

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
REGULAR MEETING OF THE BOARD OF TRUSTEES
January 4, 2023
2:00 p.m.
Classrooms 1, 2 & 3**

AGENDA

- | | | |
|-------|--|--|
| I. | Call to Order | Barbara Sowada |
| | A. Roll Call | |
| | B. Pledge of Allegiance | |
| | C. Our Mission and Vision | Ed Tardoni |
| | D. Mission Moment | Irene Richardson, <i>Chief Executive Officer</i> |
| II. | Agenda <i>(For Action)</i> | Barbara Sowada |
| III. | Minutes <i>(For Action)</i> | Barbara Sowada |
| IV. | Community Communication | Barbara Sowada |
| V. | Old Business | Barbara Sowada |
| | A. Employee Policies <i>(For Action)</i> | Suzan Campbell, <i>In House Counsel</i> |
| | 1. Workplace Violence Prevention Policy | |
| | 2. Workplace Violence Prevention Program | |
| VI. | New Business <i>(Review and Questions/Comments)</i> | Barbara Sowada |
| | A. Finance and Audit Committee Charter <i>(For Review)</i> | Ed Tardoni |
| VII. | Chief Executive Officer Report | Irene Richardson |
| VIII. | Committee Reports | |
| | A. Quality Committee | Taylor Jones |
| | B. Human Resources Committee | Kandi Pendleton |
| | C. Finance & Audit Committee | Ed Tardoni |
| | 1. Bad Debt <i>(For Action)</i> | |
| | D. Building & Grounds Committee | Marty Kelsey |
| | E. Foundation Board | Taylor Jones |
| | F. Compliance Committee | Kandi Pendleton |
| | G. Governance Committee | Barbara Sowada |
| | H. Executive Oversight and Compensation Committee | Barbara Sowada |
| | I. Joint Conference Committee | Barbara Sowada |
| IX. | Contract Review | Suzan Campbell |
| | A. Consent Agenda <i>(For Action)</i> | |
| | 1. iProtean Subscription Agreement | |
| X. | Medical Staff Report | Dr. Brianne Crofts, <i>Medical Staff President</i> |
| XI. | Good of the Order | Barbara Sowada |
| XII. | Executive Session (W.S. §16-4-405(a)(ix)) | Barbara Sowada |
| XIII. | Action Following Executive Session | Barbara Sowada |
| XIV. | Adjourn | Barbara Sowada |



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**

December 7, 2022

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on December 7, 2022, at 2:00 p.m. with Dr. Barbara Sowada, President, presiding.

CALL TO ORDER

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

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

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Dr. Brianne Crofts, Medical Staff President; and Mr. Geoff Phillips, Legal Counsel.

Dr. Sowada noted the attendance of Mr. Jeff Smith from the Sweetwater County Board of County Commissioners and thanked him for attending.

Pledge of Allegiance

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

Our Mission and Vision

Mr. Jones read aloud the mission and vision statements.

Mission Moment

Ms. Richardson shared a story from a member of the MHSC Patient and Family Advisory Council (PFAC). At one of the first meetings, someone said the chairs for visitors in the exam rooms in the Emergency Room were very uncomfortable, especially if you have to sit in them for extended periods of time. The PFAC helped select new chairs. The same person recently visited the ER with a friend who was the patient and told Ms. Richardson how much it meant to sit on the chairs the Hospital asked community members to help select. She said they really were more comfortable and improved the experience. Ms. Richardson said it is important to show our community we want feedback, we listen, and we respond.

Dr. Sowada recognized Ms. Tiffany Marshall, Foundation Executive Director, for her presentation at the Rock Springs Chamber of Commerce luncheon. She said it was about the value of the Foundation and was very informative.

Dr. Kari Quickenden, Chief Clinical Officer, said a patient who had a mammogram visited the administration suite to tell us about her positive experience and let us know Dr. Christopher

Honeycutt took extra time with her and made a difference for her. The patient was very complimentary of the entire experience.

AGENDA

The motion to approve the agenda as presented was made by Mr. Jones; second by Mr. Kelsey. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the November 2, 2022, regular meeting as presented was made by Mr. Tardoni second by Mr. Jones. Motion carried.

COMMUNITY COMMUNICATION

Dr. Sowada noted a memo in the meeting packet from Ms. Suzan Campbell, In House Counsel, regarding her service on the Wyoming Miner's Board. Dr. Sowada said she is glad the Hospital is making it possible for Ms. Campbell to attend and participate.

OLD BUSINESS

There were no items of old business.

NEW BUSINESS

Employee Policies – Workplace Violence Prevention Policy and Program

Dr. Sowada asked Dr. Ann Marie Clevenger, Chief Nursing Officer, to provide a brief review of the policy and program. Dr. Clevenger said there is a great deal of information coming forward on ways to protect staff. The Hospital has created a Workplace Violence Team. The policy and program contain a lot of information and we are trying to get the wording right. Mr. Kelsey said the Hospital seems focused on the workplace and staff with this policy. He asked if there is another policy that deals with visitors. Dr. Clevenger said there is a policy that deals with contraband that references anything that could cause harm to a patient or staff. Mr. Tardoni said anything can be a weapon, so we have to be careful when identifying weapons. Mr. Kelsey said he wants to make sure in this policy or some other policy that not just employees are subject to these guidelines. He asked for the Hospital's policy on concealed carry. Mr. Phillips said he will follow up on Mr. Kelsey's questions. Ms. Deb Sutton, Marketing Director, said we have signs posted around the Hospital referencing firearms. Mr. Kelsey said there has been a tendency to want to approve items on first reading as a rule and he feels it should be the exception. He said he thinks it is a governance issue and we should be cognizant and careful about our approach to the process. Dr. Sowada said we will take the policy and program back to the Human Resources Committee. She said the Governance Committee can discuss the review and approval process. She said continuous improvement is our motto.

Medical Staff Privilege forms – Orthopedic Surgery and Emergency Surgery

Ms. Kerry Downs, Director of Medical Staff Services, said she has been revising the privileges forms. The two forms presented have been approved by the Medical Staff. Dr. Crofts said there will be many more coming as they update all specialties. The motion to approve the Orthopedic Surgery and Emergency Surgery privilege forms as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson provided a report including a strategic plan update. She thanked Dr. Israel Stewart and Shawn Rockey, P.A. for presenting to the PFAC in November. Dr. Toby Marshall, OB/GYN, will join us January 16. Clifton Larson Allen completed the charge capture review and we have developed interim and long-term goals. Ms. Tami Love, Chief Financial Officer, and her team are working on financial improvement projects. The Wyoming State Loan and Investment Board has flagged our projects to move forward. We are scheduled to review December 15 in Cheyenne. We submitted two projects for review. Ms. Richardson thanked the team involved with developing the projects and requests. We are moving forward with our “I Make A Difference” service standards. Senior Leaders will round on staff in January to share with everyone our excitement about this project. We served lunch to over 250 veterans and guests in honor of Veterans Day. Ms. Richardson thanked everyone involved in making this a huge success. We participated in the Rock Springs Lighted Parade December 3. Ms. Richardson invited the Trustees to join us for the staff holiday lunch or dinner on December 14. Ms. Richardson extended an invitation to everyone to join us for our community event the evening of December 16. Ms. Richardson recognized and thanked the County Commissioners. She said she is grateful for the relationship over the years in taking care of our community. She thanked Commissioner Smith for his support and accessibility. Ms. Richardson said all of the Commissioners have helped us get a lot done over the years. She said she is looking forward to working with the new Commissioners to continue the great work we are doing in serving our community. Ms. Richardson thanked the Trustees and the Medical Staff. She said she appreciates their passionate advocacy for care for our community. Ms. Richardson expressed appreciation to staff. The staff and providers are the heart of the Hospital. She said our community is in great hands and she sees great things coming in the future. Dr. Sowada said the work done here is amazing. She thanked Ms. Richardson for being a talented, committed leader and said she is a great guide. Dr. Sowada said we are all in it together and everyone is moving in the same direction.

COMMITTEE REPORTS

Quality Committee

Mr. Jones said he asked the Committee that rather than go over every single time every month, to review a couple of things they did well in the month and a couple of things to improve on and do some goal setting. He said he thinks that will be productive. Mr. Jones said the Committee talked about MIPS, MQSA, and how we improved falls and bar code scanning.

Human Resources Committee

Dr. Sowada said a chair report is in the packet.

Finance and Audit Committee

Mr. Tardoni said the Committee reviewed the charter and will propose a change in the near future. They want to preserve the ability for physicians to attend the Committee meetings when they can, but their main priority is taking care of patients, so they want to preserve that physicians have the opportunity to attend but not required to attend. Mr. Tardoni noted information in the packet around goals outlined.

Bad Debt: The motion to approve the net potential bad debt of \$1,594,650.36 as presented was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

I.S. Report: Dr. Sowada complimented Mr. Tardoni, Ms. Love, and the Committee for including the Information Services Report in the packet.

Building and Grounds

Mr. Kelsey said the information is in the meeting packet. He said an annual plan morphed into a larger range plan that looks at various capital construction initiatives, construction, and a priority matrix where each project receives a score. Mr. Kelsey said the staff are coming up with some good ideas. When the information is ready, it will come to the Board. Dr. Sowada said this formal step to look to the future is great.

Foundation

Ms. Marshall provided an update. She said she wants to set up a Joint Board Meeting to review details of the Foundation Strategic Plan. Dr. Sowada thanked Ms. Marshall for all she does and said it is appreciated. Mr. Jones asked Trustees to let him know if they want to participate in a Red Tie Gala auction item entry from the Trustees.

Compliance Committee

Dr. Sowada said the information is in the packet.

Governance Committee

Dr. Sowada said the Committee did not meet.

Executive Oversight and Compensation Committee

Dr. Sowada said the Committee did not meet.

Joint Conference Committee

Dr. Sowada said the Committee did not meet.

MEDICAL STAFF REPORT

Dr. Crofts said the General Medical Staff met in November and re-elected officers. Dr. Crofts will continue as President, Dr. Alicia Gray is Vice-President, and Dr. Steven Croft is Secretary/Treasurer. Dr. Crofts said she was impressed with the turnout of Medical Staff to the meeting. They received a short presentation from Press Ganey geared more to physicians. Part of the presentation touched on how to improve getting surveys returned. Dr. Crofts said we continue recruiting a general surgeon. Dr. Sowada thanked Dr. Crofts and asked her to thank the Medical Staff for the Board.

GOOD OF THE ORDER

Mr. Tardoni said he sat in at the Human Resources meeting and heard about MOAB training. He suggested one of the trainers provide an overview as board education. His concern is if training is happening at the Hospital, especially in this area, then the Trustees should know what is being taught.

Ms. Richardson thanked Senior Leaders and her direct reports for their hard work and dedication.

Dr. Sowada thanked Commissioner Smith on behalf of the Board for being our liaison. She expressed appreciation to the full Board of County Commissioners for being our champions and cheerleaders. Commissioner Smith said when he was elected and choices were being made on assignments, he said he wanted to work with the Hospital. He said we are so fortunate to have this Hospital and leadership and staff.

EXECUTIVE SESSION

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

RECONVENE INTO REGULAR SESSION

At 5:01 p.m., the motion to leave executive session and return to regular session was made by Mr. Jones; second by Mr. Tardoni. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to approve the list of clinical privileges to the Medical Staff as reviewed in executive session was made by Mr. Kelsey; second by Mr. Jones. Motion carried.

Credentials Committee Recommendations from November 8, 2022

1. Initial Appointment from Locum Tenens to Active Staff (2 years)
 - Dr. Rasheel Chowdhary, Pulmonary Medicine
2. Initial Appointment to Associate Staff (1 year)
 - Dr. Mark Reilly, Radiation Oncology

3. Initial Appointment to Non-Physician Provider Staff (1 year)
 - Elisa Robbins, Licensed Clinical Social Work (SWCS)
4. Reappointment to Active Staff (2 years)
 - Dr. Lawrence Lauridsen, Occupational & Family Medicine
5. Reappointment to Consulting Staff (2 years)
 - Dr. Patrick Plummer, Sleep Medicine
 - Dr. Lee Chung, Tele Stroke (U of U)
 - Dr. Jennifer Majersik, Tele Stroke (U of U)
 - Dr. Christian Van Kirk, Tele Radiology (VRC)

The motion to approve the employment contract presented by the CEO and authorize the CEO to sign the contract as discussed in executive session was made by Mr. Kelsey; second by Mr. Jones. Motion carried.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:02 p.m.

Dr. Barbara Sowada, President

Attest:

Ms. Kandi Pendleton, Secretary



Approved N/A
Review Due N/A

Document Area **Employee Policies**

EMPLOYEE POLICIES - WORKPLACE VIOLENCE PREVENTION POLICY

PURPOSE

Memorial Hospital of Sweetwater County (MHSC) is committed to providing a safe, violence-free workplace for our employees. MHSC has a zero tolerance policy for violence, threats, intimidation, bullying, or any other acts of aggression or violence. This policy also applies to MHSC off-campus sponsored functions and events.

MHSC prohibits the possession of "dangerous or deadly weapons" by employees on hospital property at all times, including hospital parking lots and hospital vehicles. A "dangerous or deadly weapon" is one that is likely to cause death or great bodily harm.

However, hospital security officers, who have been properly trained and certified to carry and use/discharge a Taser, may carry a Taser while on duty.

The hospital reserves the right to inspect all belongings of employees on its premises, including briefcases, purses and handbags, gym bags, and personal vehicles on hospital property.

DEFINITIONS

Workplace Violence: Any threatening or aggressive behavior or verbal abuse that occurs in the work setting. This includes but is not limited to assault, battery, beatings, stabbing, suicide, shootings, rapes, near-suicides, psychological traumas, threats or obscene phone calls, being followed, sworn or shouted at; intimidation or harassment of any nature.

Workplace Violence Prevention Team: Members selected to assist with the Workplace Violence Prevention Program including, but not limited to; employees from Clinical Leadership, Senior Leadership, Security, Facilities, Human Resources, Employee Health and front-line staff.

Zero Tolerance: Violence of any kind as defined above will not be tolerated in the workplace. Any

occurrence will be taken seriously and responded to according to the following procedures

POLICY

- I. Consistent with MHSC's Mission, Vision and Values to provide compassionate, safe and quality treatment and services this Plan establishes the parameters of MHSC's Workplace Violence Prevention Program.
 - A. The MHSC Workplace Violence Prevention Program is made up of several components which include
 1. Workplace Violence Prevention Plan
 2. Workplace Violence Prevention Team and
 3. Workplace Violence Prevention Policy (this document).
 - B. MHSC is committed to the physical safety and emotional well-being of its employees, patients, families, contractors, vendors, customers, visitors and others who interact with its employees.
 - C. MHSC takes a zero-tolerance position to violence in the workplace. Jokes or offensive comments regarding violent acts will be taken seriously and will not be tolerated.
 - D. The hospital Human Resources Director and Workplace Violence Prevention Team is responsible and has authority for the comprehensive plan for prevention of workplace violence.
 - E. Hospital leadership supports zero tolerance of workplace violence through a system of accountability for involved managers and employees.
 1. Any employee found in violation of this policy may be subject to disciplinary action up to and including termination of employment.
 2. Violations will be addressed by human resources, management, administration and/or security.

II. EMPLOYEE RESPONSIBILITIES

- A. Notify Security of any potentially violent situations. Security personnel are authorized to respond and assist where necessary to de-escalate situations which are a threat to the safety of patients, staff, or visitors.
- B. Immediately report to their supervisor, Administration or Human Resources any direct or indirect threats, or any behavior that is intimidating, violent or potentially violent, or otherwise in violation of this policy, and complete an occurrence report within the hospital's occurrence reporting system as soon as possible after the event.
- C. If the incident involves a patient's behavior towards an employee, the attending physician will be notified.
- D. In cases of domestic violence involving the employee, the employee may report this to their supervisor and/or Human Resources so security options for the employee can be provided.

- E. Understand and comply with the workplace violence prevention program and other safety and security measures
 - A. Depending on the severity of the situation, call **9-911**.
 - B. If a weapon is involved, follow procedures for *Code Silver*.
 - C. Specific procedures for a physically aggressive patient are followed per Security procedures (or policy).

III. HOSPITAL RESPONSIBILITIES

- A. Staff with primary roles and responsibilities involving Behavioral Health, Security and Emergency Services will be required to attend de-escalation training.
- B. Develop a comprehensive plan for prevention of workplace violence, under the direction of the Human Resources Director and the Workplace Safety Team.
- C. Disseminate a clear policy of zero tolerance for workplace violence in the orientation period and ongoing staff education.
- D. Disseminate a clear policy of zero tolerance for violence and that no weapons are allowed on hospital property to visitors and patients. State clearly to patients, families and employees that any threatening or aggressive behavior or violence will not be tolerated or permitted. Staff should review the zero-tolerance policy with patients and or families as needed.
- E. Ensure there are no reprisals against employees who report occurrences, and keeping information confidential, as appropriate.
- F. Educate employees to promptly report incidents and suggest ways to reduce or eliminate risks.
- G. Implement post violent incident procedures of employee support, debriefing, medical care for victims, referrals for care and reporting and filing claims, as appropriate.
- H. Ensure that environmental controls include the following are in place:
 - A. Alarm systems and other security devices.
 - B. Closed circuit video recording for high risk areas.
 - C. Door locking security systems.
- I. Provide Training and education to staff regarding workplace violence prevention:
 - A. Response to alarms and pages.
 - B. Causes and early recognition of escalating violent behavior.
 - C. Diffusion of volatile situations.
 - D. Multi-cultural sensitivity.
 - E. Methods for dealing with distraught patients, family members or friends of patients.
 - F. Location and operation of safety devices.
 - G. How to call security and police department.
 - H. Review of the Workplace Violence Prevention policy.

- J. Implement a record keeping/tracking system for violent incidents
 - A. Monitoring of workplace violence will be done through the Workplace Violence Prevention Team including monitoring of the OSHA log, security reports and incident reports to determine overall effectiveness of workplace violence prevention team and to identify deficiencies or changes that should be made.
 - B. A record of all training programs will be maintained.
 - C. Evaluation of events after the event to determine action steps to be taken to prevent further occurrences.
 - D. Trends will be identified and responded to by the Workplace Violence Prevention Team.

Approved: Board

Approval Signatures

Step Description	Approver	Date

Approved N/A

Review Due N/A



Document Area **Human Resources**
 Reg. **TJC**
 Standards **EC.02.01.01**
EP1, TJC
EC.04.01.01
EP 6, TJC
HR.01.05.03,
TJC
LD.03.01.01

Workplace Violence Prevention Program

STATEMENT OF PURPOSE

Consistent with Memorial Hospital of Sweetwater County's (MHSC) Mission, Vision and Values to provide compassionate, safe and quality treatment and services this Plan establishes the parameters of MHSC's Workplace Violence Prevention Program. The MHSC Workplace Violence Prevention Program is made up of several components which include 1) Workplace Violence Prevention Plan 2) Workplace Violence Prevention Policy and 3) Workplace Violence Prevention Team. The purpose of the Plan is to provide guidelines for conducting work-site analysis related to workplace violence, including physical and human factors; responding to identified risks to minimize the risk of violence occurring in the workplace; establishing and maintaining a safe, secure environment, and complying with law and regulation. This Plan applies to the entire MHSC organization, its medical clinics and all adjacent structures, grounds and any/all MHSC sponsored off campus functions and events.

DEFINITIONS

- **Workplace Violence:** Any threatening or aggressive behavior or verbal abuse that occurs in the work setting. This includes but is not limited to assault, battery, beatings, stabbing, suicide, shootings, rapes, near-suicides, psychological traumas, threats or obscene phone calls, being followed, sworn or shouted at; intimidation or harassment of any nature.
- **Zero Tolerance:** Violence of any kind as defined above will not be tolerated in the workplace. Any incidents will be taken seriously and responded to according to the following procedures.

TEXT

OBJECTIVES

- I. To establish processes for assessing the risk of workplace violence at the organization.
- II. To describe processes for creating and maintaining policies and procedures that address workplace violence and mitigate identified risks.
- III. To establish and maintain strong communication with identified community partners, with the purpose of addressing mutual concerns and goals.

RESPONSIBILITIES AND REPORTING STRUCTURE

I. Staff are responsible for the following:

- A. Staff will report any Workplace Violence occurrences to their immediate supervisor and document within the hospital's occurrence reporting system.
- B. Staff are encouraged to seek assistance following any Workplace Violence occurrence.
 1. Assistance may include, but is not limited to: Seeking medical attention, debriefing, and use of the Employee Assistance Program (EAP).
- C. In the event injuries occur as a result of a physical altercation situation a 'Supervisor's investigation of accident/incident/injury report' must be filed with Employee Health. The employee shall seek appropriate treatment following the incident. Please contact immediate supervisor or employee health for additional information and help.
- D. In the event that patients or visitors are injured during a physical altercation an occurrence report shall be completed in the occurrence reporting system to document patient or visitor injury or involvement. Patients or visitors shall be encouraged to seek appropriate medical treatment.

II. Leadership is responsible for the following - LD.03.01.01:

- A. Establishing the Workplace Violence Prevention Work Team.
 1. Naming an individual accountable for the workplace violence prevention program.
 - a. The Workplace Violence Prevention Program will be led by the Human Resources Director or designee.
 2. Maintaining and implementing this plan and the associated policies and procedures.
 3. Establishing and maintaining a culture of safety in which staff, patients, and others feel safe reporting occurrences or workplace violence.
- B. The Workplace Violence Prevention Team members include, at a minimum, the individual(s) accountable for the workplace violence prevention program and

representatives from leadership, security, facilities management, and front-line staff. Representatives from community organizations, government, law enforcement, government health departments and other authorities, and other health care organizations may participate in the Workplace Violence Prevention Team activities, as appropriate.

C. The Workplace Violence Prevention Team will:

1. Design and implement the workplace violence prevention program.
2. Review Workplace Violence occurrences as reported in the hospitals' occurrence reporting system.
 - a. The Workplace Violence Team will work through these together to find solutions, support and mitigation recommendations.
3. Report to leadership and appropriate committee(s) of the Board of Directors on the performance of the workplace violence prevention program and all related improvement activities.

D. The individual(s) accountable for the workplace violence prevention program are:

1. Human Resources Director or designee.
2. Safety Officer or designee.
3. Security Supervisor.
4. Human Resources Committee.
5. Workplace Violence Prevention Team.

E. Those accountable for the program will:

1. Participate in the activities of the Workplace Violence Prevention Work Team.
2. Collect, analyze and document data about the hospital and its risk of workplace violence.
3. Collaborates with relevant committees, departments, and teams at the organization to collect and analyze data associated with workplace violence risks. These groups may include but are not limited to the following:
 - a. Environment of Care Committee.
 - b. Human Resources Committee.
 - c. Emergency Preparedness Committee.
 - d. Security Department.
 - e. Information Services (IS) department.
 - f. Members of the Leadership Team.

F. Collaborates with community partners, such as law enforcement, to collect and analyze data related to external factors that impact the risk of workplace violence at the organization.

- G. Ensures organization compliance with the Workplace Violence Prevention Plan and program and its associated policies and procedures.
- H. Documents and reports to the Human Resources Committee any activities within the Workplace Violence Prevention Plan.
- I. Identifies community partners to serve as resources and collaborators in the Workplace Violence Prevention Program.
- J. Communicates with community partners about the program and mutual concerns and interests.
- K. Documents contacts and communication with community leaders and representatives.
- L. Evaluates the viability of violence deterrent equipment including the use of metal detectors.

PROCESSES and WORKPLACE VIOLENCE PREVENTION PLAN

- I. Risk assessment and mitigation of identified risks is necessary in order to prevent workplace violence from occurring or re-occurring. Risk Assessment and mitigation includes evaluation of physical locations in which workplace violence may occur and a review of hospital's organizational processes to determine if there are processes and systems in place that may increase the risk of workplace violence. The goal is for MHSC to be proactive, learning what may happen before it occurs, so protective or preventative measures can be taken.
- II. The individual accountable (Human Resources Director or designee) for the Workplace Violence Plan performs the following activities:
 - A. Uses established data collection processes such as Safety Rounding to analyze data about the organization that relate to workplace violence.
 - B. Collects data on workplace violence regarding the following factors:
 - 1. Environmental controls (including, but not limited to: lighting, exits and door locks).
 - 2. Exterior facilities (including, but not limited to: 911 service overhead paging systems and panic buttons).
 - 3. Communications (including, but not limited to: parking lots and garages, lighting and landscaping).
 - 4. Administrative controls (including, but not limited to: security badges, signage, identification of security-sensitive areas, and forensic patient management).
 - 5. Medication management, including diversion risk.
 - 6. Human Resources (including, but not limited to: hiring practices, background checks and complaints of unacceptable behavior).
 - C. Considers at least the following sources when collecting data:

1. Environmental tours or rounds (such as through use of environmental risks for workplace violence assessment checklist within the Safety Management System).
 2. Occurrence reports.
 3. Sentinel event reports.
 4. HVA reports.
 5. Emergency preparedness drill report.
 6. Reports of staff behavior that violates the culture of safety.
 7. Reports from community partners.
 8. Satisfaction surveys from patients, staff and others.
 9. Collaborates with the security team and the Information Services department to establish and maintain systems for reporting occurrences.
- D. Ensures that MHSC's occurrence reporting system meets the following criteria:
1. Is accessible at all times, including outside normal operating hours.
 2. Enables secure, confidential communication.
- E. Collects relevant details related to the occurrence or concern, such as individual(s) involved, time and date, location within the organization and description of the occurrence or situation.
- F. Conducts an annual work-site analysis to assess risks related to workplace violence prevention through Job Hazard Assessments within the Safety Management System.
- G. Identifies areas of actual or potential risk that can be prioritized for improvement.
- H. Uses the collected data to design and implement changes that address prioritized workplace violence risks.
- I. Monitors the results of implemented changes to determine their effectiveness, according to the organization's performance improvement policies and procedures.

III. POLICIES AND PROCEDURES

- A. The organization's policies and procedures shall reflect best practices and conform to laws and regulations that address workplace violence and its prevention. Leadership considers the impact of the organization's policies and procedures on workplace violence risks and supports changes to policies and procedures that reduce those risks.
- B. Leadership performs the following activities:
1. Ensures that all relevant organization policies and procedures consider the impact on workplace violence risks.
 2. Ensure that the organization has policies and procedures in place that address workplace violence and its prevention.
 3. Ensures that the building and its physical components do not contribute to

workplace violence risks.

4. Includes workplace violence prevention in its performance improvement activities.
5. Allocates resources necessary to establish and maintain the workplace violence prevention program.

IV. EDUCATION AND ORIENTATION

A. All new employees participate in orientation activities related to the workplace violence prevention program and its associated policies.

B. New Employee Orientation:

1. Orientation shall include at least the following elements:

- a. General understanding and awareness of workplace violence prevention issues, policies and procedures.
- b. Reporting procedures for actual or potential workplace violence occurrences through the occurrence reporting system(s)
- c. Information on the organization's Code of Conduct/Behavior and Culture of Safety.

2. Job-Specific Training:

- a. Leaders ensure that new employees are oriented to job-specific policies and procedures related to workplace violence prevention duties and responsibilities.
- b. The information provided may vary depending on the individual's job duties and responsibilities, the area in which the individual works, and other factors.

C. Annual Continuing Education:

1. All employees are required to participate in annual education and periodic training activities related to the workplace violence prevention program and its associated policies, as appropriate to their job duties and responsibilities.
2. The organization determines the required activities based on needs and available resources. Activities may include but are not limited to the following:
 - a. Staff meetings.
 - b. Outside classes/training activities.
 - c. On-line learning modules.
 - d. Deescalation training.
 - e. Emergency Preparedness Drills.

V. PERFORMANCE IMPROVEMENT ACTIVITIES

A. PERFORMANCE MONITORING

1. The Workplace Violence Prevention Team oversees development of appropriate performance monitors for the workplace violence prevention program and its associated policies.
2. The Workplace Violence Prevention Team collects and documents data for the identified performance monitors and reports at least quarterly to Senior Leadership through the Human Resources Committee and, as appropriate, identified community leaders.

B. ANNUAL EVALUATION

1. The Workplace Violence Prevention Work Team evaluates the workplace violence prevention program and this Plan, including efficacy, continuous relevance, and potential areas for improvement.
2. This evaluation process occurs at the following times:
 - a. Annually.
 - b. Whenever there are changes to the hospital, its services, or its policies and procedures that could impact workplace violence risks.
 - c. Whenever there are changes to the community or patient population that could impact workplace violence risks.

REFERENCES

Approval Signatures

Step Description

Approver

Date

Board Charter for Finance & Audit Committee

Board of Trustees Orientation Resource Handbook

Category: Finance and Audit Committee

Title: Finance and Audit Committee

Original adoption: June 14, 2010

Revision: 2020, 2023

Purpose

The purpose of the Finance and Audit Committee is to assist the Board of Trustees (Board) in its fiduciary and oversight duties as set forth below.

Authority

The committee has no expressed or implied power or authority.

Responsibilities

In fulfilling its charge, the Finance and Audit Committee is responsible for the following activities and functions:

- Reviews, monthly, the financial status of the hospital and reports to the Board.
- Reviews the fiscal year operating and capital budgets of the hospital prepared by Senior Leadership; makes recommendations to the Board regarding approval of said budgets.
- Monitors the overall financial performance and risk of the hospital in light of approved budgets, long term trends, and industry standards.
- Reviews on a regular basis hospital financial statements.
- Reviews and recommends to Board all Capital purchases \geq \$25,000.00.
- Recommends to the Board policies designed to strengthen the financial health of the hospital and clinics.
- Recommends to the Board key financial objectives to be established and monitored.
- Reviews hospital investments; makes recommendations to Senior Leadership as deemed desirable.
- Monitors the hospital's debt obligations; reviews borrowing initiatives proposed by Senior Leadership; makes recommendations to the Board as deemed necessary.
- Reviews the Board's policy regarding financial assistance for the poor and uninsured, in compliance with State statute 18-8-106.
- Provides oversight over external auditing matters by:
 - Reviews the Board's external auditing policy; recommends changes if deemed

- necessary.
- Recommends to the Board external auditors after reviewing the composition of the audit team, proposed compensation, and other relevant matters.
- May meet annually with the external auditors separate from Hospital management to review the annual audit and associated management letter.
- Reviews audit findings and recommends to the Board any action plans that should be taken to strengthen internal controls and to otherwise improve the hospital's accounting and management practices.
- Makes other related recommendations to the Board associated with the auditing function.

Composition

The Finance and Audit Committee consists of two (2) members of the Board, including the Board Treasurer, who functions as Chair, Chief Executive Officer, Chief Financial Officer and Controller serve as voting members of the committee. The Chief Nursing Officer, Chief Clinical Officer, Director of Patient Financial Services, Director of Information Technology, Director of Materials Management serve as non-voting members. Two (2) physicians, as appointed by the Board President, serve as non-voting members of the committee, and may attend as available.

Meeting Schedule

Monthly; additional meetings may be called by the Committee Chair in consultation with the Chief Executive Officer, or as needed.

Reports:

The committee will receive and review the following reports, and provide the Board with an executive summary:

- For Board approval:
 - ✓ Investment reports, as necessary
 - ✓ Bad Debt report
 - ✓ Annual operating and capital budget
 - ✓ Annual financial audit report and management letter
- For informational purpose:
 - ✓ Financial statements
 - ✓ Key financial ratios
 - ✓ Key operating benchmarks
 - ✓ Payer trend reports
 - ✓ Quarterly bond covenant compliance letter
 - ✓ Annual Standard & Poor's credit rating review
 - ✓ Chargemaster review summary every three years

Note: As used herein, the term "hospital" includes the "clinics" when such inclusion is appropriate.

December Quality Chair Report

Meeting held on December 22nd, 8:15 AM

Nothing under Old Business!

Under New Business we reviewed the Patient Safety Plan as it was up for approval. Changes were suggested so this will be reworked and brought back for approval next month.

Under Informational Items for Review we spent most of our time discussing control charts concentrating on topics such as Sepsis, falls, and medication scanning.

Meeting was adjourned at approximately 9:15

Chairs Report

Human Resources Committee Meeting – December 21, 2022

Items to take note of -

- ✓ Open positions and contract staffing numbers have seen a significant decrease since the peak during the COVID-19 pandemic.
- ✓ HR Staff and Irene report that the contract staff expense, while still over budget, is significantly reduced.

For detailed information please see the reports and minutes of the meeting.

Kandi Pendleton

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting Minutes - Draft
Wednesday – December 21, 2022

Zoom

Trustee Members Present by Zoom: Kandi Pendleton, Barbara Sowada

Voting Members Present by Zoom: Suzan Campbell, Amber Fisk, Irene Richardson

Non-Voting Members & Guests Present by Zoom: Tami Love, Shawn Bazzanella, Eddie Boggs, Ruthann Wolfe, Cindy Nelson

Kandi called the meeting to order and welcomed everyone.

APPROVAL OF AGENDA

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

APPROVAL OF MINUTES

Amber reported the November minutes were not available due to computer issues. The November and December minutes will be approved at the January meeting.

ROUTINE REPORTS

Turnover

Amber reviewed the turnover report and said we are at 25% for the rolling 12 months period which is still below the national average of 27-28%.

Open Positions

Amber reported we currently have 50 open positions and we are focusing recruitment efforts on critical positions.

Contract Staffing

We have seen a big drop off in contract staff numbers. Tami said we are still over budget with costs at \$335,000 for November but down significantly. Irene said we were over \$1M in May and April of last year and we knew we could not sustain those high numbers. Kandi said the numbers are moving in the right direction. Barbara said there have been impressive efforts in this area.

Employee Injury & Illness Reporting

Amber said there are no injuries/illnesses to report.

Old Business

Workplace Violence Policy:

Suzan submitted a written visitor policy for no weapons thinking that this is what Marty was looking for. After discussion it was decided that this policy would be more detrimental and be a burden on our security team. The committee decided that we don't need a visitor policy just employee policy. The employee policy will be submitted to the board.

New Business

Employee engagement Survey:

Waiting for review by senior leadership of results.

Next Meeting

The next meeting is scheduled – 1/16/2023

DRAFT

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO NOVEMBER 2022 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for November is a loss of \$684,082, compared to a loss of \$81,845 in the budget. This yields a -7.91% operating margin for the month compared to -.93% in the budget. The year-to-date loss is \$2,201,942 compared to a loss of \$842,843 in the budget. The year-to-date operating margin is -4.86%, compared to -1.90% in the budget.

The total net loss for November is \$682,827, compared to a loss of \$64,287 in the budget. This represents a total profit margin of -7.90% compared to the budget of -.73%. Year-to-date, the total net loss is \$2,280,740, compared to a total net loss of \$767,421 in the budget. This represents a YTD profit margin of -5.03% compared to -1.73% in the budget.

REVENUE. Revenue decreased in November from the prior month, coming in at \$18,556,828, over budget by \$869,739. Inpatient revenue is under budget by \$37,210, hospital outpatient revenue is over budget by \$677,070 and the Clinic is over budget by \$229,879. Year to date, revenue is over budget by \$3,023,181.

VOLUME. Inpatient discharges, patient days and births are under budget for November. The average daily census (ADC) remained the same at 13.4, under budget, and average length of stay (LOS) is at 3.3, slightly under budget. Emergency Room visits are over budget. Total Outpatient visits are under budget in November. Surgeries and Clinic volumes are over budget.

Annual Debt Service Coverage came in at 2.22. Days of Cash on Hand increased to 99.1 days with the receipt of the Medicaid QRA payment and the high collections. Daily cash expense decreased to \$285,500 year to date.

REDUCTION OF REVENUE. Deductions from revenue are 54.1% in November, over budget due to higher numbers in Medicare and Self Pay AR. Deductions of Revenue are 51.7% year-to-date, right at budget. Total collections for the month came in at \$9,847,531 as we continue to catch up on delayed coding and billing from the Cerner conversion.

Net days in AR fell to 65.9 days as we continue to catch up the delayed coding, billing and collections related to the Cerner conversion. With the delays in Cerner billing, we did see an increase in the aging percentages of all payers. In November, we saw these percentages come down closer to, or below our goals.

EXPENSES. Total expenses in November came in lower than the prior month at \$9,330,268, still over budget by \$446,176. The following line items were over budget in November:

Salary and Wage – November was over budget as we continue to have double coverage for nursing as the new hires are oriented. We have also seen increased overtime to keep the departments staffed appropriately.

Fringe Benefits - Group Health, Retirement and Other Employee Benefits were all over budget in November.

Contract Labor – We are starting to see this expense decrease from the prior year, down by 69% from a high in May 2022. Staffing shortages continue in some clinical areas with current contract labor staff in Med/Surg, ICU, Labor & Delivery, Surgery, Emergency Room, Laboratory, Respiratory, and Behavioral Health. While the number of contract FTEs remained at 21, we are seeing the impact of negotiating traveler rates when renewing contracts.

Supplies – Supply costs continue to be impacted by inflation and supply chain issues. Radioactive material, drugs, food and maintenance supplies all came in over budget in November. The increase in drug costs corresponds to the increased volumes in Medical Oncology and Women's Health.

Other Operating Expenses – Physician recruitment, Employee recruitment and Pharmacy Floor expenses came in over budget in November. Foundation expenses were also over budget and were offset by Foundation revenue included in other operating revenue.

Leases and Rentals – Equipment rent lease is over budget for the Nuclear Medicine equipment lease which did not qualify for the new GASB 87 rule.

Depreciation & Amortization – This expense is over budget with the reclass of operating leases to assets with the new GASB 87 rule.

PROVIDER CLINIC. Revenue for the Clinics came in over budget at \$2,202,509, over budget by \$229,879. The bottom line for the Clinics in November is a loss of \$437,500 compared to a loss of \$434,488 in the budget. The year-to-date loss is \$2,082,752, compared to a budgeted loss of \$2,389,901. Clinic volumes were up in November and over budget at 6,174 visits. Total Clinic expenses for the month are \$1,692,162, over budget by \$108,975. Salary & Wage, Benefits, Purchased Services, Supplies, BioMed repairs and Pharmacy Floor expense are over budget for November.

OUTLOOK FOR DECEMBER. Gross patient revenue for December is projecting higher at \$20 million, over budget. Inpatient volumes are over budget in December. Our LOS has increased to 3.3, slightly under budget of 3.5. Births are projecting under budget in December. The average daily census is at 17.6. Outpatient volumes across most departments are projecting higher than budget.

Collections are projecting to \$10.4 million and are expected to remain high as we start to collect on the prior high revenue months and catch up from the Cerner implementation. Deductions of revenue are expected to remain higher than normal with the inflated AR numbers in Medicare and Self Pay. Expenses should remain lower in December, but still over budget with the increased cost of supplies. We have started to see some relief from staffing shortages and the need for contract labor. The bottom line for December is estimated at breakeven, which would be under the budgeted gain of \$600k.

We continue to watch all spending as we start the new fiscal year. We continue to see the impact of contract labor and increased cost of supplies due to inflation. We recommend continuing to limit capital purchases unless it is emergent or regulatory.

CLA Revenue Assessment. CLA presented its final report from their charge capture assessment and claims review, comparing our current charging practices to industry benchmarks including volumes pre and post Cerner conversion. We have met with revenue cycle leaders, Informatics and select department managers to create and action plans based on CLA recommendations. We will continue to report on the progress of the plans going forward. We have also created short and long term goals aligned with the revenue cycle to track the progress.

Legacy System and Archiving. We are working on the archival plan for all our legacy systems. The T-System archival is complete and OBIX is currently being worked on. We have started data review to start on Clintegrity. QCPR Flex, Affinity, and eMDs are being coordinated. These systems are currently being supported and we would like to archive the systems as soon as possible to save on support costs. The systems need to be completely static and read only before they can be archived. Affinity and eMDs still have active accounts receivable.

Financial Goals. We have chosen two financial metrics to focus on for the current fiscal year: Days Cash on Hand and Days in Accounts Receivable.

- Days Cash on Hand represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set a short-term goal of 100 days by December 31 and long term goals of 115 days by March 31 and 130 days by June 30, the end of the fiscal year.
- Days in Accounts Receivable represents the number of days of patient charges tied up in unpaid patient accounts. We have set a short-term goal of 70 days by December 31, 60 days by March 31 and 51 days by year end.

In addition to these main goals, we have set goals for some corresponding financial metrics that are impacting the revenue cycle:

- DNFB Days – Discharged Not Final Billed days. There are several reasons for accounts to fall under DNFB including a standard delay, or abeyance

period, of 5 days. This means all accounts are held automatically for 5 days before being released for billing. This allows for all charges to be posted, charts documented and coded. We have set the goal for DNFB days at 5 days by the end of the year, equal to our 5 day abeyance period for billing accounts.

- Total Accounts Receivable aging – These goals were set based on national benchmarks received from CLA and the goals will be set as follows: Days over 90 days set be < 20% of total AR, days over 120 days set at < 5% of total AR and days over 180 days set at < 3%.
- Days in AR by Payer – These metrics show more detail of where our aging AR is allocated. These goals have always been reported in the monthly financial statements, but we will be showing the trends through the end of the fiscal year. These goals are as follows:
 - BCBS – Days in AR > 90 days should be less than 10%
 - Insurance Days in AR > 90 days should be less than 15%
 - Medicaid Days in AR > 90 days should be less than 20%
 - Medicare Days in AR > **60 days** should be less than 6%



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

Unaudited Financial Statements

for

Five months ended November 30, 2022

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

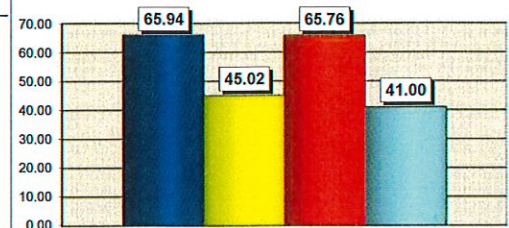
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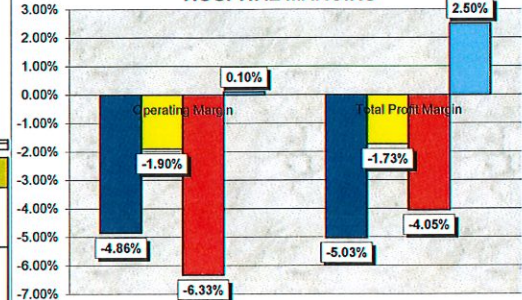
BALANCE SHEET

	YTD 11/30/2022	Prior FYE 6/30/2022
ASSETS		
Current Assets	\$39,734,221	\$34,112,369
Assets Whose Use is Limited	16,075,715	22,099,344
Property, Plant & Equipment (Net)	79,748,595	83,515,473
Other Assets	987,888	1,028,699
Total Unrestricted Assets	136,546,419	140,755,885
Restricted Assets	446,587	434,089
Total Assets	\$136,993,006	\$141,189,974
LIABILITIES AND NET ASSETS		
Current Liabilities	\$13,367,397	\$12,188,541
Long-Term Debt	25,956,250	26,491,667
Other Long-Term Liabilities	12,602,152	15,174,318
Total Liabilities	51,925,799	53,854,526
Net Assets	85,067,206	87,335,448
Total Liabilities and Net Assets	\$136,993,006	\$141,189,974

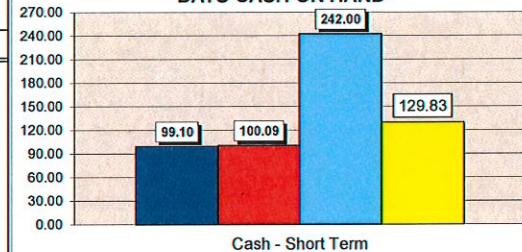
NET DAYS IN ACCOUNTS RECEIVABLE



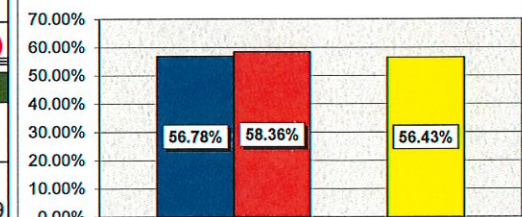
HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	11/30/22 ACTUAL	11/30/22 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	403	444	1,984	2,409
Average Acute Length of Stay	3.3	3.6	3.4	3.9
Total Emergency Room Visits	1,249	1,189	6,430	6,419
Outpatient Visits	7,500	8,920	36,738	48,830
Total Surgeries	172	150	762	614
Total Worked FTE's	470.96	465.19	447.92	465.19
Total Paid FTE's	541.16	511.59	502.44	511.59
Net Revenue Change from Prior Yr	3.08%	4.94%	1.73%	-0.31%
EBIDA - 12 Month Rolling Average			2.17%	6.56%
Current Ratio			2.97	
Days Expense in Accounts Payable			45.27	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	11/30/22
Prior Fiscal Year End	06/30/22
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX - (1.18)

Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ended November 30, 2022

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 11/30/2022	Budget 6/30/2023	Prior Fiscal Year End 06/30/22	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	-4.86%	0.24%	-6.33%	0.10%
Total Profit Margin	↑	-5.03%	0.31%	-4.05%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	99.10	129.83	100.09	242.00
Net Days in Accounts Receivable	↓	65.94	45.02	65.76	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	10.92	11.32	14.13	12.00
Long Term Debt to Capitalization	↓	23.90%	19.87%	24.14%	27.00%
Debt Service Coverage Ratio **	↑	2.22	2.42	1.14	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	7.90	8.43	8.34	NA
Salary Expense per Paid FTE		\$102,004	\$86,892	\$102,150	NA
Salary and Benefits as a % of Total Operating Exp		56.78%	56.43%	58.36%	NA

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY Five months ended November 30, 2022

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	Current Month 11/30/2022	Prior Month 10/31/2022	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2022
Current Assets					
Cash and Cash Equivalents	\$12,805,116	\$6,962,663	\$5,842,454	83.91%	\$7,173,928
Gross Patient Accounts Receivable	39,334,548	44,366,703	(5,032,155)	-11.34%	41,948,878
Less: Bad Debt and Allowance Reserves	(20,061,202)	(23,428,288)	3,367,086	14.37%	(23,879,694)
Net Patient Accounts Receivable	19,273,346	20,938,415	(1,665,070)	-7.95%	18,069,184
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,937,167	5,922,290	(3,985,123)	-67.29%	2,832,976
Inventories	4,097,507	4,111,515	(14,008)	-0.34%	4,054,218
Prepaid Expenses	1,621,085	1,829,726	(208,641)	-11.40%	1,982,063
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	39,734,221	39,764,609	(30,388)	-0.08%	34,112,369
Assets Whose Use is Limited					
Cash	2,036	20,409	(18,373)	-90.02%	(37,762)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	584,288	392,938	191,349	48.70%	637,426
Trustee Held Funds - SPT	165	77	88	114.61%	28,281
Board Designated Funds	1,453,688	1,451,288	2,400	0.17%	6,924,862
Other Limited Use Assets	14,035,538	14,035,538	0	0.00%	14,546,537
Total Limited Use Assets	16,075,715	15,900,251	175,465	1.10%	22,099,344
Property, Plant, and Equipment					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	49,613,983	49,613,983	0	0.00%	49,597,599
Equipment	131,196,778	131,148,729	48,049	0.04%	131,022,049
Construction In Progress	1,085,301	1,078,512	6,789	0.63%	731,897
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	186,138,356	186,083,518	54,838	0.03%	185,593,839
Less: Accumulated Depreciation	(106,389,761)	(105,424,459)	(965,302)	-0.92%	(102,078,365)
Net Property, Plant, and Equipment	79,748,595	80,659,059	(910,465)	-1.13%	83,515,473
Other Assets					
Unamortized Loan Costs	987,888	996,050	(8,162)	-0.82%	1,028,699
Other	0	0	0	0.00%	0
Total Other Assets	987,888	996,050	(8,162)	-0.82%	1,028,699
TOTAL UNRESTRICTED ASSETS	136,546,419	137,319,969	(773,550)	-0.56%	140,755,885
Restricted Assets	446,587	432,638	13,949	3.22%	434,089
TOTAL ASSETS	\$136,993,006	\$137,752,607	(\$759,601)	-0.55%	\$141,189,974

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ended November 30, 2022

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2022
	Current Month 11/30/2022	Prior Month 10/31/2022	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$7,077,673	\$6,959,306	(\$118,367)	-1.70%	\$5,404,568
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,706,579	1,433,970	(272,610)	-19.01%	1,787,856
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,553,936	2,826,488	272,552	9.64%	2,804,901
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	1,456,956	1,482,633	25,678	1.73%	1,562,895
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	572,252	381,502	(190,750)	-50.00%	628,321
Total Current Liabilities	13,367,397	13,083,899	(283,498)	-2.17%	12,188,541
Long Term Debt					
Bonds/Mortgages Payable	27,413,206	27,560,134	146,928	0.53%	28,054,562
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,456,956	1,482,633	25,678	1.73%	1,562,895
Total Long Term Debt (Net of Current)	25,956,250	26,077,500	121,250	0.46%	26,491,667
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	1,255,068
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	12,602,152	12,855,123	252,971	1.97%	13,919,250
Total Other Long Term Liabilities	12,602,152	12,855,123	252,971	1.97%	15,174,318
TOTAL LIABILITIES	51,925,799	52,016,522	90,723	0.17%	53,854,526
Net Assets:					
Unrestricted Fund Balance	84,946,113	84,946,113	0	0.00%	87,636,023
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	442,714	428,765	(13,949)	-3.25%	430,216
Net Revenue/(Expenses)	(2,280,740)	(1,597,913)	N/A	N/A	(2,689,910)
TOTAL NET ASSETS	85,067,206	85,736,085	668,879	0.78%	87,335,448
TOTAL LIABILITIES AND NET ASSETS	\$136,993,006	\$137,752,607	\$759,601	0.55%	\$141,189,974

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Five months ended November 30, 2022

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	CURRENT MONTH				Prior Year 11/30/21
	Actual 11/30/22	Budget 11/30/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,678,865	\$3,716,075	(\$37,210)	-1.00%	\$3,635,525
Outpatient Revenue	12,675,454	11,998,384	677,070	5.64%	11,200,991
Clinic Revenue	2,202,509	1,972,630	229,879	11.65%	1,622,638
Specialty Clinic Revenue	0	0	0	0.00%	254,659
Total Gross Patient Revenue	18,556,828	17,687,089	869,739	4.92%	16,713,813
Deductions From Revenue					
Discounts and Allowances	(8,380,018)	(7,710,174)	(669,845)	-8.69%	(7,294,927)
Bad Debt Expense (Governmental Providers Only)	(1,619,973)	(1,142,466)	(477,507)	-41.80%	(1,129,561)
Medical Assistance	(43,384)	(210,917)	167,533	79.43%	18,194
Total Deductions From Revenue	(10,043,376)	(9,063,557)	(979,819)	-10.81%	(8,406,294)
Net Patient Revenue	8,513,453	8,623,532	(110,080)	-1.28%	8,307,519
Other Operating Revenue	132,734	178,715	(45,981)	-25.73%	80,625
Total Operating Revenue	8,646,187	8,802,248	(156,061)	-1.77%	8,388,144
Operating Expenses					
Salaries and Wages	3,857,380	3,691,468	(165,912)	-4.49%	3,723,066
Fringe Benefits	1,031,468	1,016,395	(15,073)	-1.48%	1,065,893
Contract Labor	334,759	280,208	(54,550)	-19.47%	410,170
Physicians Fees	279,170	368,058	88,887	24.15%	364,978
Purchased Services	507,018	519,542	12,524	2.41%	461,277
Supply Expense	1,422,645	1,358,753	(63,892)	-4.70%	1,435,569
Utilities	105,148	103,178	(1,969)	-1.91%	92,733
Repairs and Maintenance	466,178	519,477	53,299	10.26%	731,037
Insurance Expense	64,081	62,682	(1,398)	-2.23%	51,204
All Other Operating Expenses	267,854	190,994	(76,860)	-40.24%	241,518
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	29,267	18,110	(11,156)	-61.60%	55,342
Depreciation and Amortization	965,302	755,227	(210,075)	-27.82%	621,714
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,330,268	8,884,093	(446,176)	-5.02%	9,254,501
Net Operating Surplus/(Loss)	(684,082)	(81,845)	(602,237)	735.83%	(866,357)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	17,273	11,515	5,758	50.00%	14,102
Tax Subsidies (Except for GO Bond Subsidies)	88	0	88	0.00%	147
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(84,780)	(79,410)	5,370	-6.76%	(111,555)
Other Non-Operating Revenue/(Expenses)	68,674	85,453	(16,779)	-19.64%	19,504
Total Non Operating Revenue/(Expense)	1,254	17,558	(16,303)	-92.86%	(77,803)
Total Net Surplus/(Loss)	(\$682,827)	(\$64,287)	(\$618,540)	962.15%	(\$944,160)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(\$682,827)	(\$64,287)	(\$618,540)	962.15%	(\$944,160)
Operating Margin	-7.91%	-0.93%			-10.33%
Total Profit Margin	-7.90%	-0.73%			-11.26%
EBIDA	3.25%	7.65%			-2.91%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Five months ended November 30, 2022

	YEAR-TO-DATE				
	Actual 11/30/22	Budget 11/30/22	Positive (Negative) Variance	Percentage Variance	Prior Year 11/30/21
Gross Patient Revenue					
Inpatient Revenue	\$18,775,168	\$18,673,090	\$102,077	0.55%	\$22,209,653
Outpatient Revenue	62,433,566	60,588,129	1,845,437	3.05%	56,507,723
Clinic Revenue	10,867,831	9,792,165	1,075,666	10.98%	7,741,989
Specialty Clinic Revenue	0	0	0	0.00%	1,266,535
Total Gross Patient Revenue	92,076,565	89,053,383	3,023,181	3.39%	87,725,900
Deductions From Revenue					
Discounts and Allowances	(42,841,930)	(38,871,436)	(3,970,494)	-10.21%	(38,290,060)
Bad Debt Expense (Governmental Providers Only)	(4,059,321)	(5,816,865)	1,757,544	30.21%	(4,858,151)
Medical Assistance	(726,289)	(1,073,883)	347,594	32.37%	(548,787)
Total Deductions From Revenue	(47,627,540)	(45,762,184)	(1,865,356)	-4.08%	(43,696,998)
Net Patient Revenue	44,449,025	43,291,200	1,157,825	2.67%	44,028,902
Other Operating Revenue	892,441	1,137,767	(245,326)	-21.56%	539,906
Total Operating Revenue	45,341,466	44,428,967	912,499	2.05%	44,568,807
Operating Expenses					
Salaries and Wages	18,891,313	18,651,998	(239,316)	-1.28%	18,649,776
Fringe Benefits	5,514,096	5,194,456	(319,640)	-6.15%	5,239,067
Contract Labor	2,591,835	1,923,042	(668,793)	-34.78%	1,726,987
Physicians Fees	1,428,648	1,683,788	255,140	15.15%	1,674,758
Purchased Services	2,709,200	2,668,535	(40,666)	-1.52%	2,165,733
Supply Expense	7,671,400	6,747,364	(924,036)	-13.69%	7,366,225
Utilities	509,828	466,981	(42,847)	-9.18%	443,680
Repairs and Maintenance	2,272,577	2,646,066	373,489	14.11%	2,866,821
Insurance Expense	317,802	313,411	(4,391)	-1.40%	282,002
All Other Operating Expenses	1,194,129	1,128,207	(65,922)	-5.84%	1,072,366
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	131,185	90,064	(41,121)	-45.66%	282,913
Depreciation and Amortization	4,311,395	3,757,898	(553,497)	-14.73%	2,828,969
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	47,543,408	45,271,810	(2,271,598)	-5.02%	44,599,298
Net Operating Surplus/(Loss)	(2,201,942)	(842,843)	(1,359,100)	161.25%	(30,491)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	82,882	57,063	25,819	45.25%	59,359
Tax Subsidies (Except for GO Bond Subsidies)	11,897	0	11,897	0.00%	1,252
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(454,416)	(404,905)	(49,511)	12.23%	(545,949)
Other Non-Operating Revenue/(Expense)	280,839	423,264	(142,425)	-33.65%	897,322
Total Non Operating Revenue/(Expense)	(78,798)	75,422	(154,220)	-204.48%	411,984
Total Net Surplus/(Loss)	(2,280,740)	(767,421)	(1,513,319)	197.20%	\$381,493
Change in Unrealized Gains/(Losses) on Investments	0	(79,600)	79,600	-100.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(2,280,740)	(847,021)	(1,433,719)	169.27%	\$381,493
Operating Margin	-4.86%	-1.90%			-0.07%
Total Profit Margin	-5.03%	-1.73%			0.86%
EBIDA	4.68%	6.56%			6.28%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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	Actual 11/30/2022	Actual 10/31/2022	Actual 9/30/2022	Actual 8/31/2022	Actual 7/31/2022	Actual 6/30/2022
Gross Patient Revenue						
Inpatient Revenue	\$3,678,865	\$4,277,989	\$3,246,872	\$4,134,624	\$3,436,817	\$3,777,323
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$12,675,454	\$12,884,251	\$12,945,141	\$12,931,953	\$10,996,767	\$11,110,377
Clinic Revenue	\$2,202,509	\$2,345,959	\$2,162,806	\$2,356,988	\$1,799,568	\$1,679,271
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$282,105
Total Gross Patient Revenue	\$18,556,828	\$19,508,199	\$18,354,819	\$19,423,565	\$16,233,153	\$16,849,077
Deductions From Revenue						
Discounts and Allowances	\$8,380,018	\$8,628,111	\$9,331,432	\$9,741,452	\$6,760,917	\$6,186,634
Bad Debt Expense (Governmental Providers On Charity Care)	\$1,619,973	\$1,501,395	(\$126,524)	(\$31,920)	\$1,096,397	\$708,216
Charity Care	\$43,384	\$169,646	\$275,776	\$158,493	\$78,990	\$657,759
Total Deductions From Revenue	10,043,376	10,299,152	9,480,685	9,868,024	7,936,303	7,552,609
Net Patient Revenue	\$8,513,453	\$9,209,047	\$8,874,134	\$9,555,541	\$8,296,850	\$9,296,468
Other Operating Revenue	132,734	169,063	115,592	154,077	320,975	101,833
Total Operating Revenue	8,646,187	9,378,110	8,989,726	9,709,618	8,617,825	9,398,301
Operating Expenses						
Salaries and Wages	\$3,857,380	\$3,946,792	\$3,761,912	\$3,647,165	\$3,678,065	\$3,742,411
Fringe Benefits	\$1,031,468	\$1,153,332	\$1,032,168	\$1,215,916	\$1,081,211	\$1,094,815
Contract Labor	\$334,759	\$494,775	\$602,847	\$527,615	\$631,838	\$886,061
Physicians Fees	\$279,170	\$240,218	\$271,035	\$309,888	\$328,337	\$327,771
Purchased Services	\$507,018	\$645,296	\$493,717	\$565,772	\$497,397	\$541,244
Supply Expense	\$1,422,645	\$1,519,557	\$1,728,154	\$1,715,201	\$1,285,843	\$1,181,337
Utilities	\$105,148	\$97,874	\$105,291	\$101,780	\$99,735	\$98,423
Repairs and Maintenance	\$466,178	\$197,810	\$513,654	\$548,033	\$546,902	(\$457,054)
Insurance Expense	\$64,081	\$64,293	\$63,788	\$63,788	\$61,854	\$61,854
All Other Operating Expenses	\$267,854	\$299,653	\$144,896	\$234,961	\$246,765	\$242,792
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$29,267	\$24,846	\$26,413	\$25,204	\$25,455	(\$277,111)
Depreciation and Amortization	\$965,302	\$1,069,478	\$787,028	\$750,061	\$739,526	\$1,234,081
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$9,330,268	\$9,753,924	\$9,530,904	\$9,705,384	\$9,222,928	\$8,676,623
Net Operating Surplus/(Loss)	(\$684,082)	(\$375,815)	(\$541,178)	\$4,235	(\$605,103)	\$721,678
Non-Operating Revenue:						
Contributions						
Investment Income	17,273	19,049	17,463	13,586	15,510	118,125
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	88	41	14	11,745	9	16
Interest Expense (Governmental Providers Only)	(\$4,780)	(\$109,452)	(\$82,203)	(\$78,746)	(\$99,235)	(\$552,978)
Other Non-Operating Revenue/(Expenses)	68,674	14,249	108,044	17,514	72,348	10,600
Total Non Operating Revenue/(Expense)	\$1,254	(\$76,112)	\$43,318	(\$35,900)	(\$11,368)	(\$424,236)
Total Net Surplus/(Loss)	(\$682,827)	(\$451,927)	(\$497,860)	(\$31,665)	(\$616,470)	\$297,442
Change in Unrealized Gains/(Losses) on Investn	0	0	0	0	0	(587,380)
Increase/(Decrease in Unrestricted Net Assets	(\$682,827)	(\$451,927)	(\$497,860)	(\$31,665)	(\$616,470)	(\$289,938)
Operating Margin	-7.91%	-4.01%	-6.02%	0.04%	-7.02%	7.68%
Total Profit Margin	-7.90%	-4.82%	-5.54%	-0.33%	-7.15%	3.16%
EBIDA	3.25%	7.40%	2.73%	7.77%	1.56%	20.81%

Actual 5/31/2022	Actual 4/30/2022	Actual 3/31/2022	Actual 2/28/2022	Actual 1/31/2022	Actual 12/31/2021
\$4,251,353	\$3,329,718	\$3,977,177	\$3,576,754	\$3,563,344	\$3,901,947
\$11,073,942	\$11,024,642	\$11,545,845	\$11,321,452	\$11,144,237	\$12,775,161
\$1,564,143	\$1,511,759	\$1,701,127	\$1,734,823	\$1,482,429	\$1,967,053
\$142,760	\$278,446	\$433,489	\$170,366	\$315,655	\$357,797
\$17,032,197	\$16,144,564	\$17,657,638	\$16,803,394	\$16,505,665	\$19,001,956
\$7,635,089	\$6,674,512	\$8,147,341	\$7,628,096	\$7,888,958	\$8,555,249
\$765,155	\$1,128,374	\$813,526	\$1,205,992	\$1,242,529	\$1,000,088
\$40,187	\$216,239	\$311,522	(\$6,688)	\$27,295	\$235,454
8,440,432	8,019,124	9,272,389	8,827,400	9,158,782	9,790,791
\$8,591,766	\$8,125,441	\$8,385,250	\$7,975,994	\$7,346,883	\$9,211,166
133,670	198,584	496,170	156,988	227,298	176,624
8,725,436	8,324,024	8,881,419	8,132,982	7,574,181	9,387,790
\$3,734,120	\$3,824,834	\$3,736,770	\$3,546,337	\$3,679,506	\$3,657,198
\$971,272	\$1,090,848	\$1,083,304	\$1,455,793	\$1,052,865	\$973,861
\$1,095,022	\$1,073,901	\$818,922	\$632,212	\$623,830	\$459,979
\$331,692	\$331,304	\$443,520	\$377,123	\$402,704	\$408,140
\$445,141	\$449,586	\$420,057	\$519,599	\$549,353	\$390,764
\$1,157,703	\$1,271,366	\$1,581,159	\$1,282,845	\$1,116,697	\$1,685,777
\$105,411	\$105,551	\$116,195	\$91,746	\$107,027	\$105,760
\$653,592	\$639,594	\$558,833	\$627,377	\$543,950	\$531,372
\$58,440	\$52,269	\$53,274	\$49,545	\$51,700	\$51,204
\$232,000	\$228,221	\$198,212	\$204,287	\$188,162	\$188,727
\$61,782	\$72,847	\$82,298	\$59,614	\$47,650	\$50,397
\$737,864	\$602,022	\$624,984	\$581,401	\$580,556	\$580,355
\$9,584,040	\$9,742,343	\$9,717,527	\$9,427,882	\$8,943,999	\$9,083,535
(\$858,604)	(\$1,418,319)	(\$836,107)	(\$1,294,899)	(\$1,369,819)	\$304,255
17,153	11,223	11,674	7,177	8,304	10,129
255	0	26	28	189	13
(79,408)	(79,409)	(81,590)	(36,878)	(240,705)	4,670
19,933	301,537	155,183	13,064	1,769,576	288,732
(\$42,067)	\$233,352	\$85,293	(\$16,609)	\$1,537,365	\$303,544
(\$900,671)	(\$1,184,967)	(\$750,814)	(\$1,311,508)	\$167,546	\$607,799
(\$900,671)	(\$1,184,967)	(\$750,814)	(\$1,311,508)	\$167,546	\$607,799
-9.84%	-17.04%	-9.41%	-15.92%	-18.09%	3.24%
-10.32%	-14.24%	-8.45%	-16.13%	2.21%	6.47%
-1.38%	-9.81%	-2.38%	-8.77%	-10.42%	9.42%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Five months ended November 30, 2022

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	CASH FLOW	
	Current Month 11/30/2022	Current Year-To-Date 11/30/2022
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(\$682,827)	(\$2,280,740)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	965,302	4,311,395
(Increase)/Decrease in Net Patient Accounts Receivable	1,665,070	(1,204,162)
(Increase)/Decrease in Other Receivables	3,985,123	895,809
(Increase)/Decrease in Inventories	14,008	(43,289)
(Increase)/Decrease in Pre-Paid Expenses	208,641	360,978
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	118,367	1,673,106
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	58	(332,241)
Increase/(Decrease) in Accrued Expenses	0	0
Increase/(Decrease) in Patient Refunds Payable	0	0
Increase/(Decrease) in Third Party Advances/Liabilities	0	0
Increase/(Decrease) in Other Current Liabilities	190,750	(56,069)
Net Cash Provided by Operating Activities:	6,464,493	3,324,786
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(54,838)	(544,516)
(Increase)/Decrease in Limited Use Cash and Investments	(193,838)	6,063,427
(Increase)/Decrease in Other Limited Use Assets	18,373	(39,799)
(Increase)/Decrease in Other Assets	8,162	40,811
Net Cash Used by Investing Activities	(222,141)	5,519,923
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(146,928)	(641,356)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(252,971)	(2,572,166)
Net Cash Used for Financing Activities	(399,898)	(3,213,522)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(0)	0
Net Increase/(Decrease) in Cash	5,842,454	5,631,188
Cash, Beginning of Period	6,962,663	7,173,928
Cash, End of Period	\$12,805,116	\$12,805,116

ROCK SPRINGS, WY

Five months ended November 30, 2022

Current Month				Year-To-Date				
Actual 11/30/22	Budget 11/30/22	Positive/ (Negative) Variance	Prior Year 11/30/21	STATISTICS	Actual 11/30/22	Budget 11/30/22	Positive/ (Negative) Variance	Prior Year 11/30/21
Discharges								
121	122	(1)	122	Acute	581	622	(41)	622
121	122	(1)	122	Total Adult Discharges	581	622	(41)	622
24	33	(9)	33	Newborn	178	165	13	165
145	155	(10)	155	Total Discharges	759	787	(28)	787
Patient Days:								
403	444	(41)	444	Acute	1,984	2,409	(425)	2,409
403	444	(41)	444	Total Adult Patient Days	1,984	2,409	(425)	2,409
42	46	(4)	46	Newborn	291	247	44	247
445	490	(45)	490	Total Patient Days	2,275	2,656	(381)	2,656
Average Length of Stay (ALOS)								
3.3	3.6	(0.3)	3.6	Acute	3.4	3.9	(0.5)	3.9
3.3	3.6	(0.3)	3.6	Total Adult ALOS	3.4	3.9	(0.5)	3.9
1.8	1.4	0.4	1.4	Newborn ALOS	1.6	1.5	0.1	1.5
Average Daily Census (ADC)								
13.4	14.8	(1.4)	14.8	Acute	13.0	15.7	(2.8)	15.7
13.4	14.8	(1.4)	14.8	Total Adult ADC	13.0	15.7	(2.8)	15.7
1.4	1.5	(0.1)	1.5	Newborn	1.9	1.6	0.3	1.6
Emergency Room Statistics								
118	116	2	116	ER Visits - Admitted	574	626	(52)	626
1,131	1,073	58	1,073	ER Visits - Discharged	5,856	5,793	63	5,793
1,249	1,189	60	1,189	Total ER Visits	6,430	6,419	11	6,419
9.45%	9.76%		9.76%	% of ER Visits Admitted	8.93%	9.75%		9.75%
97.52%	95.08%		95.08%	ER Admissions as a % of Total	98.80%	100.64%		100.64%
Outpatient Statistics:								
7,500	8,920	(1,420)	8,920	Total Outpatients Visits	36,738	48,830	(12,092)	47,617
0	128	(128)	128	Observation Bed Days	0	581	(581)	581
5,684	5,355	329	5,355	Clinic Visits - Primary Care	25,658	24,955	703	24,955
490	459	31	459	Clinic Visits - Specialty Clinics	2,509	2,329	180	2,329
43	25	18	25	IP Surgeries	191	110	81	110
129	125	4	125	OP Surgeries	571	504	67	504
Productivity Statistics:								
470.96	465.19	5.77	474.81	FTE's - Worked	447.92	465.19	(17.27)	460.71
541.16	511.59	29.57	514.36	FTE's - Paid	502.44	511.59	(9.15)	508.04
0.0000	1.8021	(1.80)	1.8021	Case Mix Index - Medicare	1.1000	0.0000	1.10	1.7405
0.0000	0.8330	(0.83)	0.8330	Case Mix Index - All payers	0.9060	0.0000	0.91	0.9897

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
11/30/22

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	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	63.44	76.31
Net Days in Accounts Receivable	65.94	65.76
Number of Gross Days in Unbilled Revenue	15.99	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	25.60%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.23%	1.19%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.79%	1.21%
Bad Debts as a % of Gross Patient Revenue - Current Month	8.73%	6.46%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	4.41%	6.53%
Collections as a Percentage of Net Revenue - Current Month	115.67%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	95.19%	100% or >
Percentage of Blue Cross Receivable > 90 Days	3.58%	< 10%
Percentage of Insurance Receivable > 90 Days	33.95%	< 15%
Percentage of Medicaid Receivable > 90 Days	21.66%	< 20%
Percentage of Medicare Receivable > 60 Days	13.36%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Five months ended November 30, 2022

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Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	869,739	4.92%	3,023,181	3.39%
Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include Patient Days and Outpatient visits. Average Daily Census is 13.4 in November which is under budget by 1.4				
Deductions from Revenue	(979,819)	-10.81%	(1,865,356)	-4.08%
Deductions from revenue are under budget for November and under budget year to date. They are currently booked at 54.1% for November and 51.7% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.				
Bad Debt Expense	(477,507)	-41.80%	1,757,544	30.21%
Bad debt expense is booked at 8.7% for November and 4.4% year to date.				
Charity Care	167,533	79.43%	347,594	32.37%
Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.				
Other Operating Revenue	(45,981)	-25.73%	(245,326)	-21.56%
Other Operating Revenue is under budget for the month and is under budget year to date.				
Salaries and Wages	(165,912)	-4.49%	(239,316)	-1.28%
Salary and Wages are over budget in November and are over budget year to date. Paid FTEs are over budget by 29.57 FTEs for the month and under 9.15 FTEs year to date.				
Fringe Benefits	(15,073)	-1.48%	(319,640)	-6.15%
Fringe benefits are over budget in November and over budget year to date.				
Contract Labor	(54,550)	-19.47%	(668,793)	-34.78%
Contract labor is over budget for November and over budget year to date. Med/surg, OR, ER, Lab and Security are over budget.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Five months ended November 30, 2022

PAGE 14

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Physician Fees	88,887	24.15%	255,140	15.15%
Physician fees under budget in November and under budget year to date. ER and Rad Onc are over budget in November.				
Purchased Services	12,524	2.41%	(40,666)	-1.52%
Purchased services are under budget for November and over budget year to date. Expenses over budget are Audit fee's, Collection Agency and Dept Management Service.				
Supply Expense	(63,892)	-4.70%	(924,036)	-13.69%
Supplies are over budget for November and over budget year to date. Line items over budget include instruments, drugs, inventory, uniforms and maintenance supplies.				
Repairs & Maintenance	53,299	10.26%	373,489	14.11%
Repairs and Maintenance are under budget for November and under budget year to date.				
All Other Operating Expenses	(76,860)	-40.24%	(65,922)	-5.84%
This expense is over budget in November and over budget year to date. Other expenses over budget are Physician recruitment, Other expenses, Employee recruitment and Pharmacy floor direct.				
Leases and Rentals	(11,156)	-61.60%	(41,121)	-45.66%
This expense is over budget for November and is over budget year to date				
Depreciation and Amortization	(210,075)	-27.82%	(553,497)	-14.73%
Depreciation is over budget for November and is over budget year to date				
BALANCE SHEET				
Cash and Cash Equivalents	\$5,842,454	83.91%		
Cash increased in November. Cash collections for November were \$9.8 million. Days Cash on Hand increased to 99 days.				
Gross Patient Accounts Receivable	(\$5,032,155)	-11.34%		
This receivable decreased in November due to high collections				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Five months ended November 30, 2022

PAGE 15

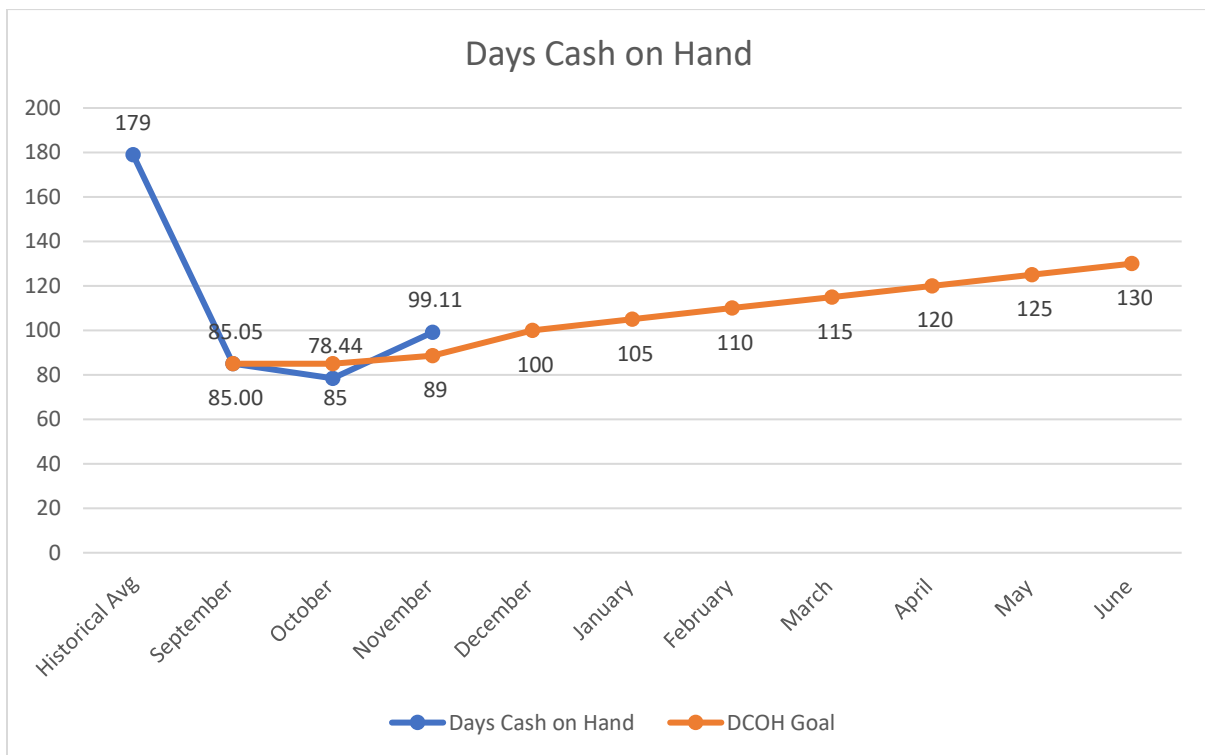
Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.

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

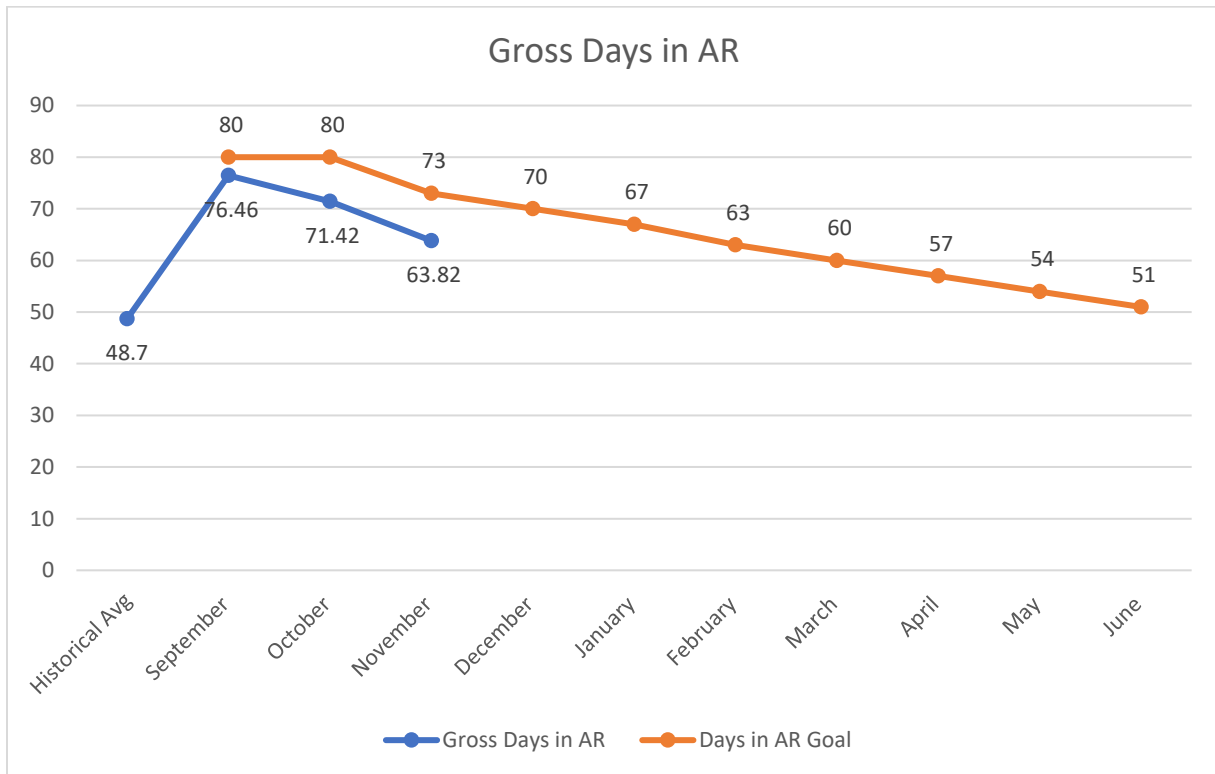
	Current Month		Year-to-Date	
	Amount	%	Amount	%
Bad Debt and Allowance Reserves	3,367,086	14.37%		
Bad Debt and Allowances decreased.				
Other Receivables	(3,985,123)	-67.29%		
Other Receivables decreased in November due to county and occ med invoices payments				
Prepaid Expenses	(208,641)	-11.40%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	175,465	1.10%		
These assets decreased due to funds the debt service payment				
Plant Property and Equipment	(910,465)	-1.13%		
The decrease in these assets is due to the the normal increase in accumulated depreciation.				
Accounts Payable	(118,367)	-1.70%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(272,610)	-19.01%		
This liability increased in November. The payroll accrual for November was 13 days.				
Accrued Benefits	272,552	9.64%		
This liability decreased in November with the normal accrual and usage of PTO and the PTO cashout.				
Other Current Liabilities	(190,750)	-50.00%		
This liability increased for November due to the accrual on the bonds				
Other Long Term Liabilities	252,971	1.97%		
This liability decreased due the payments on the leases				
Total Net Assets	668,879	0.78%		
The net loss from operations for November is \$684,082				

Financial Goals – Fiscal Year 2023. We have chosen two financial metrics to focus on for the current fiscal year: Days Cash on Hand (DCOH) and Days in Accounts Receivable (AR). We have included the historical average of 18 months prior to Cerner implementation for reference.

- Days Cash on Hand represents the number of days the hospital can operate without cash receipts utilizing all sources of cash available. We have set a short-term goal of 100 days by December 31 and long-term goals of 115 days by March 31 and 130 days by June 30, the end of the fiscal year.
 - With the matching funds from QRA and the high collections in November, we saw an increase in DCOH of 21 days. We are on target to meet the December goal of 100 days.

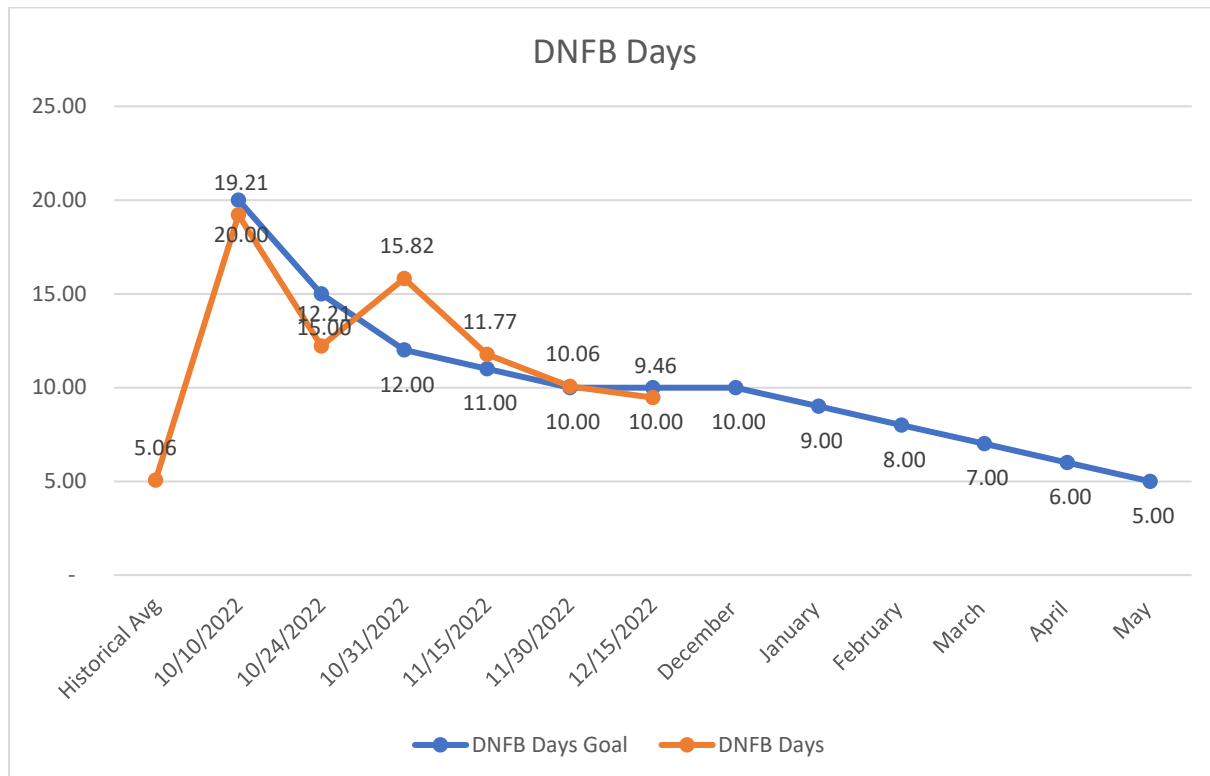


- Days in Accounts Receivable represents the number of days of patient charges tied up in unpaid patient accounts. We have set a short-term goal of 70 days by December 31, 60 days by March 31 and 51 days by year end.
 - We use a 3-month average calculation in the financial statements for this metric. Days in AR for November came in at 63.8. We may look at changing the year-end goal as we continue to see it drop with the positive results in billing and coding.

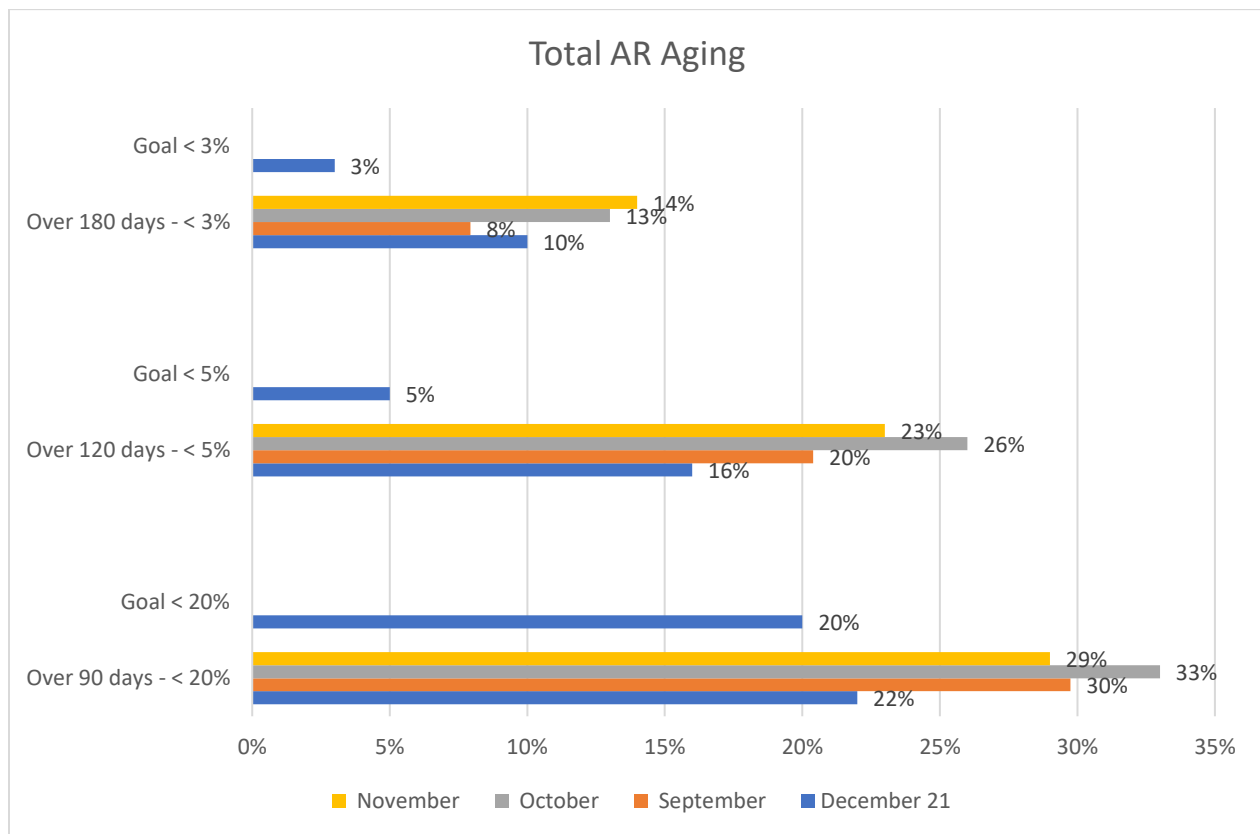


Revenue Cycle Goals – Fiscal Year 2023 - In addition to these main goals, we have set goals for some corresponding financial metrics that are impacting the revenue cycle:

- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts where the patient has been discharged but the account has not been sent for billing. Several categories of accounts fall under DNFB including billing holds, corrections required, credit balances, waiting for coding, ready to bill and the standard delay. The standard delay, or abeyance period, are accounts held automatically for 5 days before being released for billing. This allows for all charges to be posted, charts documented and coding to be completed. We have set the goal for DNFB days at 5 days by the end of the year, equal to our 5-day abeyance period for billing accounts.
 - DNFB Days are at 10.06 for November and 9.46 mid-December.

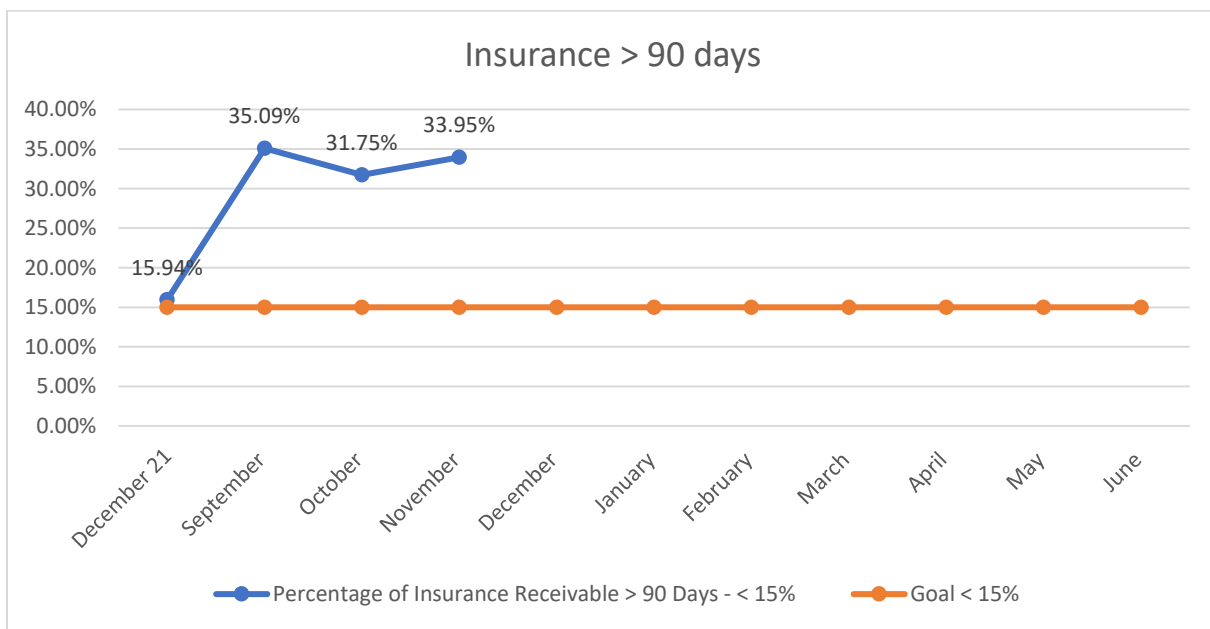
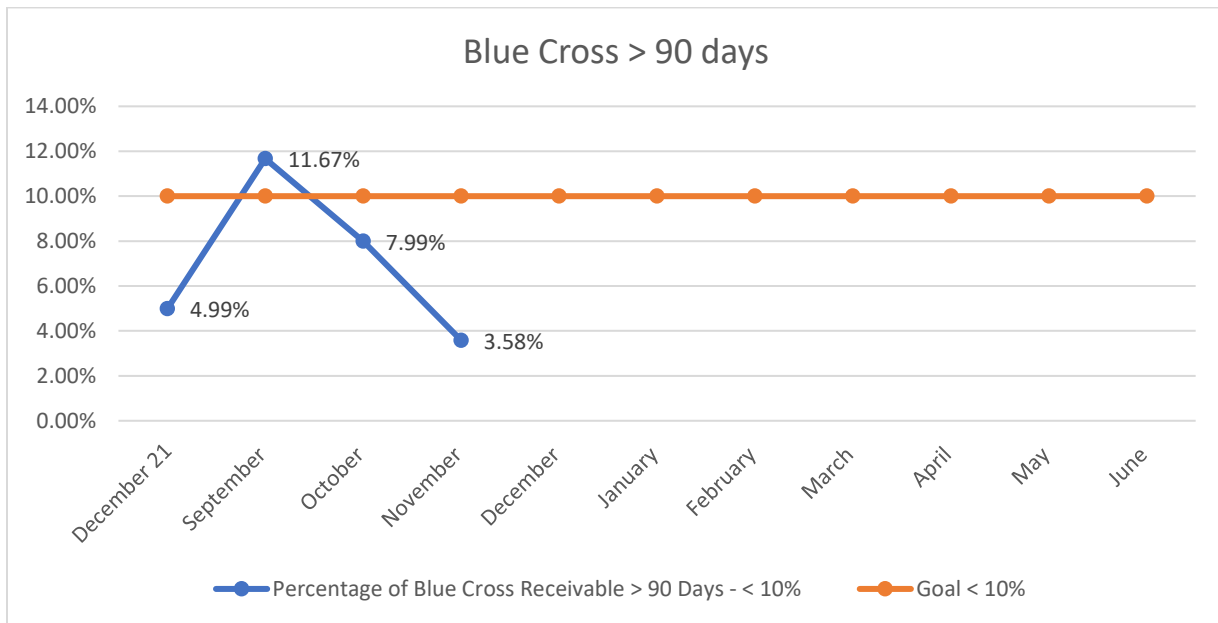


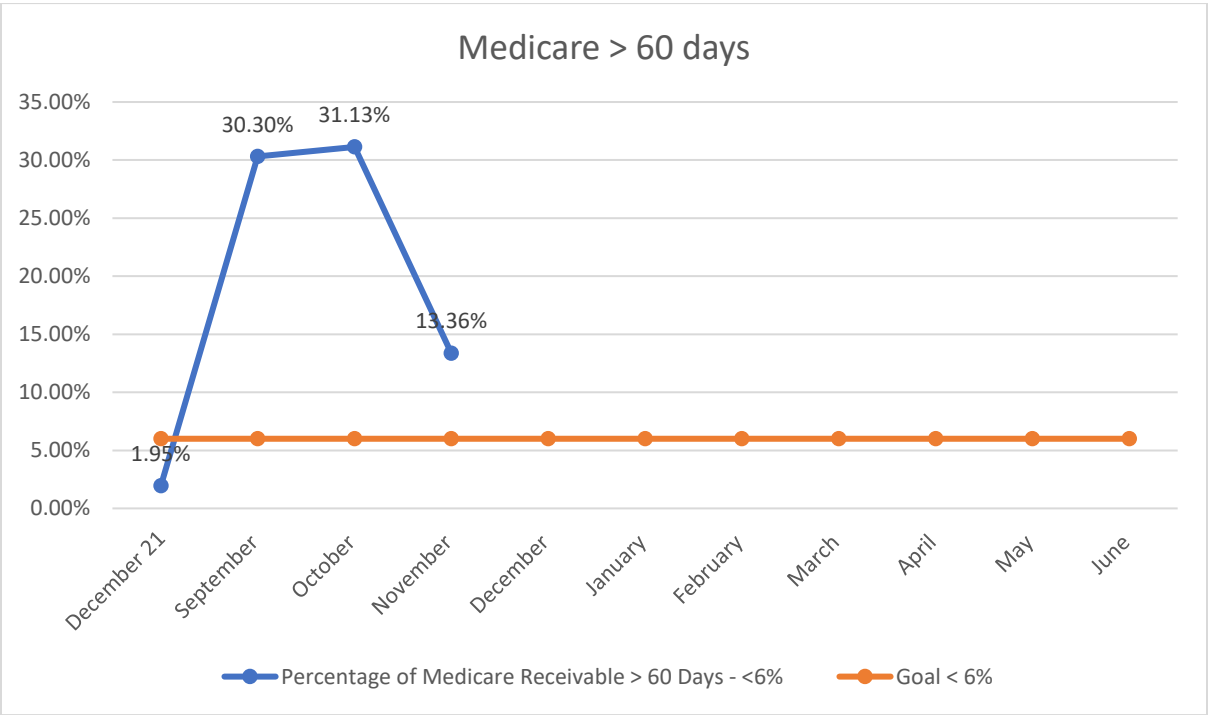
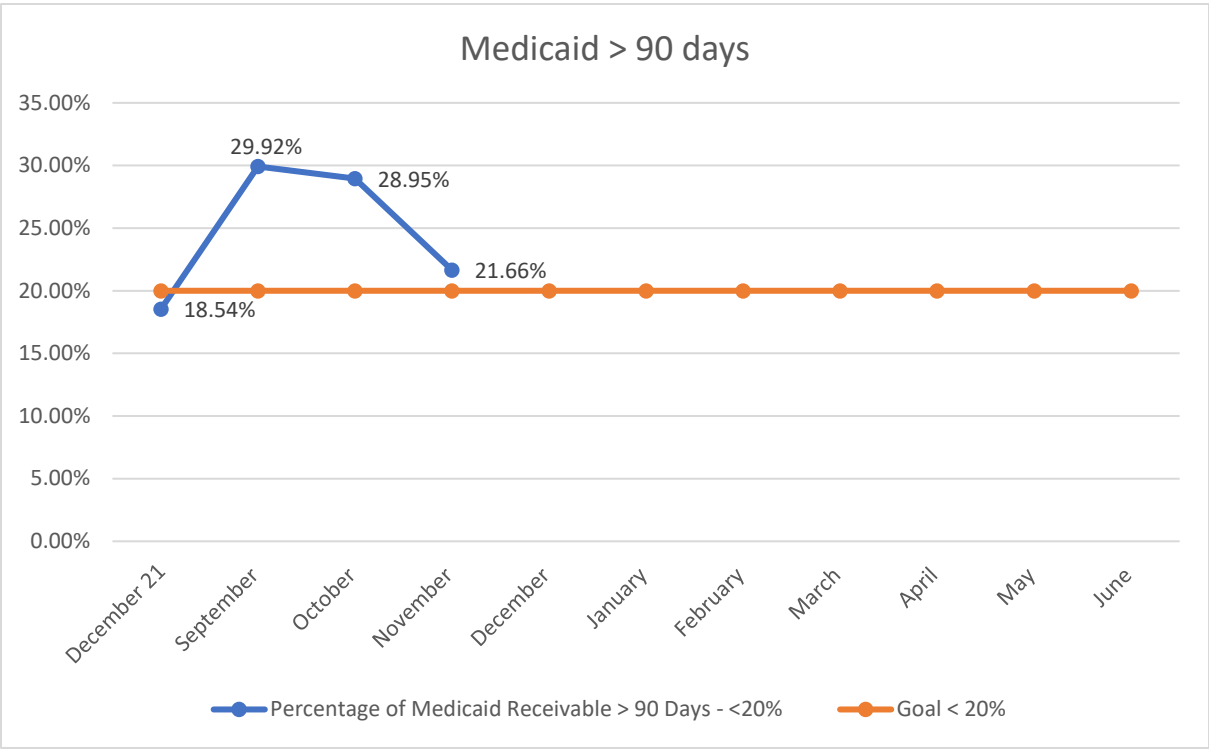
- Total Accounts Receivable aging – These goals were set based on national benchmarks received from CLA and are set as follows:
 - Days over 90 days set be < 20% of total AR
 - Days over 120 days set at < 5% of total AR
 - Days over 180 days set at < 3% of total AR
- We also show the metrics from December 31, 2021, as comparison data from pre-Cerner.
 - Days over 90 days and 120 days improved to 29% and 23% in November
 - Days over 180 days remained steady at 14% in November



- Days in AR by Payer – These metrics show more detail of where our aging AR is allocated. These goals have always been reported in the monthly financial statements, but we will be showing the trends through the end of the fiscal year. These goals are as follows:

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





MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...December Buildings & Grounds Meeting
Date: December 26, 2022

Pharmacy Chemo Mixing Room...the plans and specs are nearly complete and have been sent to the cost estimator in Colorado. It is anticipated that the plans/specs and cost estimate will be ready for Committee review at the January meeting of the Committee.

Dr. Sulentic's Office...work is occurring. A state inspection is scheduled for early January.

Building Automation System...Work is continuing, consisting of fine tuning. The major effort left to complete is a complete balancing. It is anticipated that the project should be completed sometime in January.

Bulk Oxygen...The Hospital/MOB connection has been completed. Air Gas is concerned about getting their spare tank back. Concern has been raised about the schedule and the impact of winter weather on the project.

MOB Space Renovation...The former MOB conference room now houses some medical personnel. A local contractor has done the work...staff is pleased with the work. It was reported that the renovation of the break room is on hold for now.

Lightning Arrest System...the Hospital should have a proposal from Wyoelectric sometime after the first of the year.

SLIB Projects...Irene went over the events surrounding the SLIB meeting. As the Board knows, the Lab project was approved and the MOB Entrance project was withdrawn. Staff will meet with Plan One in early January to commence design work. Staff will meet with the County Commissioners in January to secure confirmation of the \$3M match. This project should be bid out as soon as feasible so we can have the best possibility to get a good general contractor on board.

Building and Grounds Plan...staff is working on getting some rough cost parameters for the various projects in the proposed plan. This plan will be presented to the Board once it is ready.

For more detailed information, please refer to the B & G Committee meeting minutes.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
December 20, 2022

The Building and Grounds Committee met in regular session via Zoom on December 20, 2022,
at 3:30 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Mr. Ed Tardoni – *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. James Horan, *Director of Facilities*
 Mr. Will Wheatley, *PlanOne Architects*

Mr. Kelsey called the meeting to order.

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

Mr. Kelsey asked for a motion to approve the minutes from the November 15, 2022 meeting. Mr. Horan made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

Maintenance Metrics

Mr. Horan reviewed the metrics are staying consistent and are showing a trend. Mr. Tardoni said the trend will justify any staffing needs. Mr. Horan said they did have some overtime the last two pay periods due to snow removal with the storms. Mr. Kelsey asked if they had any reported slips or falls. Mr. Horan said we had not. There was discussion regarding legal advice on maintaining parking lots during the winter.

Old Business – Project Review

Pharmacy Chemo Mixing Room

Mr. Wheatley said the 85% complete document set were completed this week and they have been sent to the Estimator. Mr. Jake Blevins was onsite today for field confirmations of “as built” plans and did see some need for revisions. Mr. Wheatley said they should have the estimate at the beginning of the year and the complete plans ready for Committee review. Mr. Tardoni said he would come onsite to review the desk set with Mr. Horan. The estimate will be ready for review and approval at the January committee meeting.

Dr. Sulentic Office

Mr. Wheatley said they are underway now as they started last week. They are moving quickly and reacting on the fly. They did find some concerns above the ceiling that will require some demo and duct moving. The schedule is on time for State inspection January 10.

Building Automation System

Mr. Horan said Vaughn's and Harris have been here on and off making minor adjustments. The system has been installed but there is still the need for balancing the entire system. He said this project will carry over into next month.

Bulk Oxygen

Mr. Horan said the MOB/Hospital connection was completed over the weekend after some delays due to receiving ordered parts. He said Gerry Johnston is working with Wylie Construction on the schedule. Air Gas was also onsite as they need their spare tank back. Mr. Horan fears that Wylie may want to hold off for several months due to the delay and now being in the winter months.

MOB Space Renovation

Mr. Horan said Medical Staff Services has moved into their new space in the former MOB conference room. No major renovations were needed, and we were able to use a local contractor for the work. The renovation of the break room into a conference room is on hold for now. Mr. Kelsey asked who the contract was. Mr. Horan said we use A&B Home Improvements for minor constructions around the hospital.

Tabled Projects

Lightning Arrest System

Mr. Horan said he talked to Wyoelectric, the contractor who received the UL training. They are working on a proposal for the beginning of the year

OB Shower Renovation

Mr. Kelsey confirmed this project is still tabled for after the new year.

No other table projects were discussed.

Old Business - Other

SLIB Projects

Mr. Kelsey commended the staff that worked on this and presented it to the SLIB Board. Ms. Richardson said OSLI kept delaying the SLIB meeting time. She said we had a visit from the Secretary of State last week as he was touring some of the projects. He had said there was some concern whether our project would meet the requirements of the grant funds. Ms. Richardson said they had a lengthy discussion with him regarding the use of our Cares Act funds and all taxpayer funds we receive. The SLIB meeting was last Thursday, and our project was recommended for \$0 funding. We did forfeit the MOB Entrance project. The Secretary of State did recommend our project, it was seconded and the project was approved by the SLIB Board.

Ms. Richardson said we also received another grant for \$500k to renovate the Foundation area once the Lab project is complete. She said we are asking to be put on the January County Commission meeting to confirm the \$3 million in match money for the Lab project as they had agreed to splitting the funds between the two projects. Mr. Kelsey thanked everyone involved again. He asked if we should lay some ground work for the three new Commissioners prior to the meeting. Mr. Tardoni agreed and said the two other Commissioners were in favor of this project. Ms. Love said they have scheduled a meeting for the first week of January to start working on next steps with PlanOne. With all the projects approved across the State, we want to make sure we can secure a contractor. Mr. Kelsey agreed to get started sooner than later.

Building and Grounds Annual Plan

Mr. Kelsey asked if there had been any progress on the annual plan. Mr. Horan said he did get some estimates from PlanOne and filled those in. Mr. Kelsey said he let the Board know we are working on this plan and he will want to present it to them when we are ready. Mr. Tardoni recommended language for the cost estimates as we will need to get actual numbers once these projects get started.

New Business

None.

Other

Mr. Kelsey asked Mr. Wheatley who they use as their estimator. He said they use someone from Colorado and Arizona, and he is very knowledgeable on the Sweetwater County costs. Mr. Wheatley said there is some good news regarding construction holds. They are seeing costs stabilize and even some decline in some costs. He said this will help with upcoming Lab project.

Ms. Richardson reminded us that the Lab project included a second floor which will help alleviate some of our space issues.

The next meeting is scheduled for Tuesday, January 17, 2023.

Mr. Kelsey adjourned the meeting at 4:14 pm and wished everyone a Merry Christmas.

Submitted by Tami Love

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 In-House Legal Counsel and approved and signed by CEO.

1. Name of Contract: **iProtean Subscription Agreement**
2. Purpose of contract, including scope and description: **Three-year renewal of the iProtean leadership education platform for board members and senior leadership. The three-year plan allows for 21 users and the fee is locked in over the term. Also provides for upgrades for access to virtual huddles, two virtual experts, 12 hours of virtual coaching and nine license swaps.**
3. Effective Date: **January 15, 2023**
4. Expiration Date: **January 14, 2026**
5. Termination provisions: **not addressed but payment is non-refundable. So we could cancel the services but wouldn't receive any refund for unused years**
Is this auto-renew? **No**
6. Monetary cost of the contract: **\$58,500.00** Budgeted? **yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NA**
8. Any confidentiality provisions? **Yes page 3 Confidentiality**
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **No**
11. Is County Attorney review required? **No**

2023 iProtean Subscription Agreement

On behalf of Team iPro, we are very pleased to welcome **Memorial Hospital of Sweetwater County** ("Hospital") as a partner to our virtual board education platform for hospital trustees, management, and physician leaders.

Pursuant to our recent conversations, below please find a list of key terms and conditions for your review:

Subscription Includes

Hospital will be enrolled into the "iPro Best" subscription tier which includes:

- **Master Library:** Access to all video courses in Governance, Finance, Mission & Strategy, Quality, and Innovation & Technology. Your access will include, without limitation, all future content introduced during the agreement, and across new pillars of content.
- **Key Features:** Includes Mobile-ready; Star-rating; nudge notifications; digital certification; dashboard; quarterly reporting calls; concierge planning; as well as new features introduced for this tier during the term of this agreement.
- **Learning Modules:** Includes Individual Learning Pathways (ILPs) and Group Learning Pathways (GLP) for both self-directed and group learning settings.
- **Virtual Expert:** The service package will include virtual participation of iPro subject matter experts for your board meetings, including board retreats. This service is subject to mutual coordination of calendars and expert suitability. Hospital agrees to provide at least 60 days advance notice for scheduling purposes. Reference terms below.
- **Virtual Huddles:** The service package will include year-round access to invitation-only small virtual roundtables covering a variety of hot topic issues. Each huddle will range between 4 to 6 participants and be designed to host for a specific audience e.g., board chairs only, CEO's only, new board member only, governance committee chairs only, etc. VH sessions will run 1 hour and are designed to foster peer-to-peer learnings with participants across America. Facilitated by a subject matter expert.
- **Virtual Coach:** The service package will include access to our virtual coaching services to help counsel senior executives and board members with acute issues and with best-effort 'on-demand' availability, enjoyed in 60 minute sessions. Reference terms below.
- **Calendar:** Includes features to promote curriculum individualized for each learner. Hospital agrees to work with iPro during the onboarding period to co-design pathways and identify most suitable courses depending on goals and objectives.
- **Swapping:** iPro grants Hospital a right to "swap out" board members during the term without additional charge provided the seat becomes available as a result of a terming board member, resignation, or by special request. Reference terms below.
- **Branded Dashboard:** Includes hospital logo, and digital marketing billboard featuring custom content for your organization.

Key Terms

Please review the three options, establish your preferred package, and check the acceptance box below.

Option #1:

- **Term:** One (1) year agreement commencing on **January 15**, and expiring one year from commencement.
- **Registrant Licenses:** Includes up to **15** registered learners across board members, executive management, and physician leaders.
- **Fee:** \$24,375
- **Service upgrades during one year term:**
 - Virtual Coaching: Up to 4 hours over the term at a 50% discount off non-subscriber listed rates.
 - License swaps - Up to 3 during the term complementary to organization.

Option #2:

- **Term:** Two (2) year agreement commencing on **January 15**, and expiring two years from commencement.
- **Registrant Licenses:** Includes up to **15** registered learners
- **Fee:** \$40,950. Package also includes these additional upgrade services at no additional charge:
- **Complimentary service upgrades during two year term:**
 - Virtual Expert: Up to 1 expert complimentary to your organization over the term.
 - Virtual Coaching: Up to 8 hours over the term at a 50% discount off non-subscriber listed rates.
 - License swaps - Up to 6 during the term complementary to organization over the term.

Option #3:

- **Term:** Three (3) year agreement commencing on **January 15**, and expiring three years from commencement.
- **Registrant Licenses:** Includes up to **21** registered learners (6 additional licenses included at no additional charge)
- **Fee:** \$58,500. Locks in 2022 rates enjoyed by your Hospital, protects against inflation and future fee increases over term.
- **Complimentary service upgrades during 3 year term:**
 - (New) Virtual Huddles: Provides for 'Fast-Pass' or front-of-line privileges to all huddle meetings during the term.
 - Virtual Expert: Up to 2 experts complimentary to your organization over the term.
 - Virtual Coaching: Up to 12 hours over the term at a 50% discount off non-subscriber listed rates.
 - License swaps - Up to 9 complimentary to organization over the term.

Other Key Terms:

- **Offer:** Subject to an agreement memorialized by **January 9, 2023**.

- **Confidentiality & Data Privacy:** Organization agrees to respect and preserve the confidentiality of this agreement and refrain from sharing the fee structure to third parties, including consultants and other industry executives, without the expressed consent of iPro. Similarly, iPro shall protect the individual privacy of data gathered during the relationship at all times, and if data is disseminated for educational purposes, such data shall remain anonymized, and treated in accordance with industry best practices.
- **Remittance:** Payment is non-refundable, due within 30 days of signed agreement date noted above, and made payable in full by check to: **iProtean**. Please mail to: Veralon Partners, c/o iProtean, 3 Bala Plaza West, Suite 702, Bala Cynwyd, PA 19004

Acceptance

Please check the acceptance box and sign the signature field below to **memorialize this agreement**. [Click here to read our EULA](#)

Acceptance of Key Terms

- ☒ I have read and agreed to the key terms listed above.
- ☒ I have read and accepted the terms of the EULA.

Choose a package

- ☐ Option 1
- ☐ Option 2
- ☒ Option 3

Organization Name: Memorial Hospital of Sweetwater Co (MHSC)

Your Full Name: Irene Richardson

Your Title: CEO

Your Email: IRichardson@sweetwatermemorial.com

Phone: 307 352-

Hospital Address: 1200 College Drive
Rock Spring WY 82901

Your Signature: _____

Date: _____