community college commission. The term does not include a public member of an advisory board, advisory commission or advisory council;
- (xiv) "Public official" means an individual elected to a state or local office, or an individual who is appointed to fill a vacancy in a state or local office, whether or not the individual has yet assumed the office;
- (xv) "State entity" means a state agency, office, department, division, bureau, board, commission or council, including the legislature, Wyoming community development authority and Wyoming science, technology and energy authority. The term does not include a court or an agency in the judicial branch;
- (xvi) "State office" means the state offices of governor, treasurer, superintendent of public instruction, auditor, secretary of state and member of the state legislature;
- (xvii) "This act" means W.S. 9 13 101 through 9 13 109.

§9 13 103. Use of title and prestige of public office.

- (a) No public official, public member or public employee shall use his office or position for his private benefit.
- (b) As used in this section, "private benefit" means the receipt by the public official, public member or public employee of a gift which resulted from his holding that office.

§9 13 104. Nepotism.

- (a) No public official, public member or public employee shall advocate or cause the employment, appointment, promotion, transfer or advancement of a family member to an office or position of the state, a county, municipality or a school district. A public official, public member or public employee shall not supervise or manage a family member who is in an office or position of the state, a county, municipality or school district.
- (b) A public official, public member or public employee, acting in his official capacity, shall not participate in his official responsibility or capacity regarding a matter relating to the employment or discipline of a family member.

§9 13 105. Misuse of office.

- (a) A public official, public member or public employee shall not use public funds, time, personnel, facilities or equipment for his private benefit or that of another unless the use is authorized by law.
- (b) A public official, public member or public employee shall not use public funds, time, personnel, facilities or equipment for political or campaign activity unless the use is:
 - (i) Authorized by law; or
 - (ii) Properly incidental to another activity required or authorized by law and the public official, public employee or public member allocates and reimburses the governmental entity for any additional costs incurred for that portion of the activity not required or authorized by law.
- (c) A public official, public employee or public member shall not disseminate to another person official information which the public official, public employee or public member obtains through or in connection with his position, unless the information is available to the general public or unless the dissemination is authorized by law.

§9 13 106. Official decisions and votes.

- (a) A public official, public member or public employee shall not make an official decision or vote on an official decision if the public official, public member or public employee has a personal or private interest in the matter. In determining whether he has a personal or private interest in a matter the public official shall recognize the importance of his right to represent his constituency and shall abstain from voting only in clear cases of a personal or private interest as defined in this subsection. A public official or public member shall not vote to give money or any direct financial benefit to himself except for tax reductions affecting the general public. For the purposes of this section, a personal or private interest:
 - (i) Is, with respect to the public official, public employee or public member, an interest which is direct and immediate as opposed to speculative and remote; and
 - (ii) Is an interest that provides the public official, public employee or public member, a greater benefit or a lesser detriment than it does for a large or substantial group or class of persons who are similarly situated.
- (b) A public official, public member or public employee described by subsection (a) of this section shall abstain from voting on the decision and from making any official decision in the matter. The public official's, public member's or public employee's abstention from voting must be recorded in the governmental entity's official records.
- (c) This section shall not be construed to supersede W.S. 15 9 220, 16 6 118 or 16 9 203(f). Those provisions shall control to the extent inconsistent with this section.

§9 13 107. Actions taken while negotiating for employment.

A public official, public member or public employee may not vote or take an official action in a matter affecting a person with whom the public official, public member or public employee is negotiating for prospective employment.

§9 13 108. Disclosure required.

- (a) Not later than January 31 annually, each of the state's five (5) elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the secretary of state. The form shall be signed by the elected official or legislator filing it and under a certification that it is accurate. The financial disclosure form shall contain the following information current as of January 15 of that year:
 - (i) A list of all offices, directorships and salaried employment held by the person filing the form in any business enterprise, but excluding offices and directorships in a nonprofit corporation where no compensation is received for service;
 - (ii) A list generally describing the sources of, but not the amount of, the member's income.

(b) Forms may be submitted by facsimile transmission under the same terms and conditions specified for campaign reports under W.S. 22-25-106. For the purposes of this section, "salaried employment" means an employment relationship under which the employee is compensated, at least in part, by payment of a specified dollar amount for each month, or longer period, of service.

(c) The disclosure form shall be as prescribed by the secretary of state but in substantially the following form:

"State Elected Official Financial Disclosure Form

Name of Official:

Office held:

Business address:

Business phone number:

Home address:

Home phone number:

I. Offices, directorships and employment

a. Offices held in business enterprises (includes partnerships)

Office Name and address of business enterprise

b. Directorships held in business enterprises Name and address of business enterprise

c. Salaried employment

Job Title Name and address of business enterprise

II. Sources of income

a. Employment Name and address of Employer

b. Business interests Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned, or describe generally

c. Investments Income earned

	Yes	No
i. Any security or interest earnings	_____	_____
ii. Real estate, leases, royalties	_____	_____
d. Other	(Describe generally)".	

§9 13 109. Penalties.

(a) Any person who violates this act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00).

(b) Violation of any provision of this act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position.

(c) If any action is prohibited both by this act and any provision of title 6, the provisions of this act shall not apply and the provisions of title 6 shall apply.

Ethics and Disclosure Act

1

**WYOMING STATUTE §§ 9-13-101
THROUGH 9-13-109**

What is the overall purpose of the Act?

2

- To prevent corruption and abuse of public positions.
- “No public official, public member or public employee shall use his office or position for his private benefit.” Wyo. Stat. Ann. § 9-13-103(a).
- “Private benefit” means “the receipt by the public official, public member or public employee of a gift which resulted from his holding that office.” *Id.* § 9-13-103(b).

Definitions of terms under the Act

3

- Wyoming Statute Annotated § 9-13-102 provides a ****comprehensive**** list of definitions under this Act.
- Definitions are provided for terms including:
 - “Anything of value”
 - “Compensation”
 - “Family member”
 - “Gift”
 - “Local office”
 - “Negotiating” for employment
 - “Official responsibility” or “official capacity”
 - “Participation”
 - “Public employee,” “public member,” and “public official”
 - “State entity” and “state office”

Official decisions and votes

4

- A public official, public member or public employee “shall not make an official decision or vote on an official decision if the public official, public member or public employee has a personal or private interest in the matter.” Wyo. Stat. Ann. § 9-13-106(a).
 - In determining whether he has a personal or private interest in a matter the public official “shall recognize the importance of his right to represent his constituency and shall abstain from voting only in clear cases of a personal or private interest as defined in this subsection.” *Id.*
 - A public official or public member shall not “vote to give money or any direct financial benefit to himself except for tax reductions affecting the general public.” *Id.*

Official decisions and votes (continued)

5

- Under the Act, a personal or private interest:
 - “Is, with respect to the public official, public employee or public member, an interest which is direct and immediate as opposed to speculative and remote.” *Id.* § 9-13-106(a)(i).
 - “Is an interest that provides the public official, public employee or public member, a greater benefit or a lesser detriment than it does for a large or substantial group or class of persons who are similarly situated.” *Id.* § 9-13-106(a)(ii).
 - If either of these conditions exists, then the public person “shall abstain from voting on the decision and from making any official decision in the matter.” *Id.* § 9-13-106(b).
 - This abstention from voting “must be recorded in the governmental entity’s official records.” *Id.*

Misuse of office

6

- A public official, public member or public employee “shall not use public funds, time, personnel, facilities or equipment for his private benefit or that of another unless the use is authorized by law.” Wyo. Stat. Ann. § 9-13-105(a).
 - Or, if the use is “[p]roperly incidental to another activity required or authorized by law and the public official, public employee or public member allocates and reimburses the governmental entity for any additional costs incurred for that portion of the activity not required or authorized by law.” *Id.* § 9-13-105(b).

Misuse of office (continued)

7

- A public official, public member or public employee “shall not disseminate to another person official information which the public official, public employee or public member obtains through or in connection with his position, unless the information is available to the general public or unless the dissemination is authorized by law.” Wyo. Stat. Ann. § 9-13-105(c).
 - Insider trading, white collar crime, etc.

Nepotism

8

- The Act defines and prohibits actions constituting nepotism under Wyo. Stat. Ann. § 9-13-104:
 - “No public official, public member or public employee shall advocate or cause the employment, appointment, promotion, transfer or advancement of a family member to an office or position of the state, a county, municipality or a school district.”
 - “A public official, public member or public employee shall not supervise or manage a family member who is in an office or position of the state, a county, municipality or school district.”
 - “A public official, public member or public employee, acting in his official capacity, shall not participate in his official responsibility or capacity regarding a matter relating to the employment or discipline of a family member.”

Actions taken while negotiating for employment

9

- A public official, public member or public employee may not “vote or take an official action in a matter affecting a person with whom the public official, public member or public employee is negotiating for prospective employment.” Wyo. Stat. Ann. § 9-13-107.
 - No case law interpreting this, but based upon the language there could be 2 situations that are impermissible:
 - ✦ 1. (Most obvious): The public person may not undertake an action for a potential employer (i.e. an employer he recently applied to) in order to “curry favor” from that potential employer.
 - ✦ 2. (Perhaps not so obvious): A public person who serves as an employer/hirer shall not undertake an action vis-à-vis someone who has applied to him for a job which could alter the employment-negotiation dynamics.

Penalties

10

- A number of penalties may result from violations of the Act pursuant, to Wyo. Stat. Ann. § 9-13-109:
 - A misdemeanor conviction, punishable by a fine of not more than \$1,000.00.
 - Violation of any provision of the Act “constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position.”
 - “If any action is prohibited both by this act and any provision of title 6, the provisions of this act shall not apply and the provisions of title 6 shall apply.”
 - Translation: If a person's action violates ****both**** the Ethics and Disclosure Act ****and**** a different criminal statute, then the person will face the ****more serious charges.****
 - For example, felony charges for blackmail, fraud, identity theft, etc.

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2011 Wyoming Statutes

TITLE 17 - CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS

CHAPTER 19 - WYOMING NONPROFIT CORPORATION ACT

17-19-831. Director conflict of interest.

Universal Citation: WY Stat § 17-19-831 (1997 through Reg Sess)

(a) A conflict of interest transaction is a transaction with the corporation in which a director of the corporation has a direct or indirect interest. A conflict of interest transaction is not voidable if the transaction was fair at the time it was entered into or is approved as provided in subsection (b) or (c) of this section.

(b) A transaction in which a director of a public benefit or religious corporation has a conflict of interest may be approved:

(i) In advance by the vote of the board of directors or a committee of the board if:

(A) The material facts of the transaction and the director's interest are disclosed or known to the board or committee of the board; and

(B) The directors approving the transaction in good faith reasonably believe that the transaction is fair to the corporation; or

(ii) Before or after it is consummated by obtaining approval of the:

(A) Attorney general; or

(B) District court in an action in which the attorney general is joined as a party.

(c) A transaction in which a director of a mutual benefit corporation has a conflict of interest may be approved if:

(i) The material facts of the transaction and the director's interest were disclosed or known to the board of directors or a committee of the board and the board or committee of the board authorized, approved or ratified the transaction; or

(ii) The material facts of the transaction and the director's interest were disclosed or known to the members and they authorized, approved or ratified the transaction.

(d) For purposes of this section, a director of the corporation has an indirect interest in a transaction if:

(i) Another entity in which the director has a material interest or in which the director is a general partner is a party to the transaction; or

(ii) Another entity of which the director is a director, officer or trustee is a party to the transaction.

(e) For purposes of subsections (b) and (c) of this section a conflict of interest transaction is authorized, approved or ratified, if it receives the affirmative vote of a majority of the directors on the board or on the committee, who have no direct or indirect interest in the transaction, but a transaction shall not be authorized, approved or ratified under this section by a single director. If a majority of the directors on the board who have no direct or indirect interest in the transaction vote to authorize, approve or ratify the transaction, a quorum is present for the purpose of taking action under this section. The presence of, or a vote cast by, a director with a direct or indirect interest in the transaction does not affect the validity of any action taken under paragraph (b)(i) or (c)(i) of this section if the transaction is otherwise approved as provided in subsection (b) or (c) of this section.

(f) For purposes of paragraph (c)(ii) of this section, a conflict of interest transaction is authorized, approved or ratified by the members if it receives a majority of the votes entitled to be counted under this subsection. Votes cast by or voted under the control of a director who has a direct or indirect interest in the transaction, and votes cast by or voted under the control of an entity described in paragraph (d)(i) of this section, shall not be counted in a vote of members to determine whether to authorize, approve or ratify a conflict of interest transaction under paragraph (c)(ii) of this section. The vote of these members, however, is counted in determining whether the transaction is approved under other sections of this act. A majority of the voting power, whether or not present, that are entitled to be counted in a vote on the transaction under this subsection constitutes a quorum for the purpose of taking action under this section.

(g) The articles, bylaws or a resolution of the board may impose additional requirements on conflict of interest transactions.

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Policy Area: Administration
Reg. Standard: 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 patient 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 citizens of Sweetwater County is our legacy.

Patient care services provided at Memorial Hospital of Sweetwater County (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.

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 are decisions 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; and
5. The plan for improving the quality of patient care in each area.

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

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.
- 10.

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:
 - diagnostic radiology,
 - dietary and nutritional services,
 - emergency and trauma care,
 - medical records/information technology,
 - nuclear medicine,
 - nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, end stage chronic dialysis,
 - pathology/histopathology, clinical laboratory and transfusion services,
 - pharmaceutical,
 - physical rehabilitation, occupational and speech therapy,
 - respiratory care,
 - sleep lab,
 - cardiac stress testing,
 - cardiopulmonary rehabilitation,
 - oncology, including outpatient chemotherapy administration and radiation oncology,
 - endoscopy,
 - anesthesia services,
 - chronic hemodialysis and renal medicine
 - infection prevention and control services,
 - volunteers,
 - case management,
 - care transition,
 - clinical documentation improvement,
 - quality improvement,
 - social work,
 - telemedicine-stroke and burn,
 - provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, pulmonology, nephrology, and ear/nose and throat.
- 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
- Shriner's Hospital for Children
- Wyoming Hospital Association

IV. Patient services provided by contracted organizations include:

- Emergency medicine
- Pharmacy services
- Pathology and Lab supervision
- 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 2017

Campus Size	Hospital = 106,044 square feet, Medical Office Building = 80,000 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	509
Full-time employee equivalent (FTE)	454.8
FTEs/Occupied Bed	6.73
Average patient length of stay (LOS)	2.5
Average Daily Inpatient Census	13.65
Inpatient Discharges	2213
Births	501
Non-ED Outpatient Visits	79272
ED Visits	16258
ED Visits Admitted	1703
Inpatient Surgeries	365
Outpatient Surgeries	1450
Medical Office Building Clinic Visits	55892

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.

TEXT

I. PROFESSIONAL PATIENT CARE STAFF

- A. 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.
- B. 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

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

III. PATIENT CARE OUTCOMES

- A. Patient outcomes are described in the mission and vision of the organization and throughout a variety of patient care standard. Patient and family centered care is the care delivery model that is essential to the success of patient outcomes.
- B. 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 the Quality Assurance Performance Improvement (QAPI) and Safety Plan.

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. The following are specific to patient care areas:

BOARD OF TRUSTEES

DESCRIPTION OF SERVICES

- The hospital board of directors' role is to serve as the governing body of the hospital. The board is responsible for oversight of the hospital. Board responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing 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.

HOURS / DAYS OF WEEK OF SERVICE

- Board of Trustee meetings open to the public occur the first Wednesday of every month from 2 - 5 PM. Board members serve on several other committees that meet at various times, dates and hours of the day.

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

- The Board of Trustees is not involved in the day-to-day operations of the hospital. The daily operation of the hospital is administration's responsibility.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- 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.

CONTRACT SERVICES

- Legal services

STAFF QUALIFICATIONS

- Altruistic interest in the well-being of the organization of MHSC and the citizens of Sweetwater County. Ability to provide the time needed to effectively serve on the board of a health care organization.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Hospital Association (AHA) Wyoming Hospital Association (WHA)

SENIOR LEADERSHIP

DESCRIPTION OF SERVICES

- Leadership of the organization is governed by the Board of Trustees and the Senior Leadership Team through the development of organizational strategies related to the delivery of patient care. The plan for the provision of patient care is enacted through the planning, 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 the Chief Legal Executive.

HOURS / DAYS OF WEEK OF SERVICE

- Administration office hours are from 8 AM - 5 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 available by telephone, in person or email 24 hours a day, 7 days per week, 365 days per year.

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

- 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.

CONTRACT SERVICES

- 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 Chief Legal Executive are responsible for reviewing, updating and maintaining all contracts, memorandum of understanding and other agreements with contracted services.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- 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.

STAFF QUALIFICATIONS

- The Chief Executive Officer and Chief Financial Officer hold bachelor degrees and have the proven experiential background required to perform their duties. The Chief Clinical Officer and Chief Nursing Officer hold masters and doctoral degrees in addition to the proven experiential background needed to perform their duties. The Chief Clinical Officer and Chief Nursing Officer maintain professional licensure in their areas of clinical expertise.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Hospital Association (AHA)
- Wyoming Hospital Association (WHA)
- American Nurses Association (ANA)
- American Organization of Nurse Executives (AONE)

LEADERSHIP TEAM

DESCRIPTION OF SERVICES

- Each clinical 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.

ESSENTIAL SUPPORT SERVICES

- Essential services are those provided to patients on a regular basis that are key to provide a full scope of services. These services include but are not limited to:
 - Facility Services
 - Human Resources
 - Bio-Medical Engineering
 - Health Information Management
 - Security
 - Information Services
 - Materials Management
 - Fiscal Services
 - Sterile Processing
 - Community Services
 - Volunteer Services
 - Marketing and media
 - Physician Recruitment
 - Patient Financial Services
 - Medical Staff

SERVICE AVAILABILITY

- Each patient area defines service availability specific to the 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.

FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY

- MHSC plans for patient care needs and services through an annual budgeting process, program develop planning, capital equipment needs and monthly review of financial resources to meet the patient needs. If there are urgent census fluctuations demanding more resources the areas have plans to respond to those needs, external resources are 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 onboarded 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 taken to the Board of Trustees for approval.

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, 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 online resources such as Lippincott, Healthstream Learning Center (HLC), UpToDate, and Ovid. Education is also available through University of Utah with offerings such as Grand Rounds from various disciplines, STABLE, Neonatal Resuscitation Program (NPR), and similar offerings. The Education Department 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.

PATIENT RIGHTS AND RESPONSIBILITIES

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

FAIR BILLING PRACTICE

- Memorial Hospital of Sweetwater County 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 the cost 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.

CONTRACTED SERVICES

- For information regarding MHSC contract management, see the Contracts Management Policy. A full list of contract services can be obtained from the Accreditation Department and online contracts database.

SCOPES OF SERVICE

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

1. Definition of the service and how it supports patient care needs.
2. Hours of Service.
3. Days of the week of service.
4. Type of service-If the service directly serves patients the types and ages of patient served. This also includes the types of patients not served. Types of services provided.
5. Contracted Services
6. Affiliations or sources of reference

SCOPE OF SERVICES: ACCREDITATION

DEFINITION OF SERVICE

- The Accreditation Department provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care. The department is non-clinical, but 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 Accreditation Department are responsible for:
 - Accreditation Compliance and Oversight
 - Patient and Employee Safety
 - Environment of Care
 - Guest Relations
 - Occurrence Reporting
 - Risk Management

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

- All patients cared for by MHSC.

Accreditation

- 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.

Safety and Environment of Care

- 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 online 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.

Risk Management

- The Risk Management component 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 Accreditation.

CONTRACT SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Director of Accreditation: 1
- Guest Relations Specialist: 1

STAFF QUALIFICATIONS

- See Job Descriptions.

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 SERVICES: ADMITTING

DEFINITION OF SERVICE

- The Admitting Department is comprised of Admitting, ED Admitting, Medical Imaging Admitting, and the Communications departments. Admitting is a non-clinical department that performs the initial greeting and registration and admitting of all patients to our facility. We provide excellent customer service by accurately registering each patient into our system and opening an accurate medical record. In addition, we acquire 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. We scan each patient's insurance card and driver's license into the patient's medical record. We provide customer service in an attempt to 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.
- The Admitting Department is under the responsibility of the Chief Financial Officer on the organization chart.

HOURS OF SERVICE / DAYS OF THE WEEK OF SERVICE

- The main Admitting Department is staffed Monday through Friday from 7:00 a.m. until 4:00 p.m., except holidays. The Medical Imaging Admitting area is staffed Monday through Friday from 6:30 a.m. until 5:00 p.m., except holidays. However, all services are also able to be admitted in the Emergency Room 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 PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED

- Initial welcoming of patient's and visitors to our facility. The department also provides registration of all patients into our facility in addition to answering any questions that those patients and visitors might have.

CONTRACT SERVICES

- Emdeon, Recondo Technologies, and REV360 are companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 6:30 a.m. and 5:00 p.m., along with 24/7 coverage in the Emergency Department. The staff includes a Patient Registration Supervisor, Admissions Specialists, and Operator/Receptionists. All personnel report directly to the Director – Patient Financial Services.

STAFF QUALIFICATIONS

- Admitting staff is required to have a high school diploma or equivalent and be able to demonstrate that they are able to type a minimum for 40 wpm.

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 physicians.
- 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, Bier 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.

AGES OF PATIENTS SERVED

- Ages served are both adult and pediatrics. Neonates are served post-delivery and during emergencies only.

TYPES OF SERVICES PROVIDED

- General anesthesia, Monitored Anesthesia Care (MAC), regional, spinal, epidural, local.

CONTRACTED SERVICES

- None.

STAFFING HOURS/PATTERN AND TYPE/NUMBERS

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

STAFF QUALIFICATIONS

- Graduation from an accredited school of medicine and successful completion of residency in an anesthesiology program.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Board of Anesthesiologists; American Society of Anesthesiologists

SCOPE OF SERVICE: CARDIOPULMONARY

DEFINITION OF SERVICE:

- Memorial Hospital of Sweetwater County 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 provides 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 PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED

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

Services of the Cardiopulmonary Department will include, but are not limited to:

Cardiac:

1. Stress testing – Cardiolute, Lexiscan/Cardiolute, Dobutamine/Cardiolute, Dobutamine Stress Echocardiogram, Plain Stress Echocardiogram, and Plain Stress
2. Holter Monitor recording and scanning
3. Electrocardiograms (ECG)
4. Event monitors (30 Days)
5. Cardioversion

Respiratory:

1. Nebulized aerosol administration
2. Assessing response of bronchodilator therapy at point of care
3. Medication administration
4. Arterial, venous and capillary blood gas analysis sampling (to include point of care testing)
5. Assisted ventilation, weaning and discontinuing ventilator support (removal of endotracheal tube)
6. Heated high flow oxygen delivery including Vapotherm (high flow oxygen delivery)
7. Metaneb (pressurized aerosol delivery device)
8. Humidification during mechanical ventilation and non-invasive ventilation
9. Capnography/end-tidal CO2 monitoring during mechanical ventilation and procedural sedation

10. Application of continuous positive airway pressure (CPAP) neonate and adult
11. Application and maintenance of bilevel positive airway pressure (BiPAP) (non-invasive ventilation)
12. Endotracheal/nasotracheal suctioning
13. Tracheostomy care
14. Exercise testing for evaluation of hypoxemia and/or hypoxia
15. Incentive spirometry
16. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
17. Management of airway emergencies (Rapid Response, Code Blue, and Trauma Codes)
18. Oxygen titration therapy
19. Heliox treatments
20. Postural drainage therapy with chest physiotherapy (CPT), percussion and cough
21. Pulse oximetry
22. Directed cough with Acapella/flutter valves
23. Peak expiratory flow rates (PEFR)
24. Bronchoscopy assistance
25. Training in breathing exercises

Sleep Lab:

1. Polysomnography. Reports contract to off-site pulmonologist.
2. Split titration studies
3. Oxygen titration studies
4. Home sleep testing

CONTRACTED SERVICES

1. University of Utah-Read Holter Monitor Studies and occasionally ECGs
2. Lifetouch-Holter/Event Monitors
3. Radiometer-Blood Gas Analyzer
4. Sleep Physicians

STAFFING HOURS/PATTERNS AND TYPE/NUMBER

- Cardiopulmonary Services shall be available 24 hours a day 7 days per week. There are at minimum of 2 licensed therapists on the day shift available to assist physicians with procedures taking place during daytime hours. A therapist shall also be available during evening and night shifts for 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 will 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 made as necessary.

STAFF QUALIFICATIONS

- The Cardiopulmonary Services Department is staffed by individuals licensed and credentialed or credential eligible by the National Board of Respiratory Care (NBRC).

The Director will be qualified to perform the following functions:

1. Development and implementation of technical procedures.
2. Technical and administrative supervision of personnel assigned to the Respiratory Care Service.
3. Quality assurance of care, maintenance, and sterilization of equipment.
4. Implementation of policies and procedures set forth by hospital infection control, environmental safety, and educational committees.

5. Assistance and direction as requested by medical and administrative staffs.
6. Direction of department Performance Improvement Plan, quality assurance, and professional enrichment program.

Respiratory therapist personnel in the Respiratory Care/Cardiovascular Department will be qualified to perform the following therapeutic and diagnostic services:

1. Delivery of prescribed therapeutic care modalities.
2. Performance of prescribed diagnostic care modalities.
3. Conformance with policy and procedural statements.
4. Assist medical and technical directors in delivering quality respiratory care and totally integrated patient service.

All Respiratory Care personnel will be evaluated, per competency sheets, on an annual basis for performance skills by the Director.

1. To ensure proper technique per policy and procedure is being used.
2. To ensure proper theory behind the technique is being applied.
3. Staff person will demonstrate ability to locate policy and procedure in appropriate manual.

Any areas of needed competence is addressed and in-serviced on a one-to-one or group setting. If necessary, the therapist on evenings and nights will be rotated to days in order to complete this task. Appropriate experts, i.e.: ventilator representative, will be brought in to in-service department personnel to ensure adherence to competency standards.

AFFILIATIONS OR SOURCES OF REFERENCE

- Clinical Practice Guidelines of the American Association for Respiratory Care (AARC)

SCOPE OF SERVICE: CARDIAC/PULMONARY REHABILITATION

DEFINITION OF SERVICE

- Cardiac and Pulmonary Rehabilitation 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-Friday, no holidays, 0800-1630.

TYPES OF SERVICES PROVIDED AND SERVICES NOT PROVIDED

- 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 patient 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. Permit the staff to carry out its works under favorable conditions.

CONTRACTED SERVICES

- None

STAFFING HOURS/PATTERNS AND TYPE/AND NUMBERS

The department is assigned a Medical Director and Department Director with the following responsibilities:

1. The Medical Director will direct 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.

PHILOSOPHY:

We believe that the primary purpose of Cardiac/Pulmonary Rehabilitation 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. We supply our participants and their families with education and skills to decrease risk factors of cardiac and pulmonary disease.

We believe that the Cardiac/Pulmonary Rehabilitation participant needs will best be met by having professionals focus on the primary functions of clinical evaluations of care. Professionals will direct and participate in improvement of Cardiac/Pulmonary Rehabilitation, including teaching of patients and their families. Safety factors and patient's rights will, at all times be considered priorities.

We believe that the patient deserves the finest quality service at the least cost possible. The family should be involved in some aspects of rehabilitation in hope that this will help retain the knowledge and reinforcement of new ideas and lifestyles.

STAFF QUALIFICATIONS

- Cardiac/Pulmonary Rehabilitation staff are BLS, ACLS certified through the American Heart Association. The staff members should be motivated and trained in current concepts, standards and guidelines established by the American Association of Cardiovascular and Pulmonary Rehabilitation.

AFFILIATIONS OR SOURCES OR REFERENCES

- Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs, 5th ed. (2013). American association of Cardiovascular and Pulmonary Rehabilitation.
- Guidelines for Exercise Testing and Prescription (2004). American College of Sports Medicine (ACSM).

SCOPE OF SERVICE: CARE TRANSITION

DEFINITION OF SERVICE

- Care transitions occur 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.

Care Transition Nurses

- 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.

HOURS / DAYS OF THE WEEK OF SERVICE

- Basic hours of operation are Monday through Friday, with typical hours that of 8:30 AM to 5 PM. There is no coverage on holidays. Coverage is provided on evenings and weekends depending on the needs of patients when discharged at various times of day.

TYPES OF SERVICES PROVIDED

- All ages throughout the life span are served through Care Transition, with the majority of those served are 65 years of age and older. Those patients who are 65 years or older are typically experiencing one of 10 qualifying diagnoses as noted below:
 - Congestive Heart Failure
 - Chronic Obstructive Lung Disease
 - Coronary Artery Disease
 - Diabetes
 - Stroke
 - Medical/Surgical Back Disorder
 - Hip Fracture
 - Peripheral Vascular Disease
 - Cardiac Dysrhythmia
 - Pulmonary Embolism

CONTRACTED SERVICE

- None.

STAFFING HOURS/PATTERNS AND TYPE/NUMBERS

- 1.2 FTE Care Transition Registered Nurses (1 full time, 2 PRN).

STAFF QUALIFICATION

- See criteria in RN job description.

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

Case Management Registered Nurses

- Patients at Memorial Hospital of Sweetwater County 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.

- 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. Refer to the Case Management Activities Policy. 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. Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, Psychiatrist, or attending physician, and it is determined these patients need a higher level of care, Case Managers 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, Case Managers assist in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office. Case Managers notify all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES PROVIDED

- Case findings are determined through use of census reports and the MIDAS worklist each business day. Each patients 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.

CONTRACTED SERVICES

- Interqual for determination of patient criteria of admittance.

STAFFING HOURS/PATTERN/TYPE/NUMBERS

- Case Manager Nurses: 3 full time, 1 PRN and 2 cross-trained on as as needed basis

STAFF QUALIFICATIONS

- See criteria in job descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINIC - SWEETWATER MEDICAL

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 monitored and managed.

HOURS / DAYS OF THE WEEK OF SERVICE

- Clinic hours are 8 AM - 5PM, Monday - Friday, no weekends or holidays.

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

- Physicals and patient assessments, minimally invasive procedures, moderately invasive procedures in the Surgery office, medication administration, medication prescribing, ordering of diagnostic tests, ordering of preventative health services and patient education to patients throughout the lifespan. Procedural sedation is not performed in the Sweetwater Medical Clinic. The Sweetwater Medical Clinic is not an urgent care clinic/walk-in clinic with emergencies managed inasmuch as possible until Emergency Department providers arrive and transport patients needing emergency care to the MHSC Emergency Department. Staff of the Family Practice Clinic call 911 for emergencies. Primary care providers provide services to the communities of Wamsutter and Farson. Primary care and occupational medicine services are provided at the Jim Bridger Power Plant, Solvay and Tata in Sweetwater County.

CONTRACTED SERVICES

- None.

STAFFING HOURS/PATTERNS/TYPES/NUMBERS

- Fifty staff that consist of registered nurses, licensed practical nurses, medical assistants, and receptionists to assist physicians and physicians assistants work directly with patients. The Clinic has a billing office that employs five staff to work with patients on billing processes and procedures.

STAFF QUALIFICATIONS

- Physicians, physicians assistants, registered nurses, and licensed practical nurses have graduated from accredited schools commensurate with their discipline. Three medical assistants have completed certification programs. Non-certified medical assistants, receptionists and billing staff have completed and maintained competencies.

AFFILIATIONS OR SOURCES OF REFERENCE

- Each physician and physician assistant 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: 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 are typically 8 AM - 5 PM Monday - Friday but are flexible to match inpatient hospital census. CDI specialists review charts remotely on weekends and holidays.

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

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

CONTRACTED SERVICES

- None.

STAFFING HOURS/PATTERNS/TYPES/NUMBERS

- One (1) CDI nurse reviews inpatient charts on a PT basis. A second CDI nurse works PT to review outpatient charts in the Medical Office Building (Clinic). Outpatient chart review by CDI nurses is new to the health care industry thus the role is evolving.

STAFF QUALIFICATIONS

- Registered nurses with a minimum of a bachelor's degree in nursing and/or minimum of 5 years strong clinical experience. The inpatient CDI nurse has a master's degree in nursing. The outpatient CDI nurse has a bachelor's degree in nursing and is working toward a masters degree in nursing.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

- The Dialysis Unit provides chronic hemodialysis care to outpatients. The unit is located on the third floor of the Medical Office Building adjacent to the hospital. It is an eight station unit that provides routine care to the end stage renal population of Sweetwater County and the surrounding area. The age range of the population served is 16 and above.
- The primary goal of the chronic dialysis unit is to adjust and/or restore the health, and functional status of patients with ESRD 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 will involve social, medical, economic, spiritual, nutritional, educational and psychological aspects.

- In addition to hemodialysis, home hemodialysis or peritoneal dialysis may be a treatment modality of choice. Patients will be educated to, and assisted with the further exploration and possible change in modality if needed by the staff of MHSC.
- Arrangements for those interested in kidney transplant can be 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.
- The second goal is to provide education for the care of hemodialysis patients and chronic renal disease to the staff at MHSC and any other interested individuals, groups, or educational institutions. It is the intent that a total renal program would be an adjunct to the medical care provided by and to the many other educational programs of MHSC.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Dialysis Unit hours of operation are 5:30 am to 6:00 pm, Monday through Saturday. Holiday coverage is provided as planned for meeting the patient needs. Three shifts of patients are treated each day, starting the first shift of patient's at 6 am and sending the last patient's home around 5 or 6 pm.
- Operational hours for the unit will 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 the patient's treatment time that is convenient to them.

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

- The patient population is under the care of a nephrologist. That nephrologist also serves as the medical director of the unit. The chronic patients that are receiving treatment are patients of the nephrologist. Other patients may be traveling through or are moving into the area have their charts reviewed and then are accepted for treatment by the nephrologist.
- Currently the unit does not provide acute hemodialysis, home hemodialysis or peritoneal dialysis for patients.

The philosophy of the Dialysis Unit related to patient care is:

1. We believe that each patient is an individual deserving of individual care and consideration and entitled to the optimum service that can be provided at MHSC Dialysis Unit.
2. We believe that hemodialysis personnel should function as a team in providing optimum care to the patient with end stage renal failure.
3. We believe that hemodialysis personnel should plan, coordinate and institute patient care as to meet the individual physical, psychological, emotional and spiritual needs of each patient within his social environment.
4. We believe that hemodialysis personnel should facilitate the rehabilitation of the patient with the least possible stress to an optimal pattern of life.
5. We believe that the patient may only be rehabilitated by having full knowledge of their disease, the purpose of hemodialysis, their diet, their medical status, their medication, their blood chemistries and vital signs for the purpose of self-evaluation and self-care while not present in the hemodialysis unit.
6. We believe that safe and efficient hemodialysis may only be provided by knowledgeable personnel.
7. We believe in the full development of all hemodialysis personnel through educational media, effective inter-staff communication of scientific principles and current techniques, and inter-staff communication with other hemodialysis units and hemodialysis organizations.
8. We believe in the development of a sound education program in hemodialysis techniques for all new hemodialysis personnel.
9. We believe in research to expand the knowledge of renal disease, to promote better hemodialysis techniques and to protect hemodialysis equipment for the purpose of improved patient care.
10. We believe that both patients and staff should be kept informed of all organizations and outside resources available to them.
11. We believe that all patients should be informed of the certification status of the unit in regards to Medicare and Medicaid.

CONTRACTED SERVICES

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

STAFFING HOURS/PATTERNS/TYPES/NUMBERS

- During the hours of operation the dialysis unit is covered by two staff members which are either a combination of registered nurse

and one patient care technician or two registered nurses. The unit director oversees the day to day operations and care of patients. Each dialysis patient is visited monthly by a registered dietician 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.

STAFF QUALIFICATIONS

- Technicians are nationally certified Patient Care Technicians through either NNCC (<http://www.cnetnurse.com/nephrology/certified-clinical-hemodialysis-technician-ccht>) or BONNET (<http://www.bonent.org/cht.php>)
- Nursing staff maintain BLS and ACLS course certifications.

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 SERVICES: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

- The Education Department 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. Professionals in the Education Department 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. 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 Education Department disseminates information to employees that they may not otherwise know exists, thus expanding learning opportunities, critical thinking and looking at issues from multiple perspectives.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Education Department has standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as needed basis.
- The Education Department hours are typically 8:00 AM-4:30 PM, Monday through Friday. Hours of availability in the Education Department are flexible dependent on the learning needs of employees who work in an organization that functions twenty-four hours a day, seven days a week.

TYPE OF SERVICE PROVIDED

- The Education Department 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 in the Education Department include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, 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. Staff in the Education Department provide career and academic counseling and guidance.
- The Education Department philosophy fosters the 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 Education Department serves as a resource whenever needed. The Education Department routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning. Currently, continuing education units courses are not offered through MHSC's Education Department but are offered through the Healthstream Learning Management system and a plethora of easily accessible outside resources.

CONTRACTED SERVICES

- Lippincott
- OVID
- Up To Date
- HealthStream (HLC)
- American Association of Critical Care Nurses (AACN)

STAFFING HOURS/PATTERNS/TYPE/NUMBERS

- The Education Department consists of three employees: Director of Education, Clinical Education Coordinator and Education Assistant. The Director of Education holds a master's degree and has experience teaching in a community college, has a non-clinical background and has expertise in teaching, academic advising and grant writing. The Clinical Education Coordinator holds a master's degree and has experience teaching in a community college nursing program and is a registered nurse with 5 years' nursing experience. The Education Assistant also holds a master's degree and has experience teaching in a community college and university, has a non-clinical background and an extensive background as a visual artist.

STAFF QUALIFICATIONS

- The Education Department uses a self-directed orientation process. Competencies are developed each year that reflect the dynamic nature of the health care environment. Staff in the Education Department hold certifications in specialty areas. Education Department staff engages in continual professional development.

AFFILIATIONS OR SOURCES OF REFERENCE

- Staff in the Education Department 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 which 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, surface trauma, toxicological and other trauma.
 - Stabilization and care for all patients with transfer by ground/air to tertiary and specialty care centers as needed.
 - The health status of patients range 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.

TYPE OF SERVICE AND SERVICES NOT PROVIDED

- Emergency services without acute hemodialysis, interventional cardiology, 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 ED is 18,000 square feet with distinct pods labeled as Gold, Silver, and Bronze. The department consists of 22 private patient rooms and is located on the main level of MHSC. The ED 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

- Currently contracted: University of Utah Emergency Department Physicians.

STAFFING HOURS/PATTERN/TYPE AND NUMBERS

- The ED is staffed by board certified emergency physicians 24/7. A second physician provides overlap coverage from 11am to 11pm.
- 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 am to 7pm, 10am to 10pm, and 7pm to 7am.
- Additional support staff include nursing unit secretaries, ED technicians and certified nursing assistants (CNA) with varying hours and coverage.
- The ED has access to other physician specialties that fulfill call availability to the unit including, but not limited to, hospitalist care, pediatrics, orthopedics, general surgery, urology, and obstetrics.
- Security services are available 24/7 by the MHSC Security Department.

STAFF QUALIFICATIONS

- ED staff consists of RNs with emergency or critical care experience and/or an extensive orientation if the RN has no previous emergency or critical experience. BLS, ACLS, PALS, NRP and TNCC certifications are mandatory within one year of employment for all RNs in the ED. The Certified Emergency Nurse (CEN) certification and membership the Emergency Nurses Association, American Nurses Association, Wyoming Nurses Association and other national organizations are encouraged.

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 hygiene and aesthetic cleanliness of the hospital's internal physical environment. The Departments 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.
- 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.
- The Environmental Services Department employees attend monthly departmental education meetings. Employees also participate in annual emergency response education, employee safety education, in-service education regarding hospital area specifics and patient care safety.

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 begin at 6:00am with the services ending at 11:00pm.
 - Laundry Services provided by Laundry personnel beginning at 5:00 am and end at 2:00 pm.
 - Laundry and linen deliveries to patient care areas after 2:00pm will be handled by the Housekeeping personnel.

TYPES OF SERVICES PROVIDED AND SERVICES NOT PROVIDED

- The Housekeeping 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 HOURS/ PATTERNS AND TYPE/NUMBERS

- Urgent, non-urgent and routine services are provided 16 hours a day, 7 days a week.

STAFF QUALIFICATIONS

- All new employees receive in service education prior to assuming their job duties and annually thereafter. Education provided includes but not limited to PPE use, Life Safety/Fire Plan, Utility Management, Back Safety, Hazardous Materials and Waste Safety Awareness, Infection Prevention, Emergency Preparedness, Policy and Procedures.

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 SERVICES: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICES:

- 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. See staffing hours for more details.
- Typically a 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.

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

- 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 HOURS/PATTERNS AND TYPE/NUMBERS

- FSS working hours are typically Monday-Friday from 6:30 AM until 9:00 PM. 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. PBX operator and House Supervisor have the names and contact information for FSS on-call personnel.
- 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.

STAFF QUALIFICATIONS

- In addition to initial orientation and annual training, FSS staff have on-going and annual training specific to facilities maintenance. Topics include but are not limited to: PPE, eye safety, proper lifting and back safety, fork lift training, motorized lift training, arc flash hazards, HazMat and Right to Know training, respirator training and fitting. As often as circumstances and budgets allow, FSS leadership sends staff members to trade specific training or brings OEM trainers on-site to improve job skills and in-house capability.

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 SERVICES

- 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.
- Fiscal Services is under the responsibility of the Chief Financial Officer on the organizational chart.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

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

CONTRACTED SERVICES

- There are no contracted services in the Fiscal Services Department.

STAFFING HOURS/PATTERN AND TYPE/NUMBERS

- Staff includes the Controller, Staff Accountant, Accounting Clerk, Payroll Clerk and Accounts Payable Clerk. All personnel report directly to the Controller.

STAFF QUALIFICATIONS

- See job descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

- HFMA

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF THE SERVICE

- The Health Information Management Department is responsible for the following:
 - Birth certificate completion and submission to State of Wyoming.
 - Completing Acknowledgment of 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.
 - Delivering paper charts to the appropriate patient care areas when requested by clinical staff.
 - Locating and accessing microfilm records for patient care.
 - Identifying and pulling old records from shelf to be microfilmed.
 - 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.
 - 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.
 - Transcribing all pathology and cytology reports.
 - Transcribing all general medical transcription.

- Transcribing sleep studies.
- 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.
- Faxing information to other health care providers for continuing patient care.
- Verifying inpatient data has correct codes before being submitted to Medicare.
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed.
- Repairing folders and maintaining personal health information.
- Notifying physicians to complete outstanding dictations or authenticate incomplete patient records.
- Two notaries are 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.
- Setting up accounts for the Patient Access Module (PAM).
- Locating Advanced Directives for patient, when not present in most recent record.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Health Information Management Department is staffed as follows:

Medical Records Department Access:

- Monday through Thursday – 6 a.m. to 5 p.m.
- Friday – 6 a.m. to 4:30 p.m.
- Saturday and Sunday – Closed
- Holidays Recognized by Hospital – Closed

General Medical Transcription

- Monday through Thursday – 3 a.m. until 4:30 p.m. and 7 p.m. until 11 p.m.
- Friday from 3 a.m. to 4:30 p.m.
- All weekends and holidays covered for minimal hours per day, depending on dictation back log. H&Ps and any dictations completed need done within required turnaround time frames.
- HIM Director 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 8:00 a.m. a.m. to 4:45 p.m.
- Saturday and Sunday, or after hours, available by home or cell phone

TYPE OF SERVICE PROVIDED OR SERVICES NOT PROVIDED

- All patients – Information faxed to continuing care facilities per request.
- OB patients/Newborns – We submit information to State of Wyoming for Birth Certificates.
- Previous patients – We copy charts per patient requests as they walk in or call.

CONTRACTED SERVICES

- PPS (Prospective Payment Services) for external chart review.
- Arrendale and Associates (contracted to transcribe backlogs and for dictation and transcription software).

STAFFING/PATTERN AND TYPE/NUMBERS

- 1 – Health Information Management Director
- 1 - HIM Supervisor
- 2 - Inpatient coder
- 3 - Outpatient coders
- 2.5 - General medical transcriptionists (1 FT, 3 PT)
- 3.5 - Health Information Management Technicians (3 FT, 1 PT)

STAFF QUALIFICATIONS

- See Job descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICES: HUMAN RESOURCES

DEFINITION OF SERVICE

- MHSC Human Resource Department 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.
- Further, MHSC Human Resource Department recruits individuals who will support the organization in attaining strategic goals.
- 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.

HOURS / DAYS OF THE WEEK OF SERVICE

- Human Resource staff is available 7:30 am to 4:30 pm, Monday through Friday, except holidays.

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

- Services provided include recruitment, orientation, benefits administration, management and maintenance of employee information, leadership training, compensation analysis and management, policy deployment and interpretation, performance management support and assistance, and employee assistance.

CONTRACT SERVICES

- No contracted services related to patient care are facilitated through the Human Resource Department. Contracted services related to employees include:
- Focus One Staffing Services for contract personnel
- Delta Recruiting and CompHealth for the recruitment of therapist positions
- CompPsych for the provision of Employee Assistance Program

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

STAFF QUALIFICATIONS

- The Human Resources Director requires: High School diploma or equivalent required. aPHR or SPHR Certification preferred. Bachelor of Science degree is preferred. Master's degree in Human Resources or Health Care Administration is preferred. Experience in hospital environment preferred. At least three years in-depth computer skills using Microsoft Office Suite applications necessary... All other staff are required to have a high school diploma or equivalent with a Bachelor's degree preferred. Experience in the area of expertise is also preferred.

AFFILIATIONS OR SOURCES OF REFERENCE

- ASHHRA – American Society for HealthCare Human Resource Administration
- MSEC - Mountain States Employers Council
- SHRM - Society for Human Resource Management
- HRCI - Human Resources Certification Institute

SCOPE OF SERVICE: INFECTION PREVENTION

DEFINITION OF THE SERVICE

- The Infection Prevention 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. Included in the scope for Infection Prevention department are the involvements with new construction/remodels to assure all infection control processes are followed. Family Practice physicians and providers offer

occupational health services works in conjunction with Infection Prevention to regulate and provide education regarding immunizations for preventable communicable diseases, Blood Borne Pathogen prevention and follow-up when applicable or noted by CMS, Local and State Public Health, TJC and OSHA.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Infection Prevention department operates from 8:00 am-4:30 pm, Monday through Friday, no holidays.

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

- The department provides monitoring and investigation of any infectious diseases, whether occurring in patients or employees; assures that hospital policies regarding infections are correctly followed; evaluates all new employees, students, LIPs, Volunteers and Contracted Personnel for compliance with immunizations; and instructs all new employees, students, LIPs, volunteers and contracted personnel on infection prevention techniques. The department 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. Keeping patient and personnel safety in mind, hospital acquired infection performance improvement, and emergency management and disaster preparedness are included in the scope of service. IP ensures that a sanitary environment is present to avoid sources and transmission of infections and communicable diseases. The entire campus, departments and all services are included. Construction activities are carefully monitored to ensure a safe and sanitary environment by the IC department.
- This department does not provide on-site Infectious Disease Physician or services of an Infectious Disease physician except for phone consultation through the affiliation of the University of Utah.

CONTRACTED SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- One RN staffs this department and is licensed in the State of Wyoming. It is an expectation that the RN will pursue educational opportunities in the Infection Prevention and Control. A qualified physician licensed in the State of Wyoming acts as the Medical Director.

STAFF QUALIFICATIONS

- The RN in this department is expected to maintain all required educational/competency requirements as set forth for RNs in this facility. In addition, it is an expectation that the RN will seek out opportunities to gain more knowledge through ongoing conferences, networking, webinars, etc.

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 Services (IS) provides MHSC with all its computer, printer, network security, and application needs. IS is here to provide each department in the hospital with computer hardware and software support, networking and security support as well as applications support. IS is located in the basement of the hospital down the hall from Classroom 4&5 and the Computer Lab. Contact the department is through the Help Desk at ext. 8425 or by email at helpdesk@sweetwatermemorial.com.
- IS 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 IS Department is staffed Monday-Friday excluding holidays. The department does provide 24/7/365 phone support.
- The typical hours of service in the IS Department are from 7:00 am until 5:00 pm. The department also provides 24/7/365 phone support. The department is flexible with hours and occasionally works night, weekends and holidays.

TYPE OF SERVICE PROVIDED AND TYPE OF SERVICE NOT PROVIDED

- The IS department provides hardware and software supports to all hospital employees and related services of the organization. The IS department does not provide IS support to personal equipment of employees or patients.

CONTRACTED SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The IS department consists of the following job titles:
 - IT Director
 - Senior Systems Administrator
 - Systems Administrator
 - Senior Network Administrator
 - Help Desk Analysts
- All of the employees in the IS department report to the Director of Information Services. This department reports to the Chief Financial Officer.

STAFFING QUALIFICATIONS

- See job descriptions for detailed information regarding staffing qualifications.

AFFILIATION OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: INTENSIVE CARE UNIT - Level One and Level Two

DEFINITION OF SERVICE

- The Intensive Care Unit Level ICU has a maximum capacity of 4 critical beds located in private rooms. This unit's patient population is predominantly adult, with occasional pediatric patients. ICU patients are admitted from the Emergency Department transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU and are acutely ill with actual or potentially life-threatening diagnoses. 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.

- The Step-down Unit, ICU Level 2 has a capacity of six acute care/step down beds located in private rooms, one of which has a negative pressure relationship.
- 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.
- This unit's population is predominately male and female adult, with occasional pediatric patients. Step-down patients are admitted from the Emergency Department, transferred from the ICU, Medical/Surgical Unit, and Obstetrical Services or from PACU, or admitted directly from physicians' offices.
- The ICU and Step-down unit are physically located in the same department.

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. Staffs remain available per on call standards to open the unit should patient care needs arise requiring ICU trained nursing staff.

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

Level 1 ICU patient's services may include but not limited to:

- Acute cardiac problems
- Sepsis
- Respiratory failure with or without mechanical ventilation
- Endocrine problems
- Acute GI bleed
- Hypertensive crisis
- Complicated surgical patients
- Multiple trauma and multi-system failure
- Behavioral health diagnosis(es)
- Patient who require care that cannot be provided here are stabilized for transport and may involve issues such as cardiac, neuro, burn, acute hemodialysis, and eye injuries.

Level 2 ICU patient services may include but are not limited to:

- Cardiac problems
- Respiratory failure without mechanical ventilation
- Endocrine problems
- GI bleed
- Hypertensive crisis
- Complicated surgical patients
- Multiple trauma and multisystem failure
- Behavioral diagnoses
- Patients who require care that cannot be provided here are stabilized for transport and may involve issues such as cardiac, neuro, burns, and eye injuries.

In the event of a higher census in other areas, the step-down or intensive care unit may take non-ICU patients as overflow or patient care needs, care and treatment.

CONTRACTED SERVICES

- University of Utah Tele-ICU

STAFFING HOURS/PATTERNS AND TYPE/NUMBER

- 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 0600 or 1800 respectfully. Depending on the census and acuity there may be a CNA from 0500-1700.

STAFF QUALIFICATIONS

- Registered Nurses in the Intensive Care Unit will have PALS and ACLS certifications within one year of hire. BLS is required upon hire to ICU.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Critical Care Nurses (AACN)

- American Nurses Association (ANA)
- American Heart Association (AHA)

SCOPE OF SERVICE: LABORATORY and PATHOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory provides services 7 days a week for inpatient services. Outpatient hours are Monday-Friday 7:00 am-7:00 pm and Saturday-Sunday 9:00 am-2:00 pm.

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

- The Laboratory will provide service to all ages of clients. Services provided will include, but are not limited to:

Clinical Laboratory

- General chemistry
- Special chemistry
- Therapeutic drug testing
- Microbiology
 - Complete bacteriology
 - Parasitology
 - Acid fast smears
- Urinalysis
- Hematology
- Coagulation
- Immunology
- Drug screens
- Serology

Transfusion/blood bank services

- Prenatal screening
- Cord blood workup
- ABO, Rh
- Antibody screens
- Antibody identification
- Compatibility testing
- Blood products
 - Packed RBC units
 - Fresh 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.

CONTRACT SERVICES

- United Blood Services – provides blood and blood products
- ARUP Laboratories
- Western Wyoming Pathology-professional pathology services

STAFFING HOURS/PATTERN AND TYPE/NUMBERS

- The Laboratory is staffed with a Medical Director/Pathologist who oversees the Laboratory's 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.

STAFFING QUALIFICATIONS

- The Medical Technologist/Medical Laboratory Scientist and Medical Laboratory Technicians must be nationally certified through the American Society of Clinical Pathologists (ASCP) or equivalent certification.

REFERENCE LABORATORIES

- ARUP
- Unipath
- Mayo Laboratories
- Colorado Public Health
- Wyoming Public Health
- Integrated Oncology
- Oncoypte Dx
- Labcorp
- Prometheus
- Quest Diagnostics
- Urolithiasis Lab
- United Blood Services/Bonfils

AFFILIATIONS OR SOURCES OF REFERENCE

- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- ASCP – American Society of Clinical Pathologists
- AABB - American Association of Blood Banks
- FDA - Food and Drug Administration
- The Joint Commission

SCOPE OF SERVICES: MARKETING AND PUBLIC RELATIONS

DEFINITION OF SERVICE

- Under the supervision of the Chief Executive Officer, performs duties pertaining to the marketing and promotion of a positive public image for Memorial Hospital of Sweetwater County, it's medical staff, employees, programs, and services. Assist with community activities. Is responsible for the development of an annual budget for the department, maintaining the website, and other assigned duties. Directs overall marketing functions for the organization. Develops short and long range marketing objectives, plans strategies for attainment, and develops performance standards to measure progress. Develops and implements marketing activities for the organization's services and products; creates plans based on market research; assists with special marketing/communications projects. Responsible for drafting written and graphic marketing collateral for both internal and external clients. May involve editing and designing physical layout of marketing materials. Responsible for planning and implementing all publicity, advertising, marketing, and promotion; represents the organization to the press and public; develops and manages budgets; plans and implements public relations policies; oversees press releases and may act as chief spokesperson to the media. Designs, implements and maintains websites (hospital external, hospital internal and clinic). Develops and implements social media and monitors activity.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

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

- Responsible for creating, implementing and measuring the success of: a comprehensive marketing, communications and public relations program that will enhance the Organization's image and position within the marketplace and the general public, and facilitate internal and external communication; and, all Organization marketing, communications and public relations activities and materials including publication, media relations and so forth.

CONTRACT SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Staff consists of the Marketing and Public Relations Manager who reports directly to the CEO.

STAFF QUALIFICATIONS

- Demonstrated skills, knowledge and experience in the design and execution of marketing, communications and public relations activities. Strong creative, strategic, analytical, organizational and personal sales skills. Demonstrated successful experience writing press releases, making presentations and negotiating with media. Experience overseeing the design and production of print materials and publications. Computer literacy, with strong oral and written communication skills.

AFFILIATIONS OR SOURCES OF REFERENCE

- None.

SCOPE OF SERVICES: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

- Materials Management is comprised of two divisions: Purchasing and Central Supply. This department is a non-clinical department that services the entire hospital with all medical and non-medical product needs.
- 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 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.
- Though Materials Management personnel are non-clinical in nature the service they provide to patient care is related to supplies, timely delivery and maintenance of needed patient care equipment and supplies, and surgical services support for case equipment and supplies. Both divisions work in a collaborative manner to ensure all necessary supplies are available for excellent patient care.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Purchasing Office is available Monday through Friday 7:00 am to 3:30 pm, no holidays.
- The Central Supply department is available Monday through Friday 6:30 am to 5:00pm, no holidays.

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

- Materials Management provides supplies hospital wide for inpatient and outpatients of all ages.

CONTRACTED SERVICES

- Intalere

STAFFING HOURS/PATTERN AND TYPE/NUMBERS

- The staff of this area includes a Director, Buyers, Purchasing Assistant, Receiving Clerk, and Central Supply Aides.

STAFF QUALIFICATIONS

- See job descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

- The goal of the Medical Imaging Services Department will be to ensure that all patients treated will receive high quality of care in the most expedient and professional manner possible.
- The services provided include CT scanning, diagnostic ultrasound and magnetic resonance imaging (MRI), Nuclear Medicine and radiographic procedures which constitute the majority of the daily procedural load. 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.

The following is a summary of the services offered:

1. Diagnostic radiology (X-ray):

- a. The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
 - b. There is a registered and licensed radiologic technologist on duty at all times.
 - c. Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
 - d. After direct physician consultation with the radiologist on call, fluoroscopic procedures for inpatient requested after hours will be performed on an emergent basis only.
2. Ultrasound:
- a. The normal operating hours for Ultrasound are 7:00 am-6:00 pm, Monday through Friday.
 - b. Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
 - c. There will be an Ultrasound technologist on call for Ultrasound emergencies from 6:00 pm until 7:00 am Monday through Friday and all day Saturday and Sunday.
3. Nuclear Medicine:
- a. The normal operating hours for Nuclear Medicine are 7:30 am -4:00 pm, Monday through Friday. There is no evening, night or weekend coverage available.
 - b. Due to the specialized nature of Nuclear Medicine these procedures will be performed after normal operating hours for emergencies only after direct physician consultation with the radiologist on-call.
4. CT:
- a. The normal operating hours for outpatient CT are 7:30 am – 4:00 pm.
 - b. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
5. Magnetic Resonance Imaging (MRI)
- a. The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 4:00 p.m. There is no evening, night or weekend coverage available.
 - b. 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.
6. PET Scanning
- a. PET Services are provided through a mobile service.
 - b. The normal operating hours for the PET scanner are every Friday beginning at 8:00 a.m.
 - c. 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.
7. Radiologist Consultation
- a. A radiologist is available in the hospital 8:00a.m. - 5:00p.m., Monday through Friday.
 - b. Imaging studies are read daily.
 - c. In the event there is a "critical" finding the radiologist will call the report to the requesting physician.
 - d. Outside the radiologists' normal operating hours, emergency consultations are provided by the radiologist 24 hours a day.

HOURS / DAYS OF THE WEEK OF SERVICE

1. The normal operating hours for the Diagnostic Radiology section of the Medical Imaging Department are 24 hours per day, seven days a week.
2. The normal operating hours for out-patient Ultrasound are Monday through Friday. There will be an Ultrasound technologist available for ultrasound emergencies seven days a week.
3. The normal operating hours for the MRI scanner are Monday-Friday. There is no evening, night or weekend coverage available.
4. The normal operating hours for out-patient CT are Monday - Friday. There is a CT Technologist available for CT emergencies seven days a week.

5. PET/CT services are available every Friday.
6. After routine hours of the Imaging Services Department, the Imaging Services technologist scheduled to work is responsible for the department. It is his/her duty to cover all Imaging Services Department General Radiology procedures. He/she is to be contacted by the hospital Nursing Supervisor/Charge Nurse on duty for any and all emergencies, external and internal disasters, etc. He/she is directly responsible to the Director of Medical Imaging at all times.

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

- The Medical Imaging department offers General Radiology, DEXA, Mammography, Ultrasound, Nuclear Medicine, MRI and PET services. 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 serviced. Range of treatment comprises diagnostic procedures, invasive/intraoperative and noninvasive techniques and radiation, with or without the use of contrast media.
- Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

CONTRACT 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 Memorial Hospital of Sweetwater County every Friday. Mile High Mobile PET reserves the right to have MHSC reschedule patients if only one patient is scheduled for any of contracted scheduled service.
- Advanced Medical Imaging-professional medical services in the specialty of radiology

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

1. Diagnostic Radiology is staffed with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming 24 hours per day; the techs are scheduled on staggered shifts to allow for more coverage during peak hours.
2. 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 must be certified the State of Wyoming.
3. Ultrasound is staffed with 3 to 4 technologists from 7:00 am to 6:00 pm 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 ARDMS or ARRT.
4. 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.
5. 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.
6. MRI is generally staffed 6:30a.m. to 5:00p.m. by one technologist Monday through Friday. There is no weekend or after hours coverage scheduled. Technologists are registered by the American Registry of Radiologic Technologists.

STAFF QUALIFICATIONS

- The Imaging Services Department is under the supervision of the Medical Director, who is directly responsible to the Chief of the Medical Staff and the Governing Body.
 - The Medical Director (Chief Radiologist) is certified by the American Board of Radiology and has a current license from the state of Wyoming to practice medicine.
 - The Imaging Services Director in the Imaging Services Department is directly responsible to the Chief Clinical Officer. In his/her absence, the Imaging Services Manager shall be responsible to the Chief Clinical Officer or their designee. It is the Imaging Services Director's duty to attend all administrative and technical functions within the department.
 - All personnel within the department are under the guidance and control of the Imaging Services Director.
- All individuals providing diagnostic radiology services without supervision or direction have appropriate delineated clinical privileges. All individuals who provide technical diagnostic services are licensed or registered (according to applicable state law and regulation) and have the appropriate training and competence.
- Practitioners and staff include a physician director (board-certified radiologist) and other board certified radiologists, registered technologists, ARRT, clinical intern technologists, secretarial/scheduling personnel, consultants (radiation physicist and biomedical engineer), Medical Imaging Aides to respond to patient care needs before and during radiology procedures.

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 SERVICES: MEDICAL ONCOLOGY

DEFINITION OF SERVICE

- To provide the highest possible quality of treatment to Medical Oncology and Hematology patients.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

- 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 can be provided chemotherapy and biotherapy treatments, adjunct treatment, hematology disorder related treatments, transfusions of blood and blood related products, education, and services offered in conjunction with The American Cancer Society.
- 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.

CONTRACT SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- In the clinic area there is 1 full time RN, 1 receptionist, and 1 Medical Oncologist and Hematologist physician/Medical Director.
- The chemotherapy infusion area has 2 RNs working daily.

STAFF QUALIFICATIONS

- The Nurses are RNs and licensed by the State of Wyoming, are BLS certified, and the infusion nurses are competent in chemotherapy and biotherapy handling and administration by ONS course or equivalent. Some staff hold an OCN (Oncology Certified Nurse) certification, although this is not required.
- The Medical Director of Medical Oncology and Hematology is board certified in Internal Medicine and Medical Oncology.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICES: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- The Medical/Surgical Unit has a 35 bed capacity 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, dietitians, 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, seven days a week, year round.

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, dietician, 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.

CONTRACT SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- 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 7am to 7pm and 7pm to 7 am. CNA 12 hour shifts start at 7 am, 9 am and 7pm.
- 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.

STAFF QUALIFICATIONS

- Staff requiring licensure to practice is licensed through the Wyoming State Board of Nursing. Orientation for the staff in the department consists of individualized learning plans developed in collaboration with the Education Department. Each staff member in the unit has Basic Life Support certification and the RNs have Pediatric Advanced Life Support certification within one year of hire. Attainment of ACLS certification and national medical-surgical nursing is encouraged.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICES: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

- The Memorial Hospital of Sweetwater County 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 and Allied Health Practitioner (AHP) members at Memorial Hospital. Provides overall support to Medical Staff leaders; serves as a liaison between Medical Staff and the Executive Team, and 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 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 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 Quality and Accreditation 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 Locums Tenens physicians to provide adequate call coverage, arranges housing, and assists with 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 CEO with physician contracts.
- Assists CEO and Human Resources with J1/H1B waiver requirements.

CONTRACT SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Staff includes the Medical Staff Services Supervisor who reports to the Director of Human Resources. The Credentialing Clerk reports to the Medical Staff Services Supervisor.

STAFF QUALIFICATIONS

- Associates degree in Medical Staff Services or certification (CPCS/CPMSM) by the National Association of Medical Staff Services is required as soon as employee is eligible. The employee must work in the Medical Staff Services field for three years before applicant can register for certification exam.

AFFILIATIONS OR SOURCES OF REFERENCE

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

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

TYPE OF SERVICE PROVIDED AND NOT PROVIDED:

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

STAFFING HOURS/PATTERN AND TYPE/NUMBERS

- The Clinical Informatics department consists of the following Job titles:
 - Clinical Informatics Specialist
- All of the employees in the Clinical Informatics department report to the Chief Clinical Officer.

CONTRACTED SERVICES

- Quadramed
- T-Systems

AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)
- American Nursing Informatics Association (ANIA)
- American Nurses Association (ANA)

SCOPE OF SERVICES: NUTRITION SERVICES DEPARTMENT

DEFINITION OF SERVICE

- The Nutrition Service Department is a non-clinical department of Memorial Hospital of Sweetwater County. The Nutrition Service Staff is dedicated to serving the Patient, Staff, and Community a well-balanced, nutritious, and accurate meal three times a day.
- The Nutrition Services staff reports to the Director of Nutrition Services/Executive Chef or the Supervisor of Nutrition Services, and take great pride in serving the community of Rock Springs, Wyoming

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients have the luxury of our in-room dining service (room service) available to them from 7:00 a.m. to 7:00 p.m., Monday through Sunday, 365 days a year. The Cafeteria hours of operation are as follows, 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 PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED

- Patients are given a room service menu when in the hospital, whether they are inpatient or outpatient, and have the opportunity to select their menu choice based upon the specific diet prescribed by the acting Physician/Dietician..
- Staff has the opportunity to choose their meals from the Hospital Cafeteria, which offers employees 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, as well as many other meal options 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. Hours of operation for both remain the same. The Nutrition Services Department also caters the meetings of Memorial Hospital as well as community events on, and off, property.

CONTRACT SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Memorial Hospital offers two part time Registered Dietitians for inpatient and outpatient services based on the needs of the patient Monday thru Friday. The Dietitian also services the Dialysis unit and the Cancer Center.

STAFF QUALIFICATIONS

- See Job Descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICES: OBSTETRICAL SERVICES

DEFINITION OF SERVICE

- The Obstetrical Department (OB) provides a securely locked badge-access only unit, which boasts the HUGS Infant Security System. The unit is comprised of 4 OB Triage rooms, 3 Labor & Delivery Room (LDR0 suites, 5 private postpartum rooms, a Level I Nursery that accommodates nine well newborn beds, a Special Care Nursery that accommodates two sick newborn beds, a procedural/isolation room for newborns, 1 surgical suite, and a 2 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 which includes services of case management, dieticians, laboratory, respiratory therapy, radiology, physicians

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
- 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

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 I Nursery and Special Care Nursery
 - Stabilization/Transportation of the High-Risk Newborn
 - High-Flow Oxygenation
 - Sepsis
 - Respiratory Distress Syndrome (RDS)
 - Continuous Positive Airway Pressure (CPAP)
 - Ventilation Support
 - Surfactant administration
 - IV Therapy

- Glucose Management
- Transient Tachypnea of the Newborn (TTN)
- Oxygen Support
- Premie 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)

HOURS / DAYS OF THE WEEK OF SERVICE

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

PATIENT POPULATION/AGES OF PATIENTS SERVED

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

CONTRACT SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- 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.

STAFF QUALIFICATIONS

- All Registered Nurses must have BLS, and NRP. Basic Fetal Monitoring is required within six months of hire and Intermediate Fetal Monitoring within 1 ½ years of hire. It is highly recommended to take the STABLE course when available

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: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

- Patient Financial Services is a non-clinical department that performs the following services: preparation and submission of claims to insurance carriers, entitlement programs, and patient guarantors. In addition, we work to ensure the accuracy of patient charges along with answering any questions that our patients might have in reference to their services and the charges associated with their visit. We work 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. We provide excellent customer service and work closely with indigent patients that are unable to pay their debt for services rendered and attempt to qualify them for our Medical Assistance program and/or set up payment arrangements with them so that they are able to retire their debt with us. Patient Financial Services personnel are non-clinical in nature.
- Patient Financial Services is under the responsibility of the Chief Financial Officer on the organization chart.

HOURS OF SERVICE

- The Patient Financial Services department is open from 8:00 a.m. to 4:30 p.m. and by appointment.

DAYS OF THE WEEK OF SERVICE

- Monday through Friday except holidays.

TYPE OF SERVICE PROVIDED OR SERVICES NOT PROVIDED

- 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, and patient accounting.

CONTRACTED SERVICES

- Contracted services include electronic transactions through EMDEON and Recondo, statement and letter preparation and mailing through Key Bank, out-of-state Medicaid collections through Express Medicaid Billing Service, and patient collections through Rocky Mountain Service Bureau.

STAFFING/PATTERN AND TYPE/NUMBERS

- Staff includes the Director – Patient Financial Services, Patient Accounts Representative, one Cashier/Collection Clerk, one Cash Poster/Collection Clerk, one Collection Specialist, one Collection Clerk Pre-Admit Registrar, and eight Collection Clerks. All personnel report directly to the Director – Patient Financial Services.

STAFF QUALIFICATIONS

- Typing speed of 40 wpm and a high school diploma or equivalent.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Finance Management Association (HFMA)

SCOPE OF SERVICES: PHARMACY SERVICES

DEFINITION OF SERVICE

- The goal of the Department of Pharmacy is to ensure safe and effective medication therapy and optimal patient outcomes.
- The scope of pharmacy services will be provided in accordance with laws, rules, regulations, and recognized standards and practice guidelines.

HOURS / DAYS OF THE WEEK OF SERVICE

- On-site pharmacy services are provided 0700-2100 (M-F) and 0700-1900 (S-S). Holiday hours are 0730-1530. After hours, a pharmacist is available on call and remote order entry is provided.

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

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:

- Oversight of medication management including establishing policies and practices concerning planning, selection, storage, ordering, dispensing, administering, monitoring, and evaluating to promote safe use
- Identifying high-alert drugs (including insulin, anticoagulants, concentrated electrolytes, neuromuscular blockers and others designated by the organization)
- Identifying hazardous drugs and implementing policies for safe handling of these agents
- Procurement of medications from suppliers approved by the hospital's purchasing organization
- Review of medication orders
- Evaluating potential drug interactions
- Packaging, labeling, and dispensing all medications, chemicals, and other pharmaceutical preparations to patient care areas consistent with current recommended practices
- Provision of a unit-dose drug distribution system
- Compounding sterile preparations to meet federal and state requirements
- Inspecting all areas where medications are stored, dispensed, or administered
- Assessing patient's medication therapy for potential problems such as adverse drug reactions, drug interactions, inappropriate dose or dosing interval, or allergy
- Assessing drug therapy for renal impaired patients
- Ensuring rational and appropriate antibiotic therapy based on culture sensitivity results
- Participation in patient medication education through counseling selected inpatients and appropriate medication use prior to discharge and participation in selected outpatient education
- Monitoring, reporting, and assessing adverse drug events
- Monitoring medication usage and identifying opportunities for improvement in cooperation with the Pharmacy and Therapeutics Committee
- 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:

- Therapeutic Dose Monitoring of aminoglycosides and vancomycin
- IV to PO Conversions
- Adverse Drug Reaction Monitoring
- Creatinine Clearance Estimation/Renal Dosing
- Antibiotic Streamlining
- TPN Electrolyte monitoring
- 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:

- Infection Prevention and Control
- Management of Information
- Management of Human Resources
- Management of Environment of Care
- Improving Organization Performance Education
- Patient Rights and Organizational Ethics

The Director of Pharmacy is a co-chair on the Pharmacy and Therapeutics (P&T) Committee. Committee activities include:

- Developing medication-related policies and procedures
- Developing policies for therapeutic interchange
- Developing and maintaining a formulary system and approving a formulary (list of medications) acceptable for use in the facility
- Defining and reviewing significant adverse drug events (medication errors, adverse drug events, incompatibilities)
- Participating in activities relating to the review and evaluation of medication usage
- Participating, as necessary, in establishing standards and protocols for the use of investigational drugs and medications in clinical trials
- 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 Quality Improvement Program.

CONTRACT 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 Carefusion.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Pharmacy staff includes: Director of Pharmacy, Staff Pharmacists, Certified Pharmacy Technicians, and Technicians in Training

STAFF QUALIFICATIONS

- The director of pharmacy will identify the core staffing requirements of the department and the method used to modify staffing when necessary.
- The pharmacy participates in Introductory and Advanced Pharmacy Practice Experiences with the University of Wyoming. Students are oriented to dispensing and clinical responsibilities, participate in the medication therapy monitoring program, provide in-services to nursing and pharmacy staff, and complete projects pertinent to the practice of hospital pharmacy.
- Formal and in-service programs are provided to staff as appropriate. Annual mandatory in-services are assigned and include

topics such as age-specific patient medication education, medication safety, and sterile compounding updates. Staff education is a vital ongoing process.

AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards.

SCOPE OF SERVICES: PHYSICIAN PRACTICES

DEFINITION OF SERVICE

- The Medical Clinic is a multi-specialty physicians' office. The practice areas include providers in Family Practice, Pediatrics, Internal Medicine, Pulmonary, Nephrology, Obstetrics/Gynecology, Orthopedics, Urology, General Surgery, ENT, Oral/Maxillofacial Surgery and Occupational Medicine.

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients are seen by appointment in a medical office setting. Office hours are from 8:00am to 6:00pm, Monday-Thursday and 8:00am-4:30pm on Fridays, depending on clinic. The office is 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 PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED

- The clinic provides comprehensive medical services, including but not limited to, medication management, injections, immunizations, well child checks, primary care, disease process and education, employment and DOT physicals, audiology services, allergy testing, flu shot clinics, minor invasive office procedures, and preventive health maintenance assessments and services. 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.
- 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.

CONTRACT SERVICES

- Physicals – DOT area company services.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The medical staff is supported by Senior Leadership, Registered Nurses, Licensed Professional Nurses, Certified Nursing Assistants, Medical Assistants, Reception and Billing Staff.

STAFF QUALIFICATIONS

- Refer to Job Descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah

SCOPE OF SERVICES: QUALITY DEPARTMENT

DEFINITION OF SERVICE

- The Quality Department at Memorial Hospital of Sweetwater County (MHSC) provides direction, coordination, and facilitation of processes and activities that promote continuous improvement impacting patient outcomes and effective delivery of care services in acute care and outpatient settings. The scope of services provided assure the integration of services along the health care continuum. We are dedicated to support and assist in providing a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care. We define quality as taking the lead to be a driver of change, committing to excellence, putting our patients first, and consistently utilizing best practice for the best outcomes for our patients and organizational culture.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

- The patients that are served for any service at MHSC are part of the services the Quality Department represents. These patients can be grouped either by diagnosis, national regulatory requirements, or by quality improvement activities the organization wishes to pursue.
- The Quality Department functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan. The Quality Department monitors and works to improve system issues that arise in providing health care services to patients in a culture that is non-punitive and proactive. Services provided impact all patients, visitors, advocates, and employees, organizational wide 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 and population based and community settings.
- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all appropriate departments/services and disciplines of the facility in an effort to improve organizational performance. 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.

MHSC Leadership supports continuous performance improvement through:

- Professional development
- Efforts towards quality and safety annual goals
- Encouraging and engaging all employees in quality improvement initiatives
- Referral of opportunities for improvement

CONTRACT SERVICES

- Clinical quality data requiring vendor submission

STAFF QUALIFICATIONS

- The staff within the department have criteria for qualifications as outlined in each specific job description. The staff's ability to collect data accurately, review data for outcomes, work within teams, educate others, and be knowledgeable about quality improvement processes is essential

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)
- 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)

SCOPE OF SERVICES: 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, we can minimize the risk of common side effects associated with radiation treatments. Depending on specific cancer and needs, radiation may also be combined with other treatments, such as chemotherapy. As patients receive radiation treatments, we will treat any side-effects experienced and work with patients and their family to keep them as comfortable as possible.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

- 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 thru 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.
- At this time, we do not deliver Radiation to persons requiring intubation or anesthesia for treatment. We don't provide Brachytherapy (High Dose Rate (HDR) or Low Dose Rate (LDR), Intraoperative Radiotherapy (IORT), Gamma Knife or Cyber Knife treatments.

CONTRACT SERVICES

- None.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Radiation Oncology is fully staffed from 8:00am-4:30pm Monday thru Friday. Staff to Patient ratio: A minimum of two (2) therapists per day on the treatment machine, as recommended by the American Society of Radiologic Technologists (ASRT).

STAFF QUALIFICATIONS

- Radiation Therapists are nationally board Certified by the American Registry for Radiologic Technologists (ARRT) and licensed by the state of Wyoming.
- Nurse is an RN, and licensed by the state of Wyoming.
- Dosimetrist is nationally board Certified by the Medical Dosimetry Board (MDCB).
- Physicist is nationally board Certified by the ABR (American Board of Radiology), or the ABMP (American Board of Medical Physics) in the Radiation Therapy discipline.
- Radiation Oncologist is the Medical Director of Radiation Oncology and is nationally Board Certified.

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 SERVICES: REHABILITATION DEPARTMENT

DEFINITION OF SERVICE

To provide the highest possible quality of treatment to both inpatients and outpatients:

- To hasten the rehabilitation of disabled, injured, or diseased patients by physical means including but not limited to heat, cold, electricity, water, sound, light, therapeutic exercise, gait training, and activities of daily living.
- To cooperate with the physician by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- To promote an environment which strives for optimum care to the patient through:
 - Knowledgeable, pleasant, cheerful, concerned and progressive personnel,
 - Updated and safe equipment,
 - And a neat department.
- To schedule the treatment at a time most convenient to the patient and to the therapist.
- To maintain the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- To provide in-service and/or continuing education to share and increase our knowledge and expertise as a health care providers.
- To provide documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- To assess our services enabling positive change.

PHILOSOPHY

- The rehabilitation staff of Memorial Hospital of Sweetwater County acknowledges the need for humanistic concepts and supports a compassionate and caring approach to patients, family members and co-workers. We believe that each patient has psychosocial,

economic, spiritual and physical needs which comprise the total person and that we have a responsibility to assist patients in meeting their needs at their individual state of wellness.

- We believe that Health Care practice and medical technology are continually changing, and that the rehabilitation staff must keep abreast of current trends in order to provide the care for which we are responsible and the patients have a right to expect. We support financial management programs, orientation programs for new personnel and the education of students at our hospital.
- We believe that as a sub-system of the total hospital system, we have a responsibility to work with other hospital departments other health professionals and ancillary services in coordinating and improving patient care services.
- We believe that we have a special responsibility to our co-workers to maintain good working relations with one another. We realize that as individuals we must assume the initiative and responsibility to provide a pleasant work environment. Through open and honest communication and respect for one another, we will be better prepared to work as a cohesive unit in providing quality care to patients.

HOURS / DAYS OF THE WEEK OF SERVICE

The department is staffed from 8:00am to 5:00pm; Monday - 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 am to 5:00 pm.
- Licensed Speech Therapist provide services 9:00am-2:30pm Monday through Thursday.
- Licensed Occupational Therapist provided on PRN basis.
- 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 PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED

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

1. 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.
2. 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.
3. Fit for custom made support stocking, prefabricated braces, and orthotics
4. Rehabilitative application and use of therapeutic equipment
5. Provision wound care

Speech Therapy Service

1. Assessment, diagnostic, treatment, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency.
2. Provision of services for people who cannot produce speech sounds or cannot produce them clearly;
 - a. those with speech rhythm and fluency problems;
 - b. people with voice disorders;
 - c. those with problems understanding and producing language;
 - d. those who wish to improve their communication skills; and
 - e. those with cognitive communication impairments, such as attention, memory, and problem-solving disorders.
3. Assessment and treatment patient with swallowing difficulties.

4. Development of individualized plan of care, tailored to each patient's needs.
 - a. Educate patients on how to make sounds, improve their voices, or increase their oral or written language skills to communicate more effectively.
 - b. Education of individuals on how to strengthen muscles or use compensatory strategies to swallow without choking or inhaling food or liquid.
 - c. Speech-language pathologists help patients develop, or recover, reliable communication and swallowing skills so patients can fulfill their educational, vocational, and social roles.
5. Counseling of individuals and their families concerning communication disorders and how to cope with the stress and misunderstanding that often accompany them.
 - a. Work with family members to recognize and change behavior patterns that impede communication and treatment.
 - b. Show them communication-enhancing techniques to use at home.

Occupational Therapy Services

1. Provision of modalities and treatments such as: Hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin.
2. 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.
3. Fit for custom made or prefabricated upper extremity braces, splints and orthotics.

CONTRACT SERVICES

- No contract services.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Full time personnel for the Rehabilitation department will include three licensed Physical Therapists/Physical Therapist Assistant, one acting as the Director of the Rehabilitation department, and a full time secretary.
- Part-time personnel will include a Speech Therapist.
- Limited Occupational Therapist services as needed and as available- PRN

STAFF QUALIFICATIONS

- Therapists have a degree in their specific field, a current State of Wyoming license, and BLS certification.
- Department orientation and competencies are begun on the employees first day. Continuing education is required to maintain therapy licensing and is encouraged by the department with reimbursement options available.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICES: 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:

- Location and reporting of all safety violations
- Maintaining awareness of equipment theft
- Insuring all vehicles are parked in proper areas
- 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 investigation all complaints against departmental personnel of alleged misconduct or misuse of force.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Security Department of Memorial Hospital of Sweetwater County provides service to all employees, patients and families on a 24 hour / 7 days a week schedule. Staffing occurs as follows:
- Day shift 0700-1530,
- Day shift weekends 0700-1730
- Day shift 0700-1900, 12 hour day shift.
- Evening shift 1500-2330 and 10 hour shift 1500-0130
- Night shift 2245-0715 and 10 hour shift 2045-0715
- Night shift 1900-0700 12 hour shift

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

Security provides many services. These services include but are not limited to:

- Provide a safe secure environment for all persons coming and going from our campus.
- The Security Officers make foot patrols throughout the entire hospital on a regular basis.
- The Security department looks over our admitted Title 25 Patients and interacts with them on an as needed 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.

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- 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 Safety Officer.

STAFF QUALIFICATIONS

- Specific training is required of Security staff. In addition to Hospital required training, the Security Officers are required to complete all the requirements of training provided by International Association of Hospital Safety and Security. These include but are not limited to:
 - Managing Of Aggressive Behaviors (MOAB) training and certification
 - Training on the application, and use of restraints
 - Monitoring for and addressing work place violence

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICES: SURGICAL SERVICE DEPARTMENTS

DEFINITION OF SERVICE

- The Surgical Service Departments of Memorial Hospital of Sweetwater County provides services for surgical care including diagnostic, operative, and treatment for procedures and immediate care for post-operative cases on a 24-hour basis, Saturday, Sunday and Holidays. The Surgical Service Departments consist of Same Day Surgery for both pre and post-operative care(SDS),

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, Oral Maxillary Facial Surgeon/dentistry, Podiatry, Endoscopy, Pain Management and Anesthesia.
- The Operating Room (OR) is located on the hospital's main level with easy access to Medical Imaging and the Emergency Department. It is composed of four operating rooms, one cysto room, a four bed recovery room, endoscopy room, and a minor procedure room. An OB 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 twenty four hours a day, seven days a week including holidays. Elective scheduled cases are done Monday through Friday with normal business hours of 5:00 am to 6:00pm.
- Routine Sterile Processing hours are from 0530 to 2000, Monday through Friday. Weekend and holiday coverage covered from 0730-1200.

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

- The patient population served by the Surgical Service Departments 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 quality conscious, competent and cost effective care with respect for life and dignity.
- Procedures performed in the Surgical Service Department include general, ENT, oral maxillary facial, limited vascular, urological, orthopedic, pain management, diagnostic and treatment endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.
- Wound care, PICC Line placement, and infusions are 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 Post-Anesthesia Care Unit (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.

CONTRACT 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. In cases where moderate sedation is administered, the policy procedures and standards related to moderate sedation are followed. There is a Nursing Unit Secretary and 2 Operating Room Aides.
- The PACU is staffed with at least 2 RN, with at least 1 of those RN's being PACU trained to care for the patient. Additional supplemental RN staff is provided based on the patient's acuity and assessment of the patients 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 three Sterile Processing Technicians that work staggered shifts to accommodate instrumentation needs.
- Biomedical Engineering and volunteer services are used as needed.
- Surgeons and anesthesiologists who provide care through the Surgical Services Department follow hospital by laws and requirements.

STAFF QUALIFICATIONS

- Nursing staff must have a Wyoming State Board of Nursing license in good standing. Orientation is provided for each specific job duties within the surgical department and must be completed in a timely manner. ACLS and PALS Certification is mandatory within one year of employment for Registered Nursing staff throughout the Surgical Services Department.
- Central Sterile personnel are required to maintain Certification for Central Processing Technicians (CRCST).

- Same Day Surgery RNs are encouraged to obtain CAPA certification. Operating Room RNs are encouraged to obtain CNOR certification.
- PACU RNs are encouraged to obtain ASPAN certification.
- All staff completes annual competencies as established by the facility and Joint Commission.

AFFILIATIONS OR SOURCES OF REFERENCE

- The AORN (Association of Operating Room Nurses), ASPAN, AAMI (Association for Advancement of Medical Instrumentation), CDC (Center for Disease Control and Prevention), 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.
- American Association of Operating Room Nurses (AORN)
- American Society of Perianesthesia 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)

SCOPE OF SERVICES: VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

- Volunteers who assist in daily activities throughout the facility providing focused assistance to departments as needed.

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 8am and 5pm.

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

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

CONTRACT SERVICES

- LifeLine

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- Gift shop is staffed with volunteers Monday through Friday working variable hours between 8am and 5pm. Chaplains are provided on an on call basis

STAFF QUALIFICATIONS

- Volunteer application and approval process

AFFILIATIONS OR SOURCES OF REFERENCE

- None.

Attachments:

No Attachments

Approval Signatures

Approver	Date
Kristy Nielson: Chief Nursing Officer	04/2018
Irene Richardson: CEO	04/2018
Kari Quickenden: Chief Clinical Officer	11/2017
Kristy Nielson: Chief Nursing Officer	10/2017

Applicability

Memorial Hospital of Sweetwater County

COPY

To: Board of Trustees

From: Governance Committee

Re: **Board Self-Assessment**

Date: July 26, 2018

Overview: At the July 11th, Board of Trustees meeting, the Board decided to consider conducting a board self-assessment survey. The purpose of the survey is to assess and, as needed, improve the board's performance in the following categories: Duty of Care, Duty of Loyalty, Duty of Obedience, Financial Oversight, Quality Oversight, Strategic Direction, Board Development, Management Oversight, and Community Benefit.

Such surveys, according to The Governance Institute (TGI), send a message to senior leadership, staff, and physicians that the board takes its governance responsibilities seriously.

Plan: If the Board approves engaging in a self-assessment survey, the following steps will be taken:

1. CEO notifies GI that board will complete The Governance Institute's *Board Self-Assessment*.
2. GI sends copy of surveyⁱ to CEO and information for returning survey to TGI.
3. CEO emails survey and return information to each board member. Members have 2 -3 weeks to complete survey.
4. TGI compiles data and sends report to CEO and Board President. Report compares our board with similar hospitals, as well as industry standards. It also suggests relevant GI resources.
5. The board evaluates recommendations then develops and implements improvement activities as appropriate.

Recommendation: The Governance Committee (Richard Mathey and Barbara Sowada) recommend the Board approve this action item.

ⁱ Sample survey included



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The Governance Institute's Board Self-Assessment



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Welcome to The Governance Institute's *Board Self-Assessment*. The assessment represents the first step in a detailed and thoughtful review of your performance as a board. The items have been structured to reliably measure your performance against recommended governance practices.

The assessment is comprised of a variety of items asking how effectively your board observes recommended practices, and your level of agreement with statements designed to measure how well your board performs in select recommended practice areas. The assessment is intended to assess how you perceive the overall board's performance as a whole.

Your board will be assessed on the following categories:

- **Duty of Care**
- **Duty of Loyalty**
- **Duty of Obedience**
- **Financial Oversight**
- **Quality Oversight**
- **Strategic Direction**
- **Board Development**
- **Management Oversight**
- **Community Benefit**

As you review the assessment, please consider the following:

1. **This document is meant for your review only.** To complete the assessment, you must use the online link provided to you by the designated board or staff person.
2. **Pay careful attention to the scales for each question.** Section I items use an agree/disagree scale, and Section II relates to how effectively your board carries out its work.
3. **Much of the board's work is done in committees. However, committees do not replace the work of the board, but rather aid the full board in fulfilling its responsibilities.** Therefore, the full board must ensure that committees function properly.

SAMPLE

Section I: Please rate your level of agreement that the board or a committee of the board performs the following activities:

Please circle one response for each item.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Reviewing and evidencing a clear understanding of policies that specify the board's roles and responsibilities at least every two years	SD	D	N	A	SA
2. Completing a self-assessment annually to establish board performance improvement goals	SD	D	N	A	SA
3. Clearly articulating performance expectations for committees	SD	D	N	A	SA
4. Having a formalized board leadership succession plan to develop and select officers	SD	D	N	A	SA
5. Requiring that new board members receive education on their fiduciary duties	SD	D	N	A	SA
6. Receiving important background materials at least one week in advance of meetings	SD	D	N	A	SA
7. Having knowledge about the organization's compliance performance	SD	D	N	A	SA
8. Having a written external audit policy that makes the board responsible for approving the external auditor, as well as approving the process for audit oversight	SD	D	N	A	SA
9. Reviewing financial performance at least quarterly	SD	D	N	A	SA
10. Ensuring that the audit committee meets with the external auditor(s), without management, at least annually	SD	D	N	A	SA
11. Requiring all board members to complete a conflict-of-interest disclosure statement annually	SD	D	N	A	SA
12. Having written policy(ies) outlining the approach to competition and conflict of interest for the organization's physicians	SD	D	N	A	SA
13. Ensuring the board and CEO mutually approve the CEO's written performance goals prior to the evaluation	SD	D	N	A	SA
14. Ensuring the board follows a formal process for evaluating the CEO's performance annually, which is tied to his/her compensation	SD	D	N	A	SA
15. Approving a compliance plan that includes monitoring of arrangements with physicians (e.g., employment, contracting, medical directorships, etc.) to ensure adherence to current laws/regulations	SD	D	N	A	SA
16. Requiring an annual assessment of the perceptions of those who work in the organization to identify their level of satisfaction or engagement with the organization	SD	D	N	A	SA
17. Requiring the CEO to have a written and current succession plan	SD	D	N	A	SA

Please circle one response for each item.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
18. Assessing the organization's bylaws/structures at least every three years	SD	D	N	A	SA
19. Reviewing the hospital's mission statement annually to ensure its ongoing appropriateness	SD	D	N	A	SA
20. Ensuring completion of a community health needs assessment every three years	SD	D	N	A	SA
21. Having a board policy that includes a commitment to public transparency, in understandable terms, regarding performance on measures of quality, safety, pricing, and customer service	SD	D	N	A	SA
22. Having a board policy establishing the board member's role in fund development and/or philanthropy	SD	D	N	A	SA
23. Approving quality goals as part of the CEO's performance evaluation and compensation criteria	SD	D	N	A	SA
24. Requiring all clinical initiatives to meet quality-related performance criteria (e.g., volume requirements, effective staffing levels, accreditations, etc.)	SD	D	N	A	SA
25. Reviewing quality performance measures at least quarterly to identify needs for corrective action	SD	D	N	A	SA
26. Reviewing all sentinel events and root cause analyses promptly	SD	D	N	A	SA
27. Spending more than half of most board meetings discussing strategic issues as opposed to hearing reports	SD	D	N	A	SA
28. Requiring that major strategic initiatives specify measurable criteria for success and individual accountabilities	SD	D	N	A	SA
29. Having knowledge of the publicly reported patient experience data, as mandated by the Centers for Medicare & Medicaid Services	SD	D	N	A	SA

Section II: How effective is the board or a committee of the board at:

Please circle one response for each item.	Very Ineffective	Ineffective	Neutral	Effective	Very Effective
1. Using a formal process to evaluate the performance of individual board members	VI	I	N	E	VE
2. Following a formal orientation program for new board members	VI	I	N	E	VE
3. Adhering to the board's attendance policy	VI	I	N	E	VE
4. Staying informed of important committee work through committee reporting (minutes and verbal)	VI	I	N	E	VE
5. Evaluating proposed new initiatives on factors such as mission, financial feasibility, market potential, impact on quality and patient safety, etc.	VI	I	N	E	VE
6. Participating in ongoing education regarding key strategic issues facing the organization	VI	I	N	E	VE
7. Being prepared to address agenda items at board and committee meetings	VI	I	N	E	VE
8. Ensuring appropriate physician involvement in governance	VI	I	N	E	VE
9. Demanding corrective action in response to underperformance on the financial plan	VI	I	N	E	VE
10. Enforcing a written policy on confidentiality	VI	I	N	E	VE
11. Engaging in constructive dialogue with management	VI	I	N	E	VE
12. Ensuring the organization is fulfilling its mission	VI	I	N	E	VE
13. Structuring the board's committees in a way that enables accomplishment of its tasks	VI	I	N	E	VE
14. Considering whether a major decision will impact the organization's mission before approving it	VI	I	N	E	VE
15. Ensuring the adoption of implementation strategies that meet the needs of the community, as identified through a community health needs assessment	VI	I	N	E	VE
16. Promoting the organization to external stakeholders (e.g., legislators, community members, prospective donors, etc.)	VI	I	N	E	VE
17. Identifying legislative goals/public policy advocacy priorities for board members at least every two years	VI	I	N	E	VE
18. Working with medical staff and management to set the board's quality agenda	VI	I	N	E	VE

Please circle one response for each item.	Very Ineffective	Ineffective	Neutral	Effective	Very Effective
19. Setting criteria, independent of the medical executive committee, to guide medical staff recommendations for physician appointments, reappointments, and clinical privileges	VI	I	N	E	VE
20. Setting annual goals for board and committee performance that support the organization's strategic direction/plan	VI	I	N	E	VE
21. Adopting policies and procedures that define how strategic plans are developed and updated (timeframe, roles and responsibilities, etc.)	VI	I	N	E	VE
22. Approving strategy for aligning the clinical and economic goals of the hospital and physicians	VI	I	N	E	VE

Section III: Overall Board Rating

1. On a scale of 1–10, with 10 being high, please rate the effectiveness of the board	1	2	3	4	5	6	7	8	9	10
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Section IV: Open-Ended Questions

1.	If there was one improvement the board could make to be more effective in the upcoming year, what would that change be?
2.	What suggestions do you have for ongoing board education topics?



Memorial Hospital of Sweetwater County Board of Trustees

Building & Grounds Committee

Tuesday - July 24, 2018

3:00 PM

Classrooms 1 & 2

**Memorial Hospital of Sweetwater County
Building & Grounds Committee
Classrooms 1 & 2
3:00 PM**

Tuesday – July 24, 2018

Board Committee Members

**Ed Tardoni
Barbara Sowada**

Staff Committee Members

**Irene Richardson
Jim Horan
Tami Love**

Guests

**Gerry Johnson – *Facilities*
Stevie Nosich – *Facilities*
Leslie Taylor - *Clinic*
Britt Morgan – *Plan One Architects*
John Kolb – *Board of Sweetwater County Commissioners***

Agenda

- 1. Approve June 19, 2018 Minutes**
- 2. Project(s) Review**
- 3. Old Business**
- 4. New Business**
- 5. Meeting Schedule**

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building & Grounds Committee Meeting
June 19, 2018

Trustee Committee Member Present: Mr. Taylor Jones
Mr. Ed Tardoni

Staff Committee Members Present: Mr. Jim Horan
Ms. Tami Love

Staff Committee Member Absent: Ms. Irene Richardson

Guests: Ms. Leslie Taylor
Ms. Britt Morgan, *Plan One Architects*

Call Meeting to Order

Mr. Jones called the meeting to order.

Projects Review

Return duct plans review

Mr. Horan discussed the timing of meetings. Ms. Morgan said a pre-bid conference meeting will be held July 12. Mr. Horan said the pre-bid meeting of contractors will be mandatory. We will open bids on July 24 and then present the information at the July 24 Building and Grounds Committee meeting. We plan to award the bid at the beginning of August and start work at the beginning of September. Ms. Taylor said she is worried about doing the work in the surgery department at the busiest time of the year and requested changing the timing. Ms. Morgan said she thinks we can change the phases of the project. Ms. Morgan said steel is up 30% due to tariffs since the first of the year. We will also experience increased costs due to the labor schedule of 3:00 PM to 12:00 AM to avoid working during peak patient times. The Committee discussed OB check-in area plans. Ms. Taylor said she would like to keep the OB registration desk area as-is. Ms. Morgan reviewed the reason why we have to build barriers and extending walls up to the decks and stressed we have to go all way to the deck. The Committee agreed to go to bid the following week. We must submit the information to the City of Rock Springs to do the plan review. The Committee stressed the need for great communication on every stage of the project.

Laundry Project

Mr. Horan said he wants that whatever he does to be part of the overall plan. He wants to start chipping away at some of the things we need to do regardless of the heat/temperature. Now that we have a carpenter, Mr. Horan said he wants to create areas for clean linen. We need an area to work. Then he wants to work with Mr. Tardoni to plug in some things to his previous investigative work. Mr. Tardoni said one of the challenges in the area is the lint.

Old Business

Mr. Horan distributed a letter to the Board of County Commissioners regarding the use of the old hospital buildings. The motion to send the letter as presented was made by Mr. Tardoni; second by Ms. Love. Motion carried.

Mr. Horan distributed a graph of our electric usage. The dark blue shows when we started using plant chilled water for MRI. It shows a reduction in electrical usage from the chiller not being there. Mr. Horan noted that this was a decision the Trustees made that has been so good and thanked them.

Mr. Horan reported the retaining wall work is moving forward.

Mr. Horan reported we decided to not put in a sprinkler system at College Hill. We did not sprinkle it last year. Ms. Richardson asked him to look into landscaping needs for this year. We are also planning to install pole lighting in the parking lot at College Hill.

Mr. Horan reviewed a life safety audit power point.

New Business

None.

Next Meeting

The next meeting is scheduled July 24.

Submitted by Cindy Nelson.



Date: 6/19/2018

To: Sweetwater County Commissioners

From: James Horan, MHSC Facilities Support Services Director,

Re: Proposal for use of building(s) on MHSC's original site; 713 C Street.

To Whom It May Concern:

After close scrutiny, two field trips, and careful consideration of your proposition to utilize any of the buildings on the site of the original hospital, we have decided to decline your generous offer. Like you, we here at MHSC want to maximize our available resources and minimize our overhead. Therefore we wanted to carefully assess each of the three buildings.

Main Hospital: From the first it was apparent that this building was really too large for our needs. The direct cost of heating, cooling, and utilities plus the indirect costs of upkeep made this first option obviously unacceptable.

DETERMINATION: Too large, utilities and upkeep too expensive.

Maintenance building: This building was more attractive than the main hospital, having an overhead door and more open space. But too small for our needs. Plus the second floor was only accessible by stairs and its load-bearing capacity was unknown, but questionable at best.

DETERMINATION: Too small, second floor unusable for our purposes.

Nurses' Dormitory: This building caught our original attention as the most likely of the three. It had sufficient size and an interior elevator to the second floor. However, the roofing looks to be in sad condition and will likely need replacement (we cannot jeopardize the protection of our records) the sandstone exterior structure is crumbling along the foundation in several large areas (questioning the stability and structural integrity of the building), and the load-bearing capacity of each floor is unknown (its ability to support the severe live load that will be placed within the structure on the first and second floors). The access into the building is also an issue. The only grade access is through the 3-foot wide door at the rear, inhibiting ease of access and movability/ mobility into and out of the building. Interior rooms are also small, carving the space into small, marginally useful spaces. Removal of interior walls are questionable due to unknown load-bearing of the entire building.

DETERMINATION: Not suitable for the storage of our records and any other durable goods we may want to store. Maneuverability and access is inhibited (doorways/ rooms are small). Roof repair/ replacement is likely. Structural integrity of the building is in question. Load-bearing of interior floors and walls are unknown.

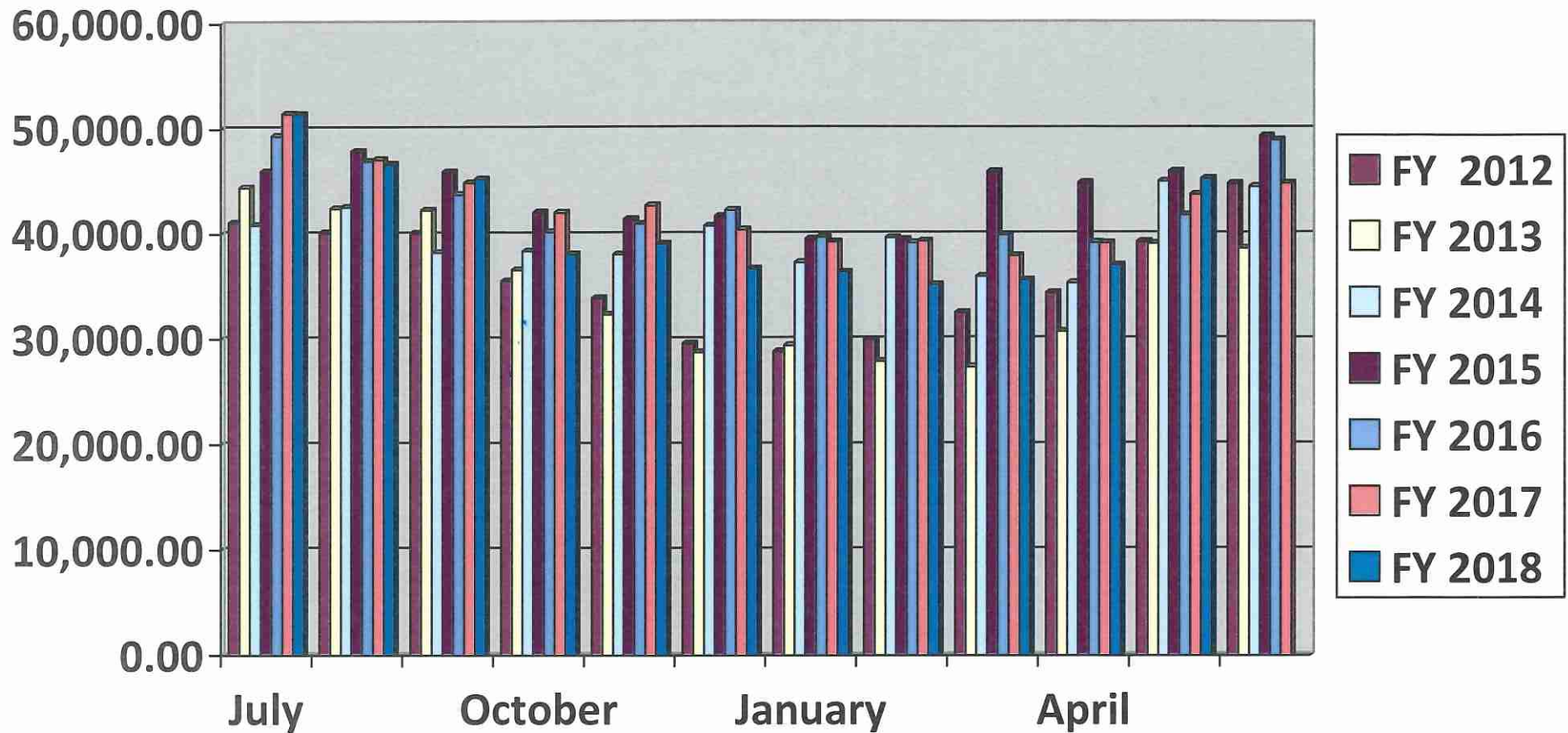
MHSC greatly appreciates the generous offer from the County Commissioners. However, MHSC needs to be sure that our records are safely stored in a structure that provides adequate support, security, and reasonable longevity, for some records need to be kept for the lifetime of the patient. We are responsible for these records and are obliged to have ready, safe and easy access to them. Again, thank you for your consideration.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "James A. Horan". The signature is fluid and cursive, with a large loop at the end.

James A. Horan, MHSC Director of Facilities Support Services.

ELECTRIC USAGE PER MONTH IN DOLLARS



NOTABLE OCCURENCES AND DATES		
DATE	OCCURRENCE	RESULTS
October 2013 (light blue)	Begin supplemental heat for MOB	Increase electrical usage
May 2014- August 2014 (light blue and dark purple)	Begin cooling Hospital and MOB with new chiller	Increase only 9% usage over hospital alone.
April, May, June 2016 (lavender)	Started programming unoccupied set-back for MOB	
July 2016 (peach)	Added VFD's to boilers	
September 2016 (peach)	32 days listed instead of 30.	
November 2016 (peach)	34 days listed instead of 32.	
February 2017 (peach and dark blue in July 2017)	Begin using plant chilled water for MRI cooling	



Door cannot project more than 7 inches into the required width of the corridor in the fully opened position.
7.2.1.4.3.
1



Dead-end corridors are limited to 30 ft. (60 ft. here).
19.2.5.2 Existing dead-end corridors exceeding 30 feet shall be permitted to continue in-use if it is impractical and unfeasible to alter them.



There is a gap around the pipe and conduit that penetrates the lay-in ceiling. The ceiling is required to be smoke resistant. 19.3.6.2.4 "In smoke compartments protected throughout by an approved, supervised automatic sprinkler system,,,, a corridor shall be permitted to be separated from all other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke."

A19.3.6.2.4 " An architectural, exposed, suspended-grid acoustical tile ceiling with penetrating items, such as sprinkler piping and sprinklers; ducted HVAC supply and return diffusers; speakers; and recessed lighting fixtures is capable of limiting the transfer of smoke.





Storage is
not
permitted
in exit
enclosure
s
7.1.3.2.3;
A7.1.3.2.3
; 7.2.2.5.3



Corridor doors that have drop-down or plunger type hold-open devices or any other type of device that necessitates manual unlatching to close the door violates the code. Remove the non-complying hold-open device and self-closer.
19.3.6.3.10;
A19.3.6.3.10





1. Bulk oxygen systems must be 50 feet from wood frame structures, 10 feet from nearest opening in walls of other structures and 10 feet from parked vehicles. 2. Gates must be normally secured. 3. Repair concrete pad. 4. Install protective bollards.

From: peter@pslengineering.com
Sent: Tuesday, May 01, 2018 6:30 PM
To: James Horan
Subject: Bulk Oxygen

Additional requirements may be imposed by the AHJ (Authority Having Jurisdiction)









BUILDING AND GROUNDS COMMITTEE
Memorial Hospital of Sweetwater County
7/24/2018

Trustee Committee Members Present: Barbara Sowada

Committee Members Present: Irene Richardson, Jim Horan

Guests Present: Stevie Nosich, Gerry Johnston, John Kolb.

Minutes taken by: Cindy Nelson

Location: Classroom 2

Time Started: 3PM

TOPIC	DISCUSSION	RESPONSIBLE	ACTION	TIMELINE
Review Minutes	None	J. Horan	Noted	None
Laundry upgrade	No new initiatives have been started to alleviate heat conditions. Will proceed incrementally with previously engineered steps that must be done, in order to chip-away at issues that inhibit heat removal from space.	J. Horan	1. Erect wall to separate linen storage from linen processing area. 2. Lint removal ductwork to improve heat removal from steam dryers.	Will start soon
Itemized Maintenance projects.	1. Collapsing retaining wall. 2. Seal mechanical room floor.	J. Horan	1. Reviewed progress to date. 2. No discussion	Review progress next meeting.
Wyoming Department of Health (WDH) inspection of our Medical Office Building (MOB) and 3000 College Hill (CH)	Several items will need to be addressed for licensing by WDH: 1. Return-air ducts for invasive procedure rooms. 2. Continuous exhaust in restrooms and soiled/wet areas.	J. Horan/ C. Radakovich	1. Bid for work was presented to the Committee. Voted to submit for Board in August. 2. No discussion... MOB completed/ CH in progress	Review progress next meeting.
Committee reports	Governance versus management. What needs or should be reported to this committee?	J. Horan	Bring prioritized project list to committee to review.	Review progress next meeting.
Time Adjourned: 3:45P				
Next Meeting: August 21, 2018 3:30P-4:30P				
Respectfully Submitted: Jim Horan				

**Memorial Hospital of Sweetwater County
1st and 2nd Floor Return Duct
Rock Springs, Wyoming**

7-24-18

(DATE)

(RESIDENT BIDDER)

Proposal of: A. Pleasant Construction, Inc.

Name of Company

(hereinafter called Bidder) a Corporation, Individual, Partnership, or Association, organized under the laws of the State of Wyoming and having its principal office and place of business in the State of Wyoming for one year or more.

(NONRESIDENT BIDDER)

Proposal of: _____

Name of Company

(hereinafter called Bidder) a Corporation, Individual, Partnership, or Association, organized under the laws of the State of _____ (fill in State) and having its principal office and place of business in the State of _____ (fill in State) for a period of _____ years (fill in number of years).

To: Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901

The undersigned, having examined the Contract Documents and the site of the proposed work, and being familiar with all of the conditions surrounding the proposed project including the availability of materials and labor, hereby proposes to furnish all labor, materials, and supplies and to construct the project in accordance with the Contract Documents, within the time set forth therein, and at the prices stated below. These prices are to cover all expenses incurred in performing the work required under the Contract Documents, of which this proposal is a part.

Successful bidder hereby agrees to commence work under this contract on written Notice to Proceed and to substantially complete the project on or before **December 10, 2018**. Contractor agrees to pay as liquidated damages in the amount of One Thousand Dollars (\$1,000.00) per day for each calendar day beyond that date that the project is not substantially completed.

Bidder acknowledges receipt of the following addenda:

1

The Owner reserves the right to award the Base Proposal in any manner that will best benefit the Hospital.

BASE PROPOSAL: Bidder agrees to perform all of the work described in the Contract Documents for the Memorial Hospital of Sweetwater County – 1st & 2nd Floor Return Duct project for the sum of:

Two Hundred Seventy-Eight Thousand Two Hundred Forty Dollars (\$278,240.00)
(Amount shall be shown in both words and figures. In case of discrepancy, the amount shown in words shall govern).

The bid security attached in the sum of

Attached Dollars(\$)
5% of the Base Bid, is to become the property of the Owner in the event that the contract and bonds are not executed within the time above set forth, as liquidated damages for the delay and additional expense to the Owner caused thereby.

SEAL
(if bid is by a corporation)

Respectfully submitted:

By: 

James J. Jessen, Senior Estimator
(Title)

A. Pleasant Construction, Inc.
(Company Name)

P.O. Box 939/#1 Pleasant Way
(Address)

Green River, WY 82935
(City and State)

END OF PROPOSAL



UNITED FIRE & CASUALTY COMPANY 118 Second Avenue SE, PO Box 73909
Cedar Rapids, Iowa 52407-3909 319-399-5700

Bid Bond

CONTRACTOR:

(Name, legal status and address)

A. Pleasant Construction, Inc.

P.O. Box 939

Green River, WY 82935

SURETY:

(Name, legal status and principal place of business)

United Fire & Casualty Company

118 Second Avenue SE

P.O. Box 73909

Cedar Rapids, Iowa 52407

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

OWNER:

(Name, legal status and address)

Memorial Hospital of Sweetwater County

1200 College Drive

Rock Springs, WY 82901

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT:

5%

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

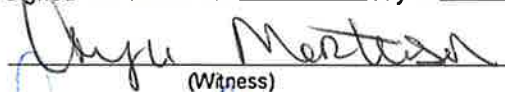
Memorial Hospital of Sweetwater County - 1st and 2nd Floor Return Duct Project

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 24th day of July, 2018


(Witness)


(Witness) Denise Letourneau

A. Pleasant Construction, Inc.

(Principal)

By:

(Title) James J. Jessen, Senior Estimator

UNITED FIRE & CASUALTY COMPANY

(Surety)

By:

(Title) Attorney in Fact
Shawnee Comer



The language in this document conforms exactly to the language used in AIA Document A310 2010 edition.



UNITED FIRE & CASUALTY COMPANY, CEDAR RAPIDS, IA
 UNITED FIRE & INDEMNITY COMPANY, WEBSTER, TX
 FINANCIAL PACIFIC INSURANCE COMPANY, ROCKLIN, CA

Inquiries: Surety Department
 118 Second Ave SE
 Cedar Rapids, IA 52401

CERTIFIED COPY OF POWER OF ATTORNEY

(original on file at Home Office of Company – See Certification)

KNOW ALL PERSONS BY THESE PRESENTS, That UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa; UNITED FIRE & INDEMNITY COMPANY, a corporation duly organized and existing under the laws of the State of Texas; and FINANCIAL PACIFIC INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of California (herein collectively called the Companies), and having their corporate headquarters in Cedar Rapids, State of Iowa, does make, constitute and appoint Shawnee Comer their true and lawful Attorney-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature provided that no single obligation shall exceed \$100,000,000.00

Surety Bond Number Bid Bond
 Principal: A. Pleasant Construction, Inc.
 Obligee: Memorial Hospital of Sweetwater County

and to bind the Companies thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Companies and all of the acts of said Attorney, pursuant to the authority hereby given and hereby ratified and confirmed.

The Authority hereby granted is continuous and shall remain in full force and effect until revoked by UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, AND FINANCIAL PACIFIC INSURANCE COMPANY.

This Power of Attorney is made and executed pursuant to and by authority of the following bylaw duly adopted on May 15, 2013, by the Boards of Directors of UNITED FIRE & CASUALTY COMPANY, UNITED FIRE & INDEMNITY COMPANY, and FINANCIAL PACIFIC INSURANCE COMPANY.

“Article VI – Surety Bonds and Undertakings”

Section 2, Appointment of Attorney-in-Fact. “The President or any Vice President, or any other officer of the Companies may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Companies in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Companies as the original signature of such officer and the original seal of the Companies, to be valid and binding upon the Companies with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Companies by their signature and execution of any such instruments and to attach the seal of the Companies thereto. The President or any Vice President, the Board of Directors or any other officer of the Companies may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the COMPANIES have each caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 19th day of December, 2017

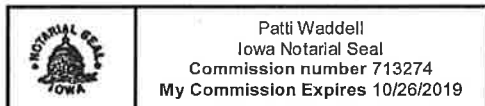


UNITED FIRE & CASUALTY COMPANY
 UNITED FIRE & INDEMNITY COMPANY
 FINANCIAL PACIFIC INSURANCE COMPANY

By: *Dennis J. Richmann* Vice President

State of Iowa, County of Linn, ss:

On 19th day of December, 2017, before me personally came Dennis J. Richmann to me known, who being by me duly sworn, did depose and say; that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of UNITED FIRE & CASUALTY COMPANY, a Vice President of UNITED FIRE & INDEMNITY COMPANY, and a Vice President of FINANCIAL PACIFIC INSURANCE COMPANY the corporations described in and which executed the above instrument; that he knows the seal of said corporations; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporations and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations.



Patti Waddell Notary Public
 My commission expires: 10/26/2019

I, Mary A. Bertsch, Assistant Secretary of United Fire & Casualty Company and Assistant Secretary of United Fire & Indemnity Company, and Assistant Secretary of Financial Pacific Insurance Company, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the bylaws and resolutions of said Corporations as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID CORPORATIONS, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Corporations
 this 24th day of July 2018



By: *Mary A. Bertsch*
 Assistant Secretary,
 UF&C & UF&I & FPIC



STATE OF WYOMING CERTIFICATE OF RESIDENCY STATUS

NO. 0243

THIS CERTIFIES THAT:

A. PLEASANT CONSTRUCTION, INC.

HAS BEEN GRANTED RESIDENCY STATUS PURSUANT TO WYOMING
STATUTE 16-6-101, AS AMENDED. FIVE PERCENT PREFERENCE SHALL
BE ALLOWED WHEN BIDDING ON ANY PUBLIC WORKS CONTRACT FOR
A PERIOD OF ONE (1) YEAR FROM THE DATE CERTIFICATION IS GRANTED.

GRANTED THIS 2nd DAY OF February TWO THOUSAND AND 18

KELLY ROSEBERRY, DEPUTY ADMINISTRATOR

EXPIRATION DATE: 2/1/19

RESUBMIT THIS DOCUMENT FOR RENEWAL PRIOR TO EXPIRATION DATE TO:
LABOR STANDARDS, 1510 E. PERSHING, WEST WING, ROOM 150, CHEYENNE, WY 82002.



BID FORM

Project No.: 1812

Project Name: MHSC 1st & 2nd Floor Return

Duct

Bid Date 07/24/18

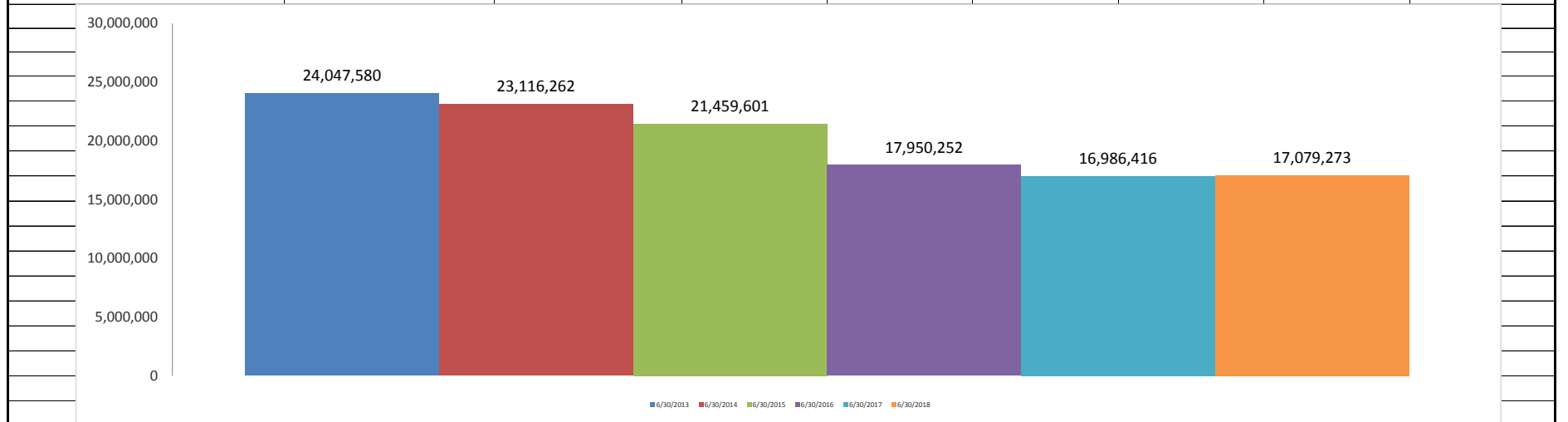
Bid Time: 2:00 p.m.

[illegible]

*Attended mandatory pre-bid.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
OPEN BID INVESTMENT SUMMARY REPORT
06/30/18**

		INTEREST						
ACCOUNT	FINANCIAL INST	RATE	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018
GENERAL	BANK OF WEST	0.300%	8,700,000	8,710,751	5,295,564	4,330,411	4,362,377	4,894,328
RESERVE	BANK OF WEST	0.300%	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000
GENERAL	BANK OF WEST	0.860%			2,460,272	2,983,016	2,964,992	2,474,121
CAPITAL DEVELOPMENT	KEYBANK	1.500%	13,539,405	13,001,178	12,299,119	9,231,852	8,253,433	8,303,935
E. BOICE	WYOSTAR	1.016%	404,098	39	39	39	40	40
LIFELINE	WYOSTAR	1.016%	104,078	104,294	104,607	104,934	105,575	106,849
TOTAL			24,047,580	23,116,262	21,459,601	17,950,252	16,986,416	17,079,273



INFORMATION:								
CURRENT INVESTMENT BALANCE:		\$ 17,079,273.38						
GENERAL FUND BALANCE AS OF 06/30/18		3,566,793						
REPRESENTING DAYS OF CASH ON HAND		16						
RECOMMENDATION:								
MAINTAIN FUNDS IN CURRENT INVESTMENTS DUE TO LIQUIDITY OF FUNDS.								
START LOOKING INTO OTHER OPTIONS WITH HIGHER INTEREST RATES.								

Human Resources Committee Meeting
Monday, July 16th, 2018
3:00 PM – MOB Conference Room
AGENDA

Old Business

- I. Approval of Minutes
- II. Turnover Report - Amber
- III. Open Positions –Amy
- IV. Employee Policies Update - Amber

New Business

- I. Determination of Next Meeting Date

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting
Monday, June 18, 2018
MOB Conference Room

TRUSTEE MEMBER(S) PRESENT: Richard Mathey, Ed Tardoni

MEMBERS PRESENT: Irene Richardson, Suzan Campbell, Amber Fisk

GUESTS: Kari Quickenden, Kristy Nielson, Tami Love, Amy Lucy, Brandon Nelson

Ed Tardoni called the meeting to order at 3:04 pm.

Richard asked for a motion to approve minutes. Amber Fisk made the first motion to approve the minutes from May. Suzan Campbell seconded the motion. All ayes, none opposed. Motion carried.

OLD BUSINESS

Turnover

Amber shared the following:

- Overall as of 5/31/18 is 10%
- On the 12 month rolling, May of 2017 to May of 2018, 26%
- In May there were 12 Separations and 13 new hires
- RN has the highest turnover
- Patient Financial Services had 6 resign and all have been filled
- 16 employees resigned
- 10 were discharged

The clinic did not have much change. Six employees have left for the calendar year with one separation in May and overall at 5%.

Amber asked for questions. There were none.

Open Positions

Amy shared the following:

- 15 open positions
- 9 are full-time
- 1 are part-time
- 5 PRN

Page 117 of 158

Amy shared that she had sent up an approval for an Ultrasound Tech. She also shared that 2 housekeepers hired didn't show, but those positions were not reopened. There were enough applicants when previously open. Amy asked for questions. There were none.

Updates on Policies

Amber shared there were 3 up for discussion.

1. Conflict Resolution
2. Drug and Alcohol
3. RIF-Reduction in Force

Suzan shared that the Board requested a Conflict Resolution policy be drafted. Ed shared he did not believe it needed to be a policy since all chiefs have access to the Board. The Board had suggested at the last Board meeting suggested to add language to appeal a decision through the Board if a decision by the CEO is not supported, an ultimate appeal of decision. Richard stated he thought the Board should stay out of it. Suzan shared the Board requested the policy and so it needed to be completed.

Within the Conflict Resolution policy a few changes were suggested. On page one under "B" it was suggested to change should to shall. In the first sentence under page 2 of the "Additional Guidelines" section it was suggested to change the wording to, "within a reasonable time not to exceed 15 calendar days".

Amber shared she had received feedback from Marty via email asking about supervisory employees and what recourse they have. For example, if a director has an issue that they can't resolve with the CEO do they go to the Board.

In the table of contents it was shared that Conflict Resolution replaced Grievances.

There were no changes to the Reduction in Force Policy.

In the Drug and Alcohol policy Tami asked if it should only refer to patient care employees for drug testing. It was determined it should be for all employees.

It was shared these policies need to be approved through the Board before they become effective on July 1, 2018.

Side Notes

Other policies that had already been approved by the Board but needed some clerical changes for amendments. Within the Introductory Period policy needs to specify that it is usually 90 days unless extended another 90 days.

In the Workplace Anti-Violence policy language needed to be changed in regards to what cannot be used as a weapon. Suzan stated she would try to find the language and send it to Richard for review.

Next Meeting

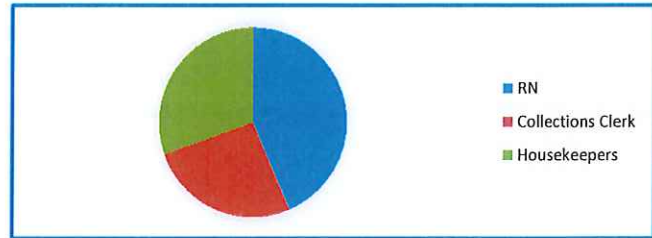
Monday, July 16th at 3:00 pm.

Meeting adjourned.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
2018 Overall Turnover Data (As of 06/30/2018)

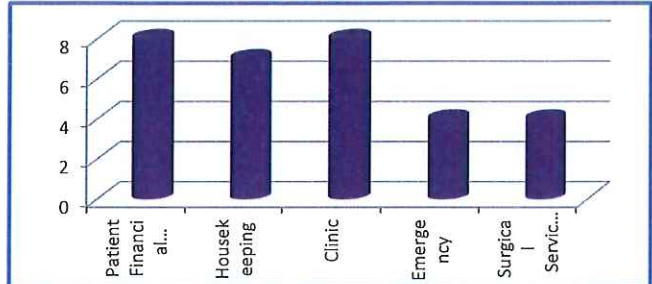
Top Position(s) / Turnover

	2018	%
RN	10	8%
Collections Clerk	6	67%
Housekeepers	7	27%



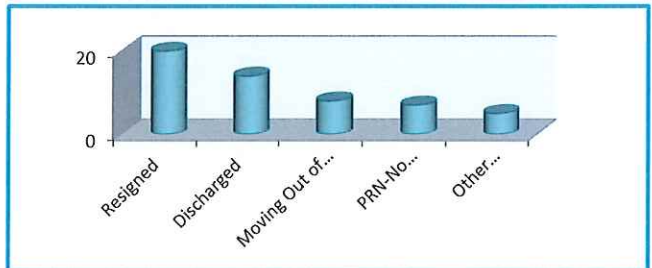
Top Department(s) / Turnover

	2018	%
Patient Financial Services	8	13%
Housekeeping	7	11%
Clinic	8	13%
Emergency	4	6%
Surgical Services	4	6%



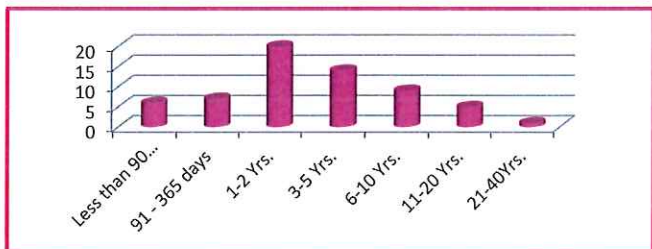
Top 5 Reasons / Turnover

	2018	%
Resigned	20	32%
Discharged	14	23%
Moving Out of Area/Relocation	8	13%
PRN-No Available Work	7	11%
Other Employment	5	8%



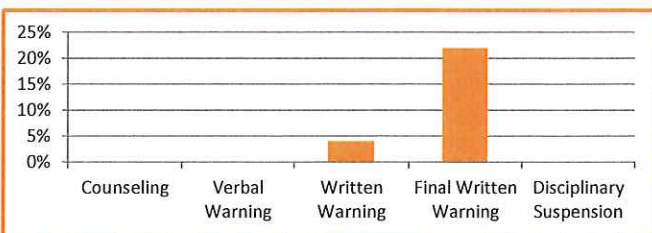
Length of Service

	2018	%
Less than 90 days	6	10%
91 - 365 days	7	11%
1-2 Yrs.	20	32%
3-5 Yrs.	14	23%
6-10 Yrs.	9	15%
11-20 Yrs.	5	8%
21-40Yrs.	1	2%
Total	62	



Corrective Action

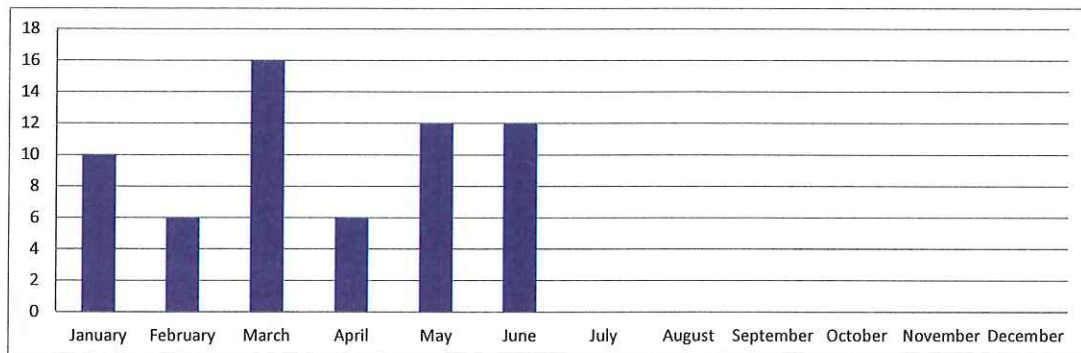
Counseling	
Verbal Warning	
Written Warning	4%
Final Written Warning	22%
Disciplinary Suspension	



2018 Separations - Hospital Wide

	Separations	New Employees	Total Employees
			502 505
January	10	7	501
February	6	5	494
March	16	9	500
April	6	16	510
May	12	13	511
June	12	10	509
July			
August			
September			
October			
November			
December			
Total	62		

12%

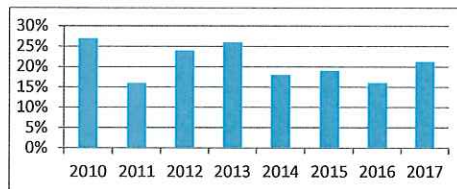


Separations	
Involuntary	15
Voluntary	47
Total	62

Classifications	
RN	10
Classified	52
Total	62

Overall Turnover

Year	Count	Percentage
2009	96	25%
2010	98	27%
2011	79	16%
2012	104	24%
2013	113	26%
2014	88	18%
2015	97	19%
2016	86	16%
2017	116	21%
2018	62	12%



Rolling 12

	Separations	%
March 17-18	147	30%
April 17-18	146	29%
May 17-18	134	26%
June 17-18	139	27%

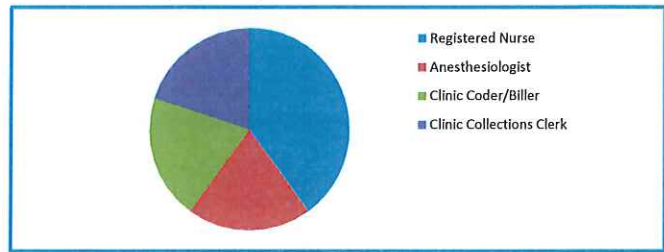
12 Month Turnover



MEMORIAL HOSPITAL OF SWEETWATER COUNTY - CLINIC DATA
2018 Clinic Turnover Data (as of 06/30/2018)

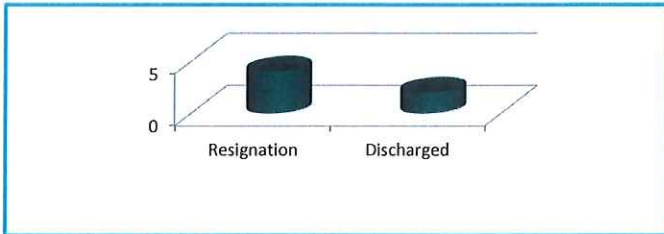
Top Position(s) / Turnover

	2018	%
Registered Nurse	2	35%
Anesthesiologist	1	33%
Clinic Coder/Biller	1	33%
Clinic Collections Clerk	1	33%



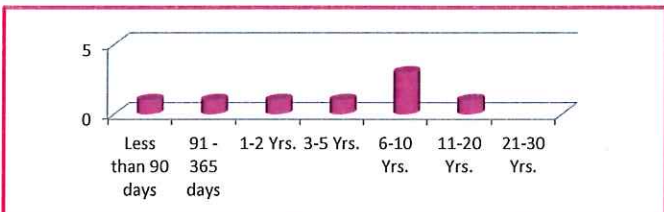
Top Reason(s) / Turnover

	2018	%
Resignation	4	50%
Discharged	2	25%



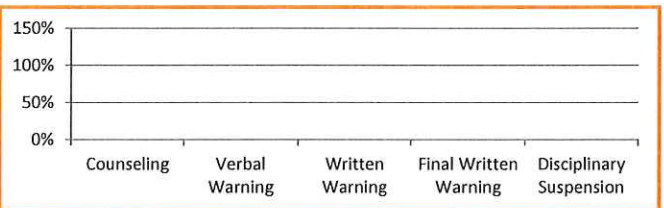
Length of Service

	2018	%
Less than 90 days	1	13%
91 - 365 days	1	13%
1-2 Yrs.	1	13%
3-5 Yrs.	1	13%
6-10 Yrs.	3	13%
11-20 Yrs.	1	13%
21-30 Yrs.	1	13%
Total	8	



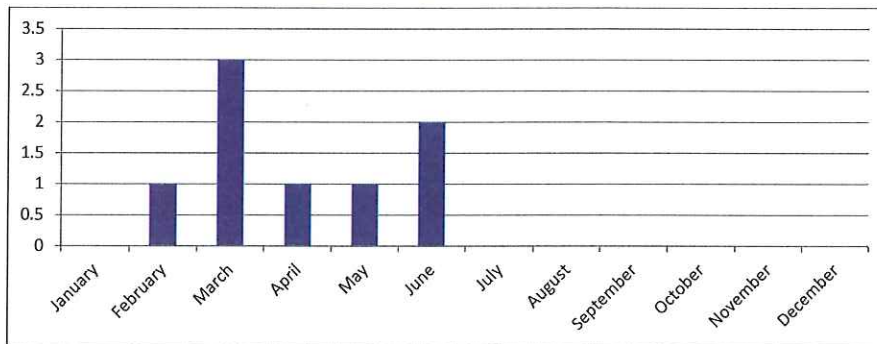
Corrective Action

Counseling
 Verbal Warning
 Written Warning
 Final Written Warning
 Disciplinary Suspension



2018 Separations - Clinic

	Separations	New Employees	Total Employees	
January	0	0	111	111
February	1	0	110	
March	3	0	107	
April	1	1	107	
May	1	2	108	
June	2	1	107	
July				
August				
September				
October				
November				
December				
Total	8			7%



	Separations
Involuntary	2
Voluntary	6
Total	8

	Classifications
RN	1
Classified	7
Total	8

	Overall Turnover	
2014	20	26%
2015	11	18%
2016	16	14%
2017	26	23%
2018	8	7%





Job Postings as of 07/02/2018



X

Position	Req #	Position Status	Shift: Days / Hours	Position Qualifications
<u>ADMITTING</u>				
Admitting Specialist	2058	PRN	Variable	40 WPM Required - High School diploma or equivalent and/or technical school with courses in related field required.
Admitting Specialist	2126	PRN	Variable	40 WPM Required - High School diploma or equivalent and/or technical school with courses in related field required.
<u>BEHAVIORAL HEALTH</u>				
Behavioral Health Tech (BHT)		Regular Full-Time	Variable	High School diploma or GED.
<u>DIETITIAN</u>				
Clinical Dietitian	2023	Regular Full-Time	Days	Possession of a Bachelor's or advanced degree from an accredited institution with a B.A. or B.S. degree in food and nutrition or equivalent. American Dietician Association registration required, Wyoming Dietitian License or ability to acquire within 6 months of hire date, and 1-2 years clinical nutrition experience preferred.
<u>EMERGENCY</u>				
Registered Nurse	2129	Regular Part-Time	Nights	Current Wyoming Nursing License and hold a current BLS certification.
<u>MAINTENANCE</u>				
Maintenance Mechanic/Grounds	2132	Regular Full-Time	Days	High School diploma or equivalent required.
<u>MOB/CLINIC</u>				
Clinic Collections Clerk Receptionist	2136	Regular Full-Time	Variable	40 WPM Required - High School diploma or equivalent and/or technical school with courses in related field required.
Registered Nurse	2106	Regular Full-Time	Days	Current Wyoming Nursing License and hold a current BLS certification.
<u>REHABILITATION</u>				
Speech Therapist	1447	PRN	Days	Masters Degree in Speech Pathology. Certificate of Clinical Competence from American Speech Language and Hearing Association or presently completing clinical fellowship year. Wyoming License in Speech Pathology. BLS certification.
Occupational Therapist	1997	PRN	Days	Minimum of Bachelor's degree in Occupational Therapy. Master's degree in Occupational Therapy preferred. State of Wyoming Occupational Therapist License required. BLS certification.
<u>SURGICAL SERVICES</u>				
Registered Nurse Scrub	2131	Regular Full-Time	Days + Call	Current Wyoming Nursing License and hold a current BLS certification.



Approved: 07/2018
Expiration: 07/2021
Policy Area: *Employee Policies*
Reg. Standard:

EMPLOYEE POLICIES - EMPLOYEE CORRECTIVE ACTION

Purpose

Memorial Hospital of Sweetwater County (MHSC) has high performance expectations because we strongly believe that everyone benefits when we all work together and conduct ourselves in a manner that mutually reflects the best interests of co-workers and the hospital. It is the philosophy of Memorial Hospital of Sweetwater County to take corrective action measures when needed for the purpose of correcting areas of performance deficiency or to deal with violations of policies and work rules. The purpose of corrective action is to both correct the situation and to avoid repetition.

Policy

- I. The employee will be informed if corrective action is necessary as soon as possible after any performance problem has been identified.
 - A. The employee's leader will discuss the situation with the employee, explaining the policy and the necessity of corrective action to avoid other disciplinary actions.
 - B. Although one or more corrective action measure may be taken in connection with a particular performance problem, **no formal order will be followed**. Corrective action may include any of a variety of actions depending on the circumstances and severity of the particular situation.
 - C. Corrective actions may be taken at the discretion of management and include **any** of the following in any order:
 1. Counseling with employee, which will be confirmed in writing by the employee's leader and placed in the employee's personnel file.
 2. Verbal warning, which will be placed in the employee's file.
 3. Written warning, which will be placed in the employee's file.
 4. Final written warning, which will be placed in the employee's file.
 5. Disciplinary suspension, which will be confirmed in writing and placed in the employee's personnel file. Suspension is normally used to remove an employee from hospital premises during an investigation or as a disciplinary action. This may be paid or unpaid.
 6. Termination, which will be documented and placed in the employee's personnel file.

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D. The corrective action process will not always commence with a counseling or include every step. **The above options are not to be seen as a process in which one step always follows another.**

1. Some acts, particularly those that are intentional or serious, warrant more severe action on the first or subsequent offense.
2. An employee at a written warning or higher may be ineligible for pay increases and any additional compensation.
3. Consideration will be given to the seriousness of the offense, your intent and motivation to change the performance, and the environment in which the offense took place.

Link to Form # 802452 Counseling and Corrective Action Form <http://sweetwatermemorial.policystat.com/policy/2632825/latest/>

Approved: Board 6.6.18

Attachments:

No Attachments

Approval Signatures

Approver	Date
Kristy Nielson: Chief Nursing Officer	07/2018
Irene Richardson: CEO	07/2018
Amber Fisk: HR Director	06/2018
Suzan Campbell: In House Legal Counsel [RF]	06/2018

Applicability

Memorial Hospital of Sweetwater County



Approved: N/A
 Expiration: 3 years after approval
 Policy Area: Employee Policies
 Reg. Standard:

EMPLOYEE POLICIES - CONFLICT RESOLUTION

STATEMENT OF PURPOSE

Problems, misunderstandings and frustrations may arise in the workplace. It is MHSC's intent to be responsive to its employees and their concerns. Therefore, an employee who is confronted with a problem may use the procedure described below to resolve or clarify his or her concerns. The purpose of this policy is to provide a quick, effective and consistently applied method for an employee to present his or her concerns to leadership and have those concerns internally resolved. This process is not to be used to question or dispute employee corrective actions.

Text

Step 1: Discussion with supervisor

- I. Initially, employees should bring their concerns or complaints to their immediate supervisor. If the complaint involves the employee's supervisor, the employee should schedule an appointment with that supervisor to discuss the problem that gave rise to the complaint within a reasonable time, not to exceed 15 calendar days of the date the incident occurred.
- II. The immediate supervisor should respond to the complaint within a reasonable time, not to exceed 15 calendar days of the meeting held with the complainant employee.

Step 2: Written complaint and decision

- I. If the discussion with the immediate supervisor does not resolve the problem to the mutual satisfaction of the employee and the supervisor, or if the supervisor does not respond to the complaint, the employee may submit a written complaint to the employee's director/department head. Employees may request assistance with writing their complaints from the Human Resources Director. The employee's director/department head should forward a copy of the complaint to the HR department.

The complaint should include:

- The problem and the date when the incident occurred.
 - Suggestions on ways to resolve the problem.
 - A copy of the immediate supervisor's written response or a summary of his or her verbal response and the date when the employee met with the immediate supervisor. If the supervisor provided no response, the complaint should state this.
- II. Upon receipt of the formal complaint, the director/department head must schedule a meeting with the

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employee to discuss the complaint. The director/department head should issue a decision both in writing and orally to the employee filing the complaint.

Step 3: Appeal of decision

- I. If the employee is dissatisfied with the decision of the director/department head, the employee may, as soon as possible, appeal this decision in writing to the Human Resources (HR) Director.
- II. The HR Director may call a meeting with the parties directly involved to facilitate a resolution. The HR department may gather further information from involved parties. All involved individuals, other than representatives of the HR department, may not discuss the situation with any other employee or with the complaining employee. If the HR Director believes that the complaint raises serious questions of fact or interpretation of policy, the HR Director may refer complaints to the Chief Executive Officer (CEO), by designation of the Board of Directors, for further discussion and resolution. The outcome and decision by the CEO is to be considered final.

Additional Guidance

If an employee fails to appeal from one level to the next level of this procedure within a reasonable time, not to exceed 15 calendar days, the problem should be considered settled on the basis of the last decision, and the problem should not be subject to further consideration. Because problems are best resolved on an individual basis, the conflict resolution procedure may be initiated only by individual employees and not by groups of employees. All complaints must be made in good faith. MHSC reserves the right to impose appropriate disciplinary action for any conduct it considers to be disruptive or inappropriate. The circumstances of each situation may differ, and the level of disciplinary action may also vary, depending on factors such as the nature of the offense, whether it is repeated, the employee's work record and the impact of the conduct on the organization. No MHSC employee will be subject to retaliation for filing a complaint under this policy.

Approved: Board 6.6.18

Attachments:

No Attachments

Approval Signatures

Approver	Date
Suzan Campbell: In House Legal Counsel	pending
Amber Fisk: HR Director	06/2018

Applicability

Memorial Hospital of Sweetwater County

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Approved:
Expiration:
Policy Area:
Reg. Standard:

N/A
N/A

Employee Policies

EMPLOYEE POLICIES - DRUG AND ALCOHOL FREE WORKPLACE

STATEMENT OF PURPOSE

MHSC is a drug-free workplace. As such, we prohibit the use of non-prescribed drugs or alcohol during work hours. If the employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be disciplined in accordance with this policy up to and including termination.

This policy applies to all employees including employed physicians, physicians with hospital privileges, managers, administrators, and part-time employees. The policy is applicable at all MHSC facilities or wherever employees are performing duties for the Hospital. It is also applicable while operating any hospital vehicle or equipment at any time, or any personal, rental or other vehicle while on Hospital business. This policy will be under the purview of the Human Resources Department.

ADA Compliance

Consistent with its general policy against discrimination, the Hospital recognizes that disabled individuals should be protected from discriminatory treatment. Under the Americans with Disabilities Act, a disabled person is someone who has a medical or psychological condition that materially impairs a major life activity. However, also in accordance with the Americans with Disabilities Act, disability does not include any condition resulting from alcohol or other drug abuse which prevents a person from performing essential functions of the job or which creates a direct threat to property or the safety of individuals.

POLICY

Under MHSC'S drug testing policy, all current and prospective employees must submit to the drug testing policy. Prospective employee's will only be asked to submit to a test once a conditional offer of employment has been extended and accepted. An offer of employment by MHSC is conditioned on the prospective employee testing negative for illegal substances. MHSC's policy is intended to comply with all state and federal laws governing drug testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

I.

If there is reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended [with or without] pay until the results of a drug and alcohol test are made available to MHSC by the testing laboratory. Where drug or alcohol testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results are in.

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Before being asked to submit to a drug test, the employee will receive written notice of the request or requirements. The employee must also sign a testing authorization and acknowledgement form confirming that he or she is aware of the policy and employee's rights. Any drug testing required or requested by MHSC will be conducted by a laboratory licensed by the state. All expenses related to the test will be incurred by the hospital.

If the employee receives notice that the employee's test results were confirmed positive, the employee will be given the opportunity to explain the positive result to HR. In addition, the employee may have the same sample retested at a laboratory of the employee's choice.

All testing results will remain confidential and will be maintained in a separate employee file. Employee must sign a consent form prior to the release of results. Test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee's drug testing. Results will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor at the facility.

- I. In order to carry out the Hospital's commitment to be an alcohol and drug-free workplace, the Hospital reserves the right to conduct:
 - A. **Random Testing** The Hospital will implement random drug testing to ensure, to the best of its ability, the safety of patients.
 - B. **Reasonable Cause Drug and Alcohol Testing** Any employee who is reasonably suspected of using alcohol or illegal drugs or of abusing controlled substances in the workplace or of performing official duties while under the influence of alcohol, illegal drugs, or abused controlled substances will be required to undergo an alcohol and/or drug test. "Reasonable cause" exists when an employee exhibits patterns of behavior that suggest impairment from drug or alcohol use. (See Attachment A)
 - C. **Post-Accident Testing** Whenever an employee is operating machinery at the Hospital or driving a Hospital vehicle and is involved in an accident he/she will be required to submit to a drug test. Test will be performed as soon as possible after the accident.

Refusal to Participate. An employee has the right to refuse testing. However, a refusal of testing will be treated as a failure to comply with the Hospital policy and will result in disciplinary action up to and including termination of employment.

Attachments:

[SUBSTANCE ABUSE POLICY - Attachment A.pdf](#)

Applicability

Memorial Hospital of Sweetwater County

Present: Clayton Radakovich, Dr. Cielette Karn, Dr. Banu Symington, Dr. Kristy Nielson, Leslie Taylor, Tami Love, Suzan Campbell, Kari Quickenden, Marty Kelsey, Dr. Barbara Sowada, Irene Richardson, Amanda Molski, Tracie Soller

Absent/Excused:

Chair: Dr. Barbara Sowada

Minutes

The June 20, 2018 Quality Committee Minutes were presented, motion to approve by Mr. Radakovich Clay, seconded by Ms. Richardson. Mr. Kelsey, as the new committee member, abstained. Motion carried.

Consent Agenda - Hospital

Ms. Molski gave an overview on the Report and Dashboard information. Dr. Symington questioned at what point do we pull out information for review, at the first dip? Ms. Molski and Mr. Radakovich both agreed that we look at and review when the dip occurs, additionally it is compared monthly, quarterly and even yearly.

Consent Agenda – Patient Experience

Dr. Sowada noted our ED throughput numbers have stalled. Ms. Richardson suggested a 3 month trial and evaluation by consultant Faith Johnson. Mr. Radakovich noted that recently the staff and sub-committee have started a new process and have begun interviewing patients to get their perception of “what the hold-up” was? Mr. Radakovich reiterated a consultant could be a good idea, but was concerned that it could damage the buy-in by staff. Dr. Karn suggested we take this information they have collected and deliver to the consultant as the first step. Dr. Symington asked could we mandate participation by the ED? If the Leaders say “Let’s make a change” will the others follow? Dr. Symington suggested that a voice inside may be perceived as a threat, where a voice from the outside could be taken as a suggestion. Dr. Sowada reiterated again we are not seeing forward motion and need to look at other suggestions. Ms. Molski suggested we present this process change to the ED Throughput sub-committee as the forward movement that came from the Strategic plan. Ms. Richardson will head this new plan. Mr. Radakovich further suggested that once the consultant provides us with a report, that we share with the entire staff.

Nurse and Physician communication is an area of needed continued improvement. We have also placed “yakker trackers” in nursing areas, which measure the decibel levels and change colors to alert staff of the sound level. They are already seeing a change in awareness. Ms. Nielson noted we have ordered stools for the providers and nurses to use in the “Commit to Sit” campaign to foster communication efforts with the patient.

Consent Agenda – Safety

Mr. Radakovich noted there was not “stand out” information this month, but did question specifically what information would you like to see? Is there specific incidents or areas of

concern that the committee would like to see reviewed? He noted that next month he will be bringing the results from a current Root Cause Analysis (RCA).

In the current process, Mr. Radakovich finds the issue, he escalates it to the Quality department for review and noted this could be an area for audit. Dr. Symington asked if we had considered an alternate process model to the RCA, she noted that Duke University also has developed a process. Mr. Radakovich noted he was familiar with that process and that often different models work for different processes, but that the RCA seems to meet many of those. Mr. Radakovich further noted that he and Dr. Nielson have tossed around the change of process and using different models, but have not yet found a model that fits better.

Consent Agenda – Clinic

MIPS score garnered 1.9 reimbursement.

Consent Agenda – Survey & Inspections

We are officially accredited for 3 years! All surveys and reviews are done. Although we continue to be TJC ready daily, we continue to do daily rounds. We found in Med Oncology some system holes with “fingers in the dam” on their way to their electronic system. Fixes are being put in place as we move forward. We follow up with a report the week after findings, with another follow up in the next week or two with requests for the fix.

Old Business

Ms. Quickenden reported that we will be pulling the Patient Navigator into the

New Business

Ms. Molski gave an overview of the QAPI plan update which will focus on the patient experience, safety and risk. We have integrated our plan to include Safety and Risk. The plan outlines our processes and actual Plan Do Check Act (PDCA) model. Right now we need a review and input of any suggestions to the outline, which can be taken to the QAPI Committee. Dr. Sowada requested we take this in “two bites”: first with word-smithing and second with the patient experience and safety plan. Dr. Sowada suggested that we have start dates and completion dates added in, along with the CMS “gold seal of approval” date. Ms. Richardson reminded that if there was something needed from senior leaders, be sure to let them know.

Wins

Therapeutic phlebotomies have been problematic, with patients have occasional adverse reactions. We have moved this process to Sam our outpatient services coordinator, improving the process.

Dr. Symington has been invited to a national oncology seminar as a speaker, with the hopes of bringing a cancer coalition to Wyoming.

Dr. Sowada suggested a 10 minute time of reflection be integrated into the agenda monthly and her first request was to invite a former patient (that is also a former nurse) to the meeting to share their experience. (She is available in September – and will be invited) Also would we as a committee be willing to do a self-assessment.

Regular Meeting Adjourned

The meeting adjourned at 0926 am

Closed Session

No closed session.

Closed Session Adjourned

N/A

Next Meeting

August 15, 2018 at 0800 am, CR 1 & 2

Respectfully Submitted,

Robin Fife, Recording Secretary

DRAFT

MHSC Quality Dashboard

Background. The MHSC Quality Dashboard is a monthly snapshot of measures that reflect the quality and safety of patient care at MHSC. Metrics include internal goals and opportunities for improvement that have been identified by teams and outlined in the annual Quality Assessment Performance Improvement Plan (QAPI). Other metrics are defined, prioritized and benchmarked by the Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC) and/or MIDAS comparative databases. Measures may be added, changed or re-evaluated annually, at a minimum, to best represent outcomes and goals. The data is used by the hospital to identify improvement opportunities, evaluate trends, and assist in moving MSHC towards strategic initiatives. Data is represented monthly, with the most recent, completed data. There is a lag in completion of data as teams have to manually abstract and collect the information. While a lag in the data exists on the dashboard, internal teams are still monitoring and responding to deviations from expected as occurrences arise in real time. The current dashboard reflects elements of CMS' Star Rating program as part of the strategic plan.

CMS Star Ratings- Overall Hospital

Mortality. No deviations from expected. Mortality rates similar to comparison benchmarks.

Readmission. No deviations from expected. Readmission rates similar to comparison benchmarks. Readmission work team in place and meets quarterly.

Safety of Care. Refer to safety report.

Infection prevention. No updates to quarterly data review. Individual cases with identified potential for infection are reviewed and discussed as they occur by Sarah Roth, Infection Prevention.

Efficient Use of Medical Imaging. Data updated annually by CMS, with most recent data made available in April. The most recent data set reflects beneficiary information from July 2016 to June 2017. Opportunities for improvement identified in areas of OP-10: abdomen CT- use of contrast material and OP-13: Cardiac imaging for preoperative risk assessment for non-cardiac, low-risk surgery. MHSC performance is above national benchmarks in these 2 measures. Lower values reflect improved performance. Data and opportunities have been shared with the Director of Radiology and Radiologist. Individual cases are being reviewed along with metric specifications to determine underlying improvement areas. A work team has been established and is currently meeting to review documentation and coding of claims for measure data collection.

Timeliness of Care. Median time for ED arrival to ED departure for admitted patients was 316.5 minutes in May, up from 311 minutes in April. Current goal is to be under 300 minutes. Target goal not yet reached and sustained. Intervention to include surveying admitted patients about the ED visit and process to incorporate the patient perspective into interventions for process improvement. Patient surveying began 7/10/2018, with surveys aimed at sample of admitted patients. Will be obtaining data for 1 month and evaluating at August QAPI meeting. Other interventions include evaluation and setting of benchmark goals for individual processes within the overall throughput process. ED work team reports they have not yet assessed the data for individual processes at July QAPI meeting. Data analysis to occur in September following patient survey data findings.

Median time from admit decision time to departure was 132 minutes in May, up from 123 minutes in April. MHSC goal is 56 minutes. Interventions for improvement are the same as targeted focus for overall throughout.

Median time from ED arrival to ED departure for discharged patients at 147 minutes in May, up from 133 minutes in April. MHSC goal is to be under 134 minutes. Interventions for improvement are the same as targeted focus for overall throughout.

Median time to ECG at 10 minutes in May, down from 13 minutes in April. MHSC goal is less than 7 minutes. All cases for May have been reviewed by ED Director and Respiratory Director. Interventions include changes to the documentation process of ECGs performed by EMS prior to arrival. Work team in place as of May 2018 with review of documentation and evaluation of interventions as an ongoing process. Discussions of re-evaluating the triage process are underway.

Effectiveness of Care. Colonoscopy follow up for average risk patients with deviations from expected in March, April and May. Individual cases have been reviewed with findings related to documentation by one individual physician. Information was identified and addressed with individual physician in March with improved performance resulting in April. There was 1 fallout out of 3 cases for May, resulting in compliance rate of 66.67%. Continue to monitor and notify individual physician when deviations from expected arise.

QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI)

Opportunities for improvement. Meaningful use measures identified as opportunity for improvement. Medication reconciliation at 52.19% for May. A threshold of 50% for a 90 day period is required to avoid payment penalty. Informatics to review data and communicate deviations from standard with individual physicians. Summary of Care is at 13.64%, up from 7.89% in April. A threshold of 10% for a 90 day period is required to avoid payment penalty. Patient portal usage has 0 patients that have accessed the portal. A threshold of 1 patient is required to avoid payment penalty. One patient has been identified to complete the sign-on process. Informatics is awaiting the 90-day period for data reporting to have identified patient access the portal. A lack of process for portal usage has been identified, along with assessment of current portal revealing minimal usefulness to patients and cumbersome sign-on process. Evaluation of current system and benefits vs. risks of system identified is necessary. Informatics not present at July QAPI meeting to discuss options for future improvement. Discussion added to August agenda.

Patient Experience. Refer to HCAHPS report.

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: **Applied Medical is the company that manufactures the Voyant Intelligent Energy system which is the generator and the devices.**
2. Purpose of contract, including scope and description: **This contract is for the purchase of electronic advanced bipolar radio frequency vessel sealing devices. The devices use a generator to send the radio frequency to the hand piece device. The hand piece uses an algorithm built into the system to determine how much energy the generator needs to send for the specific tissue. The generator is proprietary to the devices so the company is placing a generator at our facility at a 100% discount (section (i) page 5 of the contract) as long as we purchase the contracted minimum number of devices (132). This system will replace the Ligasure devices which we were using.**
3. Effective Date: **When approved and signed by the Board.**
4. Expiration Date: **One year from effective date.**
5. Rights of renewal and termination: **30 day written notice. If we terminate we would have to return the generator and find a source for devices. Is this auto-renew? NO**
6. Monetary cost of the contract and is the cost included in the department budget? **Yes included in budget. Contract price is \$400.00 per device and are in boxes of 6 for total of \$2400.00 per box. Each device can only be used once and there are 4 different devices we will purchase. The contract commits us to purchase at least 132 devices at \$400.00 per device**

132 x \$400= \$52,800.00

Replacing Ligasure cost for Ligasure 7/25/2017 to 7/25/2018
Ligasure Item #: 8551346 (\$628.80 each) (\$3,772.82 per bx/6) Purchased 129
@\$628.80= \$81,115.20
Item #: 8551375 (\$735.78 each) (\$4,414.66 per bx/6) Purchased 37
@\$735.78= \$27,223.86 TOTAL \$108,338.00

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Applied Medical is a California company. They have contracts for medical devices across the country so jurisdiction will remain in CA.**

8. Any confidentiality provisions? **Yes as to the proprietary nature of the system.**

9. Indemnification clause present? **Hospital will indemnify Applied Medical for any suit or proceeding brought against us if based on a claim that we used the product in violation of this agreement.**

10. Is this contract appropriate for other bids? **Surgery department is always looking for more efficient, technological advanced and cost saving devices.**

11. In-house Counsel Reviewed: **Yes**

12. Is County Attorney review required? **no**

ENERGY PRODUCT PURCHASE AGREEMENT

This Energy Product Purchase Agreement ("Agreement") is entered into in Rancho Santa Margarita, California, effective as of the date of the last signature set forth below ("Effective Date"), and is by and between Applied Medical Distribution Corporation, a California corporation with offices at 22872 Avenida Empresa, Rancho Santa Margarita, California 92688 ("Applied"), and Memorial Hospital of Sweetwater County, a NonProfit Corporation with offices at 1200 College Dr, Rock Springs, WY, 82901 on behalf of itself and the facilities listed in Exhibit A (individually and collectively "Purchaser"). Applied and Purchaser together are the "Parties," and each individually "Party."

WHEREAS, Applied desires to provide to Purchaser, and Purchaser agrees to accept from Applied, certain Equipment (as defined below) with a commitment by Purchaser to purchase certain amounts of Product for use with such Equipment, under the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual terms and provisions hereinafter set forth, the Parties hereto agree as follows:

1. Shipping and Returns. Applied agrees to provide the equipment listed on Exhibit B ("Equipment") in the quantities set forth on Exhibit B, and the products listed on Exhibit B ("Products") ordered by Purchaser at the prices set forth in Exhibit B. In exchange for the Equipment, Purchaser shall pay \$199 per generator for initial Equipment shipping, handling and activation to be invoiced on or after the Effective Date, and \$199 per generator per year for Equipment services beginning in the second year of the Term, and is required to purchase Products from Applied in at least the amounts set forth on Exhibit B. Equipment and Product will be shipped at Applied's cost and expense to a single destination specified by Purchaser, FOB Destination. Any expedited or special shipping shall be paid by Applied and Applied shall be reimbursed by Purchaser. Products shall be provided to Purchaser directly, and Purchaser shall not utilize any third party distributor or similar service provider. Upon receipt of a request or purchase order from Purchaser for additional Equipment, the Parties will discuss adding additional Product purchase requirements. Upon written agreement by the Parties as to the additional required Product purchases, the additional Equipment shall be shipped pursuant to this Section. Rejection and return of Product or Equipment shall be governed by the terms and conditions set forth in the Product and Equipment Return Policy (Exhibit C) and Limited Warranty included in the documentation provided with the applicable goods. Orders are not subject to cancellation or change in shipping schedules or other conditions without written consent from Applied. At its sole discretion, Applied may send to Purchaser with upgraded, next-generation Equipment to replace Purchaser's then-current Equipment. Upon receipt of such new Equipment, the applicable Purchaser(s) shall return the replace Equipment to Applied, at Applied's cost and expense, within thirty (30) days of receipt of the new Equipment. PURCHASER UNDERSTANDS AND AGREES THAT THE PRICING SET FORTH HEREIN IS EXCLUSIVE TO THIS AGREEMENT AND DEPENDENT ON PURCHASER'S CONTINUED PARTICIPATION SET FORTH IN THIS AGREEMENT. SUCH PRICING SHALL NOT APPLY IF PURCHASER IS NO LONGER PURCHASING UNDER THIS AGREEMENT.

2. Payment Terms. Any invoiced amounts shall be paid to Applied by Purchaser within thirty (30) days of date of invoice in US currency. Any payment or amounts due under this Agreement that are not made within five (5) days of its due date shall be considered overdue and in addition to Applied's other remedies, a late payment charge equal to one percent (1.0%) per month from the due date or the maximum amount permitted by applicable law, if less, shall accrue.

3. Proper Use. Purchaser shall use and maintain the Product and Equipment in accordance with all instructions from Applied (including without limitation, user guides), and shall comply with and conform to all applicable Federal, state, and other laws, ordinances and regulations in any way relating to the possession or use of the Products or Equipment. Unless Applied agrees in writing to perform, Purchaser shall verify the generator radio frequency output in accordance with, and at the intervals set forth in, the generator user guide and any other instructions provided by Applied. Purchaser shall only use Equipment with consumables and Products provided by Applied and shall not use the Equipment with any third party consumables or products. Purchaser shall only use Equipment in the country to which Applied ships the Equipment. Except as expressly provided herein, no license or right is granted by Applied to Purchaser under any intellectual property underlying any Product or Equipment. Purchaser shall bear the entire risk of lost or stolen Product or Equipment. No such loss or damage to the Products or Equipment or any part thereof shall relieve Purchaser of any obligation under this Agreement.

ENERGY PRODUCT PURCHASE AGREEMENT

4. **No Right to Alter Logo or Marks.** Purchaser shall not remove, alter or distort the form, shape, color, font or text of Applied's logo, trade name, trademarks, patent markings, non-sterile labels, or marking required by Applicable Law on the Product or Equipment.

5. **Export Compliance.** Purchaser acknowledges that the Equipment may be subject to the U.S. export controls regulations administered by the U.S. Dept. of Commerce (15 CFR, Chapter VII) and that Purchaser shall comply with all applicable laws and regulations. Purchaser shall not export or re-export the Equipment, or portion thereof, directly or indirectly, in violation of the U.S. export administration laws and regulations to any country or end user; or to any end user who Purchaser knows or has reason to know will utilize them in the design, development or production of weapons.

6. **Warranty.** Equipment and Products are subject to the Limited Warranty and Disclaimers, which are included in the documentation provided with the applicable goods. Applied may, in its sole discretion, provide additional warranty services to address Equipment issues outside of such express Equipment Limited Warranty, including without limitation that Applied may provide Purchaser with upgraded, next-generation Equipment to replace Purchaser's then-current Equipment. EXCEPT AS PROVIDED EXPRESSLY HEREIN ABOVE OR TO THE EXTENT PROHIBITED BY APPLICABLE LAW, APPLIED EXCLUDES ALL WARRANTIES, EXPRESS OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE, INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL APPLIED BE LIABLE FOR ANY SPECIAL, INCIDENTAL, INDIRECT, PUNITIVE, OR CONSEQUENTIAL LOSS, DAMAGE, OR EXPENSE, HOWEVER CAUSED, ON ANY THEORY OF LIABILITY (INCLUDING LOST PROFITS, PROCUREMENT OF SUBSTITUTE GOODS, AND BUSINESS INTERRUPTION), AND WHETHER OR NOT APPLIED HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. APPLIED NEITHER ASSUMES, NOR AUTHORIZES, ANY THIRD PARTY TO ASSUME FOR IT, ANY LIABILITY OR RESPONSIBILITY IN CONNECTION WITH THE EQUIPMENT OR PRODUCT. IN NO EVENT SHALL APPLIED'S LIABILITY UNDER THIS AGREEMENT EXCEED ONE THOUSAND U.S. DOLLARS.

7. **Taxes.** Purchaser shall be responsible for and pay all license and registration fees; assessments; sales, withholding, customs, importation, and value added taxes; use and property taxes; any taxes arising out of receipts from use of the Equipment and Products; gross receipts; and other taxes, fees and governmental charges, together with any penalties or interest thereon, imposed by any state, federal or local government or any agency, or department thereof, upon the Equipment or Products, or the purchase or use, or in any manner with respect thereto.

8. **Indemnification.** Purchaser shall indemnify, defend and hold harmless Applied for any suit or proceeding brought by a third party against the Purchaser so far as based on a claim that the Purchaser used the Product or Equipment in violation of this Agreement or any applicable law.

9. **Patent Indemnification.** Applied shall indemnify, defend and hold harmless Purchaser for any suit or proceeding brought by a third party against the Purchaser so far as based on a claim that any Equipment or Product constitutes an infringement of any U.S. patent, if notified promptly in writing and given authority, information and assistance (at the expense of Applied) for the defense of same. In case the Equipment or Product is held to constitute infringement of a U.S. patent and the use thereof enjoined, Applied shall, at its own expense, and at its option, either procure for the Purchaser the right to continue using said Equipment or Product, or replace same with a non-infringing product, or modify it so it becomes non-infringing.

10. **Recall.** In the event of a recall or market withdrawal of the Product or Equipment by Applied or regulatory authority, whether voluntary or involuntary, Applied shall be responsible for the conduct of any such recall or withdrawal; however, the Parties will discuss and cooperate with each other as to the communications with regulatory authorities, in order to minimize the risk to any Party of a failure to follow legal requirements for such recall or withdrawal. Each Party will maintain complete and accurate records of all Product and Equipment. Purchaser shall not assert any claim against Applied for out-of-pocket expenses incurred as a consequence of such recall or market withdrawal.

11. **Software.** The software, if any, included with the Equipment is subject to the End User Software License Agreement, which is included in the documentation provided with the Equipment.

ENERGY PRODUCT PURCHASE AGREEMENT

12. Representations and Warranties. Purchaser represents and warrants that (i) Purchaser will not seek or receive direct or indirect reimbursement for the Equipment or Products by any federal or state healthcare program, managed care organization or private payer including self-payers; and (ii) the Equipment and Products are not reflected in any cost report which might be submitted to a payer or considered as part of a procedure or otherwise

13. Term and Termination.

(a) **Term.** The term of this Agreement shall commence on the Effective Date and shall expire upon the second (2nd) anniversary thereof, unless extended or terminated in accordance with this Agreement ("**Term**"). The Parties may agree in writing to extend the Term for an additional one (1) year period.

(b) **Termination.** Either Party may terminate this Agreement upon material breach of this Agreement by the other Party by thirty (30) days written notice to the breaching Party unless such material breach is cured within the thirty (30) days.

(c) **Termination by Applied.** In the event Purchaser fails to purchase the amounts set forth in **Exhibit B** (net of Products returned), Applied may terminate this Agreement with thirty (30) days written notice and cure period. If Purchaser fails to cure any shortfall by purchasing additional Product during the cure period, the Agreement shall terminate upon expiration of the cure period. In addition, Applied may terminate this Agreement, with ninety (90) days prior written notice to Purchaser.

(d) **Survival.** Sections 2 and 5-15 shall survive the expiration or termination of this Agreement for any reason. Expiration or termination shall not relieve either Party of obligations incurred prior to the expiration or termination. All other rights and obligations of the Parties shall cease upon expiration or termination of this Agreement.

(e) **Return of Equipment.** If the Agreement is terminated by either Party prior to expiration for any reason or no reason, Purchaser shall return all Equipment to Applied within thirty (30) days of the effective date of termination. If Purchaser fails to return all Equipment within the thirty (30) day period, Applied may invoice Purchaser for the current price of any Equipment not returned for payment by Purchaser within thirty (30) days of invoice.

14. Confidential Information.

(a) **Confidential Information.** "**Confidential Information**" means any information or material that is either (i) marked or otherwise identified by the Party directly or indirectly disclosing such information or material ("**Disclosing Party**") to the other Party ("**Receiving Party**") as confidential or proprietary within thirty (30) days of the disclosure, or (ii) that by its nature would be understood by a reasonable person as being confidential or proprietary, including without limitation all customer identities, which, is disclosed to the Receiving Party. Notwithstanding the foregoing, Confidential Information shall not include any information or material which the Receiving Party can demonstrate:

(i) has been published or otherwise becomes a matter of public knowledge by any means other than the Receiving Party's breach of this Section 14 or any other confidentiality obligation;

(ii) was known to the Receiving Party at the time of such disclosure without an obligation of confidentiality as evidenced by written records;

(iii) is at any time rightfully disclosed to the Receiving Party by other the Receiving Party, either directly or indirectly, whom the Receiving Party believes in good faith, after reasonable inquiry, has the right to disclose the same;

(iv) is required to be disclosed in compliance with any law, governmental regulation, or court order, provided that the Receiving Party shall notify the Disclosing Party in advance of any such disclosure enabling the Disclosing Party to seek protection of the Confidential Information; or

(v) is developed independent of the information provided by the Disclosing Party as evidenced by its written records.

ENERGY PRODUCT PURCHASE AGREEMENT

(b) **Use.** The Receiving Party shall restrict the use of the Confidential Information to those purposes necessary for the performance of the Receiving Party's obligations under this Agreement, and during the term of this Agreement and thereafter, shall prevent disclosure of the Confidential Information to third parties using the same degree of care to prevent disclosure as it uses to protect its own information of like importance, but at least reasonable care. The Receiving Party shall only disclose the Confidential Information to those employees, officers, directors, and agents that required such information for performance under this Agreement and who are subject to written confidentiality obligations at least as strict as those herein.

(c) **Return of Confidential Information.** All Confidential Information (including copies and derivatives thereof) shall remain the property of the Disclosing Party and shall be returned to the Disclosing Party upon the termination or expiration of this Agreement, or upon written request of the Disclosing Party. Notwithstanding the foregoing, the Receiving Party may keep one copy set of all documents containing the Disclosing Party's Confidential Information for archival purposes.

(d) **Financial Terms.** Without the prior written approval of the other Party, neither Party shall disclose the financial terms of this Agreement to a third party, except for attorneys or accountants who must be bound to keep the financial terms of this Agreement confidential.

(e) **Publicity.** Neither Party will make any press release or other public announcement regarding this Agreement without the other Party's express prior written consent, except as required under applicable law or by any governmental agency, in which case the Party required to make the press release or public disclosure shall use commercially reasonable efforts to obtain the approval of the other Party as to the form, nature and extent of the press release or public announcement prior to issuing the press release or making the public announcement.

15. **Miscellaneous.**

(a) **Governing Law and Jurisdiction.** This Agreement shall be governed by and construed under the laws of the state of California. The courts within such state shall have exclusive jurisdiction to adjudicate any dispute arising out of this Agreement. Purchaser hereby expressly consents to (i) the personal jurisdiction of such courts, (ii) service of process being affected upon it by registered mail sent to the address set forth at the beginning of this Agreement, and (iii) the uncontested enforcement of final judgment from such courts in any other jurisdiction wherein Purchaser or any of its assets are present.

(b) **Entire Agreement.** This Agreement (and any documents referred to herein) set forth the entire agreement and understanding of the Parties relating to the subject matter herein and supersedes all prior agreements and discussions between them relating to the subject matter herein. No modification of or amendment to this Agreement, nor any waiver of any rights under this Agreement, shall be effective unless in writing signed by the Party to be charged.

(c) **Legal Expenses.** The prevailing Party in any legal action brought by one Party against the other and arising out of this Agreement shall be entitled, in addition to any other rights and remedies it may have, to reimbursement for its expenses, including all costs and reasonable fees for attorneys, accountants and expert witnesses.

(d) **Severability.** Whenever possible, each provision of this Agreement shall be interpreted in such a manner as to be effective and valid under applicable law. However, in the event that any provision of this Agreement becomes prohibited or invalid under applicable law, or is otherwise held unenforceable, then such provision, upon the mutual agreement of the Parties, shall be modified to reflect the Parties' intent, consistent with applicable law.

(e) **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be sent (i) by prepaid, registered or certified mail, return receipt requested, (ii) by nationally recognized overnight courier, or (iii) electronically to the address shown below or at such other address for which such the Party gives proper notice hereunder. Notices under (i) and (ii) shall be given to the applicable Party at the address set forth at the beginning of this Agreement, or to the address provided by a party in accordance with this Section. Notices will be deemed given three (3) business days after being deposited in the mail, on the date delivered to the recipient if sent by overnight courier (it being agreed that the sender shall retain proof of delivery), or when accessible electronically if sent electronically.

ENERGY PRODUCT PURCHASE AGREEMENT

Applied Medical Distribution Corporation	Memorial Hospital of Sweetwater County
Laurie Louis, Manager of Contract Records	Angel Bennett, Director of Materials Management
22872 Avenida Empresa	1200 College Dr
Rancho Santa Margarita, CA 92688	Rock Springs, WY, 82901
llouis@appliedmedical.com	abennett@sweetwatermemorial.com

(f) Non-Assignability and Binding Effect. Purchaser's rights and obligations under this Agreement may not be transferred or assigned directly or indirectly without the prior written consent of Applied. Subject to the foregoing sentence, this Agreement shall be binding upon and inure to the benefit of the Parties hereto and their successors and assigns.

(g) Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute one instrument. Execution and delivery of this Agreement by electronic signature, facsimile or email of pdf files by either Party shall be legal, valid, and binding execution and delivery of the Agreement for all purposes.

(h) No Third Party Beneficiaries. This Agreement is neither expressly nor impliedly made for the benefit of any third party.

(i) Discount Reporting. Purchaser has received a one hundred percent (100%) discount for the use of the Equipment. Such discount is not determined in any manner that takes into account any current or existing referrals or business between the Parties. The discount is intended to be a "discount" within the meaning of applicable federal and state anti-kickback laws, including 42 USC 1320a-7b(b) and 42 CFR 1001.952(h). Applied and Purchaser shall comply with all applicable laws, rules, and regulations concerning discounts, including without limitation and "safe harbor" or anti-kickback laws and regulations, and the reporting requirements of 42 C.F.R. §1001.952(h), regarding "safe harbor" protection for discounts, rebates, and other reductions in price. Applied shall disclose to each Purchaser, as appropriate, the amount of the rebate required to be reported, and, if required, the calculation of the rebate, identifying the applicable products. Purchaser is obligated to fully and accurately disclose the amount of discounts, or rebates or other price reductions in cost reports or claims for reimbursement to Medicare, Medicaid or other health care programs requiring such disclosure, and to provide such documentation to representatives of the Secretary of the Department of Health and Human Services and state agencies upon request. Purchaser shall not seek reimbursement for the Equipment from any federal or state program, provided that if Purchaser does seek reimbursement, Purchaser would do so pursuant to a single reimbursement methodology.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the dates set forth below.

**APPLIED MEDICAL DISTRIBUTION
CORPORATION**

Memorial Hospital of Sweetwater County

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

ENERGY PRODUCT PURCHASE AGREEMENT

EXHIBIT A: PURCHASER

Account #	Name	Address	City	Sate	Zip
1004508	Memorial Hosp of Sweetwater County	1200 College Dr	Rock Springs	WY	82901

ENERGY PRODUCT PURCHASE AGREEMENT

EXHIBIT B: EQUIPMENT AND PRODUCTS

The Equipment to be provided by Applied:

- One (1) Generators (Model #EA010)
- Zero (0) Generator cart body (Model # EX050)
- Zero (0) Generator cart body covers (Model # EX051)

Price List

Model	Model Description	UoM	Per UoM	UoM Price
EB010	EB010, 5MM FUSION DEVICE 6/BX	BOX	6	\$2,400.00
EB011	EB011, VOYANT 5MM FUSION, 44CM 6/BX	BOX	6	\$2,400.00
EB030	EB030, VOYANT FINE FUSION DEVICE, 6/BX	BOX	6	\$2,400.00
EB040	EB040, VOYANT OPEN FUSION DEVICE, 6/BX	BOX	6	\$2,400.00

Annual Purchase Requirements for disposable hand pieces in any combination of the following that amounts to 22 total boxes:

Model	Model Description	UoM	Annual Required Purchases In Eaches
EB010	EB010, 5MM FUSION DEVICE 6/BX	BOX	132
EB011	EB011, VOYANT 5MM FUSION, 44CM 6/BX		
EB030	EB030, VOYANT FINE FUSION DEVICE, 6/BX		
EB040	EB040, VOYANT OPEN FUSION DEVICE, 6/BX		

If purchase requirements are not met, Applied may, in its sole discretion, adjust pricing above upon thirty (30) days written notice or terminate the Agreement per Section 13(c).

ENERGY PRODUCT PURCHASE AGREEMENT

EXHIBIT C: PRODUCT AND EQUIPMENT RETURN POLICY

A. Return Policy. The purchaser may reject the Product or Equipment if the purchaser determines in good faith that one or more of the conditions set forth in Section B exists, and requests from Applied a Return Goods Authorization (RGA), which Applied will not unreasonably deny. If the purchaser does not reject the Product and Equipment and request an RGA, the Product and Equipment shall be deemed to be accepted.

Purchasers may also reject Equipment or Product to the extent it does not comply with the applicable written limited warranty issued by Applied during the time period of the limited warranty.

In addition, upon request by the purchaser, Applied, in its sole discretion, may give its prior written approval for a return and issue an RGA.

Unused, properly rejected Product and Equipment may be returned to Applied within thirty (30) days of the shipping date and must be received by Applied within (30) thirty days of the issue date of the applicable RGA. The Product and Equipment must be returned via standard ground shipment in the original packaging, and, unless returned for non-compliance with the limited warranty, in saleable condition to receive credit. Applied shall pay or issue credit to the purchaser in the amount of the invoiced purchase price and return shipping costs, and shall not charge any restocking fee, for Product or Equipment returned in accordance with this policy, as confirmed upon inspection of the Product or Equipment by Applied. Returns that do not meet the conditions in this policy are considered non-conforming and, if accepted by Applied, will be subject to a restocking fee of up to twenty-two and one-half percent (22.5%) of the purchase price. Non-conforming Product or Equipment that is not accepted by Applied shall be returned to the purchaser at the purchaser's expense, without payment or credit.

B. Reasons for Return. One or more of the following conditions must be met:

1. Applied shipped the Product or Equipment in error;
2. The Product or Equipment, its packaging, or its crating is damaged before it is received by the purchaser;
3. The Product or Equipment does not comply with the applicable written limited warranty; or
4. The Product has less than twelve (12) months shelf life when delivered to the purchaser.

C. Manner of Return. In order to receive credit or replacement Product or Equipment, all of the following conditions must be met, as applicable:

1. An RGA number must be issued by Applied prior to returning any Product or Equipment to Applied. The RGA number must be placed on the outside of the shipping carton. A copy of the original packing slip or invoice must be included with any returned Product and Equipment.
2. With respect to used Product and Equipment returned outside the scope of any applicable limited warranty, the purchaser must provide written notification to Applied before returning the used Product or Equipment. A Customer Experience Report (CER) must be received by Applied, completed in full, within twenty-four (24) hours of Product or Equipment use.
3. Used Product and Equipment returned to Applied must be decontaminated and packaged for safe handling. Applied's field representatives are prohibited from picking up Product or Equipment that does not meet this criterion.

Purchased 37 @ \$735.78 each
8551375



**Memorial
Hospital**

OF SWEETWATER COUNTY

Inventory Item Usage Report

7/25/2017 - 7/25/2018

DEPARTMENTS: All

ITEM #	USED	Issued / Purchased	Document Number	Date	U of M
8551375	11	Issue	ISS128325	08/03/17	EA
	1	Issue	ISS128535	08/17/17	EA
	1	Issue	ISS128571	08/20/17	EA
	1	Issue	ISS128703	08/30/17	EA
	1	Issue	ISS128797	09/05/17	EA
	1	Issue	ISS129441	10/18/17	EA
	1	Issue	ISS129519	10/23/17	EA
	1	Issue	ISS130020	11/26/17	EA
	1	Issue	ISS130044	11/28/17	EA
	1	Issue	ISS130746	01/15/18	EA
	1	Issue	ISS131124	02/09/18	EA
	1	Issue	ISS131692	03/20/18	EA
	1	Issue	ISS132346	05/03/18	EA
	1	Issue	ISS132429	05/09/18	EA
	4	Issue	ISS132531	05/15/18	EA
	1	Issue	ISS132582	05/18/18	EA
	1	Issue	ISS132738	05/29/18	EA
	1	Issue	ISS132810	06/04/18	EA
	1	Issue	ISS132936	06/12/18	EA
	1	Issue	ISS132962	06/13/18	EA
	1	Issue	ISS132991	06/14/18	EA
	1	Issue	ISS133238	07/03/18	EA
	1	Issue	ISS133305	07/09/18	EA
	1	Issue	ISS133476	07/18/18	EA

LIGASURE
"OPEN"

37

- 37 ISSUED

- \$27,223.86 (1 YEAR)

7/25/2018 3:44:54 PM

Purchased 129 of 8551346
@ \$28.80 each device



**Memorial
Hospital**
OF SWEETWATER COUNTY

Inventory Item Usage Report

7/25/2017 - 7/25/2018

DEPARTMENTS: All

ITEM #	USED	Issued / Purchased	Document Number	Date	U of M
8551346	1	Issue	ISS128178	07/25/17	EA
	1	Issue	ISS128178	07/25/17	EA
	1	Issue	ISS128226	07/27/17	EA
	1	Issue	ISS128269	07/31/17	EA
	1	Issue	ISS128291	08/01/17	EA
	1	Issue	ISS128302	08/01/17	EA
	1	Issue	ISS128318	08/02/17	EA
	1	Issue	ISS128322	08/02/17	EA
	1	Issue	ISS128388	08/08/17	EA
	1	Issue	ISS128454	08/10/17	EA
	1	Issue	ISS128599	08/22/17	EA
	1	Issue	ISS128599	08/22/17	EA
	1	Issue	ISS128699	08/29/17	EA
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	1	Issue	ISS128768	09/01/17	EA
	1	Issue	ISS128822	09/07/17	EA
	1	Issue	ISS128915	09/12/17	EA
	1	Issue	ISS128974	09/17/17	EA
	1	Issue	ISS128985	09/18/17	EA
	1	Issue	ISS129015	09/19/17	EA
	1	Issue	ISS129078	09/24/17	EA
	1	Issue	ISS129166	09/28/17	EA
	1	Issue	ISS129249	10/04/17	EA
	1	Issue	ISS129307	10/10/17	EA
	1	Issue	ISS129391	10/16/17	EA
	1	Issue	ISS129405	10/16/17	EA
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	1	Issue	ISS129938	11/18/17	EA
	1	Issue	ISS129963	11/21/17	EA
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LIGASURE
"LAP"

129 ISSUED
\$ 81,115.20 (1 YEAR)

8551346

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1	Issue	ISS130058	11/28/17	EA
1	Issue	ISS130169	12/05/17	EA
1	Issue	ISS130176	12/05/17	EA
1	Issue	ISS130180	12/06/17	EA
2	Issue	ISS130253	12/12/17	EA
1	Issue	ISS130253	12/12/17	EA
1	Issue	ISS130316	12/14/17	EA
1	Issue	ISS130376	12/19/17	EA
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1	Issue	ISS130402	12/20/17	EA
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1	Issue	ISS130642	01/08/18	EA
1	Issue	ISS130653	01/09/18	EA
1	Issue	ISS130763	01/16/18	EA
1	Issue	ISS130801	01/18/18	EA
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1	Issue	ISS130881	01/23/18	EA
1	Issue	ISS130908	01/25/18	EA
2	Issue	ISS130965	01/30/18	EA
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1	Issue	ISS131065	02/06/18	EA
1	Issue	ISS131066	02/06/18	EA
1	Issue	ISS131087	02/07/18	EA
1	Issue	ISS131124	02/09/18	EA
1	Issue	ISS131150	02/12/18	EA
1	Issue	ISS131171	02/13/18	EA
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1	Issue	ISS131414	02/28/18	EA
1	Issue	ISS131460	03/05/18	EA
2	Issue	ISS131481	03/06/18	EA
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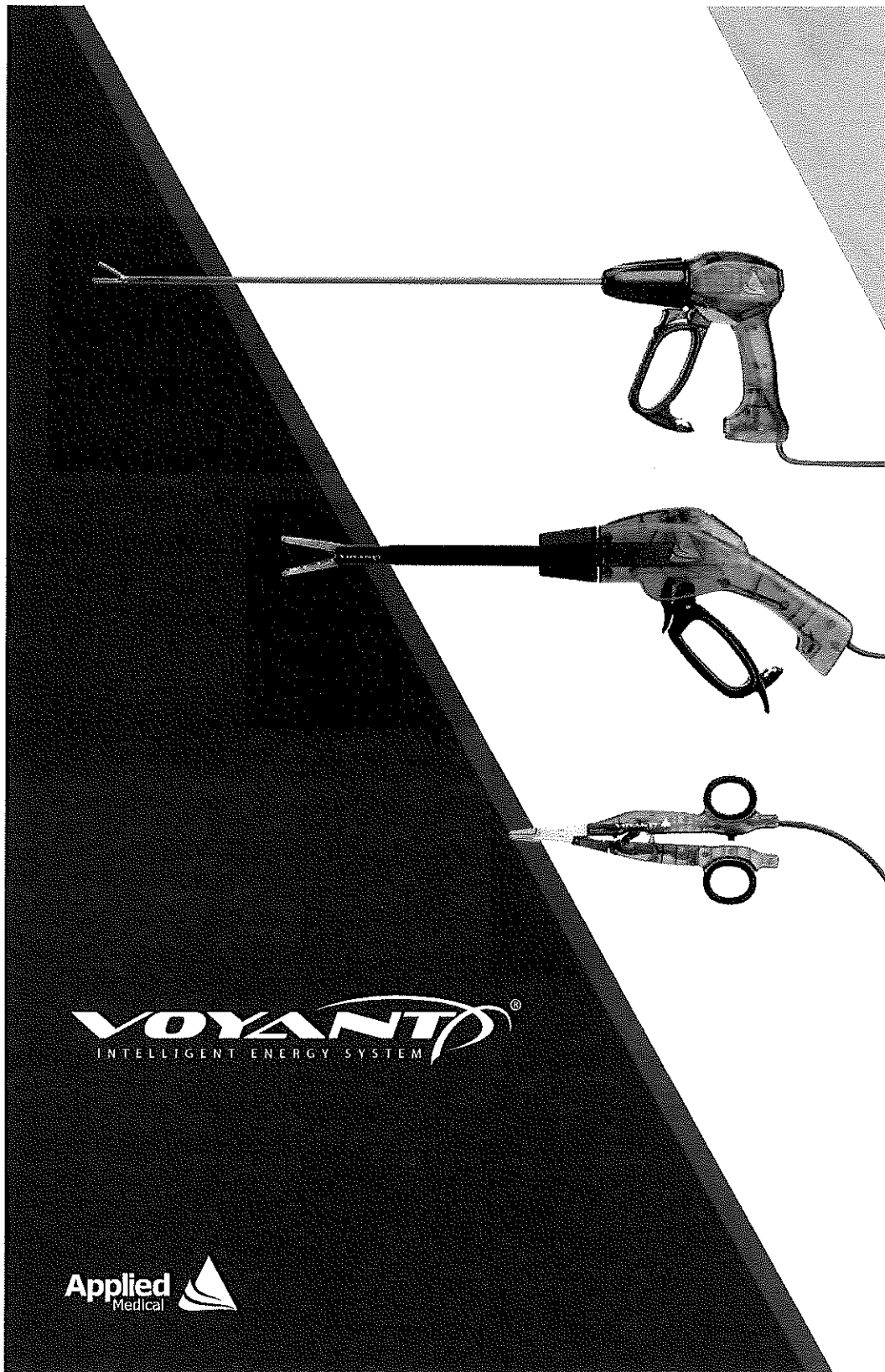
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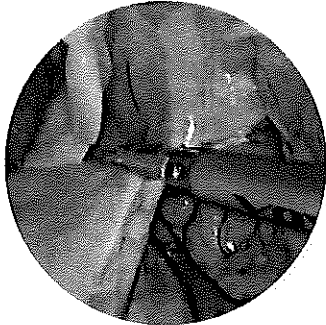
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Voyant

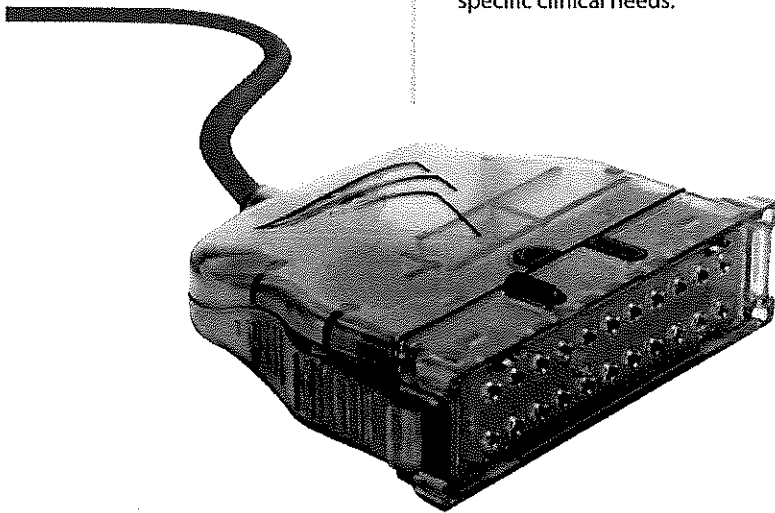
Intelligent Energy System



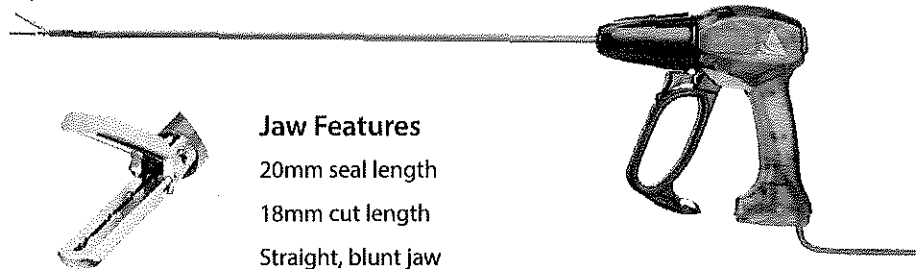
Rather than relying on only one variable, the Voyant system intelligently measures the tissue and its changing properties and applies the optimal amount of energy to create a permanent, fused seal.

Intelligence

The Voyant system introduces a unique advancement by embedding the intelligence in each device. This allows an unlimited potential for future instruments that provide precise solutions for specific clinical needs.

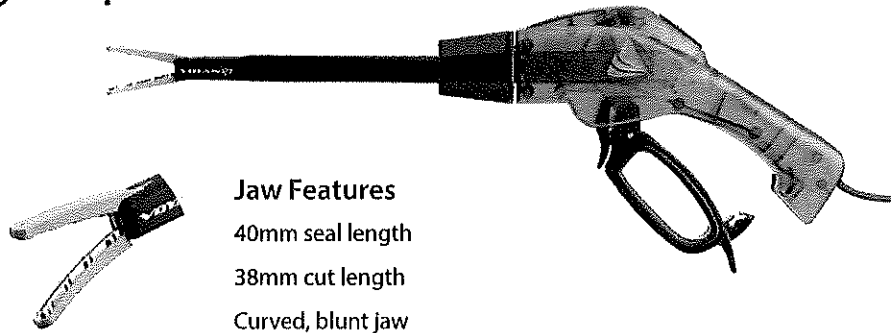


Voyant 5mm Fusion



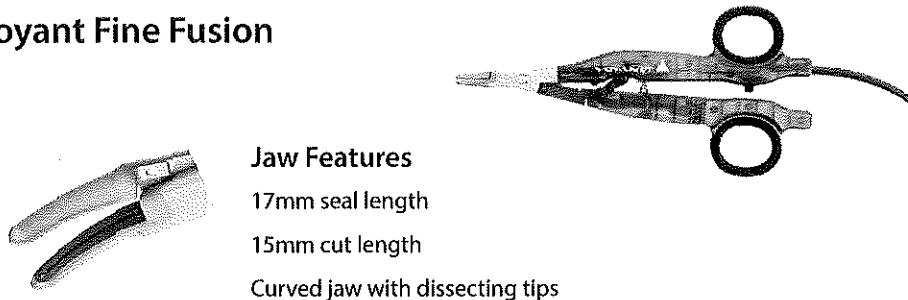
Jaw Features
20mm seal length
18mm cut length
Straight, blunt jaw

Voyant Open Fusion

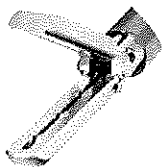


Jaw Features
40mm seal length
38mm cut length
Curved, blunt jaw

Voyant Fine Fusion

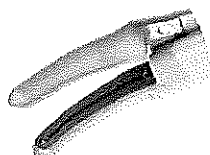


Jaw Features
17mm seal length
15mm cut length
Curved jaw with dissecting tips



Laparoscopic Devices

Reorder No.	Description	Size	Qty/Box
EB010	Voyant 5mm Fusion	5mm x 37cm	6/Box
EB011	Voyant 5mm Fusion	5mm x 44cm	6/Box



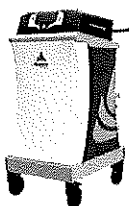
Open Devices

Reorder No.	Description	Size	Qty/Box
EB030	Voyant Fine Fusion	13.5cm	6/Box
EB040	Voyant Open Fusion	20cm	6/Box



Generator

Reorder No.	Description	Qty/Box
EA010	Voyant Electrosurgical Generator	1/Box



Accessories

Reorder No.	Description	Qty/Box
EX050	Voyant Cart	1/Box
EX051	Voyant Cart Cover	1/Box

Visit www.appliedmedical.com/Voyant
for more information

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European Union. SC01943R



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: **CLEAR DATA**
2. Purpose of contract, including scope and description: **Annual HIPAA Security audit required for reimbursement under meaningful use.**
3. Effective Date: **When signed by CEO but pricing in effect until August 24, 2018**
4. Expiration Date: **Audit is anticipated to begin Sept 1 2018 and be completed 4-5 weeks of start date. Once audit is completed and report and services are completed the SOW is completed.**
5. Rights of renewal and termination: **No. agreeing to hire ClearData to perform SOW. Once SOW is completed the agreement is completed.** Is this auto-renew? **NO**
6. Monetary cost of the contract and is the cost included in the department budget? **\$21,000.00 for entire SOW - Yes in budget**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NA**
8. Any confidentiality provisions? **Document itself is confidential and proprietary. SOW's are normally confidential so that results are also confidential.**
9. Indemnification clause present? **NA**
10. Is this contract appropriate for other bids? **No**
11. In-house Counsel Reviewed: **Yes**

12. Is County Attorney review required?

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: **DISA**
2. Purpose of contract, including scope and description: **DISA is a middle man for drug screen collection. They set up the screening of employees for companies. They will use our lab for testing? Is this correct? We will test urine and hair and also BA testing and confirmation. Benefit is to patients who are employees of company that contract with DISA.**
3. Effective Date: **date of execution**
4. Expiration Date: **One year from date of execution**
5. Rights of renewal and termination: **If we decide we don't want to be a collector for them we would just terminate the agreement and they would take us off the list of collection sites. Is this auto-renew? No**
6. Monetary cost of the contract and is the cost included in the department budget? **There is no direct monetary cost to the hospital. The Hospital will be reimbursed for the collections it handles for DISA. A per collection charge paid to the hospital. Hospital will bill DISA and DISA will reimburse us. \$20.00 Urine \$27.00 Hair \$40.00 BA screening and confirmation.**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **No**
8. Any confidentiality provisions? **Hospital agrees to handle all drug collection services and records in a confidential manner.**
9. Indemnification clause present? **Yes each party indemnifies the other**
10. Is this contract appropriate for other bids? **No**

11. In-house Counsel Reviewed: **YES**

12. Is County Attorney review required?

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: **WALK WITH A DOC**
2. Purpose of contract, including scope and description: **Marketing and license Agreement to sue copyrighted and nationally recognized Walk with a Doc program and materials.**
3. Effective Date: **When signed by CEO**
4. Expiration Date: **May 31, 2019**
5. Rights of renewal and termination: **may terminate with 30 day's notice** Is this auto-renew? **No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$592.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Just Walk Inc is an Ohio corp. with walking programs across the country. Jurisdiction is in Ohio**
8. Any confidentiality provisions? **Yes**
9. Indemnification clause present? **Neither party shall have any obligation to indemnify the other party.**
10. Is this contract appropriate for other bids? **NA**
11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required?