

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

**August 4, 2021**

**2:00 p.m.**

**Dial: 301-715-8592**

**Meeting ID: 851 4382 6882**

**Password: 380218**

**AGENDA**

- |       |   |   |
|-------|---|---|
| I.    | Call to Order   | Taylor Jones  |
|       | A. Roll Call  |   |
|       | B. Pledge of Allegiance   |   |
|       | C. <a href="#">Our Mission and Vision</a>                           | Barbara Sowada  |
|       | D. Mission Moment   | Irene Richardson, <i>Chief Executive Officer</i>  |
| II.   | Agenda <i>(For Action)</i>  | Taylor Jones  |
| III.  | <a href="#">Minutes</a> <i>(For Action)</i>                         | Taylor Jones  |
| IV.   | Community Communication   | Taylor Jones  |
| V.    | Old Business  | Taylor Jones  |
|       | A. COVID-19 Preparation and Recovery - Incident Command Team Update | Kim White,<br><i>Director of Emergency Services</i>                                     |
|       | B. Employee Policy <i>(from the Human Resources Committee)</i>      | Ed Tardoni  |
|       | 1. Termination and Appeals  |   |
|       | 2. Introductory Period  |   |
|       | C. Rules of Practice Governing Hearings                             | Taylor Jones  |
|       | D. Medical Staff Bylaws   | Dr. Jacques Denker, <i>Medical Staff President</i>                                      |
|       | E. <a href="#">Board Reporting Calendar</a> <i>(For Action)</i>     | Kara Jackson Kara Jackson,<br><i>Director of Quality, Accreditation, Patient Safety</i> |
|       | F. <a href="#">Board Policies</a> <i>(For Action)</i>               | Barbara Sowada  |
| VI.   | New Business <i>(Review and Questions/Comments)</i>                 | Taylor Jones  |
|       | A. <a href="#">Board Education Proposal</a> <i>(For Action)</i>     | Barbara Sowada  |
| VII.  | Chief Executive Officer Report                                      | Irene Richardson  |
| VIII. | Committee Reports   |   |
|       | A. <a href="#">Quality Committee</a>                                | Barbara Sowada  |
|       | B. <a href="#">Human Resources Committee</a>                        | Barbara Sowada  |
|       | C. Finance & Audit Committee  | Ed Tardoni  |
|       | 1. <a href="#">Capital Expenditure Request</a> <i>(For Action)</i>  |   |
|       | 2. Bad Debt <i>(For Action)</i>                                     |   |
|       | D. <a href="#">Building &amp; Grounds Committee</a>                 | Marty Kelsey  |
|       | E. Foundation Board   | Taylor Jones  |
|       | F. <a href="#">Compliance Committee</a>                             | Marty Kelsey  |
|       | G. <a href="#">Governance Committee</a>                             | Taylor Jones  |
|       | H. Executive Oversight and Compensation Committee                   | Taylor Jones  |
|       | I. Joint Conference Committee                                       | Taylor Jones  |

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- |       |   |                    |
|-------|---|--------------------|
| IX.   | Contract Review   | Suzan Campbell     |
|       | A. Contracts Approved by CEO since Last Board Meeting <i>(For Your Information)</i> |                    |
|       | 1. <a href="#">Medical Physics Consultants, Inc.</a>                                |                    |
|       | 2. <a href="#">Shadow Mountain Water</a>  |                    |
| X.    | Medical Staff Report  | Dr. Jacques Denker |
| XI.   | Good of the Order   | Taylor Jones       |
| XII.  | Executive Session (W.S. §16-4-405(a)(ix))   | Taylor Jones       |
| XIII. | Action Following Executive Session  | Taylor Jones       |
| XIV.  | Adjourn   | Taylor Jones       |





# Memorial Hospital

OF SWEETWATER COUNTY

## OUR MISSION

*Compassionate care for  
every life we touch.*

## OUR VISION

*To be our community's trusted  
healthcare leader.*

## OUR VALUES

*Be Kind*

*Be Respectful*

*Be Accountable*

*Work Collaboratively*

*Embrace Excellence*

## OUR STRATEGIES

*Patient Experience*

*Quality & Safety*

*Workplace Experience*

*Growth, Opportunity & Community*

*Financial Stewardship*

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

**July 7, 2021**

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on July 7, 2021, at 2:00 PM with Mr. Taylor Jones, President, presiding.

**OATH OF OFFICE**

Mr. Jones called the meeting to order. He administered the oath of office and welcomed Ms. Pendleton to the Board of Trustees. He said she will be a great asset to the Board and the Hospital.

**CALL TO ORDER**

Mr. Jones announced there was a quorum. The following Trustees were present online: Mr. Taylor Jones, Mr. Marty Kelsey, Ms. Kandi Pendleton, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present: Ms. Irene Richardson, Chief Executive Officer; Dr. Jacques Denker, Medical Staff President; and Mr. Geoff Phillips, Legal Counsel.

**Pledge of Allegiance**

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

**Our Mission and Vision**

Mr. Jones read aloud the mission and vision statements.

**APPROVAL OF AGENDA**

Mr. Jones said there was a change to the agenda as the Interim IT Director contract would not be reviewed. The motion to approve the amended agenda as requested was made by Dr. Sowada; second by Ms. Pendleton. Motion carried.

**APPROVAL OF MINUTES**

The motion to approve the minutes of the June 2, 2021, regular meeting as presented was made by Mr. Tardoni; second by Mr. Kelsey. Ms. Pendleton abstained and the motion carried.

**COMMUNITY COMMUNICATION**

There were no comments.

## **OLD BUSINESS**

### **Termination and Appeals Policy, Introductory Period, Rules of Practice Governing Hearings**

Mr. Jones said placeholders remain on the agenda for the Termination and Appeals Policy, the Introductory Period Policy, and the Rules of Practice Governing Hearings.

### **Medical Staff Bylaws**

Dr. Denker said the group met June 17. Information will be returned to legal counsel and the group will reconvene to review. Dr. Denker said the hope is to forward to the Board for review with all expediency.

### **Performance Improvement and Patient Safety (PIPS) Plan**

Ms. Kara Jackson, Director of Quality, Accreditation, and Patient Safety, briefly reviewed the plan. Dr. Sowada said she did not see a column for deadlines. She referenced sepsis bundles and said we have been working on this for a couple of years. As a member of the Quality Committee, she said she is looking for deadlines. Ms. Jackson said we will work on them now and update the information. Dr. Sowada thanked the group for all the work staff have put into the plan. The motion to adopt the plan as written was made by Mr. Kelsey; second by Dr. Sowada. Motion carried.

## **NEW BUSINESS**

### **Election of Officers**

Dr. Sowada said the Governance Committee of Mr. Richard Mathey, Dr. Sowada, and Ms. Richardson developed a slate of officers. There was an opportunity to nominate from the floor open until June 15 and no nominations were received. Dr. Sowada said all candidates for office have been contacted. She presented the slate of officers for FY22:

- President – Mr. Jones
- Vice President – Dr. Sowada
- Secretary – Mr. Kelsey
- Treasurer – Mr. Tardoni

The motion to approve the slate of officers for FY22 as presented was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

### **Committee Assignments**

Mr. Jones announced the Board Committee assignments:

Governance – Mr. Taylor Jones (Chair)  
Dr. Barbara Sowada

Quality – Dr. Barbara Sowada (Chair)  
Mr. Ed Tardoni

Physicians – Dr. Alicia Gray, Dr. Phil Najm

Building & Grounds – Mr. Marty Kelsey (Chair)  
Mr. Ed Tardoni

Finance & Audit – Mr. Ed Tardoni (Chair)  
Ms. Kandi Pendleton  
Physicians – Dr. Israel Stewart, Dr. Ben Jensen

Human Resources – Dr. Barbara Sowada (Chair)  
Ms. Kandi Pendleton

Joint Conference – Mr. Taylor Jones (Chair)  
Mr. Marty Kelsey  
Physicians – Dr. Jacques Denker, Dr. Alicia Gray

Compliance – Mr. Marty Kelsey (Chair)  
Ms. Kandi Pendleton

Executive Oversight & Compensation – Mr. Taylor Jones (Chair)  
Mr. Ed Tardoni

### **Board Reporting Calendar**

Ms. Jackson said the calendar came about following recommendations from our quality consultant last August. The calendar contains a list of reports required to come to the Board as reports and/or approval to meet The Joint Commission standards and serves as oversight of the Board of the Hospital. Dr. Sowada noted items are recommendations for timing and may be moved as needed. Dr. Sowada said it is a nice job and a lot of work to get it done.

### **FY2022 PIPS Priorities**

Ms. Jackson said the PIPS Committee met and used tools to help determine and select the priorities for FY22. A smaller workgroup and senior leaders met to take a list of 22 items down to the current 3. Ms. Pendleton asked where we are currently sitting with percentile in patient satisfaction HCAHPS likelihood to recommend scores. Ms. Jackson said she will obtain the current statistics and include that information moving forward. Mr. Kelsey said this item is listed in New Business; however, he would really like to approve at this time so we can move forward with the work. The motion to approve the FY22 PIPS Priorities with the addition of target deadlines and addition of where we are currently for each of the departments involved was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

### **Board Policies**

Dr. Sowada said between January and June 2021 the Governance Committee of Ms. Richardson, Mr. Mathey, and Dr. Sowada met with the assistance of Ms. Suzan Campbell, In House Counsel, and Ms. Marianne Sanders, Director of Physician Recruitment and Retention, to update board bylaws. They also worked on updating board policies. The list of 18 reviewed is included in the

meeting packet. Those highlighted in yellow on the list had no changes, highlighted in green are waiting to be processed, and highlighted in blue are archived. Mr. Kelsey requested the information with current and proposed to review side by side. Dr. Sowada created a chart of what has been proposed. She said Ms. Robin Fife, Clinical Administrative Assistant, created a special category for board policies in Policy Stat to help make them easier to find. Mr. Kelsey thanked Dr. Sowada, Mr. Mathey and staff for working on the policies. He suggested when this comes back, we do what he has typically seen and have a standard strike-thru and highlighted changes. He said that is a standard approach and will make it easier to see what the changes are exactly. Mr. Tardoni said he thinks there was a word missed in the contracts requiring board approval document in 2B. He said he believes item 1A-7 in maintenance of board committee minutes says motion “take” and should be “taken.” He said he will send an e-mail to Dr. Sowada with his suggested changes. Mr. Tardoni asked why the Chief Nursing Officer is listed twice in the approval area. Ms. Ann Clevenger, Chief Nursing Officer, said her name was listed twice because she was the proxy approval for the Board in Policy Stat following their approval in meetings. Dr. Sowada said a signature line has been added for the Board President and Secretary to “sign” their approval moving forward. Ms. Pendleton said the information provided has been very helpful to her as a new board member. She said it is very well done and very clear to understand. Mr. Jones said the Board has been working on developing and finetuning the information for about five years now.

### **CHIEF EXECUTIVE OFFICER REPORT**

Ms. Richardson invited Ms. Kim White, Incident Commander and Director of Emergency Services, to provide a Covid-19 preparation and recovery Incident Command Team update. Ms. White said we are seeing younger patients (mid 30’s-40’s) admitted or transferred out for treatment we cannot provide. We are working through Incident Command and with Leadership Team on OSHA updated regulations. The County positivity rate dropped from over 10% to below 6%. Ms. White said hopefully it will continue to go down. Vaccine rates in the County have not really increased and remain at about 23%. She said we will continue to work with the community and providers to do what is needed. Ms. Pendleton asked about offering the vaccine at events. Ms. White said the vaccine is fragile and difficult with heat so we keep looking at all our options. We have had a confirmed case of the Delta variant.

As a mission moment, Ms. Richardson read aloud a patient letter recognizing and thanking Dr. Alicia Gray. She also shared some recent OB Press Ganey patient satisfaction survey positive feedback. Ms. Richardson welcomed Ms. Pendleton and said we are so excited and looking forward to working with her. Ms. Richardson and Mr. Jones will work with her to set up her orientation. She invited Ms. Pendleton to reach out with any questions. Ms. Richardson provided a 2018-2021 Strategic Plan update in the focus areas of Patient Experience, Quality and Safety, Community and Growth, Workplace Experience, Financial Stewardship. We are continuing with person-centered care initiatives. 634 people have successfully participated in the Planetree person-centered care experiential workshops. An excellent team is offering the communicating with empathy workshops. 301 people have successfully participated to-date. The Joint Commission triannual survey was conducted May 6 and 7. We are fully accredited for three more years. Ms. Richardson said we are very proud of staff for their commitment to quality. The surveyors said our staff was very helpful and knowledgeable. In the area of workplace experience, we thanked staff by bringing in food trucks the previous week to recognize their efforts and celebrate the successful survey. Ms. Richardson said she and Ms. Tami Love, Chief Financial Officer, will meet with a

representative from Standard & Poor's July 19. We are also discussing refinancing our debt with the Board Finance and Audit Committee and our auditors. The interim audit the previous week went well. We are off to a great start in preparing for their onsite visit at the end of July. The senior leaders are working on the framework for the new strategic plan. Dr. Sowada is the Board liaison and individual trustees have been involved to provide input. The Wyoming Hospital Association annual meeting is September 7-9 in Casper. Trustees are invited. Ms. Richardson asked anyone interested to let her know. Ms. Richardson reminded everyone to sign in to iProtean and said it is an excellent resource for trustees and senior leaders. The Governance Institute is offering in-person and virtual conferences September 19-22 in San Diego and October 10-13 in Colorado Springs. Ms. Richardson said we have a lot of things going on. Covid-19 continues, and we are preparing for a lab Joint Commission survey, quality initiatives, patient experience efforts, Cerner electronic health record implementation, and ongoing construction. Ms. Richardson expressed appreciation for everything everyone is doing for our community. She thanked the Board and County Commissioners for their continued support.

## **COMMITTEE REPORTS**

Mr. Jones said the committee information is in the packet. Trustees are invited to pull out anything they want to address or discuss.

### **Quality Committee**

Mr. Kelsey said it has been recommended by the staff that all employees get the flu vaccine. He said we will see what the response is.

### **Human Resources Committee**

Mr. Tardoni said the HR Committee did not meet and said the standard report is in the meeting packet

### **Finance and Audit Committee**

***Capital Expenditure Requests:*** The motion to approve capital expenditure request FY22-3 for \$80,510.85 for budgeted equipment and maintenance was made by Mr. Tardoni; second by Mr. Jones. Ms. Crystal Hamblin, Director of Cardiopulmonary Services, addressed questions and concerns brought forward from the Finance and Audit Committee. Following discussion, the motion carried. The motion to approve capital expenditure request FY22-4 for \$287,897 for fire line work was made by Mr. Tardoni; second by Mr. Jones. Mr. Jim Horan, Facilities Director, said there is no renewable clause in the agreement. Mr. Tardoni said this will be submitted to the County for reimbursement from maintenance funds. Ms. Pendleton asked why there was only one bid and asked if we are in violation of state statutes. Mr. Horan and Mr. Tardoni said it was a matter of urgency. Mr. Kelsey said the Hospital has sole-source ability and for reasons Mr. Horan mentioned and given the circumstances we find ourselves in, this was the best course of action. Mr. Phillips said the Hospital can make an exception based on the expediency involved. Following discussion, the motion carried. The motion to approve capital expenditure request FY22-5 for \$156,346.71 for 17 budgeted replacement ER gurneys was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

### **CARES Act Capital Expenditure Request**

The motion to ratify CARES Act capital expenditure request FY21-25 for \$153,586.93 for furniture through the hospital was made by Mr. Tardoni; second by Mr. Jones. Ms. Richardson said the CARES Act funds expire June 30 and that is why we worked to meet the deadlines. Ms. Richardson said the new furniture will be easier to clean and sanitize. Mr. Tardoni said it is hospital-grade material. Following discussion, the motion carried.

***Bad Debt:*** The motion to approve the net potential bad debt of \$1,119,904.46 as presented by Mr. Ron Cheese, Director of Patient Financial Services, was made by Mr. Kelsey; second by Mr. Jones. Motion carried.

### **Building & Grounds Committee**

Mr. Kelsey said he did not have anything to add to the information in the meeting packet. Mr. Kelsey thanked Mr. Horan for the recent tour.

### **Foundation**

Ms. Tiffany Marshall, Executive Director of the Foundation, said the Board of Directors met in June in person for the first time in a year. The Golf Tournament is scheduled August 14 at Rolling Green in Green River. The Foundation formed an Annual Giving Committee. A Foundation Board Retreat is in the planning stage. The Waldner House continues to be busy.

### **Compliance Committee**

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

### **Governance Committee**

Dr. Sowada said she did not have anything new to report.

### **Executive Oversight and Compensation Committee**

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

### **Joint Conference Committee**

Mr. Jones said there is nothing new to report.

## **CONTRACT REVIEW**

### **Contract Consent Agenda**

Mr. Kelsey asked if we do ads on Facebook because he sees ads for other doctors from other places on there every day. Ms. Deb Sutton, Marketing Director, said yes, we have quite a few services

that are highlighted on digital platforms. We have a contract with Scorpion for search and display. She said she has a meeting with them the following week to discuss additional opportunities.

The motion to approve the contracts contained in the consent agenda was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

### **MEDICAL STAFF REPORT**

Dr. Denker reported the Medical Executive Committee (MEC) met June 22. Ms. Richardson and Dr. Denker presented scholarships to local students: Rikki Cozad, Delaney Gardea, Abby Hautala. Dr. Denker said the meeting hot topic was the quality report. Moving forward, information for all physician groups and levels will be reviewed at the department meetings by department chairs then move to MEC and then to the Board. Dr. Denker welcomed Locums Hospitalist Dr. Anil Aleti and Dr. Nicholas Kanaan in the Emergency Department. He welcomed Ms. Katie Moczulski, Nurse Practitioner, to the Sweetwater Walk-In Clinic. Dr. Denker said the Cerner electronic medical record is on everyone's minds. Go Live is set for October 4. Dr. Brianne Crofts is the physician leader and she is doing a great job keeping everyone on-track.

### **GOOD OF THE ORDER**

Mr. Jones thanked everyone at the Hospital especially now with whatever the next level of Covid finds. He said he knows that adds stress.

### **EXECUTIVE SESSION**

Mr. Jones said there would be an executive session. He said the Board would take a ten-minute break and reconvene in executive session. The motion to go into executive session was made by Mr. Kelsey; second by Dr. Sowada. Motion carried.

### **RECONVENE INTO REGULAR SESSION**

At 4:24 PM, the motion to leave executive session and return to regular session was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Mr. Jones asked if anyone wanted to change committees or have different assignments. There were no requests for changes.

### **ACTION FOLLOWING EXECUTIVE SESSION**

#### **Approval of Privileges**

The motion to approve privileges for the list of providers discussed in executive session was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

Credentials Committee Recommendations from June 8, 2021

1. Initial Appointment to Locum Tenens Staff (1year)
  - Dr. Anil Aleti, Hospitalist
  - Dr. Don Dickerson, Radiation Oncology
  - Dr. Nicholas Kanaan, Emergency Medicine (U of U)



2. Initial Appointment to AHP Staff (1 years)
  - Katherine Moczulski, Family Nurse Practitioner
3. Reappointment to Consulting Staff (2 years)
  - Dr. Raymond Bozman, Tele Radiology (VRC)
  - Dr. Peter Hannon, Tele Stroke (U of U)
  - Dr. Lauren Theilen, Maternal/Fetal Medicine (U of U)
  - Dr. Marcela Smid, Maternal/Fetal Medicine (U of U)
4. Reappointment to Locum Tenens Staff (1 year)
  - Dr. Taylor Delgado, Emergency Medicine (U of U)
5. Reappointment to AHP Staff (2 years)
  - Bonnie Collins, Licensed Clinical Social Work (SWCS)

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

The motion to approve the CEO evaluation for FY21 as discussed in executive session was made by Dr. Sowada; second by Mr. Tardon. Motion carried.

### **ADJOURNMENT**

Mr. Jones thanked everyone. There being no further business to discuss, the meeting adjourned at 4:27 PM.

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Mr. Taylor Jones, President

Attest:

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Mr. Marty Kelsey, Secretary

## MHSC Board of Trustees Reporting Calendar

YEAR: 2021		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Annual</b>													
1	Review of the Strategic Plan									X			
2	Approval of Scopes of Services						X						
3	Self-evaluation of Board Members with analysis						X						
4	CEO Evaluation										X		
5	Annual approval of the Operating Budget and when needed, the long-term capital expenditure plan						X						
6	External audit by an independent public accountant										X		
7	Annual PI/Patient Safety/Risk Management Report; Annual Approval of PIPS Plan (to include approval of frequency and detail of data collection); Annual Approval of PI Priorities and the number of distinct improvement projects to be conducted annually; Proactive Risk Assessment							X					
8	CMS Star Rating Report				X								
9	Quality Workshop of the Board												
10	Approval of Risk Management Plan			X							X		
11	Dialysis QAPI Program/Plan							X					
12	Approval of Patient Safety Plan	X											
13	Annual HR Report to Board & Annual Staffing Adequacy Report								X				
14	Annual Environment of Care Report and Approval of EOC Plans			X									
15	Annual Emergency Operations Plan Evaluation						X						
16	Annual Infection Control Report and Approval of Annual Infection Control Plan				X								
17	Approval of Utilization Management Plan Review									X			
18	Contracted Services Evaluation											X	
19	Medical Staff leader/designee reports on medical quality at timeframe defined per approved policy (at least twice per fiscal yr or calendar yr. Includes periodic reports of the medical staff evaluation of patient care services for every patient care location of the organization)					X				X			
20	Annual Conflict of Interest Form Signed							X					
<b>Biannual</b>													
1	Approval of Emergency Operations Plan							X					
2	Culture of Safety Survey Results									X			
<b>Triennial</b>													
1	Approval of Infection Prevention Program										X		
2	Approval of the Strategic Plan									X			
<b>Ongoing</b>													
1	Credentialing and Privileging Reports	X	X	X	X	X	X	X	X	X	X	X	X
2	Chief Nursing Reports			X					X				
3	Monitoring of the budget and long-term capital expenditure plans	X	X	X	X	X	X	X	X	X	X	X	X
4	Culture of Safety Action Plan Updates			X						X			
5	Patient Flow Reports					X						X	
6	Ongoing PI and Patient Safety Reports (Quality Committee of the Board Report)	X	X	X	X	X	X	X	X	X	X	X	X

# BOARD AGENDA



Approved:  
Review Due:  
Document Area:  
Reg. Standards:

N/A  
3 years after approval  
Board of Trustees

## BOT - Board Agenda



### Board of Trustees

## STATEMENT OF PURPOSE:

~~An agenda is a meeting program designed to enable all important and relevant points to be dealt with in good order and good time.~~

A meeting agenda is a list of activities in the order that they are to be addressed. Agendas provide prior notice of the business to be conducted; enable participants to come prepared; distinguish among informational items, action items, and discussion items; and facilitate allocation of time.

## DEFINITIONS:

A meeting agenda is a list of activities in the order that they are to be addressed, beginning with the call to order and ending with adjournment.

A consent agenda is a subsection of the meeting agenda that groups non-controversial, routine business and reports into one agenda item. It is a time saving device, because the consent agenda can be approved in one action, rather than making motions on each separate item.

## TEXT:

### ~~I. Amending the Agenda~~

- ~~A. It is recommended that the only permissible action be changing the order of the agenda items.~~
- ~~B. However, in the case of a true emergency, agenda items may be added or deleted.~~
  - ~~1. An emergency is defined as a circumstance that could not have been reasonably foreseen, that has serious financial and/or patient care implications, and that requires action to be taken at the current, regular monthly board meeting.~~
  - ~~2. The Board President or any two of the trustees may decide that an item constitutes an emergency.~~

### ~~II. Agenda Items Added by Individual Board Members~~

- ~~A. If an individual board member has an item that s/he wishes to add, either for discussion or action, it is recommended that the person send the item to the CEO and the Board Chair for inclusion in that month's agenda.~~
- ~~1. The item will be placed on the agenda and discussed at that month's meeting, but no action will be taken.~~
  - ~~2. Any action to be taken will occur at the following month, as part of Old Business.~~
- ~~B. The alternative method is for the individual to bring the agenda item to the appropriate board committee.~~
- ~~1. the committee, then, as part of its routine business recommends that the item come before the board for consideration.~~
  - ~~2. Once placed on the board agenda, the item will be discussed at that month's meeting, and any action to be taken will occur at the following month, as part of Old Business.~~

#### I. Preparing the Agenda.

- A. The President of the Board of Trustees (Board) shall prepare the agenda for all meetings of the Board in consultation with the Chief Executive Officer (CEO).
1. If a Trustee has an item that s/he wishes to add, either for discussion or action, the Trustee shall send the item to the CEO and the Board President for inclusion in that month's agenda.
  2. The item will be placed on the agenda.
  3. The President has the discretion to designate the item for action, or for discussion with action to be taken later, or refer it to the appropriate Committee for further consideration.
- B. The chairperson of each Board Committee shall prepare the agenda for his/her Committee in consultation with the appropriate hospital staff.

#### II. Approving the Agenda.

- A. To assure the transparent conduction of the hospital business, agendas for regular and special meetings shall be approved at the beginning of each Board or Committee meeting.

#### III. Amending the Agenda.

- A. For regular meeting agendas, Trustees may move for additions or deletions to the original agenda. The amended agenda must be approved in order for the conducted business to be official.
- B. For consent agendas, Trustees may require that one or more items be removed to the regular agenda. The consent agenda is then approved minus the removed items.
- C. Agendas for special meetings may **not** be amended.

**Board of Trustees Approval: 12/18/11 (Pres. ~~Mathey~~ Jones, Sec. ~~Tardoni~~ Kelsey)**

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Taylor Jones: Board Trustee	pending
Irene Richardson: CEO	07/2021
Suzan Campbell: General Legal Counsel	07/2021

COPY



Approved:

N/A

Review Due:

3 years after approval

Document Area:

Board of Trustees

Reg. Standards:

## BOT - Board Agenda



### Board of Trustees

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**Board of Trustees Approval: / / (Pres. Jones, Sec. Kelsey)**

**Attachments**

No Attachments

**Approval Signatures**

Approver	Date
Suzan Campbell: General Legal Counsel	pending



# CONFLICT OF INTEREST



Approved:

06/2021

Review Due:

06/2024

Document Area:

Board of Trustees

Reg. Standards:

## BOT - Conflict of Interest Policy



### Board of Trustees

#### **STATEMENT OF PURPOSE:**

Memorial Hospital of Sweetwater County (MHSC) Board of Trustees members will operate in a manner that will ~~avoid actual and apparent conflicts of interest~~ uphold the ethical standards of the Hospital by adhering to this Conflict of Interest policy. ~~A conflict of interest arises when a Board member is unable to devote complete loyalty and singleness of purpose to the interest of the Hospital.~~

#### **TEXT:**

- ~~I. 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.~~
- ~~II. Each board member shall complete and submit the annual Conflict of Interest Disclosure form (see attached) between July 1 and July 31 of each year. the annual completed forms will be maintained in the MHSC Administration office.~~
- ~~III. 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.~~
- ~~IV. 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.~~
  - ~~C. No board member may participate in the employment, transfer, discipline, or advancement of a~~

~~family member at the Hospital.~~

- ~~D. 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.~~

### **~~Board of Trustees Approval: 8/1/18 (Pres. Mathey, Sec. Tardoni)~~**

- I. Under the applicable Wyoming conflict of interest statutes (W.S. §17-19-831) a conflict of interest transaction is a Hospital transaction in which a Board of Trustees member has a direct or indirect interest and the transaction requires Board approval.
- A. If a Board member has a direct or indirect conflict with a Hospital transaction, the Board member shall disclose his/her interest to the Board and then shall recuse him/herself from discussion and voting on the transaction.
- B. An indirect conflict is a transaction:
1. with another entity in which the Board member has a material interest or
  2. with another entity of which the Board member is a director, officer or trustee
- II. A Board member shall not use his/her position or any hospital funds, time, personnel, facilities, or equipment for his/her private benefit or that of another, unless the use is authorized by law.
- A. A Board member shall not participate in the employment, transfer, discipline, or advancement of a family member at the Hospital.
- B. 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.
- III. Each Board member shall complete and submit the annual Conflict of Interest Disclosure form (see attached) between July 1 and July 31 of each year.
- A. The completed annual Disclosure forms will be maintained in the MHSC Administration office.
- B. 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.

**Approval: Revised May 25, 2021 Presented to Governance Committee June 4, 2021 approved by the Board of Trustees // (Pres. Jones, Sec. Kelsey)**

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021



Approved: 06/2021  
Review Due: 06/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Conflict of Interest Policy



### Board of Trustees

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    1. with another entity in which the Board member has a material interest or
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- II. A Board member shall not use his/her position or any hospital funds, time, personnel, facilities, or equipment for his/her private benefit or that of another, unless the use is authorized by law.
  - A. A Board member shall not participate in the employment, transfer, discipline, or advancement of a family member at the Hospital.
  - B. 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.
- III. Each Board member shall complete and submit the annual Conflict of Interest Disclosure form (see attached) between July 1 and July 31 of each year.
  - A. The completed annual Disclosure forms will be maintained in the MHSC Administration office.
  - B. 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.

**Approval: Revised May 25, 2021 Presented to Governance Committee June 4, 2021 approved by the Board of Trustees / / (Pres. Jones, Sec. Kelsey)**

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021

COPY

# EMAIL COMMUNICATIONS



Approved: 06/2021  
 Review Due: 06/2024  
 Document Area: Board of Trustees  
 Reg. Standards:

## BOT - EMAIL COMMUNICATIONS



### Board of Trustees

## STATEMENT OF PURPOSE:

~~Procedure for communicating with each other by email regarding the Board's business.~~

The Board of Trustees (Board) of Memorial Hospital of Sweetwater County (Hospital) will conduct business- whether in person or by email- in an open and transparent manner.

## TEXT:

- I. Board members may and are encouraged to share educational information and materials amongst themselves by email. Such email correspondence, as long as it is NOT official Hospital business, is constructive.
- II. ~~E-mail Communication~~ Email communication regarding Board agenda items:
  - A. Individual comments regarding any agenda item, including those placed by individual board members, are to be emailed to the ~~CEO~~ Chief Executive Officer's (CEO) administrative assistant.
  - B. By emailing the CEO's administrative assistant everyone, including the public, can see them.
  - C. The emailed comments will be included in that month's board meeting packet.
- III. Official Hospital/Board business by email:
  - A. No meeting shall be conducted by electronic means or any other form of communication that does not permit the public to hear, read or otherwise discern meeting discussion contemporaneously.
  - B. Communications outside a meeting, including, but not limited to, sequential communications among members of an agency, shall not be used to circumvent the purpose of the Open Meetings Act W.S. 16-4-401(et. seq.).

**Board of Trustees Approval:** ~~12/18~~ **1** (Pres. ~~Mathey~~ Jones, Sec. ~~Tardoni~~ Kelsey)

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021

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Approved: 06/2021  
Review Due: 06/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - EMAIL COMMUNICATIONS



### Board of Trustees

#### STATEMENT OF PURPOSE:

The Board of Trustees (Board) of Memorial Hospital of Sweetwater County (Hospital) will conduct business- whether in person or by email- in an open and transparent manner.

#### TEXT:

- I. Board members may and are encouraged to share educational information and materials amongst themselves by email. Such email correspondence, as long as it is NOT official Hospital business, is constructive.
- II. Email communication regarding Board agenda items:
  - A. Individual comments regarding any agenda item, including those placed by individual board members, are to be emailed to the Chief Executive Officer's (CEO) administrative assistant.
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**Board of Trustees Approval:** / (Pres. Jones, Sec. Kelsey)

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021

COPY

# CEO EVALUATION



Approved: N/A  
 Review Due: 3 years after approval  
 Document Area: Board of Trustees  
 Reg. Standards:

## BOT - CEO Evaluation Principles and Procedure



### Board of Trustees

## STATEMENT OF PURPOSE:

~~The purpose of the committee is to assist the Board of Trustees in discharging its duties in respect to conducting annual goal setting, evaluation, and compensation review, in accordance with Board policy, for the Chief Executive Officer (CEO); and in respect to establishing the compensation range of and other Chief Officers.~~

### ~~TEXT:~~

#### ~~I. Responsibilities~~

~~A. The Executive Compensation Committee is responsible for the following activities and functions:~~

- ~~1. Annually evaluates the performance of the CEO using performance expectations and specific goals, mutually agreed upon, in writing, and established at the beginning of the evaluation cycle, and reports the results back to the full Board.~~
- ~~2. Develops, with input from the full Board and the CEO, clear and comprehensive annual performance expectations, which are related to the hospital's mission and its strategic success in these four (4) areas—financial, quality, service, and people—and states how the expectations are tied to compensation.~~
  - ~~a. For each of the four areas, specific, written annual performance goals may be set, each of which is tied to an economic bonus, calculated as a percentage of the CEO's base salary.~~
  - ~~b. Goals must be approved in advance by the Board.~~
- ~~3. Meets quarterly with the CEO to review progress toward meeting the hospital's strategic and tactical priorities and goals and responses to unplanned change.~~
- ~~4. Recommends policies and processes to the Board for the regular and orderly review of the performance, compensation, and development of the CEO. the process shall include provisions for input from the full Board and a report to the full Board on the results of the evaluation and compensation review.~~

- ~~5. Develops the job description for the CEO, including responsibilities, as well as education and experience requirements.~~
- ~~6. Periodically reviews for reasonableness and competitiveness and, if appropriate, recommends for consideration by the Board, changes in salary, benefits, and other forms of compensation for the hospital's Chief Officers.~~
- ~~7. Directs the CEO to prepare and annually update a CEO and other chief officer succession and management development plan to be reviewed with the committee and reported to the Board.~~

## **~~II. Composition~~**

- ~~A. The committee shall consist of two (2) members of the Board;
  - ~~1. One of whom is the President of the Board and shall serve as chair.~~
  - ~~2. The other one (1) may be the Chair of the Quality Committee, the Chair of the Finance and Audit Committee, or another Board member.~~~~
- ~~B. In any event, written input from the Chairs of the Quality, the Finance and Audit, and Human Resources committee will be included in the annual performance review.~~
- ~~C. The CEO attends the committee meetings by invitation.~~

## **~~III. Meeting Schedule~~**

- ~~A. The committee shall meet quarterly, or as needed.~~

## **~~IV. Reports~~**

- ~~A. the committee will receive and review the following reports with an executive summary to the Board.
  - ~~1. Data from independent sources on executive compensation for comparable positions in comparable organization, when appropriate.~~
  - ~~2. Management succession plan.~~
  - ~~3. Annual performance evaluation of the CEO.~~~~

## **~~Board of Trustees Approval: 6/17~~**

Board of Trustees' (Board) evaluation of the Chief Executive Officer (CEO) of Memorial Hospital of Sweetwater County (Hospital) is important to the effective alignment between the Board and CEO as related to performance expectations and feedback regarding progress related to the mission and vision of the Hospital, as well as its strategic initiatives.

## **PRINCIPLES:**

An important duty of the Board is the development of a documented, well-designed, on-going process for providing feedback to the CEO and measuring progress and achievement. These principles guide a process that enhances the communication between the Board and the CEO.

For effective communication, the Board shall conduct the annual evaluation based on the following principles:

- At least quarterly review to establish transparency regarding performance expectations so that neither party is surprised during the formal, annual evaluation.
- May, at the monthly Board meeting, review and assess the CEO's performance expectations, modify strategy as needed, and learn from each other regarding conditions effecting the Hospital.
- The formal, annual evaluation shall include an assessment of the CEO's performance consistent with the

CEO's job description and annual performance goals.

- Evaluation criteria shall be realistic, measurable and consistent with the Hospital's mission, vision, and strategic initiatives.
- Communication between the CEO and the Board shall be a continuous, two-way process. This allows for reviewing expectations, modifying strategy as needed, learning from each other, and avoiding misunderstandings.

## **PROCEDURE:**

The Executive Compensation & Oversight Committee (Committee) is responsible for the following activities:

- I. At the beginning of the evaluation cycle, develop, with input from the full Board and the CEO, clear and comprehensive annual performance expectations that are related to the Hospital's mission, vision, and its strategic plan in these five (5) areas: Quality & Safety; Community & Growth; Workplace Experience, Financial Stewardship; and Patient Experience.
  - A. For each of these five areas, specific, written annual performance goals shall be established and approved by the Board.
- II. Meets at least quarterly with the CEO to review progress toward meeting the Hospital's strategic and tactical priorities and goals, as well as to review responses to any unplanned change.
- III. Annually, evaluates the performance of the CEO using performance expectations and specific goals that were mutually agreed upon, established at the beginning of the evaluation cycle, and written.
  - A. Prior to the annual evaluation, the Committee shall review the assessment form and modify as needed to fit the Hospital's current needs.
  - B. To initiate the annual process, the Committee chair asks the CEO to complete the assessment form, including a summary of achievements relative to the goals defined at the beginning of the evaluation cycle and other accountabilities.
  - C. Board members are given the CEO's self-assessment, summary of achievement, the assessment form, and submission deadline.
  - D. Prior to the meeting with the CEO, the Summary Report is compiled by the Committee. It is reviewed and approved by the full Board. Part of the approval process includes decisions regarding what to emphasize in the Committee's annual evaluation discussion with the CEO.
  - E. The Committee, chaired by the President of the Board, meets personally with the CEO to discuss the evaluation results. This meeting shall provide performance improvement feedback to the CEO, and stimulate a productive, two-way dialogue with the CEO that includes his or her responses to the evaluation, his or her commitment to management improvement(s), as well as guidance expectations the CEO has regarding the Board. This document shall be signed by both the CEO and the Board president.
  - F. If a salary increase is communicated in the same meeting, care should be taken to spend appropriate time providing feedback and not let compensation become the principal focus of the conversation.
  - G. The cycle begins again with new expectations and goals.
- IV. Adjustments in compensation shall be based on an independent, fair market value assessment and in conjunction with the goals and objectives established as part of the annual planning process.



## References

[AHA Sample CEO Performance Appraisal - Trustees](https://trustees.aha.org/sites/default/files/) <https://trustees.aha.org/sites/default/files/>:

[Evaluating the Performance of the Hospital or Health ...](https://www.ache.org/.../evaluating-ceo-performance)<https://www.ache.org/.../evaluating-ceo-performance>; The Governance Institute. Elements of Governance. Performance Evaluation in the New Health Care Industry. 3<sup>rd</sup> ed. May 2016.

## Approvals:

Governance Committee 6/16/21

Board of Trustees **II** (Pres. Jones, Sec. Kelsey)

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Taylor Jones: Board Trustee	pending
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021



Approved:

N/A

Review Due:

3 years after approval

Document Area:

Board of Trustees

Reg. Standards:

## BOT - CEO Evaluation Principles and Procedure



### Board of Trustees

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## Approvals:

**Governance Committee 6/16/21**

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

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Taylor Jones: Board Trustee	pending
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021

COPY

# ELECTION OF OFFICERS



Approved:

N/A

Review Due:

3 years after approval

Document Area:

Administration

Reg. Standards:

## BOT - Election of Officers Guidelines



## Board of

## Trustees

## ~~BOT ELECTION OF OFFICERS~~

### Purpose:

~~Purpose:~~ To assure succession planning and a smooth transition ~~on~~of board offices.

~~Policy:~~ At the annual meeting of the Board of Trustees (Board), its members will elect the following officers: President, Vice President, Secretary, and Treasurer. The Governance Committee is responsible for submitting this slate of officers to the Board, which shall be voted on by the full Board. In the event of a mid-year vacancy, the Governance Committee is also responsible for recommending a candidate to fill the vacancy, within sixty (60) days of the vacancy.

### Text:

#### Process:

- I. At the annual meeting of the Board of Trustees, its members will elect the following officers: President, Vice President, Secretary, and Treasurer.
  - A. To assist the Board in electing those officers, the Governance Committee will accept suggested nominees, encourage participation by nominees, and present a ballot of nominees for Board vote.
    1. Names of nominees should be submitted to the Governance Committee in writing with the consent of the nominee obtained. ~~Suggested names for the annual slate will not be accepted after the last Friday of May.~~
    2. Suggested names for the annual slate will not be accepted after June 15.
    3. Prior to the July meeting, the Governance Committee will meet with each nominee to ensure prior consent was given for their nomination and to encourage their participation.

B. The Governance Committee will compile a list of all nominees and submit a ballot of candidates to be voted on by the full Board at its annual meeting, which is the first Wednesday of July.

C. In the event there are two or more nominations for one office, that office will be voted on separately.

II. In the event of a midyear vacancy, the office will be filled within sixty (60) days of the vacancy, using the process outlined in Section 4 above.

## Board of Trustees Approval:

### Attachments

No Attachments

### Approval Signatures

Approver	Date
Taylor Jones: Board Trustee	pending
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021



Approved: N/A  
Review Due: 3 years after approval  
Document Area: Administration  
Reg. Standards:

## BOT - Election of Officers Guidelines



### Board of Trustees

#### Purpose:

To assure succession planning and a smooth transition of board offices.

At the annual meeting of the Board of Trustees (Board), its members will elect the following officers: President, Vice President, Secretary, and Treasurer. The Governance Committee is responsible for submitting this slate of officers to the Board, which shall be voted on by the full Board. In the event of a mid-year vacancy, the Governance Committee is also responsible for recommending a candidate to fill the vacancy, within sixty (60) days of the vacancy.

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  - C. In the event there are two or more nominations for one office, that office will be voted on separately.
- II. In the event of a midyear vacancy, the office will be filled within sixty (60) days of the vacancy, using the process outlined in Section I above.

**Board of Trustees Approval:** / /

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Taylor Jones: Board Trustee	pending
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021

COPY

# INVESTMENT POLICY





Approved: 06/2021  
Review Due: 06/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Investment Policy

### ~~Statement of Purpose~~



### Board of Trustees

### STATEMENT OF PURPOSE:

This Statement of Investment Policy is adopted pursuant to the requirements of Wyoming Statute 9-4-831(h). It is the policy of Memorial Hospital of Sweetwater County to invest public funds in a manner which will provide a reasonable rate of investment return while assuring the maximum security of principal, meeting the daily cash flow demands, conforming to all federal, state and local laws and regulations governing the investment of public funds.

### ~~Text~~

### TEXT:

#### I. Scope

- a. This investment policy applies to all activities of Memorial Hospital of Sweetwater County (MHSC) with regard to investing surplus public assets held in various hospital restricted and unrestricted funds.
- b. Investment income will be allocated to the various funds based on their respective participation and in accordance with generally accepted accounting principles.

#### II. General Objectives – the primary objectives, in priority order, of investment activity shall be safety, liquidity, and yield.

- a. **Safety** – Safety of principal is the foremost objective of the investment program. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. The objective will be to mitigate credit risk and interest rate risk.
  - i. **Credit Risk** – MHSC will minimize credit risk, which is the risk of loss due to the failure of the security issuer or backer by:

1. Pre-qualifying the financial institutions, broker/dealers, intermediaries, and advisers with which MHSC will do business in accordance with Section IV.
  2. Diversifying the investment portfolio so that the impact of potential losses from any one type of security or from any one individual issuer will be minimized.
- ii. **Interest Rate Risk** – MHSC will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates by:
1. Structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby minimizing the need to sell securities on the open market prior to maturity.
  2. Investing operating funds primarily in shorter-term securities, money market mutual funds or similar investment pools and limiting the average maturity of the portfolio in accordance with this policy and Section VII.
- b. **Liquidity** – The investment portfolio shall be structured to remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated. This will be accomplished by structuring the portfolio so that securities mature concurrent with cash needs to meet anticipated demands. Furthermore, since all possible cash demands cannot be anticipated, the portfolio shall consist of securities with active secondary or resale markets. Alternatively, a portion of the portfolio may be placed in money market mutual funds or local government investment pools which offer same day liquidity for short-term funds.
- c. **Yield** - The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. Return on investment is of secondary importance compared to the safety and liquidity objectives described above. The core of investments are limited to relatively low risk securities in anticipation of earning a fair return relative to the risk being assumed. Securities shall generally be held until maturity with the following exceptions:
- i. A security with declining credit may be sold early to minimize loss of principal.
  - ii. A security swap would improve the quality, yield, or target duration of the portfolio.
  - iii. The security has increased in value and may be sold at an increase in value.
  - iv. Liquidity needs of the portfolio require that the security be sold.
- d. **Local Considerations** - Where possible, funds may be invested for the betterment of the local economy or that of local entities within the State. MHSC may invest a portion of the investment portfolio with eligible financial institutions at a lower rate of interest when the investment officer deems that the investment may benefit the local economy.

### III. Standards of Care

- a. **Prudence** - The standard of prudence to be used by investment officials shall be the "prudent person" standard and shall be applied in the context of managing an overall portfolio. Investment officers acting in accordance with written procedures and this investment policy and exercising due diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and the liquidity and the sale of the securities are carried out in accordance with the terms of this policy. The "prudent person" standard states that, "Investments shall be made with judgement and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable

safety of their capital as well as the probable income to be derived."

- b. **Ethics and Conflict of Interest** - Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio.
- c. **Delegation of Authority** – Authority to manage the investment program is delegated to the Chief Financial Officer, who shall act in accordance with established written procedures and internal controls for the operation of the investment program consistent with this investment policy. Such procedures shall include explicit delegation of authority to persons responsible for investment transactions.
  - i. In order to facilitate direct communication to the Board of Trustees, the Finance and Audit Committee will be responsible for activities regarding the investment program including:
    - a. The periodic review of Hospital's investment activities.
    - b. The periodic review of the Hospital's investment policy.
  - ii. The Board of Trustees will be responsible for approving any new investment activity as follows:
    - a. .New investment types and instruments not previously approved by the Board.
    - b. New brokerage or dealer firms not previously approved by the Board.

#### IV. **Authorized Financial Institutions, Depositories and Broker/Dealers**

- a. A list will be maintained of financial institutions and depositories authorized to provide investment services. In addition, a list will be maintained of approved security brokers and dealers.
- b. No public deposit shall be made except in a qualified public depository as established by Wyoming Statutes 9-4-817 through 9-4-828.
- c. All financial institutions and broker/dealer firms who desire to become qualified for investment transactions must provide a copy of a current Application of for Deposit of Public Funds. These documents will be reviewed annually by the Finance and Audit Committee.

#### V. **Suitable and Authorized Investments**

- a. **Investment Types** - In order to provide the broadest selection of investment opportunities, yet maintain satisfactory control of market and interest rate risk, the investment officer may invest in all instruments approved in W.S. 9-4-831.
- b. **Collateralization** - Collateralization will be required on investments with financial institutions when public monies on deposit exceed the amount insured by the Federal Deposit Insurance Corporation (FDIC). Collateral will be limited to the list of securities as described in Wyoming Statute 9-4-821.

#### VI. **Safekeeping and Custody**

- a. **Delivery vs. Payment** - All ~~trades~~purchases of marketable securities will be executed by delivery ~~vs.~~payment (DVP) to ensure that securities are deposited in an eligible financial institution prior to the release of funds.
- b. **Safekeeping** - Securities will generally be held by an independent third-party custodian selected by the Chief Financial Officer as evidenced by safekeeping receipts in the name of MHSC. There may arise some instances where the securities may be held by the broker/dealer. The safekeeping

institution shall provide information on their internal controls when requested by the Chief Financial Officer.

- c. **Internal Controls** – The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that assets of MHSC are protected from loss, theft or misuse. Accordingly, the Chief Financial Officer will ensure that an annual independent review of compliance is performed as part of the MHSC annual financial audit.

## VII. Investment Parameters

- a. **Diversification** – MHSC will attempt to diversify its investments by security type and institution. To provide assurance that the hospital will be able to continue financial operations without interruption and dependent upon interest rates, satisfaction with services and practicality, the hospital will generally attempt to utilize at least two financial institutions as depositories.
- b. **Maximum Maturities** - To the extent possible, the Chief Financial Officer shall attempt to match its investments with anticipated cash flow requirements. Unless matched to a specific cash flow, the Chief Financial Officer will not directly invest in securities maturing more than (5) years from the date of purchase or in accordance with state statutes.
- c. **Competitive Bids** - To ensure that securities are purchased at competitive prices, the Chief Financial Officer must maintain open communication with multiple broker/dealers and approved local banking contacts at all times. MHSC may invest a portion of the investment portfolio with eligible financial institutions at a lower rate of interest when the Board of Trustees deems that the investment ~~officer deems that the investment~~ may benefit the local economy.

## VIII. Policy Considerations

- a. **Exemption** - Any investment currently held that does not meet the guidelines of this policy shall be temporarily exempted from the requirements of this policy. At maturity or liquidation, such monies shall be reinvested only as provided by this policy.
- b. **Amendments** - This policy shall be reviewed on an annual basis by the Finance and Audit Committee. Any changes must be approved by the ~~Finance and Audit Committee and any other appropriate authority, as well as the individuals charged with maintaining internal controls~~ Board of Trustees.

## IX. Approval of Investment Policy

- a. The investment policy shall be approved by the Board of Trustees. The policy shall be reviewed periodically by the Finance and Audit Committee and any modifications made thereto must be approved by the Board of Trustees.

# References

Wyoming State Statute 9-4-817 through 9-4-828, 9-4-831

Approval: Board of Trustees / / (Pres. Jones, Sec. Kelsey)

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	06/2021
Tami Love: CFO	06/2021
Suzan Campbell: General Legal Counsel	06/2021

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Approved: 06/2021  
 Review Due: 06/2024  
 Document Area: Board of Trustees  
 Reg. Standards:

## BOT - Investment Policy



### Board of Trustees

## STATEMENT OF PURPOSE:

This Statement of Investment Policy is adopted pursuant to the requirements of Wyoming Statute 9-4-831(h). It is the policy of Memorial Hospital of Sweetwater County to invest public funds in a manner which will provide a reasonable rate of investment return while assuring the maximum security of principal, meeting the daily cash flow demands, conforming to all federal, state and local laws and regulations governing the investment of public funds.

## TEXT:

### I. Scope

- a. This investment policy applies to all activities of Memorial Hospital of Sweetwater County (MHSC) with regard to investing surplus public assets held in various hospital restricted and unrestricted funds.
- b. Investment income will be allocated to the various funds based on their respective participation and in accordance with generally accepted accounting principles.

### II. General Objectives – the primary objectives, in priority order, of investment activity shall be safety, liquidity, and yield.

- a. **Safety** – Safety of principal is the foremost objective of the investment program. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. The objective will be to mitigate credit risk and interest rate risk.
  - i. **Credit Risk** – MHSC will minimize credit risk, which is the risk of loss due to the failure of the security issuer or backer by:
    1. Pre-qualifying the financial institutions, broker/dealers, intermediaries, and advisers with which MHSC will do business in accordance with Section IV.
    2. Diversifying the investment portfolio so that the impact of potential losses from any one type of security or from any one individual issuer will be minimized.

- ii. **Interest Rate Risk** – MHSC will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates by:
  - 1. Structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby minimizing the need to sell securities on the open market prior to maturity.
  - 2. Investing operating funds primarily in shorter-term securities, money market mutual funds or similar investment pools and limiting the average maturity of the portfolio in accordance with this policy and Section VII.
- b. **Liquidity** – The investment portfolio shall be structured to remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated. This will be accomplished by structuring the portfolio so that securities mature concurrent with cash needs to meet anticipated demands. Furthermore, since all possible cash demands cannot be anticipated, the portfolio shall consist of securities with active secondary or resale markets. Alternatively, a portion of the portfolio may be placed in money market mutual funds or local government investment pools which offer same day liquidity for short-term funds.
- c. **Yield** - The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. Return on investment is of secondary importance compared to the safety and liquidity objectives described above. The core of investments are limited to relatively low risk securities in anticipation of earning a fair return relative to the risk being assumed. Securities shall generally be held until maturity with the following exceptions:
  - i. A security with declining credit may be sold early to minimize loss of principal.
  - ii. A security swap would improve the quality, yield, or target duration of the portfolio.
  - iii. The security has increased in value and may be sold at an increase in value.
  - iv. Liquidity needs of the portfolio require that the security be sold.
- d. **Local Considerations** - Where possible, funds may be invested for the betterment of the local economy or that of local entities within the State. MHSC may invest a portion of the investment portfolio with eligible financial institutions at a lower rate of interest when the investment officer deems that the investment may benefit the local economy.

### III. Standards of Care

- a. **Prudence** - The standard of prudence to be used by investment officials shall be the "prudent person" standard and shall be applied in the context of managing an overall portfolio. Investment officers acting in accordance with written procedures and this investment policy and exercising due diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and the liquidity and the sale of the securities are carried out in accordance with the terms of this policy. The "prudent person" standard states that, "Investments shall be made with judgement and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived."
- b. **Ethics and Conflict of Interest** - Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees

and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio.

- c. **Delegation of Authority** – Authority to manage the investment program is delegated to the Chief Financial Officer, who shall act in accordance with established written procedures and internal controls for the operation of the investment program consistent with this investment policy. Such procedures shall include explicit delegation of authority to persons responsible for investment transactions.

- i. In order to facilitate direct communication to the Board of Trustees, the Finance and Audit Committee will be responsible for activities regarding the investment program including:

- a. The periodic review of Hospital's investment activities.
    - b. The periodic review of the Hospital's investment policy.

- ii. The Board of Trustees will be responsible for approving any new investment activity as follows:

- a. New investment types and instruments not previously approved by the Board.
    - b. New brokerage or dealer firms not previously approved by the Board.

#### IV. **Authorized Financial Institutions, Depositories and Broker/Dealers**

- a. A list will be maintained of financial institutions and depositories authorized to provide investment services. In addition, a list will be maintained of approved security brokers and dealers.
- b. No public deposit shall be made except in a qualified public depository as established by Wyoming Statutes 9-4-817 through 9-4-828.
- c. All financial institutions and broker/dealer firms who desire to become qualified for investment transactions must provide a copy of a current Application of for Deposit of Public Funds. These documents will be reviewed annually by the Finance and Audit Committee.

#### V. **Suitable and Authorized Investments**

- a. **Investment Types** - In order to provide the broadest selection of investment opportunities, yet maintain satisfactory control of market and interest rate risk, the investment officer may invest in all instruments approved in W.S. 9-4-831.
- b. **Collateralization** - Collateralization will be required on investments with financial institutions when public monies on deposit exceed the amount insured by the Federal Deposit Insurance Corporation (FDIC). Collateral will be limited to the list of securities as described in Wyoming Statute 9-4-821.

#### VI. **Safekeeping and Custody**

- a. **Delivery vs. Payment** - All purchases of marketable securities will be executed by delivery to ensure that securities are deposited in an eligible financial institution prior to the release of funds.
- b. **Safekeeping** - Securities will generally be held by an independent third-party custodian selected by the Chief Financial Officer as evidenced by safekeeping receipts in the name of MHSC. There may arise some instances where the securities may be held by the broker/dealer. The safekeeping institution shall provide information on their internal controls when requested by the Chief Financial Officer.
- c. **Internal Controls** – The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that assets of MHSC are protected from loss, theft or misuse. Accordingly, the Chief Financial Officer will ensure that an annual independent review of



compliance is performed as part of the MHSC annual financial audit.

## VII. Investment Parameters

- a. **Diversification** – MHSC will attempt to diversify its investments by security type and institution. To provide assurance that the hospital will be able to continue financial operations without interruption and dependent upon interest rates, satisfaction with services and practicality, the hospital will generally attempt to utilize at least two financial institutions as depositories.
- b. **Maximum Maturities** - To the extent possible, the Chief Financial Officer shall attempt to match its investments with anticipated cash flow requirements. Unless matched to a specific cash flow, the Chief Financial Officer will not directly invest in securities maturing more than (5) years from the date of purchase or in accordance with state statutes.
- c. **Competitive Bids** - To ensure that securities are purchased at competitive prices, the Chief Financial Officer must maintain open communication with multiple broker/dealers and approved local banking contacts at all times. MHSC may invest a portion of the investment portfolio with eligible financial institutions at a lower rate of interest when the Board of Trustees deems that the investment may benefit the local economy.

## VIII. Policy Considerations

- a. **Exemption** - Any investment currently held that does not meet the guidelines of this policy shall be temporarily exempted from the requirements of this policy. At maturity or liquidation, such monies shall be reinvested only as provided by this policy.
- b. **Amendments** - This policy shall be reviewed on an annual basis by the Finance and Audit Committee. Any changes must be approved by the Board of Trustees.

## IX. Approval of Investment Policy

- a. The investment policy shall be approved by the Board of Trustees. The policy shall be reviewed periodically by the Finance and Audit Committee and any modifications made thereto must be approved by the Board of Trustees.

# References

Wyoming State Statute 9-4-817 through 9-4-828, 9-4-831

**Approval: Board of Trustees / / (Pres. Jones, Sec. Kelsey)**

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	06/2021
Tami Love: CFO	06/2021

Approver	Date
Suzan Campbell: General Legal Counsel	06/2021

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**SPENDING AUTHORITY**



Approved: 06/2021  
 Review Due: 06/2024  
 Document Area: Board of Trustees  
 Reg. Standards:

## BOT - Spending Authority and Matrix



### Board of Trustees

## STATEMENT OF PURPOSE:

~~the~~The purpose of this policy is to establish rules and guidelines with respect to spending authority for employees of ~~memorial~~Memorial Hospital of Sweetwater ~~county~~County (MHSC). The dollar amount and nature of the expenditure ultimately determines the level of approval required.

## TEXT:

### I. Policy

- A. Statutory authority for the purchase of goods and services for MHSC resides with its Board of Trustees.
- B. This policy delegates spending authority for items less than \$25,000 to the Chief Executive Officer (CEO) and/or the Chief Financial Officer (CFO).
- C. Through the Spending Authority Matrix, the policy also sets forth guidelines for the procurement of goods and services that are equal to or greater than \$25,000.

### II. Definitions

- A. ~~Physicians~~Providers are the ~~threetwo (32)~~ groups of practitioners listed in the MHSC Medical Staff Bylaws (Physicians, ~~Licensed Independent Practitioners, and Allied Health Professionals~~ and Non-Physician Providers).
- B. **Purchased Services** are any service contracted for and performed by a third party rather than a hospital's in-house staff.
- C. **Capital Purchases** are buildings and equipment that  $\geq$  \$2,000 and a life of at least one year.
- D. **Real Estate** is property consisting of land and the buildings on it.
- E. **Legal Settlements** are the resolutions of disputed matters between MHSC and a person or entity without ~~court action~~going to trial.

### III. Procedure

- A. The rules and guidelines of the Spending Authority Matrix shall be followed in delegating spending authority.

Type of Transaction	Legal Review	Leader Approval	Board Approval	Commissioner Approval	Authorized Signature			
<b>Physicians</b>								
<b>Providers</b>								
Acquisition of Practice	Yes	CEO	Yes	No	CEO			
Employment > \$100,000	Yes	CEO	Yes	No	CEO			
Consulting Agreement > \$25,000	Yes	CEO	Yes	No	CEO			
<b>Purchased Services</b>								
PO or check requests up to \$1,000	No	Dept. Director	No	No	CEO, CFO			
PO or check requests up to \$2,500	No	Senior Leader				No	No	CEO, CFO
PO or check requests up to \$25,000	No	CFO	No	No	CEO, CFO			
PO or check requests ≥ \$25,000	No	CEO, CFO	No	No	CEO, CFO			
Management agreements up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO			
Management agreements ≥ \$25,000	Yes	CEO, CFO	Yes	No	CEO, CFO			
Consulting agreements up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO			
Medical services up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO			
Medical services ≥ \$25,000	Yes	CEO, CFO	Yes	No	CEO, CFO			
Service contracts up to \$25,000	Yes	Dept. Director	No	No	CEO, CFO			

Type of Transaction	Legal Review	Leader Approval	Board Approval	Commissioner Approval	Authorized Signature	
Service contracts $\geq$ \$25,000	Yes	CEO, CFO	<del>Yes</del> No	No	CEO, CFO	
<b>Capital Purchase</b>						
Unbudgeted items up to \$10,000	No	Dept. Director	No	No	CEO, CFO	
Budgeted items up to \$10,000	No	CEO, CFO	No	No	CEO, CFO	
Budgeted items up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO	
Budgeted items $\geq$ \$25,000	Yes	CEO, CFO	Yes	No	CEO, CFO	
<b>Real Estate</b>						
Real estate acquisitions	Yes	CEO, CFO	Yes	Yes	CEO	
Real estate leases up to \$5,000 per month	Yes	CEO, CFO	Yes	No	CEO, CFO	
Real estate leases $>$ \$5,000 per month	<del>Yes</del>	<del>CEO, CFO</del>	<del>Yes</del>	<del>No</del>	<del>CEO, CFO</del>	
<b>Leases</b>						
<del>Leases, as lessee up to \$2,000 per month</del> Leases	Yes	CEO, CFO	<del>Yes</del>	No	<del>Yes</del>	CEO, CFO
<del>Leases, as lessor <math>\geq</math> \$2,000 per month</del>	<del>Yes</del>	<del>CEO, CFO</del>	<del>Yes</del>	<del>No</del>	<del>CEO, CFO</del>	
<b>Legal Settlements</b>						
w/insurance up to \$25,000	Yes	CEO	<del>No</del> Yes	No	CEO	
w/insurance $\geq$ \$25,000	Yes	CEO	Yes	No	CEO	

- B. Departments must purchase goods and services as economically as possible according to the specified standards of quality and service while giving responsible suppliers fair consideration.
- C. Whenever appropriate, purchased goods and services shall occur through a competitive bid process that is publicly accountable, ethical, fair, and transparent.

- ~~1. Items costing less than \$2,000 do not require competitive quotes or put out for bid,~~
- ~~2. Items costing between \$2,000 and \$10,000 require at least three competitive quotes.~~

~~3. Items costing more than \$10,000 must be put out for bid.~~

- D. There may be occasions when a "sole source" provider is necessary, or highly desirable, which precludes the need for a competitive bid.
- E. Regardless of the situation, an individual cannot delegate authority down to another employee. Authority can only be delegated up to the individual's supervisor or Chief Officer.
- F. ~~payment~~Payment will be processed only for items purchased according to the above Matrix.
- G. All contracts with ~~physicians~~Providers must be signed by ~~both~~ the CEO and ~~the CFO and~~ approved by the Board of Trustees.
- H. ~~All legal settlements will go through insurance, including those below the deductible amount.~~Any medical malpractice settlements, regardless of the amount, will go through professional liability insurance, and will be approved by the Board.
- I. Except for the purchases that require the CEO's signature, either the CEO or the CFO may sign for all other expenses.
- J. All designated signers for payment must complete a signature card; the original will be kept on file at the local financial institution(s) and a copy will be kept on file in the Finance Department.
- K. Payment for goods and services shall be made via checks drawn against ~~memorial~~ Hospital of ~~Sweetwater County~~ demand deposit accounts, or electronic funds transfer, as authorized by the hospital administration and its Board of Trustees.
- L. In accordance with Hospital policy, the Hospital is responsible for the maintenance and storage of all contracts associated with these purchases.

Original adoption: May 4, 2011

**Board of Trustees Approval: ~~10/17~~ : / (Pres. ~~Mathey~~ Jones, Sec. Kelsey)**

## Attachments

[Cover Check List.docx](#)

## Approval Signatures

Approver	Date
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021



Approved: 06/2021  
Review Due: 06/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Spending Authority and Matrix



### Board of Trustees

## STATEMENT OF PURPOSE:

The purpose of this policy is to establish rules and guidelines with respect to spending authority for employees of Memorial Hospital of Sweetwater County (MHSC). The dollar amount and nature of the expenditure ultimately determines the level of approval required.

## TEXT:

### I. Policy

- A. Statutory authority for the purchase of goods and services for MHSC resides with its Board of Trustees.
- B. This policy delegates spending authority for items less than \$25,000 to the Chief Executive Officer (CEO) and/or the Chief Financial Officer (CFO).
- C. Through the Spending Authority Matrix, the policy also sets forth guidelines for the procurement of goods and services that are equal to or greater than \$25,000.

### II. Definitions

- A. **Providers** are the two (2) groups of practitioners listed in the MHSC Medical Staff Bylaws (Physicians and Non-Physician Providers).
- B. **Purchased Services** are any service contracted for and performed by a third party rather than a hospital's in-house staff.
- C. **Capital Purchases** are buildings and equipment that  $\geq$  \$2,000 and a life of at least one year.
- D. **Real Estate** is property consisting of land and the buildings on it.
- E. **Legal Settlements** are the resolutions of disputed matters between MHSC and a person or entity without going to trial.

### III. Procedure



- A. The rules and guidelines of the Spending Authority Matrix shall be followed in delegating spending authority.

Type of Transaction	Legal Review	Leader Approval	Board Approval	Commissioner Approval	Authorized Signature
<b>Providers</b>					
Acquisition of Practice	Yes	CEO	Yes	No	CEO
Employment > \$100,000	Yes	CEO	Yes	No	CEO
Consulting Agreement > \$25,000	Yes	CEO	Yes	No	CEO
<b>Purchased Services</b>					
PO or check requests up to \$1,000	No	Dept. Director	No	No	CEO, CFO
PO or check requests up to \$2,500	No	Senior Leader	No	No	CEO, CFO
PO or check requests up to \$25,000	No	CFO	No	No	CEO, CFO
PO or check requests $\geq$ \$25,000	No	CEO, CFO	No	No	CEO, CFO
Management agreements up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO
Management agreements $\geq$ \$25,000	Yes	CEO, CFO	Yes	No	CEO, CFO
Consulting agreements up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO
Medical services up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO
Medical services $\geq$ \$25,000	Yes	CEO, CFO	Yes	No	CEO, CFO
Service contracts up to \$25,000	Yes	Dept. Director	No	No	CEO, CFO
Service contracts $\geq$ \$25,000	Yes	CEO, CFO	No	No	CEO, CFO
<b>Capital Purchase</b>					
Unbudgeted items up to \$10,000	No	Dept. Director	No	No	CEO, CFO
Budgeted items up to \$10,000	No	CEO, CFO	No	No	CEO, CFO
Budgeted items up to \$25,000	Yes	CEO, CFO	No	No	CEO, CFO
Budgeted items $\geq$ \$25,000	Yes	CEO,	Yes	No	CEO, CFO

Type of Transaction	Legal Review	Leader Approval	Board Approval	Commissioner Approval	Authorized Signature
		CFO			
<b>Real Estate</b>					
Real estate acquisitions	Yes	CEO, CFO	Yes	Yes	CEO
Real estate leases	Yes	CEO, CFO	Yes	No	CEO, CFO
<b>Leases</b>					
Leases	Yes	CEO, CFO	Yes	No	CEO, CFO
<b>Legal Settlements</b>					
w/insurance up to \$25,000	Yes	CEO	Yes	No	CEO
w/insurance $\geq$ \$25,000	Yes	CEO	Yes	No	CEO

- B. Departments must purchase goods and services as economically as possible according to the specified standards of quality and service while giving responsible suppliers fair consideration.
- C. Whenever appropriate, purchased goods and services shall occur through a competitive bid process that is publicly accountable, ethical, fair, and transparent.
- D. There may be occasions when a "sole source" provider is necessary, or highly desirable, which precludes the need for a competitive bid.
- E. Regardless of the situation, an individual cannot delegate authority down to another employee. Authority can only be delegated up to the individual's supervisor or Chief Officer.
- F. Payment will be processed only for items purchased according to the above Matrix.
- G. All contracts with Providers must be signed by the CEO and approved by the Board of Trustees.
- H. Any medical malpractice settlements, regardless of the amount, will go through professional liability insurance, and will be approved by the Board.
- I. Except for the purchases that require the CEO's signature, either the CEO or the CFO may sign for all other expenses.
- J. All designated signers for payment must complete a signature card; the original will be kept on file at the local financial institution(s) and a copy will be kept on file in the Finance Department.
- K. Payment for goods and services shall be made via checks drawn against Hospital demand deposit accounts, or electronic funds transfer, as authorized by the hospital administration and its Board of Trustees.
- L. In accordance with Hospital policy, the Hospital is responsible for the maintenance and storage of all contracts associated with these purchases.

Original adoption: May 4, 2011

**Board of Trustees Approval: / (Pres. Jones, Sec. Kelsey)**

**Attachments**

[Cover Check List.docx](#)

**Approval Signatures**

Approver	Date
Irene Richardson: CEO	06/2021
Suzan Campbell: General Legal Counsel	06/2021

COPY

# DUTY TO DISCLOSE



Approved: N/A  
 Review Due: 3 years after approval  
 Document Area: Board of Trustees  
 Reg. Standards:

## BOT - Senior Leaders Duty to Disclose



### Board of Trustees

#### **STATEMENT OF PURPOSE:**

To assist the Board of Trustees (Board) of Memorial Hospital of Sweetwater County (Hospital) in the Board's exercise of oversight by requiring the Chief Executive Officer (CEO) and other key management employees to report to the Board, and to disclose to the Board, the practices, activities, and decisions of the Hospital to ensure that they are lawful, prudent, and in compliance with commonly accepted business and professional ethics.

To assist the Board in its efforts to ensure that the Hospital, its management, and employees conduct the business of the hospital in a manner consistent with the charitable mission and purposes of the Hospital.

#### **TEXT:**

- I. The senior executive leadership team (CEO, Chief Financial Officer [CFO], Chief Nursing Officer [CNO], Vice President of Human Resources, and Chief Clinical Officer [CCO]) has an obligation to disclose to the Board or a committee thereof, on a timely and sufficient basis, information and analysis relevant to board members' decision-making and oversight responsibilities.
- II. the CEO, CFO and General Counsel of the Hospital shall be available to the Board at each of its regular meetings, and at its committee meetings, as requested.
- III. management reports shall include, but not be limited to, the following:
  - A. Financial performance of the Hospital, including any actual or anticipated threats to corporate assets.
  - B. Relevant trends in the marketplace or regulatory environment in which the Hospital conducts its operations.
  - C. Changes in the assumptions upon which any Board policy has been established.
  - D. Actual or anticipated legal action against the Hospital or adverse media coverage.
  - E. Actual or anticipated noncompliance with any policy of the Board.
  - F. Opinions from a variety of employees, external points of view, and options to permit the Board to

~~make informed choices.~~

~~G. Physician recruitment efforts, business plans for new and/or changes to existing services lines, and physician contracts.~~

~~IV. The CEO shall assure that the Board is regularly informed regarding the organization and its interests. Accordingly, the CEO shall have an affirmative duty to regularly advise the Board on corporate matters, including but not limited to the following:~~

~~A. Submit monitoring data required by the Board in a timely, accurate, and understandable fashion.~~

~~B. Make the Board aware of relevant trends, anticipated adverse media coverage, and material external and internal changes, especially changes in the assumptions upon which any Board policy has previously been established.~~

~~C. Advise the Board if, in the CEO's opinion, the Board is not in compliance with its own policies on governance, particularly in the case of Board behavior that is detrimental to the working relationship between the Board and the CEO.~~

~~D. Present information in appropriate and efficient manner and assure that the information and advice to the Board has no significant gaps in timeliness, completeness, or accuracy.~~

~~E. Provide mechanisms for official Board communications.~~

~~F. Deal with the Board as a whole except when:~~

~~1. fulfilling individual requests for information or~~

~~2. responding to officers or committees duly charged by the Board.~~

~~G. Report in a timely manner an actual or anticipated non-compliance with any policy of the Board.~~

~~H. Present or have presented to the Board a diversity of policy-related opinion and perspective from the senior management team and medical staff.~~

~~I. All management reports to the Board shall be timely, complete, accurate, and shall be presented in a clear and concise manner.~~

~~V. The General Counsel of the Hospital shall be actively involved in advising the Board on matters pertaining to the board members' decision-making and oversight responsibilities.~~

~~A. the senior executive leadership of the Hospital should recognize and fulfill an obligation to disclose to the general counsel information and analysis relevant to the ability of the general counsel to advise the Board on its oversight responsibilities, particularly as they relate to legal compliance matters.~~

## **~~Board of Trustees Approval: 6/17 (Pres. Mathey, Sec. Kelsey)~~**

### **Purpose:**

1. To assist the Board of Trustees (Board) of Memorial Hospital of Sweetwater County (Hospital) in fulfilling its fiduciary duties by requiring the CEO, other key senior leadership personnel, legal counsel, and employees to disclose to the Board the practices, activities, and decisions of the Hospital to ensure they are lawful, prudent, and in compliance with the Hospital's mission, commonly accepted business practices, and professional ethics.
2. To assist the Board in its efforts to ensure that the Hospital, its senior leadership, legal counsel, and employees conduct the business of the Hospital in a manner consistent with its mission, vision, values, and regulatory and statutory duties.



**Duty to Disclose:** A duty of disclosure is an obligation to reveal relevant information that another party needs to rely upon to make a decision.

**Senior Leadership Team:** Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Clinical Officer (CCO), Chief Nursing Officer (CNO) and Chief Medical Officer (CMO)

## **Policy:**

1. The senior leadership team, as well as those listed above, has an obligation to disclose to the Board, or a Board committee, on a timely and sufficient basis, information and analysis relevant to the Board's decision-making and oversight responsibilities.
2. The senior leadership team, as well as those listed above, shall be available to the Board at each of its regular meetings, and at its Committee meetings, as requested.
3. All senior leaderships' reports to the Board shall be timely, complete, accurate, and shall be presented in a clear and concise manner.
4. Senior leaderships' reports shall include, but not limited, to the following:
  - a. Regular, monthly financial performance of the Hospital, including any actual or anticipated threats to corporate assets
  - b. Regular, monthly quality performance of the Hospital, including any actual or anticipated threats to its licensure, CMS status, and/or liability claims
  - c. Relevant trends in the marketplace or regulatory environment in which the Hospital conducts its operations
  - d. Changes in the assumptions upon which any Board policy or strategy has been established
  - e. Actual or anticipated legal action against the Hospital
  - f. Actual or anticipated adverse media coverage against the Hospital
  - g. Actual or anticipated noncompliance with any policy of the Board, regulatory requirement, or law
  - h. Physician recruitment efforts, business plans for new and/or changes to existing service lines, and physician contracts.

Original adoption: 6/1/2001; Revised: 6/7/2017

## **Approvals:**

Governance Committee 6/30/2021

Board of Trustees **II**

## **Attachments**

No Attachments

## Approval Signatures

Approver	Date
Taylor Jones: Board Trustee	pending
Irene Richardson: CEO	07/2021
Suzan Campbell: General Legal Counsel	06/2021

COPY





Approved: N/A  
Review Due: 3 years after approval  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Senior Leaders Duty to Disclose



### Board of Trustees

#### Purpose:

1. To assist the Board of Trustees (Board) of Memorial Hospital of Sweetwater County (Hospital) in fulfilling its fiduciary duties by requiring the CEO, other key senior leadership personnel, legal counsel, and employees to disclose to the Board the practices, activities, and decisions of the Hospital to ensure they are lawful, prudent, and in compliance with the Hospital's mission, commonly accepted business practices, and professional ethics.
2. To assist the Board in its efforts to ensure that the Hospital, its senior leadership, legal counsel, and employees conduct the business of the Hospital in a manner consistent with its mission, vision, values, and regulatory and statutory duties.

**Duty to Disclose:** A duty of disclosure is an obligation to reveal relevant information that another party needs to rely upon to make a decision.

**Senior Leadership Team:** Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Clinical Officer (CCO), Chief Nursing Officer (CNO) and Chief Medical Officer (CMO)

#### Policy:

1. The senior leadership team, as well as those listed above, has an obligation to disclose to the Board, or a Board committee, on a timely and sufficient basis, information and analysis relevant to the Board's decision-making and oversight responsibilities.
2. The senior leadership team, as well as those listed above, shall be available to the Board at each of its regular meetings, and at its Committee meetings, as requested.
3. All senior leaderships' reports to the Board shall be timely, complete, accurate, and shall be presented in a clear and concise manner.
4. Senior leaderships' reports shall include, but not limited, to the following:
  - a. Regular, monthly financial performance of the Hospital, including any actual or anticipated threats to

corporate assets

- b. Regular, monthly quality performance of the Hospital, including any actual or anticipated threats to its licensure, CMS status, and/or liability claims
- c. Relevant trends in the marketplace or regulatory environment in which the Hospital conducts its operations
- d. Changes in the assumptions upon which any Board policy or strategy has been established
- e. Actual or anticipated legal action against the Hospital
- f. Actual or anticipated adverse media coverage against the Hospital
- g. Actual or anticipated noncompliance with any policy of the Board, regulatory requirement, or law
- h. Physician recruitment efforts, business plans for new and/or changes to existing service lines, and physician contracts.

Original adoption: 6/1/2001; Revised: 6/7/2017

## Approvals:

Governance Committee 6/30/2021

Board of Trustees / /

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	pending
Suzan Campbell: General Legal Counsel	06/2021

**POLICIES WITH NO CHANGES**



Approved: 05/2021  
Review Due: 05/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Guidelines for Negotiating Non-Physician Provider Agreements



### Board of Trustees

#### STATEMENT OF PURPOSE:

This Board of Trustees (Board) policy authorizes the Chief Executive Officer (CEO) to recruit Non-Physician Providers and negotiate their Agreements within the guidelines set forth below.

#### DEFINITION

As defined by the Centers for Medicare and Medicaid, Non-Physician Providers include advanced practice nurses, physician assistants, certified nurse midwives, and other licensed providers who are not physicians.

The CEO is directly responsible for the hiring of Non-Physician Providers within these guidelines provided by the Board pursuant to its oversight responsibilities.

In order to meet the community's health care needs, it is important to attract and retain qualified Non-Physician Providers. Recruiting them to practice in rural areas is often challenging; therefore, these parameters are designed to balance the needs of the Hospital and the health care needs of the community with an Agreement that is attractive to Non-Physician Providers.

Prior to submitting the Agreement to the Non-Physician Provider for his/her acceptance the CEO will provide a detailed report based on these guidelines to the Board for its final approval.

#### TEXT:

##### I. Non-Physician Provider Compensation

- A. Based between the median and 75th percentile of the current MGMA pay scale, according to years of experience, with the exception of special circumstances when the CEO may need to offer higher compensation for difficult to fill specialties or on renewal Agreements where it is in the best interest of the Hospital and community to go higher to retain said Non-Physician Provider.
- B. Incentive compensation is not offered.

- C. On-call pay is not offered.

## **II. Benefits**

- A. Health, Dental and Vision insurance will be offered to the Non-Physician Provider and their family at a range based on a sliding scale of employee's hourly range.
- B. Malpractice insurance will be provided at the Hospital's expense.
  - 1. The Hospital shall obtain and maintain professional malpractice insurance to cover liabilities of both the Non-Physician Provider and the Hospital resulting from the practice of medicine by the Non-Physician Provider on behalf of the Hospital.
  - 2. Coverage may be on an occurrence or claim made basis.
  - 3. If coverage is on a claim made basis, then upon termination of the Agreement, the Hospital shall purchase tail coverage, if such coverage is not included as part of the Non-Physician Provider's subsequent insurance.
- C. PTO shall be accrued at a rate of 30, 35, 40, 45 or 50 days based on the CEO discretion on both new and renewal Agreements.
  - 1. Non-Physician Providers shall also receive 5 days of continuing medical education (CME) per year. PTO will be capped at 320 hours.
  - 2. No CME will be carried over into the next calendar year.
  - 3. Accrued PTO will be cashed out upon separation.
- D. CME stipend of \$5,000 per year.
- E. Sign on bonus/retention bonus of \$15,000 with the exception of special circumstances when the CEO may need to offer a higher sign on bonus or retention bonus for difficult to fill specialties or on renewal Agreements where it is in the best interest of the Hospital and community to go higher to retain said Non-Physician Provider.
- F. A deferred benefit/Roth 457 retirement plan will be offered to the Non-Physician Provider immediately (1st of the following quarter of their start date).
  - 1. Non-Physician provider may start contributing to their 457 (deferred or and/or Roth) plan on the 1st day of the next quarter of their start date.
  - 2. The CEO may agree to match the maximum contribution limit.
- G. Student loan repayment of up to \$20,000 per year for maximum of \$60,000 over a three-year period with the exception of special circumstances when the CEO may need to offer a higher student loan repayment for difficult to fill specialties or on renewal Agreements where it is in the best interest of the Hospital and community to go higher to retain said Non-Physician Provider.
- H. Relocation allowance of \$10,000 for the cost of relocation that the Non-Physician Provider can apply to rent (6 months) or moving services at his/her discretion. All receipts for moving services must be turned into the Medical Staff Services Office for payment.

## **III. Terms and Termination Provisions**

- A. The agreement may be terminated by either party, without cause, upon 90 days written notice to the other party.
- B. Hospital may terminate this Agreement immediately upon written notice to Non-Physician Provider effective immediately for reasons which shall be deemed for cause and shall be stated with

particularity in the written notice to Non-Physician Provider.

- C. Non-Physician Provider shall be required to abide by all of the Hospital Human Resource policies and procedures during the term of their Agreement.

**IV. Restrictive Covenants**

- A. Covenant not to compete during the term of Non-Physician Provider's employment by Hospital within Sweetwater County for one full year from the date that they terminate employment with MHSC.

**Board of Trustees Approval: 3/21 (Pres. Jones, Sec. Kelsey)**

**Attachments**

No Attachments

**Approval Signatures**

Approver	Date
Irene Richardson: CEO	05/2021

COPY





Approved: 05/2021  
Review Due: 05/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Guidelines for Negotiating Physician Contracts



### Board of Trustees

#### STATEMENT OF PURPOSE:

This Board of Trustees (Board) policy authorizes the Chief Executive Officer (CEO) to recruit Physicians and negotiate their Contract within the guidelines set forth below.

#### POLICY

The CEO is directly responsible for the hiring of Physicians and reports to the Board on medical staff recruitment and performance. In order to fulfill its oversight responsibility, the Board has established guidelines within which the CEO shall recruit Physicians and negotiate their contracts. These guidelines are based on federal physician recruitment and compensation statutes and regulations.

In order to meet the community's health care needs, it is important to attract and retain qualified Physicians. Recruiting Physicians to practice in rural areas is often challenging; therefore, these parameters are designed to balance the needs of the Hospital and the health care needs of the community with a Contract that is attractive to Physicians.

Prior to submitting the Contract to the Physician for his/her acceptance the CEO will provide a detailed report based on these guidelines to the Board for its final approval.

#### TEXT:

##### I. Physician Compensation

- A. Based between the median and 75th percentile of the current MGMA pay scale, according to years of experience, with the exception of special circumstances when the CEO may need to offer higher compensation for difficult to fill specialties or on renewal Contracts where it is in the best interest of the Hospital and community to go higher to retain said Physician.
- B. Incentive compensation is not offered.

- C. On-call pay in certain specialties is necessary and details will be provided to the Board when requesting Contract final approval.

## **II. Benefits**

- A. Health, Dental and Vision insurance will be offered to the Physician and their family at a range based on a sliding scale of employee's hourly range.
- B. Malpractice insurance will be provided at the Hospital's expense.
  - 1. The Hospital shall obtain and maintain professional malpractice insurance to cover liabilities of both the Physician and the Hospital resulting from the practice of medicine by the Physician on behalf of the Hospital.
  - 2. Coverage may be on an occurrence or claim made basis.
  - 3. If coverage is on a claim made basis, then upon termination of the Contract, the Hospital shall purchase tail coverage, if such coverage is not included as part of the Physician's subsequent insurance.
- C. PTO shall be accrued at a rate of 30, 35, 40, 45 or 50 days based on the CEO discretion on both new and renewal Contracts.
  - 1. Physician shall also receive 5 days of continuing medical education (CME) per year.
  - 2. PTO will be capped at 320 hours.
  - 3. No CME will be carried over into the next calendar year.
  - 4. Accrued PTO will be cashed out upon separation.
- D. CME stipend of \$5,000 per year.
- E. Sign on bonus/retention bonus of \$25,000 with the exception of special circumstances when the CEO may need to offer a higher sign on bonus or retention bonus for difficult to fill specialties or on renewal Contracts where it is in the best interest of the Hospital and community to go higher to retain said Physician.
- F. A deferred benefit/Roth 457 retirement plan will be offered to the Physician immediately (1st of the following quarter of their start date).
  - 1. Physician may start contributing to their 457 (deferred or and/or Roth) plan on the 1st day of the next quarter of their start date.
  - 2. The CEO may agree to match the maximum IRS contribution limit.
- G. Student loan repayment of up to \$30,000 per year for maximum of \$90,000 over a three-year period with the exception of special circumstances when the CEO may need to offer a higher student loan repayment for difficult to fill specialties or on renewal Contract where it is in the best interest of the Hospital and community to go higher to retain said Physician.
- H. Relocation allowance of \$10,000 for the cost of relocation that the Physicians can apply to rent (6 months) or moving services at his/her discretion. All receipts for moving services must be turned into the Medical Staff Services Office for payment.

## **III. Terms and Termination Provisions**

- A. The Contract may be terminated by either party, without cause, upon 90 days written notice to the other party.
- B. Hospital may terminate this Contract immediately upon written notice to Physician effective



immediately for reasons which shall be deemed for cause and shall be stated with particularity in the written notice to Physician.

- C. Physician shall be required to abide by all of the Hospital Human Resource policies and procedures during the term of their Contract.

**IV. Restrictive Covenants**

- A. Covenant not to compete during the term of Physician's employment by Hospital and for a period of one full year thereafter at any location within Sweetwater County.

**Board of Trustees Approval: 3/21 (Pres. Jones, Sec. Kelsey)**

**Attachments**

No Attachments

**Approval Signatures**

Approver	Date
Irene Richardson: CEO	05/2021

COPY



Approved: 06/2020  
Review Due: 06/2023  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Financial Hardship Policy



### Board of Trustees

## STATEMENT OF PURPOSE

The purpose of this Financial Hardship policy and procedure is to address the dual interests of providing access to medical care at Memorial Hospital of Sweetwater County (MHSC) and its ancillary departments for those with limited ability to pay for such services. MHSC has put three (3) separate programs into place to identify and assist patients with limited ability to pay for such services.

## TEXT

### I. Self-Pay Rate

- A. MHSC will offer a 50% discount off gross or billed charges to all uninsured patients regardless of income that have received emergency and/or other medically necessary care at our institution.
- B. An uninsured patient is defined as a patient without benefit of a third-party insurance (corporation, company, health plan or trust, automobile medical pay benefit, Workers' Compensation, health insurance, government or entitlement program, etc.).
- C. This offer will be made to self-pay patients that have demonstrated an inability to pay for all or a portion of such services after receiving a "Final Statement".

### II. Medical Assistance

- A. MHSC offers a Medical Assistance program for emergency and/or other medically necessary care at our institution to uninsured and under-insured patients based upon a variety of qualifications that must be met and demonstrated including income, household size, and savings and investment amounts.
- B. The program is designed to assist patients whereby their gross family income falls below 300% of the Federal Poverty Level amounts and their investment levels fall below a certain criterion.

### III. Payment Arrangement

- A. We understand that the recent shift from higher insurance payments for health care services to lower

insurance payments and coverage sometimes creates a financial hardship for our patients as the patient's financial responsibility for services increases. MHSC offers our patients the opportunity to ease the financial hardship that medical expenses sometimes create by offering our patients the opportunity to set up formal payment arrangements in an effort to retire their debt with us.

- B. The guideline for formal payment arrangement is below:

Account Balance		Payment Arrangement
\$0.01	\$150.00	Paid in full within 60 days of service
\$151.00	\$1,000.00	Minimum of \$100.00 per month
\$1,001.00	\$1,500.00	Minimum of \$150.00 per month
\$1,501.00	\$2,500.00	Minimum of \$200.00 per month
\$2,501.00	\$4,000.00	Minimum of \$250.00 per month
\$4,001.00	\$10,000.00	Minimum of \$300.00 per month
\$10,001.00	or larger	Minimum of \$500.00 per month

#### IV. Non-Discrimination

- A. MHSC does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, national origin, religion, sex, sexual orientation, gender identity/expression, genetic information, protected veteran status, or on the basis of disability or age in admission to, participation in, or receipt of services and benefits under any of its programs or activities.

## REFERENCES

**Board of Trustees Approval: 5/20 (Pres. Jones, Sec. Kelsey)**

### Attachments

No Attachments

### Approval Signatures

Approver	Date
Tami Love: CFO	06/2020
Ron Cheese: Patient Financial Director	06/2020



Approved: 05/2021  
Review Due: 05/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Attendance of Board Committee Meetings



### Board of Trustees

#### STATEMENT OF PURPOSE:

Standing Committees are an important part of the governance structure of the Board of Trustees (Board) of Memorial Hospital of Sweetwater County. Although most of the detailed work of the Board is performed by its Committees, the Committees have no expressed or implied power or authority. therefore, it is permissible for a Trustee, who is not an appointed member, to attend meetings of Committees of which s/he is not a member.

#### TEXT:

- I. In the absence of an appointed trustee member, the Board President may appoint a trustee to be a temporary member of the Committee, who shall have voting privileges.
  - A. For educationl/informational purposes, Trustees may attend the meetings of Committees of which they are not appointed members.
  - B. They shall not have voting privileges.
  - C. Their attendance neither triggers a quorum nor indicates a public meeting.
- II. The Board President is an ex-officio member of all committees and may attend any Committee meeting without being in conflict of open meeting laws.
- III. All Board and Committee meetings shall comply with the Wyoming Open Meetings Act.<sup>1</sup>
  - A. Under Wyoming's Open Meetings Act notice of regularly scheduled committee meetings need not be given.
  - B. Committees may meet in executive session provided that all executive sessions are in compliance with the Wyoming Open Meetings Act.

#### References:

<sup>1</sup>Wyoming Open Meetings Act - Wyoming Statutes § 16-4-401 to 16-4-408.

**Board of Trustees Approval: 9/20 (Pres. Jones, Sec. Kelsey)**

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Irene Richardson: CEO	05/2021

COPY



Approved: 05/2021  
Review Due: 05/2023  
Document Area: *Board of Trustees & Medical Staff*  
Reg. Standards: *CMS Appedix A 482.12(a) (10), A-0053*

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



### Board of Trustees

#### STATEMENT OF PURPOSE:

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

#### SCOPE:

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

#### DEFINITIONS:

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

#### POLICY:

- Approach**
  - Direct consultation will be with the Board, at least twice yearly, at the monthly board meetings.
- Medical Staff Leader Designee**
  - In accordance with CMS, the Board may determine if the Medical Staff leader must make the designation in writing when he/she chooses to designate another individual to make the periodic consultations or whether the leader of the Medical Staff may make informal, ad hoc designation; and if advance notice of a designation is required.



- The Memorial Hospital of Sweetwater County Board has determined:
  - the designation may be informal and adhoc; and
  - the Board requires no advance notice.
- **Frequency of Periodic Consultation**
  - The Medical Staff leader or designee is required to meet at least twice during the fiscal year.
  - The Board may increase the number of consultations based upon the scope and complexity of the hospital services offered, specific patient populations served by the hospital, and any issues of patient safety and quality of care that the hospital's quality assessment and performance improvement program might periodically identify as needing the attention of the Board in consultation with it's Medical Staff.
  - The Medical Staff leader may also increase the number of consultations with the Board based upon the criteria listed above.
- **Required Elements of the Consultation**
  - The required consultation must include discussion of matters related to the quality of medical care provided to patients of the hospital.
- **Board Responsiveness**
  - The Board is expected to be responsive to any periodic and/or urgent requests from the leader of the Medical Staff or designee for timely consultation on issues regarding the quality of medical care provided to patients of the hospital.
- **Documentation**
  - Consultation with the Medical Staff leader or designee will be documented in minutes, including attendees and the matters discussed.

## REFERENCES

CMS State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 151, 11-20-15), §482.12(a) (10), A-0053 retrieved from [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

## Reviewed and Approved:

MEC 02/23/2021

Quality Committee of the Board: 03/10/2021

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

## Attachments

No Attachments

## Approval Signatures

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

COPY





Approved: 05/2021  
Review Due: 05/2024  
Document Area: Board of Trustees  
Reg. Standards:

## BOT - Maintenance of Board and Board Committee Meeting Minutes



### Board of Trustees

#### STATEMENT OF PURPOSE:

By law and regulatory requirements, the Board of Trustees of Memorial Hospital of Sweetwater County (Hospital) is responsible for the maintenance and retention of their records. Effective records management includes timely access to accurate and reliable information, assures transparency and accountability to the public, preserves the hospital's history, and preserves essential information.

Meeting minutes of the Board are the legal and official record of the Board's actions and provide evidence of the Board's interactions. Meeting minutes of Board Committees also provide a lasting record of actions and decisions by these Committees.

It is the policy of the Board that its meeting minutes and those of its Committees shall be recorded and maintained in a manner that complies with Wyoming State statute and other regulatory requirements pertinent to governmental hospitals.<sup>1</sup>

#### Definitions:

**Board** means Board of Trustees of Memorial Hospital of Sweetwater County

**Committee** means any standing or ad hoc committee of the Board

**Custodian** means the executive assistant of the CEO, who is responsible for the maintenance, care, and keeping of the public records.

**Meeting** means any meeting duly convened, constituted and held by the Board; meetings convened by another entity to which the Board has been invited; and any meeting by one of the Board's Committees.

**Minutes** means the written record of the proceedings of the meeting, including actions, decisions, commitments and major discussion points.

**Maintenance** means the permanent and orderly preservation of minutes in either physical or digital mode.

**Retention** means the time period the minutes are required to be maintained.

## **TEXT:**

- I. There shall be an official record, or minutes, of the proceedings of every meeting.
  - A. Meeting minutes should include:
    1. Date of the meeting
    2. Time the meeting was called to order
    3. Names of the meeting participants and absentees
    4. Corrections and amendments to previous meeting minutes
    5. Additions to the current agenda
    6. Whether a quorum is present
    7. Motions take or rejected
    8. Voting - that there was a motion and second, and the outcome of the vote,
    9. Actions taken or agreed to be taken
    10. Next steps
    11. Items to be held over
    12. New business
    13. Open discussion or public participation
    14. Next meeting date and time
    15. Time of adjournment
  - B. The Board Secretary shall delegate the recording and drafting of Board meeting minutes to the executive assistant of the Chief Executive Officer (CEO).
  - C. For committees where someone other than the executive assistant of the CEO takes the minutes, the Committee Chair is responsible for assuring that the CEO's executive assistant has all the Committee meeting material for the upcoming Board meeting packet.
  - D. Board meeting minutes are official once they have been approved by the Board and signed by the Board Secretary. Committee meeting minutes are official once they have been approved by Committee members.
  - E. The minutes of executive sessions are confidential and are in the custody of the executive assistant of the CEO.
  - F. Public meeting notice, as well as the meeting agenda, handouts and documents that were referred to during the meeting shall be attached to the official copy of the minutes.
  - G. Storage and retention of all official records of the Board shall comply with Wyoming State statutes<sup>2</sup> and are delegated to the executive assistant of the CEO.
    1. Minutes of all Board meetings shall be permanently retained in physical form.
      - a. To protect from damage and destruction, physical copies of the minutes and their attached documents shall be retained in a safe, secure file cabinet in the office of the Hospital's administration.

- b. digital copies of the minutes and their attached documents shall be uploaded and retained in the board portal.
  - 2. Minutes of all Committee meetings shall be retained for three years.
    - a. Digital copies of the minutes and their attached documents shall be uploaded and retained in the appropriate Committee section of the board portal.
    - b. The administrative staff associated with the Committee shall be responsible for uploading each month's meeting material into the board portal for storage.
- H. Board and Committee minutes are controlled from unauthorized access.
  - 1. Digital minutes are protected from unauthorized access through passwords.
  - 2. Access to paper minutes is under the purview of the executive assistant of the CEO.
  - 3. Minutes that are in the public domain shall be provided for public review without charge on equipment made available by the Hospital in its office. Copies of the minutes may be requested; the Hospital may set a fee to cover costs of copying.
- I. Official minutes of all Board meetings will be part of the public material on the Board of Trustee's section of the Hospital's website.

## References

<sup>1</sup>Wyoming State Statute §1614-401 to 16-4-408 (2011)

<sup>2</sup>Wyoming State Statute §17-16-1601 and 17-19-1601 (2011)

## Board of Trustees Approval: 10/20 (Pres. Taylor, Sec. Kelsey)

### Attachments

No Attachments

### Approval Signatures

Approver	Date
Irene Richardson: CEO	05/2021

## Memo

To: Board

From Barbara Sowada

Re: Proposed Continuing Education Plan for FY 22

Date: July 29, 2021

On behalf of the Governance Committee, attached is the proposed plan for our continuing education program for FY 22. As previously agreed on, the focus of the plan is quality.

You'll note the plan is included in the New Business section of agenda. Although typically new business is discussed one month and voted on the next month, we're hoping to condense discussion, modifications (if any), and approval into this meeting.

###

## Board Continuing Education Program

### Quality

The items below are simply a suggested starting place.

1. Plan 12-month program with emphasis on quality.
2. Method
  - a. iProtean modules to be viewed independently with discussion at monthly Board meeting
  - b. Time allotted for discussion: 10, 15, or 20 minutes **TBD dependent on nature of module**
  - c. Facilitated discussion: yes or no **non-facilitated**
  - d. Number of modules per year: 12, 6, 4, or 3 **start with 6 (every other month) adjust up or down as needed**
  - e. Is discussion limited to Board members, or include senior leadership **Board to keep the discussion at Board level to education Board to help with oversight and direction and to prevent blurring lines between leadership and governance**
3. Board input into determining modules or left to Governing Committee
  - a. 19 modules to chose from
4. Suggested modules as starting point
  - a. Overview of Quality
  - b. Driving a culture of quality
  - c. New payment systems
  - d. Credentialing
  - e. Physician leadership
  - f. Physicians and the new healthcare business model
5. Start Date September Board meeting?

To: Board of Trustees  
From: Barbara J. Sowada, Ph.D.  
Re: Chair's Report ... July meeting  
Date: July 21, 2021

[Welcome](#). The Committee welcomed its new members: Ed Tardoni, Dr. Phillip Najm, and Dr. Alicia Gray. Based on Peter Drucker's leadership maxim, "The role of the leader is to maximize others' strengths and minimize their weaknesses" and because quality is a "team sport," members introduced themselves by stating the strength they bring to the committee.

[The Flu Vaccination Program](#) policy generated much discussion. Briefly, discussion showed the lack of clear understanding of the intent of the policy by hospital leadership. Staff will clarify intent of policy before bringing it back to Quality Committee. It's anticipated this policy will also go to HR Committee before it is ready to go to the Board. The ask of the hospital is that the board is supportive of the eventual policy.

[Accreditation, Surveys, etc.](#) The hospital has been accredited by the TJC for another 3 years. The pharmacy was recently successful in its survey by Wyoming State Board of Pharmacy. The hospital was accredited, with provisional status, as a Level III trauma center. The Oncology Clinic has been approved for clinical trials; trials will start once training has been completed.

[Board Quality workshop](#) is being planned for January, 2022. Kara will form an ad hoc committee that includes one board member to participate in the planning. This year's Board education program will focus on quality and will use iProtean as the resource. Ten minutes of each board meeting will be given to review of this material. All members of Quality Committee will be invited to participate.

[Patient Experience Scores](#). Dr. Clevenger reported St. John's Hospital's suggestions for improving our HCAHPS scores. Took them 5 years to see a cultural change and consistent patient experience data. Having a foundation such as PlaneTree is beneficial. Important to align mission, vision, and values; create a seamless delivery of care, include staff in decision making and service recovery. Other suggestions include consistent messaging, leadership rounds, staff training, and celebration of "wins."

The plethora of [quality metrics](#) and their summary reports, along with the minutes of the July meeting, are part of the August Board packet.

Present: **Voting Members:** Dr. Barbara Sowada (Quality Board Chair), Kara Jackson (Quality Director), Dr. Kari Quickenden (CCO), Dr. Ann Marie Clevenger (CNO), Dr. Melinda Poyer (CMO), Ed Tardoni (Quality Board Member), Dr. Alicia Gray, Dr. Phillip Najm, Irene Richardson (CEO),

**Non-voting Members:** Noreen Hove, Karali Plonsky, Corey Worden, Valerie Boggs,

**Guests:** Taylor Jones (Board of Trustees Chair), Kandi Pendleton (Board of Trustee)

Absent/Excused: **Voting Members:** Tami Love (CFO), Leslie Taylor (Clinic Director),

**Non-voting Members:** Cindy Nelson, Kalpana Pokhrel,

Chair: Dr. Barbara Sowada

### **Approval of Agenda & Minutes**

Dr. Sowada called the Meeting to order at 8:15 am. Dr. Sowada welcomed our new Board member to the committee – Ed Tardoni and our new Provider members – Dr. Alicia Gray and Dr. Phillip Najm.

The Quality Agenda was presented for approval, Dr. Poyer motioned to approve, Ms. Richardson seconded. Motion was approved.

Dr. Sowada requested circling back on introductions and to follow an adage by Peter Drucker, "A leader should help maximize others strengths and make their weaknesses irrelevant", and asked everyone to list the skills and strengths each member of the Quality Committee brings to the team. Each member outlined their strengths, with Dr. Sowada noting what a wide variety of skills and strengths our committee had – a very complete palate.

Dr. Sowada presented the June 22, 2021 Minutes for approval. Dr. Poyer motioned to approve, Dr. Quickenden seconded. Motion was approved.

### **Old Business**

Dr. Quickenden noted we continue work on our ESC compliance, but we did receive our Certificate of Accreditation from The Joint Commission in early July, so we are accredited for the next 3 years. We continue to work on survey readiness as we await our Joint Commission Lab Survey, which we expect as early as August. We also are looking at items that were not actually cited, but are opportunities for improvement. We will be putting a plan together to outline those non-cited findings.

Dr. Poyer presented the Annual Influenza Vaccine Program and the changes to the mandatory vaccination. Previously employees could decline with the understanding they would need to wear a mask through flu season. But with COVID all are wearing masks and that is no longer a deterrent. Going forward they will be required to have a flu vaccine (except those with medical

or religious exemptions) or will be required to take PTO for time off. Dr. Poyer motioned to recommend approval of Annual Influenza Vaccine Program as presented and it be taken to Board for final approval and support. Discussion ensued that showed not all understood the intent of the standard. Dr. Poyer withdrew her motion and will be taking back to committees for clarification and will bring back next month.

### **New Business**

Dr. Quickenden reported on CMS Validation of Outpatient Quality Reporting (OQR) measures. We were selected to provide charts for validation (comparison) of extraction – to ensure we are extracting the same as how CMS would. They require we match at least 75% - we met 100% for all 3 quarters. Dr. Sowada noted that this tells us we can trust our data.

Dr. Quickenden reported that the Wyoming State Board of Pharmacy survey occurred on June 10<sup>th</sup>. They were here to inspect our new sterile compounding room, but while they were here they performed their routine pharmacy inspection. We passed, with a few recommendations related to training records and documentation. They are expected back in about 1 year.

Dr. Clevenger stated the Trauma Accreditation Survey was performed on June 30<sup>th</sup>, the preliminary report shared on site was that the Trauma Program would receive a continued area trauma hospital designation, but will have a provisional 1-year stipulation. The follow-up required to have that provisional removed is improved performance improvement initiatives. The 3 surveyors that were here offered to help Tiffany Uranker-Webb, Trauma Coordinator with the identification, tracking and goals for the initiatives.

Ms. Jackson reported that the Cancer Center had some great updates for their Association for Clinical Oncology (ASCO) and Quality Oncology Practice Initiative (QOPI) certification track – they have completed round one of ASCO chart abstractions and scored 80%, which is pretty good. The chart abstractions they are doing will drive their Performance Improvement (PI) plans. They will be reviewed again in a year, putting them on track to be QOPI certified. Clinical trials have been approved by the Central Institutional Review Board (CIRB), they have some additional training this Monday, then should be good to go for enrolling patients in clinical trials. They were also approved by the Wyoming Cancer Program for a grant for Cancer survivorship and wellness that begins in August, with a kick off party next week. They can then begin handing out vouchers to patients to support their wellness, with activities like Rec Center admission and massages.

Ms. Jackson further reported on the PIPS priorities. Ms. Jackson stated a slight reorganization of the graph occurred to reduce columns, with the addition of an AIM statement and SMART objective. Dr. Sowada requested an email with PIPS priority attached be sent out for a more thorough review by committee, with the plan to bring back to committee next month for approval, before taking to Board for approval. Dr. Quickenden requested any questions or corrections about the document be addressed prior to the next meeting, so the document can be ready for approval by the Quality Committee in August.

Ms. Jackson presented the planning for the Quality Workshop of the Board, which normally occurs in October, but with all the work happening with Synergi (new Quality Management system replacing MIDAS) and Cerner implementation the recommendation is to move the workshop to January, with the Finance workshop moved to February. Dr. Sowada suggested a small task force that includes one Board member to help organize the workshop.



### **Medical Staff Update**

Dr. Poyer gave the Medical Staff update: from the Quality standpoint the heads of each department have been assigned their quality measures and they will be looking for opportunities for improvement and will be in communication with "herself", other medical providers and the nursing staff involved in those measure, and will be reporting back each month, that she will then bring to MEC.

As for HCAHPS, they continue to do "Commit to Sit" and look for opportunities for improvement to continue to improve our HCAHPS scores. The pandemic with the Brazilian and Delta variant has not gone away, we have had problems getting patients out to tertiary facilities because they full, which decreases some of our measures for satisfaction. The complexity of the patients we are keeping has increased. Our community positivity rate is still above 5%, which means we have mandatory screening for employees that are not vaccinated.

### **Informational Items for Review/Discussion**

Dr. Sowada presented the Informational Items for Review/Discussion, noting for the new members this is a "consent agenda", where items can be reviewed or pulled out for discussion. Dr. Sowada requested pulling out PIPS Star Rating, Patient Safety and Risk Dashboard.

- PIPS Star Rating – question "We appear 2 months behind in extraction data – is that due to the time it takes for extraction?". Ms. Jackson acknowledged that was correct.
  - Dr. Sowada also note that sometimes percentile and percentage are both used. Ms. Jackson stated they had just discussed this in PIPS and would be moving to percentage.
  - OP 18b has no descriptor. Ms. Jackson stated this is similar to ED 2B – Admit Decision Time to ED Departure Time, but that this one was for Outpatient for the time they arrived in the ED to the time they are discharged from the ED.
  - OP-8, what is our barrier for concurrent tracking? Dr. Quickenden stated the issue is this is claims based and that we don't always know if physical therapy or chiropractic measures were provided prior to MRI. Dr. Matti will be addressing this at General Medical Staff meeting tonight. Cerner will help – they have Appropriate Use Criteria (AUC) built in – if a provider orders an MRI it will ask specific questions, i.e. have they had physical therapy or chiropractic care?
- Safety Accreditation – Did any of these safety events trigger a Root Cause Analysis (RCA)? Ms. Jackson stated Yes – 2 RCAs have recently been completed, they are still working on follow up items and will plan to bring to Quality in August or September.
- Other Standards Dashboard – Unexpected complications for newborns – is this what Dr. Ryan will be looking at for opportunities for improvement? Dr. Quickenden acknowledged – yes.
- OP Ambulatory Surgery – is "Care Provider" the "physician"? Ms. Jackson stated – Yes, that is the physician.

Dr. Sowada queried Dr. Quickenden and Ms. Jackson on how the hospital as a team is addressing and meeting their Quality measures. Dr. Quickenden and Ms. Jackson both agreed that the teams are working well and great improvements have been seen.

Dr. Sowada requested that Dr. Clevenger reiterate her learnings from other CNOs, that attaining quality measures in patient experience "is a long journey not a sprint". Dr. Clevenger reached out to St. John's in Jackson and Star Valley. Jackson has already answered back and offered their services and have already had 3 discussions on the topics pertaining to issues and

measures each addressed. They noted it has taken them a full 5 years to see a big impact. They have used many of the same initiatives as us, and stated we needed to pick a source and stick with it. Dr. Clevenger stated Cindy Nelson, Executive Administrative Assistant has done a great job with this.

**From the Director – bimonthly**

Nothing reported this month.

**Mission Moment**

Dr. Sowada requested we close the meeting with a Mission moment. Ms. Richardson began the conversation by commending the staff and the Quality Team for the Excellent job they are doing! Ms. Richardson then relayed an incident between Marianne Sanders and a patient. The patient asked if we were considering recruiting a Rheumatologist. Ms. Sanders stated she would look into it or see if we could get services from the U of U. Ms. Sanders also noted that at the beginning of the conversation the patient was quite upset, because of the difficulties she had in seeing a Rheumatologist in Utah, and that even if we had one here the patient had difficulties just walking into the building. Ms. Sanders told the patient she would give her her personal phone number and would help her in. The patient's entire disposition changed, she was surprised and pleased by Ms. Sanders offer. Ms. Sanders stated she remember how hard it was for her parents when they came to the hospital and would be happy to do this for the patient. The end of the conversation found the patient very happy and complimentary of the hospital and its staff.

**Meeting Adjourned**

The meeting adjourned at 9:51am

**Next Meeting**

August 25, 2021 at 08:15 am via ZOOM.

Respectfully Submitted,

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Robin Fife, Recording Secretary

To: Board of Trustees  
From: Barbara J. Sowada, Chair  
Re: Human Resources Committee Meeting  
Date: July 19, 2021

The Human Resources Committee met July 19<sup>th</sup> from 3:00 to 4:00 pm by Zoom. Kandi Pendleton was welcomed. Committee members and HR staff introduced themselves by answering the questions, “How long have you worked in health care and what drew you to health care”?

The HR Charter was reviewed and explained. It was noted that according to the Charter, these two reports should be included in the monthly data packet: 1) *Contract Statistics by Position* and 2) *Unexpected Sick leave rates and Workers Compensation Claims*. Both reports will be included in the future packets.

Monthly data was reviewed and explained. Turnover rate is rising. Total separations for calendar year 2020 were 67 employees; year to date for 2021 separations are 58. Rising turnover rate is consistent with national data. Staff believe that voluntary separations are attributed to Covid-19, people leaving the area, and finding local health care jobs that offer 9:00 am to 5:00 pm, M-F employment.

Open Positions was reviewed and explained. Laboratory staff and ultrasound technicians continue to be difficult to recruit. More open nursing positions than previous, which are also becoming difficult to fill. Use of agency/traveler personnel has increased; partially because of Covid-19 staff requirements and partially because of recruiting challenges. Discussion ensued regarding the need to get creative regarding pay, sign on bonuses, “growing our own,” and other incentives to recruit and retain our workforce.

Process regarding HR policies was reviewed and explained.

For more detail, see the reports and minutes of this meeting which are included in the August Board packet.

Next HR meeting will be August 16<sup>th</sup>.

**Human Resources Committee Meeting**  
**Monday, July 19<sup>th</sup>, 2021**  
**3:00 PM – Zoom meeting**  
**AGENDA**

**Welcome:**

New Board Member, Kandi Pendleton

**Old Business**

- I. Approval of minutes (May 2021) *\*no June 2021 meeting*
- II. Turnover Report - Amber
- III. Open Positions –Amy
- IV. Employee policies Update - Suzan

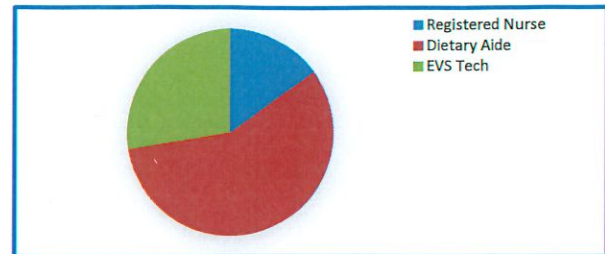
**New Business**

- V. Committee member reports, other discussion(s) – as needed
- VI. Determination of Next Meeting Date (Auto-Scheduled for 08/16/21)

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**2021 Overall Turnover Data (As of 06/30/2021)**

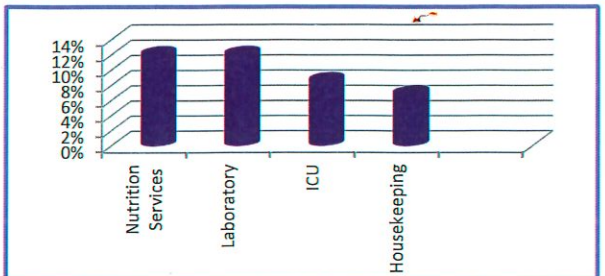
**Top Position(s) / Turnover**

	2021	%
Registered Nurse	16	11%
Dietary Aide	5	42%
EVS Tech	4	20%



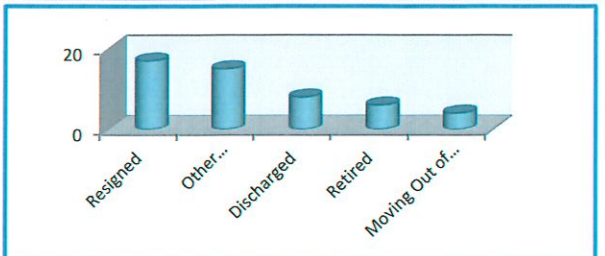
**Top Department(s) / Turnover**

	2021	%
Nutrition Services	7	12%
Laboratory	7	12%
ICU	5	9%
Housekeeping	4	7%



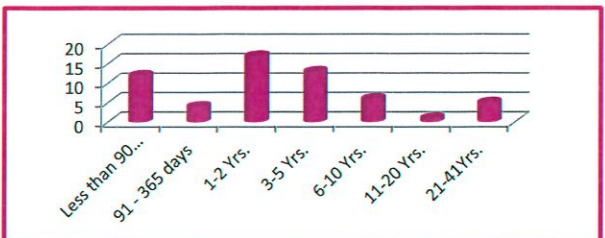
**Top Reasons / Turnover**

	2021	%
Resigned	17	29%
Other Employment	15	26%
Discharged	8	14%
Retired	6	10%
Moving Out of Area/Relocation	4	7%



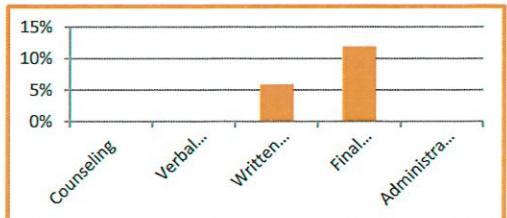
**Length of Service**

	2021	%
Less than 90 days	12	21%
91 - 365 days	4	7%
1-2 Yrs.	17	29%
3-5 Yrs.	13	22%
6-10 Yrs.	6	10%
11-20 Yrs.	1	2%
21-41 Yrs.	5	9%
<b>Total</b>	<b>58</b>	



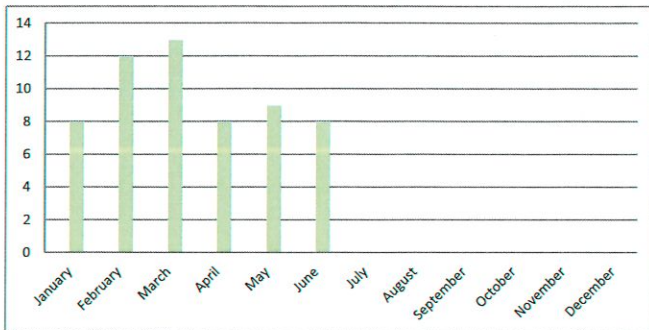
**Corrective Action**

		% Discharged
Counseling		
Verbal Warning		
Written Warning	8%	0%
Final Written Warning	10%	100%
Administrative Leave		



### 2021 Separations - Hospital Wide

	Separations	New Employees	
January	8	10	556
February	12	2	548
March	13	10	545
April	8	15	552
May	9	7	550
June	8	11	553
July			
August			
September			
October			
November			
December			
<b>Total</b>	<b>58</b>	<b>19</b>	



	Separations
Involuntary	7
Voluntary	51
<b>Total</b>	<b>58</b>

	Classifications
RN	16
Classified	42
<b>Total</b>	<b>58</b>

### Overall Turnover

2009	96
2010	98
2011	79
2012	104
2013	113
2014	88
2015	97
2016	86
2017	116
2018	96
2019	93
2020	67
2021	58

### Overall Turnover 2021



### Rolling 12

	Separations	%
Jan 2020 - Jan 2021	93	17%
Feb 2020 - Feb 2021	100	18%
April 2020 - April 2021	99	18%
May 2020 - May 2021	105	19%
June 2020 - June 2021	105	19%

### Rehire Rate

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



Requisition Number	Job Title	Schedule	Shift	Department
<b>Clinical</b>				
2723	Med. Imaging Aide	Regular Part Time	Variable	MEDICAL IMAGING
2677	Med. LabTech	Regular Full Time	Variable	LABORATORY
2649	Med. Tech	Regular Full Time	Variable	LABORATORY
2689	Med. Tech	Regular Full Time	Variable	LABORATORY
2804	Medical Assistant	Regular Part Time	Variable	CLINIC
2808	O. R. Scrub Tech	Regular Full Time	Days	SURGICAL SERVICES
2800	Rad. Tech. II (ARRT)	Regular Full Time	Variable	MEDICAL IMAGING
2743	Reg. Resp. Therapist	Regular Part Time	Variable	RESPIRATORY THERAPY
2359	Reg. Resp. Therapist	Regular Full Time	Variable	CARDIOPULMONARY
2744	SLP Lab T-Gist/Rpsgt	Regular Full Time	Nights	SLEEP LAB
2680	Ultrasound Tech.	Regular Full Time	Variable	ULTRASOUND
<b>Non-Clinical</b>				
2813	Behavior Health Tech	Regular Full Time	Variable	BEHAVIORAL HEALTH
2746	Dietary Aide	Regular Full Time	Variable	NUTRITION SERVICES
2733	Director Information Svcs	Regular Full Time	Days	INFORMATION TECHNOLOGY
2759	Patient Access Specialist I	Regular Full Time	Variable	Admitting
2751	Patient Access Specialist I	PRN	Variable	Admitting
<b>Nursing</b>				
2806	Care Transition Nurse	Regular Full Time	Days	CARE MANAGEMENT
2802	Quality Analyst RN	Regular Full Time	Days	QUALITY

#### Filters

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

2803	Quality Analyst RN	Regular Full Time	Days	QUALITY
2805	Rad. Tech. II (ARRT)	Regular Full Time	Variable	MEDICAL IMAGING
2809	Registered Nurse	Regular Full Time	Days	SURGICAL SERVICES
2795	Registered Nurse	Regular Full Time	Days	SAME DAY
2775	Registered Nurse	Regular Full Time	Days	SURGICAL SERVICES
2788	Registered Nurse	Regular Full Time	Nights	ICU
2799	Registered Nurse	Regular Full Time	Variable	EMERGENCY DEPARTMENT
2814	Registered Nurse	Regular Full Time	Variable	EMERGENCY DEPARTMENT
2710	Registered Nurse	Regular Full Time	Variable	ICU
2780	Registered Nurse	Regular Full Time	Variable	ICU
2812	Registered Nurse - Clinic	Regular Full Time	Variable	CLINIC
2762	Registered Nurse - Swabbing Station	Regular Full Time	Days	LABORATORY

Filters

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



**From:** [Amber Fisk](#)  
**To:** [Amber Fisk](#)  
**Subject:** FW: Employee Policies - Approval  
**Date:** Thursday, July 15, 2021 11:07:01 PM

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**From:** Suzan Campbell

**Sent:** Tuesday, June 8, 2021 10:55 AM

**To:** Robin Fife <rfife@sweetwatermemorial.com>; Ann Marie Clevenger  
<aclevenger@sweetwatermemorial.com>; Kari Quickenden  
<kquickenden@sweetwatermemorial.com>; Amber Fisk <afisk@sweetwatermemorial.com>; Tami  
Love <tlove@sweetwatermemorial.com>; Irene Richardson  
<irichardson@sweetwatermemorial.com>

**Subject:** RE: Employee Policies - Approval

Good morning, the Board approved the process of re-approving Employee Policies at their June meeting. So to re-state the process: I will annually review the Employee Policies in PolicyStat. If any need to be updated/amended those policies will be taken to HR Committee and then the Board. If there are no changes they can just be reapproved in PolicyStat without any Board action when they up for renewal. Thanks Suzan

## EMPLOYEE POLICIES UPDATE

### GENERAL

Philosophy of Employee Relations No changes re-approved for 3 years

Equal Employment Opportunity (EEO) Updated to reflect statutory updates re-approved for 3 years

ADA no changes re-approved for 3 years

Cultural Diversity no changes re-approved for 3 years

Non-Discrimination and Anti-Harassment being reviewed

Harassment complaint Procedure no changes re-approved for 3 years

Confidentiality and HIPAA no changes re-approved for 3 years

Employee Conflict of Interest no changes re-approved for 3 years

### EMPLOYMENT AND COMPENSATION

Certification, Licensing and Background Checks no changes re-approved for 3 years

Introductory Period pending revision

Access to Personnel File no changes re-approved for 3 years

Exempt Employees (redrafted into section-added "Working from Home" section) in approval path. May need to be updated again dependent on what happens with Introductory Period policy

Non-Exempt Employees (redrafted into section so it matches Exempt) in approval path. May need to be updated again dependent on what happens with Introductory Period policy

Conflict Resolution no changes re-approved for 3 years

Reduction in Force no changes re-approved for 3 years

Employee Corrective Action updated to reflect 2 changes requested by Geoff Phillips. Re-approved for 3 years

### LEAVES OF ABSENCE

Bereavement Leave no changes re-approved for 3 years

FMLA/Military FMLA no changes re-approved for 3 years

Jury Duty no changes reapproved for 3 years

Personal Leave made a change at the request of our long-term disability company re-approved for 3 years

USERRA-Military Leave no changes re-approved for 3 years

Voting Leave no changes re-approved for 3 years

## **WORK ENVIRONMENT**

Communication Systems (replaced Computer Usage policy) This policy was presented to and passed HR Committee; Board approved. It is in approval path.

Dress Code no changes re-approved for 3 years

Drug and Alcohol Free Workplace/Testing Policy no changes re-approved for 3 years

Political Activity new Employee Policy approved by HR Committee and Board

Social Media in revision will be presented to HR Committee

Telecommuting Policy new Employee Policy approved by HR Committee and Board

Tobacco Free no changes re-approved for 3 years

Where to Find Information no changes re-approved for 3 years

## Capital Request Summary

Capital Request #

FY22-10

Name of Capital Request:

GE LOGIQ E10 R2 ULTRASOUND MACHINE

Requestor/Department:

TRACIE SOLLER/MEDICAL IMAGING

Sole Source Purchase: Yes or No

Reason:

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	GE HEALTHCARE	CHICAGO, IL	\$141,590.00
2.	PHILIPS HEALTHCARE	NASHVILLE, TN	\$179,384.00
3.	SIEMENS	MALVERN, PA	Did not send quote after demo

Recommendation:

GE HEALTHCARE - \$141,590.00



# Assigned: FY 22 - 10

## Capital Request

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

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

**Department:** Medical Imaging - US

**Submitted by:** Tracie Soller

**Date:** 7/2/2021

### Provide a detailed description of the capital expenditure requested:

GE Logiq E10 R2 ultrasound machine with a full suite of advanced imaging tools to drive workflow productivity. cSound Architecture automatically delivers images of exceptional uniformity from the near to the far field; the technologist does not need to adjust the settings as frequently. XDclear probes offer powerful high resolution imaging whether scanning superficial or deep targets. 2D shear wave and Strain elastography. Concise workflow with AI-based tools, productivity enhancers and streamlined functionality.

**Preferred Vendor:** GE HEALTHCARE

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

1. Renovation	\$
2. Equipment	\$ 122,390.00
3. Installation	\$
4. Shipping	\$
5. Accessories	\$ 19,200.00 (optional probes)
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
<b>Total Costs (add 1-8)</b>	
	\$ 141,590.00

### Does the requested item:

Require annual contract renewal? ☒ YES ☐ NO

Fit into existing space?

☒ YES ☐ NO

Explain:

Attach to a new service?

☐ YES ☒ NO

Explain:

Require physical plan modifications?

If yes, list to the right:

☐ YES ☐ NO

Electrical

HVAC

Safety

Plumbing

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

\$

\$

\$

\$

\$

### Annualized impact on operations (if applicable):

#### Increases/Decreases

Projected Annual Procedures (NEW not existing)

Revenue per procedure

\$

Projected gross revenue

\$

Projected net revenue

\$

Projected Additional FTE's

Salaries

\$

Benefits

\$

Maintenance

\$

Supplies

\$

**Total Annual Expenses**

\$

**Net Income/(loss) from new service**

\$

### Budgeted Item:

☒ YES ☐ NO

# of bids obtained? 3

☒ Copies and/or Summary attached.

If no other bids obtained, reason:

### Review and Approvals

Submitted by: Tracie Soller

Verified enough Capital to purchase

Department Leader

☒ YES ☐ NO

Executive Leader

☐ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO

*Kump* 07-19-2021  
*Lyne* 7-16-21  
*St* 7-19-21

## OTHER CONSIDERATIONS

Our current Philips IU-22 ultrasound machines were manufactured in 2009. The operating systems for the computer on these machines is no longer supported and the machine cannot be upgraded at this point. The machine is not functioning well at present, service has suggested replacing this unit first. This quote contains all of the transducers and software packages necessary to sustain and most likely enhance our current level of patient care in ultrasound. The optional transducers offer a better resolution image for our bariatric and pediatric patients. US-B is a shared service machine and is capable of performing echocardiography as well. This machine is used as a back up to the machine in echocardiography.

The technologists and radiologists preferred the GE equipment and have requested we obtain this technology. The number of bariatric patients we scan at MHSC has increased; this type of body habitus is difficult to scan; however, the GE machine used in the demonstration imaged the bariatric model very well. The transducer listed as options will improve the imaging quality for our bariatric and our pediatric patient exams. This quote is for a refurbished unit. The Siemens machine we looked at does not offer refurbished units. Philips did not send a quote for their refurbished units.

Tracie Soller,RT/RDMS

Digitally signed by Tracie  
Soller,RT/RDMS  
Date: 2021.03.10 09:35:14 -07'00'

Submitted by: Signature

7/13/2021

Date





July 1, 2021  
Quote Number: 2008085990.2  
Customer ID: 1-23LBLM  
Agreement Expiration Date: 9/29/2021

Memorial Hospital of Sweetwater County  
1200 College Dr  
Rock Springs, WY 82901-5868

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE Healthcare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation. In the event of conflict, the Quotation supersedes.

GE Healthcare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE Healthcare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE Healthcare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	Intalere VQ10400 - U/S
Terms of Delivery	FOB Destination
Billing Terms	100% billing at Ship Completion (Fulfillment) / Delivery
Payment Terms	NET 30
Total Quote Net Selling Price	\$122,390.00
Sales and Use Tax Exemption	Certificate on File

**IMPORTANT CUSTOMER ACTIONS:**

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

☐ Cash  
☐ GE HFS Loan ☐ GE HFS Lease  
☐ Other Financing Loan ☐ Other Financing Lease Provide Finance Company Name \_\_\_\_\_

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Memorial Hospital of Sweetwater County

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

\_\_\_\_\_  
Purchase Order Number, if applicable

GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC, a GE Healthcare business

Signature: Evan Shafer

Title: Sales Specialist - GI Ultrasound

Date: July 1, 2021





July 1, 2021  
Quote Number: 2008085990.2  
Customer ID: 1-23LBLM  
Agreement Expiration Date: 9/29/2021

**To Accept This Quotation**

Please sign and return this quotation together with your Purchase Order to:

Name: Evan Shafer

Email: [evan.shafer@ge.com](mailto:evan.shafer@ge.com)

Phone: +1 4359015138

Fax:

**Payment Instructions**

Please remit payment for invoices associated with this quotation to:

GE Medical Systems, Ultrasound & Primary Care  
Diagnostics, LLC

P.O. Box 74008831

Chicago, IL 60674-8831

FEIN: 92-0192942

**Memorial Hospital of Sweetwater County**

**Addresses:**

**Bill To:** MEMORIAL HOSPITAL OF  
SWEETWATER COUNTY

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

**Ship To:** MEMORIAL HOSPITAL OF  
SWEETWATER COUNTY

MEMORIAL HOSPITAL OFS, SWEETWATER COUNTY, 1200  
COLLEGE DR, ROCK SPRINGS, WY, 82901-5868 SWEETWATER

**To Accept This Quotation**

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate your form of payment.
- If you include a purchase order, please make sure it references the following information:
  - The correct Quote number and Version number above
  - The correct Remit To information as indicated in "Payment Instructions" above
  - Your correct SHIP TO and BILL TO site name and address
  - The correct Total Price as indicated above

Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms: Signature page on quote filled out with signature and P.O. number \*\*\*\* OR\*\*\*\* Verbiage on the purchase order must state one of the following:

(i) Per the terms of Quotation # \_\_\_\_\_; (ii) Per the terms of GPO # \_\_\_\_\_; (iii) Per the terms of MPA# \_\_\_\_\_; or (iv) Per the terms of SAA # \_\_\_\_\_.

Include applicable quote/agreement number with the reference on the purchase order. In addition, Source of Funds (choice of Cash/Third Party Load or GE HEF Lease Loan or Third Party Lease through \_\_\_\_\_), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare).





July 1, 2021  
Quote Number: 2008085990.2  
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## Quote Summary

Extended Qty	Catalog	Short Description
1.00	L4920US	GS Logiq E10 R2 OC
1.00	H44901AE	M5Sc-D XDclear* Matrix Phased Array Probe
1.00	H44901AI	L2-9-D XDclear* Linear Array Probe
1.00	H40452LG	ML6-15-D Matrix Linear Array Probe
1.00	H40472LT	C1-6-D XDclear* Convex Array Probe
1.00	H48681MG	RAB6-D Ultralight Real Time 4D Convex Array Probe
1.00	H48651MS	RIC5-9-D Real Time 4D Microconvex Probe
1.00	H4918D	LOGIQ E10 Realtime 4D
1.00	H4918PA	LOGIQ E10 Power Assistant
1.00	H4918CE	LOGIQ E10 Cardiac Package
1.00	H4918BW	Sony BW 898 Printer
1.00	H4918BT	LOGIQ E10 Bin - Twin

## Quotation

Line	Qty.	Catalog	
1	1.00	L4920US	GS Logiq E10 R2 OC

**List Price**  
\$400,000.00

**Net Price**  
\$80,000.00

The GoldSeal LOGIQ E10 is GE's leadership ultrasound imaging system designed for abdominal, vascular, obstetric, gynecologic, neonatal, pediatric, urological, transcranial, cardiac and small parts applications.

The GoldSeal LOGIQ E10 provides the latest GE technology to help enhance diagnostic confidence and workflow efficiency every day in a variety of challenging exams. Innovative features:

- cSound imageformer for enhanced image quality and XDclear transducer technology capabilities.

- The LOGIQ E10 includes:

- ☐ B-flow technology to help visualize real-time hemodynamic flow and vessel wall definition;
- ☐ Compare Assistant, a workflow enhancement tool that enables easy side by side comparison of previous ultrasound or other modality images with a live ultrasound image;
- ☐ Scan Assistant procedure automation program that intuitively assists the user with customizable system functions at each step of the study to streamline productivity, enhance consistency and reduce keystrokes;
- ☐ LOGIQVIEW an integrated, extended field of view B-mode imaging with measurement capability;
- ☐ Strain Elastography; and
- ☐ B-Steer+ which can be used for B mode steering image to help improve needle visualization/reflectivity.

Also included:

CrossXBeam (spatial compounding), SRI HD (Speckle Reduction Imaging in High Definition) with Organ Specific Imaging, and Coded Harmonics. Productivity can be enhanced through many features such as Raw Data for post-processing of images, Auto IMT, Breast and Thyroid Productivity packages, OB Measure Assistant, Automatic Optimization, Virtual Convex, Advanced 3D (w/ multiplanar displays), Color Quantification.

In addition, includes LOGIQ E10 Photo and Remote Apps support for use with Android devices that meet minimum requirements. LOGIQ Photo App includes barcode and QR reader and Photo Assist Apps. LOGIQ Remote replicates a subset of user interface controls of compatible LOGIQ ultrasound systems, enabling approved care providers to remotely control the ultrasound system. LOGIQ Photo Assist enables approved care providers to take photos with the App and transfer them to a compatible LOGIQ ultrasound system. These photos can be captured as DICOM images and become part of the ultrasound exam. Photos of barcodes and QR codes are decoded and transferred to the ultrasound system as an alphanumeric string. A complimentary tablet is included for access to the LOGIQ Apps (not serviced by GE or covered under the E10 warranty).

Advanced ergonomics including 22 wide screen high resolution OLED display (1920 x 1080) with articulating arm, motorized adjustable console, 12.1 inch color high resolution LED touch screen, four active transducer ports and 2 parking ports with patented cable hook. Scanning modes include B-Mode, M-Mode, Color Flow, Pulsed Wave, and Power Doppler. Other system features include: Windows\*\* 10 Enterprise 2016 LTSB 64-bit operating platform, 1GB cine memory, 1TB internal hard drive, DVD-R, image archive, user footrest, integrated on-board black and white printer bay, and user programmable model parameters. Includes comprehensive software annotation, calculations, and worksheets supporting obstetrical, gynecological, vascular and general imaging applications.

Includes a DICOM\*\*\* software package providing Verify, Print, Store, Multiframe, Modality Worklist, MPPS (Modality Performed Procedure Step), Storage Commitment, Media Exchange and Enhanced US Volume Storage. Additionally, supports Query/Retrieve and Structured Reporting. Does not include network hardware, which may be required. Security features including cyber threat





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protection, patient data encryption, user access controls, LDAP and audit logging.

GE Healthcare's iCenter solution is a cloud-based asset maintenance and management software application that provides data and analytics on Product status, location, service and maintenance history, planning and Equipment utilization ("iCenter Application").

Includes one-year warranty and three days of Applications Training. Additional Applications Training days are available for purchase. Training must be completed within 12 months after Product delivery, otherwise GE Healthcare's obligation to provide the training will expire without refund. Participating in advanced technology training at the GE Healthcare Education Center in Metro Milwaukee can be purchased separately. Customer workflow permitting and abiding by SDMS criteria, sonographer install CE's may be provided during install training.

\*Trademark of General Electric Company

\*\*Third party trademarks are the property of their respective owners.

\*\*\* DICOM is the registered trademark of the National Electrical Manufacturers Association for its standard publications relating to digital communications of medical information.

Line	Qty.	Catalog	
2	1.00	H44901AE	M5Sc-D XDclear* Matrix Phased Array Probe

<b>List Price</b>	<b>Net Price</b>
<b>\$15,500.00</b>	<b>\$4,960.00</b>

Matrix Phased Array probe with GE's highest performing XDclear\* transducer technology, an innovative combination of advanced materials and acoustic design providing ultra-wide bandwidth and superb image quality. Applications vary depending on the ultrasound system and may include Cardiac, Pediatrics, Fetal Heart, Abdominal, Coronary, Transcranial, Contrast, and Stress Echo. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications. \*Trademark of General Electric Company

Line	Qty.	Catalog	
3	1.00	H44901AI	L2-9-D XDclear* Linear Array Probe

<b>List Price</b>	<b>Net Price</b>
<b>\$20,000.00</b>	<b>\$6,400.00</b>

Linear Array Probe with GE's highest performing XDclear\* transducer technology, an innovative combination of advanced materials and acoustic design providing ultra-wide bandwidth and superb image quality. Applications include Vascular, Small Parts, Musculoskeletal, Neonatal Cephalic, Pediatric, Abdominal, Obstetrical. \*Trademark of General Electric Company

Line	Qty.	Catalog	
4	1.00	H40452LG	ML6-15-D Matrix Linear Array Probe

<b>List Price</b>	<b>Net Price</b>
<b>\$18,000.00</b>	<b>\$5,760.00</b>

Wideband Matrix Linear Array Probe. Applications vary depending on the ultrasound system and may include Small Parts, Vascular, Pediatrics, Neonatal, Breast, Thyroid, and Scrotal. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications.

Line	Qty.	Catalog	
5	1.00	H40472LT	C1-6-D XDclear* Convex Array Probe

<b>List Price</b>	<b>Net Price</b>
<b>\$20,000.00</b>	<b>\$6,400.00</b>

Convex Array probe with GE's highest performing XDclear\* transducer technology, an innovative combination of advanced materials and acoustic design providing ultra-wide bandwidth and superb image quality. Applications vary depending on the ultrasound system and may include Abdominal, OB/GYN, Urology, and Vascular. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications. \*Trademark of General Electric Company

Line	Qty.	Catalog	
6	1.00	H48681MG	RAB6-D Ultralight Real Time 4D Convex Array Probe





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**List Price**  
**\$18,000.00**

**Net Price**  
**\$5,760.00**

Ultralight, Wideband Real Time 4D Convex Array Probe. Applications vary depending on the ultrasound system and may include Abdominal, OB/GYN, and Pediatric. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications.

Line	Qty.	Catalog	
7	1.00	H48651MS	RIC5-9-D Real Time 4D Microconvex Probe

**List Price**  
**\$16,000.00**

**Net Price**  
**\$5,120.00**

Wideband Real Time 4D Microconvex Array Intercavity Probe. Applications vary depending on the ultrasound system and may include OB/GYN, and Urology. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications.

Line	Qty.	Catalog	
8	1.00	H4918D	LOGIQ E10 Realtime 4D

**List Price**  
**\$15,000.00**

**Net Price**  
**\$3,000.00**

The LOGIQ\* E10 Real-time 3D/4D Automated Volume Imaging package combines all the volume ultrasound Imaging capabilities into one convenient bundle. Acquire and construct volumetric images in real time, allowing you to evaluate the data in any plane to see anatomy in different ways. This Volume Ultrasound package includes the following features: Real-time 4D with three rendering modes (i.e., HDLive, Surface, Surface Soft / Light, Transparent, Minimum, Maximum), color in Static 3D, Volume Review, Volume SRI, VCI-Static, Tomographic Ultrasound Imaging (TUI) software. Tomographic Ultrasound Imaging (TUI) enables volume data to be viewed in multiple slices, much like CT and MR, by using multiple simultaneous slices of a volume data set acquired with a volume transducer. Also, includes Advanced STIC (Spatio-Temporal Image Correlation) helps allows the clinical assessment of the fetal heart by displaying a multi-planar view of a full heart cycle in B Mode and in Color. The user has the ability to navigate the heart, re-slice and produce all of the standard planes necessary for comprehensive diagnosis. OmniView and VCI Omniview help improve the contrast resolution and visualization of the rendered anatomy in any image plane, even with an irregularly shaped structure. The VOCAL feature provides both contour detection (manual, semi-automated or automated) and automated volume calculation. This Package includes an extra (1) day of On-site Applications Training. Additional On-site Applications Training days are available for purchase. Customer workflow permitting and abiding by SDMS criteria, sonographer install CE's may be provided during install training.

\*Trademark of General Electric Company

Line	Qty.	Catalog	
9	1.00	H4918PA	LOGIQ E10 Power Assistant

**List Price**  
**\$3,000.00**

**Net Price**  
**\$600.00**

Expands the LOGIQ\* E10 portability profile by including Power Assistant hardware and battery. Power Assistant allows moving the system without a complete system shutdown and boot up power cycle. \*Trademark of General Electric Company.

Line	Qty.	Catalog	
10	1.00	H4918CE	LOGIQ E10 Cardiac Package

**List Price**  
**\$20,000.00**

**Net Price**  
**\$4,000.00**

LOGIQ E10 cardiac package includes the following: CW capability, DVR, physio input panel for ECG, ECG cable with long leads and clips, Auto Ejection Fraction also included. The Auto Ejection Fraction tool tracks and calculates myocardial tissue deformation.. Tissue Velocity Imaging (TVI) to measure the myocardial velocities longitudinally, evaluating systolic and diastolic function, Tissue Velocity Doppler (TVD) to measure segmental displacement of the myocardium longitudinally, and Q-analysis to plot the velocity information of discrete points for graphical analysis. This Package includes an extra (1) day of On-site Applications Training. Additional On-site Applications Training days are available for purchase. Customer workflow permitting and abiding by SDMS criteria, sonographer install CE's may be provided during install training.

Line	Qty.	Catalog
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11 1.00 H4918BW Sony BW 898 Printer

List Price  
\$1,500.00

Net Price  
\$300.00

Sony UP898 B&W thermal printer for integrated mounting into the LOGIQ E10 console.

Line	Qty.	Catalog	
12	1.00	H4918BT	LOGIQ E10 Bin - Twin

List Price  
\$450.00

Net Price  
\$90.00

LOGIQ E10 twin storage bin for additional onboard storage

*Total Quote List Price:* \$547,450.00

*Total Quote Subtotal:* \$122,390.00

Qty.	Credits and Adjustments	
1.00	PhilipsIU-22 Trade-in	\$0.00

*Total Quote Net Selling Price:* \$122,390.00

If applicable, for more information on this devices' operating system, please visit GE Healthcare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>





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Optional Items  
Please initial by net price in terms you wish to purchase

Catalog Number	Qty.	Description	Net Price	Initial
H4920HF	1.00	L6-24-D Linear Array Probe	\$6,400.00	

Broad-spectrum linear probe. Preferred applications: breast, musculoskeletal, small parts, vascular

Catalog Number	Qty.	Description	Net Price	Initial
H40462LN	1.00	C2-9-D XDclear* Convex Array Probe	\$6,400.00	

Convex Array probe with GE's highest performing XDclear\* transducer technology, an innovative combination of advanced materials and acoustic design providing ultra-wide bandwidth and superb image quality. Applications vary depending on the ultrasound system and may include Abdominal, OB/GYN, Urology, Vascular, and Pediatrics. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications.\*Trademark of General Electric Company

Catalog Number	Qty.	Description	Net Price	Initial
H40482LB	1.00	C3-10-D XDclear* Microconvex Array Probe	\$6,400.00	

Microconvex Array probe with GE's highest performing XDclear\* transducer technology, an innovative combination of advanced materials and acoustic design providing ultra-wide bandwidth and superb image quality. Applications vary depending on the ultrasound system and may include Neonatal, Neonatal Cephalic, and Pediatrics. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications.\*Trademark of General Electric Company

Catalog Number	Qty.	Description	Net Price	Initial
H4830JE	1.00	P2D CW Pencil Probe	\$448.00	

Non-imaging pencil probe for CW Doppler examinations of cardiac flow. Datasheets for specific ultrasound systems contain additional details including probe technical specifications.



### Trade-in Addendum to GE Healthcare Quotation

This Trade-In Addendum ("Addendum"), effective on July 1, 2021, between the GE Healthcare business identified on the Quotation and **Memorial Hospital of Sweetwater County** ("Customer"), is made a part of Quotation # **2008085990.2** ^ dated July 1, 2021 ("Quotation") and modifies it as follows:

A. Customer: (i) certifies that it has full legal title to the equipment and/or mobile vehicle ("mobile vehicles" are defined as any systems requiring a vehicle title) listed in Section E ("Trade-In Equipment"), free and clear of all liens and encumbrances; (ii) conveys title and, if applicable, registration and license documents to GE Healthcare effective on the date of removal or receipt of the Trade-In Equipment (mobile vehicles will not be removed from Customer site until GE Healthcare has received a clean title signed over to GE Healthcare); and (iii) affirms that the Trade-In Equipment has never been used on or to provide care to animals. If GE Healthcare removes the Trade-In Equipment, it will do so at its expense at a mutually agreed time. Trade-In Equipment shall be removed no later than thirty days following installation of Customer's new system, unless explicitly otherwise agreed to by the parties in writing.

Mobile vehicles must include the VIN# on this trade-in addendum: VIN# [insert Vin #]. Mobile vehicles must have a valid DOT sticker and be road worthy at the time GE Healthcare is to take possession of them in order for GE Healthcare to accept a mobile vehicle on trade-in. Any and all logos or hospital affiliation stickers must be removed (outside and inside) by Customer and Customer shall clean the mobile vehicle of all debris and medical supplies prior to removal of the mobile vehicle by GE Healthcare.

B. Customer is responsible for: (i) providing timely, unrestricted access to the Trade-In Equipment in a manner that affords GE Healthcare, or third-party purchaser of the Equipment through GE Healthcare, the ability to complete Equipment inspection and testing, and the ability to complete an operating system back-up prior to de-installation within the timeframe required by GE Healthcare or said third-party purchaser, failure of which to provide may result in termination of this Trade-in Addendum and related credits and/or payments; (ii) ensuring that the Trade-In Equipment and the site where it is located are clean and free of bodily fluids; (iii) informing GE Healthcare of site-related safety risks; (iv) properly managing, transporting and disposing of hazardous materials located on site in accordance with applicable legal requirements; (v) rigging, construction, demolition or facility reconditioning expenses, unless expressly stated otherwise in the Quotation; and (vi) risk of loss and damage to the Trade-In Equipment until safety risks are remediated and the Trade-In Equipment is removed or returned.

C. Prior to removal or return to GE Healthcare, Customer must: (i) remove all Protected Health Information as such term is defined in 45 C.F.R. § 160.103 ("PHI") from the Trade-In Equipment; and (ii) indemnify GE Healthcare for any loss resulting from PHI not removed. GE Healthcare has no obligation in connection with PHI not properly removed.

D. GE Healthcare may in its sole discretion reduce the trade-in amount or decline to purchase the Trade-In Equipment and adjust the total purchase price of the Quotation accordingly if: (i) the terms of this Addendum are not met; (ii) Customer fails to provide access to the Trade-In Equipment as required herein; or (iii) the Trade-In Equipment is missing components or is inoperable and/or non-functioning when removed or returned – Customer is required to confirm for GE Healthcare the operability of the Trade-In Equipment prior to the deinstallation of the Equipment. All other terms and conditions of the Quotation remain in full force and effect.

#### E. Trade-In Equipment:

Trade-In Equipment Mfr.	Model & Description	Quantity	System ID*	Trade-In Amount (\$)
PHILIPS	PhilipsIU-22 Trade-in	1.00	034520	\$ 0.00

This Addendum is executed when: (i) signed by the parties below; (ii) Customer receives this Addendum and signs the Quotation that references the Trade-In Equipment; or (iii) Customer receives this Addendum and issues a purchase order identifying the terms of the Quotation (which includes a reference to the Trade-In Equipment) as governing the order (PO#                     )<sup>†</sup>.

**Memorial Hospital of Sweetwater County**

**General Electric Company, through its division, GE Healthcare**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

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

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

<sup>^</sup> A Quotation number must be provided on this document.

<sup>†</sup> In the event the Trade-In Equipment does not have a System ID, please record the serial number of each component that comprises the Trade-In Equipment.



<sup>†</sup> If you are relying upon the purchase order to reflect acceptance of the terms contained herein, please update this document with the applicable PO number upon receipt of the PO. Failure to do so may result in delays surrounding deinstallation of the System(s).



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## Optional Financing

Please initial to indicate interest to finance

GE Healthcare Financial Services financing programs helps customers take advantage of the latest technology and improve clinical outcomes, all while preserving working capital and liquidity. 1 in 4 customers elect to finance through GE and 90% are approved within one business day after receiving the attached application.

Please see the options below to leverage the Flexibility, Liquidity, and Efficiency benefits of partnering with GE Healthcare Financial Services.

Finance Options	Term	Monthly Payment Amount *	Initial
FMV Lease (Fair Market Value)	60 Months	\$1,915.99	

\* FMV monthly payment assumes applicable trade in applied to 1st payment and all monthly payments do not include applicable taxes.

For additional financing options or questions, please reach out to your Healthcare Financial Services representative **Mary Ban on (262) 794-7578 or mary.ban@ge.com**. To proceed, please initial the preferred option above and fill out the attached Finance Application.

Financing above to be provided by GE Healthcare Financial Services, a component of GE HFS, LLC ("GEHFS"). This is not a binding commitment on the part of GEHFS or any person to provide financing and any such commitment would be in a separate written lease contract signed by GEHFS following satisfactory completion of GEHFS' due diligence, internal review and approval process (which approvals have not yet been sought or obtained). Nothing herein is to be construed as constituting tax, accounting or legal advice by GEHFS to any person. Unless and until separate financing is agreed to by the parties, the GE Healthcare payment and billing terms set forth in the Quotation will continue to apply.

All pricing is subject to final investment and credit approval. If equipment quote includes the benefit of a trade in, the proposed financing applies the trade in value as the first payment for the Fair Market Value option and nets it out for Capital Lease option. The proposed financing does not include any optional items selected, coverage for optional service, or taxes.

All monthly payments are in arrears and subject to an increase for any and all applicable taxes. The monthly payments presented above are estimates calculated, in part, using an interest rate based on our cost to acquire the funds required to purchase the equipment as of the date hereof and remain subject to change. Your lease contract will reflect any such change and we will communicate any such change to you. If a monthly payment is provided on or before December 31st of any calendar year, but the lease does not commence until on or after January 1st of the following calendar year, the monthly payments may be adjusted by GEHFS to preserve its after-tax economic yields and cash flows and you will be notified of any such adjustments. GEHFS reserves the right to syndicate this financing to a financing partner and may make available to such financing partner any information provided (including any third-party credit report(s)) provided to or obtained by GEHFS in connection with this financing. You hereby authorize GEHFS to file an initial Uniform Commercial Code financing statement that identifies the equipment or any other assets subject to this proposed financing. If for any reason the proposed financing is not approved or funded, upon your satisfaction in full of all obligations to GEHFS, GEHFS will cause the termination of such financing statements.





### Transaction Overview & Business Profile

Equipment Description:					New	Used	Upgrade Vendor:
Term:	12	24	36	48	60	Other:	
Purchase Option:	FMV	\$1	Other:				
Legal Name:							
Entity:	Corporation	LLC	Partnership	Sole Proprietor	Professional Entity	Government	Other:
Tax Exempt:	YES	NO	(If YES, please attach sales tax exemption certificate.)				
Federal Tax ID #:			Date Established:			Registered State:	
d/b/a Name:					Gross Annual Revenue:		
Company Website:	YES	NO	Direct Link:	www.		# of Physicians:	
Contact Name:			Contact Email:			Contact Phone #:	
Business Address:						Phone #:	
Equipment Site Address:						Phone #:	

### Ownership Profile

Number of Principals:		Development Company:	YES	NO	Management Company:	YES	NO
Related or Affiliated Entities:							

### Corporate Principals/Guarantors

Name:		Federal Tax ID #:		Ownership %:	
Name:		Federal Tax ID #:		Ownership %:	
Name:		Federal Tax ID #:		Ownership %:	
Name:		Federal Tax ID #:		Ownership %:	

### Individual Principals/Guarantors

Name:					D/O/B:	
Social Security #:		Ownership %:		Physician:	YES	NO
Name:					D/O/B:	
Social Security #:		Ownership %:		Physician:	YES	NO
Name:					D/O/B:	
Social Security #:		Ownership %:		Physician:	YES	NO
Name:					D/O/B:	
Social Security #:		Ownership %:		Physician:	YES	NO

*\*If more principals/guarantors than space allows, please attach itemized disclosure including names and ownership percentages*

Applicant hereby authorizes the release of business and/or personal credit information to (1) General Electric Company, GE HFS, LLC and their affiliates, successors and assigns (individually and collectively, "GE"), from any source including credit bureau reporting agencies and Applicant's bank for the purpose of extending credit, (2) Equipment Vendor its successors and assigns, any purchaser or potential purchaser of GE's interest in this application and any resulting agreement between Applicant and GE, and/or (3) any credit reporting agency. Applicant hereby represents all information contained in this application and authorization is true, correct and complete. A photostatic copy of this application and authorization shall be valid as the original. Signer represents and warrants that he or she is authorized to execute this authorization and release regarding credit information on behalf of the Applicant. Applicant hereby authorizes GE (or its designee, assignee or potential assignee) to execute and file any UCC financing statements in its name upon approval of the application. Applicant and any guarantor(s) expressly consent(s) to the contact by GE (or its designee, assignee or potential assignee) at the email addresses and phone numbers listed on this application.

By signing this application, the undersigned authorizes GE (or its designee, assignee or potential assignee) to require the undersigned's guarantee as a condition of the approval of this credit application as deemed necessary by GE (or its designee, assignee or potential assignee) in its sole discretion.

Authorization to Obtain Consumer Credit Report: By signing below, each undersigned individual, who is either a principal of Applicant or personal guarantor of its obligations, provides written instruction to GE or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

IF MORE THAN ONE INDIVIDUAL (NON-ENTITY) LESSEE: It is our intent to apply for joint credit \_\_\_\_\_ (each individual (non-entity) Lessee to initial in space provided)

Signature: X \_\_\_\_\_ Signature: X \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Here) (Please Print Here)

Signature: X \_\_\_\_\_ Signature: X \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Here) (Please Print Here)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please send a written request to GE HFS, LLC, ATTN: Risk Manager, 9900 Innovation Drive Wauwatosa, WI 53226 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial or condition within 30 days of receiving your request for the statement. Please save a copy of this document for future reference.

Establishing a relationship with GE: To help the United States Government fight terrorism and money laundering, it is GE's policy to request information that identifies each person or business that establishes a relationship with us. Therefore, for businesses, we will ask for your business name, street address and taxpayer identification number. For individuals, we will ask for your name, street address, date of birth and Social Security number. Thank you for your cooperation.



July 1, 2021  
Quote Number: **2008085990.2**  
Customer ID: **1-23LBLM**  
Agreement Expiration Date: **9/29/2021**

## GPO Agreement Reference Information

Customer:	Memorial Hospital of Sweetwater County
Contract Number:	Intalere VQ10400 - U/S
Billing Terms:	100% billing at Ship Completion (Fulfillment) / Delivery
Payment Terms:	NET 30
Shipping Terms	FOB DESTINATION

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and Intalere VQ10400 - U/S

If applicable, for more information on this devices' operating system, please visit GE Healthcare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

## MEMORANDUM

To: Board of Trustees  
From: Wm. Marty Kelsey  
Subject: Chair's Report...Buildings and Grounds Committee...July, 2021  
Date: July 28, 2021

Regarding the Central Plant Expansion project...nothing to report since the special meeting with the Hospital's legal counsel except that the controls contractor, Harris, has been paid.

Regarding the HVAC/UVG Projects...very good progress. The HVAC shutdown was a success. There are some remaining tasks to be completed, but the work is going well.

Regarding the Chemo Mixing Room...discussion focused on the reduction of County funds (reduced by \$131,000). There may be enough funds to work on this project as it was decided to postpone the replacement Powerhouse Roof. This project will be re-visited in the future.

Regarding the Pharmacy Compounding Room...the project is complete.

Regarding the renovation of Dr. Sulentic's Office...we are awaiting final approval of the plans. Asbestos testing still has to be done. Every effort will be made to minimize the disruption to the doctor's practice.

Regarding the Medical Imaging Renovation project...we are awaiting approval from the state so the project can proceed.

Regarding the S-1 Unit project...work will begin assembling the new unit very soon.

Regarding the Bulk Oxygen project...still awaiting plans from Airgas. There will be a new, smaller tank to take the place of all the cylinders currently located at the site.

Regarding the Building Automation System project...no progress as all the involved contractors are involved in other projects.

Regarding the Main Sprinkler Line project...High Desert Construction is doing this work and has ordered the needed materials. There is rather long lead time for delivery. DEQ approval is needed as well.

Regarding the tabled projects...nothing new to report. Need to discuss the shared retaining wall at the Waldner House with legal counsel.

Discussed briefly the Special Purpose Tax projects. Election is set for November, 2022. Also discussed the additional \$500M of COVID relief funds...will know more later.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**

**BUILDING & GROUNDS COMMITTEE AGENDA**

**Tuesday ~ July 20, 2021**

**3:30 p.m.**

**Zoom teleconference**

**Voting Board Committee Members:**

Marty Kelsey, Trustee - Chairman  
Ed Tardoni, Trustee

**Voting Staff Committee Members:**

Irene Richardson, CEO  
Tami Love, CFO  
Jim Horan, Director of Facilities

**Non-voting Members:**

Gerry Johnston, Facilities Supervisor  
Stevie Nosich, Safety Coordinator

**Guests:**

Jake Blevins – ST&B Engineering  
Will Wheatley – PlanOne Architects  
Jeff Smith - County Commissioner Liaison

- |   |   |
|---|---|
| <b>1. Call Meeting to Order</b>           | Marty Kelsey                              |
| <b>2. Approve Agenda</b>                  | Marty Kelsey                              |
| <b>3. Approve Minutes – June 15, 2021</b> | Marty Kelsey                              |
| <b>4. Maintenance Metrics</b>             | Jim Horan                                 |
| a. Work orders                            |   |
| b. Department overtime                    |   |
| c. Budget variance                        |   |
| <b>5. Old Business</b>                    |   |
| a. Project Review                         |   |
| i. Central Plant expansion                | Jake Blevins/Gerry Johnston               |
| ii. HVAC/UVG projects                     | Jake Blevins                              |
| iii. Medical Imaging renovation           | Will Wheatley/Jake Blevins/Gerry Johnston |
| iv. S1 Unit                               | Jake Blevins                              |
| v. Chemo Mixing room                      | Jim Horan                                 |
| vi. Pharmacy Compounding room             | Gerry Johnston                            |

- vii. Dr. Sulentic Office Will Wheatley
    - viii. Bulk Oxygen Jim Horan
    - ix. Building automation system Jim Horan
    - x. Main sprinkler line Jim Horan
  - b. Tabled projects Jim Horan
    - i. Replacement roofing for power house
    - ii. OB Bathtubs to Showers
    - iii. Foundation Waldner House retaining wall

**6. New Business - None**

**7. Next meeting schedule**

Marty Kelsey

- a. August 17, 2021 Classroom 1 or Zoom; 3:30P – 4:30P

**8. Adjournment**

Marty Kelsey



MEMORANDUM  
Building and Grounds Committee Meeting  
July 20, 2021

The Building and Grounds Committee met in regular session via Zoom on July 20, 2021 at 3:30 PM with Mr. Marty Belsey presiding.

Attendance: Mr. Marty Belsey *Trustee - Chair*  
Mr. Ed Tardoni *Trustee*  
Ms. Rene Richardson *CEO*  
Ms. Tami Love *CFO*  
Mr. Jim Horan *Facilities Director*  
Mr. Kerry Johnston *Facilities Supervisor*  
Mr. Dale Blevins *ST&B Engineering*

Mr. Belsey called the meeting to order.

Mr. Belsey asked to amend the agenda to include discussion of the special purpose tax and possible projects. Ms. Richardson made a motion to approve the agenda with this addition. Mr. Tardoni seconded motion passed.

Mr. Belsey asked for a motion to approve the minutes from the June 15, 2021 meeting. Ms. Love made a motion to approve the minutes. Mr. Belsey seconded motion passed. Mr. Tardoni and Ms. Richardson abstained as they were not in attendance.

### **Maintenance Metrics**

Mr. Horan said the maintenance metrics are holding consistent. He said there will be some overtime with the construction shutdowns and the need for overnight labor.

### **Old Business – Project Review**

#### Central Plant Expansion

Mr. Blevins followed up with the controls vendor and they had received their payment from the general contractor as a result of our final payment per our legal conversation last week. Mr. Horan said there isn't anything else to add since the legal meeting.

#### HVAC/LED Projects

Mr. Horan said most of this project is completed except for the new unit supplying air to Imaging and Surgery. The unit is partially supplying air but had not had the LED lights installed yet. He said we had the HVAC shutdown last weekend and it was successful. There is some work to be done to tie in the new unit in the basement.

#### Pharmacy Chemo Mixing Room

Mr. Horan said there is nothing new to report. Everyone has been focused on other projects so we have not moved forward on this yet. Mr. Belsey asked what the reduction was in the County

maintenance fund for the new budget year. We have agreed we would postpone the new roof for the powerhouse to make up for the reduction. Ms. Love said the original was \$1.09MM and the revised was \$930,000. Ms. Richardson said we had anticipated this reduction so we pushed for a lot of smaller deferred projects to be completed at the end of fiscal year 2021. Mr. Elsey said we should have a better feel for the projects by the next meeting but he does feel the chemo mixing room should be a priority for the new year.

### Pharmacy Compounding Room

Mr. Johnston said this project is complete. He confirmed that all approvals have been received.

### Dr. Sulentic Office

Mr. Horan said the plans for this space have been turned into the State for final approval after completion of asbestos testing. He said we had a meeting there was discussion on the timing of the project. Dr. Sulentic was concerned about the length of the project as it will disrupt his office schedule. Mr. Heatley said the project would not start until all material was staged and in the hands of the contractor.

### Medical Imaging Renovation

Mr. Johnston said they are waiting on a response from the State for final approval to move forward with this phase of the project.

### S1 Unit

Mr. Johnston said they will start piecing that unit together now that the other unit is complete. Mr. Tardoni asked about the temporary unit in front of the hospital and if the new unit will be installed in the same place. Mr. Johnston said that is correct.

### Bulb Oxygen

Mr. Elsey asked if we had received any plans for the construction yet. Mr. Horan said there has been dialogue between Airgas and the engineer. There needs to be some changes due to the turning radius needed for the truck that fills the oxygen tank. We hope to have the plans by the meeting next month for review. Mr. Tardoni asked about the replacement tank. Mr. Horan said he was unsure of the new tank but we did find out due to our volumes we will need to have a smaller liquid tank instead of our cylinder inventory. Mr. Elsey said it would be nice to get the landscaping cleaned up with this project.

### Building Automation System

Mr. Horan said there has been a lot of talk. The involved parties are the same ones involved in the HVAC project so hours have been limited to start this project with Vaughn's and Harris.

## Main Sprinkler Line

Mr. Horan said since the approval at the Board meeting the engineers have been in touch about layout and where the line ended with the upgrade to the MOB. High Desert is procuring the piping and the lead time for the pipe is about 12-14 weeks. They are hoping to have material in place in time for the pipe approval. Western Engineers is compiling the plan for pipe. Mr. Elsey said the supply chain is strained due to COVID. Mr. Tardoni asked if there is a lockey pump on the fire line. Mr. Johnston said we do have one inside and we should be able to isolate the sprinklers during the replacement.

## Tabled Projects

There are no new updates on the remaining tabled projects as most are on hold for the spring weather and new budget year. With the budget reduction from the County we will prioritize these projects. Mr. Elsey asked about the retaining wall. Mr. Horan will speak to the neighbor regarding this project and the possibility of it being postponed. He summarized this project for the new members and the existing shared wall. He will bring pictures of the wall and property line to the next meeting. There was some concern of sharing the wall with a private property. Ms. Richardson said she should bring Mr. Geoff Philips into this discussion.

- Replacement Roofing for Power House
- Foundation Waldner House Wall
- OB Bathtubs to Showers

## New Business

### Special Purpose Tax projects

Ms. Richardson said Mr. Jeff Smith, our commissioner liaison said the SPT would be for November 2022. The special purpose tax being discussed now is for emergency services and economic development. Mr. Tardoni said this will give us a feel for the public's appetite for additional tax. There was discussion on the need for street repairs and other infrastructure projects in Green River and Rock Springs. Ms. Richardson shared some information from the Commissioner meeting.

Mr. Tardoni said the Governor and State have received an additional \$500M of which 23% will go to healthcare. We should keep additional projects in mind as they will probably go through State Land and Investment Board (SLIB) again.

Mr. Elsey asked Ms. Richardson to keep the committee updated as when potential projects should be discussed at this meeting.

The next meeting will be held August 17 at 3:30 p.m.

The meeting adjourned at 4:19 p.m.

*Submitted by Tami Love*

## MEMORANDUM

To: Board of Trustees  
From: Wm. Marty Kelsey  
Subject: Chair's Report...Compliance Committee Update  
Date: July 28, 2021

This week, Kari, Kara, Kandi and I met to discuss the status of Compliance. Moreover, I have been in e-mail communications with Suzan regarding this subject.

As you know, Compliance is in a state of transition...new employees with roles in the program...some roles to yet be fully determined.

Suzan Campbell has been chosen by the Hospital as the Hospital's Compliance Officer. It appears that the auditing function will be carried by Quality staff.

There have been some staff meetings recently to flesh out how Compliance should work at MHSC. Being we are a small hospital, it is difficult to establish the Compliance function as totally independent of all other MHSC staff as Clay envisioned when he presented a draft Compliance Plan to the Board in 2018. So, attempts are being made to find a "line-of-best-fit" given our limited resources. I think it is great the Compliance Officer reports directly to the CEO. This is ideal.

Several questions remain such as: Who determines what areas of the Hospital area audited and when? (2) Who determines the scope of these audits? (3) To whom do the auditors report and to whom are written audit findings presented? (4) Where does risk management fit into the picture? (5) How are conflict of interest issues resolved?

The Hospital has a Compliance Plan that was approved by the Board in December, 2018. The Policystat document of the Compliance Plan (Policystat 7971537), with small tweaks from the Board-approved version, shows it was approved by Senior Staff and MEC in July, 2020. Interesting! When the revisions to this plan are complete, the Board will need to approve it.

There will not be a Compliance Committee meeting until September at the earliest. Staff still has several things to work out before the Committee can properly function.

More later as information becomes available.

Memorial Hospital of Sweetwater County  
Governance Committee Meeting  
July 29, 2021  
Zoom Meeting

Voting Members Present: Taylor Jones, Irene Richardson, and Barbara Sowada

**Call Meeting to Order**

Taylor Jones called meeting to order at 12:30 pm.

**Discussion**

**Agenda** was created during the meeting.

**Minutes** No minutes to be approved

**New Business**

1. *Board Continuing Education Program.*
  - a. Suggested program discussed. Plan is attached and items in red reflect Committee's recommendation for implementation of plan. Items in red are reflect Committee's suggestion.
  - b. For the Board's input and approval, the attached plan will be discussed in the new business section of the August Board agenda.
2. Discussed standing meeting date, no decision made.

**Old Business:** None

With no further business, the meeting was adjourned at 1:45 pm.

Next meeting is September 3<sup>rd</sup> at 9:00 am by Zoom.

*Submitted by Barbara J. Sowada, Ph.D.*

## Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

*Any contract equal to or greater than \$25,000.00* This excludes service agreements (regardless of the dollar amount) attached to Board approved capital equipment. The service agreements attached to this equipment can be signed and approved by the CEO and reported to the Board at the next Board meeting after approval.

1. Name of Contract: **Medical Physics Consultants. Inc.**
2. Purpose of contract, including scope and description: **MPC will provided modalities for Nuclear Medicine and Diagnostic Radiology. MPC will provide us with a Medication Radiation Safety Officer. Assistance in conducting Hospital's Radiation Safety program. Assist in assuring records required by state and federal government are appropriately documents and maintained. Unlimited phone consultation.**
3. Effective Date: **August 1, 2021**
4. Expiration Date: **July 31, 2022**
5. Rights of renewal and termination: **Contract will renew after the first year. 90 days written notice to terminate by either party.** Is this auto-renew? **Yes**
6. Monetary cost of the contract and is the cost included in the department budget? **\$8500.00 year for nuclear medicine and the Radiation Safety Officer \$13,425.00 per year for the Diagnostic Radiology Services. TOTAL ANNUAL COST: \$21,925.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed**
8. Any confidentiality provisions? **No**



- 9. Indemnification clause present? No
- 10. Is this contract appropriate for other bids? No
- 11. In-house Counsel Reviewed: **Yes**
- 12. Is County Attorney review required? NO



## Contract Check List

This check list summarizes the purpose, cost and other contract provisions contained in the contract and assures that the contract has been reviewed by both the CEO and In-House Legal Counsel.

*Any contract equal to or greater than \$25,000.00* This excludes service agreements (regardless of the dollar amount) attached to Board approved capital equipment. The service agreements attached to this equipment can be signed and approved by the CEO and reported to the Board at the next Board meeting after approval.

1. Name of Contract: **Shadow Mountain Water**
2. Purpose of contract, including scope and description: **Monthly rental fees for hydration units throughout the MOB and Hospital. 27 units in main hospital; 14 in MOB/Clinic; 4 FP Clinic =Total of 45 units.**
3. Effective Date: **July 21, 2021**
4. Expiration Date: **60 months from effective date**
5. Rights of renewal and termination: **not addressed** Is this auto-renew?  
**No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$2550.00 a month for rent on all units and water bottles for the units**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **No**
11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required?