

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
REGULAR MEETING OF THE BOARD OF TRUSTEES  
July 5, 2023  
2:00 p.m.  
Classrooms 1, 2 & 3**

**AGENDA**

- |       |                                                                                                   |                                                                                                         |
|-------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| I.    | Call to Order                                                                                     | Barbara Sowada                                                                                          |
|       | A. Roll Call                                                                                      |                                                                                                         |
|       | B. Pledge of Allegiance                                                                           |                                                                                                         |
|       | C. <a href="#">Mission and Vision</a>                                                             | Barbara Sowada                                                                                          |
|       | D. Mission Moment                                                                                 | Irene Richardson, <i>Chief Executive Officer</i>                                                        |
| II.   | Agenda <i>(For Action)</i>                                                                        | Barbara Sowada                                                                                          |
| III.  | Trustee Appointment                                                                               | Barbara Sowada                                                                                          |
|       | A. <a href="#">Oath</a>                                                                           | Geoff Phillips, <i>Board Legal Counsel</i>                                                              |
| IV.   | <a href="#">Minutes</a> <i>(For Action)</i>                                                       | Barbara Sowada                                                                                          |
| V.    | Community Communication                                                                           | Barbara Sowada                                                                                          |
| VI.   | Old Business                                                                                      | Barbara Sowada                                                                                          |
|       | A. Employee Policies <i>(Remains under review/development, no request for action)</i>             |                                                                                                         |
|       | 1. Workplace Violence Prevention Program                                                          |                                                                                                         |
|       | 2. Employee Policy – Non-Discrimination and Anti-Harassment                                       |                                                                                                         |
|       | B. <a href="#">Board Policy – Success/Talent Management Plan</a> <i>(For Action)</i>              | Barbara Sowada                                                                                          |
| VII.  | New Business <i>(Review and Questions/Comments)</i>                                               | Barbara Sowada                                                                                          |
|       | A. Election of Officers <i>(For Action)</i>                                                       | Barbara Sowada                                                                                          |
|       | B. Committee Assignments <i>(For Your Information)</i>                                            |                                                                                                         |
|       | C. <a href="#">Annual Conflict of Interest Disclosure</a> <i>(For Completion and Return)</i>      | Barbara Sowada                                                                                          |
|       | D. <a href="#">Infection Preventionist Letter of Approval for Appointment</a> <i>(For Action)</i> | Noreen Hove,<br><i>Director of Surgical Services, Infection Prevention, &amp; Grievance Coordinator</i> |
|       | E. <a href="#">Performance Improvement and Patient Safety (PIPS) Plan</a> <i>(For Review)</i>     | Kara Jackson, <i>Director of<br/>Quality Accreditation, Patient Safety, &amp; Risk</i>                  |
|       | F. <a href="#">Infection Control Plan and Annual Evaluation</a> <i>(For Review)</i>               | Noreen Hove                                                                                             |
|       | G. Credentials Committee <i>(For Action)</i>                                                      | Kerry Downs, <i>Director of Medical Staff Services</i>                                                  |
|       | 1. <a href="#">Radiation Oncology Privilege Form</a>                                              |                                                                                                         |
| VIII. | Chief Executive Officer Report                                                                    | Irene Richardson                                                                                        |
| IX.   | Committee Reports                                                                                 |                                                                                                         |
|       | A. <a href="#">Quality Committee</a>                                                              | Taylor Jones                                                                                            |
|       | B. Human Resources Committee                                                                      | Kandi Pendleton                                                                                         |
|       | C. <a href="#">Finance &amp; Audit Committee</a>                                                  | Marty Kelsey                                                                                            |
|       | 1. Bad Debt <i>(For Action)</i>                                                                   |                                                                                                         |
|       | 2. <a href="#">I.S. Report</a>                                                                    |                                                                                                         |
|       | 3. <a href="#">Finance &amp; Audit Committee Meeting Information</a>                              |                                                                                                         |

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

July 5, 2023

2:00 p.m.

Classrooms 1, 2 & 3

AGENDA

- D. [Building & Grounds Committee](#) Marty Kelsey
  - 1. [Laboratory Options](#) *(For Action)*
- 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
- X. Contract Review Suzan Campbell, *In House Counsel*
  - A. Consent Agenda *(For Action)*
    - 1. [First Amendment to U of U Helipad Facility Use Agreement](#)
  - B. Contracts Approved by CEO since Last Board Meeting *(For Your Information)*
    - 1. [Fibertech](#)
    - 2. [Martin Ray Laundry Systems](#)
    - 3. [Radio Network](#)
    - 4. [Sweetwater Now](#)
    - 5. [WyoRadio](#)
- XI. Board Education Barbara Sowada
  - A. Introduction of Board Members
- XII. Medical Staff Report Dr. Brianne Crofts, *Medical Staff President*
- XIII. Good of the Order Barbara Sowada
- XIV. Executive Session (W.S. §16-4-405(a)(ix)) Barbara Sowada
- XV. Action Following Executive Session Barbara Sowada
- XVI. 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*

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OATH OF OFFICE

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I, CRAIG ROOD, do solemnly swear and affirm that I will obey and defend the Constitution of the United States; and the Constitution of the State of Wyoming, and that I will faithfully and impartially discharge and perform the duties of my office as a member of the Board of Trustees of Memorial Hospital of Sweetwater County; that I have not paid or contributed, or promised to pay or contribute, either directly or indirectly, any money or other valuable thing, to procure my appointment; that I have not knowingly violated any law of the State of Wyoming in order to be appointed, or procured my appointment by others in my behalf; and that I will not knowingly receive, directly or indirectly, any money or other valuable thing for the performance or nonperformance of any act or duty pertaining to my position on the Board of Trustees.

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Craig Rood, Affiant

THE STATE OF WYOMING       )  
                                              : ss  
COUNTY OF SWEETWATER    )

The foregoing Oath of Office was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

WITNESS my hand and official seal.

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Notary Public, State of Wyoming

My commission expires:



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

**June 6, 2023**

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on June, 6, 2023, 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. Marty Kelsey, Ms. Kandi Pendleton, Mr. Taylor Jones, Mr. Ed Tardoni and Dr. Barbara Sowada.

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

Mr. Robb Slaughter, County Commissioner Liaison was excused.

**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 relayed a Mission Moment, in relation to Ms. Patty O'Lexey, Education Director and member of Patient Family Advisory Council (PFAC). The community is appreciating the Health Care Portal, noting it is "Amazing" and how easy it is to receive results. Additionally, a strong increase in CPR and Community Services was noted.

**AGENDA**

Ms. Pendleton requested an amendment to the agenda to remove "Employee Policy – Non-Discrimination and Anti-Harassment" under "New Business" as it is not ready for review; and add "Employee Decision" under "New Business". The motion to approve the agenda with noted changes was made by Mr. Jones; second by Mr. Kelsey. Motion carried.

**APPROVAL OF MINUTES**

The motion to approve the minutes of the May 3, 2023, regular meeting as presented was made by Mr. Kelsey; second by Ms. Pendleton. Motion carried.

The motion to approve the minutes of the May 11, 2023, special budget workshop as presented was made by Mr. Tardoni; second by Ms. Pendleton. Motion carried.

## **COMMUNITY COMMUNICATION**

There were no comments.

Dr. Sowada used this time to express appreciation to Mr. Tardoni. Mr. Tardoni has served on the Board of Trustees for over five years and this will be his last official meeting as a member. All shared an “Ed War Story”.

Mr. Tardoni shared a quote from President Roosevelt: “It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

Mr. Tardoni shared his philosophy: “If we all agree, all the time, we had better ask what’s going on?” Mr. Tardoni then shared with the audience the gifts presented to him for his service: a hard hat signed by many of those that have worked with him over the years, and a custom belt buckle with the hospital logo.

Ms. Richardson thanked Mr. Tardoni for his direction, knowledge, and experience. She noted he was an amazing person who helped her so much and made her become a better leader.

Mr. Tardoni closed with a final observation that when he first arrived, we were in trouble and more trouble was coming with Covid, but we came through it. He said we waged battle with the Cerner upgrade – we fought it and won. He said we accomplished in one year what it takes many to do in five years.

## **OLD BUSINESS**

### **Employee Policies – Workplace Violence Prevention Program**

Remains under review/development, no request for action.

### **Employee Policies – Workplace Violence Prevention Policy**

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

### **Board Policy – CEO Evaluation**

The motion to approve the policy as presented was made by Mr. Jones; second by Ms. Pendleton. Motion carried.

## **NEW BUSINESS**

### **Board Policy – Succession/Talent Management Plan**

Dr. Sowada noted this policy was originally written six to seven years ago and is up for review. It has been updated, with long, hard consideration by the Governance Committee. Dr. Sowada requested any questions or suggestions; none were voiced. If questions or suggestion come up later, please send them to Dr. Sowada or Mr. Kelsey before the next Governance Committee meeting.

### **Credentials Committee – Pathology Privilege Form**

The motion to approve the Pathology Privilege form as presented was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

### **Employee Decision**

An employee hearing was held prior to the regular Board meeting. Action was taken. The motion to approve the decision was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

## **CHIEF EXECUTIVE OFFICER REPORT**

Ms. Richardson began her CEO Report with updates on Person-Centered Care. Training of employees continues, including new orientees and providers. The training has proven beneficial with much positive feedback. Work continues as well toward Planetree certification.

Several new providers have been added to the team: Dr. Hacer Kural, OB/GYN, starting February 2024, Dr. Kyle Hoffman, General Surgery, starting September 1, 2023, and his wife, Dr. May Poundstone, Medicine/Pediatric, will also be starting September 1, 2023.

The DaVinci Robot ribbon cutting was held June 5. The first dry run is scheduled for June 8.

Ms. Richardson noted we are now in The Joint Commission survey window and the survey could be announced any day. She gave a shout out to the Quality Department, our leaders, and staff for all the continued hard work to be continuously ready.

National Hospital Week was successfully celebrated the week of May 8, including the Service Awards dinner for staff commemorating five-year increments of service. Ms. Richardson thanked Human Resources for all their hard work. During Hospital Week we also hosted the Southwest Regional Wyoming Nurse Association Event and Awards Banquet as part of Nurse's Week, inviting our nursing staff to participate.

Talks continue with Castle Rock Ambulance related to providing county service. They are looking into the possibility of building an ambulance bay onsite at MHSC. Commissioner Slaughter recently completed a tour of the site.

Ms. Richardson said she and Dr. Sowada just returned from the Wyoming Hospital Association Spring CEO and Trustee Conference in Casper. The American Hospital Association Region 8 Meeting begins June 7 in Boise, Idaho. The Wyoming Hospital Association Board Retreat is next week in Pinedale. Ms. Richardson said she received an invitation to write a newspaper article for July 3. She will present an annual report to the County Commissioners on June 20. The Hospital is sponsoring the Sweetwater County Fair on August 4. Ms. Richardson invited the Trustees to save the date of August 29-31 for the Wyoming Hospital Association Annual Meeting in Cheyenne.

## **COMMITTEE REPORTS**

### **Quality Committee**

Mr. Jones stated there are always things to be improved, but that we need to celebrate all the improvements that have been made.

### **Human Resources Committee**

Ms. Pendleton stated all information is in the packet. She noted a new problem HR is dealing with regarding job abandonment. Ms. Pendleton said that in the past two months job abandonment has been the number one reason for staff loss. She said this is a new problem and we are looking into possible reasons.

### **Finance and Audit Committee**

Mr. Tardoni said the financial narrative and statements are in the meeting packet.

***FY24 Capital and Operating Budget:*** The motion to approve the FY24 Capital and Operating Budget as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried. Mr. Kelsey suggested we bring back goals for next year, including year-to-date collective cash and how it is measured.

***Capital Expenditure Request:*** Mr. Tardoni presented two capital expenditure requests. The motion to approve Capital Expenditure Request FY23-42 for single sourced Siemens MRI magnet upgrade, parts and maintenance for \$1,157,717, as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried. The motion to approve Capital Expenditure Request FY-23-50 for University of Utah suite renovations for \$100,971.79, was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

***Bad Debt:*** The motion to approve the net potential bad debt of \$1,507,081, as presented was made by Mr. Tardoni; second by Ms. Pendleton. Motion carried.

***I.S. Report:*** Mr. Kelsey said the report is in the meeting packet.

***Finance & Audit Committee Meeting Information:*** Mr. Ron Cheese distributed a graph that he requested from Cerner outlining where we stood in comparison to other similar hospitals in the Cerner implementation process. We are at one year, where others are at four, five, or even eight years. Mr. Cheese noted this was a bigger project than all four previous MHSC implementations combined.

### **Building and Grounds**

Mr. Kelsey said information is in the meeting packet and pointed out the construction has started in the back by Wiley Construction. Mr. Kelsey said we have lots going on.

### **Foundation**

Dr. Sowada complimented Ms. Tiffany Marshall, Foundation Executive Director, on a fabulous report. Ms. Marshall reported they have met with Plan One Architects on a Behavior Health Unit. They are still looking at space. She said the current Foundation area may work or we may need a new build. Ms. Marshall further reported that \$750,000 has been invested in CDs in our local banks and that the patient entertainment upgrade is nearly ready to roll out. She said the Foundation Board is looking at updating the Foundation Bylaws. Ms. Marshall announced Casino Night will be on Saturday, August 26, at the WWCC Atrium. The Board Foundation Dinner will be on June 14 and more information will be forthcoming.

### **Compliance Committee**

Ms. Pendleton stated there were no updates.

### **Governance Committee**

Dr. Sowada said the information is in the meeting packet. Dr. Sowada noted some recent Best Practice Webinars talked about appointment to Board Committees and the processes that were used. Currently they are recommended by the Board President and approved by the Trustees. The Trustees agreed they were fine with the current process.

Dr. Sowada questioned the timing of the annual board evaluation which usually occurs in June, but was not available at this time, and suggested moving it to December. Further discussion is needed.

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

Dr. Sowada said the CEO Evaluation will be completed in the Executive Session.

### **Joint Conference Committee**

Dr. Sowada said there is nothing to report.



## **CONTRACT REVIEW**

Two new contracts were approved since last regular meeting: Spectra Laboratories and ARUP Laboratories.

## **EDUCATION**

Mr. Tardoni shared the Wyoming Statute Title 18 Chapter 8 comparison, from five years ago to present. Mr. Kelsey noted it was well written and a nice review. Ms. Richardson noted we were adhering very well and had fine-tuned our process in the past six years. Dr. Sowada commented it was interesting that County Memorials were appointed. Mr. Jones said statutes leave gray areas and that common sense needs to prevail. Ms. Pendleton stated she saw nothing surprising. Mr. Tardoni noted it was with Union Pacific and the Coal Mines that insurance started. Mr. Phillips noted the relationship between MHSC Board and the County Commissioners has allowed Memorial Hospital to provide services to Sweetwater County. He stated he was extremely proud of the Hospital and its efforts to ensure the community has excellent care at a reasonable cost.

## **MEDICAL STAFF REPORT**

Dr. Crofts reported the May 4 Medical Staff meeting was attended by 29 participants. She said Cerner has been great on the clinical side, with a presentation on documentation upcoming this month. Dr. Crofts said this knowledge is not only good for finance, but for patient care and provider hand-off.

## **GOOD OF THE ORDER**

Ms. Richardson stated it is the staff and everyone that works every day that makes us so successful. It is rewarding to come to work. She said challenges happen, but we work through them with compassion. She thanked staff and leadership.

Mr. Jones thanked Mr. Tardoni again for his “war stories” and concepts, and said the discussions were valuable. Mr. Kelsey stated everyone would miss Mr. Tardoni’s stories.

## **EXECUTIVE SESSION**

The motion to go into executive session at 3:40 p.m. was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

## **RECONVENE INTO REGULAR SESSION**

The motion to leave executive session and return to regular session at 5:15 p.m. was made by Mr. Jones; second by Ms. Pendleton. Motion carried.

## **ACTION FOLLOWING EXECUTIVE SESSION**

### **Approval of Privileges**

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

#### **Credentials Committee Recommendations to the Board of Trustees for Granting Clinical Privileges and Granting Appointment to the Medical Staff from May 9, 2023**

1. Initial Appointment to Associate Staff (1 year)
  - Dr. Lakshmi Balasubramanian, Hematology/Oncology
  - Dr. Paul Spilotro, Pediatrics
  - Dr. Thomas Oliver, Urology
2. Initial Appointment to Consulting Staff (1 year)
  - Dr. Anish Deshmukh, Tele Stroke (U of U)
  - Dr. Amy Federico, Tele Radiology (VRC)
3. Initial Appointment to Active Staff (2 years)
  - Dr. J. Cameron Kesler, Hospitalist
4. Reappointment to Consulting Staff (2 years)
  - Dr. Eric Tuday, Cardiovascular Disease, (U of U)
5. Reappointment to Non-Physician Provider Staff (2 years)
  - Brian Barton, Physician Assistant Family Medicine
  - Michael Bauer, Professional Counselor (SWCS)

### **Approval of Contracts**

The motion to approve the agreements discussed during executive session and authorize the CEO to sign and execute the contracts was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

### **CEO Annual Evaluation and Contract**

The motion to approve the CEO annual evaluation and review of the CEO contract was made by Ms. Pendleton; second by Mr. Jones. It was noted there were no changes made to the contract. Motion carried.

## **ADJOURNMENT**

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

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary

*Minutes submitted by Robin Fife*

**MINUTES FROM A SPECIAL MEETING  
MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
BOARD OF TRUSTEES AND  
THE MEMORIAL HOSPITAL FOUNDATION BOARD OF DIRECTORS**

Wednesday, June 21, 2023

Present: Dr. Barbara Sowada  
Mr. Marty Kelsey  
Ms. Irene Richardson  
Mr. Matt Jackman  
Mr. Taylor Jones  
Mr. Justin Spicer  
Dr. Joseph Oliver  
Ms. Becky Costantino  
Mr. Craig Rood  
Ms. Tiffany Kindel  
Ms. Gina Harvey

Excused: Ms. Kandi Pendleton

**Call to Order, Roll Call & Establishing Quorum, Reading of Mission Statement**

Mr. Jackman established a quorum of the Foundation for the purpose of starting the meeting.

**Remarks from the Trustee President**

Dr. Sowada greeted the Trustees and Directors and thanked everyone for attending. She welcomed Mr. Craig Rood to the Sweetwater County Board of Trustees as he had been appointed the day prior.

Dr. Sowada explained that she wanted to hold a joint meeting because it was the end of the fiscal year and the Trustees wanted to thank the Foundation Board for their work and contributions to help the Hospital move forward noting the SLIB grants, the daVinci robot, and the Red Tie Gala's success.

Dr. Sowada recognized Ms. Richardson for being a great leader of the Hospital and friend to the community.

Dr. Sowada presented her report of a year in review of the Hospital which touched on services, CMS, health insurance, and financials. She explained that the Hospital is one of the few hospitals nationwide that didn't have staff layoffs or reduce services throughout the pandemic.

### **Remarks from the Foundation President**

Mr. Jackman seconded Dr. Sowada's remarks that the Hospital did amazing things in the past 12 months and that he was thrilled that the Foundation was able to be a part of it.

Mr. Jackman presented his report of a year in review noting that the Foundation was happy to support the daVinci robot by dedicating the Red Tie Gala and the upcoming Casino Night's profits to the project, as well as the upcoming Lab Renovation and Expansion Project. He briefly reviewed the financial breakdown showing that the Foundation supported the Hospital's initiatives through either direct or indirect support amounting to \$12.49M in the fiscal year.

Mr. Jackman reported that in addition to financial support, the Foundation also executed key projects including the donor wall implementation, the Guardian Angel Project, and the *Not-for-Profit Healthcare* presentations that Ms. Marshall presented within the community.

### **FY23 Hospital Report**

Ms. Richardson thanked both the Trustees and Board of Directors for their support and dedication to the Hospital. She reported that it's been a great year for both boards and that she enjoys working with both boards. She thanked the Foundation for committing money to the robot as well as the lab project.

Ms. Richardson explained that the community is seeing what the Foundation is doing and feels that will generate more future donations.

Ms. Richardson reported that she couldn't be more grateful for the Trustees as they are supportive, and they all work very well together. She's also very excited about the upcoming projects that will improve the Hospital.

Ms. Richardson presented her report outlining some key successes of the Hospital over the past year including refinancing the series 2013 bonds to save \$5M, increased quality measures, decreased age of plant, additions to the medical staff, an annual review by the numbers, and the implementation of the robot.

### **FY23 Foundation Report**

Ms. Marshall explained that Mr. Jackman reported on the previous 12 months, so she wanted to give the Trustees a look at what was coming up.

Ms. Marshall explained that she was excited for the lab project to break ground. She reported that through one of the Foundation's strategic pillars, she wanted to have a small capital campaign in the upcoming year to really generate community support and allow the community to have a true piece of the project.

Ms. Marshall reported that another strategic pillar was to increase organizational awareness and that she would be evaluating the current donation portal to determine if there was a more user-friendly process. She also explained that one of her goals was to work with local businesses and industries to build internal giving programs for employees to support the Hospital.

Ms. Marshall reported the Foundation recently invested in some CDs totaling \$750K with staggered maturity dates. She explained that she hopes the Foundation Board of Directors will continue looking into investments so that we can capitalize on good interest rates.

### **Other Business**

Ms. Marshall apologized to Mr. Jones for not having a report on the agenda for him, as the Trustee Liaison to the Foundation, and asked if he would like to provide a report.

Mr. Jones reported that he was glad to have the joint meeting as we've been talking about it for a few months. He also reported that he enjoys being on both boards and that each board has a great purpose, and they complement each other well.

Mr. Spicer asked the meeting attendees about the Trustee Liaison position and if we needed to discuss having two Trustees on the Foundation Board of Directors and how that would work. Both the Trustees and the Directors discussed how that would look moving forward, but the discussion ultimately ended with Dr. Sowada reporting that she'd like to think about that a little more as the Trustee President.

With no further business, the meeting was adjourned.

*Meeting Minutes submitted by: Tiffany Marshall*

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary



## ORIENTATION MEMO

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Board Meeting Date: July 5, 2023

Topic for New Business Items:

Success/Talent Management Plan

Policy or Other Document:

☒ Revision

☐ New

Brief Senior Leadership Comments:

The Success/Talent Management Plan was revised to update the policy and to include additional language regarding talent management and mentoring.

Board Committee Action:

This policy was discussed and revised in the Governance Committee. The committee did their diligence in ensuring that this is a sound and good policy.

The policy was presented to the full Board of Trustees at the June 6, 2023, meeting for first review.

Policy or Other Document:

☐ For Review Only

☒ For Board Action

Legal Counsel Review:

☐ In House Comments: N/A

☐ Board Comments: N/A

Senior Leadership Recommendation: Irene Richardson, CEO, recommends that the Board review the Success/Talent Management Plan.



## Succession/ Talent Management Plan - Senior Leadership Plan

### STATEMENT OF PURPOSE

Leadership plays an essential role in the success of Memorial Hospital of Sweetwater County (MHSC). Change in Senior Leadership positions is inevitable requiring advanced preparation and planning. This document is designed to help MHSC prepare for Senior Leadership position departures and can bring order at a time of turmoil, confusion and high-stress. MHSC recognizes that this plan is for contingencies due to an untimely vacancy and planned vacancies and has outline a process and steps to be followed.

### DEFINITIONS

**Acting** – Substitutes during an absence of a Senior Leader

**Interim** – Fills the role of a Senior Leader when the leader has departed and a permanent replacement has yet to be hired

### TEXT

#### I. TEMPORARY ABSENCE

##### A. Temporary, Unplanned Absence: Short-Term

1. A temporary absence is one of more than one month and less than three consecutive months (short-term) in which it is anticipated that the Senior Leadership member will return. An unplanned absence is one that arises unexpectedly, in contrast to a planned leave, such as a vacation, sabbatical or retirement.
2. In the event of an unplanned absence of the CEO, the Administrator on Call (AOC) will immediately inform the Board President or designee of the

absence. As soon as it is feasible, the President or designee will convene a meeting of the Board of Trustees (Board) to affirm the procedures prescribed in this plan or to make modifications as the Board deems appropriate. The Board shall appoint an Acting CEO.

3. In the event of an unplanned absence of a Senior Leader, the CEO will appoint an interim replacement according to the procedures prescribed in this plan or to make modifications as the CEO deems appropriate,

#### **B. Temporary, Unplanned Absence: Long-Term**

1. A long-term absence is one that is expected to last more than three consecutive months (long-term). The procedures and conditions to be followed should be the same as for a short-term absence with one addition.
2. In the absence of the CEO, the Board of Trustees will give immediate consideration, in consultation with the Interim CEO, to temporarily filling the leadership position left vacant by the Senior Leader. This is to recognize that it may not be reasonable to expect the Interim CEO to perform the duties of both positions for longer than three (3) months. Further, this is to recognize that it may not be reasonable to fill the Interim CEO position with an existing Senior Leader.

## **II. INTERIM POSITIONS**

### **A. Interim Position Assignment**

1. This plan identifies the following positions that would serve in an interim leadership role during the absence and/or recruitment process of the following Senior Leadership positions.

Position:

Interim:

CEO	CNO, CFO, CCO
CFO	Appointed by the CEO
CNO	Appointed by the CEO
CCO	Appointed by the CEO
CMO	Appointed by the CEO

2. The above noted Interim positions will be updated at least annually or more frequently if circumstances require.

### **B. Talent Management and Mentoring**

1. The CEO and Senior Leadership will actively mentor potential candidates through a deliberative interactive process to foster and develop the following traits and characteristics:

- a. Character, values and integrity.
- b. Proven track record: business, financial and organization performance.
- c. Capability and capacity builder.
- d. High energy and high endurance.
- e. Visionary and strategic leader.
- f. Inspiring, courageous and compassionate
- g. Productive relationships with colleagues, medical providers and other community stakeholders.
- h. Embraces change. Leads transformational change.
- i. Calm, cool and resilient in the face of conflict and criticism
- j. Institution builder. Prioritizes greater good and longer-term health of the organization.

**C. Authority and Compensation of the Interim CEO**

- 1. The following provisions relate specifically to the CEO position. The person appointed as Interim/Acting CEO shall have the full authority for decision making and independent action as the regular CEO.
- 2. The salary of the Interim/Acting CEO will be recommended by the Executive Oversight and Compensation Committee and approved by the Board.

**D. Authority and Compensation of the Interim Senior Leader**

- 1. The following provisions relate specifically to the Senior Leadership position. The person appointed as Interim/Acting Senior Leader shall have the full authority for decision making and independent action as the regular Senior Leader.
- 2. The salary of an interim/Acting Senior Leader will be determined by the CEO.

**E. Board Oversight**

- 1. The Board member(s) responsible for monitoring the work of the Interim/Acting CEO shall be vested in the Executive Oversight and Compensation Committee of the Board.
- 2. The Executive Oversight and Compensation Committee will be sensitive to the special support needs of the Interim/Acting CEO in this temporary leadership role.

**F. Communications Plan**

- 1. If prior communication as not occurred, immediately upon transferring the responsibilities to the Interim/Acting CEO, the Board President shall notify the Foundation Board members, medical providers, employees and key volunteers as well as the CEO of the University of Utah Healthcare System

of the delegation of authority.

2. As soon as possible after the Interim/Acting CEO has begun covering the unplanned absence, the Interim/Acting CEO shall communicate the temporary leadership structure to state licensing agencies and other constituent groups.

#### **G. Completion of Short-Term Absence**

1. The decision about when the absent CEO returns to MHSC should be determined by the Board President in conjunction with the absent CEO.
2. They shall determine upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the Board President, with the intention of returning to a full-time commitment.

### **III. PERMANENT ABSENCE**

#### **A. Permanent Departure or Planned Retirement: CEO**

1. If the CEO's departure is permanent or the result of a planned retirement, the Board of Trustees shall appoint a Search Committee within 30 days of notification of the departure.
2. The committee will execute a transition plan to identify and hire a replacement.
3. The Board may hire a consultant to assist in the search process. Consideration will include discussions with potential internal candidates to determine their interest in the position.

#### **B. Permanent Departure or Planned Retirement: Senior Leader**

1. If the Senior Leader's departure is permanent or the result of a planned retirement, the CEO shall execute a transition plan to identify, promote or hire a replacement.

### **REFERENCES**

**Sponsoring Department: Board Governance Committee - Approved Date**

Date of Origin: March 2015

Date of Last Review: March 2015

## **Approval Signatures**

**Step Description**

**Approver**

**Date**



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## History

**Draft saved by Quickenden, Kari: Chief Clinical Officer** on 3/9/2018, 5:19PM EST

**Draft discarded by Quickenden, Kari: Chief Clinical Officer** on 12/26/2018, 3:35PM EST

**Draft saved by Fife, Robin: Clinical Administrative Assistant** on 6/5/2023, 2:20PM EDT

DRAFT

Approved N/A  
Review Due N/ADocument Area  
Administration

## Succession/ Talent Management Plan - Senior Leadership Plan

### STATEMENT OF PURPOSE

Leadership plays an essential role in the success of Memorial Hospital of Sweetwater County (MHSC). Change in Senior Leadership positions is inevitable requiring advanced preparation and planning. This document is designed to help MHSC prepare for Senior Leadership position departures and can bring order at a time of turmoil, confusion and high-stress. MHSC recognizes that this plan is for contingencies due to an untimely vacancy and planned vacancies and has outline a process and steps to be followed.

### DEFINITIONS

Acting – Substitutes during an absence of a Senior Leader

Interim – Fills the role of a Senior Leader when the leader has departed and a permanent replacement has yet to be hired

### TEXT

#### I. TEMPORARY ABSENCE

##### A. Temporary, Unplanned Absence: Short-Term

1. A temporary absence is one of more than one month and less than three consecutive months (short-term) in which it is anticipated that the Senior Leadership member will return. An unplanned absence is one that arises unexpectedly, in contrast to a planned leave, such as a vacation, sabbatical or retirement.
2. In the event of an unplanned absence of the CEO, the VP of Clinical Services Administrator on Call (AOC) will immediately inform the Board Chair President or designee of the absence. As soon as it is feasible, the Chair President or designee will convene a meeting of the Board of Trustees (Board) to affirm the procedures prescribed in this plan or to make modifications as the Board deems appropriate. The Board shall appoint an Acting CEO.
3. In the event of an unplanned absence of a Senior Leader, the CEO will appoint an interim replacement according to the procedures prescribed in this plan or to make modifications as the CEO deems appropriate,

##### B. Temporary, Unplanned Absence: Long-Term

1. A long-term absence is one that is expected to last more than three consecutive months (long-term). The procedures and conditions to be followed should be the same as for a short-term absence with one addition.
2. In the absence of the CEO, the Board of Directors Trustees will give immediate consideration, in consultation with the Interim CEO, to temporarily filling the leadership position left vacant by the Senior

Leader. This is to recognize that it may not be reasonable to expect the Interim CEO to perform the duties of both positions for longer than three (3) months. Further, this is to recognize that it may not be reasonable to fill the Interim CEO position with an existing Senior Leader.

## II. INTERIM POSITIONS

### A. Interim Position Assignment

1. This plan identifies the following positions that would serve in an interim leadership role during the absence and/or recruitment process of the following Senior Leadership positions.

~~Position: Interim:~~

<del>CEO</del>	<del>COO or in absence VP of Clinical Services</del>
<del>CFO</del>	<del>Controller</del>
<del>VP Nursing</del>	<del>Admin Nursing Director</del>
<del>VP Clinical Services</del>	<del>CEO</del>
<del>Senior VP</del>	<del>CEO and Director of Human Resources</del>
<del>CCO</del>	<del>Senior VP and outside Legal Counsel</del>

Position: Interim:

<u>CEO</u>	<u>CNO, CFO, CCO</u>
<u>CFO</u>	<u>Appointed by the CEO</u>
<u>CNO</u>	<u>Appointed by the CEO</u>
<u>CCO</u>	<u>Appointed by the CEO</u>
<u>CMO</u>	<u>Appointed by the CEO</u>

2. The above noted Interim positions will be updated at least annually or more frequently if circumstances require.

### B. Talent Management and Mentoring

1. The CEO and Senior Leadership will actively mentor potential candidates through a deliberative interactive process to foster and develop the following traits and characteristics:
  - a. Character, values and integrity.
  - b. Proven track record: business, financial and organization performance.
  - c. Capability and capacity builder.
  - d. High energy and high endurance.
  - e. Visionary and strategic leader.
  - f. Inspiring, courageous and compassionate
  - g. Productive relationships with colleagues, medical providers and other community stakeholders.
  - h. Embraces change. Leads transformational change.
  - i. Calm, cool and resilient in the face of conflict and criticism
  - j. Institution builder. Prioritizes greater good and longer-term health of the organization.

### C. Authority and Compensation of the Interim CEO

1. The following provisions relate specifically to the CEO position. The person appointed as Interim/Acting CEO shall have the full authority for decision making and independent action as the regular CEO.
2. The salary of the Interim/Acting CEO will be ~~determined~~recommended by the Executive Oversight and Compensation Committee and approved by the Board.

### D. Authority and Compensation of the Interim Senior Leader

1. The following provisions relate specifically to the Senior Leadership position. The person appointed as Interim/Acting Senior Leader shall have the full authority for decision making and independent action as

the regular Senior Leader.

2. The salary of an interim/Acting Senior Leader will be determined by the CEO.

**E. Board Oversight**

1. The Board member(s) responsible for monitoring the work of the Interim/Acting CEO ~~will~~shall be vested in the Executive Oversight and Compensation Committee of the Board.
2. The Executive Oversight and Compensation Committee will be sensitive to the special support needs of the ~~Interim~~InterimActing CEO in this temporary leadership role.

**F. Communications Plan**

1. If prior communication as not occurred, immediately upon transferring the responsibilities to the Interim/Acting CEO, the Board ~~Chair (or highest ranking~~President shall notify the Foundation Board ~~member) will notify the Foundation Board~~ members, medical providers, employees and key volunteers as well as the CEO of the University of Utah Healthcare System of the delegation of authority.
2. As soon as possible after the Interim/Acting CEO has begun covering the unplanned absence, the ~~Board members and the~~ Interim/Acting CEO shall communicate the temporary leadership structure to state licensing agencies and other constituent groups.

**G. Completion of Short-Term ~~Absene~~Absence**

1. The decision about when the absent CEO returns to MHSC should be determined by the Board ~~Chair~~President in conjunction with the absent CEO.
2. They ~~will~~shall determine upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the Board ~~Chair~~President, with the intention of returning to a full-time commitment.

**III. PERMANENT ABSENCE**

**A. Permanent Departure or Planned Retirement: CEO**

1. If the CEO's departure is permanent or the result of a planned retirement, the Board of ~~Directors~~ ~~will~~Trustees shall appoint a Search Committee within 30 days of notification of the departure.
2. The committee will execute a transition plan to identify and hire a replacement.
3. The Board may hire a consultant to assist in the search process. Consideration will include discussions with potential internal candidates to determine their interest in the position.

**B. Permanent Departure or Planned Retirement: Senior Leader**

1. If the Senior Leader's departure is permanent or the result of a planned retirement, the CEO ~~will~~shall execute a transition plan to identify, promote or hire a replacement.

**REFERENCES**

Sponsoring Department: Board Governance Committee - Approved Date

Date of Origin: March 2015

Date of Last Review: March 2015

## Approval Signatures

Step Description

Approver

Date

## History

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**Draft saved by Quickenden, Kari: Chief Clinical Officer** on 3/9/2018, 5:19PM EST

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**Draft saved by Fife, Robin: Clinical Administrative Assistant** on 6/5/2023, 2:20PM EDT

DRAFT



Dated this \_\_\_, day of \_\_\_\_\_, 20\_\_

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

FROM: \_\_\_\_\_  
BOARD MEMBER

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

TO WHOM IT MAY CONCERN:

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Sincerely yours,

Trustee  
Board of Trustees Member  
Memorial Hospital of Sweetwater County

## ORIENTATION MEMO

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Board Meeting Date: 7/5/2023

Topic for Old & New Business Items: Infection Preventionist Letter of Approval for Appointment

Policy or Other Document:

\_\_\_\_ Revision  
\_\_\_\_X\_\_\_\_ New

Brief Senior Leadership Comments: Corey Worden currently holds the Infection Preventionist Position. According to the Joint Commission Standards, this position requires leadership and Board appointment and approval. The appointment was not approved in the Infection Control Committee as it was not required. Thank you for considering approving the recommendation.  
Ann Marie Clevenger DNP, RN

Board Committee Action: No committee action.

Policy or Other Document:

\_\_\_\_ For Review Only  
\_\_\_\_X\_\_\_\_ For Board Action

Legal Counsel Review:

\_\_\_\_N/A\_\_\_\_ In House      Comments:  
\_\_\_\_ Board      Comments:

Senior Leadership Recommendation: Please accept the letter of recommendation for Corey Worden as Infection Preventionist at MHSC, with direct oversight from Noreen Hove MSN, RN, CNOR and Dr. Karn.

May 24, 2023 (December 5, 2022)

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

MHSC Board of Trustees,

This letter is to acknowledge that I, Irene Richardson (CEO) of Memorial Hospital of Sweetwater (MHSC), give my full support for the Infection Prevention (IP) Program at MHSC. MHSC is committed to actively promoting and implementing principles of infection prevention and control and advancing the objectives set forth by the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid, and The Joint Commission.

MHSC is committed to ensuring an effective, well managed infection prevention and control program. To achieve this outcome, Corey Worden, Infection Preventionist, who is currently enrolled at the University of Washington School of Public Health with an estimated completion date in the spring of 2025, has been deemed as the person at MHSC with clinical authority over the infection prevention and control program based on the recommendations of medical staff leadership and nursing leadership. Until such time as Corey Worden has completed his Master's in Public Health, Noreen Hove, MSN, RN, CNOR, will have oversight of the Infection Prevention Program with the assistance of Dr. Karn.

I respectfully request the MHSC Board of Trustees to join me in the appointment of Corey Worden as the individual responsible for the infection prevention and control program at the MHSC.

Sincerely,



Irene Richardson, Chief Executive Officer

*Joint Commission IC. 01.01.01: For hospitals that use Joint Commission accreditation for deemed status purposes: An individual(s) who is qualified through education, training, experience, or certification in infection prevention and control is appointed by the governing body to be responsible for the infection prevention and control program. The appointment is based on recommendations of medical staff leadership and nursing leadership.*

## ORIENTATION MEMO

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Board Meeting Date: July 5<sup>th</sup>, 2023

Topic for Old & New Business Items:

Performance Improvement and Patient Safety (PIPS) Plan

Policy or Other Document:

☒ Revision  
☐ New

Brief Senior Leadership Comments:

Minimal revisions made to the content of the document. The following statement was added under the Confidentiality section of the document: "The Joint Commission is an independent contractor. Any event reported to The Joint Commission is performed under the auspice of the Quality Committee". The document is thorough, comprehensive, and meets regulatory standards.

Board Committee Action:  
Approved by Quality Committee of the Board

Policy or Other Document:

☒ For Review Only  
At August Meeting For Board Action

Legal Counsel Review:

☒ In House      Comments:  
☐ Board      Comments:

Senior Leadership Recommendation:  
Recommendation for review and approval.



Approved N/A  
Review Due N/A

Document General -  
Area Housewide  
Reg. CMS A-0263,  
Standards CMS A-0273,  
CMS A-0283,  
CMS A-0286,  
CMS A-0297,  
CMS A-0308,  
CMS A-0309,  
CMS A-0411,  
CMS A-0508,  
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## Performance Improvement and Patient Safety (PIPS) Plan

### Mission

**Compassionate care for every life we touch**

### Vision

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

### Values

**Be Kind, Be Accountable, Be Respectful, Embrace Excellence, Work Collaboratively**

## Introduction

Memorial Hospital of Sweetwater County (MHSC) is committed to providing compassionate, high-quality care with a strong culture of safety for the best patient outcomes. Our objective is to support a culture of safety for our patients and staff. This culture allows us to consistently identify opportunities to improve performance and increase safety while maintaining a commitment to responsible stewardship of resources as aligned with MHSC's mission, vision, values, and strategic objectives.

## Definitions

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

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

care. [Patient Safety Plan](#)

Quality - A person-centered commitment to excellence, consistently using best practice to achieve the best outcomes for our patients and community.

MHSC uses the following terminology interchangeably: quality improvement and performance improvement.

## Purpose

The Performance Improvement and Patient Safety (PIPS) Plan provides guidelines for collecting, analyzing, and using data to identify, address, and monitor performance to continually improve the quality of care provided by the hospital. The PIPS Plan encompasses a multidisciplinary and integrated approach and is designed to include Leadership, Medical Staff, employees, and the Board of Trustees to collaboratively identify, plan, implement and sustain improvement. The previously identified parties assess processes, initiate peer review activities, and take appropriate actions that will improve the processes and/or systems, in an effort to improve outcomes within the organization. The PIPS Plan is approved annually by the Board of Trustees. Functions of the PIPS Plan include expressing the foundational concepts that form the basis for MHSC's performance improvement and patient safety efforts. In addition, the PIPS Plan outlines the structure and processes that MHSC has developed as a framework for participation in performance improvement across the organization.

## Scope

The PIPS Plan is organization wide and applies to all departments, care, treatment, and services settings (including those services furnished under contract or arrangement). This includes Hospital inpatient and outpatient services, as well as Sweetwater Memorial Clinics. (Appendix 1 – PIPS Committee Reporting Calendar)

## Objectives

The objective of the PIPS Plan is to allow for a systematic, coordinated, and continuous approach for improving performance. (Appendix 4 – PIPS Documentation Tool)

- I. To guide development and implementation of data collection processes that support performance improvement. Data are fundamental components of all performance improvement processes. Data can be obtained from internal sources (for example, documentation, records, staff, patients, observations, and risk assessments) or external sources (for example, regulatory organizations, insurers, and the community). The purpose of data collection is to ensure that data necessary to identify, address, and monitor areas for improvement are available.
- II. To guide development and implementation of data analysis processes that support performance improvement. Collected data must be analyzed to be useful. The purpose of data analysis is to determine the status of the hospital's quality of care and to inform any plans for improvement.
- III. To guide development and implementation of performance improvement processes that



increase safety and quality. All performance improvement activities must be based on relevant data collected and analyzed according to hospital policies and procedures. Performance improvement is a continual process. Performance improvement aims to ensure that the safest, highest-quality care is provided to all patients at all times.

## Organization and Accountability

The PIPS Plan shall involve the coordinated efforts of the Board of Trustees, Senior Leadership Team, Medical Staff, Department Directors, Supervisors, Clinical Coordinators, and staff of the various MHSC departments and committees. Every employee is responsible for participating in performance improvement activities, as appropriate to their job duties. Engagement in quality improvement activities is an expectation at MHSC. Activities are prioritized by the PIPS Committee and Medical Staff, with input from the Quality Committee of the Board.

### **Board of Trustees**

- I. The responsibilities of the Board of Trustees, as they relate to the PIPS Plan, include:
  - A. Oversee that quality and safety are at the core of the organization's mission
  - B. Oversee that quality and safety values are embedded in guiding the organization's strategic plan
  - C. Oversee that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
  - D. Oversee the Hospital's ongoing monitoring, maintenance, and improvement efforts for safe, high - quality, and efficient medical care
  - E. Monitor appropriate data collection processes, including methods, frequency, and details
    1. By approving the PIPS Plan and accepting dashboard reports and other reports addressing specific metrics, the Board approves data definitions and frequency and detail of data collection. The Board authorizes applicable quality oversight committees to adjust data definitions and data frequency as deemed necessary so long as revisions ensure performance improvement processes are in no way hindered and applicable definitions and frequency are consistent with national, state, or local reporting requirements. Based on its oversight responsibilities and at its discretion, the Board, may at any time require changes in either frequency or detail of data collection.
      - a. Frequency of data collection and reporting is determined on a case-by-case basis with consideration to improvement priorities, sample size necessary for adequate review, and resource consideration
  - F. Assess the effectiveness of the PIPS Plan
  - G. Review and approve the PIPS Plan annually
  - H. Participate in education regarding the methods of quality management and performance improvement

- I. Receive reports of indicators and performance of processes as outlined in this plan
- J. Receive regular reports regarding all departments with direct and indirect patient care services and ensure these are monitored, problems are identified and prioritized, and appropriate action is implemented

### **Senior Leadership Team**

- I. The Senior Leadership Team is comprised of the Chief Executive Officer (CEO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Chief Clinical Officer (CCO), and Chief Financial Officer (CFO).
- II. Oversight of a PIPS Plan capable of continuous improvement is a task accomplished in an environment fostered by Senior Leadership support. The Senior Leadership Team's commitment includes taking accountability for the PIPS Plan's effectiveness and ensuring the PIPS Plan requirements are integrated into organizational processes. In addition, the commitment includes recognizing the importance of meeting patient needs and the various requirements of statutes and regulations that surround and permeate the organization.
- III. The responsibilities of the Senior Leadership Team as they relate to the PIPS Plan include:
  - A. Support the implementation, execution, and oversight of this quality framework
  - B. Set the scope, priorities, guidelines, and parameters for the PIPS Plan
  - C. Align the PIPS Plan with strategic priorities
  - D. Set expectations for using data and information
  - E. Set priorities for and identify the frequency of data collection and performance improvement that include but are not limited to the following:
    - 1. High-volume processes
    - 2. High-risk processes
    - 3. Problem-prone processes
  - F. Set priorities for performance improvement based on the following considerations:
    - 1. Incidence
    - 2. Prevalence
    - 3. Severity
  - G. Prioritize and ensure that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
  - H. Update this plan to reflect any changes, including but not limited to, changes in the following:
    - 1. Strategic priorities
    - 2. Internal or external environment (such as patient population, community health metrics, and so on)
  - I. Ensure the PIPS Plan is cohesive and feasible
  - J. Periodically approve flexibility and variation in department and committee -



- scheduled reports, in extenuating circumstances as necessary
- K. Ensure accreditation standards adherence
- L. Motivate and support staff to achieve PIPS objectives
- M. Evaluate the effectiveness of the hospital's use of data and information
- N. Monitor the effectiveness of the PIPS Plan and the achievement of results
- O. Ensure appropriate follow-up of identified corrective actions not resulting in expected or sustained improvement
- P. Communicate the PIPS Plan to staff and the community

### **Quality Department**

- I. The responsibilities of the Quality Department as they relate to the PIPS Plan include:
  - A. Serve as a resource for performance improvement, patient safety, patient experience, and regulatory information
  - B. Educate MHSC staff about the performance improvement process, patient safety, and patient experience
  - C. Support staff, including Medical Staff, Leadership, and project leaders, in the development and implementation of performance improvement activities, including team building and data analysis
  - D. Assist with and assure data gathering efforts are valid, reliable, and comprehensive
  - E. Attend designated Medical Staff committee meetings and facilitate performance improvement processes
  - F. Provide accurate and reliable data for Ongoing Professional Practice Evaluation (OPPE) profiles for assessment of Medical Staff members
  - G. Promote consistency in performance improvement activities

### **Medical Staff**

- I. The Medical Staff provides expertise in meeting appropriate clinical goals, objectives, and initiatives for patient care. The responsibilities of the Medical Staff as they relate to the PIPS Plan include:
  - A. Provide clinical input for targets related to clinical outcomes
  - B. Carry out tasks to meet the objectives of the PIPS Plan
  - C. Reviews reports to ensure measures are reaching agreed-upon targets in Medical Staff meetings
  - D. Act upon identified areas for improvement
  - E. Provide effective mechanisms to measure, assess, and improve the quality and appropriateness of patient care, and the clinical performance of all individuals with delineated clinical privileges, accomplished through Ongoing Professional Practice Evaluations (OPPE), Focused Professional Practice Evaluations (FPPE), and Peer Review Process ([refer to Professional Practice Review Process – Medical Staff Peer Review](#))

### **Leadership Team**

- I. The Leadership Team is comprised of department directors, supervisors, and clinical coordinators. The responsibilities of the Leadership Team, as they relate to the PIPS Plan, include:
  - A. Utilize performance improvement processes to support MHSC's mission, vision, and values
  - B. Participate in the collection and analysis of relevant departmental data
  - C. Foster a climate of continuous improvement through measurement, data analysis, identification, and implementation of changes needed to improve and ensure sustainment
  - D. Monitor processes known to jeopardize the safety or clinical outcomes of patients
  - E. Implement and maintain processes to ensure compliance with applicable requirement(s) or standard(s)
  - F. Ensure services provided are consistent with MHSC's values and goal of consistently providing person-centered care
  - G. Document improvement initiatives and progress
  - H. Present department performance improvement project updates to PIPS Committee as requested and/or scheduled (Appendix 5 - PIPS Reporting Presentation Template)

### **Project Teams, Staff, and Volunteers**

- I. The responsibilities of the Project Teams, Department Employees, and Volunteers as they relate to the PIPS Plan include
  - A. Participate in data collection and analysis activities as well as performance improvement activities
  - B. Identify and utilize approaches for improving processes and outcomes to continuously improve the quality and safety of patient care
  - C. Performance improvement project teams may be formed according to employee identification of improvements and prioritization
  - D. Document improvement initiatives and progress (Appendix 4 - PIPS Documentation Tool)
  - E. Report improvement initiatives to PIPS Committee as requested or scheduled (Appendix 5 - PIPS Reporting Presentation Template)

### **PIPS Committee Functions**

- I. The PIPS Committee oversees the establishment, implementation, and monitoring of the PIPS Plan. The core PIPS Committee shall be comprised of Senior Leadership, Director of Medical Office Building Clinics, Director of Acute Care Services, Director of Emergency Services, Infection Prevention, Director of Surgical Services, Director of Medical Imaging, Director of Women's Health, Director of Pharmacy, Director of Cardiopulmonary, Director of Environmental Services, Director of Lab, Director of Nutrition Services, Director of Rehab Services, Director of Care Management, Director of Education, Director of Dialysis, Director of Medical Oncology,

Director of Radiation Oncology, Quality Department, Medical Staff Representative, Security, Emergency Management Coordinator, Family Medicine/Occupational Medicine Clinic Representative and Patient Safety Representative. Other representatives may attend based on identified priorities.

- A. Provide an organization-wide program to systematically measure, assess, and improve performance to achieve optimal patient outcomes in a collaborative, multidisciplinary, cross-departmental approach
- B. Support activities to promote patient safety and encourage a reduction in preventable harm, in collaboration with the Patient Safety Committee
- C. Provide a mechanism to foster collaborative efforts for performance improvement, feedback, and learning throughout the organization while assigning responsibilities and authority for these processes
- D. Implement all Centers for Medicare and Medicaid Services (CMS) and other regulatory bodies' quality management and performance improvement standards and maintain accreditation and required certifications
- E. Oversee compliance with accreditation standards and support resolution of noncompliance through action plans in coordination with the Continual Survey Readiness Committee
- F. Coordinate schedule for department and committee reports
- G. Prioritize improvement projects to address processes based on the following:
  - 1. Focus on high-risk, high-volume, or problem-prone areas
  - 2. Consider the incidence, prevalence, and severity of the problems in those areas
  - 3. Affect on health outcomes, patient safety, and quality of care
  - 4. Additional factors such as resource allocation and accreditation/regulatory requirements
  - 5. Utilize a prioritization scoring tool to assist in determining the distinct number of improvement projects annually (Appendix 3 - Proposed Performance Improvement Project Decision Checklist)
- H. Ensure performance improvement projects incorporate the needs and expectations of patients and families
- I. Monitor the status of identified and prioritized performance improvement projects and action plans by ensuring additional data collection and analysis is performed to assure improvement or problem resolution on a sustained basis
- J. Identify corrective actions not resulting in expected or sustained improvement
- K. Ensure proper continuation of the cycle of creating, implementing, monitoring, and evaluating improvement efforts
- L. Identify annual data elements collected on an ongoing basis to prioritize focus areas for performance improvement
- M. Review and approve the PIPS Plan each year prior to submitting to the Quality

#### Committee of the Board

- N. Oversee annual evaluation of performance improvement project priorities and goals
- O. Oversee annual evaluation of PIPS Plan objectives, scope, and effectiveness, and evaluate progress towards strategic plan goals related to quality, safety, and patient experience
- P. Communicate information concerning quality, patient safety, and patient experience to departments when opportunities to improve exist
- Q. Report, in writing, to leadership on issues and interventions related to adequacy of staffing, including nurse staffing. This occurs at least once a year.
- R. Report appropriate information regarding quality, patient safety, patient experience, and accreditation to Senior Leadership, Medical Executive Committee (MEC), Quality Committee of the Board, and the Board of Trustees to provide leaders with the information they need in fulfilling their responsibilities concerning the quality and safety of patient care
  - 1. Specifically, the committee provides data on Multidrug-resistant organisms (MDROs), Central line-associated blood stream infection (CLABSI), Catheter associated urinary tract infection (CAUTI), Clostridioides difficile (CDI), Surgical site infection (SSI) to key stakeholders, including but not limited to the following:
    - a. Leaders
    - b. Licensed independent practitioners
    - c. Nursing staff
    - d. Other clinicians
- S. Provide reports to the Quality Committee of the Board regarding results of performance improvement activities

#### **Risk/Compliance**

- I. Risk Management is undertaken by the Quality Department, in collaboration with multiple other departments, to identify, evaluate and reduce risk or loss to patients, employees, visitors, and the hospital. The PIPS Committee may assist with quality improvement opportunities identified for risk reduction and performance improvement.

#### **Safety**

- I. MHSC is committed to encouraging, promoting, and supporting a culture of safety throughout the organization. The purpose of the organizational Patient Safety Program is to improve patient safety and reduce risk to patients through an environment that encourages:
  - A. Recognition and acknowledgment of risks to patients with regard to medical/health care errors
  - B. Initiation of actions to reduce these risks
  - C. Internal reporting of what has been found and the actions taken
  - D. Focus on processes and systems

- E. Minimization of individual blame or retribution for involvement in a medical/health care error
- F. Organizational learning about medical/health care error
- G. Support for the sharing of knowledge to effect behavioral changes in itself and other healthcare organizations
- H. Appropriate communication and transparency to our patients and families

II. Please refer to the Patient Safety Plan for further information. [Patient Safety Plan](#)

## Methodology

Memorial Hospital of Sweetwater County utilizes processes outlined by the Institute for Healthcare Improvement (IHI) Model for Improvement, developed by Associates in Process Improvement. This model for improvement includes forming a team, setting aims, and establishing measures, along with selecting, testing, implementing, and spreading changes. The Plan, Do, Study, Act (PDSA) Model is used to guide tests of change within and throughout the organization. Specific, Measurable, Achievable, Realistic, and Time-bound (S.M.A.R.T) goals are encouraged to be utilized when appropriate in setting aims and smart objectives. (See Appendix 4-PIPS Documentation Tool and Appendix 7 – IHI's Model for Improvement) Performance improvement teams may use other evidence-based methodologies and tools as appropriate based on the complexity, scope, and scale of the improvement project.

- I. Performance improvement project teams will use data to determine how action plans are developed and will define the frequency of data collection

## Data

MHSC continually seeks to identify changes that will lead to improved quality and patient safety. Annually, each department/discipline shall develop indicators for performance improvement based on their identified improvement project. Whenever possible, data collection is a shared activity involving staff. The collected data may be organized and analyzed with the assistance of the Quality Department, if necessary.

- I. By approving the PIPS Plan and accepting dashboard reports and other reports addressing specific metrics, the Board approves data definitions, along with frequency and detail of data collection. The Board authorizes applicable quality oversight committees to adjust data definitions and frequency of data collection as deemed necessary, so long as revisions ensure performance improvement processes are in no way hindered and applicable definitions and frequency are consistent with national, state, or local reporting requirements. Based on its oversight responsibilities and at its discretion, the Board may, at any time require changes in either frequency or detail of data collection.
  - A. Frequency of data collection and reporting is determined on a case-by case basis with consideration to improvement priorities, sample size necessary for adequate review, and resources consideration

### II. Data Collection

- A. The PIPS Committee has identified acceptable data sources for performance

monitoring and improvement activity. Data sources and mechanisms of identifying opportunities for improvement include, but are not limited to:

1. Risk Assessments
2. Reports and/or alerts from governmental agencies (for example, Centers for Disease Control and Prevention, Occupational Safety and Health Administration, Food and Drug Administration)
3. Accreditation reports
4. Regulatory rounds and tracers
5. Culture of Safety survey
6. Occurrence reports and Good Catches identifying patient safety concerns and trends
7. Staff reporting safety or process concerns to their leaders
8. RCA (Root Cause Analysis)
9. FMEA (Failure Mode Effects Analysis)
10. Patient complaints/grievances
11. Patient perception of safety and quality
12. Peer review
13. Ongoing medical record review
14. Audit of clinical contracts
15. Internal audits identifying improvement opportunities
16. Sentinel event reports and Joint Commission Sentinel Event alerts
17. Hospital Quality Improvement Contractor (HQIC)

B. The PIPS Committee collaborates with department managers to perform the following activities:

1. Collect data required by CMS Conditions of Participation and The Joint Commission including measures from:
  - a. Inpatient Quality Reporting
  - b. Outpatient Quality Reporting
  - c. Value Based Purchasing
  - d. Hospital Readmission Reduction Program
  - e. Hospital Acquired Condition Reduction Program
  - f. Quality Payment Program – Merit Based Incentive Payment
  - g. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - h. The Joint Commission ORYX Measures
2. Collect data on the following:

- a. Improvement priorities, as identified by leadership
- b. Selected outcome indicators (mortality, readmissions, etc.)
- c. Procedures, including operative procedures, that place patient at risk of disability or death
- d. Clinically significant unexpected postoperative diagnoses, as determined by the medical staff
- e. Blood and blood components use
- f. Use of restraints
- g. Use of seclusion
- h. Patient safety issues (ex: falls, self harm)
- i. Resuscitative services, including the following elements:
  - i. Number and location of cardiac arrests
  - ii. Outcomes of resuscitation, such as return of spontaneous circulation (ROSC) and/or survival to discharge
  - iii. Transfer to higher level of care
- j. Pain assessment and pain management
- k. Rapid response to change or deterioration in a patient condition
- l. Care or services to high-risk populations (patient falls)
- m. National Patient Safety Goals
- n. CMS preventable conditions (Hospital-Acquired Conditions)
- o. Healthcare-associated infections (SSI, CLABSI, CAUTI, MRSA, MDRO, C.diff)
- p. AHRQ Patient Safety Indicators (PSI)
- q. Reported and confirmed transfusion reactions
- r. Changing internal or external (e.g. Joint Commission Sentinel Event Alerts) conditions
- s. MRI incidents/injuries
- t. Significant adverse drug reactions
- u. Significant medication errors
- v. Adverse events or patterns of adverse events during moderate or deep sedation and anesthesia
- w. Complications of care

3. Collect data on topics in the following areas:

- a. Environment of care
- b. Infection prevention and control



- c. Medication management system
  - d. Resuscitation performance, including but not limited to the following elements:
    - i. Frequency of early warning signs being present prior to cardiac arrest
    - ii. Timeliness of staff response to cardiac arrest
    - iii. Quality of cardiopulmonary resuscitation (CPR)
    - iv. Post-cardiac arrest care processes
    - v. Outcomes following cardiac arrest
  - e. Organ procurement program (conversion rates)
  - f. Adequacy of staffing, including nurse staffing, in relation to undesirable patterns, trends, or variations in performance
  - g. Incidents related to overexposure to radiation during diagnostic computed tomography examinations
4. Include the following information when recording data:
- a. Data source
  - b. Collection frequency
  - c. Reporting frequency
  - d. Report audience
  - e. Responsible department(s)
  - f. Indicators for intervention

### III. Data Reliability and Validity

- A. Collected data need to be accurate, complete, and reliable. The PIPS Committee has established the following expectations for any data used to monitor or improve hospital performance:
  - 1. Data samples will undergo auditing
  - 2. Data sources will be regularly checked using established procedures
  - 3. Re-abstraction will occur on a data sample

### IV. Data Analysis

- A. The PIPS Committee does the following:
  - 1. Engages the assistance of relevant departmental management and/or staff to collect and analyze data
  - 2. Develops goals and benchmarks in conjunction with stakeholders with attention to past performance, national performance data, external benchmarks, or comparative databases
  - 3. Compares internal data over time to identify levels of performance, pattern or trends in performance, and variations in performance



4. Utilizes statistical tools and techniques to measure, analyze, and display data (e.g., run charts, flow charts and control charts). Preferred PIPS data displays include dashboards, run charts, and control charts, as applicable
5. Analyzes data using methods that are appropriate to the type of data and the desired metrics, which include but are not limited to:
  - a. Benchmark: a comparison and measurement of a health care organization's metrics against other national health care organizations. MHSC utilizes the National Average when available.
  - b. Target Goal (SMART Goal): targeted goals define interim steps towards the stretch goal. Target goals may change frequently as progress is made toward stretch goal. Target goals help form a concrete plan of action in order to make the stretch goal a reality.
  - c. Stretch Goal: inspires us to think big and reminds us to focus on the larger picture. This goal should exceed the benchmark. MHSC utilizes the National Top 10% when available.
6. Analyzes aggregate data to identify opportunities for improvement and actions to improve the quality of processes

## Communication

- I. To communicate changes made based on data analysis and to sustain improvements, performance improvement is communicated through the following resources (Appendix 6 - Communication Plan):
  - A. Quality Committee of the Board
  - B. PIPS Committee
  - C. Leadership meetings
  - D. Medical Staff meetings
  - E. Staff meetings
  - F. Department white boards, electronic communication, and communication books may be utilized to display results of monitoring and internal performance improvement activities

## Confidentiality

- I. WY Stat 35-2-910. Quality management function for health care facilities; confidentiality; immunity; whistle blowing; peer review. Subsection A.
- II. All quality and patient safety data, materials, and information are private and confidential, shall be considered the property of Memorial Hospital of Sweetwater County, and as such is protected by state and federal health care quality statutes.
- III. Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in

keeping with hospital policy and state and federal regulations governing the confidentiality of quality and patient safety work.

- IV. Information, data results, reports and minutes generated by all quality management activities will be handled in a manner ensuring strict confidentiality
- V. Confidential information may include but is not limited to: Medical Staff committee minutes, organizational quality improvement committee minutes, electronic data gathering and reporting, and incident/occurrence reporting
- VI. Quality improvement activities will occur in ways that preserve confidentiality of information consistent with policy and established law
- VII. The Joint Commission is an independent contractor. Any event reported to The Joint Commission is performed under the auspice of the Quality Committee.

## References

Institute for Healthcare Improvement [IHI], 2015; Langley, et al., 2009

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The Joint Commission. (2023, Jan). *PI performance improvement plan*. PolicySource hospital and critical access hospital. [PolicySource: P&Ps for Compliance with Joint Commission Requirements | Joint Commission Resources \(jcrinc.com\)](https://www.jcrinc.com/policy/P&Ps-for-Compliance-with-Joint-Commission-Requirements)

Whitney Matson. (N.A). *Quality Management System Plan*. Unpublished internal document, St. John's Health.

Wyoming Laws. (2015). Title 35, Public Health and Safety. Wyoming Statute W.S. §35-2-910 (1977). Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review. Retrieved from Thomson Reuters WestlawNext.

## Approval:

Performance Improvement and Patient Safety Committee – May 9th, 2023

Medical Executive Committee - May 23rd, 2023

Quality Committee of the Board – June 21st, 2023

Board of Trustees –

# Attachments

- [Appendix 1 - Reporting Calendar](#)
- [Appendix 2 - Committee Reporting Structure](#)
- [Appendix 3 - Proposed Performance Improvement Project Decision Checklist](#)
- [Appendix 4 - PIPS Documentation Tool](#)
- [Appendix 5 - PIPS Reporting Presentation Template](#)
- [Appendix 6 - Communication Plan](#)
- [Appendix 7 - IHI Model for Improvement.pdf](#)
- [Appendix 8 - FY 2023 PIPS Priorities](#)

# Approval Signatures

Step Description	Approver	Date
Board of Trustees	Ann Clevenger: CNO	06/2022
Quality Committee of Board	Kari Quickenden: Chief Clinical Officer	06/2022



Approved N/A  
Review Due N/A

Document General -  
Area Housewide  
Reg. CMS A-0263,  
Standards CMS A-0273,  
CMS A-0283,  
CMS A-0286,  
CMS A-0297,  
CMS A-0308,  
CMS A-0309,  
CMS A-0411,  
CMS A-0508,  
TJC  
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## Performance Improvement and Patient Safety (PIPS) Plan

### Mission

**Compassionate care for every life we touch**

### Vision

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

### Values

**Be Kind, Be Accountable, Be Respectful, Embrace Excellence, Work Collaboratively**

### Introduction

Memorial Hospital of Sweetwater County (MHSC) is committed to providing compassionate, high-quality care with a strong culture of safety for the best patient outcomes. Our objective is to support a culture of safety for our patients and ~~workers~~ staff. This culture allows us to consistently identify opportunities to improve performance and increase safety while maintaining a commitment to responsible stewardship of resources as aligned with MHSC's mission, vision, values, and strategic objectives.

### Definitions

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

Patient safety - The prevention of errors and adverse effects to patients that are associated with health care. [Patient Safety Plan](#)

Quality - A person-centered commitment to excellence, consistently using best practice to achieve the

best outcomes for our patients and community.

MHSC uses the following terminology interchangeably: quality improvement and performance improvement.

## Purpose

The Performance Improvement and Patient Safety (PIPS) ~~Plan provides guidelines for collecting, analyzing, and using data to identify, address, and monitor performance to continually improve the quality of care provided by the hospital. The PIPS Plan encompasses a multidisciplinary and integrated approach and is designed to include Leadership, Medical Staff, employees, and the Board of Trustees to collaboratively identify, plan~~ ~~provides guidelines for collecting, analyzing~~ ~~implement and sustain improvement. The previously identified parties assess processes, and using data to identify~~ ~~initiate peer review activities, address, and monitor performance to continually~~ ~~and take appropriate actions that will improve the~~ ~~quality of care provided by the hospital~~ ~~processes and/or systems, in an effort to improve outcomes within the organization.~~ The PIPS Plan ~~encompasses a multidisciplinary and integrated approach, and is designed to~~ ~~approved annually by the Board of Trustees. Functions of the PIPS Plan include Leadership, Medical Staff, employees, and the Board of Trustees to collaboratively identify, plan, implement and sustain improvement. The previously identified parties assess processes, initiate peer review activities, and take appropriate actions~~ ~~expressing the foundational concepts that will improve the processes and/or systems, in an effort to improve outcomes within the organization. The PIPS plan is approved annually by the Board of Trustees. Functions of the PIPS plan include expressing the foundational concepts that~~ form the basis for MHSC's performance improvement and patient safety efforts. In addition, the PIPS Plan outlines the structure and processes that MHSC has developed as a framework for participation in performance improvement across the organization.

## Scope

The PIPS Plan is organization wide and applies to all departments, care, treatment, and services settings (including those services furnished under contract or arrangement). This includes Hospital inpatient and outpatient services, as well as Sweetwater Memorial Clinics. (Appendix 1 – ~~FY-2023~~ PIPS Committee Reporting Calendar)

## Objectives

The objective of the PIPS ~~plan~~ ~~Plan~~ is to allow for a systematic, coordinated, and continuous approach for improving performance. (Appendix 4 – PIPS Documentation Tool)

- I. To guide development and implementation of data collection processes that support performance improvement. Data are fundamental components of all performance improvement processes. Data can be obtained from internal sources (for example, documentation, records, staff, patients, observations, ~~and~~ risk assessments) or ~~from~~ external sources (for example, regulatory organizations, insurers, ~~and~~ the community). The purpose of data collection is to ensure that data necessary to identify, address, and monitor areas for improvement are available.

- II. To guide development and implementation of data analysis processes that support performance improvement. Collected data must be analyzed to be useful. The purpose of data analysis is to determine the status of the hospital's quality of care and to inform any plans for improvement.
- III. To guide development and implementation of performance improvement processes that increase safety and quality. All performance improvement activities must be based on relevant data collected and analyzed according to hospital policies and procedures. Performance improvement is a continual process. ~~The purpose of performance~~ Performance improvement ~~is~~ aims to ensure that the safest, highest-quality care is provided to all patients at all times.

## Organization and Accountability

The PIPS Plan shall involve the coordinated efforts of the Board of Trustees, Senior Leadership Team, Medical Staff, Department Directors, Supervisors, Clinical Coordinators, and ~~front line~~ staff of the various MHSC departments and committees. Every employee is responsible for participating in performance improvement activities, as appropriate to their job duties. Engagement in quality improvement activities is an expectation at MHSC. Activities are prioritized by the PIPS Committee and Medical Staff, with input from the Quality Committee of the Board.

### **Board of Trustees**

- I. The responsibilities of the Board of Trustees, as they relate to the PIPS Plan, include:
  - A. Oversee that quality and safety are at the core of the organization's mission
  - B. Oversee that quality and safety values are embedded in guiding the organization's strategic plan
  - C. Oversee that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
  - D. Oversee the Hospital's ongoing monitoring, maintenance, and improvement efforts for safe, high - quality, and efficient medical care ~~that is in accordance with all applicable laws and accrediting bodies~~
  - E. Monitor appropriate data collection processes, including methods, frequency, and details
    1. By approving the PIPS Plan and accepting dashboard reports and other reports addressing specific metrics, the Board approves data definitions and frequency and detail of data collection. The Board authorizes applicable quality oversight committees to adjust data definitions and data frequency as deemed necessary so long as revisions ensure performance improvement processes are in no way hindered and applicable definitions and frequency are consistent with national, state, or local reporting requirements. Based on its oversight responsibilities and at its discretion, the Board, may at any time require changes in either frequency or detail of data collection.
      - a. Frequency of data collection and reporting is determined on a case-by -case basis with consideration to improvement priorities, sample size necessary for adequate review, and

#### resource consideration

- F. Assess the effectiveness of the PIPS Plan
- G. Review and approve the PIPS Plan annually
- H. Participate in education regarding the methods of quality management and performance improvement
- I. Receive reports of indicators and performance of processes as outlined in this plan
- J. Receive regular reports regarding all departments with direct and indirect patient care services and ensure these are monitored, problems are identified and prioritized, and appropriate action is implemented

#### **Senior Leadership Team**

- I. The Senior Leadership Team is comprised of the Chief Executive Officer (CEO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Chief Clinical Officer (CCO), and Chief Financial Officer (CFO).
- II. Oversight of a PIPS ~~plan~~Plan capable of continuous improvement is a task accomplished in an environment fostered by Senior Leadership support. The Senior Leadership Team's commitment includes taking accountability for the PIPS Plan's effectiveness ~~of~~and ensuring the PIPS Plan ~~and ensuring the integration of the PIPS Plan~~ requirements are integrated into organizational processes. In addition, the commitment includes recognizing the importance of meeting patient needs and the various requirements of statutes and regulations that surround and permeate the organization.
- III. The responsibilities of the Senior Leadership Team as they relate to the PIPS Plan include:
  - A. Support the implementation, execution, and oversight of this quality framework
  - B. Set the scope, priorities, guidelines, and parameters for the PIPS Plan
  - C. Align the PIPS Plan with strategic priorities
  - D. Set expectations for using data and information
  - E. Set priorities for and identify the frequency of data collection and performance improvement that include but are not limited to the following:
    - 1. High-volume processes
    - 2. High-risk processes
    - 3. Problem-prone processes
  - F. Set priorities for performance improvement based on the following considerations:
    - 1. Incidence
    - 2. Prevalence
    - 3. Severity
  - G. Prioritize and ensure that adequate resources (staff, time, information systems, and training) are allocated to data collection and performance improvement
  - H. ~~Updates~~Update this plan to reflect any changes, including but not limited to, changes



in the following:

~~Strategic priorities~~

~~Internal or external environment (such as patient population, community health metrics, and so on)~~

1. Strategic priorities

2. Internal or external environment (such as patient population, community health metrics, and so on)

- I. Ensure the PIPS Plan is cohesive and feasible
- J. ~~May periodically~~Periodically approve flexibility and variation in department and committee -scheduled reports, in extenuating circumstances as necessary
- K. Ensure accreditation standards adherence
- L. Motivate and support staff to achieve PIPS objectives
- M. Evaluate the effectiveness of the hospital's use of data and information
- N. Monitor the effectiveness of the PIPS Plan and the achievement of results
- O. Ensure appropriate follow -up of identified corrective actions not resulting in expected or sustained improvement
- P. Communicate the PIPS Plan to ~~workers~~staff and the community

#### **Quality Department**

- I. The responsibilities of the Quality Department as they relate to the PIPS Plan include:
  - A. Serve as a resource for performance improvement, patient safety, patient experience, and regulatory information
  - B. Educate MHSC staff about the performance improvement process, patient safety, and patient experience
  - C. Support staff, including Medical Staff, Leadership, and project leaders, in the development and implementation of performance improvement activities, including team building and data analysis
  - D. Assist with and assure data gathering efforts are valid, reliable, and comprehensive
  - E. Attend designated Medical Staff committee meetings and facilitate performance improvement processes
  - F. Provide accurate and reliable data for Ongoing Professional Practice Evaluation (OPPE) profiles for assessment of Medical Staff members
  - G. Promote consistency in performance improvement activities

#### **Medical Staff**

- I. The Medical Staff provides expertise ~~on~~in meeting appropriate clinical goals, objectives, and initiatives for patient care. The responsibilities of the Medical Staff as they relate to the PIPS ~~plan~~Plan include:
  - A. Provide clinical input for targets related to clinical outcomes



- B. Carry out tasks to meet the objectives of the PIPS ~~plan~~Plan
- C. Reviews reports to ensure measures are reaching agreed ~~u~~pon targets in Medical Staff meetings
- D. Act upon identified areas for improvement
- E. Provide effective mechanisms to measure, assess, and improve the quality and appropriateness of patient care, and the clinical performance of all individuals with delineated clinical privileges, accomplished through Ongoing Professional Practice Evaluations (OPPE), Focused Professional Practice Evaluations (FPPE), and Peer Review Process (~~refer to Professional Practice Review Process – Medical Staff Peer Review~~refer to Professional Practice Review Process – Medical Staff Peer Review)

### **Leadership Team**

- I. The Leadership Team is comprised of department directors, supervisors, and clinical coordinators. The responsibilities of the Leadership Team, as they relate to the PIPS Plan, include:
  - A. Utilize performance improvement processes to support MHSC's mission, vision, and values
  - B. Participate in the collection and analysis of relevant departmental data
  - C. Foster a climate of continuous improvement through measurement, data analysis, identification, and implementation of changes needed to improve and ensure sustainment
  - D. Monitor processes known to jeopardize the safety or clinical outcomes of patients
  - E. Implement and maintain processes to ensure compliance with applicable requirement(s) or standard(s)
  - F. Ensure services provided are consistent with MHSC's values and goal of consistently providing person-centered care
  - G. Document improvement initiatives and progress (~~Appendix 4 – PIPS Documentation Tool~~)
  - H. Present department performance improvement project updates to PIPS Committee as requested and/or scheduled (Appendix 5 - PIPS Reporting Presentation Template)

### **Project Teams, ~~Department Employees~~Staff, and Volunteers**

- I. The responsibilities of the Project Teams, Department Employees, and Volunteers as they relate to the PIPS Plan include
  - A. Participate in data collection and analysis activities as well as performance improvement activities
  - B. Identify and utilize approaches for improving processes and outcomes to continuously improve the quality and safety of patient care
  - C. Performance improvement project teams may be formed according to employee identification of improvements and prioritization
  - D. Document improvement initiatives and progress (Appendix 4 - PIPS Documentation

Tool)

- E. Report improvement initiatives to PIPS Committee as requested or scheduled (Appendix 5 - PIPS Reporting Presentation Template)

### **PIPS Committee Functions**

- I. The PIPS Committee oversees the establishment, implementation, and monitoring of the PIPS Plan. The core PIPS Committee shall be comprised of Senior Leadership, Director of ~~Clinic~~Medical Office Building Clinics, Director of Acute Care Services, Director of Emergency Services, ~~Director of~~ Infection Prevention, Director of Surgical Services, Director of Medical Imaging, Director of Women's Health, Director of Pharmacy, Director of Cardiopulmonary, Director of Environmental Services, Director of Lab, Director of Nutrition Services, Director of Rehab Services, Director of Care Management, Director of Education, Director of Dialysis, Director of ~~Cancer Center~~Medical Oncology, Director of Radiation Oncology, Quality Department, Medical Staff Representative, Security, Emergency Management Coordinator, Family Medicine/~~Emergency Management~~Occupational Medicine Clinic Representative and Patient Safety Representative. Other representatives may attend based on identified priorities.
  - A. Provide an organization -wide program to systematically measure, assess, and improve performance to achieve optimal patient outcomes in a collaborative, multidisciplinary, cross-departmental approach
  - B. Support activities to promote patient safety and encourage a reduction in preventable harm, in collaboration with the Patient Safety Committee
  - C. Provide a mechanism to foster collaborative efforts for performance improvement, feedback, and learning throughout the organization while assigning responsibilities and authority for these processes
  - D. Implement all Centers for Medicare and Medicaid Services (CMS) and other regulatory bodies' quality management and performance improvement standards and maintain accreditation and required certifications
  - E. Oversee compliance with accreditation standards and support resolution of noncompliance through action plans in coordination with the Continual Survey Readiness Committee
  - F. Coordinate schedule for department and committee reports
  - G. Prioritize improvement projects to address processes based on the following:
    - 1. Focus on high-risk, high -volume, or problem -prone areas
    - 2. Consider the incidence, prevalence, and severity of ~~problem~~the problems in those areas
    - 3. Affect on health outcomes, patient safety, and quality of care
    - 4. Additional factors ~~include:~~such as resource allocation and accreditation/ regulatory requirements
    - 5. ~~Utilizes~~Utilize a prioritization scoring tool. ~~This will~~ to assist in determining the distinct number of improvement projects annually (Appendix 3 - Proposed Performance Improvement Project Decision Checklist)

- H. Ensure performance improvement projects incorporate the needs and expectations of patients and families
- I. Monitor the status of identified and prioritized performance improvement projects and action plans by ensuring additional data collection and analysis is performed to assure improvement or problem resolution on a sustained basis
- J. Identify corrective actions not resulting in expected or sustained improvement
- K. Ensure proper continuation of the cycle of creating, implementing, monitoring, and evaluating improvement efforts
- L. Identify annual data elements collected on an ongoing basis to prioritize focus areas for performance improvement
- M. Review and approve the PIPS Plan each year prior to submitting to the Quality Committee of the Board
- N. Oversee annual evaluation of performance improvement project priorities and goals
- O. Oversee annual evaluation of PIPS Plan objectives, scope, and effectiveness, and evaluate progress towards strategic plan goals related to quality, safety, and patient experience
- P. Communicate information concerning quality, patient safety, and patient experience to departments when opportunities to improve exist
- Q. ~~Reports~~Report, in writing, to leadership on issues and interventions related to adequacy of staffing, including nurse staffing. This occurs at least once a year.
- R. Report appropriate information regarding quality, patient safety, patient experience, and accreditation to Senior Leadership, Medical Executive Committee (MEC), Quality Committee of the Board, and the Board of Trustees to provide leaders with the information they need in fulfilling their responsibilities concerning the quality and safety of patient care
  - 1. Specifically, the committee provides data on Multidrug-resistant ~~organism~~organisms (MDROMDROs), Central ~~Line~~line-associated ~~Blood Stream Infection~~blood stream infection (CLABSI), andCatheter associated urinary tract infection (CAUTI), Clostridioides difficile (CDI), Surgical ~~Site Infection~~site infection (SSI) to key stakeholders, including but not limited to the following:
    - a. Leaders
    - b. Licensed independent practitioners
    - c. Nursing staff
    - d. Other clinicians
- S. Provide reports to the Quality Committee of the Board regarding results of performance improvement activities

### **Risk/Compliance**

- I. Risk Management is undertaken by the Quality Department, in collaboration with multiple other departments, to identify, evaluate and reduce risk or loss to patients, employees, visitors, and

the hospital. The PIPS Committee may assist with quality improvement opportunities identified for risk reduction and performance improvement.

## Safety

- I. MHSC is committed to encouraging, promoting, and supporting a culture of safety throughout the organization. The purpose of the organizational Patient Safety Program is to improve patient safety and reduce risk to patients through an environment that encourages:
  - A. Recognition and acknowledgment of risks to patients ~~of~~with regard to medical/health care errors
  - B. Initiation of actions to reduce these risks
  - C. Internal reporting of what has been found and the actions taken
  - D. Focus on processes and systems
  - E. Minimization of individual blame or retribution for involvement in a medical/health care error
  - F. Organizational learning about medical/health care error
  - G. Support for the sharing of knowledge to effect behavioral changes in itself and other ~~health-care~~healthcare organizations
  - H. Appropriate communication and transparency to our patients and families
- II. Please refer to the Patient Safety Plan for further information. [Patient Safety Plan](#)

## Methodology

Memorial Hospital of Sweetwater County utilizes processes outlined by the Institute for Healthcare Improvement (IHI) Model for Improvement, developed by Associates in Process Improvement. This model for improvement includes forming a team, setting aims, and establishing measures, along with selecting, testing, implementing, and spreading changes, ~~testing changes, implementing changes, and spreading changes.~~ The Plan, Do, Study, Act (PDSA) Model is used to guide tests of change within and throughout the organization. Specific, Measurable, Achievable, Realistic, and Time-bound (S.M.A.R.T) goals are encouraged to be utilized when appropriate in setting aims and smart objectives. (See Appendix 4-PIPS Documentation Tool and Appendix 7 – IHI's Model for Improvement) Performance improvement teams may use other evidence-based methodologies and tools as appropriate based on the complexity, scope, and scale of the improvement project.

~~Performance improvement project teams will collect, analyze, document, and report improvements using Lean principles and methodologies (Appendix 4 – PIPS Documentation Tool)~~

- I. Performance improvement project teams will use data to determine how action plans are developed and will define the frequency of data collection

## Data

MHSC continually seeks to identify changes that will lead to improved quality and patient safety.

Annually ~~and coinciding with the fiscal year~~, each department/discipline shall develop indicators for performance improvement based on their identified improvement project. Whenever possible, data collection is a shared activity involving staff. The collected data may be organized and analyzed with the assistance of the Quality Department, if necessary.

- I. By approving the PIPS Plan and accepting dashboard reports and other reports addressing specific metrics, the Board approves data ~~definition~~definitions, along with frequency and detail of data collection. The Board authorizes applicable quality oversight committees to adjust data definitions and frequency of data ~~frequency~~collection as deemed necessary, so long as revisions ensure performance improvement processes are in no way hindered and applicable definitions and frequency are consistent with national, state, or local reporting requirements. Based on its oversight responsibilities and at its discretion, the Board, may, at any time require changes in either frequency or detail of data collection.
  - A. Frequency of data collection and reporting is determined on a case-by case basis with consideration to improvement priorities, sample size necessary for adequate review, and resources consideration

## II. Data Collection

- A. The PIPS Committee has identified acceptable data sources for ~~use in~~ performance monitoring and improvement activity. Data sources and mechanisms of identifying opportunities for improvement include, but are not limited to:
  1. Risk Assessments
  2. Reports and/or alerts from governmental agencies (for example, Centers for Disease Control and Prevention, Occupational Safety and Health Administration, Food and Drug Administration)
  3. Accreditation reports
  4. Regulatory rounds and tracers
  5. Culture of Safety survey
  6. Occurrence reports and ~~good catches~~Good Catches identifying patient safety concerns and trends
  7. Staff reporting safety or process concerns to their leaders
  8. RCA (Root Cause Analysis)
  9. FMEA (Failure Mode Effects Analysis)
  10. Patient complaints/grievances
  11. Patient perception of safety and quality
  12. Peer review
  13. Ongoing medical record review
  14. Audit of clinical contracts
  15. Internal audits identifying improvement opportunities
  16. Sentinel event reports and Joint Commission Sentinel Event alerts

17. Hospital Quality Improvement Contractor (HQIC)

B. The PIPS Committee collaborates with department managers to perform the following activities:

1. Collect data required by CMS Conditions of Participation and The Joint Commission including measures from:

- a. Inpatient Quality Reporting
- b. Outpatient Quality Reporting
- c. Value Based Purchasing
- d. Hospital Readmission Reduction Program
- e. Hospital Acquired Condition Reduction Program
- f. Quality Payment Program – Merit Based Incentive Payment
- g. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- h. The Joint Commission ORYX ~~Core~~ Measures

2. Collect data on the following:

- a. Improvement priorities, as identified by leadership  
~~Transfers to other facilities~~
- b. Selected outcome indicators (mortality, readmissions, etc.)
- c. Procedures, including operative procedures, that place patient at risk of disability or death
- d. ~~All~~Clinically significant ~~discrepancies between preoperative and unexpected~~ postoperative diagnoses, as determined by the medical staff
- e. Blood and blood components use
- f. Use of restraints
- g. Use of seclusion
- h. Patient safety issues (ex: falls, self harm)
- i. Resuscitative services, including the following elements:
  - i. Number and location of cardiac arrests
  - ii. Outcomes of resuscitation, such as return of spontaneous circulation (ROSC) and/or survival to discharge
  - iii. Transfer to higher level of care
- j. Pain assessment and pain management
- k. Rapid response to change or deterioration in a patient condition
- l. Care or services to high-risk populations (patient falls)

- m. National Patient Safety Goals
- n. CMS preventable conditions (Hospital-Acquired Conditions)
- o. Healthcare-associated infections (SSI, CLABSI, CAUTI, MRSA, MDRO, C.diff)
- p. AHRQ Patient Safety Indicators (PSI)
- q. Reported and confirmed transfusion reactions
- r. Changing internal or external (e.g. Joint Commission Sentinel Event Alerts) conditions
- s. MRI incidents/injuries
- t. Significant adverse drug reactions
- u. Significant medication errors
- v. Adverse events or patterns of adverse events during moderate or deep sedation and anesthesia
- w. Complications of care

3. Collect data on topics in the following areas:

- a. Environment of care
- b. Infection prevention and control
- c. Medication management system
- d. Resuscitation performance, including but not limited to the following elements:
  - i. Frequency of early warning signs being present prior to cardiac arrest
  - ii. Timeliness of staff response to cardiac arrest
  - iii. Quality of cardiopulmonary resuscitation (CPR)
  - iv. Post-cardiac arrest care processes
  - v. Outcomes following cardiac arrest
- e. Organ procurement program (conversion rates)
- f. Adequacy of staffing, including nurse staffing, in relation to undesirable patterns, trends, or variations in performance
- g. Incidents related to overexposure to radiation during diagnostic computed tomography examinations ~~and, if applicable, provision of fluoroscopic services~~

4. Include the following information when recording data:

- a. Data source
- b. Collection frequency
- c. Reporting frequency



- d. Report audience
- e. Responsible department(s)
- f. Indicators for intervention

### III. Data Reliability and Validity

- A. Collected data need to be accurate, complete, and reliable. The PIPS Committee has established the following expectations for any data used to monitor or improve hospital performance:
  - 1. Data samples will undergo auditing
  - 2. Data sources will be regularly checked using established procedures
  - 3. Re-abstraction will occur on a data sample

### IV. Data Analysis

- A. The PIPS Committee does the following:
  - 1. Engages the assistance of relevant departmental management and/or staff to collect and analyze data
  - 2. Develops goals and benchmarks in conjunction with stakeholders with attention to past performance, national performance data, external benchmarks, or comparative databases
  - 3. Compares internal data over time to identify levels of performance, pattern or trends in performance, and variations in performance
  - 4. Utilizes statistical tools and techniques to measure, analyze, and display data (e.g., run charts, flow charts and control charts). Preferred PIPS data displays include dashboards, run charts, and control charts, as applicable
  - 5. Analyzes data using methods that are appropriate to the type of data and the desired metrics, which include but are not limited to:
    - a. Benchmark: a comparison and measurement of a health care organization's metrics against other national health care organizations. MHSC utilizes the National Average when available.
    - b. Target Goal (SMART Goal): targeted goals define interim steps towards the stretch goal. Target goals may change frequently as progress is made toward stretch goal. Target goals help form a concrete plan of action in order to make the stretch goal a reality.
    - c. Stretch Goal: inspires us to think big and reminds us to focus on the larger picture. This goal should exceed the benchmark. MHSC utilizes the National Top 10% when available.
  - 6. Analyzes aggregate data to ~~draw conclusions about~~ identify opportunities for improvement and actions to improve the quality of processes



## Communication

- I. To communicate changes made based on data analysis, and to sustain improvements, performance improvement is communicated through the following resources (Appendix 6 - Communication Plan):
  - A. Quality Committee of the Board
  - B. PIPS Committee
  - C. Leadership meetings
  - D. Medical Staff meetings
  - E. Staff meetings
  - F. Department white boards, electronic communication, and communication books may be utilized to display results of monitoring and internal performance improvement activities

## Confidentiality

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

## References

Institute for Healthcare Improvement [IHI], 2015; Langley, et al., 2009

LRG Healthcare. (August, 2019). *Quality Management Plan*. Unpublished internal document, LRGHealthcare.

Quality Assurance & Performance Improvement (QAPI). (n.d.). Retrieved from <https://hsag.com/qapi>

Ransom Memorial Health. (March, 2019). *Quality Improvement Plan*. Unpublished internal document,

Ransom Memorial Health.

Summary of Compliance Concerns & Strategies for Compliance and/or Improvement: Healthcare Strategies. August 2020

The Joint Commission. (~~2022~~2023, Jan). *PI performance improvement plan*. PolicySource hospital and critical access hospital. [PolicySource: P&Ps for Compliance with Joint Commission Requirements | Joint Commission Resources \(jcrinc.com\)](#)

Whitney Matson. (N.A). *Quality Management System Plan*. Unpublished internal document, St. John's Health.

Wyoming Laws. (2015). Title 35, Public Health and Safety. Wyoming Statute W.S. §35-2-910 (1977). Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review. Retrieved from Thomson Reuters WestlawNext.

#### **Approval:**

Performance Improvement and Patient Safety Committee – ~~April 12~~May 9th, ~~2022~~2023

~~Quality Committee of the Board – April 20th, 2022~~

Medical Executive Committee – May ~~24th~~23rd, ~~2022~~2023

~~Quality Committee of the Board of Trustees – June 121st, 2022~~2023

~~Board of Trustees –~~

## Attachments

[Appendix 1 - Reporting Calendar](#)

[Appendix 2 - Committee Reporting Structure](#)

[Appendix 3 - Proposed Performance Improvement Project Decision Checklist](#)

[Appendix 4 - PIPS Documentation Tool](#)

[Appendix 5 - PIPS Reporting Presentation Template](#)

[Appendix 6 - Communication Plan](#)

[Appendix 7 - IHI Model for Improvement.pdf](#)

[Appendix 8 - FY 2023 PIPS Priorities](#)

Approval Signatures

Step Description	Approver	Date
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DRAFT

## ORIENTATION MEMO

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Board Meeting Date: July 5, 2023

Topic for Old & New Business Items: First Reading of the Infection Prevention Plan

Policy or Other Document:

\_\_\_\_\_ Revision  
\_\_\_X\_\_\_ New (Updated yearly)

Brief Senior Leadership Comments: The Infection Prevention Plan is created with input from the multidisciplinary Infection Control Committee. The Infection Prevention Plan was approved by the Infection Control Committee and PIPS. The presentation at the Board Meeting is for First Reading.

Board Committee Action: No Board Committee Action was taken.

Policy or Other Document:

\_\_\_X\_\_\_ For Review Only (First Reading)  
\_\_\_\_\_ For Board Action

Legal Counsel Review:

\_N/A\_\_\_\_\_ In House      Comments:  
\_\_\_\_\_ Board      Comments:

Senior Leadership Recommendation: The recommendation for the July meeting is for the Infection Prevention Plan to pass through First Reading. I do recommend ultimate approval of the Infection Prevention Plan to guide infection control initiatives post-approval by the Infection Control Committee and the PIPS Committee.

Ann Marie Clevenger DNP, RN, CNO

## INFECTION PREVENTION PLAN FOR CY 2023

*(Based on organization's strategic plan, risk assessment and external requirements)*

<b>Hand Hygiene</b>  Risk score 20%	NPSG.07.01.01 EPI IC.01.04.01  GOAL: Hand Hygiene compliance rates to increase by 5 % for each department, with a house wide compliance rate increase of 8% by December 31, 2023 (2022 average 80%)	Number of correct observances divided by number of total observances	<ul style="list-style-type: none"> <li>Conduct unit audits at least once weekly, feedback data to unit leadership, review with staff</li> <li>Provide unit education on hand hygiene, fingernails, approved lotions</li> </ul>	<ul style="list-style-type: none"> <li>Report HH performance monthly to ICC and other committees as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Front Line Staff</li> <li>Leadership team</li> <li>Clinical coordinators, supervisors</li> <li>Environment Services director</li> <li>Director of Infection Prevention and CNO</li> <li>Infection Prevention</li> <li>ICC</li> </ul>
<b>Transmission-based Precautions</b>  Risk Score 17%	NPSG.07.01.01 TJC: IC.02.01.01 IC.02.02.01  GOAL: Zero Hospital Acquired Infection related to cross contamination	Zero infections related to cross contamination emphasis on MRSA, CDI.	<ul style="list-style-type: none"> <li>Educate departments on their roles in the fight against HAI's</li> <li>Work with pharmacy team and antibiotic stewardship</li> <li>Work with physician team to identify potential HAI occurrences</li> </ul>	<ul style="list-style-type: none"> <li>Round on Isolation</li> <li>Round on PPE use</li> <li>Validation of education on NetLearning transcripts</li> </ul>	<ul style="list-style-type: none"> <li>Front Line staff</li> <li>Clinical leadership</li> <li>Clinical coordinators, supervisors</li> <li>Infection Prevention</li> <li>Pharmacy</li> <li>Physicians</li> </ul>
<b>Contaminated Instruments/ Equipment To Include:</b>  <b>High level disinfection and/or sterilization</b>  Risk Score 15%	IC 01.04.01 EP 1  GOAL: Zero tolerance for improper reprocessing of invasive instruments/equipment (i.e. critical or semi-critical devices requiring sterilization and/or high-level disinfection)	Standardized protocols for sterilization and high-level disinfection followed throughout facility. Maintain use of procedural & unit-based pre-soaking of instruments every time. Rounding/monitoring/surveillance. 1 area each month 100% compliance with goal.	<ul style="list-style-type: none"> <li>Competency assessment of staff who perform reprocessing upon hire and annually</li> <li>Documentation in logs (per policy) on cycle parameters, biological testing, solution concentration, and temperature.</li> <li>Audit unit pre-soaking/spraying of items with a solution per IFU prior to arrival in SP.</li> </ul>	<ul style="list-style-type: none"> <li>Departmental monthly monitoring of quality control</li> <li>Process monitored as part of mock surveys/EOC rounds.</li> <li>Joint SP/Infection Prevention site visits to locations that reprocess</li> </ul>	<ul style="list-style-type: none"> <li>Departmental managers</li> <li>SP</li> <li>IP</li> <li>ICC</li> <li>Front Line staff</li> </ul>

## INFECTION PREVENTION PLAN FOR CY 2023

*(Based on organization's strategic plan, risk assessment and external requirements)*

<b>Contaminated Equipment</b>  <b>Low Level Disinfection</b>  Risk Score 20%	GOAL: Provide safe and sanitary equipment and environment	Environment of Care results >80% compliance with monitoring and Surveillance. 1 department each month.	<ul style="list-style-type: none"> <li>• Written clarification of cleaning protocols</li> <li>• Education of staff</li> <li>• Standardization of cleaning products</li> <li>• Education of proper contact times for disinfectants</li> </ul>	<ul style="list-style-type: none"> <li>• Environment of Care results</li> <li>• Rounding reports</li> </ul>	<ul style="list-style-type: none"> <li>• EVS</li> <li>• Departmental managers</li> <li>• Biomedical Engineering</li> <li>• IP</li> <li>• Unit/department staff</li> <li>• ICC</li> </ul>
<b>Employee Participation</b>  <b>Fit test Annually</b>  Risk Score 19%	Goal: Have 100% of employees participate in annual fit test.	Employee health to report at IP monthly totals.  Each employee is scheduled annually for fit test in birth month. 100 % of employees within their month.	<ul style="list-style-type: none"> <li>• Each employee is responsible for scheduling fit test with employee health during their birthday month.</li> </ul>	<ul style="list-style-type: none"> <li>• This can be included in the yearly evaluations done by both director and employee</li> <li>• For physicians it can be used as part of their OPPE evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Employee</li> <li>• Employee Health</li> </ul>
<b>Annual Influenza Vaccine 2022-2023 vaccine year</b>  Risk Score 9%	IC 02.04.01 EP4  Goal: 95% of Employees vaccinated	Total number of employees vaccinated during flu season.	<ul style="list-style-type: none"> <li>• Provide education to the importance/value of vaccines related to patient safety</li> <li>• Provide flu vaccination clinics</li> <li>• Continue with mandatory policy for vaccination</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor monthly by employee health nurse number of employees</li> </ul>	<ul style="list-style-type: none"> <li>• Employee</li> <li>• Employee Health</li> <li>• IP</li> <li>• Directors</li> <li>• Senior Leadership</li> </ul>

Add the ratings for each event in probability, risk, and preparedness. The total values, in descending order, will represent the events most in need of organization focus and resources for emergency planning. Determine a value below which no action is necessary. For our hospital, that value is 10.

Approved Infection Prevention Committee: 03/30/2023  
 Approved MEC: 04/18/2023

## ORIENTATION MEMO

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Board Meeting Date: July 5, 2023

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

Policy or Other Document:

<u>  X  </u>	Revision
<u>     </u>	New

Brief Senior Leadership Comments: This has been reviewed and approved by Dr. Binks, Dr. Rahul Pawar (Medicine Dept. Chair), Credentials Committee, and the Medical Executive Committee (MEC)

Board Committee Action: The Medical Staff Credentials Committee approved the form.

Policy or Other Document:

<u>     </u>	For Review Only
<u>  X  </u>	For Board Action

Legal Counsel Review:

<u>     </u>	In House	Comments: N/A
<u>     </u>	Board	Comments: N/A

Senior Leadership Recommendation: Senior Leadership recommends approval.



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

Page 1

**Delineation of Privileges  
RADIATION ONCOLOGY**

☐ Initial appointment

☐ Reappointment

☐ Modification of Privileges

***Applicant***

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

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

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



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

Page 2

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

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

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

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

Page 3

### ACKNOWLEDGEMENT OF APPLICANT

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

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

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPARTMENT CHAIR REVIEW

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

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

Department Chair's Printed Name: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR MEDICAL STAFF OFFICE USE ONLY

**Credentials Committee approval**

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

**Medical Executive Committee approval**

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

**Board of Trustees approval**

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

Privileges Effective From: \_\_\_\_\_ To: \_\_\_\_\_

Date Form Approved by Specialty: \_\_\_\_\_ 06/07/2023

Date Form Approved by Department Chair: \_\_\_\_\_ 06/12/2023

Date Approved by Credentials Committee: \_\_\_\_\_ 06/15/2023

Date Approved by MEC: \_\_\_\_\_ 06/27/2023

Date Approved by Board of Trustees: \_\_\_\_\_

### References

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

## Quality Chair Report June 2023

Meeting started at 8:15 AM

We reviewed some mission moments that shows our commitment to our patients. On mission moment reviewed that one of our employees was on a cruise and ended up talking with a doctor on that same cruise. The doctor had a family member in our area needing treatment. The doctor researched MHSC and was impressed with our credentialing and every bit of research he could find about us.

Improvements in the PIPS Plan were reviewed, more continuous improvement from Quality.

First two surgeries with the DaVinci Robot were successfully completed and all went well!

Discussed PIPS Plan evaluation and the improvements made.

Discussed nationwide HCAPS trend for whether people would recommend their own hospital.

We continue to discuss a couple of topics that have shown successes as well as areas for improvement. These topics vary monthly.

Finance and Audit Chair report to the Board  
June 2023  
E. F. Tardoni

The F&A Committee met by Zoom this month with all voting members present.

Items of note

- Usual financial reports are included in the Board Packet.
- No capital projects presented at this meeting
- An updated Revenue Cycle Improvement Plan was presented. This update will become a routine presentation at future F&A Committee meetings.

The July F&A Committee meeting was canceled as it has been in past years. The reason for the cancelation is to allow staff time to close the fiscal year books and prepare for audit,

# IS Report May 2023

By Terry (TJ) Thompson, IS Director

## MHSC IS service environment:

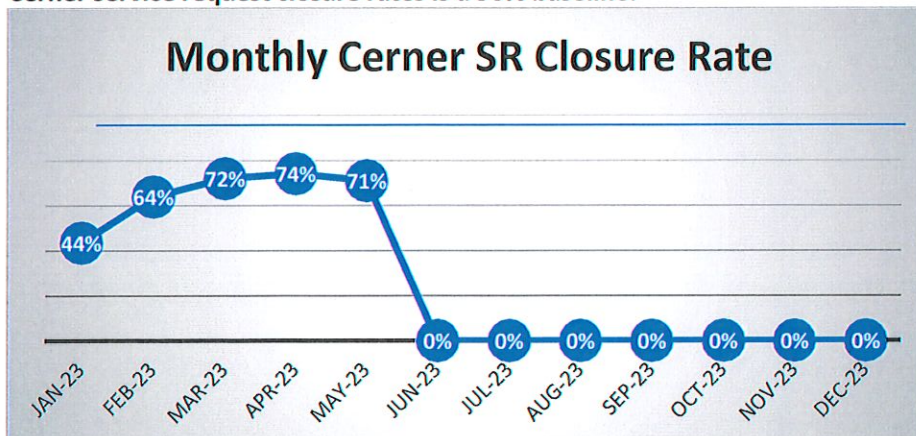
- 1158 computer users accounts
- 100 portable device, Cell Phones and iPads
- 790 Desktop systems, Laptops and Desktops
- 562 VoIP Telephony devices
- 164 Servers, 158 being virtual systems.
- 86 Networking Nodes
- 103 Wireless devices
- 18 UPS

## MHSC IS Service Request closure rates at a 90% baseline:



Our overall average is 90% monthly closure rate.

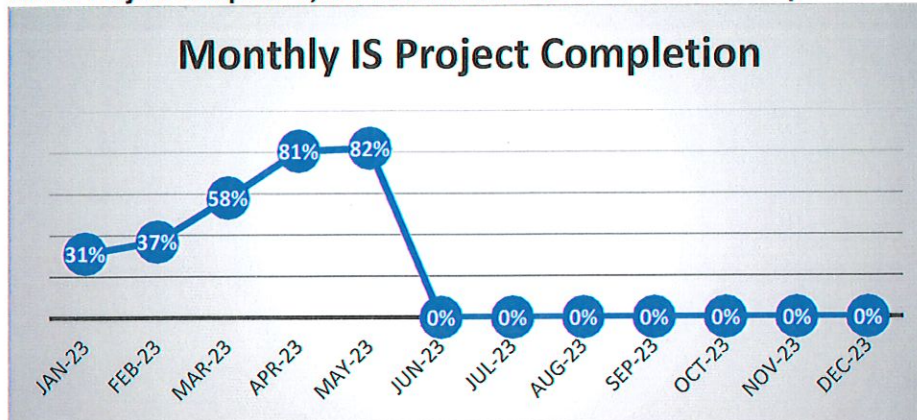
## Cerner service request closure rates is a 90% baseline:



Cerner overall average is 65% monthly closure rate. As of the January 1, 2023, we have 110 open SR, where 56 of these SR are more than a month old.

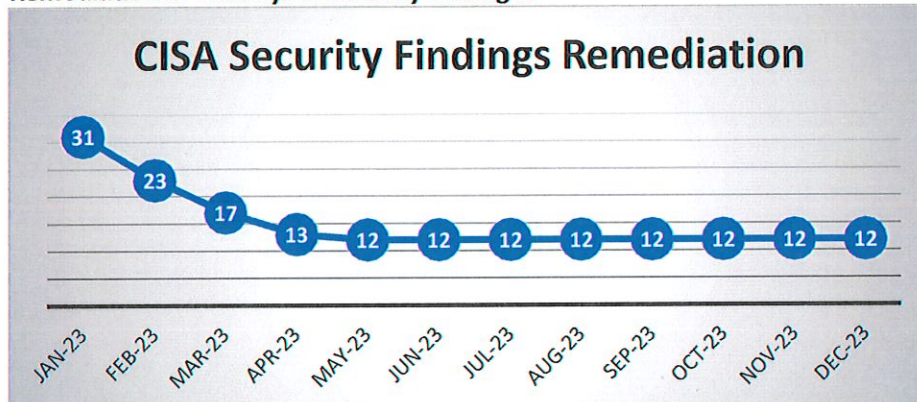


MHSC Project Completion, at a 90% closure rate of 80 work stories per month:



We have had issues with MHSC telephone upgrade which has indirectly impacted projects.

Remediation of CISA Cyber Security findings:



Again, the telephone upgrade issues indirectly impacted security vulnerabilities remediation.

We have remediated 19 of the 31 CISA Cyber Security findings. A 50% improvement upon MHSC internal cyber security posture. We are in the heavy lift areas of security remediation, where it takes greater efforts to correct the security issue.

Below is the latest CISA Cyber Hygiene Report Card, which is performed weekly. Scanning MHSC 44 external public IP addresses for vulnerabilities. We have 44 scanned addresses, with 8 host and 14 services on these host. Where two hosts have 3 medium vulnerabilities. During the month of July we will remove these hosts and add MHSC own network where the cyber world will know Memorial Hospital of Sweetwater County as 203.26.53.0/24 !

2023-06-11

## CYBER HYGIENE

# REPORT CARD

Memorial Hospital of  
Sweetwater County



0

Hosts with  
unsupported  
software



0

Potentially Risky  
Open Services



0%

No Change in  
Vulnerable  
Hosts



**CISA**  
CYBER INFRASTRUCTURE

## HIGH LEVEL FINDINGS

### LATEST SCANS

**March 17, 2023 — June 11, 2023**

Host Scans on All Addresses

**June 9, 2023 — June 11, 2023**

Vulnerability Scans on All Hosts

### ADDRESSES OWNED

44

No Change

### HOSTS

8

No Change

### VULNERABLE HOSTS

2

No Change  
25% of hosts vulnerable

### ADDRESSES SCANNED

44

No Change  
100% of addresses scanned

### SERVICES

14

No Change

### VULNERABILITIES

3

No Change

## VULNERABILITIES

### SEVERITY BY PROMINENCE



### VULNERABILITY RESPONSE TIME

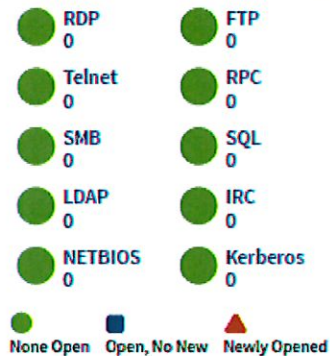


MAX AGE OF ACTIVE CRITICALS



MAX AGE OF ACTIVE HIGHS

### POTENTIALLY RISKY OPEN SERVICES



Service counts are best guesses and may not be 100% accurate. Details can be found in "potentially-risky-services.csv" in Appendix G.



## **MEMORIAL HOSPITAL OF SWEETWATER COUNTY**

### **NARRATIVE TO MAY 2023 FINANCIAL STATEMENTS**

**THE BOTTOM LINE.** The bottom line from operations for May is a loss of \$373,362, compared to a gain of \$118,340 in the budget. This yields a -3.97% operating margin for the month compared to 1.32% in the budget. The year-to-date loss is \$5,457,529 compared to a loss of \$61,480 in the budget. The year-to-date operating margin is -5.43%, compared to .06% in the budget.

Year-to-date, the total net loss is \$4,253,784, compared to a total net loss of \$128,009 in the budget. This represents a YTD profit margin of -4.23% compared to .13% in the budget.

**REVENUE.** Revenue increased again in May, coming in at \$20,514,346, over budget by \$2,418,209. Year to date, revenue remains over budget by \$10,724,311.

**VOLUME.** Inpatient discharges and patient days for May came in over budget. The average daily census (ADC) increased to 15.8, over budget, and average length of stay (LOS) increased to 3.6, right at budget. Births and Walk-In visits came in under budget. Emergency Room visits, Outpatient visits, Surgeries and Clinic visits came in over budget.

Annual Debt Service Coverage came in at 2.61. Days of Cash on Hand increased two days to 94.03 days. Daily cash expenses decreased slightly to \$290,740 year to date. We have looked at cash projections for June 30 and estimate DCOH to be at 98 days at year end, under the goal of 130 days.

**REDUCTION OF REVENUE.** Deductions from revenue are estimated at 54.6% for the month and 52.9% year-to-date level, both over the 51.5% budget. Total AR decreased slightly with decreases in Medicaid, Commercial, Government and Self-Pay AR. Medicare and Blue Cross increased in May. Total collections for the month came in at \$9,014,336.

Net days in AR decreased to 58.50 days. We are estimating days in AR of 55 by the end of the fiscal year, which will not meet our initial goal of 51.

**EXPENSES.** Total expenses remained lower in May at \$9,785,589, over budget by \$952,006. Year-to-date, expenses are over budget by \$7,193,763. The following line items were over budget in May:

**Salary and Wage** – May was over budget. We continue to have double coverage for nursing as the new hires are oriented. Since May 1<sup>st</sup>, we have filled ten open nursing positions. Once these new hires complete orientation, we will see the decrease in contract labor.



**Fringe Benefits** – This expense is over budget in May due to Group Health claims coming in over budget.

**Contract Labor** – This expense is over budget in May and year to date. Staffing shortages continue in some clinical areas with contract labor staff currently being used in Med/Surg, ICU, Labor & Delivery, Surgery, Emergency Room, Laboratory, Respiratory, and Behavioral Health. Year-to-date contract FTEs remained at 19.5 in May but decreased to 16 in the first pay period of June.

**Purchased Services** – Department Management fees, consulting fees, advertising, bank card fees, physicist fees, send out laboratory services, and IT services are included in budget variances in May.

**Drugs** – This expense is over budget in May with the continued increased cost of drugs due to inflation and shortages. Pharmacy revenue was over budget which corresponds to the expense variance.

**Utilities** – Fuel expense continues to come in over budget. Natural gas expenses are 69% over budget year to date.

**Other Operating Expenses** – This expense variance includes overages in licenses, freight, recruitment, pharmacy floor, and software.

**Leases and Rentals** – With the end of the current MRI lease, lease expense is posted to equipment lease expense instead of amortization. The new renewal lease, at a lower monthly rate, will move it back to amortization expense.

**Depreciation & Amortization** – This expense is over budget with the reclass of operating leases to assets with the new GASB 87 rule and is expected to remain over budget through the end of the fiscal year.

**PROVIDER CLINIC.** Revenue for the Clinics also came in higher, at \$2,429,167, over budget by \$333,670 and over budget year to date by \$2,662,220. The bottom line for the Clinics in May is a loss of \$418,264 compared to a loss of \$497,464 in the budget. The year-to-date loss is \$4,458,635, compared to a budgeted loss of \$5,279,716. Clinic volumes were higher in May, at 6,460 visits. Total Clinic expenses for the month are \$1,812,574, over budget by \$111,842 and over budget year-to-date by 620,824. Salary & Wage, Benefits and Pharmacy expenses are over budget for May.

**OUTLOOK FOR JUNE.** Gross patient revenue for June is projected lower, at \$19.6 million. Inpatient volumes have decreased during the month. LOS has decreased to 2.3 and the average daily census is currently at 10.4. Births, Clinic visits and Emergency room visits are projecting higher than budget. Surgeries and some Outpatient departments are currently coming under budget.

Collections are projected to be \$9 million. Deductions of revenue are expected to remain stable with the high revenue month. Expenses are expected to remain the same, over budget with the increased cost of supplies and continued contract labor. With higher revenues and expenses, a slight loss in June is expected.

**FY2024 Budget.** The final FY2024 budget was approved by the Board of Trustees at their June meeting.

**Critical Access.** We have submitted the 855A application to CMS for Critical Access designation. We sent a letter of intent to the State and have received the official State application that needs to be completed within 60 days. We continue to meet with State representatives, our auditors and our cost report preparer as we work through the application. Our internal team meets weekly to work through questions in each area including finance, clinical, quality and providers. We continue to work with Cerner on changes needed for billing.

**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. 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
- Total Accounts Receivable aging
- Days in AR by Payer
- Denials

The graphs with goals and actuals are included in the monthly financial packet each month. The Revenue Cycle Action Team (RCAT) has put together a plan for reaching the goals for cash on hand, days in AR and DNFB.



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

**Unaudited Financial Statements**

**for**

**Eleven months ended May 31, 2023**

**Certification Statement:**

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

**Certified by:**

**Tami Love**

**Chief Financial Officer**



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**ROCK SPRINGS, WY**  
**Eleven months ended May 31, 2023**

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# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## EXECUTIVE FINANCIAL SUMMARY

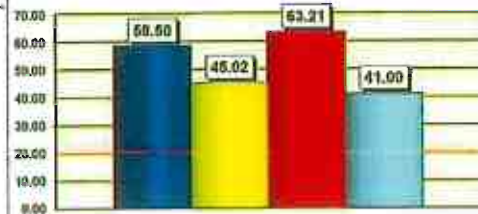
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Eleven months ended May 31, 2023

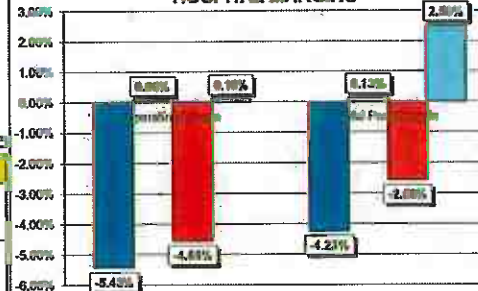
### BALANCE SHEET

	YTD 5/31/2023	Prior FYE 6/30/2022
<b>ASSETS</b>		
Current Assets	\$36,052,726	\$34,112,369
Assets Whose Use is Limited	19,768,446	22,099,344
Property, Plant & Equipment (Net)	78,172,890	83,515,473
Other Assets	938,915	1,028,699
<b>Total Unrestricted Assets</b>	<b>134,932,977</b>	<b>140,755,885</b>
Restricted Assets	463,002	434,089
<b>Total Assets</b>	<b>\$135,395,979</b>	<b>\$141,189,974</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	\$13,441,568	\$12,188,541
Long-Term Debt	25,233,712	26,491,667
Other Long-Term Liabilities	13,610,122	15,174,318
<b>Total Liabilities</b>	<b>52,285,402</b>	<b>53,854,526</b>
Net Assets	83,110,577	87,335,448
<b>Total Liabilities and Net Assets</b>	<b>\$135,395,979</b>	<b>\$141,189,974</b>

### NET DAYS IN ACCOUNTS RECEIVABLE



### HOSPITAL MARGINS



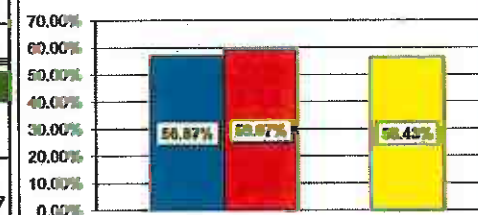
### STATEMENT OF REVENUE AND EXPENSES - YTD

	05/31/23 ACTUAL	05/31/23 BUDGET	YTD ACTUAL	YTD BUDGET
<b>Revenue:</b>				
Gross Patient Revenues	\$20,514,346	\$18,096,138	\$209,493,538	\$196,769,227
Deductions From Revenue	(11,208,718)	(9,319,872)	(119,877,221)	(102,374,261)
Net Patient Revenues	9,304,628	8,776,466	98,616,317	96,394,967
Other Operating Revenue	107,599	175,458	1,895,914	2,442,511
<b>Total Operating Revenues</b>	<b>9,412,227</b>	<b>8,951,924</b>	<b>100,512,231</b>	<b>98,837,478</b>
<b>Expenses:</b>				
Salaries, Benefits & Contract Labor	5,832,978	5,020,487	60,260,187	56,178,534
Purchased Serv. & Physician Fees	848,343	818,955	9,053,248	9,385,963
Supply and Drug Expenses	1,451,532	1,352,452	17,591,753	14,867,003
Other Operating Expenses	770,204	899,948	9,525,575	10,099,851
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	882,532	741,742	9,538,997	8,244,647
<b>Total Expenses</b>	<b>9,785,589</b>	<b>8,833,583</b>	<b>106,969,760</b>	<b>98,775,997</b>
<b>NET OPERATING SURPLUS</b>	<b>(373,362)</b>	<b>118,340</b>	<b>(6,457,529)</b>	<b>61,480</b>
Non-Operating Revenue/(Exp.)	676,745	15,799	1,203,745	66,529
<b>TOTAL NET SURPLUS</b>	<b>\$306,383</b>	<b>\$134,139</b>	<b>(54,553,784)</b>	<b>\$128,009</b>

### DAYS CASH ON HAND



### SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



### KEY STATISTICS AND RATIOS

	05/31/23 ACTUAL	05/31/23 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	489	400	4,600	4,788
Average Acute Length of Stay	3.6	4.0	3.5	3.7
Total Emergency Room Visits	1,416	1,252	14,233	13,745
Outpatient Visits	8,282	6,382	84,774	98,195
Total Surgeries	169	156	1,741	1,502
Total Worked FTE's	458.49	465.19	452.00	465.19
Total Paid FTE's	497.44	511.59	499.38	511.59
Net Revenue Change from Prior Yr	7.87%	2.60%	5.14%	3.39%
EBITDA - 12 Month Rolling Average			5.49%	8.40%
Current Ratio			2.68	
Days Expense in Accounts Payable			36.50	

<b>MEMORIAL HOSPITAL OF SWEETWATER COUNTY</b>	
Budget	05/31/23
Prior Fiscal Year End	06/30/22
CLA \$50-\$100M Net Revenue	6/30/2020

<b>FINANCIAL STRENGTH INDEX - (0.97)</b>		
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

Eleven months ended May 31, 2023

 - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 5/31/2023	Budget 6/30/2023	Prior Fiscal Year End 06/30/22	CLA \$50-\$100 MM Net Revenue (See Note 1)
<b>Profitability:</b>					
Operating Margin		-5.43%	0.24%	-4.55%	0.10%
Total Profit Margin		-4.23%	0.31%	-2.56%	2.50%
<b>Liquidity:</b>					
Days Cash, All Sources **		94.03	129.83	100.77	242.00
Net Days in Accounts Receivable		58.50	45.02	63.21	41.00
<b>Capital Structure:</b>					
Average Age of Plant (Annualized)		10.82	11.32	13.79	12.00
Long Term Debt to Capitalization		23.82%	19.87%	23.77%	27.00%
Debt Service Coverage Ratio **		2.61	2.42	2.41	2.80
<b>Productivity and Efficiency:</b>					
Paid FTE's per Adjusted Occupied Bed		7.34	8.43	8.34	NA
Salary Expense per Paid FTE		\$103,556	\$86,892	\$102,150	NA
Salary and Benefits as a % of Total Operating Exp		56.87%	56.43%	59.07%	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

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### ROCK SPRINGS, WY

Eleven months ended May 31, 2023

	Current Month 5/31/2023	Prior Month 4/30/2023	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2022
<b>Current Assets</b>					
Cash and Cash Equivalents	\$8,891,095	\$8,283,813	\$607,282	7.33%	\$7,173,928
Gross Patient Accounts Receivable	37,659,895	37,934,416	(274,521)	-0.72%	41,948,878
Less: Bad Debt and Allowance Reserves	(20,486,386)	(20,709,417)	279,022	1.35%	(22,578,594)
Net Patient Accounts Receivable	17,229,499	17,224,999	4,501	0.03%	18,069,184
Interest Receivable	0	0	0	0.00%	0
Other Receivables	3,749,390	3,990,657	(241,268)	-6.05%	2,832,976
Inventories	4,099,889	4,092,139	7,751	0.19%	4,054,218
Prepaid Expenses	2,082,851	1,748,257	334,595	19.14%	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
<b>Total Current Assets</b>	<b>36,052,726</b>	<b>35,339,864</b>	<b>712,862</b>	<b>2.02%</b>	<b>34,112,369</b>
<b>Assets Whose Use is Limited</b>					
Cash	81,657	79,226	2,431	3.07%	(37,762)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	1,321,580	1,128,347	193,233	17.13%	637,426
Trustee Held Funds - SPT	(110)	469	(579)	-123.44%	28,281
Board Designated Funds	4,329,778	4,315,142	14,636	0.34%	6,924,862
Other Limited Use Assets	14,035,541	14,035,541	1	0.00%	14,546,537
<b>Total Limited Use Assets</b>	<b>19,768,446</b>	<b>19,558,725</b>	<b>209,721</b>	<b>1.07%</b>	<b>22,099,344</b>
<b>Property, Plant, and Equipment</b>					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	49,931,920	49,931,920	0	0.00%	49,597,599
Equipment	134,240,031	134,001,196	238,836	0.18%	131,022,049
Construction In Progress	1,372,252	1,357,293	14,959	1.10%	731,897
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	189,786,498	189,532,704	253,794	0.13%	185,593,839
Less: Accumulated Depreciation	(111,613,608)	(110,731,070)	(882,532)	-0.80%	(102,078,365)
<b>Net Property, Plant, and Equipment</b>	<b>78,172,890</b>	<b>78,801,627</b>	<b>(628,737)</b>	<b>-0.80%</b>	<b>83,515,473</b>
<b>Other Assets</b>					
Unamortized Loan Costs	938,915	947,077	(8,162)	-0.86%	1,028,699
Other	0	0	0	0.00%	0
<b>Total Other Assets</b>	<b>938,915</b>	<b>947,077</b>	<b>(8,162)</b>	<b>-0.86%</b>	<b>1,028,699</b>
<b>TOTAL UNRESTRICTED ASSETS</b>	<b>134,932,977</b>	<b>134,647,294</b>	<b>285,683</b>	<b>0.21%</b>	<b>140,755,885</b>
<b>Restricted Assets</b>	<b>463,002</b>	<b>468,806</b>	<b>(5,805)</b>	<b>-1.24%</b>	<b>434,089</b>
<b>TOTAL ASSETS</b>	<b>\$135,395,979</b>	<b>\$135,116,100</b>	<b>\$279,879</b>	<b>0.21%</b>	<b>\$141,189,974</b>



# Balance Sheet - Liabilities and Net Assets

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2023

PAGE 5

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2022
	Current Month 5/31/2023	Prior Month 4/30/2023	Positive/ (Negative) Variance	Percentage Variance	
<b>Current Liabilities</b>					
Accounts Payable	\$6,029,773	\$6,478,658	\$448,886	6.93%	\$5,404,568
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,754,788	1,371,203	(383,535)	-27.97%	1,787,856
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,968,352	2,917,945	(50,406)	-1.73%	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)	1,395,000	1,402,164	7,163	0.51%	1,562,895
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	1,293,655	1,104,178	(189,478)	-17.16%	628,321
<b>Total Current Liabilities</b>	<b>13,441,568</b>	<b>13,274,148</b>	<b>(167,420)</b>	<b>-1.26%</b>	<b>12,188,541</b>
<b>Long Term Debt</b>					
Bonds/Mortgages Payable	26,628,713	26,755,472	126,759	0.47%	28,054,562
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,395,000	1,402,164	7,163	0.51%	1,562,895
<b>Total Long Term Debt (Net of Current)</b>	<b>25,233,712</b>	<b>25,353,308</b>	<b>119,596</b>	<b>0.47%</b>	<b>26,491,667</b>
<b>Other Long Term Liabilities</b>					
Deferred Revenue	0	0	0	0.00%	1,255,068
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	13,610,122	13,677,645	67,523	0.49%	13,919,250
<b>Total Other Long Term Liabilities</b>	<b>13,610,122</b>	<b>13,677,645</b>	<b>67,523</b>	<b>0.49%</b>	<b>15,174,318</b>
<b>TOTAL LIABILITIES</b>	<b>52,285,402</b>	<b>52,305,101</b>	<b>19,699</b>	<b>0.04%</b>	<b>53,854,526</b>
<b>Net Assets:</b>					
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	459,129	464,934	5,805	1.25%	430,216
Net Revenue/(Expenses)	(4,253,784)	(4,589,167)	N/A	N/A	(2,685,316)
<b>TOTAL NET ASSETS</b>	<b>83,110,577</b>	<b>82,810,999</b>	<b>(299,578)</b>	<b>-0.36%</b>	<b>87,335,448</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$135,395,979</b>	<b>\$135,116,100</b>	<b>(279,879)</b>	<b>-0.21%</b>	<b>\$141,189,974</b>



# Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2023

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	CURRENT MONTH				Prior Year 05/31/22
	Actual 05/31/23	Budget 05/31/23	Positive (Negative) Variance	Percentage Variance	
<b>Gross Patient Revenue</b>					
Inpatient Revenue	\$4,358,327	\$3,867,693	\$490,634	12.69%	\$4,251,353
Outpatient Revenue	13,726,852	12,132,947	1,593,905	13.14%	11,073,942
Clinic Revenue	2,429,167	2,095,498	333,670	15.92%	1,564,143
Specialty Clinic Revenue	0	0	0	0.00%	142,760
<b>Total Gross Patient Revenue</b>	<b>20,514,346</b>	<b>18,096,138</b>	<b>2,418,209</b>	<b>13.36%</b>	<b>17,032,197</b>
<b>Deductions From Revenue</b>					
Discounts and Allowances	(9,644,283)	(7,822,452)	(1,721,831)	-21.73%	(7,635,069)
Bad Debt Expense (Governmental Providers Only)	(1,426,493)	(1,179,471)	(247,021)	-20.94%	(785,156)
Medical Assistance	(189,943)	(317,749)	78,805	36.19%	(40,187)
<b>Total Deductions From Revenue</b>	<b>(11,259,719)</b>	<b>(9,319,672)</b>	<b>(1,890,046)</b>	<b>-20.28%</b>	<b>(8,440,432)</b>
<b>Net Patient Revenue</b>	<b>9,304,628</b>	<b>8,776,466</b>	<b>528,162</b>	<b>6.02%</b>	<b>8,591,766</b>
<b>Other Operating Revenue</b>	<b>107,599</b>	<b>175,458</b>	<b>(67,859)</b>	<b>-38.68%</b>	<b>133,670</b>
<b>Total Operating Revenue</b>	<b>9,412,227</b>	<b>8,951,924</b>	<b>460,304</b>	<b>5.14%</b>	<b>8,725,436</b>
<b>Operating Expenses</b>					
Salaries and Wages	3,950,361	3,791,584	(158,777)	-4.19%	3,734,120
Fringe Benefits	1,435,397	1,126,527	(308,870)	-27.42%	971,272
Contract Labor	447,220	102,375	(344,845)	-336.84%	1,095,022
Physicians Fees	302,718	317,824	15,106	4.75%	331,692
Purchased Services	545,625	501,131	(44,494)	-8.88%	445,141
Drug Expense	809,470	683,333	(126,136)	-18.46%	547,914
Supply Expense	642,063	669,118	27,056	4.04%	609,789
Utilities	101,696	90,354	(11,341)	-12.55%	105,411
Repairs and Maintenance	305,197	487,404	182,207	37.36%	653,592
Insurance Expense	67,760	63,975	(3,785)	-5.92%	53,440
All Other Operating Expenses	262,044	240,124	(21,921)	-9.13%	232,000
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	33,506	18,091	(15,415)	-85.21%	61,782
Depreciation and Amortization	882,532	741,742	(140,790)	-18.96%	737,864
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
<b>Total Operating Expenses</b>	<b>9,785,689</b>	<b>8,833,593</b>	<b>(952,096)</b>	<b>-10.78%</b>	<b>9,584,040</b>
<b>Net Operating Surplus/(Loss)</b>	<b>(373,462)</b>	<b>118,340</b>	<b>(491,702)</b>	<b>-416.50%</b>	<b>(858,604)</b>
<b>Non-Operating Revenue:</b>					
Contributions	0	0	0	0.00%	0
Investment Income	34,236	10,756	23,480	218.30%	17,153
Tax Subsidies (Except for GO Bond Subsidies)	(579)	0	(579)	0.00%	255
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(84,131)	(78,418)	4,721	-5.95%	(79,408)
Other Non-Operating Revenue/(Expenses)	729,219	84,453	644,766	763.46%	21,352
<b>Total Non Operating Revenue/(Expense)</b>	<b>678,745</b>	<b>15,793</b>	<b>662,946</b>	<b>4196.16%</b>	<b>(40,848)</b>
<b>Total Net Surplus/(Loss)</b>	<b>\$305,383</b>	<b>\$134,139</b>	<b>\$171,244</b>	<b>127.65%</b>	<b>(899,452)</b>
<b>Change in Unrealized Gains/(Losses) on Investments</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>
<b>Increase/(Decrease in Unrestricted Net Assets)</b>	<b>\$305,383</b>	<b>\$134,139</b>	<b>\$171,244</b>	<b>127.65%</b>	<b>(899,452)</b>
<b>Operating Margin</b>	<b>-3.97%</b>	<b>1.32%</b>			<b>-9.84%</b>
<b>Total Profit Margin</b>	<b>3.24%</b>	<b>1.50%</b>			<b>-10.31%</b>
<b>EBIDA</b>	<b>5.40%</b>	<b>9.61%</b>			<b>-1.36%</b>

# Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2023

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	YEAR-TO-DATE				Prior Year 05/31/22
	Actual 05/31/23	Budget 05/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$42,263,324	\$41,832,532	\$430,792	1.03%	\$44,809,946
Outpatient Revenue	142,223,715	134,592,417	7,631,299	5.67%	125,393,001
Clinic Revenue	25,006,499	22,344,278	2,662,220	11.91%	17,703,322
Specialty Clinic Revenue	0	0	0	0.00%	2,965,046
Total Gross Patient Revenue	209,493,538	198,769,227	10,724,311	5.40%	190,871,315
Deductions From Revenue					
Discounts and Allowances	(97,420,814)	(97,028,004)	(10,392,809)	-11.94%	(94,819,305)
Bad Debt Expense (Governmental Providers Only)	(11,423,583)	(12,954,832)	1,531,049	11.82%	(11,013,815)
Medical Assistance	(2,053,126)	(2,991,024)	358,500	14.99%	(1,372,799)
Total Deductions From Revenue	(110,877,523)	(112,974,259)	(8,582,901)	-8.31%	(97,205,919)
Net Patient Revenue	98,616,317	96,394,967	2,221,350	2.30%	93,665,400
Other Operating Revenue	1,895,914	2,442,511	(546,597)	-22.38%	1,929,239
Total Operating Revenue	100,512,231	98,837,478	1,674,753	1.69%	95,594,638
Operating Expenses					
Salaries and Wages	42,231,197	41,304,224	(926,974)	-2.24%	40,828,541
Fringe Benefits	12,796,623	11,873,185	(923,438)	-7.78%	11,867,011
Contract Labor	5,232,367	3,001,125	(2,231,242)	-74.35%	6,430,853
Physicians Fees	3,105,103	3,865,467	560,360	15.29%	3,969,241
Purchased Services	5,948,142	5,720,496	(227,646)	-3.98%	4,940,234
Drug Expense	9,611,546	7,516,667	(2,094,879)	-27.87%	7,879,395
Supply Expense	7,980,207	7,350,336	(629,871)	-8.57%	7,582,380
Utilities	1,243,732	1,024,444	(219,288)	-21.41%	1,075,370
Repairs and Maintenance	4,686,050	5,630,732	944,681	16.78%	6,421,540
Insurance Expense	705,495	695,969	(9,526)	-1.37%	598,434
All Other Operating Expenses	2,603,557	2,548,503	(55,054)	-2.16%	2,311,976
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	286,741	200,204	(86,537)	-43.22%	657,500
Depreciation and Amortization	9,538,997	8,244,647	(1,294,350)	-15.70%	6,536,151
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	105,969,760	98,775,997	(7,193,763)	-7.28%	101,036,626
Not Operating Surplus/(Loss)	(5,457,529)	61,480	(5,519,019)	-8976.85%	(5,503,686)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	253,921	118,316	135,605	114.61%	125,020
Tax Subsidies (Except for GO Bond Subsidies)	11,622	0	11,622	0.00%	1,762
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(967,554)	(902,970)	(64,575)	7.15%	(1,150,267)
Other Non-Operating Revenue/(Expense)	1,905,756	851,191	1,054,565	123.89%	3,440,122
Total Non Operating Revenue/(Expense)	1,203,745	66,529	1,137,217	1709.36%	2,516,636
Total Net Surplus/(Loss)	(\$4,253,784)	\$128,009	(\$4,381,793)	-3423.84%	(\$2,987,351)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increased/(Decrease) in Unrestricted Net Assets	(\$4,253,784)	\$128,009	(\$4,381,793)	-3423.84%	(\$2,987,351)
Operating Margin	-5.45%	0.06%			-5.76%
Total Profit Margin	-4.23%	0.13%			-3.13%
EBITDA	4.97%	8.40%			1.88%

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

**PAGE 8**

	Actual 5/31/2023	Actual 4/30/2023	Actual 3/31/2023	Actual 2/28/2023	Actual 1/31/2023	Actual 12/31/2022
<b>Gross Patient Revenue</b>						
Inpatient Revenue	\$4,358,327	\$2,991,123	\$4,216,853	\$3,485,435	\$3,873,549	\$4,463,069
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$13,726,852	\$13,141,671	\$14,677,971	\$11,863,453	\$13,732,108	\$12,848,096
Clinic Revenue	\$2,429,167	\$2,139,802	\$2,519,030	\$2,025,043	\$2,443,375	\$2,582,451
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Gross Patient Revenue</b>	<b>\$20,514,346</b>	<b>\$18,272,396</b>	<b>\$21,413,854</b>	<b>\$17,173,931</b>	<b>\$20,149,031</b>	<b>\$19,893,615</b>
<b>Deductions From Revenue</b>						
Discounts and Allowances	\$9,644,263	\$9,523,554	\$10,285,189	\$8,906,115	\$8,988,064	\$9,136,379
Bad Debt Expense (Governmental Providers On Charity Care)	\$1,426,492	\$1,077,723	\$1,358,895	\$1,009,559	\$1,548,276	\$945,317
	\$138,943	\$101,840	\$548,297	\$105,022	(\$4,778)	\$417,112
<b>Total Deductions From Revenue</b>	<b>11,209,718</b>	<b>9,702,917</b>	<b>12,192,381</b>	<b>9,114,695</b>	<b>10,531,162</b>	<b>10,498,808</b>
<b>Net Patient Revenue</b>	<b>\$9,304,628</b>	<b>\$8,569,479</b>	<b>\$9,221,274</b>	<b>\$8,059,235</b>	<b>\$9,617,869</b>	<b>\$9,394,807</b>
<b>Other Operating Revenue</b>	<b>107,599</b>	<b>144,855</b>	<b>282,458</b>	<b>144,273</b>	<b>139,146</b>	<b>185,133</b>
<b>Total Operating Revenue</b>	<b>9,412,227</b>	<b>8,714,334</b>	<b>9,503,742</b>	<b>8,203,508</b>	<b>9,757,014</b>	<b>9,579,941</b>
<b>Operating Expenses</b>						
Salaries and Wages	\$3,950,361	\$3,888,530	\$3,908,184	\$3,804,999	\$3,898,131	\$3,889,880
Fringe Benefits	\$1,435,997	\$1,369,984	\$1,134,999	\$1,083,678	\$1,138,657	\$1,119,832
Contract Labor	\$447,220	\$454,168	\$547,722	\$412,714	\$383,999	\$394,710
Physicians Fees	\$302,718	\$283,149	\$283,670	\$301,283	\$255,802	\$289,836
Purchased Services	\$545,625	\$519,289	\$550,837	\$518,213	\$512,049	\$592,958
Drug Expense	\$809,470	\$827,453	\$1,124,257	\$831,530	\$854,270	\$892,908
Supply Expense	\$642,083	\$637,278	\$813,502	\$687,626	\$980,108	\$739,889
Utilities	\$101,896	\$101,324	\$132,036	\$129,351	\$139,863	\$129,834
Repairs and Maintenance	\$305,197	\$471,430	\$389,765	\$401,388	\$412,888	\$432,826
Insurance Expense	\$67,760	\$63,281	\$64,245	\$64,245	\$64,081	\$64,081
All Other Operating Expenses	\$262,044	\$183,485	\$283,420	\$230,705	\$213,795	\$255,979
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$33,508	\$37,330	\$13,433	\$16,048	\$29,248	\$25,990
Depreciation and Amortization	\$682,532	\$924,161	\$844,840	\$861,593	\$864,529	\$880,247
Interest Expense (Non-Governmental Providers)						
<b>Total Operating Expenses</b>	<b>\$9,785,589</b>	<b>\$9,788,881</b>	<b>\$10,986,710</b>	<b>\$9,343,282</b>	<b>\$9,717,199</b>	<b>\$9,768,771</b>
<b>Net Operating Surplus/(Loss)</b>	<b>(\$373,362)</b>	<b>(\$1,074,547)</b>	<b>(\$148,968)</b>	<b>(\$1,139,774)</b>	<b>\$39,815</b>	<b>(\$188,830)</b>
<b>Non-Operating Revenue:</b>						
Contributions						
Investment Income	34,236	27,547	38,410	19,900	28,271	22,875
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	(\$79)	214	33	10	41	7
Interest Expense (Governmental Providers Only)	(\$4,131)	(\$2,122)	(\$9,788)	(\$2,388)	(\$3,789)	(\$1,998)
Other Non-Operating Revenue/(Expenses)	728,819	\$68,576	\$84,277	8,875	25,472	9,397
<b>Total Non-Operating Revenue/(Expense)</b>	<b>\$677,645</b>	<b>\$514,215</b>	<b>\$232,832</b>	<b>(\$35,421)</b>	<b>(\$29,807)</b>	<b>(\$149,439)</b>
<b>Total Net Surplus/(Loss)</b>	<b>\$304,183</b>	<b>(\$560,332)</b>	<b>(\$116,136)</b>	<b>(\$1,175,195)</b>	<b>\$11,008</b>	<b>(\$338,269)</b>
<b>Change in Unrealized Gain/(Losses) on Investm</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Increase/(Decrease) in Unrestricted Net Assets</b>	<b>\$304,183</b>	<b>(\$560,332)</b>	<b>(\$116,136)</b>	<b>(\$1,175,195)</b>	<b>\$11,008</b>	<b>(\$338,269)</b>
<b>Operating Margin</b>	<b>-3.97%</b>	<b>-12.81%</b>	<b>-5.76%</b>	<b>-13.88%</b>	<b>0.41%</b>	<b>-1.97%</b>
<b>Total Profit Margin</b>	<b>3.23%</b>	<b>-6.11%</b>	<b>-3.38%</b>	<b>-14.57%</b>	<b>0.12%</b>	<b>-2.60%</b>
<b>EBIDA</b>	<b>5.41%</b>	<b>-1.40%</b>	<b>3.13%</b>	<b>-3.39%</b>	<b>9.17%</b>	<b>7.81%</b>

Actual 11/30/2022	Actual 10/31/2022	Actual 9/30/2022	Actual 8/31/2022	Actual 7/31/2022	Actual 6/30/2022
\$3,878,865	\$4,277,989	\$3,246,872	\$4,134,824	\$3,436,817	\$3,777,323
\$12,875,454	\$12,884,251	\$12,945,141	\$12,931,953	\$10,986,787	\$11,110,377
\$2,202,509	\$2,345,959	\$2,182,808	\$2,356,988	\$1,799,588	\$1,879,271
\$0	\$0	\$0	\$0	\$0	\$282,105
\$18,556,828	\$19,509,199	\$18,354,819	\$19,423,565	\$16,233,153	\$16,849,077
\$8,380,018	\$8,828,111	\$9,331,432	\$9,741,452	\$9,780,917	\$9,186,834
\$1,819,873	\$1,501,395	(\$128,524)	(\$51,929)	\$1,096,397	\$708,216
\$43,384	\$169,646	\$275,776	\$158,493	\$78,990	\$657,759
10,043,376	10,299,152	9,480,685	9,888,024	7,936,303	7,552,609
\$9,513,453	\$9,209,047	\$9,874,134	\$9,555,541	\$9,296,850	\$9,286,468
132,734	188,063	115,592	154,077	320,975	101,833
8,646,187	8,378,110	8,988,726	9,709,618	8,917,825	9,396,301
\$3,857,380	\$3,946,792	\$3,781,912	\$3,847,165	\$3,878,085	\$3,742,411
\$1,031,468	\$1,153,332	\$1,032,168	\$1,215,916	\$1,081,211	\$1,094,815
\$334,798	\$494,775	\$802,847	\$527,615	\$631,838	\$886,081
\$279,170	\$240,218	\$271,035	\$309,888	\$328,337	\$327,771
\$507,018	\$845,296	\$493,717	\$565,772	\$497,397	\$541,244
\$775,782	\$777,136	\$989,442	\$943,329	\$885,970	\$833,688
\$846,864	\$742,421	\$738,712	\$771,872	\$598,873	\$547,449
\$105,148	\$97,874	\$105,291	\$101,780	\$99,735	\$98,423
\$486,178	\$197,810	\$513,654	\$548,033	\$546,902	(\$457,034)
\$84,081	\$84,293	\$63,788	\$63,788	\$61,854	\$61,854
\$287,854	\$299,653	\$144,806	\$234,081	\$246,765	\$242,792
\$29,267	\$24,846	\$26,413	\$25,204	\$25,455	(\$277,111)
\$965,302	\$1,089,478	\$787,028	\$750,061	\$739,526	\$1,234,081
\$9,338,266	\$9,763,824	\$9,539,984	\$9,785,384	\$9,222,928	\$9,878,823
(\$524,862)	(\$375,818)	(\$94,179)	\$4,235	(\$505,193)	\$721,878
17,273	19,049	17,463	13,586	15,510	118,126
88	41	14	11,745	9	16
(\$4,790)	(\$108,452)	(\$2,203)	(\$8,796)	(\$8,235)	(\$52,878)
68,574	14,249	108,044	17,814	72,349	10,000
\$1,284	(\$15,112)	\$43,318	(\$38,940)	(\$11,968)	(\$424,290)
(\$452,827)	(\$481,127)	(\$497,809)	(\$1,585)	(\$819,479)	\$287,442
0	0	0	0	0	(\$87,380)
(\$422,827)	(\$481,127)	(\$497,809)	(\$1,585)	(\$819,479)	(\$388,839)
-7.91%	-4.81%	-6.82%	8.46%	-7.82%	7.48%
-7.90%	-4.82%	-5.54%	-8.33%	-7.16%	3.16%
3.28%	7.40%	2.73%	7.77%	1.58%	28.81%



Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eleven months ended May 31, 2023

	CASH FLOW	
	Current Month 5/31/2023	Current Year-To-Date 5/31/2023
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	\$305,383	( <del>\$4,253,784</del> )
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	882,532	9,538,997
(Increase)/Decrease in Net Patient Accounts Receivable	( <del>4,501</del> )	839,685
(Increase)/Decrease in Other Receivables	241,266	( <del>916,415</del> )
(Increase)/Decrease in Inventories	( <del>7,751</del> )	( <del>45,672</del> )
(Increase)/Decrease in Pre-Paid Expenses	( <del>334,595</del> )	( <del>100,788</del> )
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	( <del>448,886</del> )	625,205
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	433,991	130,382
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	189,478	665,334
<b>Net Cash Provided by Operating Activities:</b>	<b>1,256,918</b>	<b>6,482,944</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of Property, Plant and Equipment	( <del>253,794</del> )	( <del>4,196,414</del> )
(Increase)/Decrease in Limited Use Cash and Investments	( <del>207,290</del> )	2,450,317
(Increase)/Decrease in Other Limited Use Assets	( <del>2,431</del> )	( <del>119,419</del> )
(Increase)/Decrease in Other Assets	8,162	89,784
<b>Net Cash Used by Investing Activities</b>	<b>(<del>455,353</del>)</b>	<b>(<del>1,775,732</del>)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	( <del>126,769</del> )	( <del>1,425,849</del> )
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	( <del>67,523</del> )	( <del>1,564,196</del> )
<b>Net Cash Used for Financing Activities</b>	<b>(<del>194,283</del>)</b>	<b>(<del>2,990,045</del>)</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>0</b>	<b>0</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>607,282</b>	<b>1,717,167</b>
Cash, Beginning of Period	8,283,813	7,173,928
<b>Cash, End of Period</b>	<b>\$8,891,095</b>	<b>\$8,891,095</b>

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2023

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Current Month				Year-To-Date				
Actual 05/31/23	Budget 05/31/23	Positive/ (Negative) Variance	Prior Year 05/31/22	STATISTICS	Actual 05/31/23	Budget 05/31/23	Positive/ (Negative) Variance	Prior Year 05/31/22
<b>Discharges</b>								
135	100	35	100	Acute	1,306	1,308	(2)	1,308
135	100	35	100	Total Adult Discharges	1,306	1,308	(2)	1,308
29	34	(5)	34	Newborn	355	369	(14)	369
164	134	30	134	Total Discharges	1,661	1,677	(16)	1,677
<b>Patient Days:</b>								
489	400	89	400	Acute	4,600	4,788	(188)	4,788
489	400	89	400	Total Adult Patient Days	4,600	4,788	(188)	4,788
52	62	(10)	62	Newborn	607	591	16	591
541	462	79	462	Total Patient Days	5,207	5,379	(172)	5,379
<b>Average Length of Stay (ALOS)</b>								
3.6	4.0	(0.4)	4.0	Acute	3.5	3.7	(0.1)	3.7
3.6	4.0	(0.4)	4.0	Total Adult ALOS	3.5	3.7	(0.1)	3.7
1.8	1.8	(0.0)	1.8	Newborn ALOS	1.7	1.6	0.1	1.6
<b>Average Daily Census (ADC)</b>								
15.8	12.9	2.9	12.9	Acute	13.7	14.3	(0.6)	14.3
15.8	12.9	2.9	12.9	Total Adult ADC	13.7	14.3	(0.6)	14.3
1.7	2.0	(0.3)	2.0	Newborn	1.8	1.8	0.0	1.8
<b>Emergency Room Statistics</b>								
147	128	19	128	ER Visits - Admitted	1,336	1,375	(39)	1,375
1,269	1,124	145	1,124	ER Visits - Discharged	12,897	12,370	527	12,370
1,416	1,252	164	1,252	Total ER Visits	14,233	13,745	488	13,745
10.38%	10.22%		10.22%	% of ER Visits Admitted	9.39%	10.00%		10.00%
108.89%	128.00%		128.00%	ER Admissions as a % of Total	102.30%	105.12%		105.12%
<b>Outpatient Statistics:</b>								
8,282	6,382	1,900	6,382	Total Outpatients Visits	84,774	98,195	(13,421)	96,982
0	0	0	0	Observation Bed Days	0	1,251	(1,251)	1,251
5,811	4,577	1,234	4,577	Clinic Visits - Primary Care	58,611	55,015	3,596	55,015
649	446	203	446	Clinic Visits - Specialty Clinics	5,975	5,230	745	5,230
58	27	31	27	IP Surgeries	548	262	286	262
111	129	(18)	129	OP Surgeries	1,193	1,240	(47)	1,240
<b>Productivity Statistics:</b>								
458.49	465.19	(6.70)	73.34	FTE's - Worked	452.00	465.19	(13.19)	462.84
497.44	511.59	(14.15)	508.18	FTE's - Paid	499.38	511.59	(12.21)	507.96
1.4900	1.4300	0.06	1.4300	Case Mix Index - Medicare	1.4236	1.4896	(0.07)	1.6284
1.2700	0.8800	0.39	0.8800	Case Mix Index - All payers	1.2200	0.6731	0.55	0.8662

# Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 12

ROCK SPRINGS, WY

05/31/23

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	57.55	76.31
Net Days in Accounts Receivable	58.50	65.76
Number of Gross Days in Unbilled Revenue	16.69	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	30.03%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.68%	1.20%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.97%	1.20%
Bad Debts as a % of Gross Patient Revenue - Current Month	6.95%	6.52%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	5.45%	6.52%
Collections as a Percentage of Net Revenue - Current Month	96.88%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	98.20%	100% or >
Percentage of Blue Cross Receivable > 90 Days	6.58%	< 10%
Percentage of Insurance Receivable > 90 Days	29.23%	< 15%
Percentage of Medicaid Receivable > 90 Days	16.95%	< 20%
Percentage of Medicare Receivable > 60 Days	6.15%	< 6%

**Variance Analysis****MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 13****ROCK SPRINGS, WYOMING****Eleven months ended May 31, 2023**

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	2,418,209	13.36%	10,724,311	5.40%

Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget were births and outpatient surgeries  
Average Daily Census is 15.8 in May which is over budget by 2.9

Deductions from Revenue	(1,000,046)	-20.28%	(6,502,961)	-6.31%
-------------------------	-------------	---------	-------------	--------

Deductions from revenue are over budget for May and over budget year to date.  
They are currently booked at 54.6% for May and 52.9% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.

Bad Debt Expense	(247,021)	-20.94%	1,531,049	11.82%
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Bad debt expense is booked at 7.0% for May and 5.5% year to date.

Charity Care	78,805	36.19%	358,500	14.99%
--------------	--------	--------	---------	--------

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	(67,852)	-38.68%	(546,597)	-22.38%
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Other Operating Revenue is under budget for the month and is under budget year to date.

Salaries and Wages	(158,777)	-4.18%	(526,874)	-2.34%
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Salary and Wages are over budget in May and are over budget year to date.

Paid FTEs are under budget by 14.15 FTEs for the month and under 12.21 FTEs year to date.

Fringe Benefits	(306,670)	-37.42%	(923,435)	-7.78%
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Fringe benefits are under budget in May and over budget year to date.

Contract Labor	(344,843)	-136.94%	(2,231,763)	-74.36%
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Contract labor is over budget for May and over budget year to date. Med/surg, ICU, L & D, OR, ER and Respiratory are over budget.



## Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Eleven months ended May 31, 2023

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Physician Fees	15,106	4.75%	560,360	15.29%
Physician fees under budget in May and under budget year to date. Locums and Locum Ped's and Med Onc are over budget in May.				
Purchased Services	(44,494)	-3.83%	(227,645)	-3.88%
Purchased services are over budget for May and over budget year to date. Expenses over budget are other purchased services, consulting fee's, bank card fee's and Dept Mgmt Service				
Supply Expense	27,056	4.04%	(620,871)	-3.57%
Supplies are over budget for May and over budget year to date. Line items over budget include implants, food, drugs and chargeables.				
Repairs & Maintenance	182,207	37.38%	944,681	16.78%
Repairs and Maintenance are under budget for May and under budget year to date.				
All Other Operating Expenses	(21,921)	-3.13%	(55,054)	-2.16%
This expense is over budget in May and over budget year to date. Other expenses over budget are Software, freight, physician recruitment and pharmacy floor direct.				
Leases and Rentals	(15,418)	-65.21%	(80,537)	-43.22%
This expense is under budget for May and is over budget year to date				
Depreciation and Amortization	(140,790)	-18.68%	(1,294,380)	-15.70%
Depreciation is over budget for May and is over budget year to date				
<b>BALANCE SHEET</b>				
Cash and Cash Equivalents	\$607,262	7.33%		
Cash increased in May. Cash collections for May were \$9.0 million. Days Cash on Hand increased to 94 days.				
Gross Patient Accounts Receivable	(5171,521)	-0.72%		
This receivable decreased in May due to higher adjustments				

## Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Eleven months ended May 31, 2023

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	279,022	1.35%		
Bad Debt and Allowances decreased.				
Other Receivables	(244,286)	-0.05%		
Other Receivables decreased in May due to pymt from the county				
Prepaid Expenses	334,595	19.14%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	209,721	1.07%		
These assets increased due the debt service fund				
Plant Property and Equipment	(626,737)	-0.60%		
The decrease in these assets is due to the the normal increase in accumulated depreciation.				
Accounts Payable	448,886	6.93%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	(333,595)	-27.07%		
This liability increased in May. The payroll accrual for May was 10 days.				
Accrued Benefits	(60,406)	-1.73%		
This liability increased in May with the normal accrual and usage of PTO.				
Other Current Liabilities	(189,479)	-17.15%		
This liability increased for May due to the accrual on the bonds				
Other Long Term Liabilities	67,523	0.49%		
This liability decreased due the payments on the leases				
Total Net Assets	(249,578)	-0.36%		
The net loss from operations for May is \$373,362				



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

**PHYSICIAN CLINICS**

**Unaudited Financial Statements**

**for**

**Eleven months ended May 31, 2023**

**Certification Statement:**

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

**Certified by:**

**Tami Love**

**Chief Financial Officer**

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**ROCK SPRINGS, WY**  
**Eleven months ended May 31, 2023**

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**Key Financial Ratios****MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 2****ROCK SPRINGS, WY****Eleven months ended May 31, 2023****- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET**

	Month to Date 5/31/2023	Year to Date 5/31/2023	Prior Fiscal Year End 06/30/22	MGMA Hospital Owned Rural
<b>Profitability:</b>				
Operating Margin	-30.00%	-31.15%	-6.33%	-36.58%
Total Profit Margin	-30.00%	-31.15%	-4.05%	-36.58%
Contractual Allowance %	44.41%	44.48%	44.30%	
<b>Liquidity:</b>				
Net Days in Accounts Receivable	40.28	40.62	65.76	39.58
Gross Days in Accounts Receivable	39.49	40.17	76.31	72.82
<b>Productivity and Efficiency:</b>				
Patient Visits Per Day	187.13	174.93	155.29	
Total Net Revenue per FTE	N/A	\$198,417	\$204,705	
Salary Expense per Paid FTE	N/A	\$186,271	\$102,150	
Salary and Benefits as a % of Net Revenue	110.10%	111.58%	58.36%	91.26%
Employee Benefits %	22.19%	18.85%	28.35%	6.10%

# Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2023

PAGE 3

	CURRENT MONTH				Prior Year 05/31/22
	Actual 05/31/23	Budget 05/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,429,167	2,095,498	333,670	15.92%	1,564,143
Specialty Clinic Revenue	0	0	0	0.00%	142,760
Total Gross Patient Revenue	2,429,167	2,095,498	333,670	15.92%	1,706,903
Deductions From Revenue					
Discounts and Allowances	(1,078,791)	(944,044)	(134,747)	-14.27%	(852,846)
Total Deductions From Revenue	(1,078,791)	(944,044)	(134,747)	-14.27%	(852,846)
Net Patient Revenue	1,350,377	1,151,453	198,923	17.28%	854,057
Other Operating Revenue	43,934	51,815	(7,882)	-15.21%	53,650
Total Operating Revenue	1,394,310	1,203,269	191,042	15.88%	907,707
Operating Expenses					
Salaries and Wages	1,256,318	1,162,945	(93,372)	-8.03%	1,200,355
Fringe Benefits	278,825	225,353	(53,472)	-23.73%	189,079
Contract Labor	0	0	0	0.00%	0
Physicians Fees	62,293	123,857	61,564	49.71%	69,279
Purchased Services	1,912	7,096	5,175	73.02%	13,823
Supply Expense	14,520	19,285	4,765	24.71%	19,946
Utilities	914	2,500	1,585	63.42%	1,128
Repairs and Maintenance	2,745	9,192	6,447	70.14%	14,685
Insurance Expense	20,205	18,002	(2,203)	-12.24%	16,739
All Other Operating Expenses	162,897	122,185	(40,712)	-33.32%	107,416
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,586	3,571	(15)	-0.43%	3,737
Depreciation and Amortization	8,360	6,758	(1,602)	-23.71%	9,622
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,812,574	1,700,733	(111,842)	-6.58%	1,645,809
Net Operating Surplus/(Loss)	(418,264)	(497,464)	79,200	-15.92%	(738,102)
Total Net Surplus/(Loss)	(418,264)	(497,464)	\$79,200	-15.92%	(738,102)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(418,264)	(497,464)	\$79,200	-15.92%	(738,102)
Operating Margin	-30.00%	-41.34%			-81.32%
Total Profit Margin	-30.00%	-41.34%			-81.32%
EBIDA	-23.40%	-40.76%			-80.26%



# Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Eleven months ended May 31, 2023

PAGE 4

	YEAR-TO-DATE				Prior Year 05/31/22
	Actual 05/31/23	Budget 05/31/23	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	25,006,499	22,344,278	2,662,220	11.91%	17,703,322
Specialty Clinic Revenue	0	0	0	0.00%	2,985,046
Total Gross Patient Revenue	25,006,499	22,344,278	2,662,220	11.91%	20,688,368
Deductions From Revenue					
Discounts and Allowances	(11,122,928)	(10,050,149)	(1,072,779)	-10.67%	(9,310,639)
Total Deductions From Revenue	(11,122,928)	(10,050,149)	(1,072,779)	-10.67%	(9,310,639)
Net Patient Revenue	13,883,571	12,294,132	1,589,438	12.93%	11,357,829
Other Operating Revenue	431,987	579,521	(147,534)	-25.46%	592,420
Total Operating Revenue	14,315,558	12,873,654	1,441,904	11.20%	11,950,249
Operating Expenses					
Salaries and Wages	13,439,259	12,419,052	(1,020,207)	-8.21%	12,771,454
Fringe Benefits	2,533,763	2,408,388	(125,375)	-5.21%	2,189,436
Contract Labor	0	0	0	0.00%	0
Physicians Fees	710,261	1,306,823	596,562	45.65%	716,296
Purchased Services	81,851	79,610	(2,241)	-2.81%	153,119
Supply Expense	203,359	233,897	30,537	13.06%	186,770
Utilities	13,775	27,462	13,687	49.84%	13,318
Repairs and Maintenance	102,116	159,584	57,468	36.01%	181,949
Insurance Expense	185,114	190,261	5,146	2.70%	168,116
All Other Operating Expenses	1,378,444	1,214,078	(164,366)	-13.54%	1,204,659
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	36,183	39,039	2,856	7.32%	38,468
Depreciation and Amortization	90,067	75,176	(14,891)	-19.81%	111,985
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	18,774,193	18,153,369	(620,824)	-3.42%	17,735,570
Net Operating Surplus/(Loss)	(4,458,635)	(5,279,715)	821,081	-15.55%	(5,785,321)
Total Net Surplus/(Loss)	(4,458,635)	(5,279,715)	821,081	-15.55%	(5,785,321)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(4,458,635)	(5,279,715)	821,081	-15.55%	(5,785,321)
Operating Margin	-31.15%	-41.01%			-48.41%
Total Profit Margin	-31.15%	-41.01%			-48.41%
EBIDA	-30.52%	-40.43%			-47.47%

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

**PAGE 5**

	Actual 5/31/2023	Actual 4/30/2023	Actual 3/31/2023	Actual 2/28/2023	Actual 1/31/2023
Gross Patient Revenue					
Clinic Revenue	\$2,429,167	\$2,139,602	\$2,519,030	\$2,025,043	\$2,443,375
Specialty Clinic Revenue	\$0	\$0	\$0	\$0	\$0
Total Gross Patient Revenue	\$2,429,167	\$2,139,602	\$2,519,030	\$2,025,043	\$2,443,375
Deductions From Revenue					
Discounts and Allowances	(\$1,078,791)	(\$929,422)	(\$1,105,820)	(\$948,497)	(\$1,090,382)
Total Deductions From Revenue	(\$1,078,791)	(\$929,422)	(\$1,105,820)	(\$948,497)	(\$1,090,382)
Net Patient Revenue	\$1,350,377	\$1,210,180	\$1,413,410	\$1,076,546	\$1,346,993
Other Operating Revenue	\$43,934	\$39,958	\$40,995	\$35,482	\$40,919
Total Operating Revenue	1,394,310	1,250,137	1,454,405	1,112,037	1,387,912
Operating Expenses					
Salaries and Wages	\$1,256,318	\$1,250,382	\$1,221,400	\$1,221,606	\$1,236,970
Fringe Benefits	\$278,825	\$277,921	\$264,654	\$248,570	\$267,208
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$62,293	\$78,330	\$62,578	\$52,152	\$67,606
Purchased Services	\$1,912	\$1,797	\$7,333	\$7,968	\$10,005
Supply Expense	\$14,520	\$9,471	\$18,138	\$19,188	\$19,705
Utilities	\$914	\$972	\$1,876	\$1,221	\$986
Repairs and Maintenance	\$2,745	\$3,984	\$3,056	\$5,842	\$4,118
Insurance Expense	\$20,205	\$16,284	\$16,284	\$16,237	\$16,238
All Other Operating Expenses	\$162,897	\$81,612	\$115,468	\$122,180	\$108,716
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$3,586	\$3,608	\$3,310	\$3,432	\$3,660
Depreciation and Amortization	\$8,360	\$8,433	\$8,433	\$8,091	\$8,081
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,812,574	\$1,732,794	\$1,722,529	\$1,706,485	\$1,743,302
Not Operating Surplus/(Loss)	(\$418,264)	(\$482,657)	(\$268,124)	(\$594,448)	(\$355,390)
Total Not Surplus/(Loss)	(\$418,264)	(\$482,657)	(\$268,124)	(\$594,448)	(\$355,390)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$418,264)	(\$482,657)	(\$268,124)	(\$594,448)	(\$355,390)
Operating Margin	-30.00%	-38.61%	-18.44%	-53.46%	-25.61%
Total Profit Margin	-30.00%	-38.61%	-18.44%	-53.46%	-25.61%
EBIDA	-23.40%	-37.93%	-17.86%	-52.73%	-25.02%



Actual 12/31/2022	Actual 11/30/2022	Actual 10/31/2022	Actual 9/30/2022	Actual 8/31/2022	Actual 7/31/2022	Actual 6/30/2022	Actual 5/31/2022
\$2,582,451	\$2,202,509	\$2,345,959	\$2,162,806	\$2,356,988	\$1,799,568	\$1,448,630	\$1,308,860
\$0	\$0	\$0	\$0	\$0	\$0	\$343,674	\$161,892
\$2,582,451	\$2,202,509	\$2,345,959	\$2,162,806	\$2,356,988	\$1,799,568	\$1,792,304	\$1,470,752
(\$1,134,681)	(\$985,048)	(\$1,111,978)	(\$927,592)	(\$1,027,367)	(\$777,549)	(\$814,085)	(\$701,578)
(\$1,134,681)	(\$985,048)	(\$1,111,978)	(\$927,592)	(\$1,027,367)	(\$777,549)	(\$814,085)	(\$701,578)
\$1,447,770	\$1,217,461	\$1,233,981	\$1,235,214	\$1,329,621	\$1,022,019	\$978,219	\$769,173
\$27,776	\$37,208	\$41,354	\$39,391	\$42,453	\$42,516	\$46,757	\$58,125
1,475,545	1,254,662	1,275,335	1,274,605	1,372,073	1,064,536	1,024,977	828,299
\$1,261,706	\$1,212,758	\$1,246,750	\$1,263,961	\$1,042,504	\$1,230,905	\$1,061,614	\$940,167
\$197,665	\$184,592	\$203,138	\$202,670	\$206,681	\$201,840	\$149,184	\$184,159
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$45,281	\$70,437	\$80,401	\$87,448	\$59,970	\$83,765	\$146,371	\$114,521
\$9,136	\$9,838	\$8,835	\$8,150	\$9,068	\$7,824	\$15,910	\$13,208
\$13,287	\$23,429	\$24,210	\$24,164	\$19,379	\$17,868	\$21,987	\$15,954
\$982	\$1,010	\$1,010	\$1,905	\$1,907	\$991	\$2,404	\$1,933
\$6,268	\$22,234	\$12,337	\$14,326	\$13,311	\$13,898	\$16,834	\$16,580
\$16,625	\$16,625	\$16,625	\$16,625	\$16,625	\$16,739	\$13,611	\$13,611
\$170,453	\$138,818	\$134,434	\$53,151	\$140,839	\$150,077	\$83,557	\$82,775
\$3,035	\$4,316	\$2,360	\$3,284	\$3,013	\$2,604	\$4,093	\$4,022
\$8,110	\$8,110	\$8,110	\$8,110	\$8,110	\$8,110	\$12,936	\$12,937
\$1,732,546	\$1,692,162	\$1,712,211	\$1,663,774	\$1,521,195	\$1,734,622	\$1,506,431	\$1,399,867
(\$287,001)	(\$437,800)	(\$438,876)	(\$389,163)	(\$149,122)	(\$670,066)	(\$463,484)	(\$571,868)
(\$287,001)	(\$437,800)	(\$438,876)	(\$389,163)	(\$149,122)	(\$670,066)	(\$463,484)	(\$571,868)
0	0	0	0	0	0	0	0
(\$287,001)	(\$437,800)	(\$438,876)	(\$389,163)	(\$149,122)	(\$670,066)	(\$463,484)	(\$571,868)
-17.42%	-34.87%	-34.26%	-30.53%	-10.87%	-47.17%	-69.01%	-39.86%
-17.42%	-34.87%	-34.26%	-30.53%	-10.87%	-47.17%	-69.01%	-39.86%
-16.87%	-34.22%	-33.62%	-29.90%	-10.28%	-45.91%	-67.44%	-38.67%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Eleven months ended May 31, 2023

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative) Variance	Prior Year		Actual	Budget	Positive/ (Negative) Variance	Prior Year
05/31/23	05/31/23		05/31/22		05/31/23	05/31/23		05/31/22
Outpatient Statistics:								
5,811	4,577	1,234	4,611	Clinic Visits - Primary Care	58,611	55,015	3,596	46,371
649	446	203	561	Clinic Visits - Specialty Clinics	5,975	5,230	745	5,656
Productivity Statistics:								
73.05	68.57	4.48	69.18	FTE's - Worked	70.47	68.57	1.90	64.33
78.82	75.35	3.47	72.13	FTE's - Paid	78.61	75.35	3.26	71.58

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
CASH DISBURSEMENT SUMMARY FOR MAY 23**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	414	8,713,333.85
CAPITAL EQUIPMENT (PLANT FUND)	9	121,458.49
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	212,046.37
PAYROLL MAY 11, 2023		1,747,874.09
PAYROLL MAY 27, 2023		1,658,364.13
TOTAL CASH OUTFLOW		<u>\$9,046,838.71</u>
CASH COLLECTIONS		9,014,355.06
INCREASE/DECREASE IN CASH		-\$32,483.65

**PLANT FUND CASH DISBURSEMENTS  
FISCAL YEAR 2023**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002534	7/15/2022	CERNER CORPORATION	24,262.00	CERNER ANESTHESIA CARTS		
<b>JULY TOTALS</b>					<b>24,262.00</b>	<b>24,262.00</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002535	8/12/2022	EAGLE COMPACTION	18,250.00	TRASH COMPACTOR		
002536	8/12/2022	OLYMPUS AMERICA INC	10,755.50	URETERSCOPE		
002537	8/18/2022	ROBERT I MERRILL COMPANY	16,434.00	RATED DOOR FOR MBD IMAGE & SURGERY		
<b>AUGUST TOTALS</b>					<b>45,439.50</b>	<b>69,701.50</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002538	9/1/2022	OLYMPUS AMERICA INC	9,388.49	URETERSCOPE		
002539	9/9/2022	WASATCH CONTROLS (HARRIS A)	71,250.00	BUILDING AUTOMATION		
002540	9/15/2022	WASATCH CONTROLS (HARRIS A)	73,150.00	BUILDING AUTOMATION		
002541	9/22/2022	MITCHELL ACOUSTICS, INC	15,360.00	BUILDING AUTOMATION		
<b>SEPTEMBER TOTALS</b>					<b>169,148.49</b>	<b>238,849.99</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002542	10/6/2022	DATEX-OHMEDA, INC.	5,637.50	WIRELESS FETAL MONITOR		
002543	10/18/2022	FIRSTCHOICE FORD LINCOLN	59,910.87	PLOW TRUCK		
002544	10/20/2022	BIG SKY PLUMBING LLC	20,241.00	BULK OXYGEN		
<b>OCTOBER TOTALS</b>					<b>85,789.37</b>	<b>324,639.36</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002545	11/22/2022	MD ANDERSON CANCER CENTER	1,150.00	SRS HEAD		
<b>NOVEMBER TOTALS</b>					<b>1,150.00</b>	<b>325,789.36</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002546	12/1/2022	GRAINGER	1,174.21	WATER LINE TIE IN		
002547	12/1/2022	ROCK SPRINGS WINNELSON CO	582.02	WATER LINE TIE IN		
002548	12/1/2022	SIMPLYGROUP, LLC (SIMPLYNA	34,380.86	SYNOLOGY BACKUP SOLUTIONS		
002549	12/1/2022	HILL-ROM	8,860.50	VOLARA AIRWAY CLEARANCE DEVICE		
002550	12/2/2022	EAGLE COMPACTION	18,250.00	TRASH COMPACTOR		
002551	12/8/2022	ROCK SPRINGS WINNELSON CO	4,266.68	WATER LINE TIE IN		
002552	12/15/2022	CDW GOVERNMENT LLC	11,207.64	SCAN GUNS		
002553	12/22/2022	BELMONT MEDICAL TECHNOLOC	33,795.00	BELMONT RAPID INFUSERS (2)		
002554	12/22/2022	OLYMPUS AMERICA INC	10,976.38	UROLOGY CYSTOSCOPY EQUIPMENT		
002555	12/22/2022	ROCK SPRINGS WINNELSON CO	446.85	WATER LINE TIE IN		
002556	12/22/2022	WASATCH CONTROLS (HARRIS A)	81,225.00	BUILDING AUTOMATION		
<b>DECEMBER TOTALS</b>					<b>205,165.14</b>	<b>530,954.50</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002546	1/12/2023	NETDAIS	4,950.00	INTERNET EDGE		
002547	1/12/2023	WASATCH CONTROLS (HARRIS A)	145,312.95	BUILDING AUTOMATION		
<b>JANUARY TOTALS</b>					<b>150,262.95</b>	<b>681,217.45</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002559	2/3/2023	NETDAIS	750.00	INTERNET EDGE		
002560	2/9/2023	BELMONT MEDICAL TECHNOLOC	37,175.00	BELMONT RAPID INFUSERS		
002561	2/9/2023	OLYMPUS AMERICA INC	745.77	UROLOGY CYSTOSCOPY EQUIP		
002562	2/16/2023	CAREFUSION PYXIS	18,000.00	CERNER INTERFACE FOR PYXIS		
002563	2/16/2023	OLYMPUS AMERICA INC	3,014.62	UROLOGY CYSTOSCOPY EQUIP		
002564	2/16/2023	ROCK SPRINGS WINNELSON CO	36,710.83	HEAT EXCHANGER		
002565	2/16/2023	WASATCH CONTROLS (HARRIS A)	43,160.00	COIL REPLACEMENT		
<b>FEBRUARY TOTALS</b>					<b>159,556.22</b>	<b>840,773.67</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002566	3/2/2023	OLYMPUS AMERICA INC	1,871.73	UROLOGY CYSTOSCOPY EQUIP		
002567	3/2/2023	STAXI CORPORATION	13,951.24	WHEELCHAIRS		
002568	3/2/2023	RADIOMETER AMERICA INC	18,233.50	FABL90 FLEX PLUS ANALYZER		
002569	3/9/2023	NETDAIS	1,800.00	INTERNET EDGE		
002570	3/15/2023	CERNER CORPORATION	1,600.00	CERNER MDR MONITORS(3)		
002571	3/23/2023	CERNER CORPORATION	25,640.63	CERNER MDR MONITORS(3)		
002571	3/23/2023	CERNER CORPORATION	5,850.00	CERNER INTERFACE FOR ANALYZER		
002572	3/30/2023	OLYMPUS AMERICA INC	22,279.05	UROLOGY CYSTOSCOPY EQUIP		
MARCH TOTALS					91,226.15	911,999.82

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002573	4/20/2023	COMPUNET, INC.	39,313.92	RAM CHIPS M5 SERVER		
002574	4/20/2023	P3 CONSULTING LLC	5,000.00	BSI EDI PLATFORM		
002575	4/27/2023	CERNER CORPORATION	27,850.00	CERNER MDR MONITORS		
002576	4/27/2023	NETDAIS	2,250.00	VPN CONNECTOR SOLUTIONS		
APRIL TOTALS					74,413.92	986,413.74

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002577	5/4/2023	MEDMART (QUEEN CITY MED MA	15,387.45	BARIATRIC BED		
002578	5/11/2023	CONVERGEONE, INC.	35,933.44	VPN CONCENTRATOR		
002579	5/18/2023	THE HARLOFF COMPANY (THE W.	19,163.18	ENDOSCOPIC DRYING CABINET		
002580	5/18/2023	MEDICAL PACKAGING LLC	19,999.00	PHARMACY REPACKAGER		
002581	5/18/2023	NETDAIS	150.00	INTERNET EDGE		
002582	5/25/2023	KARL STORZ ENDOSCOPY-AMERI	7,210.48	UROLOGY CYSTOCOP		
002583	5/25/2023	MERGE HEALTHCARE SOLUTIONS	12,000.00	MFA FOR PACS SERVERS		
002584	5/25/2023	OLYMPUS AMERICA INC	1,101.60	UROLOGY CYSTOSCOPY EQUIPMENT		
002585	5/25/2023	VYAIRE MEDICAL 211 INC.	10,513.34	VYAIRE PFT MACHINE		
MAY TOTALS					121,458.49	1,107,872.23

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS  
FISCAL YEAR 2023**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001171	7/7/2022	WASATCH CONTROLS (HARRIS .	38,000.00	BUILDING AUTOMATION		
001172	7/7/2022	WESTERN ENGINEERS & GEOLO	704.07	BUILDING AUTOMATION		
001173	7/8/2022	CERNER CORPORATION	59,427.44	CERNER TRAVEL		
WF DEBT	7/19/2022	WF DEBT SERVICE	157,080.26	WF DEBT SERVICE		
<b>JULY TOTALS</b>					<b>255,211.77</b>	<b>255,211.77</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001174	8/4/2022	WESTERN ENGINEERS & GEOLO	200.75	BUILDING AUTOMATION		
001175	8/4/2022	WYLIE CONSTRUCTION INC.	61,978.36	BULK OXYGEN		
001176	8/12/2022	PLAN ONE/ARCHITECTS	2,025.00	MOB ENTRY		
WF DEBT	8/19/2022	WF DEBT SERVICE	157,080.26	WF DEBT SERVICE		
<b>AUGUST TOTALS</b>					<b>221,284.37</b>	<b>476,496.14</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001177	9/9/2022	WESTERN ENGINEERS & GEOLO	144.75	BUILDING AUTOMATION		
001178	9/22/2022	WYLIE CONSTRUCTION INC.	13,532.04	BULK OXYGEN		
WF DEBT	9/19/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
<b>SEPTEMBER TOTALS</b>					<b>204,427.45</b>	<b>680,923.59</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001179	9/9/2022	WESTERN ENGINEERS & GEOLO	419.25	BUILDING AUTOMATION		
WF DEBT	10/18/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
<b>OCTOBER TOTALS</b>					<b>191,169.91</b>	<b>872,093.50</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001180	11/3/2022	WESTERN ENGINEERS & GEOLO	2,683.75	BUILDING AUTOMATION		
001181	11/3/2022	WYLIE CONSTRUCTION INC.	16,349.00	BULK OXYGEN		
001182	11/10/2022	PLAN ONE/ARCHITECTS	4,680.75	ONCOLOGY SUITE RENOVATION		
001183	11/10/2022	WASATCH CONTROLS (HARRIS .	23,750.00	BUILDING AUTOMATION		
001184	11/18/2022	WASATCH CONTROLS (HARRIS .	40,850.00	BUILDING AUTOMATION		
WF DEBT	11/17/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
<b>NOVEMBER TOTALS</b>					<b>279,064.16</b>	<b>1,151,157.66</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001185	12/1/2022	WESTERN ENGINEERS & GEOLO	2,108.25	BUILDING AUTOMATION		
001186	12/8/2022	PLAN ONE/ARCHITECTS	4,680.75	ONCOLOGY SUITE RENOVATION		
WF DEBT	12/19/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
<b>DECEMBER TOTALS</b>					<b>197,539.66</b>	<b>1,348,697.32</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001187	1/12/2023	PLAN ONE/ARCHITECTS	14,978.40	ONCOLOGY SUITE RENOVATION		
WF DEBT	1/10/2023	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
<b>JANUARY TOTALS</b>					<b>205,729.06</b>	<b>1,554,426.38</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001188	2/3/2023	PLAN ONE/ARCHITECTS	5,690.30	ONCOLOGY SUITE RENOVATION		
WF DEBT	2/17/2023	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
<b>FEBRUARY TOTALS</b>					<b>196,440.96</b>	<b>1,750,867.34</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001189	3/9/2023	A PLEASANT CONSTRUCTION, INC	208,670.33	SULENTICH REMODEL		
001190	3/9/2023	PLAN ONE/ARCHITECTS	701.25	SULENTICH REMODEL		
001190	3/9/2023	PLAN ONE/ARCHITECTS	24,339.90	ONCOLOGY SUITE RENOVATION		
WF DEBT	3/16/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
MARCH TOTALS					423,187.06	2,174,062.40

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001191	4/6/2023	PLAN ONE/ARCHITECTS	7,997.71	ONCOLOGY SUITE RENOVATION		
WF DEBT	4/13/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
APRIL TOTALS					197,473.29	2,371,535.69

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001192	5/4/2023	A. PLEASANT CONSTRUCTION, INC	10,982.65	SULENTICH REMODEL		
001193	5/11/2023	PLAN ONE/ARCHITECTS	2,106.34	ONCOLOGY SUITE RENOVATION		
001193	5/11/2023	PLAN ONE/ARCHITECTS	9,481.80	LAB EXPANSION		
WF DEBT	5/18/2023	WF DEBT SERVICE	189,475.58	WF DEBT SERVICE		
MAY TOTALS					212,046.37	2,583,582.06



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2023

Amount	Description
12,106.08	Advertising Total
1,024.20	Billing Services Total
11,288.26	Blood Total
3,500.00	Building Lease Total
109,485.15	Café Management Total
3,668.08	Cellular Telephone Total
31,793.00	Collection Agency Total
659,943.19	Contract Maintenance Total
337,891.50	Contract Personnel Total
363.60	Courier Services Total
4,154.13	Credit Card Payment Total
3,992.56	Dialysis Supplies Total
4,995.00	Education & Travel Total
2,090.00	Education Material Total
3,724.57	Employee Recruitment Total
6,978.72	Employee Vision Plan Total
126,052.61	Equipment Lease Total
4,386.20	Food Total
2,971.47	Freight Total
2,934.39	Garbage Collection Total
888,682.58	Group Health Total
1,440.00	Homeowner Dues Total
198,450.65	Hospital Supplies Total
18,528.00	Implant Supplies Total
895.00	Instrument Total
31,261.19	Insurance Premium Total
81,619.07	Laboratory Services Total
225,762.94	Laboratory Supplies Total
3,537.55	Laundry Supplies Total
10,433.52	Legal Fees Total
326,828.43	Liability Insurance Total
4,900.00	License & Taxes Total
2,564.84	Life Insurance Total
2,374.80	Linen Total
6,200.00	Lithotripsy Services Total
41,850.46	Maintenance & Repair Total
10,849.12	Maintenance Supplies Total
654.00	Marketing & Promotional Supplies Total
2,543.64	MHSC Foundation Total
1,835.92	Minor Equipment Total
106,779.80	Non Medical Supplies Total
8,522.61	Office Supplies Total
3,803.54	Other Purchased Services Total
7,641.94	Oxygen Rental Total
295.00	Patient Refund Total
424.00	Payroll Deduction Total
8,042.43	Payroll Garnishment Total



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2023

[illegible]

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2023

Check Number	Date	Vendor Check Name	Amount	Description
192281	5/4/2023	ALL WORLD PROMOTIONS	1,059.88	Advertising
192367	5/4/2023	PILOT BUTTE BROADCASTING	650.00	Advertising
192545	5/18/2023	BEST VERSION MEDIA LLC	387.20	Advertising
192641	5/25/2023	BIG THICKET BROADCASTING	3,192.00	Advertising
192721	5/25/2023	SWEETWATER NOW, LLC	3,530.00	Advertising
EFT00000000131	5/4/2023	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT00000000140	5/11/2023	LAMAR ADVERTISING	424.00	Advertising
EFT00000000160	5/25/2023	GREEN RIVER STAR	1,310.00	Advertising
EFT00000000163	5/25/2023	LAMAR ADVERTISING	1,273.00	Advertising
192388	5/4/2023	TRUE COMMERCE, INC	106.50	Billing Services
192532	5/18/2023	ABILITY NETWORK INC	917.70	Billing Services
192737	5/25/2023	VITALANT	11,288.26	Food
192658	5/25/2023	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
192618	5/18/2023	UNIDINE CORPORATION	25,643.40	Café Management
192729	5/25/2023	UNIDINE CORPORATION	83,841.75	Café Management
192395	5/4/2023	VERIZON WIRELESS, LLC	3,668.06	Cellular Telephone
192355	5/18/2023	COLLECTION PROFESSIONALS, INC	538.00	Collection Agency
192620	5/18/2023	WAKEFIELD & ASSOCIATES, INC.	31,255.00	Collection Agency
192277	5/4/2023	ADVANCED MEDICAL REVIEWS, INC	4,257.90	Contract Maintenance
192278	5/4/2023	AGILITI SURGICAL EQUIPMENT REPAIR INC.	4,950.00	Contract Maintenance
192287	5/4/2023	AVANTE HEALTH SOLUTIONS	3,390.73	Contract Maintenance
192300	5/4/2023	CERNER CORPORATION	13,725.68	Contract Maintenance
192301	5/4/2023	CLOUDU COMMUNICATIONS INC.	85.98	Contract Maintenance
192306	5/4/2023	CONVERGEONE, INC.	3,243.35	Contract Maintenance
192298	5/4/2023	CSG, LLC	2,658.76	Contract Maintenance
192309	5/4/2023	DIV GL USA, INC.	520.00	Contract Maintenance
192310	5/4/2023	GE HEALTHCARE	32,343.28	Contract Maintenance
192330	5/4/2023	ISI WATER CHEMISTRIES	2,552.29	Contract Maintenance
192360	5/4/2023	NUANCE COMMUNICATIONS, INC	208.33	Contract Maintenance
192363	5/4/2023	OTIS ELEVATOR COMPANY	2,000.00	Contract Maintenance
192366	5/4/2023	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
192371	5/4/2023	REMI CORPORATION	17,324.25	Contract Maintenance
192375	5/4/2023	SIEMENS MEDICAL SOLUTIONS USA	36,059.34	Contract Maintenance
192393	5/4/2023	VARIAN MEDICAL SYSTEMS, INC	146,686.00	Contract Maintenance
192534	5/18/2023	AGILITI SURGICAL EQUIPMENT REPAIR INC.	4,045.00	Contract Maintenance
192622	5/18/2023	CERNER CORPORATION	137,889.82	Contract Maintenance
192556	5/18/2023	COMPUNET, INC.	103,184.40	Contract Maintenance
192571	5/18/2023	GE HEALTHCARE	1,368.41	Contract Maintenance
192577	5/18/2023	INTOUCH HEALTH	7,248.00	Contract Maintenance
192596	5/18/2023	PROGRESS SOFTWARE CORPORATION	1,451.12	Contract Maintenance
192621	5/18/2023	WYODATA SECURITY INC.	2,075.00	Contract Maintenance
192638	5/25/2023	AMERICAN TELEMEDICINE CONNECT CONSORTIUM, INC.	4,996.00	Contract Maintenance
192642	5/25/2023	INSCOM	1,696.60	Contract Maintenance
192652	5/25/2023	ONCO RADIOTHERAPY	22,580.00	Contract Maintenance
192654	5/25/2023	COMPUNET, INC.	26,059.04	Contract Maintenance
192655	5/25/2023	CONSUMER FUSION INC.	1,750.00	Contract Maintenance
192677	5/25/2023	HARMONY HEALTHCARE IT	7,727.00	Contract Maintenance
192680	5/25/2023	IMPACTATA	28,440.00	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2023

192694	5/25/2023	NUANCE COMMUNICATIONS, INC	105.00	Contract Maintenance
192701	5/25/2023	PHILIPS HEALTHCARE	296.35	Contract Maintenance
192700	5/25/2023	REMI CORPORATION	2,881.14	Contract Maintenance
192713	5/25/2023	SIEMENS MEDICAL SOLUTIONS USA	13,912.78	Contract Maintenance
192720	5/25/2023	TRUE NORTH CUSTOM PUBLISHING	4,590.00	Contract Maintenance
192741	5/25/2023	WYODATA SECURITY INC.	1,515.00	Contract Maintenance
EFT00000000137	5/11/2023	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
EFT00000000145	5/11/2023	STATE FIRE DC SPECIALTIES	3,130.60	Contract Maintenance
EFT00000000165	5/25/2023	STATE FIRE DC SPECIALTIES	150.00	Contract Maintenance
W/T	5/22/2023	CLINIC TRIZETTO FEE	5,854.66	Contract Maintenance
W/T	5/22/2023	ORTHO TRIZETTO FEE	437.00	Contract Maintenance
W/T	5/4/2023	ZENITH	420.42	Contract Maintenance
192310	5/4/2023	ELWOOD STAFFING SERVICES, INC	3,293.88	Contract Personnel
192312	5/4/2023	FAVORITE HEALTHCARE STAFFING, INC.	6,412.90	Contract Personnel
192401	5/4/2023	FOCUSONE SOLUTIONS LLC	101,525.01	Contract Personnel
192563	5/18/2023	ELWOOD STAFFING SERVICES, INC	1,168.71	Contract Personnel
192569	5/18/2023	FOCUSONE SOLUTIONS LLC	111,624.14	Contract Personnel
192603	5/18/2023	SARAH BOTH	360.00	Contract Personnel
192663	5/25/2023	ELWOOD STAFFING SERVICES, INC	647.86	Contract Personnel
192668	5/25/2023	FOCUSONE SOLUTIONS LLC	116,152.88	Contract Personnel
192690	5/25/2023	PACKAGERUNNER LOGISTICS LLC	363.60	Courier Services
W/T	5/25/2023	UMB BANK	4,154.13	Credit Card Payment
192316	5/4/2023	FRESENIUS USA MARKETING, INC.	3,271.21	Dialysis Supplies
192323	5/4/2023	HENRY SCHEIN INC	140.50	Dialysis Supplies
192570	5/18/2023	FRESENIUS USA MARKETING, INC.	162.63	Dialysis Supplies
192670	5/25/2023	FRESENIUS USA MARKETING, INC.	150.00	Dialysis Supplies
EFT00000000127	5/4/2023	HENRY SCHEIN INC	112.14	Dialysis Supplies
EFT00000000162	5/25/2023	HENRY SCHEIN INC	156.08	Dialysis Supplies
192263	5/4/2023	AMERICAN MEDICAL ASSOCIATION	3,175.00	Education & Travel
192322	5/4/2023	HFMA	465.00	Education & Travel
192410	5/10/2023	WVO. SOCIETY-HEALTHCARE ENGIN.	100.00	Education & Travel
192357	5/4/2023	MAMSS	55.00	Education & Travel
192693	5/25/2023	NEUROMONITORING TECHNOLOGIES	1,200.00	Education & Travel
192575	5/18/2023	HEALTHCARESOURCE HR, INC.	2,080.00	Education Material
192325	5/4/2023	HOLIDAY INN - ROCK SPRINGS	356.00	Employee Recruitment
192329	5/4/2023	INSIGHT SCREENING LLC	1,533.57	Employee Recruitment
192742	5/25/2023	WYOMING NURSES ASSOCIATION INC	160.00	Employee Recruitment
EFT00000000133	5/4/2023	SST TESTING +, INC.	925.00	Employee Recruitment
EFT00000000144	5/11/2023	SST TESTING +, INC.	750.00	Employee Recruitment
192396	5/4/2023	VISION SERVICE PLAN - WY	6,976.72	Employee Vision Plan
192297	5/4/2023	CAREFUSION SOLUTIONS, LLC	26,485.80	Equipment Lease
192390	5/4/2023	US BANK EQUIPMENT FINANCE	293.69	Equipment Lease
192558	5/18/2023	COPPER & SUPPLY COMPANY	424.00	Equipment Lease
192665	5/18/2023	SHADOW MOUNTAIN WATER CO, WY	49.95	Equipment Lease
192697	5/18/2023	SIEMENS FINANCIAL SERVICES, INC	37,080.85	Equipment Lease
192619	5/18/2023	US BANK EQUIPMENT FINANCE	1,398.12	Equipment Lease
192656	5/25/2023	COPPER & SUPPLY COMPANY	9,209.54	Equipment Lease
192673	5/25/2023	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
192712	5/25/2023	SHADOW MOUNTAIN WATER CO, WY	278.72	Equipment Lease

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192726	5/25/2023	TIMEPAYMENT CORP	2,625.10	Equipment Lease
192731	5/25/2023	US BANK EQUIPMENT FINANCE .	1,024.71	Equipment Lease
192313	5/4/2023	F B MCFADDEN WHOLESAL	1,457.75	Food
192566	5/18/2023	F B MCFADDEN WHOLESAL	759.25	Food
192666	5/25/2023	F B MCFADDEN WHOLESAL	2,169.20	Food
192314	5/4/2023	FED EX	121.29	Freight
192617	5/18/2023	TRIPOSE, INC	955.96	Freight
192727	5/25/2023	TRIPOSE, INC	1,894.22	Freight
EFT000000000148	5/11/2023	WWS - ROCK SPRINGS	2,934.39	Garbage Collection
W/T	5/19/2023	BLUE CROSS BLUE SHIELD 5/12/23	263,786.16	Group Health
W/T	5/5/2023	BLUE CROSS BLUE SHIELD 4/28/23	217,277.45	Group Health
W/T	5/12/2023	BLUE CROSS BLUE SHIELD 5/5/23	182,853.18	Group Health
W/T	5/18/2023	FURTHER FLEX 5/17/23	6,851.00	Group Health
W/T	5/25/2023	FURTHER FLEX 5/24/23	4,141.18	Group Health
W/T	5/4/2023	FURTHER FLEX 5/3/23	3,686.77	Group Health
W/T	5/11/2023	FURTHER FLEX 5/10/23	3,307.21	Group Health
W/T	5/20/2023	FURTHER ADMIN FEE	286.00	Group Health
W/T	5/26/2023	BLUE CROSS BLUE SHIELD 5/19/23	206,493.63	Group Health
192547	5/18/2023	BLUFFS HOMEOWNERS ASSN.	1,440.00	Homeowner Dues
192373	5/4/2023	ABBOTT NUTRITION	15.73	Hospital Supplies
192284	5/4/2023	APPLIED MEDICAL	3,874.00	Hospital Supplies
192291	5/4/2023	B BRAIN MEDICAL INC.	2,747.30	Hospital Supplies
192289	5/4/2023	BARD MEDICAL	144.72	Hospital Supplies
192290	5/4/2023	BARD PERIPHERAL VASCULAR INC	3,583.65	Hospital Supplies
192293	5/4/2023	BOSTON SCIENTIFIC CORP	9,309.18	Hospital Supplies
192295	5/4/2023	CARDINAL HEALTH/V. MUELLER	15,776.63	Hospital Supplies
192307	5/4/2023	COOK MEDICAL INCORPORATED	1,910.01	Hospital Supplies
192308	5/4/2023	DIAGNOSTICA STAGO INC	3,399.94	Hospital Supplies
192324	5/4/2023	HILL-ROM	1,308.92	Hospital Supplies
192327	5/4/2023	HOLOGIC, INC.	2,625.00	Hospital Supplies
192335	5/4/2023	KARL STORZ ENDOSCOPY-AMERICA	13,809.92	Hospital Supplies
192336	5/4/2023	KCI USA	254.36	Hospital Supplies
192344	5/4/2023	LINDE GAS & EQUIPMENT, INC.	994.80	Hospital Supplies
192346	5/4/2023	MANRET LAB, INC	724.95	Hospital Supplies
192347	5/4/2023	MCKESSON MEDICAL-SURGICAL	6,984.05	Hospital Supplies
192348	5/4/2023	MEDI-DOSE INCORPORATED	373.40	Hospital Supplies
192350	5/4/2023	MEDTRONIC, USA	314.00	Hospital Supplies
192354	5/4/2023	MINDRAY DS USA, INC.	1,482.58	Hospital Supplies
192362	5/4/2023	OLYMPUS AMERICA INC	9,531.40	Hospital Supplies
192364	5/4/2023	OWENS & CORNING FIBER OPTICS	771.96	Hospital Supplies
192370	5/4/2023	RADIOMETER AMERICA INC.	1,125.81	Hospital Supplies
192372	5/4/2023	RESMED CORP	76.80	Hospital Supplies
192380	5/4/2023	STERIS CORPORATION	6,288.76	Hospital Supplies
192387	5/4/2023	TIG-ANIM HEALTH SERVICES INC	326.59	Hospital Supplies
192533	5/18/2023	VAESCLAP INC	432.50	Hospital Supplies
192535	5/18/2023	Varian Incorporated	153.34	Hospital Supplies
192536	5/18/2023	APPLIED MEDICAL	548.00	Hospital Supplies
192538	5/18/2023	VAETHEX INC.	6,168.50	Hospital Supplies
192542	5/18/2023	BARD PERIPHERAL VASCULAR INC	1,912.05	Hospital Supplies



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192548	5/18/2023	BOSTON SCIENTIFIC CORP	7,860.76	Hospital Supplies
192560	5/18/2023	C R BARD INC	767.90	Hospital Supplies
192551	5/18/2023	CARDINAL HEALTH/V. MUELLER	18,469.24	Hospital Supplies
192557	5/18/2023	COOK MEDICAL INC.	222.75	Hospital Supplies
192562	5/18/2023	DIAGNOSTICA STAGO INC	292.75	Hospital Supplies
192574	5/18/2023	HEALTHCARE LOGISTICS INC	180.64	Hospital Supplies
192578	5/18/2023	J & J HEALTH CARE SYSTEMS INC	5,960.80	Hospital Supplies
192583	5/18/2023	MCKESSON MEDICAL-SURGICAL	785.18	Hospital Supplies
192586	5/18/2023	MEDTRONIC USA INC	348.00	Hospital Supplies
192592	5/18/2023	OWENS & MINOR 90005430	4,578.62	Hospital Supplies
192599	5/18/2023	RADIOMETER AMERICA INC	748.92	Hospital Supplies
192600	5/18/2023	RESPIRONICS	26.34	Hospital Supplies
192610	5/18/2023	STERIS CORPORATION	313.34	Hospital Supplies
192616	5/18/2023	TRI-ANIM HEALTH SERVICES INC	2,362.80	Hospital Supplies
192711	5/25/2023	ABBOTT NUTRITION	3.35	Hospital Supplies
192634	5/25/2023	AESCLAP INC	157.00	Hospital Supplies
192639	5/25/2023	B BRAUN MEDICAL INC.	843.86	Hospital Supplies
192643	5/25/2023	BOSTON SCIENTIFIC CORP	1,493.60	Hospital Supplies
192647	5/25/2023	CARDINAL HEALTH/V. MUELLER	9,449.78	Hospital Supplies
192649	5/25/2023	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
192661	5/25/2023	DIAGNOSTICA STAGO INC	1,900.30	Hospital Supplies
192671	5/25/2023	FSI LABEL	919.50	Hospital Supplies
192678	5/25/2023	HIOLOGIC, INC.	50.00	Hospital Supplies
192681	5/25/2023	J & J HEALTH CARE SYSTEMS INC	6,395.17	Hospital Supplies
192683	5/25/2023	KARL STORZ ENDOSCOPY-AMERICA	6,029.50	Hospital Supplies
192684	5/25/2023	KCI USA	317.95	Hospital Supplies
192689	5/25/2023	MASIMO AMERICAS, INC.	660.00	Hospital Supplies
192690	5/25/2023	MEDI-DOSE INCORPORATED	126.15	Hospital Supplies
192695	5/25/2023	OLYMPUS AMERICA INC	2,668.00	Hospital Supplies
192697	5/25/2023	OWENS & MINOR 90005430	5,999.24	Hospital Supplies
192699	5/25/2023	PERFORMANCE HEALTH SUPPLY INC	6,187.83	Hospital Supplies
192705	5/25/2023	QUEST MEDICAL	337.24	Hospital Supplies
192707	5/25/2023	RADIOMETER AMERICA INC	1,339.20	Hospital Supplies
192709	5/25/2023	RESPIRONICS	178.00	Hospital Supplies
192717	5/25/2023	STERIS CORPORATION	4,875.29	Hospital Supplies
192720	5/25/2023	SUREMARK CO	228.00	Hospital Supplies
192736	5/25/2023	VERATHON INC.	828.00	Hospital Supplies
192738	5/25/2023	WABBE SANITARY SUPPLY	4,160.95	Hospital Supplies
EFT00000000121	5/4/2023	BIODEX MEDICAL SYSTEMS INC	180.00	Hospital Supplies
EFT00000000123	5/4/2023	BREG INC	48.88	Hospital Supplies
EFT00000000126	5/4/2023	HANDY DIAGNOSTICS	865.84	Hospital Supplies
EFT00000000134	5/4/2023	STRYKER INSTRUMENTS	329.16	Hospital Supplies
EFT00000000138	5/11/2023	BREG INC	202.81	Hospital Supplies
EFT00000000139	5/11/2023	HANDY DIAGNOSTICS	17.47	Hospital Supplies
EFT00000000146	5/11/2023	STRYKER INSTRUMENTS	131.65	Hospital Supplies
EFT00000000150	5/18/2023	BSN MEDICAL INC	159.56	Hospital Supplies
EFT00000000151	5/18/2023	HANDY DIAGNOSTICS	387.28	Hospital Supplies
EFT00000000156	5/25/2023	BEEKLEY CORPORATION	98.88	Hospital Supplies
EFT00000000158	5/25/2023	BREG INC	59.51	Hospital Supplies

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EFT000000000164	5/25/2023	OVATION MEDICAL	47.80	Hospital Supplies
EFT000000000166	5/25/2023	STRYKER INSTRUMENTS	329.16	Hospital Supplies
192615	5/18/2023	TREACE MEDICAL CONCEPTS, INC.	7,028.00	Implant Supplies
192696	5/25/2023	OSSIO, INC.	11,500.00	Implant Supplies
192564	5/18/2023	ETHICON ENDO-SURGERY, INC	895.00	Instrument
192309	5/4/2023	PROVIDENT LIFE & ACCIDENT	31,261.19	Insurance Premium
192280	5/4/2023	ALLERMETRIX INC	776.00	Laboratory Services
192292	5/4/2023	BIOMERIEUX, INC.	12,117.07	Laboratory Services
192692	5/25/2023	METABOLIC NEWBORN SCREENING	5,973.52	Laboratory Services
192719	5/25/2023	SUMMIT PATHOLOGY	216.53	Laboratory Services
EFT000000000155	5/25/2023	ARUP LABORATORIES, INC.	62,535.95	Laboratory Services
192285	5/4/2023	ASSOCIATES OF CAPE COD INC	42.00	Laboratory Supplies
192294	5/4/2023	CARDINAL HEALTH	89,764.62	Laboratory Supplies
192299	5/4/2023	CEPHEID	7,654.38	Laboratory Supplies
192315	5/4/2023	FISHER HEALTHCARE	7,210.49	Laboratory Supplies
192379	5/4/2023	STATLAB MEDICAL PRODUCTS	252.41	Laboratory Supplies
192382	5/4/2023	STRECK LABORATORIES INC	315.97	Laboratory Supplies
192539	5/18/2023	ASSOCIATES OF CAPE COD INC	130.00	Laboratory Supplies
192549	5/18/2023	CANCER DIAGNOSTICS, INC	111.95	Laboratory Supplies
192550	5/18/2023	CARDINAL HEALTH	72,745.08	Laboratory Supplies
192560	5/18/2023	FISHER HEALTHCARE	11,036.27	Laboratory Supplies
192645	5/25/2023	CANCER DIAGNOSTICS, INC	111.95	Laboratory Supplies
192646	5/25/2023	CARDINAL HEALTH	12,697.89	Laboratory Supplies
192650	5/25/2023	CEPHEID	35.00	Laboratory Supplies
192667	5/25/2023	FISHER HEALTHCARE	18,323.00	Laboratory Supplies
192716	5/25/2023	STATLAB MEDICAL PRODUCTS	333.46	Laboratory Supplies
EFT000000000122	5/4/2023	BIO-RAD LABORATORIES	651.92	Laboratory Supplies
EFT000000000125	5/4/2023	GREER LABORATORIES, INC	743.80	Laboratory Supplies
EFT000000000129	5/4/2023	ORTHO-CLINICAL DIAGNOSTICS INC	535.85	Laboratory Supplies
EFT000000000130	5/4/2023	PDC HEALTHCARE	29.56	Laboratory Supplies
EFT000000000142	5/11/2023	ORTHO-CLINICAL DIAGNOSTICS INC	1,324.85	Laboratory Supplies
EFT000000000157	5/25/2023	BIO-RAD LABORATORIES	1,367.10	Laboratory Supplies
EFT000000000161	5/25/2023	GREER LABORATORIES, INC	325.39	Laboratory Supplies
EFT000000000128	5/4/2023	MARTIN-RAY LAUNDRY SYSTEMS	1,110.05	Laundry Supplies
EFT000000000141	5/11/2023	MARTIN-RAY LAUNDRY SYSTEMS	2,427.50	Laundry Supplies
192657	5/25/2023	CROWLEY FLECK ATTORNEYS	462.00	Legal Fees
192702	5/25/2023	PHILLIPS LAW, LLC	9,971.52	Legal Fees
192391	5/4/2023	USI INSURANCE SERVICES WYOMING	267,645.66	Liability Insurance
192733	5/25/2023	USI INSURANCE SERVICES WYOMING	59,182.77	Liability Insurance
192734	5/25/2023	U S NUCLEAR REGULATORY COMM	4,900.00	License & Taxes
192359	5/4/2023	NEW YORK LIFE INSURANCE COMPANY	2,564.84	Life Insurance
192376	5/4/2023	STANDARD TEXTILE	1,317.24	Linon
192714	5/25/2023	STANDARD TEXTILE	1,457.56	Linon
192743	5/25/2023	WYOMING UROLOGICAL SERVICES, LP	6,200.00	Lithotripsy Services
192302	5/4/2023	AMERIWATER	730.31	Maintenance & Repair
192361	5/4/2023	OHIO MEDICAL, LLC	398.96	Maintenance & Repair
192365	5/4/2023	PAINTSOURCE	3,207.00	Maintenance & Repair
192385	5/4/2023	TECHNICAL SAFETY SERVICES, LLC	730.00	Maintenance & Repair
192396	5/4/2023	TOTAL IMAGING SOLUTIONS, LLC	835.00	Maintenance & Repair



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192392	5/4/2023	UTAH CONTROLS INC	2,882.00	Maintenance & Repair
192394	5/4/2023	VEONIA WTS SERVICES USA, INC.	1,322.00	Maintenance & Repair
192399	5/4/2023	WYOELECTRIC, INC	2,158.00	Maintenance & Repair
192540	5/18/2023	AUGUSTO JAMIAS	1,875.00	Maintenance & Repair
192541	5/18/2023	RADGER DAYLIGHTING CORP	3,049.34	Maintenance & Repair
192594	5/18/2023	PARTSSOURCE	369.85	Maintenance & Repair
192608	5/18/2023	SPECTRUM MICROSCOPE SERVICES	1,435.00	Maintenance & Repair
192632	5/25/2023	A & B HOME IMPROVEMENTS	4,040.00	Maintenance & Repair
192735	5/25/2023	VAUGHNS PLUMBING & HEATING	1,380.00	Maintenance & Repair
EFT000000000143	5/11/2023	SERVCO	15,406.70	Maintenance & Repair
EFT000000000153	5/18/2023	SERVCO	1,911.24	Maintenance & Repair
192303	5/4/2023	CODALE ELECTRIC SUPPLY, INC	244.21	Maintenance Supplies
192320	5/4/2023	GRAINGER	593.20	Maintenance Supplies
192400	5/4/2023	WYOMING MACHINERY COMPANY	413.82	Maintenance Supplies
192554	5/18/2023	CODALE ELECTRIC SUPPLY, INC	917.97	Maintenance Supplies
192565	5/18/2023	FASTENAL COMPANY	39.91	Maintenance Supplies
192573	5/18/2023	GRAINGER	478.13	Maintenance Supplies
192576	5/18/2023	HOME DEPOT	1,043.62	Maintenance Supplies
192636	5/25/2023	ALPINE PURE SOFT WATER	970.20	Maintenance Supplies
192653	5/25/2023	CODALE ELECTRIC SUPPLY, INC	747.60	Maintenance Supplies
192674	5/25/2023	GRAINGER	995.74	Maintenance Supplies
192679	5/25/2023	HOME DEPOT	1,185.97	Maintenance Supplies
192740	5/25/2023	WOOL WAREHOUSE	640.87	Maintenance Supplies
EFT000000000119	5/4/2023	ACE HARDWARE	74.16	Maintenance Supplies
EFT000000000132	5/4/2023	SHERWIN WILLIAMS CO	77.29	Maintenance Supplies
EFT000000000135	5/11/2023	ACE HARDWARE	134.93	Maintenance Supplies
EFT000000000147	5/11/2023	ULINE, INC	2,291.50	Maintenance Supplies
192704	5/25/2023	PURPLE LIZARDS, LLC	654.00	Marketing & Promotional Supplies
192405	5/9/2023	MHSC-FOUNDATION	1,261.82	MHSC Foundation
192628	5/23/2023	MHSC-FOUNDATION	1,281.82	MHSC Foundation
192546	5/18/2023	BLOXR SOLUTIONS LLC	1,281.00	Minor Equipment
192604	5/18/2023	SENSONICS, INC	205.49	Minor Equipment
EFT000000000152	5/18/2023	LABORE MEDICAL TECHNOLOGIES CORP	349.43	Minor Equipment
192349	5/4/2023	MEDLINE INDUSTRIES INC	22,981.42	Non Medical Supplies
192585	5/18/2023	MEDLINE INDUSTRIES INC	49,424.86	Non Medical Supplies
192669	5/25/2023	FOLLETT CORPORATION	4,674.42	Non Medical Supplies
192691	5/25/2023	MEDLINE INDUSTRIES INC	29,699.10	Non Medical Supplies
192311	5/4/2023	ENCOMPASS GROUP, LLC	1,826.20	Office Supplies
192328	5/4/2023	IDENTSYS INC	380.00	Office Supplies
192377	5/4/2023	STANDARD REGISTER COMPANY	1,120.40	Office Supplies
192378	5/4/2023	STAPLES BUSINESS ADVANTAGE	1,967.88	Office Supplies
192584	5/18/2023	MEDICAL ARTS PRESS	132.50	Office Supplies
192609	5/18/2023	STAPLES BUSINESS ADVANTAGE	282.35	Office Supplies
192664	5/25/2023	ENCOMPASS GROUP, LLC	1,951.73	Office Supplies
192685	5/25/2023	LABELMATCH	200.80	Office Supplies
192715	5/25/2023	STAPLES BUSINESS ADVANTAGE	640.11	Office Supplies
192382	5/4/2023	COAL TRAIL COFFEE	600.00	Other Purchased Services
192342	5/4/2023	QUICK RESPONSE TAXI	176.00	Other Purchased Services
192374	5/4/2023	SANTA FE TRAIL RESTAURANT	2,680.54	Other Purchased Services

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192582	5/18/2023	QUICK RESPONSE TAXI	290.00	Other Purchased Services
192687	5/25/2023	QUICK RESPONSE TAXI	57.00	Other Purchased Services
EFT000000000120	5/4/2023	AIRGAS INTERMOUNTAIN INC	2,669.39	Oxygen Rental
EFT000000000126	5/11/2023	AIRGAS INTERMOUNTAIN INC	223.30	Oxygen Rental
EFT000000000149	5/18/2023	AIRGAS INTERMOUNTAIN INC	162.96	Oxygen Rental
EFT000000000154	5/25/2023	AIRGAS INTERMOUNTAIN INC	4,586.29	Oxygen Rental
192402	5/4/2023	PATIENT REFUND	62.00	Patient Refund
192682	5/25/2023	PATIENT REFUND	233.00	Patient Refund
192406	5/9/2023	UNITED WAY OF SWEETWATER COUNTY	212.00	Payroll Deduction
192631	5/23/2023	UNITED WAY OF SWEETWATER COUNTY	212.00	Payroll Deduction
192403	5/9/2023	CIRCUIT COURT 3RD JUDICIAL	234.98	Payroll Garnishment
192404	5/9/2023	CIRCUIT COURT SEVENTH JUDICIAL DISTRICT	451.24	Payroll Garnishment
192276	5/2/2023	DISTRICT COURT THIRD JUDICIAL DIST	526.93	Payroll Garnishment
192409	5/9/2023	DISTRICT COURT THIRD JUDICIAL DIST	875.24	Payroll Garnishment
192406	5/9/2023	STATE OF WYOMING DFS/CSES	1,989.36	Payroll Garnishment
192407	5/9/2023	SWEETWATER CIRCUIT COURT-RS	394.44	Payroll Garnishment
192625	5/23/2023	CIRCUIT COURT 3RD JUDICIAL	416.01	Payroll Garnishment
192626	5/23/2023	CIRCUIT COURT 3RD JUDICIAL	230.78	Payroll Garnishment
192627	5/23/2023	DISTRICT COURT THIRD JUDICIAL DIST	874.99	Payroll Garnishment
192629	5/23/2023	STATE OF WYOMING DFS/CSES	1,654.02	Payroll Garnishment
192630	5/23/2023	SWEETWATER CIRCUIT COURT-RS	394.44	Payroll Garnishment
W/T	5/23/2023	PAYROLL 11	1,750,000.00	Payroll Transfer
W/T	5/19/2023	PAYROLL 10	1,700,000.00	Payroll Transfer
192352	5/4/2023	MHSC - PETTY CASH	50.75	Petty Cash
192296	5/4/2023	CARDINAL HEALTH PHARMACY MGMT	5,701.50	Pharmacy Management
192552	5/18/2023	CARDINAL HEALTH PHARMACY MGMT	4,830.00	Pharmacy Management
192648	5/25/2023	CARDINAL HEALTH PHARMACY MGMT	992,409.92	Pharmacy Management
192326	5/4/2023	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	1,226.80	Physician Recruitment
192579	5/18/2023	DR. JACOB JOHNSON	25,155.00	Physician Retention
192580	5/18/2023	DR. JEFFREY WHEELER	30,000.00	Physician Retention
192588	5/18/2023	DR. MELINDA POYER	10,000.00	Physician Retention
192304	5/4/2023	COMPHEALTH, INC.	15,275.10	Physician Services
192397	5/4/2023	WEATHERBY LOCUMS, INC.	49,088.35	Physician Services
192332	5/4/2023	JOHN A. ELYA, M.D.	20,700.00	Physician Services
192345	5/4/2023	LOCUM TENENS.COM	2,261.55	Physician Services
192356	5/4/2023	MPET HEALTHCARE, LLC	10,216.77	Physician Services
192724	5/25/2023	THE SLEEP SPECIALISTS	8,050.00	Physician Services
192730	5/25/2023	UNIVERSITY OF UTAH (UJMC OUTREACH)	122,829.33	Physician Services
192675	5/25/2023	GREAT LAKES	1,666.67	Physician Student Loan
192676	5/25/2023	GREAT LAKES EDUCATION LOAN SERVICES	1,666.67	Physician Student Loan
192659	5/25/2023	MOHELA	1,666.67	Physician Student Loan
192660	5/25/2023	MOHELA	1,666.67	Physician Student Loan
192732	5/25/2023	US DEPARTMENT OF EDUCATION	5,833.34	Physician Student Loan
192633	5/25/2023	ADVANCED MEDICAL REVIEWS, INC	212.77	Professional Service
192341	5/4/2023	CLIFTON RAISSON ALLEN LLP	3,465.00	Professional Service
192339	5/4/2023	KONICA MINOLTA MEDICAL IMAGING USA, INC	1,890.00	Professional Service
192365	5/4/2023	MOUNTAIN STATES MEDICAL PHYSICS	11,771.50	Professional Service
192553	5/18/2023	CLEANIQUE PROFESSIONAL SERVICES	4,800.00	Professional Service
192590	5/18/2023	PIETDAIS	14,550.00	Professional Service

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2023

192593	5/18/2023	P3 CONSULTING LLC	3,071.25	Professional Service
192665	5/25/2023	CE BROKER	261.26	Professional Service
EFT00000000167	5/25/2023	WESTERN STAR COMMUNICATIONS	678.00	Professional Service
192369	5/4/2023	RADIATION DETECTION COMPANY	6.70	Radiation Monitoring
192706	5/25/2023	RADIATION DETECTION COMPANY	674.80	Radiation Monitoring
192319	5/4/2023	GE HEALTHCARE INC	251.16	Radiology Material
192340	5/4/2023	LANTHEUS MEDICAL IMAGING, INC	2,077.36	Radiology Material
192581	5/18/2023	LANTHEUS MEDICAL IMAGING, INC	1,445.07	Radiology Material
192644	5/25/2023	BRACCO DIAGNOSTICS INC	881.64	Radiology Material
192672	5/25/2023	GE HEALTHCARE INC	1,391.10	Radiology Material
192700	5/25/2023	PHARMALOGIC WY, LTD	3,900.03	Radiology Material
192595	5/18/2023	DR. PRACHI PAWAR	2,169.64	Reimbursement - CME
192606	5/18/2023	SHAWN ROCKEY, PA-C	195.00	Reimbursement - CME
192331	5/4/2023	DR. JANENE GLYN	460.20	Reimbursement - Education & Travel
192398	5/4/2023	DR. WILLIAM SARETTE	755.00	Reimbursement - Education & Travel
192343	5/4/2023	LENA WARREN	128.82	Reimbursement - Education & Travel
192531	5/18/2023	AMBER FISK	365.32	Reimbursement - Education & Travel
192572	5/18/2023	GERRY JOHNSTON	1,383.01	Reimbursement - Education & Travel
192587	5/18/2023	MEGAN TOZZI	87.16	Reimbursement - Education & Travel
192591	5/18/2023	NICOLE BURKE	214.82	Reimbursement - Education & Travel
192611	5/18/2023	STEVIE NOSICH	572.26	Reimbursement - Education & Travel
192614	5/18/2023	TIFFANY URANKER-WEBB	715.85	Reimbursement - Education & Travel
192686	5/25/2023	LENA WARREN	99.18	Reimbursement - Education & Travel
192722	5/25/2023	TAMARA WALKER, FNP	548.59	Reimbursement - Education & Travel
192725	5/25/2023	TIFFANY MARSHALL	251.94	Reimbursement - Education & Travel
192333	5/4/2023	JOSEPH J. OLIVER, M.D.	993.30	Reimbursement - Insurance Premiums
192353	5/4/2023	DR. MICHAEL BOWERS	155.00	Reimbursement - License
192288	5/4/2023	DR. BANU SYMINGTON	155.00	Reimbursement - License
192334	5/4/2023	DR. JOSHUA BINKS	155.00	Reimbursement - License
192561	5/18/2023	DR. DAVID LIU	155.00	Reimbursement - License
192338	5/4/2023	KERRY DOWNS	94.86	Reimbursement - Non Hospital Supplies
192359	5/4/2023	NOREEN HOVE	221.00	Reimbursement - Payroll
W/T	5/22/2023	ABG 5/11/23	214,061.76	Retirement
W/T	5/5/2023	ABG 4/27/23	203,880.75	Retirement
192351	5/4/2023	MHSC MEDICAL STAFF	100.00	Scholarship
192589	5/18/2023	MHSC MEDICAL STAFF	50.00	Scholarship
192317	5/4/2023	GARY'S FOUNDATION INC	100.00	Sponsorship
192337	5/4/2023	KD FOUNDATION	750.00	Sponsorship
192321	5/4/2023	WOLVES BOOSTER CLUB BANQUET PROGRAM	500.00	Sponsorship
192637	5/25/2023	ALZHEIMER'S ASSOCIATION	1,000.00	Sponsorship
192710	5/25/2023	ROCK SPRINGS SOFTBALL ASSOC. MEN'S COED	1,500.00	Sponsorship
192279	5/4/2023	AM MED INC	476.71	Surgery Supplies
192305	5/4/2023	CONMED LINVATEC	394.70	Surgery Supplies
192368	5/4/2023	PROGRESSIVE MEDICAL INC.	212.60	Surgery Supplies
192383	5/4/2023	STRYKER ENDOSCOPY	433.30	Surgery Supplies
192384	5/4/2023	STRYKER ORTHOPAEDICS	9,478.38	Surgery Supplies
192537	5/18/2023	AMSTRONG MEDICAL INDUSTRIES	164.00	Surgery Supplies
192543	5/18/2023	DECTON DICKINSON	411.20	Surgery Supplies
192544	5/18/2023	MENTEC MEDICAL CIPCO, LLC	1,020.00	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
5/31/2023

[illegible]

Memorial Hospital of Sweetwater County  
County Voucher Summary  
as of month ending May 31, 2023

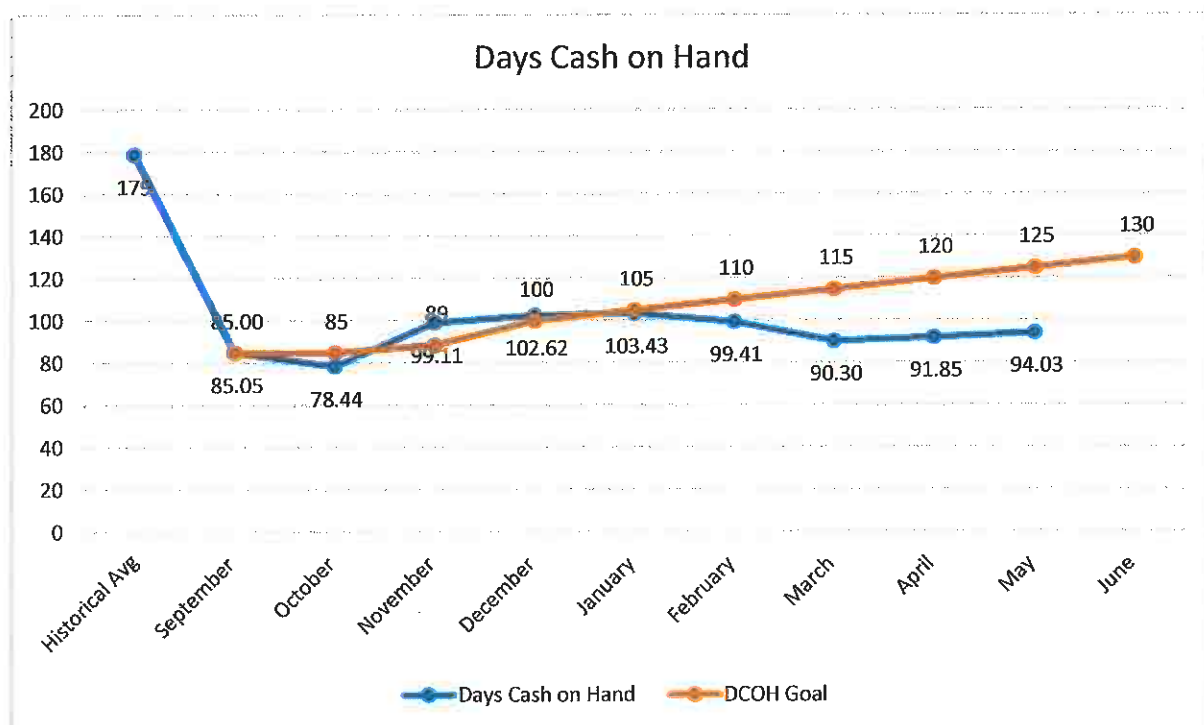
<b>Vouchers Submitted by MHSC at agreed discounted rate</b>		
July 2022		\$0.00
August 2022	\$168,183.03	
September 2022		\$0.00
October 2022	\$63,176.34	
November 2022		\$0.00
December 2022	\$53,248.26	
January 2023	\$23,945.08	
February 2023		\$0.00
March 2023	\$39,823.24	
April 2023		\$0.00
May 2023	\$45,129.07	
June 2023		
County Requested Total Vouchers Submitted	\$393,505.02	
Total Vouchers Submitted FY 23		\$393,505.02
Less: Total Approved by County and Received by MHSC FY 23		\$393,505.02
Total Vouchers Pending Approval by County		<u>\$0.00</u>

FY23 Title 25 Fund Budget from Sweetwater County	\$471,488.00
Funds Received From Sweetwater County	<u>\$393,505.02</u>
FY23 Title 25 Fund Budget Remaining	\$77,982.98
Total Budgeted Vouchers Pending Submittal to County	<u>\$0.00</u>

FY23 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY23 - July	\$258,289.40
County Maintenance FY23 - August	\$42,947.22
County Maintenance FY23 - September	\$114,358.00
County Maintenance FY23 - October	\$20,740.60
County Maintenance FY23 - November	\$47,844.61
County Maintenance FY23 - December	\$27,523.75
County Maintenance FY23 - January	\$41,393.31
County Maintenance FY23 - February	\$65,606.04
County Maintenance FY23 - March	\$266,680.40
County Maintenance FY23 - April	\$562,831.67
County Maintenance FY23 - May	\$0.00
County Maintenance FY23 - June	\$0.00
	<u>\$1,448,215.00</u>
FY23 Maintenance Fund Budget Remaining	<u>\$0.00</u>

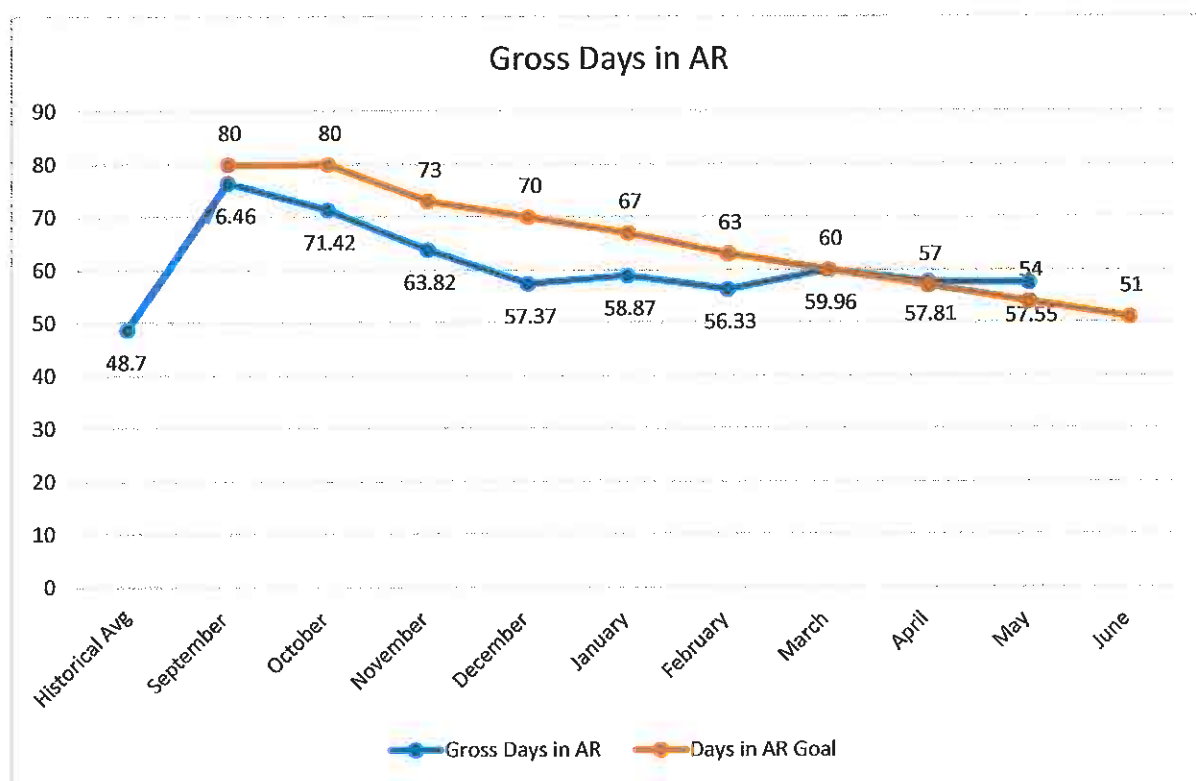
**Financial Goals – Fiscal Year 2023.** We have chosen two financial metrics to focus on for the current fiscal year: Days Cash on Hand (DCOH) and Days in Accounts Receivable (AR). We have included the historical average of 18 months prior to Cerner implementation for reference.

- **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.
  - We saw an increase in DCOH of 2 days in May and did not meet the goal in May. Cash collections came in at \$9 million. Daily cash expense decreased slightly to \$290,741 year to date.



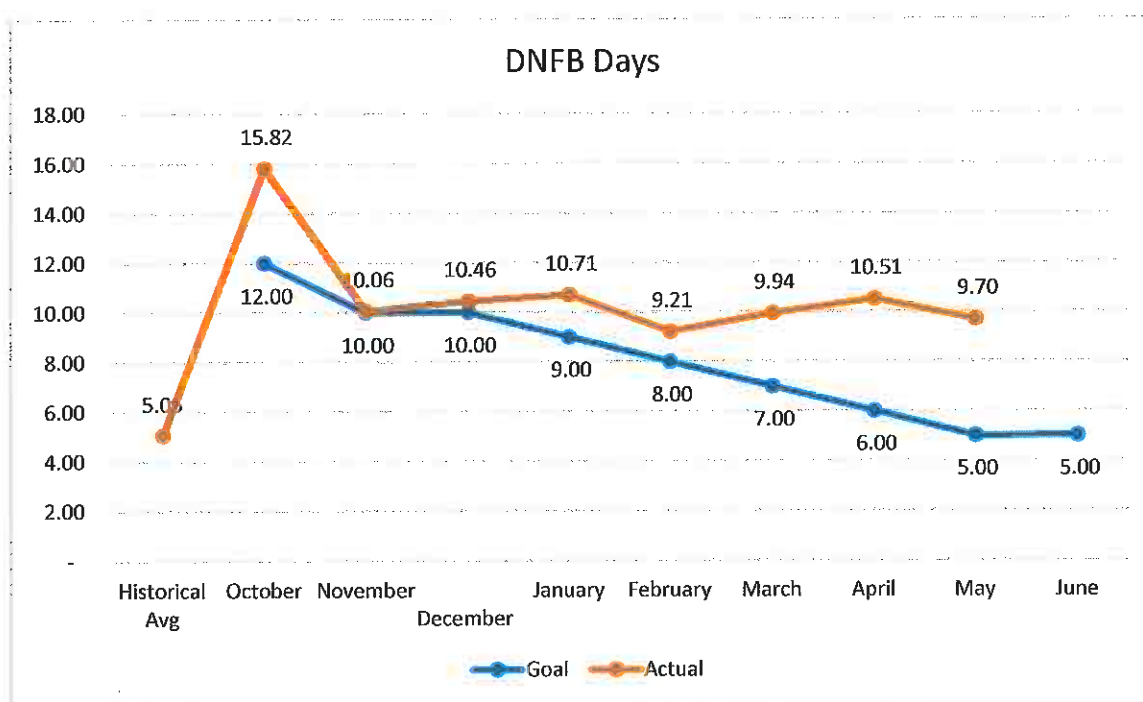


- **Days in Accounts Receivable** represents the number of days of patient charges tied up in unpaid patient accounts. We have set a short-term goal of 70 days by December 31, 60 days by March 31 and 51 days by year end.
  - We use a 3-month average calculation in the financial statements for this metric. Days in AR for May decreased slightly to 57.55, coming in under our goal of 54 days. Gross accounts receivable continued to decrease in May, even with the higher revenue month.

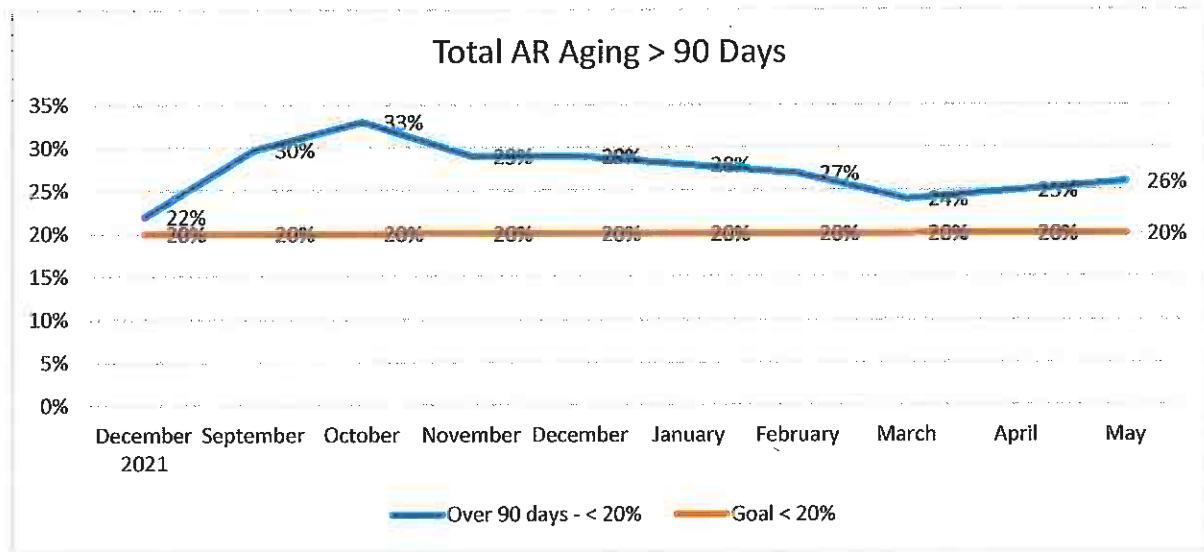


**Revenue Cycle Goals – Fiscal Year 2023** - In addition to these main goals, we have set goals for some corresponding financial metrics that are impacting the revenue cycle:

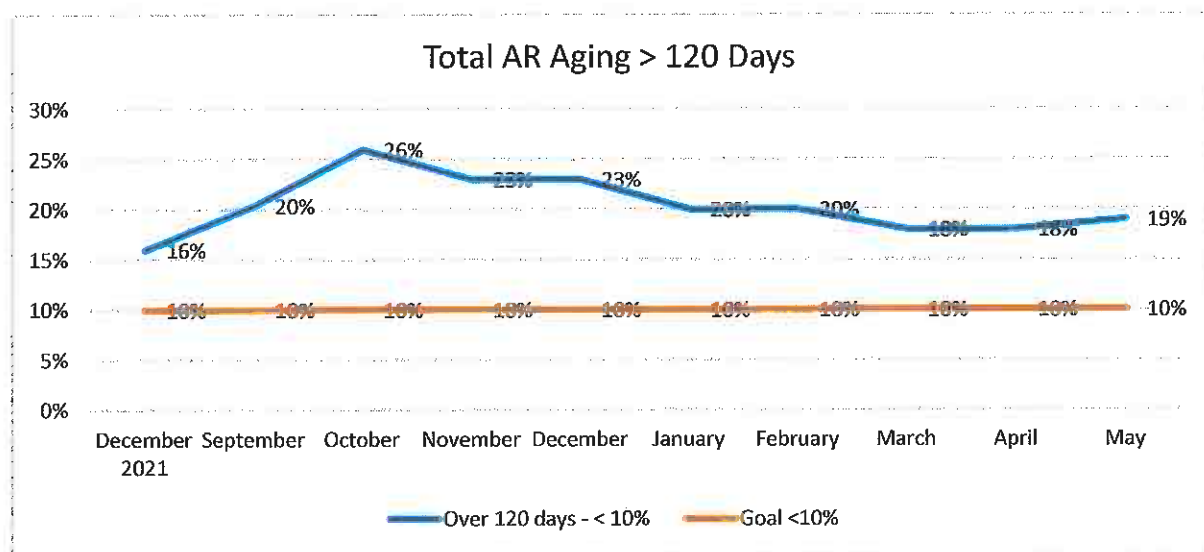
- **DNFB Days – Discharged Not Final Billed days.** These are patient accounts where the patient has been discharged but the account has not been sent for billing. Several categories of accounts fall under DNFB including billing holds, corrections required, credit balances, waiting for coding, ready 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 9.7 for May. We did not meet the goal for May and continue to work through issues delaying billing and clean claims, including delayed documentation, payer billing edits, coding backlog and waiting on charges to be built.



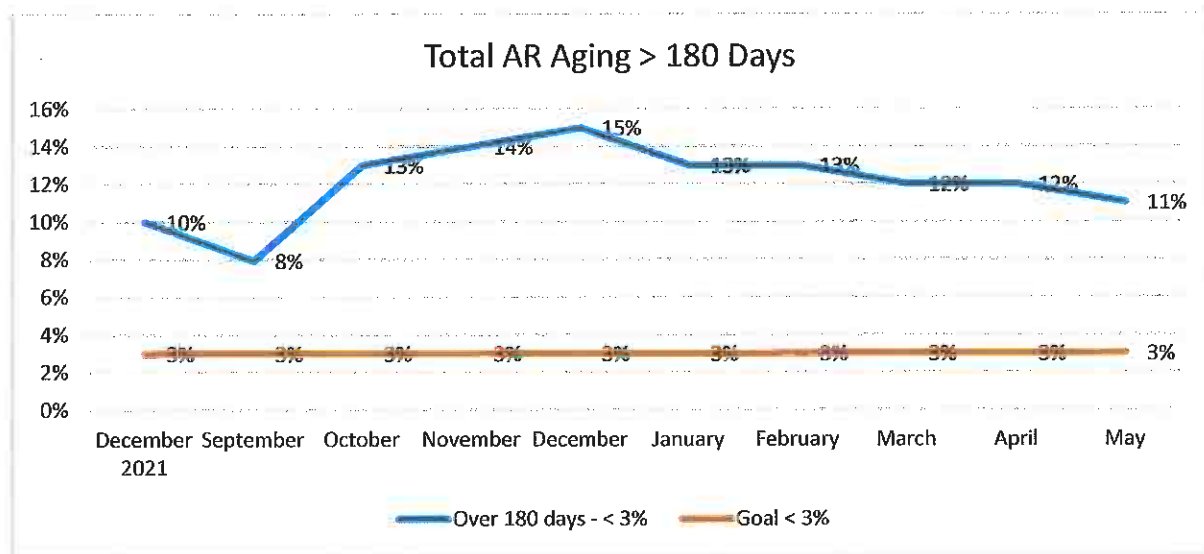
- **Total Accounts Receivable aging** – These goals were set based on national benchmarks received from CLA and are set as follows:
  - Days over 90 days set be < 20% of total AR
  - Days over 120 days set at < 10% of total AR
  - Days over 180 days set at < 3% of total AR
- Also shown is December 31, 2021, as comparison data from pre-Cerner. Total Days in AR continue to decrease.



- Days over 90 days increased to 26% for May



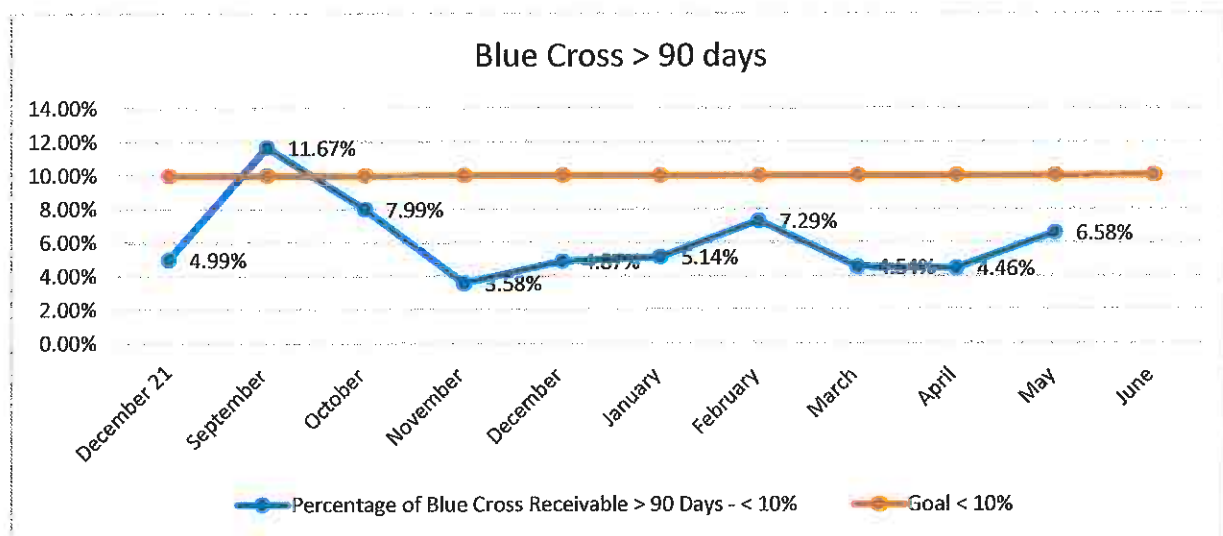
- Days over 120 days increased to 19% for May

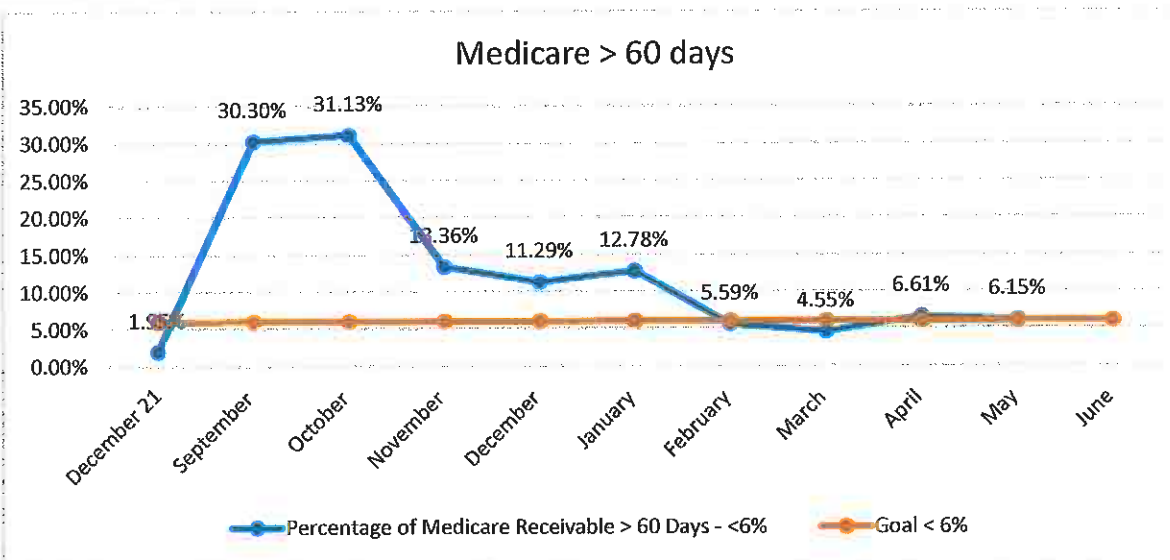
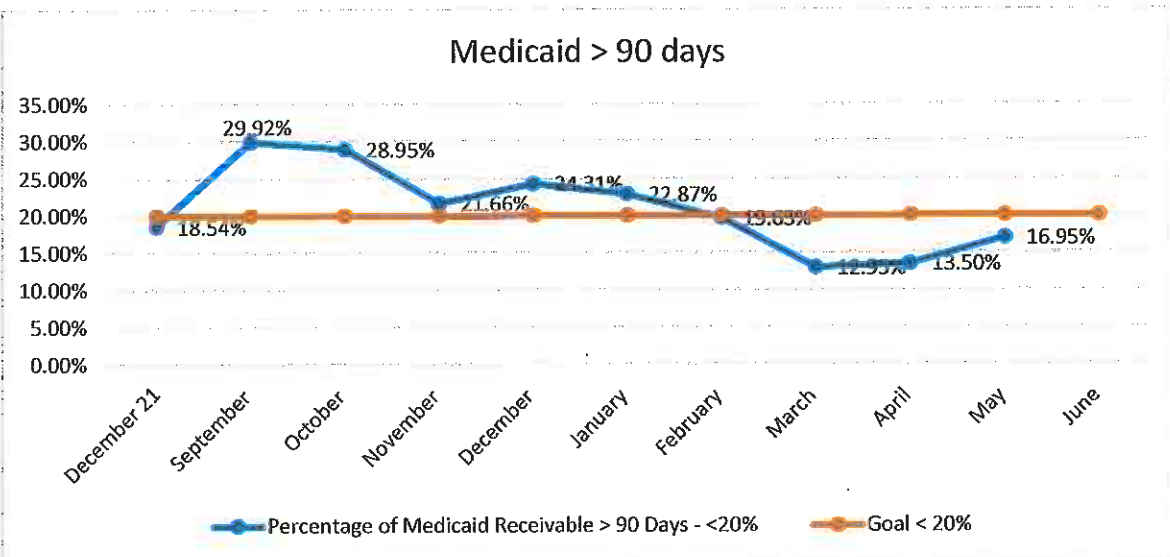
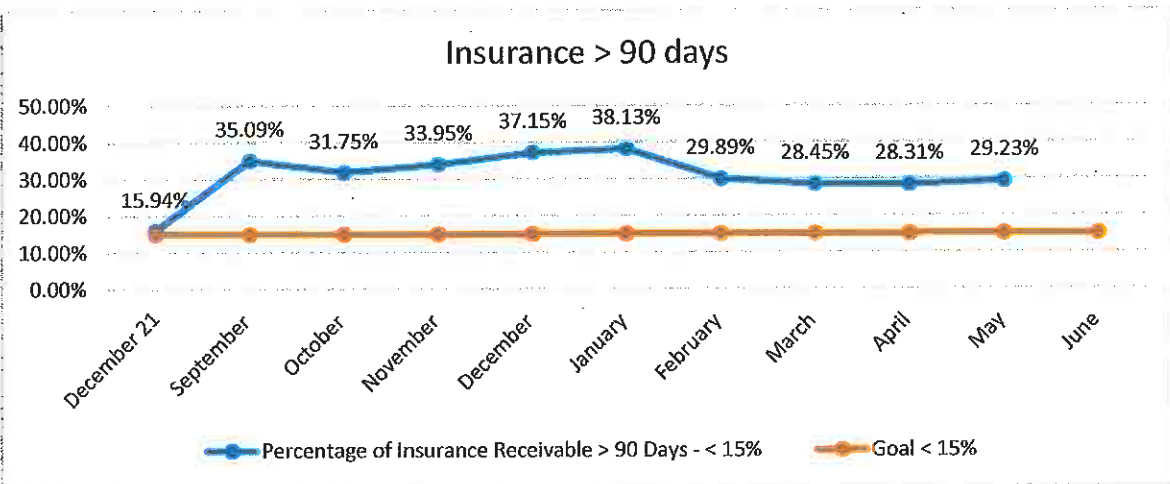


- Days over 180 days decreased to 11% for May


- **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. We have met the aging goals for Blue Cross, Medicare and Medicaid and are seeing slow progress in Commercial payer aging. These goals are as follows:

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





MEMO: June 28, 2023

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary June, 2023 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$ 1,899,231.43
Hospital Accounts Affinity	\$ 1,302.32
Hospital Payment Plans Affinity	\$ 727.82
Medical Clinic Accounts EMD's	\$ 19,039.44
Ortho Clinic Accounts EMD's	\$ 00.00
Total Potential Bad Debt	\$ 1,920,301.01

Accounts Returned	\$ - 620,499.86	
Net Bad Debt Turned		\$ 1,099,801.15

Recoveries Collection Agency Cerner	\$ - 59,753.91	
Recoveries Collection Agency Affinity	\$ - 107,758.26	
Recoveries Payment Plans Affinity	\$ - 7,065.77	
Medical Clinic Recoveries EMD's	\$ - 5,938.60	
Ortho Clinic Recoveries EMD's	\$ - 1,693.79	
Total Bad Debt Recoveries		\$ - 182,210.33

Net Bad Debt Less Recoveries	\$ 1,117,590.82
------------------------------	-----------------



**Self Pay Plan  
Information and Results  
JUNE, 2023**

	<b>FY 20</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>
<b>SELF PAY DISCOUNTS</b>	821,271.00	983,066.30	1,353,208.58	724,819.25
	CURRENT FY PROJECTION			790,711.91
	MAY TOTAL			118,501.91

\*This 20% discount is generated by sending the first private pay statement to the guarantor for a specific account. In addition we offer the discount to patients that call in reference to their account in an effort to allow them the opportunity to pay the account in full during the conversation.

		<b>FY21</b>	<b>FY22</b>	<b>FY23</b>
<b>HARDSHIP PROGRAM</b>	FY TOTAL	75,053.94	3,164.60	42,133.56
<b>50% DISCOUNT</b>	MAY TOTAL			0.00

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

**TOTAL SELF PAY PAYMENTS**

FY 19	7,931,404.51
FY 20	8,093,427.44
FY 21	7,763,867.42
FY 22	7,359,544.59
FY 23	3,625,665.23

**TOTAL SELF PAY REVENUE**

FY 19	12,651,794.61
FY 20	13,566,281.12
FY 21	14,306,425.74
FY22	14,129,092.76
FY 23	13,383,018.29

## Self Pay Plan Information and Results

PAGE 2

### MEDICAL ASSISTANCE

FY19	2,122,865.57
FY20	2,579,929.74
FY21	2,890,990.97
FY22	1,534,631.43
FY23	1,835,846.88

### PAYMENT PLANS

FY19	1,838,325.22
FY20	1,926,052.70
FY21	1,727,454.11
FY22	1,025,407.18
FY23 CURRENT CERNER FORMAL PMT PLANS	CERNER UNABLE TO CALCULATE AT THIS TIME

### PATIENT NAVIGATION

	FY 21	FY22	FY23
ACTUAL COST SAVINGS OF FREE OR REPLACEMENT MEDICATION	103,822.00	261,211.00	285,333.00
COPAY ASSISTANCE *ACTUAL COLLECTIONS	12,467.00	40,733.69	51,976.00
INSURANCE MAXIMUMIZATION *ACTUAL COLLECTIONS	216,951.00	1,015,657.00	1,058,933.00
PREMIUM ASSISTANCE *ACTUAL COLLECTIONS	284,777.00	798,050.00	823,191.00
TOTAL COST SAVINGS AND COLLECTED REVENUE	618,017.00	2,115,651.69	2,219,433.00
TOTAL EXPENSE TO RUN PATIENT NAVIGATION DEPT FY22	139,826.00	142,622.52	162,690.00
GOAL - TOTAL DEPT EXPENSE PLUS 500% FY 23	153,808.60	156,884.77	976,140.00
TOTAL AMOUNT WE HAVE EXCEEDED OUR GOAL BY	464,208.40	1,958,766.92	1,243,293.00

\*NOTE: Cost savings of free and/or replacement drug is the actual MHSC cost of products that we acquired for the patient and would have been considered uncollectable.

\* NOTE: FY 23 Goal increased to Total Expense Plus 500%

## MEMORANDUM

To: Board of Trustees  
From: Wm. Marty Kelsey  
Subject: Chair's Report...June Building & Grounds Committee Meeting  
Date: June 28, 2023

Oncology Suite Renovation...Work should begin by sometime in September. The State has approved the ingress/egress issues involving the entrance.

Building Automation System...The work is about 95% done. Final balancing still needs to be completed.

Bulk Oxygen/Landscaping Project...Work continues with the warmer weather. A new riser had to be built. More concrete work to be done. Cleanup work needs to be done as well. Project should be completed by the end of July.

Lightning Arrest System...Project was originally scheduled to be completed by June 30<sup>th</sup>. However, supply chain issues have caused needed parts and supplies to be delayed. It is hoped that work can commence on this project by mid-July and completed by early Fall.

Medical Imaging Core & X-Ray Project...Hospital is waiting on Plan One Architects for plans and specs. Once received, more information about this project will be forthcoming.

Laboratory Renovation Project...Will Wheatley, Plan One Architects, is recommending that the Hospital utilize the Construction Manager at Risk (CMAR) option allowed by State Statute. He believes this gives the Hospital the best chance of controlling costs. A motion was approved to recommend this option to the Board of Trustees at its July meeting.

Foundation Lab...Hospital staff is studying potential options regarding how best to re-purpose this space. Irene said that a Hospital task force should have a recommendation for the Building & Grounds Committee to review at its September meeting. Ed suggested that the Hospital should consider securing a legal opinion regarding the use of County maintenance funds.

University of Utah MOB area...Plan One Architects is working on the plans and specs to that the project can be bid out.

Central Scheduling Space...it is anticipated that this project can be underway by mid-July. This is a small project, but still requires approval by the State of Wyoming.

The next meeting is scheduled for Monday, July 24<sup>th</sup> instead of on the normal date

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
Building and Grounds Committee Meeting  
June 20, 2023

The Building and Grounds Committee met in regular session via Zoom on June 20, 2023,  
at 3:00 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. Gerry Johnston, *Facilities Supervisor/Project Manager*

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 May 16, 2023, meeting. Mr. Horan made a motion to approve the minutes. Mr. Tardoni seconded; motion passed.

**Maintenance Metrics**

Mr. Johnston presented the metrics for May 2023. The report included both maintenance and bio-med work orders. He said he will run the report for maintenance only and have it uploaded to the Board portal.

**Old Business – Project Review**

**Oncology Suite renovation**

Mr. Horan said the change order for the new entrance was approved by the State. Mr. Johnston said they are waiting on the schedule from the contractor, but they are hoping to start in August or September.

**Building Automation System**

Mr. Johnston said they are 95% complete with this project. He said there are a few bugs to work out and then a complete report for balancing the entire system. They are working on scheduling a time for all parties to be available.

### Bulk Oxygen

Mr. Johnston said there was a delay as the new riser was built the wrong size. We hired a third party to build a new one. Wylie Construction is back onsite today for back filling and testing. The concrete pad should be poured this week too.

### Lightning Arrest System

Mr. Horan reported there has been a delay as Wyoletric is having a hard time getting all the supplies needed. They would like to have everything onsite before starting. They are hoping to be able to start by mid-July.

### Medical Imaging Core and X-ray

Mr. Johnston said we have not received an update on plans from PlanOne at this time.

### Laboratory Renovation

Mr. Kelsey opened a discussion on which option we should look at for the Laboratory project, CMAR or Design Bid Build. At the last meeting, Mr. Wheatley recommended we do the CMAR option. Ms. Love will confirm with Mr. Wheatley. Mr. Horan made a motion to present the CMAR option to the Board for approval at their July 5<sup>th</sup> meeting. Mr. Tardoni seconded; motion passed.

### Capital Construction Grant for Foundation Lab

Ms. Richardson said we have created a team to meet to look at prioritizing our capital project list which will include any options for this space. She said we would like to have the conversation with the commissioners regarding building a project fund with our annual maintenance funds. We would like to be able to carry over these funds for larger projects. She explained the Foundation Lab has closed and was moved back into the main lab at the Hospital. We have also reopened the MOB lab for patient convenience. Mr. Tardoni asked that we get a legal decision on the state statute regarding the maintenance funds. Mr. Kelsey asked what the timeline was for the taskforce. Ms. Richardson said we would be ready to present an update at the September Building & Grounds meeting.

### University of Utah MOB Space

Mr. Johnston reported that Mr. Wheatley is on schedule to have the drawings to the State by the end of the month. We would then start the bid process for this project.

### Central Scheduling Space

Mr. Johnston said all of the contractors are on board with a plan to start on July 10. He is estimating a 2-3 week build for the project itself. They will then have to wait for the State for a final onsite inspection.

### **New Business**

No new business was reported.

### **Other Business**

Mr. Kelsey made a request for Jim to give him a tour of the ongoing projects. Mr. Horan said he would love to and asked if it could be scheduled after July 10 and before the next meeting. There was discussion to invite the new Board member as well.

Mr. Kelsey said new board committee assignments would be made in July. He was not sure who would be on this committee for next year but wanted to thank the staff and Mr. Tardoni for all their work on Building & Grounds. Ms. Richardson also thanked Mr. Tardoni for his work on the committee.

The next meeting is tentatively Monday, July 24, 2023, at 2:30 pm. This will depend on committee assignments.

Mr. Kelsey adjourned the meeting at 3:45 pm.

*Submitted by Tami Love*



## ORIENTATION MEMO

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Board Meeting Date: July 5, 2023

Topic for Old & New Business Items: Laboratory renovation build options

Policy or Other Document:

<input type="checkbox"/>	Revision
<input checked="" type="checkbox"/>	New

Brief Senior Leadership Comments: The Building and Grounds Committee discussed build options for the Laboratory renovation project. The two options are Construction Manager at Risk (CMAR) and Design Bid Build.

Board Committee Action: The Building and Grounds Committee motioned to recommend the CMAR option to the Board for approval.

Policy or Other Document:

<input type="checkbox"/>	For Review Only
<input checked="" type="checkbox"/>	For Board Action

Legal Counsel Review:

<input type="checkbox"/>	In House	Comments:
<input type="checkbox"/>	Board	Comments:

Senior Leadership Recommendation: Irene Richardson, CEO and Tami Love, CFO recommend approval of a CMAR build option for the laboratory renovation project.

# MHSC Board of Trustees Report

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Attached are the reports that Matt Jackman, Foundation President, and Tiffany Marshall, Foundation Executive Director presented in the MHSC Trustee and MHSC Foundation joint board meeting on June 21<sup>st</sup>. Because that meeting was recently held, there isn't any additional information to be presented this month.

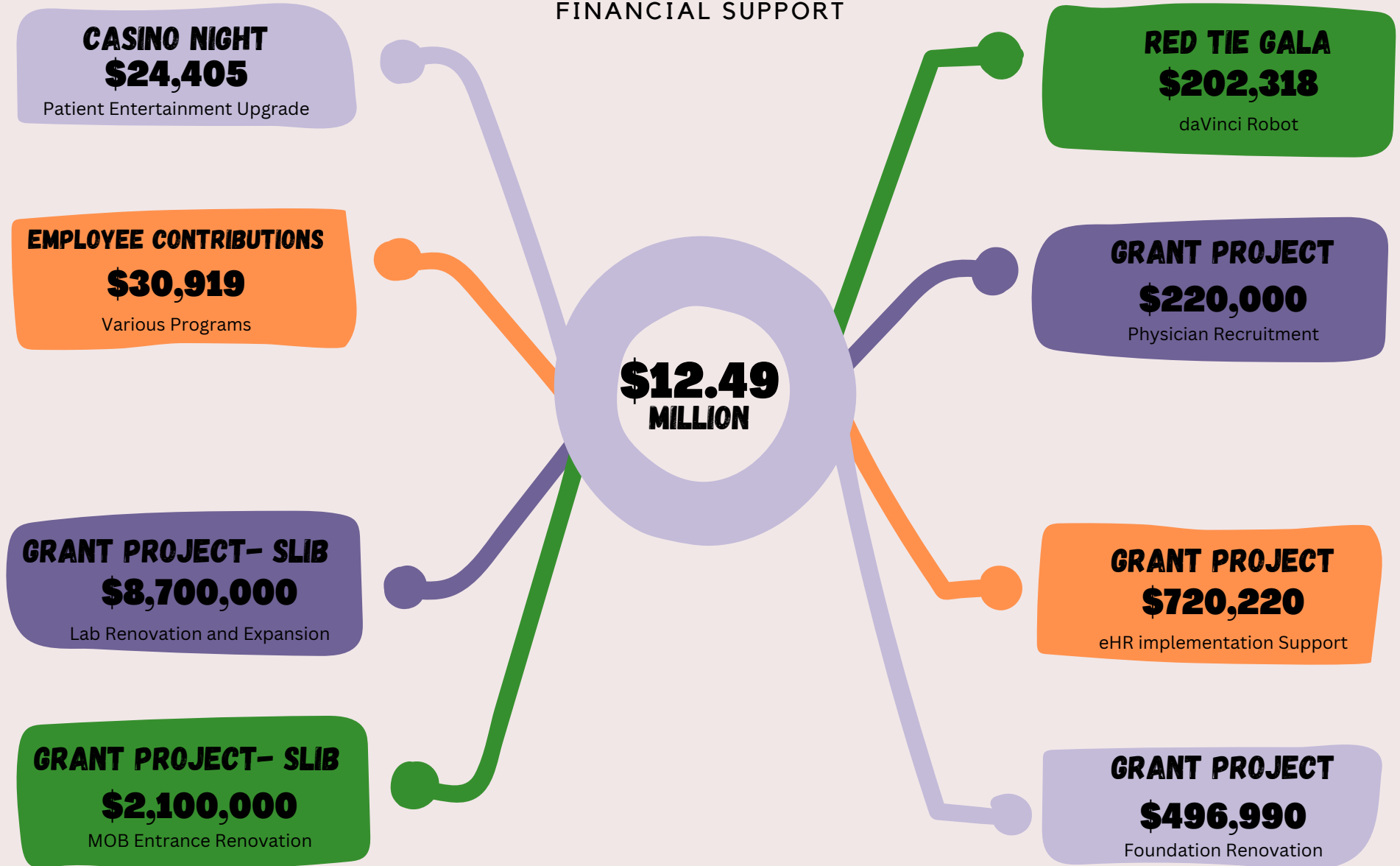
Submitted by: Tiffany Marshall

*A year in review*

# MEMORIAL HOSPITAL FOUNDATION

FISCAL YEAR 2022

FINANCIAL SUPPORT



## KEY PROJECTS

Though raising money is our purpose, the Foundation has also implemented and supported many projects.

1

### NOT-FOR-PROFIT PRESENTATIONS

Presentations to provide information to the community to better understand healthcare financials.

2

### PATIENT ENTERTAINMENT UPGRADE

Fully funded the patient entertainment upgrade to improve patient experiences.

3

### DONOR WALL

Installed a Friends of the Foundation Donor wall to properly recognize all donors.

4

### GUARDIAN ANGEL

Rolled out and currently presenting the Guardian Angel program to recognize staff.

5

### WALDNER HOUSE

Hosted 32 patients and 21 guests for a total of 326 nights stayed at no charge to the patients.

6

### FINANCIAL SUPPORT

The Foundation has committed to \$1,583,000 to funding the Lab renovation and expansion and the daVinci robot.

7

### EMPLOYEE CONTRIBUTIONS & REWARDS

Provided over 100 rewards to staff members who have contributed to the employee giving program.



# Memorial Hospital Foundation

## Looking Ahead in 2023-2024

### MAJOR PROJECT

As part of the Foundation's **Strategic Pillar- Become the Charity of Choice**, the Foundation is developing a major project campaign to get community buy-in and support of the hospital's laboratory renovation and expansion.



**DONATE NOW**

### DONATION PLATFORM

As part of the **Foundation's Strategic Pillar- Increase Org. Awareness**, the Foundation will evaluate if the current donation platform is an efficient process to capturing donations online. Also part of the project is establishing an online monthly giving program.

### INCREASE REVENUE STREAMS

As part of the **Foundation's Strategic Pillar- Successful Fundraising Activities**, the Foundation will be looking to partner with local businesses to create and build an internal giving program. In addition, the Foundation looks to build it's donor database by growing the \$100 club.



### INCREASE FINANCIAL STANDING

As part of the **Foundation's Strategic Pillar- Increase Financial Standing**, the Foundation recently invested \$750K into 6, 12, and 18 month CDs. The Foundation is currently working on an Investment Policy to continue with investments in the near and distant future.





**Board Compliance Committee Meeting  
Memorial Hospital of Sweetwater County  
June 26<sup>th</sup>, 2023**

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

**Minutes**

**Call to Order**

The meeting was called to order at 9:02am by Kandi Pendleton.

**Agenda**

The June agenda was approved as written, Irene made the motion and Taylor seconded it. Kandi asked if the agenda had to be approved and it was decided that it doesn't. During the agenda approval discussion Kandi Pendleton asked if the committee needed to vote after each motion and get a second since we have such a small voting committee. It was agreed that the committee did not.

**Meeting Minutes**

The meeting minutes from the April 24<sup>th</sup>, 2023 meeting were presented. Taylor made the motion to approve the minutes as written and Suzan seconded. Motion carried.

**New Business**

There was no new business.

**Old Business**

- A. Timeline-The updated Admitting audit timeline was presented for review. Suzan reported that this audit had given us a lot of insight into our process and we have been able to fix things as we go. She stated that we had been notified about issues with ABN's not being generated for Medicare patients and that we have worked with Cerner and spoken to doctors and have potentially figured it out. Suzan also noted that this audit has been different because there is no policy for training admissions staff-we basically have nothing to audit against. She added that April has come up with the audit based on information we have received from staff. April added that ABN stands for Advanced Beneficiary Notice and is given when Medicare may not pay for a test or procedure. She further explained that ABN's are generated based on "frequency" and "lack of information". Jodi Corely spoke to our physicians about noticing "flags" when they order tests for patients and that they need to look for the correct information to make everyone else's job easier. April continued that Lab and Radiology Techs are the staff members having the conversation with the patient when an ABN is generated. Patients then chose if they want the test or not and sign the form. If the patient is not given the opportunity to sign an ABN, the hospital is financially responsible for whatever Medicare denies. Kandi asked for further clarification on ABN's and April further explained that Medicare patients should receive an ABN every time they come for specific lab work like a lipid, TSH or A1C. This is because Medicare will only pay for them a certain number of times (frequency) in a year. The ABN lets the patient know that Medicare is stating they may not pay and gives the patient the opportunity to deny the test. Medicare can also deny a test or procedure based on lack of information. This means that there may be additional medical codes or additional information is needed.
- B. Audit Questions. Data collected thus far was presented to the committee in a rough draft report. Since this was a rough draft, no corrections were recommended at this time.

**Standing Items-Reports**



- A. HIPAA-The HIPAA report was presented and reviewed. Suzan stated that they have been working to get better dates from HR for reporting purposes. She also reported that she followed up with HR about our process for recording corrective actions. Per HR, it is entered into our Symplr Performance Manager Program. This allows the Director to write up the incident and report the corrective action given regarding the incident. HR then signs off on it and closes the incident. This program acts as staff's "permanent record" and is not just for corrective actions. Taylor asked if this is where an employee would sign if needed and Suzan replied that yes, they could sign or decline. Kandi added that she was happy with the new report that has dates and anyone can see how long these are taking. April added that she spoke with HR and asked that they please add dates when they do things because if not, it defaults to the day they go in and close it.
- B. Red Flag Reporting. Suzan reported that we had received a red flag report. She stated that the employee gave no name or way to contact them and that it was not a compliance issue. She added that the report has been sent to HR and that HR would be meeting with the department involved. She said that it was strictly an HR issue and nothing to do with compliance. Taylor asked about what Red Flag Warning was. Suzan explained that it is our compliance reporting software that allows people to report compliance issue anonymously. She continued that it replaced the old "Compliance Hotline" phone that we had and that there are posters up all over the hospital about it. Suzan also stated that people can report online, they are asked several questions, and then the submitted report comes directly to Suzan. Kandi added that she thought we had had this a year or so and Suzan said yes and that this is 2<sup>nd</sup> or 3<sup>rd</sup> one we have received. Suzan also stated that we never received calls on the old system and that 3 in a year is pretty normal.
- C. Exclusionary Report- The Exclusionary report was presents and Suzan reported that there was nothing on it for our physicians.

### **Additional Discussion**

Kandi asked if Suzan signs all the corrective actions or if she just sees them. Suzan stated that she sees all of them but only signs on "final written" actions. Kandi further questioned if we needed to go back and check for employee signatures-if it would be a compliance item. Suzan asked if they wanted signatures checked on any and all corrective actions and Kandi answered yes. Suzan stated that she believes she could do it through our Performance Manager program. Taylor added that this was brought up at a recent Board meeting and there was a lot of signatures missing leading them to believe that there are holes in the process-why are things not being signed? Suzan said that she will meet with HR and Irene to get this figured out. Kandi added that it didn't have to be anything big-just a check.

### **Next Meeting**

The next meeting is tentatively scheduled for **July 24th, 2023 @ 9:00am.** This is pending the appointment of new committee members and their schedule.

### **Adjournment**

The meeting adjourned at 9:37am

Respectfully Submitted,

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April Prado, Recording Secretary

Minutes  
Governance Committee  
June 19, 2023

Present: Irene Richardson, Marty Kelsey, and Barbara Sowada

Zoom meeting called to order at 2:00 pm

Agenda approved as written

Minutes had been previously approved

Old Business

1. **Criteria for Senior Leadership Compensation policy.** Noted that draft of policy has yet to be sent to Executive Compensation & Oversight Committee for their review and recommendation.

New Business

1. **Discussed Appointment of Board Committees.** Tentative Committee Assignments:

- a. Finance and Audit
  - i. Marty – chair
  - ii. Taylor
- b. Building and Grounds
  - i. Marty – chair
  - ii. Craig
- c. Quality
  - i. Taylor – chair
  - ii. Kandi
- d. Compliance
  - i. Kandi – chair
  - ii. Barbara
- e. Human Resources
  - i. Kandi – chair
  - ii. Craig
- f. Governance
  - i. Barbara – chair
  - ii. Marty
- g. Executive Oversight
  - i. Barbara – chair
  - ii. Taylor
- h. Joint Conference
  - i. Barbara – chair
  - ii. Kandi
- i. Foundation Liaison
  - i. Taylor/Craig???

2. **Election of Officers.** Slate of officers determined:

- a. President, Barbara Sowada (term ends 24); Vice President, Taylor Jones (term ends 25); Secretary, Kandi Pendleton (term ends 26); Treasurer, Marty Kelsey (term ends 27).
3. **Discussion of Board Business Plan.** Currently, there is not a plan regarding Board oversight regarding the addition of a new service or the expansion of an existing service. Agreed that a plan may be needed and to lift discussion to full Board at July meeting. Agreed that such a policy, if needed, should have two phases: Phase One is a broad, general study by senior leadership to determine whether the service is needed. Phase Two is a business plan that includes goals to be achieved and projected revenue and expenditures. Marty volunteered to draft the policy for the July meeting.
4. **Discussion** of proposed mental health services, ortho robot, and retail pharmacy the hospital is exploring.
5. **Education Offering.** Discussed Iprotean video on physician credentialing. Decided to move that to August meeting. July program will be introduction of Board members.

Meeting adjourned at 3:30 pm.

Next meeting is July 17, 2023

Respectfully submitted,

Barbara J. Sowada, Ph.D.

## Contract Check List

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

1. Name of Contract: **FIRST AMENDMENT TO U OF U HELIPAD FACILITY USE AGREEMENT**
2. Purpose of contract, including scope and description: **MHSC entered into a helipad use agreement with the U of U September 2018. That agreement expires June 30 2023. The parties wish to extend the terms of the agreement for three more years.**
3. Effective Date: **July 1, 2023**
4. Expiration Date: **June 30, 2026**
5. Termination provisions: **not addressed in amendment termination provisions for amendment are controlled by Facility Use Agreement dated September 12, 2018** Is this auto-renew? **No**
6. Monetary cost of the contract: **U of U will pay MHSC for the use of MHSC's helipad. July 1, 2023-June 30, 2024 \$23,090.68; July 1, 2024-June 30, 2025 \$23,783.40; and July 1, 2025-June 30, 2026 \$24,496.91** Budgeted? **NA**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed in Amendment. But all other terms and provisions of the September 12, 2018 shall continue in full force and effect.**
8. Any confidentiality provisions? **Not addressed in Amendment.**
9. Indemnification clause present? **Not addressed in Amendment.**
10. Is this contract appropriate for other bids? **No**



11. Is County Attorney review required? **Will send to county attorney for input as to whether this amendment needs to be presented to county commissioners.**

FIRST AMENDMENT TO  
FACILITY USE AGREEMENT

This First Amendment to Facility Use Agreement ("First Amendment") is made and entered into this 1st day of July, 2023, by and between the University of Utah, a body politic and corporate of the State of Utah, for and on behalf of its University of Utah Hospitals and Clinics (the "University") and Memorial Hospital of Sweetwater County ("MHSC"). University and MHSC are collectively referred to herein as "Parties", or individually, as a "Party".

WHEREAS, University and MHSC entered into that certain Facility Use Agreement dated September 12, 2018 (the "Agreement") with respect to, among other things, University's use of MHSC's helipad site;

WHEREAS, the Term of the Agreement expires June 30, 2023; and

WHEREAS, the Parties wish to amend the Agreement to, among other things, extend the Term in accordance with the terms set forth herein.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Terms that are not defined in this First Amendment but that are defined in the Agreement shall have the meanings set forth in the Agreement.
2. Section 1.8 of the Agreement is hereby amended by deleting the date "June 30, 2023" and replacing it with "June 30, 2026," thereby extending the Term.
3. Addendum 1 of the Agreement is hereby amended to add the following Use Fee by fiscal year amounts for the Term extension:

<b>July 1, 2023 – June 30, 2024:</b>	\$23,090.68 annually or \$1,924.22 monthly
<b>July 1, 2024 – June 30, 2025:</b>	\$23,783.40 annually or \$1,981.95 monthly
<b>July 1, 2025 – June 30, 2026:</b>	\$24,496.91 annually or \$2,041.41 monthly

4. Except as amended by this First Amendment, all other terms and provisions of the Agreement shall continue in full force and effect and are hereby confirmed in all respects. References to the Agreement in both the Agreement and this First Amendment shall refer to the Agreement as amended hereby.
5. This First Amendment may be signed in counterparts, each of which shall constitute an original with the same effect as if the signatures both on the same instrument. The parties may sign and deliver this First Amendment by facsimile or other electronic means, such as



e-mail.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized representatives effective as of the day and year first written above.

MEMORIAL HOSPITAL OF  
SWEETWATER COUNTY

UNIVERSITY OF UTAH

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Signature)

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

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

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

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

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

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

## Contract Check List

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

1. Name of Contract: **FIBERTECH**
2. Purpose of contract, including scope and description: **HOSPITAL WINDOW WASHING SERVICE NO CHANGE IN SERVICES OR COST FROM PRIOR YEARS**
3. Effective Date: **July 1 2023**
4. Expiration Date: **June 30, 2024**
5. Rights of renewal and termination: **not addressed in this letter agreement** Is this auto-renew **No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$30,582.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Wyoming company**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **No other local companies provide commercial window washing services**
11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required? **No**



## Contract Check List

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

1. Name of Contract: **MARTIN RAY LAUNDRY SYSTEMS**
2. Purpose of contract, including scope and description: **preventative maintenance program for the hospital laundry equipment**
3. Effective Date: **July 1, 2023**
4. Expiration Date: **June 30, 2024**
5. Rights of renewal and termination: **Not in this renewal** Is this auto-renew? **No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$13,900.00 invoiced quarterly in amount of \$3480.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed in this renewal**
8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **This is the only laundry maintenance provider in the area**
11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required? **No**



## Contract Check List

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

1. Name of Contract: **The Radio Network**
2. Purpose of contract, including scope and description: **Radio advertising. Contract covers 104 ad spots on KYCS, KUGR, KFRZ, KZWB and KFZE (145 in Pinedale as an added benefit this year at no extra cost) Plus, eight months for Green River and Rock Springs sports coverage; three ads per game.**
3. Effective Date: **Aug. 1, 2023**
4. Expiration Date: **One year from effective date.**
5. Rights of renewal and termination. **Advertiser (MHSC) has the right to terminate this contract within 30 days of termination date.** Is this auto-renew?  
**No**
6. Monetary cost of the contract and is the cost included in the department budget? **Contract covers 104 ad spots on KYCS, KUGR, KFRZ, KZWB and KFZE at \$583.33 per station for 12 months at \$35,000 annually. Added cost of \$250 x 8 months for Wolves Coverages. Monthly invoices remain the same as 2021-22. Total annual cost is \$37,000. Budgeted? Yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed.**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **No**



11. Is County Attorney review required? **No**



## Contract Check List

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

1. Name of Contract: **SweetwaterNow**
2. Purpose of contract, including scope and description: **Digital advertising includes Top Billboard banner on SweetwaterNow.com and Birth Page sponsorship on SweetwaterNow.com and Facebook.**
3. Effective Date: **Aug. 1, 2023**
4. Expiration Date: **One year after effective date.**
5. Rights of renewal and termination. **Advertiser (MHSC) has the right to terminate this contract by written notice to SweetwaterNow within 60 days of termination date.** Is this auto-renew? **NO**
6. Monetary cost of the contract and is the cost included in the department budget? **Annual costs include top Billboard banner ad at \$22,800, and Birth Page sponsorship, \$12,000. Total is \$34,800 - a decrease compared to 2022-23 cost of \$39,840. Sponsored content is not included in this contract as MHSC had \$6,015 as of May 17, 2023, in reserves from previous contracts. The 2023-24 contract will be billed at \$2,900 per month compared to \$3,320 per month under the previous contract. Budgeted? YES**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed.**
8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **NO**
10. Is this contract appropriate for other bids? **NO**
11. Is County Attorney review required? **NO**



## Contract Check List

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

1. Name of Contract: **WyoRadio**
2. Purpose of contract, including scope and description:  
**Radio Advertising:** Two, four-station 5am to 8pm 30-second Keep Local Alive ad packages. One, four-station 5am to 8pm discount 30-second ad package. Resulting Monday-Sunday ad schedule on each WyoRadio station is outlined on contract. Plus, one Wyoming Cowboy/Cowgirl in-game ad sponsorship (down from three in last year's contract).  
**Digital Advertising:** One top of page 800x200 banner spot on Wyo4News.com and one 300x25 embedded digital spot on Wyo4News.com. Four 730x90 px WyoRadio banner ads on each station's landing page. Exclusive Wyo4News Job Board Sponsorship. Four featured/sponsored posts per month. Afternoon weather sponsorship on Wyo4News.
3. Effective Date: **Contract effective date is Aug. 1, 2022.**
4. Expiration Date: **One year after effective date.**
5. Rights of renewal and termination? **Hospital (the advertiser) has right to terminate the contract with written notice 30 days before the termination date. Is this auto-renew? No**
6. Monetary cost of the contract and is the cost included in the department budget? **Contract is in 2022-23 budget. Monthly spend will increase by only \$3 per month – from \$3,189 to \$3,192. TOTAL ANNUAL COST: \$38,304 – a \$36 annual increase.**



- 7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not Addressed.**
- 8. Any confidentiality provisions? **No**
- 9. Indemnification clause present? **No**
- 10. Is this contract appropriate for other bids? **No**
- 11. Is County Attorney review required? **No**