

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

June 2, 2021

2:00 p.m.

Dial: 301-715-8592

Meeting ID: 818 2544 3871

Password: 189970

AGENDA

- I. Call to Order Taylor Jones
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Our Mission and Vision](#) Ed Tardoni
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Taylor Jones
- III. [Minutes](#) *(For Action)* Taylor Jones
- IV. Community Communication Taylor Jones
- V. Old Business Taylor Jones
 - A. COVID-19 Preparation and Recovery
 - 1. Incident Command Team Update Kim White, *Director of Emergency Services*
 - B. Employee Policy *(from the Human Resources Committee)* Ed Tardoni
 - 1. Termination and Appeals
 - 2. Introductory Period
 - C. Rules of Practice Governing Hearings Taylor Jones
 - D. Medical Staff Bylaws Dr. Jacques Denker, *Medical Staff President*
 - E. [Emergency Operations Plan](#) *(For Action)* David Beltran,
Security and Emergency Management Director
 - F. Board Self-Assessment Barbara Sowada
- VI. New Business *(Review and Questions/Comments)* Taylor Jones
 - A. [Performance Improvement and Patient Safety \(PIPS\) Plan](#) Kara Jackson,
Director of Quality, Accreditation, Patient Safety
 - B. [Election of Officer Guidelines](#) Barbara Sowada
- VII. Chief Executive Officer Report Irene Richardson
- VIII. Committee Reports
 - A. [Quality Committee](#) Marty Kelsey
 - B. [Human Resources Committee](#) Ed Tardoni
 - C. Finance & Audit Committee Ed Tardoni
 - 1. [Capital Expenditure Requests](#) *(For Action)*
 - 2. Bad Debt *(For Action)*
[May Committee Meeting Information](#)
 - D. [Building & Grounds Committee](#) Marty Kelsey
 - E. Foundation Board Taylor Jones

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- | | |
|---|--------------------|
| F. Compliance Committee | Ed Tardoni |
| G. Governance Committee | Barbara Sowada |
| H. Executive Oversight and Compensation Committee | Taylor Jones |
| I. Joint Conference Committee | Taylor Jones |
| IX. Contract Review | Suzan Campbell |
| A. Contract Consent Agenda <i>(For Action)</i> | |
| 1. DNV Synergi Software | |
| 2. Healthdata Archiver | |
| 3. Marketware | |
| X. Medical Staff Report | Dr. Jacques Denker |
| XI. Recognition | Taylor Jones |
| XII. Good of the Order | Taylor Jones |
| XIII. Executive Session (W.S. §16-4-405(a)(ix)) | Taylor Jones |
| XIV. Action Following Executive Session | Taylor Jones |
| XV. Adjourn | Taylor Jones |



Memorial Hospital

OF SWEETWATER COUNTY

OUR MISSION

*Compassionate care for
every life we touch.*

OUR VISION

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

OUR VALUES

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

OUR STRATEGIES

Patient Experience

Quality & Safety

Workplace Experience

Growth, Opportunity & Community

Financial Stewardship

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

May 5, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on May 5, 2021, at 2:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

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

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

Pledge of Allegiance

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

Our Mission and Vision

Mr. Mathey read aloud the mission and vision statements.

Mission Moment

Ms. Richardson said many staff and physicians send stories to her every month. The one chosen this month is from Ms. Karali Plonsky, Quality Analyst. Ms. Richardson shared highlights from the message about our kind, caring, thorough staff who went above and beyond to make sure the experience was superior. The patient could not say enough about the positive experience. Ms. Richardson said this message speaks to everything we are trying to do here.

APPROVAL OF AGENDA

The motion to approve the agenda as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. Mr. Jones said Ms. Richardson had a Wyoming Hospital Association Board meeting that was delayed to 4:30 PM so she could participate and asked the Board to please keep the meeting moving to meet that end time goal if possible.

APPROVAL OF MINUTES

The motion to approve the minutes of the April 7, 2021, regular meeting as presented was made by Mr. Mathey; second by Mr. Tardoni. Motion carried. The motion to approve the minutes of the April 26, 2021, special meeting was made by Dr. Sowada; second by Mr. Kelsey. Mr. Mathey abstained due to absence from the meeting and the motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

COVID-19 Preparation and Recovery - Incident Command Team Update

Ms. Kim White, Incident Commander and Director of Emergency Services, reported our personal protective equipment supplies continue to be stable. We are seeing an increase of Covid positive patients in the Emergency Department. Our positivity rate has increased from 4.7% to 8%. 56% of staff have received the vaccine to-date. Mr. Jones thanked Ms. White for her report.

Termination and Appeals Policy, Introductory Period

Mr. Jones said placeholders remain on the agenda for the Termination and Appeals Policy and the Introductory Period Policy.

Employee Policy - Telecommuting

The motion to approve the policy as presented was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Board Bylaws

Mr. Mathey referenced a cover letter in the packet. He said the comments received are addressed there. The motion to approve the language in section 5 as is was made by Mr. Mathey; second by Dr. Sowada. Motion carried. The motion to approve the last page of the bylaws as presented was made by Mr. Mathey; second by Dr. Sowada. Motion carried. The motion to approve section 1 of chapter 3 as is was made by Mr. Mathey; second by Dr. Sowada. Motion carried. The motion to approve section 7 of chapter 3 as is was made by Mr. Mathey; second by Dr. Sowada. Motion carried. The motion to approve the terms of the officers in chapter 4 section 3 was made by Mr. Mathey; second by Dr. Sowada. Motion carried. The motion to approve the bylaws consistent with the votes taken on specific items in them was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

Rules of Practice Governing Hearings

Mr. Jones said the placeholder remains on the agenda for the Rules of Practice Governing Hearings Policy.

Plan for Providing Patient Care Services and Scopes of Care

Dr. Kari Quickenden, Chief Clinical Officer, presented the updated information to the Board. She said we bring the information annually for review and approval. Dr. Sowada said this is a large document. She said she completed some research online to see how other hospitals handle and found versions that had services as attachments. Dr. Sowada said all the Board would have to see

are the first 5 or 6 pages. In the interest of saving time, she asked staff to review and update, and then all the Board has to review are the main parts. Dr. Sowada said she will send links to see how others have done it. Dr. Quickenden said she would work with Dr. Ann Clevenger, Chief Nursing Officer, to make those changes before the next update. The motion to approve the plan as presented was made by Dr. Sowada; second by Mr. Mathey. Motion carried.

Medical Staff Leadership Direct Consultation with the Board Policy

Ms. Kara Jackson, Director of Quality, Accreditation and Patient Safety, said this was brought to the Board the previous month. It is a new policy brought forward by our quality consultant last year. Ms. Jackson said we clarified Board of Trustees in the title and Board of Trustees in the statement of purpose. We added some language in frequency of consultations. Dr. Sowada asked for the Board to be added in the document area. The motion to approve the policy with the addition in the document area as requested was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

Public Records Policy

Ms. Suzan Campbell, In House Counsel, said the information was sent to the Board last month. She was reviewing in line with Wyoming statutes and the content isn't changed, just updated to bring in line with statutes. Mr. Tardoni suggested updating to include removable media. The motion to approve the Public Records Policy with replacement of disk with electronic media as suggested was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Rules of Practice Governing Hearings and Medical Staff Bylaws

Mr. Jones said this is a placeholder for these items until they are ready for discussion.

NEW BUSINESS

Emergency Operations Plan

Mr. David Beltran, Security and Emergency Management Director, briefly reviewed the plan. He asked for comments to go to him and please copy Mr. Jones.

Board Self-Assessment

Dr. Sowada said the material from The Governance Institute is in the briefcase section of the portal.

Medical Staff Leadership Quality Report

Dr. Denker reviewed a PowerPoint presentation. Mr. Jones thanked Dr. Denker. Mr. Mathey said the doctors are taking seriously quality and quality initiatives. He also thanked Dr. Denker. Dr. Quickenden said we are looking at reinstating surveys for all of our Clinic Providers. She said those results do not figure into our CMS star rating.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson gave a 2018-2021 Strategic Plan update in the focus areas of Patient Experience, Quality and Safety, Community and Growth, Workplace Experience, Financial Stewardship. We are starting to plan our new 2021-2024 Strategic Plan. Please save the date of July 14 for a retreat at the Holiday Inn. Ms. Richardson said we are excited to set strategy and goals for the next three years. Ms. Richardson recognized Dr. Sowada for her recognition in the Wyoming Hospital Association newsletter and participation in an iProtean online trustee education program. A group of staff are developing plans for a PT (Physical Therapy) 5K walk/run May 22. Cerner Go-Live is planned for October 2021. Ms. Richardson has been rounding on staff with members of the Person-Centered Care Steering Committee. Ms. Noreen Hove, Director of Infection Presentation, Employee Health, Risk Management and Compliance, is coordinating a drive-thru Covid vaccine clinic May 7 and 8 from 2 – 7 PM. Ms. Lena Warren, Community Outreach Director, has scheduled a hospital employee health fair May 13. Ms. Richardson will present her annual report to the Board of County Commissioners June 15. Ms. Richardson said we have a lot going on and she is very proud of our staff, leaders, and physicians. She said staff and physicians are very engaged and doing a lot of great things. Ms. Richardson thanked the Board for their continued guidance, direction, and support. She thanked Mr. Smith and the County Commissioners for their continued support.

COMMITTEE REPORTS

Quality Committee

Mr. Kelsey said he did not have anything to add to the information in the packet.

Human Resources Committee

Mr. Tardoni said he did not have anything to add to the information in the packet.

Finance and Audit Committee

Capital Expenditure Requests: The motion to approve capital expenditure request FY21-67 for \$36,725.75 was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried. The motion to approve capital expenditure request FY21-69 for \$26,784.39 was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Bad Debt: The motion to approve the net potential bad debt of \$476,131.84 as presented by Mr. Ron Cheese, Director of Patient Financial Services, was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

Building & Grounds Committee

Mr. Kelsey said he did not have anything to add to the information in the packet. He said he appreciated the Board's willingness to have a special meeting to approve the large change order to get things done.

Foundation

Ms. Tiffany Marshall, Foundation Director, announced Ms. Tiffany Kindel is a new member of the Foundation Board of Directors. The Foundation is pleased to announce the golf tournament will be held August 14 at Rolling Green and there is more information to come. Ms. Marshall said the Annual Giving Committee is up and going. The Community Committee for Planned Giving is being formed. Ms. Marshall said the two boards want to get together to meet each other. She said we have received Waldner House donations and it has been extremely busy the past 12 months. Ms. April Prado, Compliance Auditor, has taken over the house manager role and is doing a great job. Ms. Marshall said we are going to try to roll out our Guardian Angel Program again soon. It is a way for patients, families and friends to honor our staff. Our hope is to do some celebratory activity quarterly.

Compliance Committee

Mr. Tardoni said his comments are in the meeting packet. He said there is some filtering in Midas that was not working well so the intent is to re-do the audit so the grievance audit will be re-done.

Governance Committee

Dr. Sowada said she did not have anything to add to the information in the packet. Mr. Mathey said he wants Ms. Kandi Pendleton to attend committee meetings as a guest between now and her official appointment to the Board. The Board agreed.

Executive Oversight and Compensation Committee

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

Joint Conference Committee

Mr. Jones said there is nothing new to report.

CONTRACT REVIEW

Contract Consent Agenda

The motion to approve both contracts with the spelling correction noted on the cover page of the Fibertech Contract (2020 changed to 2021 on expiration date) was made by Mr. Tardoni; second by Mr. Mathey. Motion carried.

Contracts Approved by CEO since Last Board Meeting

Mr. Tardoni asked if Connect America is telemedicine. Ms. Leslie Taylor, Clinics Director, reviewed the information and offered to share a PowerPoint presentation when the Board is available.

MEDICAL STAFF REPORT

Dr. Denker said bylaws changes have provided some balancing on committees. Dr. Brianne Crofts will be the new Medical Staff Secretary. Dr. Denker announced the scholarship winners: Rikki Cozad, Delaney Gardea, Abby Hautala.

GOOD OF THE ORDER

Mr. Kelsey noted some information about patient loan refinancing in the Wyoming Hospital Association newsletter. Ms. Tami Love, Chief Financial Officer, said she would review the information.

Ms. Richardson thanked Ms. Pendleton and Commissioner Smith for being on the call.

Mr. Jones thanked everyone at the Hospital.

EXECUTIVE SESSION

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

RECONVENE INTO REGULAR SESSION

At 5:15 PM, the motion to leave executive session and return to regular session was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to approve privileges of the health professionals discussed in executive session was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

Credentials Committee Recommendations from April 20, 2021

1. Initial Appointment to Consulting Staff
 - Dr. Brock McDaniel, Tele Radiology (VRC)
 - Dr. Jason Skiles, Tele Radiology (VRC)
2. Initial Appointment to Locum Tenens Staff (1year)
 - Dr. Joshua Napier, Hospitalist
 - Dr. Edward Callaghan
 - Waiver of DEA & CSR approved & full privileges recommended by the Credentials Committee and Medical Executive Committee
3. Reappointment to Consulting Staff (2 years)
 - Dr. Leenhapong Navaravong, Cardiovascular Disease (U of U)
 - Dr. Jana Wold, Tele Stroke (U of U)
 - Dr. Stephanie Lyden, Tele Stroke (U of U)
 - Dr. Donald Nicell, Tele Radiology (VRC)

4. Reappointment to AHP Staff (2 years)
 - Thomas Bibber, Licensed Clinical Social Worker (SWCS)
 - Leslie Stringham, Licensed Professional Counselor (SWCS)
5. New Business
 - U of U Tele Medicine Delegated Credentialing
 - Credentialing Policy

The motion to authorize the CEO to execute the nurse practitioner agreements discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

The motion to authorize the CEO to pay employee bonuses as discussed in executive session was made by Mr. Mathey; second by Mr. Tardoni. Motion carried.

ADJOURNMENT

Mr. Jones thanked everyone. There being no further business to discuss, the meeting adjourned at 5:16 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary



Approved: 09/2020
 Review Due: 09/2022
 Document Area: *Emergency Operations*
 Reg. Standards: *TJC EM.02.01.01, TJC EM.02.02.01, TJC EM.02.02.03, TJC EM.02.02.05, TJC EM.02.02.07, TJC EM.02.02.09, TJC EM.02.02.11, TJC EM.02.02.13, TJC EM.02.02.15*

Emergency Operations Plan (EOP)

STATEMENT OF PURPOSE

Memorial Hospital of Sweetwater County's (MHSC) Emergency Operations Plan provides an organized process to initiate, manage, and recover from a variety of emergencies or incidents, both external and internal, which could confront the Hospital and the surrounding community based upon the annual Hazard Vulnerability Assessment (HVA).

The Emergency Operations Plan describes a comprehensive "all hazards" **continuity of operation plans** with command structure that uses the Hospital Incident Command System (HICS) for coordinating six (6) critical areas: communications, resources and assets, safety and security, staffing, utilities, and clinical activities. The overall response procedures include emergencies that can temporarily affect demand for services, along with emergencies that can occur concurrently or sequentially that can adversely impact patient safety and the ability to provide care, treatment, and services for an extended length of time.

MHSC frequently reviews and updates emergency plans to establish the necessary policies and procedures to achieve preparedness for, response to and recovery from an incident. These plans and procedures are exercised and reviewed to determine and measure functional capability.

EMERGENCY RESPONSE PLANS (links)

In Alphabetical order:

- Link to 1135 Waiver Request Procedure <https://sweetwatermemorial.policystat.com/policy/9548773/latest/>
- Link to Active Shooter Response Plan <http://sweetwatermemorial.policystat.com/policy/3674995/latest/>
- Link to Boiler Failure Plan <http://sweetwatermemorial.policystat.com/policy/3674718/latest/>
- Link to Bomb Threat Plan <http://sweetwatermemorial.policystat.com/policy/3674829/latest/>
- Link to Call-Tree Phone List Policy <http://sweetwatermemorial.policystat.com/policy/4000707/latest/>
- Link to Code Pink: Infant/Child Abduction Response Plan <http://sweetwatermemorial.policystat.com/policy/3972423/latest/>
- Link to Code Red: Fire Response Plan <http://sweetwatermemorial.policystat.com/policy/3674716/latest/>
- Link to Comprehensive Procedures for Ethylene Oxide (EO) for Sterilization <http://sweetwatermemorial.policystat.com/policy/1739527/latest/>
- Link to Decontamination Response - Emergency Operations

<http://sweetwatermemorial.policystat.com/policy/3615387/latest/>

- Link to Delegation of Authority and Succession Plan <https://sweetwatermemorial.policystat.com/policy/9357259/latest/>
- Link to Evacuation Plan <http://sweetwatermemorial.policystat.com/policy/3674819/latest/>
- Link to Hazardous Spill and Exposure Response Plan <http://sweetwatermemorial.policystat.com/policy/3674797/latest/>
- Link to Loss of Air Handling Units <http://sweetwatermemorial.policystat.com/policy/3674796/latest/>
- Link to Loss of Elevators <http://sweetwatermemorial.policystat.com/policy/3674787/latest/>
- Link to Loss of Medical Gas or Vacuum <http://sweetwatermemorial.policystat.com/policy/3674740/latest/>
- Link to Mass Casualty Response Plan <http://sweetwatermemorial.policystat.com/policy/3674815/latest/>
- Link to Medical Staff Policy for Granting Privileges in Disasters <http://sweetwatermemorial.policystat.com/policy/3844658/latest/>
- Link to Natural Disaster Response Plan <http://sweetwatermemorial.policystat.com/policy/3674812/latest/>
- Link to Pandemic Response Plan <https://sweetwatermemorial.policystat.com/policy/7761435/latest/>
- Link to Patient Upsurge: Internal Response Plan <http://sweetwatermemorial.policystat.com/policy/3674824/latest/>
- Link to Physical Altercation Response Plan <http://sweetwatermemorial.policystat.com/policy/3674813/latest/>
- Link to Plumbing Failure <http://sweetwatermemorial.policystat.com/policy/3674792/latest/>
- Link to Power Failure <http://sweetwatermemorial.policystat.com/policy/3674737/latest/>
- Link to Severe Weather Response Plan <http://sweetwatermemorial.policystat.com/policy/3674808/latest/>
- Link to Tornado Watch And/Or Warning Response Plan <http://sweetwatermemorial.policystat.com/policy/5035899/latest/>
- Link to Water Failure <http://sweetwatermemorial.policystat.com/policy/3674802/latest/>

Link to Hospital Incident Command System Forms (see also attached)

<https://emsa.ca.gov/hospital-incident-command-system-forms-2014/>

EMERGENCY OPERATIONS PLAN (EOP)

I. RESPONSIBILITIES

A. Leadership

The hospital's leaders, including the medical staff, are involved in the planning activities of the Emergency Operations Plan. The medical staff, Senior Leadership, and department heads are represented in the Emergency Management Committee. The final copy of the EOP will be approved by the Emergency Management Committee and Senior Leadership.

B. Emergency Program Managers

The Emergency Management Coordinator and the Emergency Department Director or designee work together as the Emergency Program (EP) Managers. The EP Managers provide overall

management of the hospital's preparedness efforts, including developing needed procedures, coordinating production or revision of the Emergency Operations Plan (EOP), planning and executing training and exercises, and writing After Action Reports (AAR). The EP Managers or a designee will represent the Hospital at various preparedness meetings at the local, regional, and state levels. The desired background for an Emergency Program Manager includes formal and informal training, education, and/or experience in emergency management, National Incident Management System (NIMS), Hospital Incident Command, hospital operations and familiarity with local, regional, and state healthcare-system design and emergency response procedures.

C. **The Emergency Management Committee**

The Hospital's Emergency Management Committee is a multidisciplinary group of hospital representatives involved in planning for potential disasters based upon the HVA. Local agencies such as police, fire/emergency medical services, city and county emergency management and public health, through committee deliberations, will help clarify the Hospital's roles and responsibilities to support community response to incidents. Multi-agency collaboration will encourage familiarity and networking between community partners as well as promote much needed priority setting, information-sharing, and joint decision-making during a true incident.

The Hospital's Emergency Management Committee meets regularly and consists of clinical and non-clinical representatives from key Hospital departments and functioning units of the facility. The Emergency Management Coordinator is the Committee chairperson. The chairperson will set each meeting's agenda and facilitate the Committee's work to achieve an annually established set of objectives. Minutes of each meeting will be published and disseminated to Committee members.

To ensure overall readiness and support, the chairperson will submit biannual reports to the Performance Improvement Patient Safety (PIPS) Committee and the Quality Committee of the Board to inform the hospital's Chief Executive Officer and Senior Leadership of Committee activity, obstacles encountered, and assistance needed.

II. **PLANNING ACTIVITIES – EM.01.01.01**

A. **HAZARD VULNERABILITY ANALYSIS**

MHSC will identify potential emergencies that could affect demand for the Hospital's services or its ability to provide those services, the likelihood of those incidents occurring, and the consequences of those incidents. The assessment is the *Hazard Vulnerability Analysis (HVA) attached to this Plan*, which is designed to assist the Emergency Management Committee in gaining a realistic understanding of the vulnerabilities and to help focus the resources and planning efforts. The community and region's HVA assessments will also be an aid in the assessment by the Hospital. A list of priority concerns will be developed from the HVA and will be evaluated annually to determine what exercises are to be conducted and any additional planning.

B. **COMMUNITY INVOLVEMENT**

MHSC has established a relationship with community partners. Potential emergencies are identified in the MHSC's Hazard Vulnerability Analysis and prioritized, in conjunction with HVAs from community partners. The HVA aids in establishing the needs and vulnerabilities of the Hospital. The

Hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's review of its Emergency Operations Plan, which occurs at least every two years and whenever its needs or vulnerabilities change.

During a disaster, the Hospital's role within the community is to care for sick and/or wounded individuals who may present for treatment. The facility and community are involved through:

- Local emergency management meetings
- State emergency management meetings

C. **MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY**

The Emergency Program Managers and the Emergency Management Committee will develop appropriate specific emergency response plans based on priorities established as part of the Hazard Vulnerability Analysis. Each Emergency Response Plan will address the four (4) phases of emergency management activities:

Mitigation - Activities designed to reduce the risk of and potential damage due to an emergency (i. e., the installation of stand-by or redundant equipment, training).

Preparedness - Activities that organize and mobilize essential resources such as plan-writing, employee education, preparation with outside agencies, acquiring and maintaining critical supplies.

Response - Activities the Hospital undertakes to respond to disruptive incidents. The actions are designed with strategies and actions to be activated during the emergency (i. e., control, warnings, and evacuations).

Recovery - Activities the Hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum safe operating standards. Long-term focus is on returning all Hospital operations back to normal or an improved state of affairs.

D. **Hospital Command Center (HCC) and Delegation of Authority**

1. The HCC will be set up immediately in the Physician Lounge. If the Physician Lounge is not available, the Incident Commander (IC) will identify an alternate site. The alternate HCC location will be announced overhead by the PBX Operator. The Incident Commander will initiate the Hospital Incident Command System (HICS).
2. **Order of succession:** Due to rural nature and limited resources, the organization establishes and maintains orders of succession for key positions in the event Leadership is incapable of performing authorized duties. Designation as a "successor" enables the selected individual to serve in the same position as the principal in the event of principal's death, incapacity, or resignation. (Joint Commission Quick Safety Issue 41 May 2018). Order of succession is determined with each incident as selection of individuals for key positions may vary based on type of incident. Please see attached templates.
3. **Designation/delegation of authority:** Due to rural nature and limited resources, designation/delegation of authority is determined with each incident as designation/delegation of authority may vary based on type of incident. Designation/delegation of authority specify the actions

individuals are authorized to implement. The organization establishes designation/delegation of authority to provide successors the legal authority to act on behalf of the organization and to carry out specified duties. Designation/delegation of authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished. (Joint Commission Quick Safety Issue 41 May 2018). Please see attached templates.

4. The persons selected to fill the HCC positions are preferred to have completed and documented ICS (Incident Command System)-100, 200, 700 and 800. These requirements are met annually through NetLearning Education and initial orientation.
5. Once the type of the emergency is determined, the appropriate Emergency Response Plan will be initiated.
 - The Command staff will report to the Hospital Command Center. Command Staff may include a Public Information Officer, a Safety Officer, a Liaison Officer, one or more Medical Specialist and administrative support to assist with the phones and documentation.
 - The Incident Commander (IC) will organize and direct the HCC and give overall direction for hospital operations and if needed, authorize evacuation.
 - The IC in concert with the Command Staff, have the delegated authority to implement the appropriate emergency operations plans.
 - The Safety Officer will assist the IC to ensure that the Emergency Operations Plan is implemented and identify any hazards or unsafe conditions.
 - Public Information Officer (PIO) will provide information to the news media as directed or approved by the IC.
 - The Liaison Officer will coordinate with community partners and assist the IC as directed.
 - Administrative support will provide phone support and documentation support for the IC, along with receiving various information/tracking lists and messages.
 - The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions as directed by the Incident Commander. They will then report to their designated meeting place to receive further instructions.
 - The IC or Liaison Officer, initiates communication with local emergency response groups, as needed.
 - The proper HICS identification apparel will be issued to the Command Center Staff and Section Chiefs and other designated personnel as required by the incident and HICS structure established.
 - The IC will direct Security Department personnel to the appropriate location as necessary in preparation for securing the facility (lock-down).

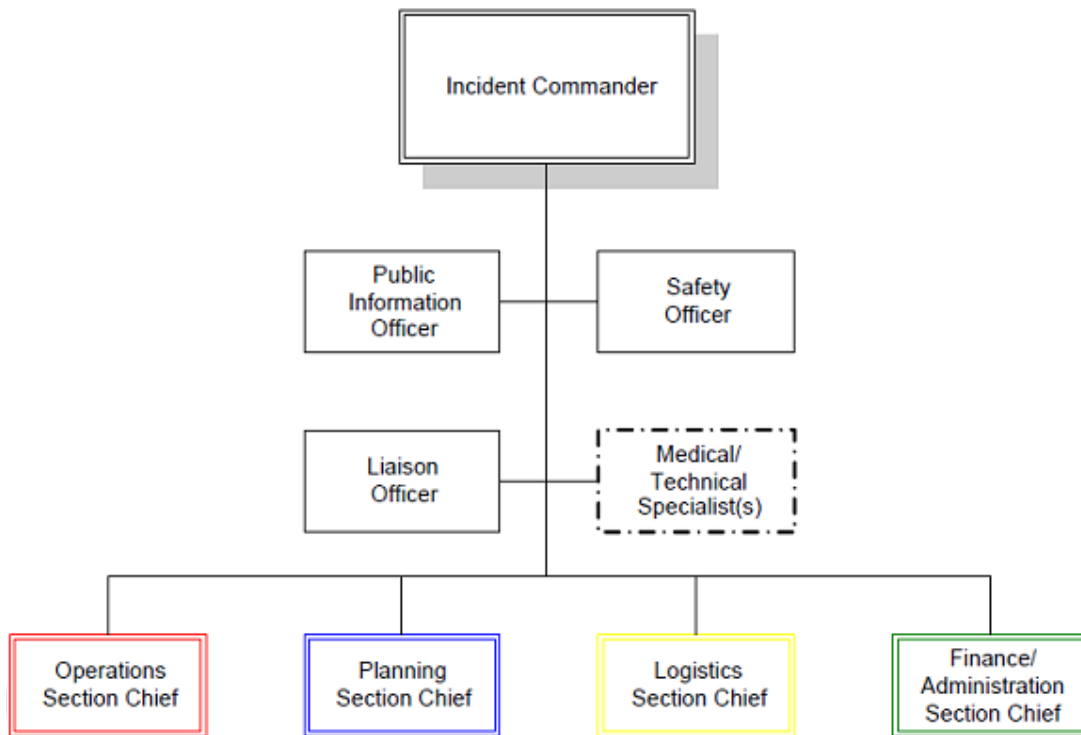
E. Hospital Incident Command System (HICS)

The hospital has implemented the Hospital Incident Command System (HICS) developed by the Emergency Medical Services Authority (EMSA) of California as a revision from the previous Hospital Emergency Incident Command System (HEICS).

HICS is an incident management system based on the Incident Command System (ICS) that assists hospitals to improve their emergency management planning, response, and recovery capabilities for

unplanned and planned incidents. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. The new HICS has been restructured to be consistent with ICS and NIMS principles and will provide greater flexibility/adaptability for the hospital setting.

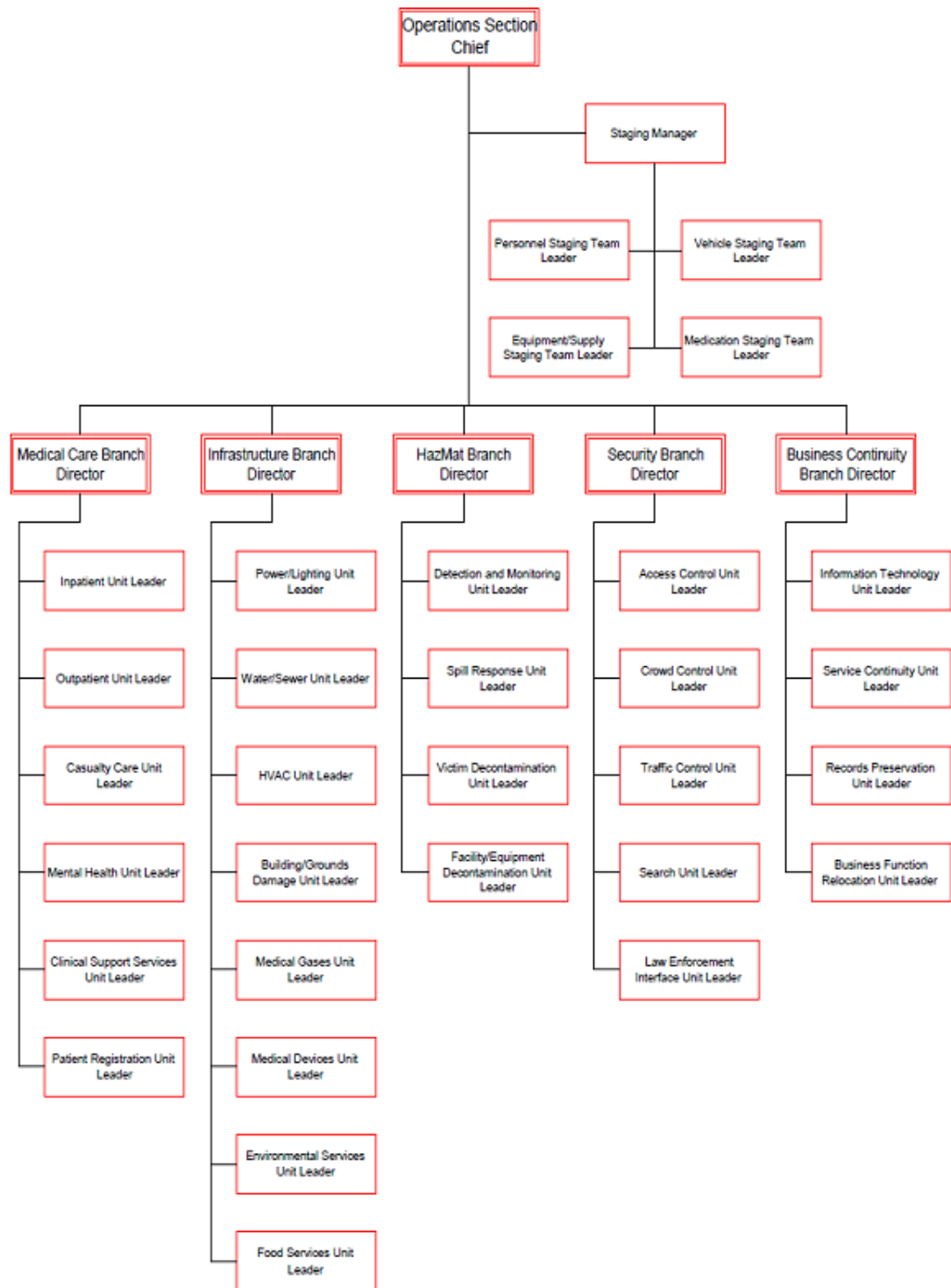
Command Staff



F. Operations Section

The Operations Section conducts the tactical operations (e.g., patient care, clean up) to carry out the plan using defined objectives and directing all needed resources. Many incidents that are likely to occur involve injured or ill patients. The Operations Section Chief will be responsible for managing the tactical objectives outlined by the Incident Commander. This section is typically the largest in terms of resources to marshal and coordinate. To maintain a manageable span of control and streamline the organizational management, Branches, Divisions, and Units are implemented as needed. The degree to which command positions are activated depends on the situational needs and the availability of qualified command officers.

Operations Staff

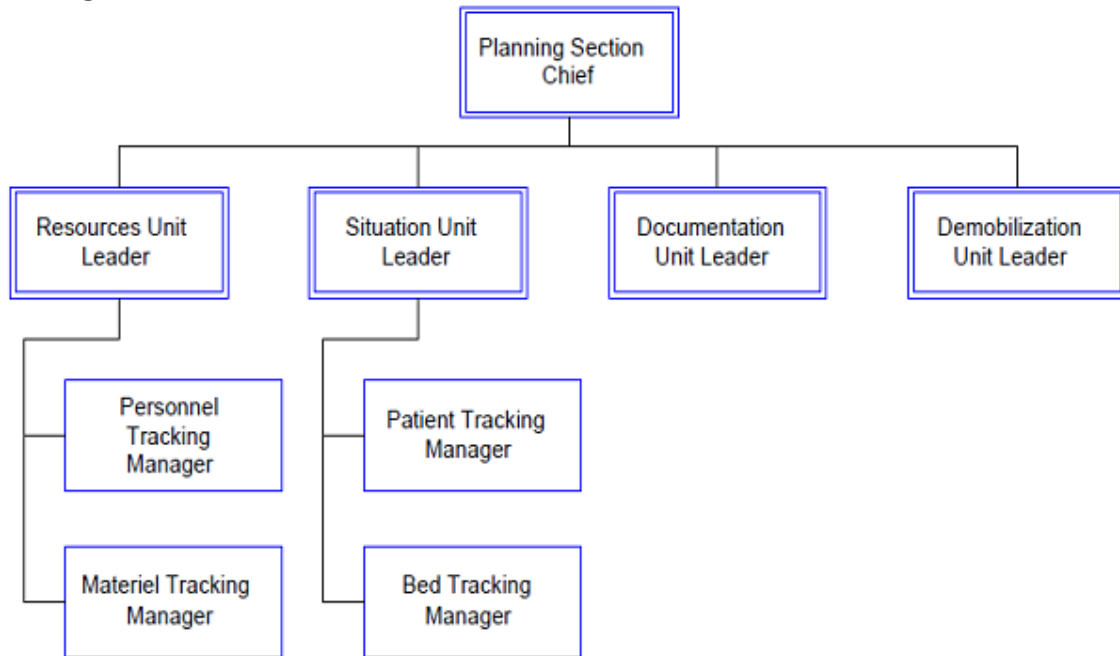


G. Planning Section

The Planning Section collects and evaluates information for decision support, maintains resource status information, prepares documents, and maintains documentation for incident reports. It will also be responsible for preparing status reports, displaying various types of information, and developing the Incident Action Plan (IAP). The effectiveness of the Planning Section has a direct impact on the availability of information needed for the critical, strategic decision-making done by the Incident

Commander and the other General Staff positions.

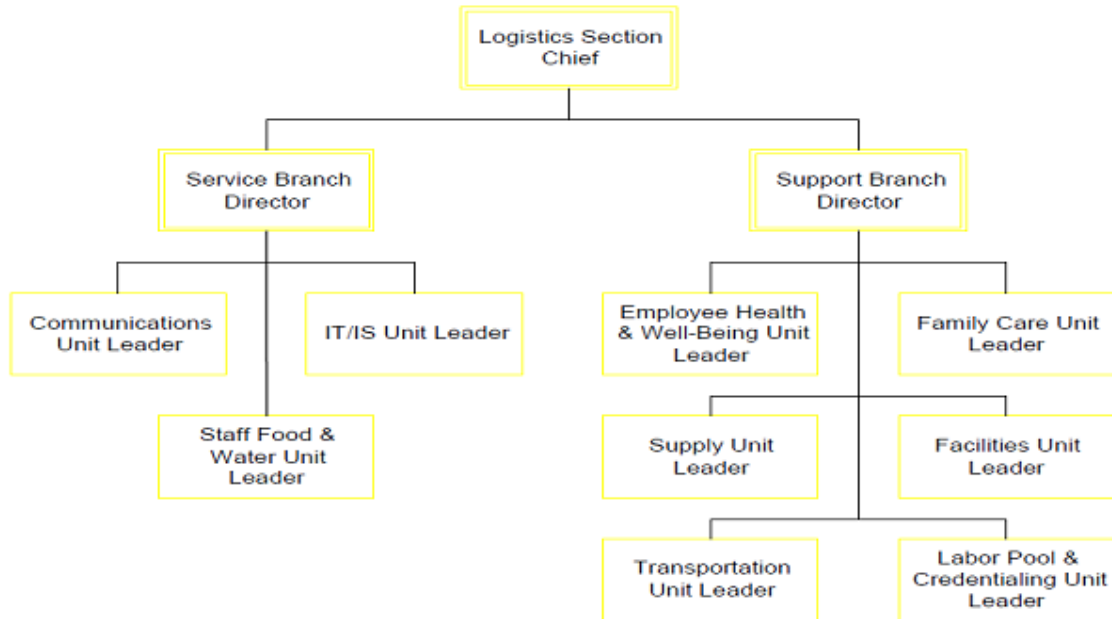
Planning Section



H. Logistics Section

The Logistics Section provides support, resources, and other essential services to meet the operational objectives set by Incident Commander. For the hospital to respond effectively to the demands associated with a disaster, the Logistics Section will coordinate support requirements. These responsibilities include acquiring resources from internal and external sources using standard and emergency acquisition procedures and requests to the local EOC (Emergency Operation Center). When requesting resources from outside sources, it will be important that the hospital specify exactly what is needed and not try to identify how that need can be met: that will be done at the local EOC. In addition, it is important for the hospital to know how the requests are to be made (electronically, fax, phone): **HICS form #254 - EOP Manual Flash drive**

Logistics Section

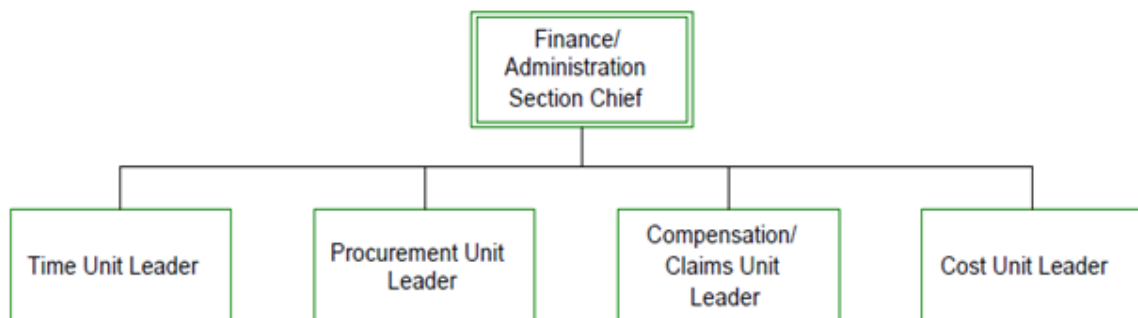


I. Finance Section

The Finance/Administration Section monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses. The costs associated with the response must be accounted for from the outset of the incident. These costs can come from multiple sources such as overtime; loss of revenue-generating activities; and repair, replacement, and/or rebuild expenses. Daily financial reporting requirements are likely to be modified and, in select situations, new requirements outlined by state and federal officials.

Preplanning efforts should identify what state and federal financial aid documents must be completed for receiving reimbursement. In addition to patient costs being tracked, vendor expenses, mutual aid financial remuneration, and personnel claims must also be accounted for and processed. The Finance/Administration Section coordinates personnel time (Time Unit), orders items and initiates contracts (Procurement Unit), arranges personnel-related payments and Worker's Compensation (Compensation/Claims Unit), and tracks response and recovery costs and payment of invoices (Cost Unit).

Finance Section



III. INVENTORY & MONITORING OF ASSETS &

RESOURCES

A. MHSC has identified and documented the resources and assets that are available on-site and/or elsewhere prior to an incident. ***The Inventory and Sustainability Tool*** includes the assets and resources such as:

- Personal protective equipment (PPE)
- Water
- Fuel
- Medical supplies
- Surgical supplies
- Medications

IV. EMERGENCY OPERATIONS PLAN – EM.02.01.01

A. Response

Each emergency response plan has procedures to direct the immediate and long term response to the emergency. The "all hazards" **Continuity of Operation Plan (COOP)** command structure is used to manage the response to the incident and assure adequate staffing for patient care and safety. A response to an emergency can include any of the following: maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients, staged evacuation, and total evacuation.

B. **Continuity of Operation Plan (COOP)** is included with the essential functions/service, orders of succession, designation/delegation of authority, continuity, and communications. Memorial hospital of Sweetwater County has one or more emergency management response plans based on the emergency plan, risk assessment, and communication plan. Procedures guiding implementation are defined in this emergency management plan, continuity of operations plan, and other preparedness and response protocols. Response plans and procedure are documents are reviewed by the E.M. team and updated at least every two years; the format of these documents is at the discretion of the hospital.

C. Staff Response

1. All on-duty Staff will report to their department, reporting to their supervisor or Director and STAND-BY for further instructions (i.e., being ready, willing and able to perform assigned duties). Unit leaders will complete a Disaster Readiness Response form (attached) reporting current staffing levels and unit patient care activity to HCC. Staff will continue their assigned patient care activities until directed otherwise by the HCC.
2. Departments with excess personnel will advise HCC of the number of available staff to support the Labor Pool. Labor pool personnel will stay at their home department until called upon by HCC.
3. Labor pool personnel will be assigned by the HCC as needed to support the hospital's incident response.

4. Patients and Staff away from their assigned treatment area will return to the appropriate area as soon as practical or receive instructions to secure the patient in an ancillary location if necessary.
5. Staff unable to return to their assigned area will notify their Department Heads of the location of the patient and Staff member. Department Heads will report this to the HCC for patient tracking.
6. All Staff requesting to go off duty must obtain the approval from HCC through their Department Heads. The Department Heads may not give this approval without prior clearance from the Incident Commander. Staff must not leave their workstations until relief has arrived or until dismissed by the Department Heads.

D. Departmental Response

Each Department Head, for both clinical and non-clinical operations, will assess the status of their Staff's ability to maintain normal operations.

1. Each Department Head, or designee, will identify available resources, such as beds, personnel, and equipment, which could be allocated to the emergency response.
2. The Department Head will complete the Disaster Readiness Report and relay the information to the HCC, on status of the department.
3. When the departments receive the notification of the specific emergency, the Department Heads will initiate the appropriate departmental response plan for the emergency.
4. The Department Heads will report any problems or concerns to the appropriate Section Leader or the HCC.
5. No department should reduce its hours of operation without prior approval from the HCC.

E. SUSTAINABILITY

The importance of sustainability on supplies is crucial to determine if services can still be rendered during an emergency incident. The hospital plans for sustainability without the support of the community for the required 96 hours. This planning is a coordinated effort by the Emergency Management Committee and all hospital departments by reviewing the six critical areas before an incident has occurred. Where supplies and alternative means are required to sustain 96 hours of operation, alternative resources and assets, must be identified by the Incident Commander. The ***Inventory and Sustainability Tool*** has identified those resources and assets and the sustainability indicated in hours.

F. RECOVERY PROCEDURES

Recovery after an incident response defines the activities the hospital will take to restore the systems that are critical to resuming normal care, treatment and services. Short-term recovery actions assess damage and return vital life-support operations to minimum safe operating standards. Long -term recovery focuses on returning all hospital operations back to normal or an improved state. MHSC will follow the following recovery protocol:

1. When deemed appropriate, the Incident Commander will initiate the recovery phase by announcing an **"All Clear"**.
2. The Incident Commander will notify the PBX Operator to alert the staff of the end of the incident by announcing **"All Clear"** by normal code announcement methods.

3. Labor Pool personnel will be released by the HCC Command Staff or a Section Chief.
4. The Incident Commander notifies community Emergency Management Services of the **"All Clear"** action.

Note: Upon announcement of the "All Clear", all information concerning the emergency will be recorded and properly filed for later reference using the noted HICS forms (EOP Manual Flash drive).

5. Section Leaders and HCC staff will contact Unit leaders to receive information and critiques concerning the response to the emergency.
6. Form #252, #256: All expenses and overtime information will be provided to the Finance Section for documentation. Evidence of the damage or abnormalities caused by the emergency, or response to the emergency, should be documented through photographs or descriptive writings.
7. The Emergency Management Coordinator (EMC) and/or Security Personnel will collect and inspect all communication equipment, data processing systems, and other equipment used during the emergency. Equipment will be evaluated for appropriate use in the next emergency and consumable supplies documented for restocking.- The IC or designee will collect all HICS identification apparel and ensure that it is repackaged. EMC will be notified if materials need to be replaced for the next emergency. The IC or designee will ensure that the physical surrounding of the HCC is cleaned and furniture repositioned for normal operations. All documents used for the incident will be gathered and replacement copies of forms and documentation sheets will be replenished.
8. The Hospital Command Center staff and appropriate designees will conduct the evaluation of the emergency and the response. The EMC will take notes, collect HICS forms and write the after action report (AAR). All reports shared and reviewed by the EM Team and then are stored in the EMC office.
9. The Public Information Officer will communicate to the local media relevant information concerning the **"All Clear"** as directed and approved by the IC.

G. PLAN INITIATION AND TERMINATION

To facilitate the orderly initiation of the response to an incident, the following steps of the Emergency Operations Plan will be initiated:

1. Information received by MHSC Emergency Department concerning an external incident facing the community or if an internal incident adversely affecting the function of the Hospital, the information will be passed directly to Administration or the Administrator on Call.
2. When notified of a potential disaster, the Administration/ Administrator on Call, House Supervisor, Emergency Department (ED) Physician, ED Director and/or ED Nursing staff will:
 - a. Evaluate the issues such as location of incident (internal, external), the distance from the Hospital, the scope of the incident (single individual, mass casualty), and weather conditions (seasonal and current).
 - b. Based upon the severity of the incident, the decision will be made whether or not to implement HICS.
 - c. Plan the care of casualty and non-casualty patients arriving in the Emergency Department during the incident.

- d. Once it has been determined to activate HICS, the individual who takes the role of Incident Commander will notify the hospital staff and executives as soon as possible.
3. **Note:** During work hours it is unknown which senior leader might be available. It may be the determination of administration to contact the Emergency Management Coordinator or other staff well trained in HICS methodology to assume the position of Incident Commander

V. INCIDENT PHASES

A. Phase I

When the hospital is notified by EMS and/or other sources of an incident that has occurred that may involve multiple casualties or a small incident with no casualties has occurred within the facility:

1. A Phase I incident is a situation that can most likely be managed with the staff already on duty.
2. Staff should remain on their assigned unit and review their department specific procedures as applicable, to be prepared to respond to the next Phase if the incident requires an upgrade.
3. The Department Supervisor or Charge Nurse will have a bed count and expected discharges ready to report to HCC.
4. The Hospital Incident Command System (HICS) will be initiated. Potentially, only selected or affected departments may be notified depending upon expected or actual severity of the incident.

B. Phase II

When the hospital will be receiving a large number of patients or a major incident occurs within the facility and additional support staff will be required:

1. Situation requires additional staff to be called into the hospital – activate Emergency Hospital Alert System as needed.
2. All on duty staff will remain at their assigned units and will follow the department specific procedures.
3. The HCC will be initiated to coordinate incident operations.

C. Phase III

When the facility will be receiving large numbers of patients that is likely to overwhelm normal and emergency patient care services and/or significant issues have occurred within the facility that has or will disrupt continued operation and results in the need for extensive internal and/or external support:

1. The HCC will be initiated to coordinate emergency operations.
2. This major incident will require mobilization of most aspects of the HICS as detailed in the EOP, including initiation of the Hospital Emergency Alert System for staff relief over an extended period of time.

VI. ALTERNATE CARE SITES

- A. MHSC is prepared for the possibility that the buildings or spaces in which patient care is normally provided will be rendered unusable. In this type of incident, a pre-designated alternate care site may be activated. Other facilities such as hospitals, community location, etc. have been assessed and

identified as alternate site locations. The Memorandum of Understanding with alternative care sites are available from the Accreditation Director.

1. Holiday Inn - 307-382-9200
 2. Aspen Mountain Medical Center 307-352-8900
 3. Homewood Suites - 307-382-0764
- B. MHSC's decision to use an ACS in an emergency response will be decided by the Incident Commander. Any equipment and supplies that may be needed at the ACS will be provided by the Hospital, and will be transported by designees assigned through Hospital Incident Command team.
- C. The HCC will determine collectively if a request for an 1135 waiver needs to be completed. IC will delegate this task to the appropriate individual.

VII. COMMUNICATION MANAGEMENT – EM.02.02.01

A. INTERNAL & STAFF NOTIFICATION LEVELS

1. The Incident Commander will notify the PBX Operator to alert the Staff of the incident by announcing the applicable Code via the overhead paging system.
2. **During an emergency all staff may announce overhead the following emergencies by dialing 700:**

- Hostage Situation
- Active Shooter
- Physical Altercation

Note: Any inappropriate use of the overhead paging will be subject to the corrective action process.

3. The Staff may also be notified through alternate means and methods such as Intranet messages and personal communication devices (e. g., email, text messaging, pagers, walkie-talkies, satellite phone and cellular telephones) via the Mass Notification Messaging System, a.k.a. **RAVE**.
4. In case of **RAVE**/Mass Notification system failure (i.e. Internet down) public radio announcements will be made and we will begin a manual phone call process:
 - a. Use the Call-Tree Phone lists kept on the Hospital's shared drive: http://T:\Administration_Public\Call-Tree Phone Lists Hard copies of the Call-Tree are updated and kept in the EOP Binders in the Administration and Security Offices.
 - b. Designate "Callers" within each department and divide the list to expedite notification.
 - c. Begin a Disaster Response Report (DRR), to list each person contacted.
 - d. Begin calling: notify staff of the type of Emergency Code.
 - e. If contact cannot be made, leave a detailed message (if possible), and inform staff to call Hospital Command Center (HCC) at 352-8579 if/when available.
 - f. When the end of the call list is reached, deliver DRR to department head or designee.
 - g. Department head or designee will complete the DRR and deliver to HCC via a runner.

5. Call-Tree Phone lists will be maintained by Security via Human Resources notification.
 - a. Each Director is responsible for notifying Security of staff phone number changes.
 - b. Each Department should print and keep a current hard copy of their phone list readily available within their department.

Note: Security will also maintain 3 hard copy sets of the Call-Tree Phone list in the EOP Binders kept in the Administration and Security offices and the Mobile Command Cabinet.

6. Communications systems may include the following:
 - Internal telephone system: Internal communications will be limited to disaster-related issues once HICS has been initiated. **THE OPERATOR SHOULD NOT BE CALLED FOR INFORMATION.**
 - Radios: Communications Unit Leader will determine location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
 - Alphanumeric pagers, email, public address system, inter-departmental radios, fax, cellular telephones, runners, and RACES (i. e., Ham radio operators).
 - Cell phones: for Text messaging and/or in the event of Internet failure/internal phones down.

B. EMERGENCY RESPONSE PLANS-CODES

1.	INCIDENT	OVERHEAD ANNOUNCEMENT	Emergency #
	Hostage Incident	Hostage Situation	700 - all staff
	Use of a Weapon	Active Shooter	700 - all staff
	Disturbance or Altercation	Physical Altercation	700 - all staff
	External Incident/Mass Casualty	Mass Casualty	300
	Radiation/Biological/Chemical/Incident	HERT	300
	Bomb Threat	Bomb Threat	300
	Fire	CODE Red	300
	Infant/Pediatric Abduction	CODE Pink	300
	Cardiac/Respiratory Arrest	Code Blue	300
	Deterioration in Patient health	Rapid Response	300
	Tornado Warning	Tornado Warning	300
	Tornado Watch	Tornado Watch	300

C. NOTIFICATION & COMMUNICATION WITH EXTERNAL AUTHORITIES

All appropriate external authorities will be notified to facilitate effective response, continuing operations, and recovery from an emergency that disrupts the normal patient care and/or business operations of the organization. When an emergency plan is initiated, the appropriate external authorities and community resources will be notified by telephone, cell phone, radio, or pager, whichever is functioning and available during an incident.

D. COMMUNICATION WITH FAMILY

In the event of a mass casualty incident, a temporary Family Support Center (FSC) may be established at the direction of the Incident Commander to facilitate in the relay of crucial information to family members regarding the status of patients and provide incident briefings as directed by the IC. Only immediate family members of victims/patients will be allowed access to the Hospital. All family members will be directed to either the classrooms or cafeteria in the basement to the chosen site for the FSC. In a situation where a patient's emergency contact is not present with the patient, the emergency contact will be advised of the location of the patient if the patient is moved or evacuated

E. COMMUNICATION WITH MEDIA

The Public Information Officer (PIO) has the responsibility for media and public information as it pertains to an incident that involves the Hospital and as directed by the Incident Commander. The PIO has established working relationships with local media, the local emergency management office, and public health prior to an incident. The PIO regularly attends meetings with the external agencies who in the event of a community-wide incident will establish a Joint Information Center (JIC). The information provided to the community will come from the JIC as a unified message to the residents of the area. If the Hospital is solely involved during an incident, the PIO in the Hospital Command Center will communicate with the community or local media as directed by the IC.

F. COMMUNICATION WITH PURVEYORS

MHSC has developed a list of purveyors, including vendors, contractors, and consultants that can provide specific services before, during, and after an incident. The list will be kept in the HCC and maintained by the Emergency Program Managers and updated as needed. Memorandum of Understandings (MOUs) have been developed to help facilitate services during the time of a community-wide incident.

G. COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS

1. The Healthcare organizations that are located within the geographical area to the facility have a working relationship with MHSC before an incident occurs. The following area hospitals have a working relationship with MHSC:

- St. John's Medical Center, Jackson, WY
- Star Valley Medical Center, Afton, WY
- South Lincoln Medical Center, Kemmerer, WY
- Evanston Regional Hospital, Evanston, WY

2. The key information to share with the other healthcare organizations:

- Names & roles of Hospital Incident Command team
- Resources & assets to be potentially shared
- Process for the dissemination of patient & deceased individual names for tracking purposes
- Communication with third parties

- 3.

The patient information that may be shared with the other healthcare organizations, local or

state health departments, or other law enforcement authorities on the whereabouts of patients during an incident may include patient's name and location. The information shared about the patients will be in accordance with applicable HIPAA laws and regulations.

H. COMMUNICATION WITH ALTERNATE CARE SITE

The Hospital Command Center (HCC) will maintain communications with the Alternate Care Site (ACS). Once the ACS has been established, an Alternate Care Command Center (ACCC) will be initiated using the HICS format. The site will initiate contact with the HCC via the Hospital Liaison Officer through the ACS Liaison Officer to ensure that continuous communication, leadership and documentation will occur. The available communication will be the following: phones, fax, and radios.

I. BACKUP COMMUNICATIONS

MHSC will maintain a current listing of backup communication systems or devices. The communication devices or systems will be tested on a regular basis and be included in exercises.

A listing of all communication of primary or secondary communication systems or devices is listed below:

- Email will be available if the infrastructure is working.
- Inter-departmental radios or inter-hospital radio networks may be used as backup communication. Training must be achieved along with an instruction card attached for those that do not use the equipment often.
- Fax machines may be used as backup as long as some are on the emergency power and land line telephone lines are functional.
- Ham radios may be used either with internal or external operators.
- Cellular telephones have proven to shut down quickly during a natural or large-scale disaster and may not be reliable.
- The Hospital has satellite telephones for back up communications.
- Runners will be used as a last resort when all other communications fail.

Mass Notification authority is granted to the Director of Security and appointed designees, PBX operators, and house supervisors.

VIII. RESOURCE AND ASSET MANAGEMENT - EM

02.02.03

A. OBTAINING & REPLENISHING MEDICAL, NON-MEDICAL & MEDICATION SUPPLIES

The amounts, locations, processes for obtaining and replenishing of medical and non-medical pharmaceutical supplies, including personal protective equipment, has been established. The process will need to go from mitigation to recovery stages. Medical supplies include anything used in the care of patients. Non-medical supplies include food, linen, water, fuel, and transportation vehicles.

The amounts and locations of current supplies will be evaluated annually to determine how many

hours the facility can sustain before replenishing. This will give the facility a par level on supplies and aid in the projection of sustainability before terminating services or evacuating if during an incident supplies are unable to get to the facility. The inventory of resources and assets that were discussed earlier in the Planning Activities Section is the starting point of par levels.

Memorandums of Understanding for each applicable emergency operations plans are available from the Accreditation Director once the par level has decreased.

B. SHARING OF RESOURCES

The process of sharing resources with other healthcare organizations outside of the community during a regional incident will be coordinated through the county EOC. The local community EOC will be responsible for delivery of the needed resources.

C. MONITORING RESOURCES AND ASSETS

During the emergency, a process has been put into place under the Logistics Chief that will monitor the overall quantities of assets and resources. This information will be communicated through HICS within the facility and to those within the community who have a need to know.

IX. SECURITY AND SAFETY MANAGEMENT – EM.02.02.05

A. SECURITY WITH COMMUNITY

Upon activation the Emergency Operations Plan, all available Security personnel will be called in to report to the Director of Security or Security Branch Director and standby for further direction from the HCC. Security issues will be handled according to Security Department policies and procedures. In the event that MHSC's Security Department becomes overwhelmed, they will contact the Joint Combined Communications Center to request support from local law enforcement and state law enforcement agencies. Local law enforcement or Western Wyoming Community College security if available, may be utilized to assist with outside traffic control and crowd control as well as external security for the facility.

B. ACCESS & EGRESS CONTROL

Due to the limited amount of Security personnel in the facility at any given time, there may be a time when the facility is locked down. Secure Operations or a "lock down" refers to the locking of all entrance and exit doors to buildings and the posting of personnel at these doors to assure that only authorized persons enter or exit. The decision to "lockdown" the facility will be made by the Incident Commander in HCC.

C. TRAFFIC CONTROL

Security Branch Director will initiate the organization's Traffic Control Plan to manage the movement of personnel, vehicles, and patients both inside and on the grounds of the facility if the need arises during an incident. Security personnel will support the movement of patients and staff inside the facility. If advisable, the Security staff will also assist in the movement of vehicles, both emergency and commercial, on the grounds. When appropriate, local law enforcement will assist in the

management of traffic on the grounds of facility.

X. STAFF MANAGEMENT – EM.02.02.07

A. ROLES AND RESPONSIBILITIES

MHSC will provide staff training to ensure that critical staff functions will be performed for the rapid, effective implementation of any incident response.

When the Hospital Incident Command System (HICS) is established, the HICS Organization Chart and Job Action Sheets are used to assist Command Staff and Section Chiefs to assign staff to HICS positions as situational conditions dictate.

The Section Chiefs are responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.

If staff is not available for handling critical tasks defined by the Job Actions Sheets, staff will be drawn from the appropriate departments or from the Labor pool. Human Resources will function as the Personnel Tracking Manager.

As staff is recalled, they may replace personnel in task assignments for which they are better qualified to perform. Staff can only perform activities that they are capable of safely performing or for which they are allowed based on certification/license. If questions arise concerning assignments, the appropriate Section Chief will determine who will perform the task. The tasks are evaluated frequently to ensure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as staff levels allow.

B. MANAGING STAFF SUPPORT ACTIVITIES

During activations of HICS, various modifications and accommodations are made for hospital staff to assist them in coming to the hospital to provide needed services. The following accommodations are authorized:

- When there is a Mass Notification and it is difficult or impossible because of weather conditions, the hospital will work with law enforcement that possess the appropriate type of vehicles to assist staff and extended family members in getting to and from the hospital or alternate care site(s).
- Where necessary because of conditions, the hospital will accommodate staff that need to sleep, eat, and/or other services in order to be at the hospital to provide needed services.
- The hospital will facilitate incident stress debriefings. Debriefing areas may be staffed by available staff from either Southwest Counseling, available clergy, and others in the community or state(s) trained in incident stress debriefing.

C. MANAGING STAFF FAMILY SUPPORT ACTIVITIES

During activations of the EOP, various accommodations may be made for staff family members. The accommodations are to ensure that staff is available to provide their services to the Hospital and

community. Family accommodations will be made available in those unusual situations where entire families must come to enable staff to be present for emergency services coverage. These will normally be arranged prior to families arriving at the hospital. Staff should notify HCC of their need for childcare, elder care or animal care before reporting to the Hospital. Staff should exhaust all other resources for care.

1. Child Care Center:

A Child Care Center will be established if deemed necessary and appropriate by the Incident Commander. The Childcare area will be set up at the Family, Internal & Occupational Medicine Clinic (3000 College Dr.) as determined by availability; an alternate care site may be necessary. Staffing for the Child Care Center will be assigned from the Labor Pool. The following requirements regarding the Child Care Center will be followed:

- A Childcare tracking form will be filled out upon admittance and discharge of child from the daycare
- An ID band will be attached to each child
- Food and or snacks may be provided by Nutritional Services, depending on length of disaster
- Parents will need to provide the necessary essentials for their child; materials management will assist with additional supplies needed
- Individuals designated to pick up children from Childcare will enter through the main entrance and be escorted to the Child Care Center
- Parents or designee will sign out the child on the same tracking form the child was signed in on

2. Elder Care:

- In the event that elder care is needed, the hospital can utilize any available space in the hospital. In the event the hospital does not have space readily available, then an alternate care site can be utilized. It would be the responsibility of HCC to assess the needs and designate caregivers to the alternate site from the Labor Pool.

3. Pet Care:

- If staff or patients arrive with their pets, the Sweetwater County Emergency Management Office (SCEMO) (307-922-5370) or Sweetwater County Sheriff's Office (SCSO) (after hours at 307-922-5300) will be contacted by HCC. SCMO or SCSO will contact Sweetwater County Animal Response Team to assist with the temporary placement of animals. Complete Small Animal Intake Form (Appendix 10 – Code Orange: External Incident / Patient Surge, Attachment)

D. TRAINING AND IDENTIFICATION OF STAFF

1. The staff identified for Command and Chief positions will receive the appropriate training in HICS and NIMS prior to an incident. This training will also be made available to the staff, LIP and authorized volunteers.
2. Hospital Incident Command System identification vests are issued for the appropriate roles in

the HICS organization chart. Vests identify the HICS title/role and are color coded by branch for easy recognition.

3. All employees will wear their hospital identification badges at all times during the incident.

XI. **MANAGING UTILITIES – EM.02.02.09**

- A. During an incident, the organization will ensure alternate means for providing essential utility systems are available as identified in the EOP. The organization will assess the requirements needed to support and maintain essential systems such as fuel, water, exterior storm drains and supplies for a period of time identified in the ***Inventory and Sustainability Tool***.
- B. This assessment shall include the requirements for 96 hours without community support. The alternative means for these sources are located in the ***Inventory and Sustainability Tool***.
- C. The alternative utility systems and supplies networks are identified in the Facilities Support Policies and are included in the ***Alternate Utilities***, on alternate means of essential utility systems. The list of essential utility systems includes:
 - Boilers
 - Air Handlers
 - Elevators
 - Medical gas systems/Vacuum systems
 - Plumbing
 - Normal power supply system
 - Emergency power supply system
 - Natural gas
 - Diesel fuel
 - Water supply
 - Maintaining Storm Drainage

XII. **MANAGING PATIENT CLINICAL AND SUPPORT ACTIVITIES – EM.02.02.11**

A. **TRIAGE AND CASUALTY LOCATIONS**

Anyone seeking medical care in the Emergency Department during an Incident will be triaged. The area by the ambulance entrance doors will be the primary triage location. The Emergency Department waiting area can be used for triage if additional space is needed. Patients will initially be triaged by a physician or nurse and will be tagged for identification. All patients will be sorted as follows:

The following locations have been identified as the locations for **Provision of Care** for casualties and **fatalities**:

LOCATION	DESCRIPTION
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Morgue	Deceased victims will go to the basement morgue. Additional morgue space may be obtained by contacting the local mortuaries
PACU Area	Victims classified as walking wounded will be sent to the PACU (Post Anesthesia Care Unit) Area for evaluation
Ambulance Garage/ Triage Area	Triage will be conducted at the entrance to the ambulance garage. ED waiting area can be used if more space is needed.
Same Day Surgery/ Patient Dying Area	Patients expected to die (Black tagged) will be sent to an assigned room on Same Day Surgery for palliative care
Nursing Care Units	All patients requiring surgery will be held in the appropriate nursing care unit until they can be treated in the OR.

CATEGORY	DESCRIPTION
Immediate Care Patients (Red Tag)	Victims survival is dependent upon immediate medical intervention
Delayed Care Patients (Yellow Tag)	Victims whose injuries require intervention but whose condition allows treatment to be delayed for up to 1 hour without further deterioration
Minor Care Patients (Green Tag)	Victims whose injuries can wait an undetermined amount of time (greater than 1 hour) without risk of significant deterioration
No Injury	Victims who do not require medical attention, but may require emotional support
Morgue (Black Tag)	Victims who are Deceased on Arrival or who will expire regardless of treatment will receive Palliative care. Clergy will be assigned
Classrooms/ Discharge Area	Inpatients and Outpatients who can be discharged, will be escorted to the classrooms or cafeteria in the basement if "Shelter in Place" conditions exist, otherwise patients can be discharged with the intention of leaving the facility

B. PATIENT CARE AND DOCUMENTATION

In the event of a situation, i.e. power loss, that impacts MHSC's electronic medical record; all departments will refer to the IT Downtime policy and/or their department specific Downtime policy for guidance.

C. CLINICAL ACTIVITIES

Depending on the nature of the incident, HCC will make the decisions on if and when the Hospital will temporarily close to new admissions, transfers, elective surgeries and procedures.

D. EVACUATION ACTIVITIES

MHSC realizes that a severe or catastrophic incident may force the evacuation of part or all of the

Hospital. In the event that the Hospital needs to be evacuated the Incident Commander will give the evacuation order.

E. PERSONAL HYGIENE AND SANITATION REQUIREMENTS

In situations where hygiene may be compromised by lack of water for bathing and normal bathroom accommodations, the following guidelines will be followed:

- The alternative means to personal hygiene can be baby wipes, personal wipes, or alcohol-based rubs.
- Family members may be supplied with cleaning materials and be used to help clean the patient during an incident.
- The alternative means to sanitation, if toilets are inoperable toilets may be manually flushed using bottled or reclaimed water.
- Environmental Services use of water will be curtailed to the extent of one change of water per day for mopping except in surgery, delivery rooms, and isolation areas or if deemed necessary by the Environmental Services Director.
- Limit changes of bed linen to those patients who have gross soiling from draining wounds, catheters, etc.
- The Verna Care system will not be used during this time.

F. MENTAL HEALTH SERVICES

Due to limited availability, mental health services during an incident will be limited to the availability of staff from Southwest Counseling and/or the availability of Chaplin services.

G. MORTUARY SERVICES

In the event of an incident involving deceased patients, MHSC will contact the County Coroner for the appropriate clearance and procedures. If necessary, the "mobile morgue" owned by the County should be requested for securing bodies not able to be contained in facility's existing morgue. The Coroner's office will be notified when the refrigerated trailer is full or the disaster has been cleared.

- H. PATIENT TRACKING: INTERNAL AND EXTERNAL** For the departments that will be receiving disaster patients such as the Emergency Room and patient care units, the units will have patient trackers assigned to track the patients entering and leaving the areas. The patient tracking information will be given to the Patient Tracking Manager who will track all the patients within the facility during an incident. The form to use for patient tracking will be the **HICS 254 – Disaster Victim Patient Tracking Form**.

If patients are evacuated, the process will be the same except for the forms. The individual patient tracking for evacuation will be the **HICS 260 – Patient Evacuation Tracking Form**.

When more than two patients are being evacuated, the **HICS 255 – Master Patient Evacuation Tracking Form** will be used as a master list of all those patients who were evacuated.

XIII. DISASTER PRIVILEGES-VOLUNTEER LICENSED INDEPENDENT PRACTITIONERS (LIP)/OTHER

LICENSED VOLUNTEERS – EM.02.02.13-15

- A. The hospital grants disaster privileges to volunteer licensed independent practitioners (LIP) and other volunteers that are licensed, certified and/or registered in a skilled healthcare position.
- B. Disaster privileges are extended when the Emergency Operations Plan has been activated in response to an incident and the Hospital is unable to meet immediate patient needs. The Medical Staff policy for granting privileges in the event of a disaster has identified the Hospital's process for granting disaster privileges

XIV. SPECIAL NEEDS/VULNERABLE PATIENTS DURING EMERGENT TIMES RESPONSE

- A. Anyone seeking medical care in the Emergency Department during an emergency response will be triaged, including those with special needs.
 - 1. The staff at MHSC will be trained to identify the special clinical needs of the population of patients that are considered to be vulnerable during an emergency.
 - 2. Patient registration and medical records may be used to help identify the special needs/ vulnerable population.
- B. Clinical management decisions regarding the special needs/ vulnerable patients will be made on an individual basis and will take into account the medical needs of the patient and the current status of the emergency situation.
 - 1. In the event that the patient is treated at MHSC, clinical procedures provided will be documented in the patient's medical record.
 - 2. All hospital departments are responsible for the tracking of the patient, both inside and outside the facility.
 - 3. If the patient needs specialized care not provided by MHSC, special provisions will be made and the patient will be transferred to an appropriate specialized care center.
 - Pediatric patients- Primary Children's Hospital, Salt Lake City, UT
 - Denver's Children's Hospital, Denver, CO
 - Geriatric and disabled patients- Transferred to specialty hospital depending on condition and availability
 - Mental health/ addiction patients- Wyoming Behavioral Institute, Casper, WY
 - Wyoming State Hospital, Evanston, WY
 - 4. Clinical management analysis will be made at the conclusion of the emergency response and revisions will be made as necessary in preparation for the next emergency.

Approvals:

Emergency Management Committee (via email vote) 9/9/2020

MEC 2/23/21

Attachments

2020 - 96 hour sustainability grid-9.20.pdf
2021 Hazard Vulnerability Analysis.pdf
802673 - Small Animal Intake Form.pdf
802675 - Child - Elder Care Registration-Tracking Form.pdf
802676 - Decon Response Team.pdf
802736 - Disaster Readiness Report.pdf
803088 - Leadership Order Succession form 10.20.pdf
HICS IV Forms and Instru#24.docx
Hospital Resource Directory- HICS 258 Directory 2019.pdf
Medical Staff Policy for Granting Privileges in the event of a Disaster
Small-Rural Hospital Job Action Sheets.doc

Approval Signatures

Approver	Date
Irene Richardson: CEO	09/2020
Tami Love: CFO [RF]	09/2020
Kari Quickenden: Chief Clinical Officer	09/2020
Kristy Nielson: Chief Nursing Officer	09/2020
Suzan Campbell: General Legal Counsel [RF]	09/2020
David Beltran: Security Director	09/2020



Approved: 02/2021
 Review Due: 02/2022
 Document Area: *Emergency Operations*
 Reg. Standards: *TJC EM.02.01.01, TJC EM.03.01.01, TJC EM.03.01.03*

2020 Evaluation of Emergency Preparedness Plan

STATEMENT OF PURPOSE

It is the goal of the Emergency Management Committee (EMC), and by extension the leadership of Memorial Hospital of Sweetwater County, to evaluate the Emergency Operations Plan (EOP) on an annual basis. The EOP will be evaluated for appropriateness of scope and effectiveness of the objectives. Any discrepant evaluation will fall to the Emergency Management Committee to formulate new objectives for the coming year.

Joint Commission Standard

EM.03.01.03: Evaluate the Effectiveness of the Emergency Operations Plan

Emergency Operations Plan

Memorial Hospital of Sweetwater County (MHSC) will conduct an evaluation of its emergency planning activities every 12 months to ensure the EOP is appropriate for the organization and community served. The effectiveness of emergency planning activities is evaluated by the Emergency Management Committee.

Evaluation of Emergency Operation Plan

Objective	Objective Met	Description	Action
A minimum of two (2) practice exercise/drills conducted.	Yes	Each drill/exercise is prefaced by a pre-planning session with objectives identified and monitoring methods defined. Each drill is evaluated by an interdisciplinary group and documented. One (1) of the two (2) drills may be a functional incident in response to a real event.	Conduct two (2) exercise based on MHSC hazard vulnerability analysis to make ensure compliance with the requirements set forth by regulatory agencies. Exercise includes influx of patients to each separately licensed site and considers lack of community support to emergency.
Staff required to respond in emergency situations are appropriately	Yes	Training includes the proper use of personal protective equipment (PPE) or other specialized equipment,	The Hazmat team faces challenges due to the availability of staff resources. New ways to encourage staff involvement under consideration/ This issue is currently resolved as of Dec. 2016 as there is now

Objective	Objective Met	Description	Action
trained for Hazmat responses.			an operational team of 12 members.
Record, analyze and act on problems failures and user errors observed during implementation of the plan. A designated controller and evaluators are identified for exercises.	Yes	Findings are forwarded to the interdisciplinary EMC. Data is used to identify opportunities to improve emergency management processes and to assure broad awareness of the ongoing development of the Emergency Operations Plan.	Corrective action is identified and plans modified after action reports are generated and reviewed by the Emergency Management (EM) team after each exercise. This information is shared with Performance Improvement Patient Safety (PIPS) Committee and the Quality Committee of the Board, which in turn informs the hospital CEO and Senior Leadership of any obstacles encountered and assistance needed.
Collect appropriate performance improvement (PI) data twice (2 times) a year during implementation of the plan via after action reports.	Yes	Data supports improvement standards as established by the EM Committee. Evaluation to include communications, resources, assets, security, staff, utilities, and patients.	Data is used to identify opportunities to improve EM performance, planning, response and staff training.
Conduct annual evaluations of the objectives, scope performance and effectiveness of the Emergency Management program.	Yes	Report the results to the EM committee and the Quality Committee of the Board on an bi-annual basis.	Make changes and recommendations of the EM program by the EM and Quality committee based on evaluations of emergency response exercises and actual emergencies.

Approvals:

MEC 2/23/21

Attachments

No Attachments

Approval Signatures

Approver	Date
Irene Richardson: CEO	02/2021
Tami Love: CFO	02/2021
Kari Quickenden: Chief Clinical Officer	02/2021
Kristy Nielson: Chief Nursing Officer	09/2020
Suzan Campbell: General Legal Counsel	09/2020
David Beltran: Security Director	09/2020

COPY



Current Status: *Draft*

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Approved: N/A

Review Due: N/A

Document Area: *General - Housewide*

Reg. Standards: *A-0263, A-0273, A-0283, A-0286, A-0297, A-0308, A-0309, A-0315, TJC LD.01.01.01, TJC LD.01.02.01, TJC LD.01.03.01, TJC LD.01.05.01, TJC LD.02.01.01, TJC LD.02.02.01, TJC LD.02.04.01, TJC LD.03.01.01, TJC LD.03.02.01, TJC LD.03.03.01, TJC LD.03.04.01, TJC LD.03.05.01, TJC LD.03.06.01, TJC LD.03.07.01, TJC LD.03.09.01, TJC LD.03.10.01, TJC PI.01.01.01, TJC PI.02.01.01, TJC PI.03.01.01*



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. 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: Is the prevention of errors and adverse effects to patients that are associated with health care. [Patient Safety Plan](#)

MHSC defines quality as 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, and Sweetwater Memorial Clinics. Hospital services and compliance with contractual and regulatory standards are monitored to ensure the delivery of quality service to satisfy all specified requirements. (Appendix 1 – FY 2021 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, risk assessments) or from external sources (for example, regulatory organizations, insurers, 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 improvement is to ensure 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. Each 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. Ensure quality and safety are at the core of the organization's mission
 - B. Ensure quality and safety values are embedded in guiding the organization's strategic plan
 - C. Review and approve PIPS Plan annually
 - D. Assess the effectiveness of the PIPS Plan
 - E. Participate in education regarding the methods of quality management and performance improvement
 - F. Receive reports of indicators and performance of processes as outlined in this plan
 - G. 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
 - H. 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 effectiveness of the PIPS Plan and ensuring the integration of the PIPS Plan requirements 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. Prioritize the necessary resources to implement the PIPS Plan
- E. Ensure the PIPS Plan is cohesive and feasible
- F. Communicate the PIPS Plan to workers and the community
- G. May periodically approve flexibility and variation in department and committee scheduled reports, in extenuating circumstances
- H. Ensure accreditation standards adherence
- I. Motivate and support staff to achieve PIPS objectives
- J. Monitor the effectiveness of the PIPS Plan and the achievement of results
- K. Ensure appropriate follow up of identified corrective actions not resulting in expected or sustained improvement

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 quality 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 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. Department leaders are responsible for collaborating with the PIPS Committee to collect and report 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 and Volunteers

- I. The responsibilities of the Project Teams, Department Employees, and Volunteers as they relate to the PIPS Plan include:
 - A. Performance improvement project teams may be formed according to employee identification of improvements and prioritization
 - B. Every employee is encouraged to engage in improvement within their scope of responsibility and there is no need to formally declare or recognize this ongoing activity that adds to the vibrancy of our organization and quality of care
 - C. Identify and utilize approaches for improving processes and outcomes to continuously improve the quality and safety of patient care
 - 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, Director of Acute Care Services, Director of Emergency Services, Director of Infection Prevention/Risk/Compliance, 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, Care Management Supervisor, Education Supervisor, Director of Dialysis, Director of Cancer Center, Quality Department, Medical Staff Representative, Medical Staff PIPS-Quality Liaison, 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 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 in those areas
 - 3. Affect health outcomes, patient safety, and quality of care
 - 4. Additional factors include: resource allocation and accreditation/regulatory requirements
 - 5. Utilizes a prioritization scoring tool. This will 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. Ensure appropriate allocation of resources to achieve successful performance improvement projects and sustained improvements
- M. Identify annual data elements collected on an ongoing basis to prioritize focus areas for performance improvement
- N. Review and approve the PIPS Plan each year prior to submitting to the Quality Committee of the Board
- O. Oversee annual evaluation of performance improvement project priorities and goals
- P. Oversee annual evaluation of PIPS Plan objectives, scope, and effectiveness, and evaluate progress towards strategic plan goals related to quality, safety and patient experience
- Q. Communicate information concerning quality, patient safety, and patient experience to departments when opportunities to improve exist

- R. Reports, in writing, to leadership on issues and interventions related to adequacy of staffing. This occurs at least once a year.
- S. 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
- T. Provide reports to the Quality Committee of the Board regarding results of performance improvement activities

Risk/Compliance

- I. Risk Management is undertaken by the Risk and Compliance Director, along with Compliance Committee, in order 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 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 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

MHSC is committed to continuous improvement of processes and outcomes. To accomplish this, the organization has adopted Lean as its improvement methodology. Lean is a patient centered performance improvement methodology and is meant to improve processes while keeping the patient at the forefront. Lean is based on two pillars including continuous improvement and respect for people. The ultimate goal is to liberate the people who do the work to make improvements.

- I. Performance improvement project teams will collect, analyze, document, and report improvements using Lean principles and methodologies (Appendix 4 – PIPS Documentation Tool)
- II. 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. 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 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 resources consideration

II. 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

- III. Aggregated data are analyzed to draw conclusions about opportunities for improvement and actions to improve the quality of processes. When available, external benchmarks or comparative databases will be included. Statistical tools and techniques are utilized to measure, analyze, and display data (e.g., run charts, flow charts and control charts).

IV. Scope of Data Collection

- A. At a minimum, the organization will collect data required by CMS Conditions of Participation and The Joint Commission including measures from:
 1. Inpatient Quality Reporting
 2. Outpatient Quality Reporting
 3. Value Based Purchasing
 4. Hospital Readmission Reduction Program
 5. Hospital Acquired Condition Reduction Program
 6. Quality Payment Program – Merit Based Incentive Payment
 7. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 8. CMS Star Rating Program
 9. The organization will collect data on topics in the following areas:
 - a. Environment of care
 - b. Infection prevention and control

c. Medication management system

B. MHSC compares internal data over time to identify levels of performance, pattern or trends in performance, and variations in performance. Data sources and mechanisms of identifying opportunities for improvement include, but are not limited to, the following:

1. Accreditation reports
2. Regulatory rounds and tracers
3. Culture of Safety survey
4. Occurrence reports identifying patient safety concerns and trends
5. Staff reporting safety or process concerns to their leaders
6. Risk Assessments
7. Reports and/or alerts from governmental agencies (for example, Centers for Disease Control and Prevention, Occupational Safety and Health Administration, Food and Drug Administration)
8. RCA (Root Cause Analysis)
9. FMEA (Failure Mode Effects Analysis)
10. Patient complaints/grievances
11. Patient perception of safety and performance
12. Selected outcome indicators (mortality, readmissions, etc.)
13. Peer review
14. Transfers to other facilities
15. Changing internal or external (e.g. Joint Commission Sentinel Event Alerts) conditions
16. Internal audits identifying improvement opportunities
17. Leaders identifying improvement opportunities
18. Ongoing medical record review
19. Audit of clinical contracts
20. Operative or other procedures that place patient at risk of disability or death
21. All significant discrepancies between preoperative and postoperative diagnoses
22. Blood and blood components use
23. Restraint use
24. Outcomes related to resuscitation
25. Appropriateness of pain management
26. Near miss events
27. Rapid response to change or deterioration in a patient condition
28. Care or services to high-risk populations (patient falls)
29. National Patient Safety Goals
30. CMS preventable conditions (Hospital-Acquired Conditions)
31. Healthcare-associated infections

32. Organ procurement effectiveness (conversion rates)
33. AHRQ Patient Safety Indicators (PSI)
34. ORYX core measure data
35. Hospital Quality Improvement Contractor (HQIC)
36. Confirmed transfusion reactions
37. Staffing related events
38. MRI incidents/injuries
39. Significant adverse drug reactions
40. Significant medication errors
41. Adverse events or patterns of adverse events during moderate or deep sedation and anesthesia
42. Complications of care
43. Sentinel events

V. Organization Dashboard

- A. Data displays preferred by the PIPS Committee includes dashboards and run charts.
- B. Data presented on the organization dashboard is updated to reflect strategic priorities. Measures on the dashboard have targets, which guide an appropriate response or recognition of success
- C. Goals and benchmarks are developed in conjunction with stakeholders with attention to past performance and national performance data
- D. Analyzes data using methods that are appropriate to the type of data and the desired metrics, which include but are not limited to:
 1. 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.
 2. 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.
 3. Stretch Goal: inspires us to think big and reminds us to focus on the big picture. This goal should exceed the benchmark. MHSC utilizes the National Top 10% when available.

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.
 - A. Subsection A. "Each licensee [hospital, healthcare facility and health services] shall implement a quality management function to evaluate and improve patient and resident care and services in accordance with the rules and regulations promulgated by the division. Quality management information relating to the evaluation or improvement of the quality of health care services is confidential. Any person who in good faith and within the scope of the function of a quality management program participates in the reporting, collection, evaluation, or use of quality management information or performs other functions as part of a quality management program with regards to a specific circumstance shall be immune from suit in any civil action based on such functions brought by a health care provider or person to whom the quality information pertains. In no event shall this immunity apply to any negligent or intentional act or omission in the provision of care."
- 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

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review. Retrieved from Thomson Reuters WestlawNext.

Approval:

Performance Improvement and Patient Safety Committee – 5/11/2021

Quality Committee of the Board – 5/19/2021

Medical Executive Committee – 5/25/2021

Board of Trustees –

Attachments

[Appendix 6 - Communication Plan](#)

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

[Appendix 1 - Reporting Calendar](#)

[Appendix 2 - Committee Reporting Structure](#)

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

[Appendix 4 - PIPS Documentation Tool](#)

DRAFT

Communication Plan

Definition: The purpose of the communication plan is to describe the structure and schedule for communicating PI project information to all stakeholders and those not directly involved in the projects. The plan outlines who (**owner**) is responsible for providing the information, to whom (**whom**) the information is provided, type of information (**goals**) provided, the (**frequency**) of the information provided, and the method for providing it.

Owner	To Whom	Goals	Frequency	Method
Department Staff	Clinical Coordinator, Supervisor, Manager, Team Leader	Suggestions that identify & resolve issues	Weekly or more frequently as needed	Visual displays adequate to support staff driven change & huddles
Department Leaders	Department staff	PI project updates and progress, including review of success and failures.	Monthly or more frequently as needed	PIPS Documentation Tool, dashboards, visual display boards
Department Leaders	PIPS Committee	PI project updates and progress, to include a review of success and failures	Quarterly, or as identified on PIPS Reporting Calendar, or more frequently as needed; or monthly if performing below goal/benchmark	PIPS Presentation Template; Lessons Learned Report
Department Leaders	Senior Leadership	PI project updates and progress, to include a review of success and failures	Monthly	Review of PIPS Documentation Tool, dashboards, and verbal discussion
PI Project Team	PIPS Committee	PI project updates and progress, to include a review of success and failures	Quarterly, or as identified on PIPS Reporting Calendar, or more frequently as needed; or monthly if performing below goal/benchmark	PIPS Presentation Template; Lessons Learned Report

Standing Committee Chairs	PIPS Committee	PI Project updates and progress, to include a review of success and failures	Quarterly, or more frequently as needed	PIPS Presentation Template; Lessons Learned Report
Senior Leadership	Department Directors & fellow Senior Leaders	Review status, oversee performance, resolve resource issues	Monthly	Verbal status reports
PIPS Committee (Director of Quality and CCO)	Quality Committee of the Board	PIPS Priorities; indicators performing poorly; Review status of hospital's quality efforts; Identify issues and successes	Monthly	PIPS Presentation Template and summary; Lessons Learned Report
Medical Staff	Board of Trustees	Matters related to quality of medical care provided to patients	Minimum of twice per year, during scheduled Board of Trustees meetings	Verbal or written reports

Report Methods Description:

PIPS Documentation Tool

- Describes the thorough process of the PI project

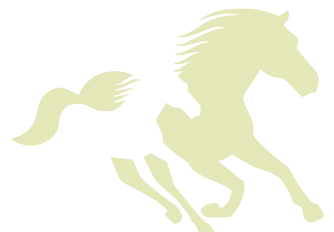
PIPS Presentation Template

- To review trends, status of data and progress of the project

Lessons Learned Report

- Narrative summary of the project (upon project completion) that includes lessons learned for future projects.

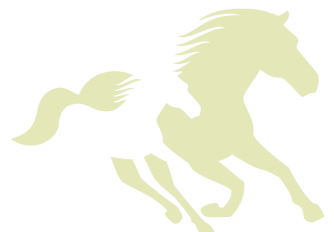
PIPS Presentation



Department/Team/ Process:

DATE:

PRESENTER(S): NAME AND TITLE



Data

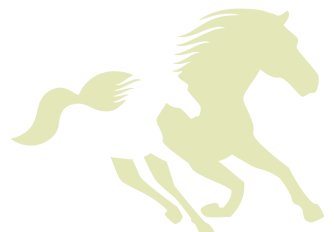
Insert data table or graphic



Analysis and Opportunities for Improvement

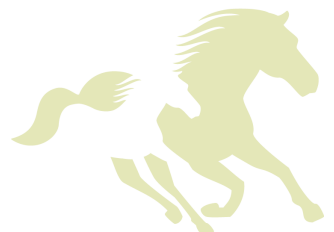
Describe:

- What's the issue?
- Include WHY the data is performing the way it is and any barriers to compliance



Actions – Who, What, When

Who is going to take the action?	What actions are they going to take?	When is the target completion date?



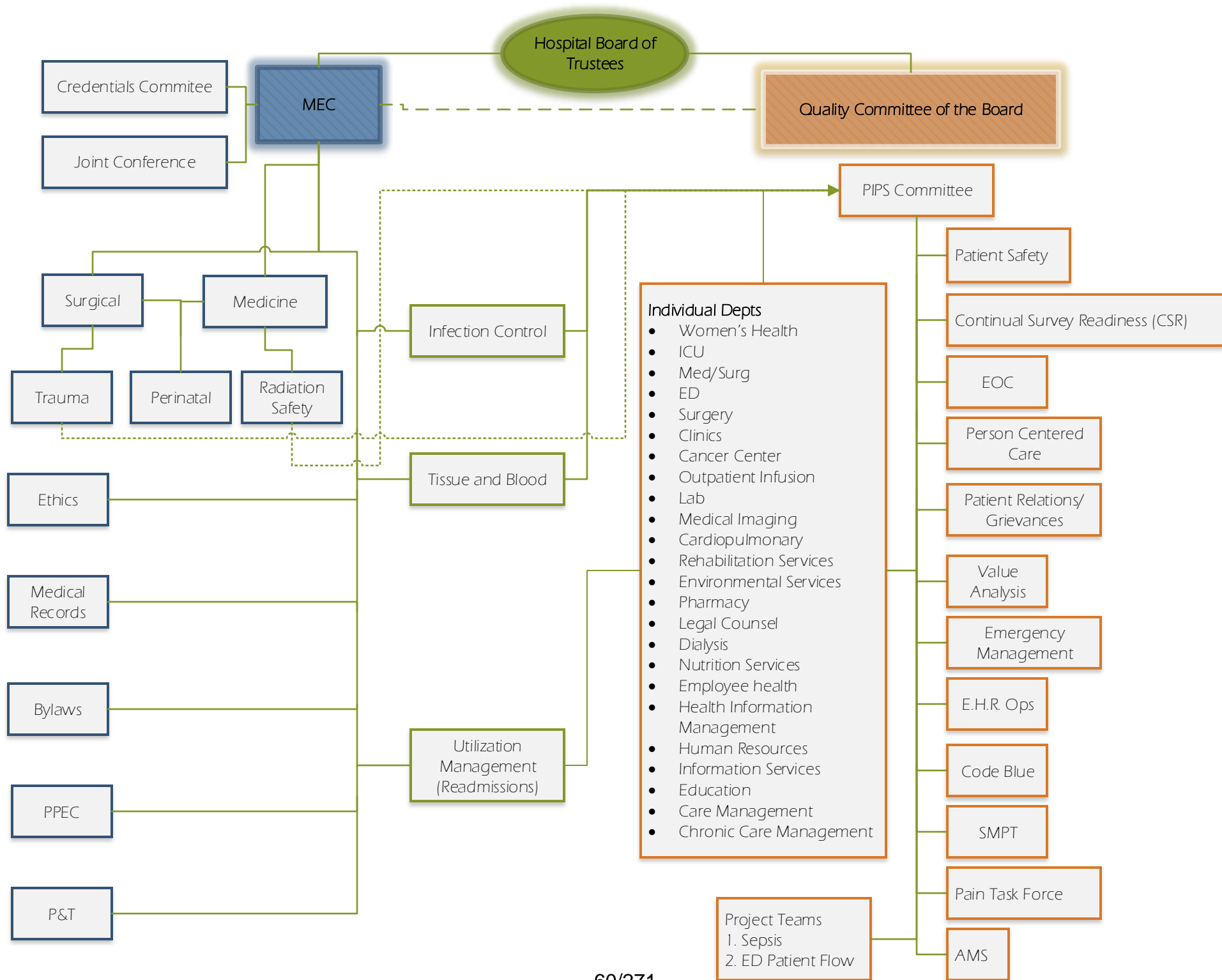


FY 2022 MHSC PIPS Committee Reporting Schedule

Monthly Meeting: Second (2nd) Tuesday of the Month, 1:00 p.m. - 3:00 p.m., Classrooms 1-3 or Virtual

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
STANDING COMMITTEE REPORTS												
Pain Task Force			Q4			Q1			Q2			Q3
Person Centered Care		Q4			Q1			Q2			Q3	
Antimicrobial Stewardship		Q4			Q1			Q2			Q3	
Continual Survey Readiness			Q4			Q1			Q2			Q3
E.H.R. OPS			Q4			Q1			Q2			Q3
Patient Safety	X	X	X	X	X	X	X	X	X	X	X	X
SMPT	Q4			Q1			Q2			Q3		
EOC (biannual)		X						X				
Patient Relations/Grievances Committee		Q4			Q1			Q2			Q3	
Value Analysis Committee (yearly)									X			
Emergency Management (biannual)				X						X		
Code Blue Committee	Q4			Q1			Q2			Q3		
MEDICAL STAFF COMMITTEE REPORTS												
Infection Control		Q4			Q1			Q2			Q3	
Tissue and Blood (biannual)					X						X	
Trauma (biannual)				X						X		
Radiation Safety (biannual)						X						X
Utilization Management - Readmissions		Q4			Q1			Q2			Q3	
PROJECT TEAM REPORTS												
Sepsis		Q4			Q1			Q2			Q3	
Patient Flow	Q4			Q1			Q2			Q3		
DEPARTMENT REPORTS												
Women's Health		Q4			Q1			Q2			Q3	
Medical Surgical		Q4			Q1			Q2			Q3	
ICU			Q4			Q1			Q2			Q3
ED			Q4			Q1			Q2			Q3
Surgical Services	Q4			Q1			Q2			Q3		
Medical Imaging			Q4			Q1			Q2			Q3
Clinic	Q4			Q1			Q2			Q3		
Radiation Oncology/Medical Oncology	Q4			Q1			Q2			Q3		
Social Services			Q4			Q1			Q2			Q3
Outpatient Infusion		Q4			Q1			Q2			Q3	
Rehab Services			Q4			Q1			Q2			Q3
Cardiopulmonary		Q4			Q1			Q2			Q3	
Environmental Services	Q4			Q1			Q2			Q3		
Pharmacy	Q4			Q1			Q2			Q3		
Behavioral Health			Q4			Q1			Q2			Q3
Patient Financial Services (to include Patient Access & Central Scheduling)			Q4			Q1			Q2			Q3

	Monthly Meeting: Second (2nd) Tuesday of the Month, 1:00 p.m. - 3:00 p.m., Classrooms 1-3 or Virtual											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DEPARTMENT REPORTS												
Care Management - Discharge Planning	Q4			Q1			Q2			Q3		
Medical Staff Services (biannual)			X						X			
Materials Management (to include Central Supply - biannual)					X						X	
Dialysis (biannual)						X						X
Nutrition Services (biannual)			X						X			
Employee Health (biannual)			X						X			
Health Information Management (biannual)		X						X				
Human Resources (biannual)		X						X				
Information Services (biannual)	X						X					
Education (biannual)	X						X					
Chronic Care Manager (biannual)				X						X		
Legal Counsel (annual)												X
PR/Marketing (annual)							X					X
Physician Recruitment (annual)						X						
Fiscal Services (annual)	X											
Volunteers, Community Outreach (annual)					X							
FACILITY WIDE REPORTS												
Patient Experience/HCAHPS Dashboards - by Dept. (monthly)	X	X	X	X	X	X	X	X	X	X	X	X
MHSC Star Rating, Patient Safety, and Other Standards Dashboards (monthly)	X	X	X	X	X	X	X	X	X	X	X	X
Quality Program Consultant - Tier Assignment Report (monthly)	X	X	X	X	X	X	X	X	X	X	X	X
PI Accelerate Dashboard (quarterly)			X			X			X			X
Hospital Compare Preview Reports (quarterly)	X			X			X			X		
Staffing Adequacy Report (annual)									X			
Quality Reporting Program Results (HRRP, HACRP, VBP, QPP - annually)							X	X				
Culture of Safety Survey Results (biennially- administered last in June 2020)										X		
Accreditation Reports (Triennially Hospital, Biennially Lab, as they occur)												
FMEA, RCA, Serious Safety Events (as they occur)												
PLAN APPROVAL												
Dialysis QAPI Plan					X							
PI and Safety Report (annual)					X							
PIPS Plan Review/Evaluation					X							
PIPS Plan				X								



Memorial Hospital of Sweetwater County

Proposed Performance Improvement Project Decision Checklist

This checklist will be used by the Performance Improvement and Patient Safety (PIPS) Committee to assist in determining PIPS Priorities for each fiscal year. This document includes pertinent questions to ask when deciding whether or not to pursue a proposed performance improvement (PI) project. An ideal PI project should have six or more **Y** (or **Yes**) answers. Higher priority will be given to Yes answers that are bolded.

DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

TYPE/TOPIC OF PROJECT: _____

QUESTIONS	Y	N	UNSURE	NA	COMMENTS
Is the proposed PI project aligned with the organization's mission/vision/goals? <i>*Please specify which Strategic Plan Pillar this aligns with</i>					
Does the project have the support and participation of key stakeholders, including leadership and frontline staff?					
Does the project relate to safety and quality of patient care, either directly or indirectly?					
Does the project involve a high-risk system, process, or operational area or one in which risks have been identified?					
Does the project involve a system, process, or operational area with a high volume of care recipients?					
Is the project identified as potentially problematic in the literature or by professional associations or other sources? That is, are the issues identified relevant to this site?					
Has feedback (such as complaints) been received from care recipients or staff in this area that is related to the PI project proposed?					

QUESTIONS	Y	N	UNSURE	NA	COMMENTS
Does the project relate to a leadership priority?					
Is the project related to a topic addressed by National Patient Safety Goals or another national, regional, or local priority-setting authority?					
Is it necessary to address a special event (such as a merger or new construction)?					
Does the organization have the resources necessary to complete the entire PI project (including financial, human resources, and so on), as determined by a thorough analysis?					

Number of bolded YES answers: ____/5

Number of non-bolded YES answers: ____/6

Total number of YES answers: ____/11

For PIPS Committee Use Only

Scoring Guide

- The PIPS Committee will utilize this Proposed PI Improvement Project Decision Checklist to determine the recommended PIPS Priorities PI Projects each fiscal year.
- The purpose of the Proposed PI Improvement Project Decision Checklist is to guide and assist the PIPS Committee in determining the recommended PIPS priorities. The PIPS Committee may use this tool, in addition to considering other factors, when determining priorities for the organization.
 - o In order to be considered for a PI Project, must answer yes to at least 2 questions
 - o Higher priority will be given to yes answers that are bolded

PIPS Committee Decision Notes:

Identified as a PIPS PRIORITY?

If yes, PIPS Documentation Tool will be utilized and information will be reported into PIPS Committee monthly

If yes, answer the following questions:

- Name of project team:
- Project team members:
- Data to be monitored associated with this project:
- In addition, please identify the following:
 - o Report Format (e.g., is it a specifically titled dashboard, such as the HLD/Sterilization Dashboard, P&T Committee Dashboard, etc.)
 - o Responsibility of Oversight of Corrective Actions and Sustaining Compliance
 - o Oversight Committee

Measure Development Tool

Step 1 - Measure Development Tool

Department/Unit:	
An opportunity exists for the quality monitoring of: (name of your indicator)	
It is important to monitor this because it is a: (select all that apply)	<input type="checkbox"/> In-Process/Quality Assurance Measure <input type="checkbox"/> Performance Improvement Measure <input type="checkbox"/> Regulatory Measure of Success <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Strategic Plan - Goals & Objectives <input type="checkbox"/> High Risk <input type="checkbox"/> Problem Prone <input type="checkbox"/> High Volume
The Performance Indicator will be monitored beginning: (MM/DD/YY)	5/1/2020
The data sources will be:	<input type="checkbox"/> Audit <input type="checkbox"/> Chart Review <input type="checkbox"/> Database <input type="checkbox"/> Observation <input type="checkbox"/> Patient Questioned <input type="checkbox"/> Staff Demo <input type="checkbox"/> Other (indicate below)
The frequency the data will be collected will be:	Monthly and reported quarterly to the Performance Improvement Committee
The data will be collected by:	
The sample size will be:	
The numerator will be:	
The denominator will be:	
The Goal for Performance will be (choose one item in each row):	
<i>Less than, equal to, or greater than</i>	
<i>Target (benchmark) Goal</i>	
<i>Stretch Goal</i>	
<i>Number, Percentage, or Percentile</i>	
The Source of comparative/benchmark data is:	
Submitted by:	
Date:	

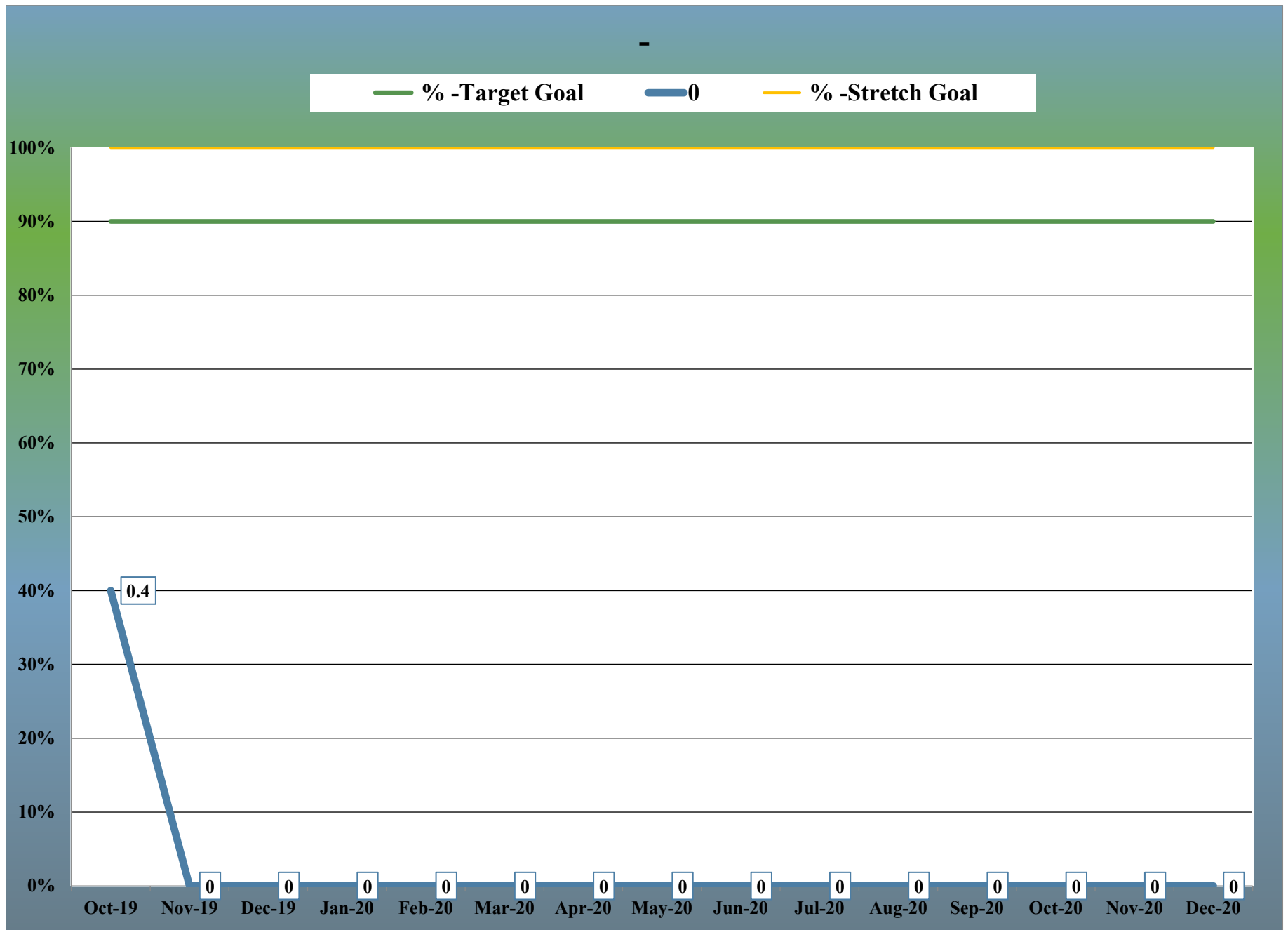
-									
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
% -Target Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
% -Stretch Goal	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Short Note to be included on the graph (optional)									

Number of Periods

13

-									
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20			
% -Target Goal	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%			
% -Stretch Goal	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
Short Note to be included on the graph (optional)									

Number of Periods



Performance Improvement Development Tool		
Department:	<i>Which department is responsible, can be interdisciplinary</i>	
Report Submitted by:	<i>Team lead/person responsible for this project</i>	
Problem Statement:	<i>What led you to discover the problem</i>	We have high rates of CAUTIs
Stakeholders/Scope	<i>Consider patient population and departments impacted</i>	
Current State:	<i>Please provide a description of the current process</i>	
Problem Analysis:	<i>5 Why's, ask why until you reach an actionable statement</i>	We lack a nurse-driven protocol, it's not addressed in MDR, need further education
Target Condition:	<i>In your perfect world, what would this process look like?</i>	We would limit the use of catheters via clinical decision support tools, we would have a nurse-driven protocol for removal, more education on potential effects of catheter use
Counter Measures:	<i>List measures that can be taken to counter your actionable items found in the problem analysis</i> Continue to next tab to further detail plans for counter measure	Develop nurse-driven protocol, provide more education, incorporate into MDR

Counter Measure Implementation							
	Counter Measure	Detailed Steps	Who is Responsible	Start/End Dates of test	Determination of Success	Evaluation	Sustainment
	<i>What will be done</i>	<i>Explain what will be done, resources needed (skills training, staff education, support services, technology, etc.)</i>	<i>Who will do it?</i>	<i>Length of time to trial improvement/intervention</i>	<i>Identify how it will be determined that the plan of action is not producing desired results and pursuit should be abandoned or plan modified:</i> 1. stakeholder harm/dissatisfaction is identified 2. Performance measures do not approach goal/benchmark after __ months/quarters (indicator # of quarters)	<i>Evaluate Counter Measure Action Plan:</i> 1. Successful 2. Needs action/adjustment 3. Not sustainable 4. To Be Determined	<i>If successful, how will you measure/monitor for sustainment?</i>
1							

Approved: 12/07/2011

Reviewed: 05/25/21

Review Due:12/01/24

Document Area:

Reg Standards:

Election of Officer Guidelines

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

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

Process:

1. At the annual meeting of the Board of Trustees, its members will elect the following officers: President, Vice President, Secretary, and Treasurer.
 - a. To assist the Board in electing those officers, the Governance Committee will accept suggested nominees, encourage participation by nominees, and present a ballot of nominees for Board vote.
 - i. Names of nominees should be submitted to the Governance Committee in writing with the consent of the nominee obtained. Suggested names for the annual slate will not be accepted after June 15th.
 - ii. Prior to the July meeting, the Governance Committee will meet with each nominee to ensure prior consent was given for their nomination and to encourage their participation.
 - b. The Governance Committee will compile a list of all nominees and submit a ballot of candidates to be voted on by the full Board at its annual meeting, which is the first Wednesday of July. In the event there are two or more nominations for one office, that office will be voted on separately.

2. In the event of a midyear vacancy, the office will be filled within sixty (60) days of the vacancy, using the process outlined in Section 1 above.

MEMORANDUM

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

Board of Trustees' Reporting Calendar...work has been completed, but no action will be taken by the Committee until the Board President has had a chance to review it.

Joint Commission Survey...Dr. Quickenden reported that the survey went very well with few findings and no findings that were serious enough for immediate concern.

Quality Consultant Tier Report...Ms. Jackson reported on this matter. Great progress has been made to address the concerns brought up by Mella the consultant.

Performance Improvement and Patient Safety Plan (PIPS)...this plan was extensively worked on by staff over a long period of time. After discussion, the plan was approved by the Committee and will be on the agenda for the June Board of Trustees' meeting for action.

The Risk and Grievance Dashboard was discussed. Dr. Symington pointed out that some of the numbers don't add up. I brought up the same issue last month and suggested that the spreadsheet needs another category. Staff indicated that they are looking to replace the MIDAS software which is a bit "clunky."

Star Rating Summary...discussion took place regarding this report. Staff is working on making this reporting effort meaningful and focused. Barbara asked about goal attainment and Press Ganey statistics.

Discussion occurred regarding patient satisfaction with food service. Although not a "medical issue", per se, patient satisfaction with food can influence overall patient ratings.

Dr. Poyer gave the Medical Staff Update. She noted that the medical staff is committed to excellence and quality improvement. She went over various topics the medicals staff have been addressing.

Ms. Jackson went over the Director's Report noting challenges and achievements.

The June meeting will be held one week later than usual.

(See Minutes for further details.)

Present: **Voting Members:** Kara Jackson (Quality Director), Dr. Melinda Poyer (CMO), Ann Marie Clevenger (CNO), Dr. Kari Quickenden (CCO), Dr. Barbara Sowada (Quality Board Member), Tami Love (CFO), Marty Kelsey (Quality Board Chair), Irene Richardson (CEO), Dr. Banu Symington

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

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

Absent/Excused: **Voting Members:** Leslie Taylor (Clinic Director), Dr. Cielette Karn

Non-voting Members: Kalpana Pokhrel

Guests:

Chair: Mr. Marty Kelsey

Introduction

Mr. Jones welcomed Kandi Pendleton the newest Board Member, who will be appointed in June.

Approval of Agenda & Minutes

Mr. Kelsey called the Meeting to order at 8:15 am. The Quality Agenda was presented for approval, Dr. Poyer motioned to, Dr. Sowada seconded. Motion was approved. Mr. Kelsey presented the April 21, 2021 Minutes for approval. Dr. Sowada motioned to approve, Ms. Jackson seconded. Motion was approved.

Mission Moment

Dr. Poyer shared a moment regarding a Case Manager (Deb Richardson) that she felt went above and beyond for a diabetic patient with limited resources, and intellectual challenges. She made sure they were sent home with plenty of help, worked them into our Internal Medicines schedule and did follow up teaching. They are wonderful examples of our patient centered environment.

Additionally, Dr. Poyer shared "We Rock!". As our Chief Medical Officer she couldn't be more proud of our hospital and all our staff for the successful Joint Commission survey.

Ms. Richardson also did a shout out to the MHSC staff for their amazing job during the survey – especially to the Quality Department (Ms. Jackson and her team), Dr. Quickenden, Ms. Clevenger, Ms. Hove and Dr. Poyer.

Ms. Richardson shared a second moment from the Patient Family Advisory Council meeting on Monday. A committee member shared a moment about a friend that had been diagnosed

with cancer and how grateful she was to have the resources of the Cancer Center here in Sweetwater County. She was extremely complimentary of the staff, processes and procedures and especially glad she did not have to travel to Utah.

Old Business

Ms. Jackson presented the Board of Trustees Reporting Calendar which is based on recommendations from the Quality consultant last August. It is a list of items required by either CMS or Joint Commission to be reported to, or approved by the Board on a scheduled basis. Dr. Sowada requested tabling the Calendar until Mr. Jones Board Chair has a chance to review. It will be brought back next month for approval.

Dr. Quickenden presented the report from Joint Commission Survey. We only had 11 findings, all of low or moderate impact. We were really proud of the staff, we did a lot of work, and the surveyors covered a lot of ground in a short period of time. Many of the findings were fixed in the moment and required no follow up. For those requiring correction plans or follow up we have 60 days (due July 10th) to respond with our plans of correction. Dr. Quickenden reviewed the Requirements for Improvement. Dr. Quickenden felt we would have plans of correction back to Joint Commission by mid-June and should have our final letter of accreditation before the end of July. She also noted the Lab survey "window" will be opening up in August, so we are actively preparing for that.

Mr. Kelsey questioned whether the survey report would be brought to Board of Trustees meeting in June? Mr. Kelsey requested the information be in the Board packet with a short summary, with Dr. Quickenden available to answer any questions. Dr. Quickenden also noted the question of Joint Commission reset for return – it will be 3 years from this year, approximately May of 2024. We should also anticipate a longer survey.

The quarterly Quality Consultant Tier Report was presented by Ms. Jackson. The recommendations by the Quality consultant were separated into tiers; high, medium and low priority. Many items have been completed, making the list much shorter this time. She further reviewed the Tier Report Summary, touching on the highlights (see attached). The Tier Report will be scheduled to come back in August. Mr. Kelsey complimented the team on their efforts in delineating all the information, it is an astounding job.

Mr. Kelsey introduced the Performance Improvement and Patient Safety (PIPS) Plan, which is up for committee approval. Ms. Jackson reviewed the additional changes to the PIPS Plan: definitions that were added/clarified, Board of Trustees vs. Governing Body, and a few minor additions, again to clarify the processes. No further questions arose and Dr. Sowada noted the changes answered her prior questions. Mr. Kelsey noted it was very thorough and well done. Dr. Poyer motioned to approve the plan, Dr. Sowada seconded the motion. Motion unanimously approved. Plan will go to BOT in June for final approval.

Dr. Symington requested jumping ahead to Risk and Grievance Dashboard, due to her need to leave for patient care. Dr. Symington noted that the "numbers" don't always add up on the report. Dr. Quickenden noted we saw that last month and have investigated it. We found some occurrences were still outstanding; they will show up in the current total, but haven't been assigned a significant ranking yet. Dr. Quickenden also noted we were looking into a new risk management program to replace MIDAS, versus investing a lot of time in rebuilding our current program. Dr. Symington also questioned significant medication errors in chemotherapy and who

they are reported to, as neither she nor Tasha Harris were aware of these. Ms. Hove noted that although they are listed under Chemotherapy, they aren't necessarily an occurrence in the Cancer Center. Sometimes and in this case, they were near misses in the Pharmacy. Additionally, Dr. Symington noted she was aware of 2 medication errors, that she doesn't see listed. Ms. Hove noted this is one of the reasons they are looking at a different system. The current system is "clunky" and sometimes difficult to manipulate headers and forms. Dr. Symington further requested both she and Tasha Harris, Cancer Center Director, receive reports, so they can follow up appropriately. Ms. Hove assured her when it is directly related to the Cancer Center, the report would be provided to Ms. Harris, who in turn can collaborate with Dr. Symington.

Ms. Jackson next presented the Star Rating Summary, requesting that Dr. Quickenden and Ms. Clevenger join in for presentation. Ms. Jackson noted this is a new report, with the intent to reflect the efforts everyone is making in improving the indicators we need to improve. Minimal information was provided in Mortality and Readmission, as these were not brought forth for discussion this month as we are doing well in those areas. Ms. Clevenger stated the Readmission statistics are reviewed by the Utilization Management Committee also. Safety of Care: C.Diff our goal is zero (0) cases, and our year to date cases is zero! Last month Ms. Hove provided a more in-depth report on C.Diff, and it has been summarized in this report. Ms. Jackson thanked Dr. Sowada for her suggestion last month regarding target completion dates for implementing plans as well as having a date when we expect to see improvement. Although they have not yet been incorporated into this report, they are working on adding in both. There should also be a few more changes in the June dashboard that will clarify our stretch goal – there will soon be three columns; a benchmark, a target goal and a stretch goal. Ms. Jackson further reviewed the Patient Experience, ED CAHPS, Inpatient HCAHPS (ICU, MS, and OB), and Timely and Effective Care.

Dr. Sowada questioned how do we know we are attaining our goals? Are we tracking internally or waiting for Press Ganey statistics? Ms. Clevenger stated the staff is looking at the microsystem data and looking at it in more detail. They are tracking data on the PI tool, rounding on patients and asking specific questions to monitor the process to ensure it is done consistently. Dr. Poyer noted we are doing a secondary rounding, asking specific questions in follow up to the patients in real time. Ms. Clevenger noted that she and the Nurse leaders receive weekly "patient comments" from Press Ganey and review weekly.

Mr. Kelsey questioned the OB focus area of food temperature – have we had that many food temperature complaints? Dr. Quickenden noted that the issue isn't always about temperature, but sometimes just not liking the meal, whether it's the food or the prescribed diet. We are forming a group that includes Chef Leah, the Clinical Dietitians and In-patient Nursing Directors (M/S, ICU & OB) to work on improving that process.

Ms. Jackson continued the review of the Star Rating Summary. Dr. Quickenden gave an update on OP-10 Abdomen CT with and without contrast and OP-23 Head CT/MRI Results for Stroke patients within 45 minutes of Arrival. Dr. Quickenden noted OP-10 is going really well with 0% fallout from December through April. OP-23 we had no cases that counted, January through March, but did have a couple in April. We have met as a team mapping out interventions and will meet again in June to evaluate.

Ms. Clevenger gave an update on Sepsis; the team has met once with a plan for at least quarterly meetings. We met the national benchmark of 59% and have surpassed our stretch goal of 60% with compliance of 66.66%. ED leaders met with U of U last week and Dr. Najm was able to review data and metrics with them. Dr. Najm and Kim White, ED Director have worked together on procedural changes which have contributed to huge strides in improvement.

New Business

No new business for discussion.

Medical Staff Update

Dr. Poyer gave the Medical Staff Update, listing the Quality Measures being worked by medical staff; Sepsis fallouts are reviewed immediately and monthly, C.diff is being worked on by the ED and Hospitalist team to identify upon admission, HCAHPS – the medical teams has been versed by the Quality Department and Dr. Poyer, CMO and they have implemented “commit to sit”, as well as secondary patient satisfaction rounds, additionally patient comments are shared with providers as well as the U of U ED Providers to look for areas of improvement, we are now reviewing mortality and admission data. All of the minutes from these meetings are submitted to MEC. COVID Incident Command is looking at standing down the meeting. They would reconvene immediately for any problems or uptick in COVID patients.

Informational Items for Review/Discussion

The Informational Items for Review/Discussion was presented with request for pull outs; Patient Experience, HCAHPS, PI Standards were requested by Dr. Sowada. Dr. Sowada noted that the HCAHPS OB numbers seem to have dropped since last year. Ms. Clevenger stated this drop was noted first through patient comments. We are working on team work efforts, with plans to discuss with Perinatal, OB and Anesthesia. Dr. Sowada questioned the low numbers in Care Transition, asked for a definition of. Ms. Clevenger explained those are the steps (and questions asked) when a patient is preparing to go home. The nurse leaders have been tasked with developing a plan to focus on these discharge initiatives in conjunction with Pharmacy and their initiatives on improving medication education for patients.

From the Director – bimonthly

Ms. Jackson presented the Director of Quality Report, starting with her concerns that we have a lot of competing priorities, a year of COVID, patient satisfaction, star rating initiatives and Cerner implementation. Although everyone is doing great work, the concern is they might become “worn down”.

Ms. Jackson further reviewed the Significant Achievements, which there are a lot of them! Achievements include; Star Ratings, Cerner implementation, Joint Commission Survey. She noted that the Joint Commission surveyors were very complimentary of our staff, that they could tell our staff was engaged and wanted to do the right thing. We know our staff is doing good, but it is always nice to have that validation from an outside source. Press Ganey during their onsite visit echoed that sentiment.

Ms. Jackson stated we will begin bringing forth not only Joint Commission accreditation, but also other accrediting bodies we work with; Trauma Accreditation, Pharmacy – State Board Inspection, Nutrition Services – Dept. of Health inspections, Medical Imaging – FDA Inspections, Sleep Lab Accreditation and more. It is important to recognize all the hard work going on behind the scenes.

Ms. Jackson reminded everyone that next month's meeting will be one week later than normal, due to scheduling conflicts.

Meeting Adjourned

The meeting adjourned at 9:50 am

Next Meeting

June 23, 2021 at 08:15 am via ZOOM.

Respectfully Submitted,

Robin Fife, Recording Secretary

DRAFT

Summary Regarding Accreditation and The Joint Commission

MHSC welcomed The Joint Commission for our triennial hospital accreditation program survey on May 6th and 7th. We are pleased with the outcome of the survey. Our final report contains 11 findings, all of which are in the low-risk to moderate-risk area of the SAFER Matrix. The Joint Commission Surveyors complimented our staff multiple times for their hard work, engagement, confidence in speaking to processes, and dedication to providing safe, high quality care for our patients. A small team is currently developing the Evidence of Standards Compliance (ESC) plans for the findings, which are due to the Joint Commission July 10th, 2021.

HR CHAIR REPORT TO THE BOARD FOR MAY 2021

Ed Tardoni

The Human Resources Committee met in a Zoom format in May.

HR DATA FOR THE MONTH

The usual HR reports are included in the Board packet. MHSC continues to perform above the national average with respect to employee retention.

POLICY ACTIVITY

No policy business was conducted at this meeting.

COMMITTEE DISCUSSIONS

Board members will find a listing of policies in this month's board packet. The list documents review of policies and gives the status of those under revision. The majority of the reviews have been performed by hospital staff. It has been the practice to only bring policies to the committee that are being considered for revision. Revisions are considered by the full committee. Only revisions that are approved by committee vote are forwarded to the board for consideration. The committee wishes a sense of the board with respect to their agreement or disagreement with this process.

NEXT MEETING

The next meeting of the HR Committee is scheduled for June 21, 2021 at 3:00 P.M most likely by Zoom

Human Resources Committee Meeting
Monday, May 17th, 2021
3:00 PM – Zoom meeting
AGENDA

Old Business

- I. Approval of minutes
- II. Turnover Report - Amber
- III. Open Positions –Amy
- IV. Employee policies– Update attached

New Business

- V. Committee member reports, other discussion(s) – as needed
- VI. Determination of Next Meeting Date (Auto-Scheduled for 06/21/21)

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting – Minutes Draft
Monday – May 17, 2021

Zoom

Trustee Members Attending by Zoom: Barbara Sowada & Ed Tardoni
Members Present by Zoom: Amber Fisk, Irene Richardson, Tami Love
Guests by Zoom: Amy Lucy, Cindy Nelson, Kari Quickenden, Ann Clevenger

Ed called the meeting to order. He called the roll and said Suzan was excused.

OLD BUSINESS

I. APPROVAL OF MINUTES:

The motion to approve the April 19, 2021, minutes as presented was made by Barbara, second by Irene. Motion carried.

II. TURNOVER REPORT:

Irene shared her screen. Amber said the information shared is as of April 30. The rolling 12-month number is 18%. The national average is still 24-26%. The rehire rate through February is 19%. We have had 41 separations to-date in 2021. Amber said she did not include the Clinic information this time because they did not have any separations, so she just included them in the overall. Amber said a lot of PRN people do not complete their annual education, so they are separated. She said we had some people moving out of the area. Amy said when some people receive their tax or stimulus money they tend to abandon their jobs and leave.

III. OPEN POSITIONS:

Amy reviewed the open positions. Ed said there is a lot of Board interest in our staffing levels. He asked Amy if we can add "replacement", "new position", etc., to the information provided to the Board. Amber said we will update this information for the next meeting packet in June. Barbara asked if we have a float pool of nurses that can work from one department to the next. Ann said we do have nurses cross trained in different parts and that is happening more and more since Ann started. We also have PRN and we make good use of school nurses. The Clinic nurses are not cross trained to the Hospital. Ann said some things that impact us are a lot of nurses graduating plan to work days and Monday-Friday. Amber said it is a nurse employee market. We try to keep them here as much as we can.

IV. EMPLOYEE POLICIES:

a. **Update** – Amber said Suzan sent information and asked to have it included in the packet. Ed said it is very useful and he is prepared to discuss at the Board meeting. Barbara and Ed said they appreciate the list. Ed also thanked the group for putting the packet out early for review.

NEW BUSINESS

V. **COMMITTEE MEMBER REPORTS, OTHER DISCUSSION(S):**

There were no other reports or discussions.

VI. **DETERMINATION OF NEXT MEETING DATE:**

The next meeting is scheduled June 21 at 3:00 PM. Amber will send out a recurring invitation/meeting notice.

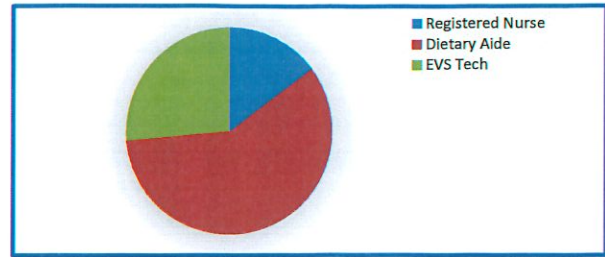
Ed thanked everyone for participating. The meeting adjourned at 3:23 PM.

DRAFT

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
2021 Overall Turnover Data (As of 4/30/2021)

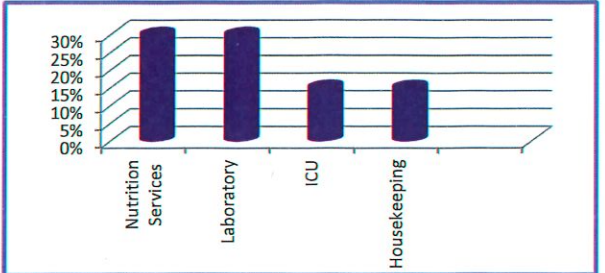
Top Position(s) / Turnover

	2021	%
Registered Nurse	10	8%
Dietary Aide	4	33%
EVS Tech	3	15%



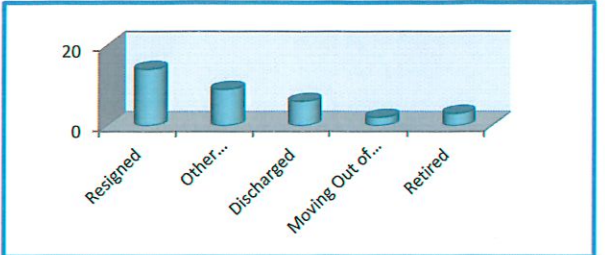
Top Department(s) / Turnover

	2021	%
Nutrition Services	6	30%
Laboratory	6	30%
ICU	3	15%
Housekeeping	3	15%



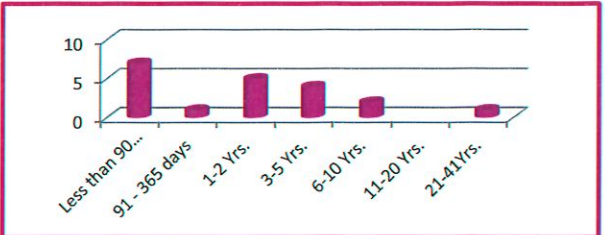
Top Reasons / Turnover

	2021	%
Resigned	14	70%
Other Employment	9	45%
Discharged	6	30%
Moving Out of Area/Relocation	2	10%
Retired	3	15%



Length of Service

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

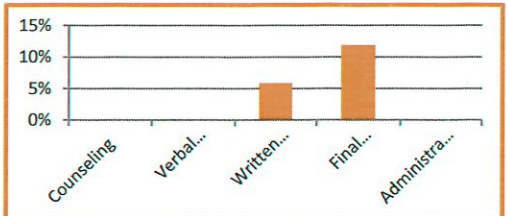


Total 20

Corrective Action

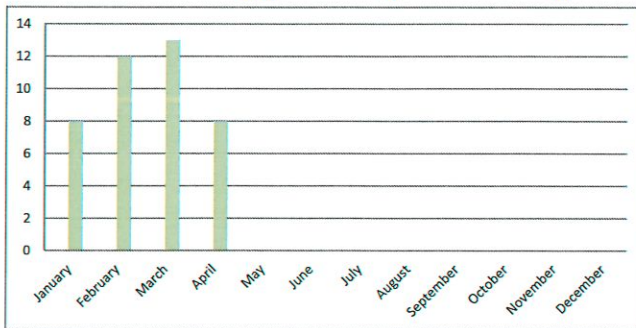
Counseling
 Verbal Warning
 Written Warning
 Final Written Warning
 Administrative Leave

% Discharged



2021 Separations - Hospital Wide

	Separations	New Employees	
January	8	10	556
February	12	2	548
March	13	10	545
April	8	15	552
May			
June			
July			
August			
September			
October			
November			
December			
Total	41	19	



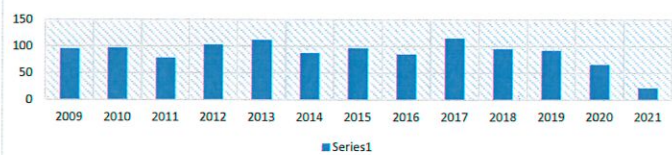
	<u>Separations</u>
Involuntary	5
Voluntary	36
Total	41

	<u>Classifications</u>
RN	10
Classified	31
Total	41

Overall Turnover

2009	96
2010	98
2011	79
2012	104
2013	113
2014	88
2015	97
2016	86
2017	116
2018	96
2019	93
2020	67
2021	23

Overall Turnover 2021



Rolling 12

	Separations	%
Jan 2020 - Jan 2021	93	17%
Feb 2020 - Feb 2021	100	18%
April 2020 - April 2021	99	18%

Rehire Rate

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

Requisition Number	Job Title	Schedule	Shift	Department
Clinical				
2723	Med. Imaging Aide	Regular Part Time	Variable	MEDICAL IMAGING
2676	Med. LabTech	Regular Full Time	Variable	LABORATORY
2677	Med. LabTech	Regular Full Time	Variable	LABORATORY
2649	Med. Tech	Regular Full Time	Variable	LABORATORY
2689	Med. Tech	Regular Full Time	Variable	LABORATORY
2648	Rad. Tech. I (ARRT)	PRN	Variable	MEDICAL IMAGING
2743	Reg. Resp. Therapist	Regular Part Time	Variable	RESPIRATORY THERAPY
2359	Reg. Resp. Therapist	Regular Full Time	Variable	CARDIOPULMONARY
2744	SLP Lab T-Gist/Rpsgt	Regular Full Time	Nights	SLEEP LAB
2587	Ultrasound Tech.	Regular Full Time	Days	ECHOCARDIOGRAPHY
2680	Ultrasound Tech.	Regular Full Time	Variable	ULTRASOUND
Non-Clinical				
2736	Clinical Admin Asst/Billing Su	Regular Full Time	Days	CLINIC
2609	Collections Clerk	Regular Full Time	Days	PATIENT FINANCIAL SERVICES
2750	Collections Clerk	Regular Full Time	Days	PATIENT FINANCIAL SERVICES
2746	Dietary Aide	Regular Full Time	Variable	NUTRITION SERVICES
2733	Director Information Svcs	Regular Full Time	Days	INFORMATION TECHNOLOGY
2367	Help Desk Analyst/PC Tech	Regular Full Time	Days	INFORMATION TECHNOLOGY

Filters

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

2766	HIM Tech	Regular Full Time	Days	HEALTH INFORMATION MANAGEMENT
2755	HIM Tech	Temporary	Days	HEALTH INFORMATION MANAGEMENT
2731	Supply Chain Aide	Regular Part Time	Days	MATERIALS MANAGEMENT
2778	Translator	Regular Full Time	Days	PATIENT FINANCIAL SERVICES
2759	Patient Access Specialist I	Regular Full Time	Variable	Patient Access Specialist I
2751	Patient Access Specialist I	PRN	Variable	Patient Access Specialist I
Nursing				
2768	Peritoneal Dialysis RN	Regular Full Time	Variable	DIALYSIS
2749	Registered Nurse	Regular Full Time	Days	ICU
2771	Registered Nurse	Regular Full Time	Days	SURGICAL SERVICES
2772	Registered Nurse	Regular Full Time	Days	SURGICAL SERVICES
2775	Registered Nurse	Regular Full Time	Days	SURGICAL SERVICES
2756	Registered Nurse	Regular Full Time	Nights	MED/SURG
2747	Registered Nurse	Regular Full Time	Nights	MED/SURG
2769	Registered Nurse	Regular Full Time	Variable	DIALYSIS
2710	Registered Nurse	Regular Full Time	Variable	ICU
2721	Registered Nurse	PRN	Variable	EMERGENCY DEPARTMENT
2774	Registered Nurse - Chemo	Regular Full Time	Days	MEDICAL ONCOLOGY
2773	Registered Nurse - Chemo	Regular Full Time	Days	MEDICAL ONCOLOGY
2761	Clinical Coordinator	Regular Full Time	Days	POST PARTUM

Filters

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

EMPLOYEE POLICIES UPDATE

GENERAL

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

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

ADA no changes re-approved for 3 years

Cultural Diversity no changes re-approved for 3 years

Non-Discrimination and Anti-Harassment being reviewed

Harassment complaint Procedure no changes re-approved for 3 years

Confidentiality and HIPAA no changes re-approved for 3 years

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

EMPLOYMENT AND COMPENSATION

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

Introductory Period pending revision

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

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

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

Conflict Resolution no changes re-approved for 3 years

Reduction in Force no changes re-approved for 3 years

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

LEAVES OF ABSENCE

Bereavement Leave no changes re-approved for 3 years

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

Jury Duty no changes reapproved for 3 years

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

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

Voting Leave no changes re-approved for 3 years

WORK ENVIRONMENT

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

Dress Code no changes re-approved for 3 years

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

Political Activity new Employee Policy approved by HR Committee and Board

Social Media in revision will be presented to HR Committee

Telecommuting Policy new Employee Policy approved by HR Committee and Board

Tobacco Free no changes re-approved for 3 years

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

Capital Request Summary

Capital Request #

FY21-77

Name of Capital Request:

ARIA interface with Cerner

Requestor/Department:

Tasha Harris/Radiation Oncology

Sole Source Purchase: Yes or No

Reason: current Varian vendor needs to be interfaced to Cerner, our new EMR

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	Varian	Palo Alto, CA	\$69,488.00
2.			
3.			

Recommendation:

Varian - \$69,488.00

Assigned: FY 21 - 77

Capital Request

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

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

Department: Radiation Oncology

Submitted by: Tasha Harris

Date: 07/2/2021

Provide a detailed description of the capital expenditure requested:

Interface to run Aria with Cerner

Preferred Vendor: Varian

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

1. Renovation	\$
2. Equipment	\$
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$ 69,488 (interfaces)
Total Costs (add 1-8)	\$ 69,488

Does the requested item:

Require annual contract renewal? ☒ YES ☐ NO

Fit into existing space?

☒ YES ☐ NO

Explain:

Attach to a new service?

☐ YES ☒ NO

Explain:

Require physical plan modifications?

If yes, list to the right:

☐ YES ☒ NO

Electrical

HVAC

Safety

Plumbing

Infrastructure (IS cabling, software, etc.)

\$

\$

\$

\$

\$

Annualized impact on operations (if applicable): N/A

Increases/Decreases

Projected Annual Procedures (NEW not existing)

Budgeted Item:

☒ YES ☐ NO

Revenue per procedure

\$

Projected gross revenue

\$

Projected net revenue

\$

Projected Additional FTE's

\$

Salaries

\$

Benefits

\$

Maintenance

\$

Supplies

\$

Total Annual Expenses

\$

Net Income/(loss) from new service

\$

of bids obtained? 1

☐ Copies and/or Summary attached.

If no other bids obtained, reason:

Varian is our only option because our EMR is through Varian and we need them to interface with Cerner.

Review and Approvals

Submitted by: Tasha Harris

Verified enough Capital to purchase

Department Leader

☐ YES ☐ NO

Vice President of Operations

☐ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO

[Signature] 5-18-2021
5-18-21

OTHER CONSIDERATIONS

We pay ~\$45,000/year for our software service agreement with ABO, and it is not a great software. We have had constant issues with ABO and the billing department has had to hand key most of our charges because they don't flow like they should. We are very excited that Cerner will take the place of ABO. So we will no longer have that software or pay for that service agreement. Our service agreement with Varian should not increase because we already had multiple interfaces included in the scope of that service agreement.

With the transition to Cerner, Radiation Oncology has an EMR (Aria) that will still need to be used because it connects to the radiation treatment machine. In order to run Aria with Cerner, we will need various interfaces. These interfaces will also allow us to discontinue using ABO as our registration and billing platform. This quote is to get those interfaces built and up and running.

Tasha Harris Digitally signed by Tasha Harris
Date: 2021.05.17 14:11:33 -08'00'

Submitted by: Signature

Date

5/17/2021

Varian Proposal - Aria Interfaces for Cerner Project

Quotation Number - 2021-311254-2

***** CONFIDENTIAL QUOTATION *****

Upon execution, an addendum to cover the additional software purchased in this quote will be issued to amend the current software support agreement. Addendum coverage start date to begin 30 days post acceptance. Year 1 will be prorated accordingly and all remaining years will be coterminous with the Software Support Agreement being amended.

(Looking further)



MEMORIAL HOSPITAL OF SWEETWATER COUNTY
("Customer")

1208 COLLEGE DR
ROCK SPRINGS, Wyoming 82901-5868 United States
Tel : +1 307 212 7780
Fax : 3072127780
Email : jcumwings@sweetwatermemorial.com

Varian Medical Systems, Inc.

Bryce Logemann
US Software Sales Specialist
3100 Hansen Way
Palo Alto, CA 94304 US
Tel : (303) 638-8859
Fax : (678) 255-3650
Email : bryce.logemann@varian.com

*** Confidential - Proposal is intended for Recipient and Recipient's Site Representatives Only ***

Quote Information

Quotation Number :	2021-311254-2	Sales PO Required :	Yes
Quotation Valid Until :	September 03, 2021	Customer Procurement Contact	Needed
Customer Requested Delivery Date :	September 03, 2021	Name :	
Quotation Date :	May 14, 2021		

Sales

Incoterms : DPU Site Insured
Payment Terms : 30 days net
Shipment : 100.00%
For orders equal or less than \$100k, 100% upon shipment, net 30.

Quotation Total

Quotation Total : US \$59,488.00

Terms and Conditions

Products and Services: Customer's access to and use of the Products, Support Services and Services (except Software-as-a-Service or Subscription Services) as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) at https://www.varian.com/1652V_OCT_2018 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation. All terms and conditions provided in the website link listed in item (a) above are incorporated by reference and form part of the contract between Varian and Customer.
If there is a separate written agreement (e.g. master agreement) in effect between the parties that expressly provides for and governs the purchase and sale of the specific Products, Support Services, Services, Software-as-a-Service and/or Subscription/Subscription Service set forth in this Quotation, such written agreement shall govern. Hard copies of the referenced terms and conditions and any additional terms indicated will be provided to Customer upon request.

For and on behalf of Customer:

Authorized Representative : _____
Title : _____
Date : _____

Authorized Representative : Bryce Logemann
Title : US Software Sales Specialist
Date : _____

Quotation Summary

varian
A Siemens Healthineers Company

Offered Products (Sales)

Interoperability

Included

Item	Description	Qty
Section 1 Interoperability		
1.1	<p>ARIA Connect for ARIA RO</p> <p>ARIA Connect for ARIA Oncology Information System (OIS) for Radiation Oncology (RO) manages messages and interfaces to external hospital or clinic systems, billing systems and/or integration engines. It matches, filters, and/or manipulates messages based on configurable logic to support clinical business rules. Also, it transfers inbound data messages into the ARIA database.</p> <p>Features:</p> <ul style="list-style-type: none"> The ARIA Connect engine supports standard HL7 messaging, conforming to HL7 versions 2.2, 2.3, 2.4 and 2.5.1 Schema (2.7). The ARIA Connect engine also supports custom interfaces. <p>Prerequisites:</p> <ul style="list-style-type: none"> ARIA RO v13.6 and higher; ARIA Connect - compatible server hardware (for a detailed description of hardware requirements, please refer to: www.varian.com/hardwarespecs); HL7 compliant third party systems (i.e. HIS, Billing, Labs or other systems). <p>Notes:</p> <ul style="list-style-type: none"> All the systems to be interfaced must reside on the same network as the ARIA Connect engine server and Oncology Information System server(s), or have networking capability; The user cannot install any third party software on the ARIA Connect engine server or the Oncology Information System database server(s); Varian's Smart Connect is required to allow for remote access for installation, updates, upgrades, monitoring, and service support. Note: sites not allowing remote connection must purchase additional on-site service and configuration with their interfaces; and All interfaces must be quoted in addition to this line item, in accordance with the needs of the customer; and <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> The customer must have the ability to filter out non-oncology patient messages when required; The prices do not include any additional hardware, software (such as HL7 interfaces) or charges required to the other 3rd party systems, consulting services required from any other 3rd party, or any charges that may be required to any Varian software. It is the customer's responsibility to determine any and all additional costs from the other vendors; Customer participation is required in every interface project. Participation could be but is not limited to assisting in analyzing data, reviewing and signing off specifications, resolve data flow issues, reviewing and signing off test results. In addition, when required, the customer will also be responsible for getting participation from the other vendors; After the interface(s) are implemented, customer must a) monitor the interface log on an ongoing, regular basis, and b) test the interface(s) when new releases of the software are installed. Up to two hours of testing on monitoring the interface log(s) is included with this item; The customer is responsible for providing a LAN and WAN network with sufficient capacity to support the traffic between the Oncology Information System database server(s) and the ARIA Connect engine and the third party systems interfaced; and The customer is responsible for providing a secure high speed Internet connection to allow access for remote for installations, upgrades, monitoring, and service support via Varian's Smart Connect. Customers who choose to not provide remote access must purchase additional on-site installation and configuration services. 	1
1.2	<p>Interoperability Customization Hours</p> <p>For additional customization or configuration services of interoperability interfaces. One unit includes 10 hours of customization services.</p>	2
1.3	<p>ARIA Connect RO Core Demographics In</p> <p>This is to convert existing IEM interface to ARIA Connect. This interface processes inbound patient demographic data (HL7 ADT) from an HL7-compliant system into the ARIA Oncology Information System (OIS) for Radiation Oncology (RO). As new patients are added or existing patient demographic information changes in a 3rd party system, an HL7 ADT message is generated. This message is then sent to the ARIA Connect Interface Engine, processed, and the demographic information is updated in the ARIA database.</p> <p>Features:</p> <ul style="list-style-type: none"> Can be configured to either , 	1

Item	Description	Qty
	<ul style="list-style-type: none"> Can be configured to perform functions based on certain messages received (requires purchase of additional configuration support) Can filter or process messages based on a variety of HL7 fields Keeps patient status, addresses, next of kin and other demographic information up to date Health (status) monitoring of interfaces is possible Includes interface engine license <p>Prerequisites:</p> <ul style="list-style-type: none"> ARIA Connect Dedicated server environment for ARIA Connect, as defined on www.varian.com/healthcare/specs HL7 ADT compliant 3rd party system <p>Notes:</p> <ul style="list-style-type: none"> This includes consulting, the creation of detailed specifications, configuration and testing of sample data, and implementation of a basic version of this interface. Up to 32 hours of configuration labor are included as a maximum implementation effort. If the scope requires more than that, additional work packages have to be purchased. This interface shall be implemented within three years of purchase. Varian relies on customer's engagement to complete interface projects. In case the customer fails to provide the necessary resources within three years of purchase, this product shall be deemed to be delivered. Customer Responsibilities: In order to initially populate the ARIA database with ADT information, the sending system will need to trigger an HL7 ADT message for all active patients currently in their database. It is the customer's responsibility to coordinate this work with the existing registration system technical staff. 	

1.4

ARIA Connect RO Conversion Billing Out

1

This is to convert existing IEM interface to ARIA Connect. This interface delivers clinical activity information from the ARIA Oncology Information System (OIS) for Radiation Oncology (RO) to an external billing system compatible with HL7 DFT. ARIA generates charge-related information in response to daily activities performed by the staff. Once this information is approved in ARIA, ARIA Connect will gather the data and send out HL7 DFT messages to the billing system at predefined scheduled times.

Features:

- Billing runs can be scheduled at any time
- Billing interfaces can be configured to select professional, technical, and global charge types
- Billing runs can be configured to select charges for specific hospitals and departments
- Billing runs can be configured to send charges and / or credits
- Multiple billing interfaces can run concurrently
- Health (status) monitoring of interfaces is possible
- Includes interface engine license

Prerequisites:

- ARIA Connect
- Dedicated server environment for ARIA Connect, as defined on www.varian.com/healthcare/specs
- HL7 DFT compliant 3rd party system

Notes:

- This includes consulting, the creation of detailed specifications, mapping of billing codes, configuration and testing of sample data, and implementation of a basic version of this interface. Up to 32 hours of configuration labor are included as a maximum implementation effort. If the scope requires more than that, additional work packages have to be purchased.
- ARIA Connect can support many billing interfaces concurrently, but each billing system requires the purchase of its own interface.
- ARIA Connect is able to export billing codes that are configured as exportable in ARIA Data Administration.
- This interface shall be implemented within three years of purchase. Varian relies on customer's engagement to complete interface projects. In case the customer fails to provide the necessary resources within three years of purchase, this product shall be deemed to be delivered.

1.5

ARIA Connect RO Conversion Scheduling IN

1

This converts an existing IEM interface to ARIA Connect. This interface processes inbound patient scheduling data (HL7 SIU) from an HL7-compliant system into the ARIA Oncology Information System (OIS) for Radiation Oncology (RO). These messages are sent to the ARIA Connect Interface Engine and processed, and the schedule information is updated in the ARIA database.

Features:

- Imports HL7 scheduling data into ARIA OIS for RO

Prerequisites:

Item	Description	Qty
	<ul style="list-style-type: none"> Dedicated server environment for ARIA Connect, as defined on www.varian.com/healthcare/specs HL7 compliant 3rd party system ARIA OIS for Radiation Oncology v. 13.6 MR1 or higher <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on myVarian.com An initial one-time load of historic data is the customer's responsibility or can be purchased separately from Varian as a service. <p>Notes:</p> <ul style="list-style-type: none"> This includes configuration and testing of sample data, and implementation of a basic version of this interface. Up to 32 hours of configuration labor are included as a maximum implementation effort. If the scope requires more than that, additional work packages have to be purchased. Any deviation which leads to modifications necessary on Varian's side of the interface requires a sales quotation for additional professional service hours to reflect the scope of work needed. This interface shall be implemented within three years of purchase. Varian relies on customer's engagement to complete interface projects. In case the customer fails to provide the necessary resources within three years of purchase, this product shall be deemed to be delivered. 	

1.6 ARIA Connect RO Conversion-Schedule OUT

1

This converts an existing IEM interface to ARIA Connect. This interface processes outbound patient scheduling data (HL7 SIU) from the ARIA Oncology Information System (OIS) for Radiation Oncology (RO) to a third party HL7-compliant system. As appointments are scheduled in ARIA OIS for RO, an HL7 scheduling message is generated and sent to the scheduling system. This interface is for customers who utilize ARIA OIS for RO as their primary scheduling system and want to push scheduling data out to other systems, or for customers who want to notify an external system of patient appointments in order to prevent duplicate bookings.

Features:

- Exports HL7 scheduling data from ARIA OIS for RO to 3rd party system
- Schedule updates and cancellations can be exported
- Appointment notes can be processed with appointment messages

Prerequisites:

- Dedicated server environment for ARIA Connect, as defined on www.varian.com/healthcare/specs
- HL7 compliant 3rd party system
- ARIA OIS for Radiation Oncology v. 13.6 MR1 or higher
- Existing corresponding IEM interface

Customer Responsibilities:

- Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on myVarian.com

Notes:

- This includes configuration and testing of sample data, and implementation of a basic version of this interface. Up to 32 hours of configuration labor are included as a maximum implementation effort. If the scope requires more than that, additional work packages have to be purchased.
- Any deviation which leads to modifications necessary on Varian's side of the interface requires a sales quotation for additional professional service hours to reflect the scope of work needed.
- This interface shall be implemented within three years of purchase. Varian relies on customer's engagement to complete interface projects. In case the customer fails to provide the necessary resources within three years of purchase, this product shall be deemed to be delivered.

1.7 ARIA Connect RO Conversion - Docs OUT

1

This converts an existing IEM interface to ARIA Connect. This interface processes outbound document data (HL7 MDM) from the ARIA Oncology Information System (OIS) for Radiation Oncology (RO) to a third party HL7-compliant system.

As documents are created in ARIA, e.g. Dynamic Documents, an HL7 MDM formatted message will be triggered and sent to the receiving system. Documents may record a patient's history, weekly progress, and more. The purpose is to provide detailed information on the patient's course of treatment to the centralized electronic health record system for use by referring physicians or others.

Features:

- Includes configurable options to export documents by document type and status
- Document security and electronic signatures, if applicable, are maintained

Item	Description	Qty
	<p>Prerequisites:</p> <ul style="list-style-type: none"> Dedicated server environment for ARIA Connect, as defined on www.varian.com/healthcare/specs HL7 compliant 3rd party system ARIA QIS for Radiation Oncology v. 13.0 MR1 or higher Existing corresponding IEM interface <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Compliance with specifications outlined in the ARIA Connect Interface Specification documents found on myVarian.com <p>Notes:</p> <ul style="list-style-type: none"> This includes configuration and testing of sample data, and implementation of a basic version of this interface. Up to 32 hours of configuration labor are included as a maximum implementation effort. If the scope requires more than that, additional work packages have to be purchased. Any deviation which leads to modifications necessary on Varian's side of the interface requires a sales quotation for additional professional service hours to reflect the scope of work needed. This interface shall be implemented within three years of purchase. Varian relies on customer's engagement to complete interface projects. In case the customer fails to provide the necessary resources within three years of purchase, this product shall be deemed to be delivered. 	

Quotation Total

Quotation Total

US \$50,400.00

Capital Request Summary

Capital Request #

FY21-80

Name of Capital Request:

Synergi Life quality software

Requestor/Department:

Kara Jackson/Quality

Sole Source Purchase: Yes or No

Reason:

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	Synergi Life	Katy, TX	\$50,000 implementation \$24,500 annual support
2.	RL Datix	Chicago, IL	\$110,075 implementation \$26,950 annual support
3.	Riskconnect	Kennesaw, GA	\$150,000 implementation \$50,000 annual support

Recommendation:

Synergi Life - \$50,000

# Assigned: FY 21 - 80	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Quality	Submitted by: Kara Jackson
Date: 05/18/2021	
Provide a detailed description of the capital expenditure requested: Synergi Life is a Quality Management Software & replacement for Midas. Please see detailed summary on second page.	
Preferred Vendor: Synergi	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$
3. Installation	\$ 42,240.00
4. Shipping	\$
5. Accessories	\$
6. Training	\$ 5,760.00
7. Travel costs	\$ 2,000.00
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ 50,000.00	
Does the requested item: \$24,500 annual support contract	
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain:
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input type="checkbox"/> NO	Electrical \$ HVAC \$ Safety \$ Plumbing \$ Infrastructure (I/S cabling, software, etc.) \$
Annualized impact on operations (if applicable):	
Increases/Decreases	
Projected Annual Procedures (NEW not existing)	
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Budgeted Item:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
# of bids obtained? 3	
<input checked="" type="checkbox"/> Copies and/or Summary attached.	
If no other bids obtained, reason:	
Review and Approvals	
Submitted by:	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Executive Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER CONSIDERATIONS

Synergi Life DNV-GL is a Health, Safety, Environmental, and Quality Management Software. This software will replace our current Quality Management Software, Midas. Synergi has the capacity to replace other software (Healthicity, Soleran, Accruent TMS) in our organization and bring our data and processes together to form a more centralized and cohesive system for organizational use and improving quality and safety.

The Quality Department obtained demos and proposals from two other companies. Synergi Life has been the most responsive and supportive through the exploration and demo process, has the best customer service, is the least expensive, has the most functionality for replacing other software, and has more capability for growth in our organization.

Our organization will use Synergi Life for the following: occurrence reporting, medication error reporting, guest relations reporting, contract management, compliance audits, Joint Commission Survey findings follow up and data management. In addition, Synergi Life can facilitate accreditation rounding, tracers documentation, and follow-up. Synergi will lend to a more streamlined process resulting in real-time follow-up on findings, increased collaboration, and efficiency, and help ensure continual survey readiness.

Synergi Life plans to come onsite (dependent upon COVID-19 prevalence and associated restrictions) for a design workshop. Joining them will be Minidoka Memorial Hospital from Preston, Idaho, which has been using this software for years. Synergi and Minikoda Memorial will guide us through the design workshop. Minidoka Memorial will provide insight into how they built and utilize Synergi Life at their organization. This mentorship will be a valuable resource to us, not only during the build and implementation of Synergi Life at our hospital but also for future networking and collaboration. We are making a deliberate decision not to interface our EMR and Synergi Life. We may explore this in the future. Synergi Life implementation and go-live will coincide with our Cerner go-live in October 2021.

In summary, this software will help us meet regulatory and accreditation requirements and assist us in keeping our patients safe by ensuring we have the foundation to develop a strong safety culture.

Our recommendation is to move forward with Synergi Life based on our evaluation and research.

Capital - \$50,000.00

Operating - \$24,500.00 annually

Submitted by: Signature

Date

Our fees – implementation services

Activity	Estimated Hours	Estimated Fees
Synergi Life Quality Management Module (up to 9 case types)	156	\$37,440
Excel Add-In	20	\$4,800
Training (see details below)	24	\$5,760
Travel expenses (see next slide)	N/A	\$2,000
TOTAL estimated Implementation Price	200	\$50,000

Course	Duration	Number of sessions	Maximum attendees per session	Total price (USD)
Synergi Life User Training				
Case Handler Training	1 day	1	8	\$1,920
Synergi Life Administrator Training				
Certified Administrator Training – 1	2 days	1	16	\$3,840

Project Implementation costs plus expenses and travel time will be invoiced monthly in arrears.

- The implementation project will be delivered on a time and materials basis.
- DNV GL have supported multiple similar Implementations of Synergi Life in the past and have taken these into account for this estimation. The number of hours is an estimation at this stage and may increase or decrease.
- Any anticipated deviation from the initial estimates will be notified by the DNV GL Project Manager to MHSC as soon as practical.
- These estimates exclude travel expenses, which will be invoiced at cost +10% (although no travel is anticipated)
- Due to the current Covid19 pandemic, all training and workshops may be delivered remotely
- 2021 Consulting rate is \$240/hour

All prices are exclusive of any applicable taxes

Our fees – Travel expenses

Activity	Attendees	Estimated Fees
Design workshop	Andy Law (DNV) Kristi Clark (MMH)	\$800 \$400
Training	Andy Law (DNV)	\$800
TOTAL estimated Travel expenses		\$2,000

Project Implementation costs plus expenses and travel time will be invoiced monthly in arrears.

- Our standard approach for design workshops and trainings is to deliver them on-site at MHSC
- Travel for Andy Law will be from Houston, TX to MHSC
- Travel for Kristi Clark will be from Rupert, ID to MHSC
- Estimated travel expenses are listed. However, the actual expenses could be more or less depending on the dates and times of travel.
- All travel expenses will be invoiced at actual cost + 10%
- All prices are exclusive of any applicable taxes

- However due to the current Covid19 pandemic, consideration will be given to current travel restrictions and safety of all parties
- Depending on the dates scheduled, these activities may need to be delivered remotely, in which case there will be no travel expenses incurred

All prices are exclusive of any applicable taxes

Our fees – Software as a service (SaaS)

Scope	One single Synergi Life Engine to be deployed via SaaS across two (2) environments: 1 x Production environment for live use 1 x Test environment for testing and training
Modules	Synergi Life Quality Management Module (Limited to up to 9 case types from the standard healthcare configuration)
Plug-ins	Synergi Life Checklists Synergi Life Excel Add-In
Language	Synergi Life Language Pack: English
Users	Synergi Life Users: 350 Extensive users
Annual SaaS Fee	\$24,500 USD*

Annual Software as a Service fee will be invoiced on contract signature and annually thereafter

- Access to secure cloud hosted Synergi Life system
- Support helpdesk
- Future releases
- Access to Customer Portal
- Access to Synergi Life User Forum

Fee adjusted annually for 2.5% CPI

All prices are exclusive of any applicable taxes.

Validity, Terms and Conditions

Validity

This proposal is valid for 3 months from date of issue.

Terms & Conditions

The DNV GL Standard SaaS Agreement and Short Form Agreement shall form the contractual basis for the Synergi Life software and the implementation services. These terms and conditions are attached and form part of this proposal.

Acceptance

We trust our proposal will be of interest to you and we look forward to receiving your acceptance.

If you have any questions about the proposal please contact Daniel Foster at the address below.

To accept this proposal and allow DNV GL to commence the work, please sign the DNV GL Standard SaaS Agreement and Short Form Agreement and return to us at the address below, together with your Purchase Order.

Contact

Lead Name:	Den Foster
Lead Title:	Regional Manager, Digital Solutions Sales
Tel:	+44 (0) 7568 602377
E-mail:	Daniel.foster@dnvgl.com



ADVISORY SERVICES

Short Form Agreement ("Agreement")

DNV Doc No:
2101-381237

Section I - Cover Letter

"Customer"

Legal entity: Memorial Hospital of Sweetwater County

Legal entity VAT no: _____ Customer no.(id): _____

Contact person: Kara Jackson Phone/fax/mail: kjackson@sweetwatermemorial.com

Business address: 1200 College Drive, Rock Springs, WY, 82901 Invoicing address: 1200 College Drive, Rock Springs, WY, 82901

Is purchase order no. required to process invoice: ☐ No ☒ Yes; P.O. no: _____

"DNV"

Legal entity: DNV GL USA, Inc.

Legal entity VAT no: 76-0187362 DNV order no: 2101-381237

Contact person: Daniel Foster Phone/fax/mail: daniel.foster@dnv.com

Business address: 1400 Ravello Drive Katy Texas 77449 Section/dept: Digital Solutions - Sales

Work/project

Project name: Synergil Life Implementation - MHSC

Commencement date: Date of signing Contract end date: TBD

Work location: DNV offices Project number: TBD





Scope of Work (the Work)

The implementation of the Quality management module (up to 9 case types) in Synergi Life for Memorial Hospital of Sweetwater County (MHSC), using the SaaS delivery model.

The hours estimated are based on limited configuration changes and DNV's experience of similar projects and customer requirements. This figure can vary depending on the scope of changes required by MHSC. This estimate assumes that no historical data is to be migrated into Synergi Life, and no integrations between Synergi Life and other applications are currently required to be implemented.

This estimate includes a design workshop (that may be held remotely using online conferencing tools if travel is not permissible on the scheduled dates), which will allow DNV to understand and document the business requirements into our standard Synergi Life specification document. The configuration work to meet MHSC's requirements will be based on that specification document, after approval from MHSC.

The estimate includes training for MHSC to use and maintain their Synergi Life cloud environments (TEST and Production), that may be held remotely using online conferencing tools if travel is not permissible on the scheduled dates.

If during the course of project execution, it is anticipated that additional effort (than what's planned in this Agreement) will be required, then DNV will discuss that with MHSC to agree a way forward for issue of a new work order to cover for the additional effort at the then prevailing DNV hourly rates.

Below is a summary of the assumptions around scoping/estimate:

No Integrations between Synergi Life and other applications

No Data migration from new/existing systems into Synergi Life

MHSC will provide the codes for the dropdown lists to be updated by DNV

MHSC will test and verify the configuration in the TEST environment in a timely manner (within 1 week of delivery) per the defined schedule.

Once the testing is completed, the final signed-off TEST environment will be deployed by DNV into the Production (Cloud) Environment for MHSC.

Upon successful deployment of the Production environment, the Synergi Life application will be ready for MHSC's use (Go-Live), will be considered fully accepted by MHSC, and MHSC will sign off on project completion.

Synergi Life will not directly provide data to any other systems, such as third-party applications or other databases.

Synergi Life v16 will be deployed (SaaS set-up) for the project.

DNV does not provide any hardware or IT setup of existing hardware.

The below trainings will be delivered (Training will be delivered in English only)

Case Handler Training (1 day)

Certified Administrator Training (2 days)

Following completion of go-live, a 30-day warranty is provided against code table errors and defects related to configuration/customization of the modules that DNV was responsible for as part of this project scope. Issues or items in the core application (standard out of the box configuration) will still be addressed under the standard maintenance and support agreement (SLA) which forms part of the annual SaaS fee.

**Remuneration, terms of invoicing, costs/expenses**

Project will be delivered on a Time and Expense (T&E) basis. Services will be invoiced monthly based on the hours utilized during a particular month.

Estimation: 200 hours
2021 hourly rate of USD \$240.

Total: 200 hours x \$240 = USD \$48,000

All expenses (travel, travel-related, including any costs related to processing of required work permits, background checks, drug tests, visas, testing, training, all other costs for onsite visits etc.) incurred in delivery of this project will be additional and billed separately at cost + 10%.

The prices shown in this estimate are calculated based on the assumption that this project will begin execution in Q2 2021. DNV reserves the right to revise the implementation fees if this project execution does not begin by end of Q2 2021.

In consideration of the services rendered hereunder, MHSC will pay the Fee(s) specified in this Agreement. All invoices and payments will be in U.S. Dollars. All fees listed above do not include taxes. GST, HST and other applicable taxes will be charged separately. Payment of the Fee(s) shall be made within thirty (30) days of MHSC's receipt of DNV's invoice. DNV reserves the right to add an interest charge of one and one-half percent per month to any amounts outstanding more than thirty (30) days after the date payment is due.

Deliverables

(tick as appropriate)

☐ Report

☒ Other

As described in scope of work above

Special conditions

For any additional configuration changes required or requested, DNV will estimate (hours) them based on MHSC's requirements; DNV would then execute any required change order(s) to cover the new change requests. DNV prevailing hourly rates at the time of the request would be used for any change orders for this project.

This Agreement shall consist of: Section I - Cover letter, Section II - General terms and conditions and the applicable attachments, which together constitute the integrated entire Agreement between the parties, superseding and replacing all prior agreements, understandings or representations relating to the subject matter hereof. The above listed documents in the Agreement shall be interpreted as one agreement and in case of any ambiguities or contradictions between the various documents, the documents shall take precedence in the order listed here: Agreed Special Conditions, General Terms and Conditions, the Cover Letter, and any attachments. No amendment and/or variation to the Agreement shall be considered binding or valid unless set out in writing and duly signed by the authorized representatives of both parties. Any terms and conditions included in any of Customer's purchase orders shall be disregarded unless explicitly agreed to and duly signed by the authorized representatives of both parties as amending specific terms of this Agreement. Should any provision of this Agreement be held to be invalid or unenforceable, such shall not affect the validity or enforceability of any other part or provision of this Agreement. Such provision shall be amended to the extent necessary to make the provision valid and enforceable, while keeping as closely and closely as possible to the original wording and purpose of the provision. This Agreement is made in duplicate, one original for each party hereto. This Agreement shall be duly signed by the Customer's authorized representative prior to any commencement of the Work, failing which, the Customer acknowledges that DNV is entitled to postpone or cancel the performance of the Work.

Place:

Place: Katy, TX

Date:

Date: 2021-03-29

(Name and Title in capital letters)

Daniel Foster
Sales Manager

Section II - General Terms and Conditions

1 Work Execution

- 1.1 DNV shall execute the work as described in the Scope of Work section in the Cover Letter in accordance with the provisions of this Agreement, and any agreed applicable rules and standards (the "Work"). The extent of the Work to be performed shall be set out exclusively in the Scope of Work section of the Cover Letter, which in case of ambiguity or incompleteness shall be determined by reference to any proposal or bid made by DNV to the Customer.
- 1.2 DNV will provide suitably qualified personnel to carry out the Work. Unless otherwise agreed, DNV may at any time substitute personnel assigned to the Work, provided that any replacement personnel are suitable. Customer may set forth any reasonable and reasoned objection against any of DNV's personnel assigned to the Work by written notice. Without undue delay after DNV's receipt of such notice, the parties shall meet and discuss the objections and any measures or reassignment, pending which DNV may without any liability or penalty suspend performance of the Work otherwise to be carried out by the relevant personnel.

2 General Obligations

- 2.1 The parties agree that the proper and timely performance of the Work under this Agreement relies on the parties' effective communication and exchange of relevant information. To this purpose the parties agree to use their reasonable efforts to cooperate in all necessary ways and to develop and maintain open communication and common understanding of the Scope of Work under the Agreement.
- 2.2 Customer agrees that DNV's performance of the Work requires DNV to be granted access and the right to inspect all relevant sites and facilities and the provision of all relevant, correct and complete documents and information. For this purpose, Customer shall in a timely manner make all necessary arrangements and provide DNV with necessary access to all the above mentioned information and sites required for the performance of the Work. Unless it is explicitly agreed as part of the Work to identify discrepancies, errors, inconsistencies or omissions in the information provided by the Customer, DNV is entitled to rely on the accuracy and completeness of the information provided by the Customer for the performance of the Work without further enquiry.
- 2.3 Customer shall promptly inform DNV of any actual or likely delay in necessary access to relevant sites or facilities, or delay in providing or changes to the information necessary for DNV's performance of the Work. Should Customer fail to provide DNV with the required timely access or necessary information, DNV may inform Customer of the lack of access or insufficient information and may without any liability or penalties suspend the performance of the Work pending receipt of the Customer's instructions for access and/or necessary information.
- 2.4 Customer shall not use or allow the use of DNV's name or Deliverables, in whole or in part, in order to institute claims or to conduct legal proceedings.

3 Assignment of Agreement, Sub-contracting

- 3.1 Neither party shall, without the prior written consent of the other, assign or purport to assign, or make over or dispose of in any way whatsoever any rights and obligations contained herein or resulting therefrom. This restriction shall not apply for transfer within the parties' respective group of companies. DNV shall be entitled to sub-contract the duties to be undertaken hereunder but shall remain responsible for the carrying out of such duties and shall be liable for the actions of the parties employed by it in accordance with the terms hereof.

4 Health, Safety and Environment (HSE)

- 4.1 Both parties shall employ reasonable standards for promoting safety, health and environmental protection and for ensuring safe working environments for their personnel.
- 4.2 Customer shall inform DNV without undue delay of: (i) any actual or potential HSE risk which Customer is aware of and which is reasonably relevant to the performance of the Work; and (ii) any of Customer's implemented or planned measures against such risks that Customer requires DNV's personnel to adhere to.
- 4.3 Whenever DNV's performance of the Work involves visits to or work on Customer controlled facilities or sites, Customer is responsible for the adequacy, stability, safety and legal compliance of the working environment, including reasonable measures to mitigate or control relevant risks. Whenever DNV's personnel are present on Customer's facilities or sites, DNV's personnel shall adhere to Customer's HSE instructions provided according to this HSE clause. DNV or its personnel may refuse to

carry out any activity, or parts of the Work, or visit any area or site, if DNV or its personnel in their sole discretion consider that relevant risks are unacceptable or not adequately addressed, contained or otherwise mitigated. Any such decision shall suspend both parties' obligations under this Agreement without any liability or penalties until the parties have agreed on how to proceed.

- 4.4 For Work where Customer requires DNV's personnel to make use of air transport in areas without local DNV offices, Customer shall provide to the relevant personnel safe transportation to and from airports and the various sites by providing: (i) transportation with cars fulfilling reasonable EU/US technical safety standards (e.g. reasonably new and intact cars, equipped with all relevant safety measures, such as safety belts front and back); and (ii) professional drivers, under written instructions with regard to safe driving, compliance with speed limits and other traffic regulations and use of safety standards (safety belts, lights, resting time, etc.).

5 Deliverables

- 5.1 Upon completion of the Work DNV shall issue any agreed report or other deliverable set out as part of the Scope of Work in the Deliverables section of the Cover Letter (a "Deliverable"). Customer shall familiarize itself with the Deliverable or the Work within a reasonable time after delivery or notification of completion of the Work. DNV may at any time correct any relevant discrepancies, errors or omissions in the Deliverable.

6 Variations

- 6.1 Customer may in writing request DNV to perform additional reasonably similar work under this Agreement (a "Variation").
- 6.2 Should the Customer request a Variation, or if DNV deems any instruction by the Customer to constitute a Variation, DNV shall set out an overview of the Variation, including the impact on the time schedule and remuneration for such in the form of a Variation order (a "Variation Order"), and shall issue the Variation Order to Customer. Unless the Customer objects to the Variation Order within five (5) business days, the Variation Order shall be deemed as accepted as an integral part of this Agreement. Should the Customer object to the Variation Order, the parties shall discuss the proposed effects on the time schedule and remuneration and agree on an amended Variation Order.

7 Re-performance

- 7.1 Should either party detect any discrepancies, errors or omissions in any Deliverables or Work within twelve (12) months after delivery or completion of the Work, whichever occurs first, it shall notify the other party without undue delay and specify the nature and extent of the occurrence. To the extent such occurrence is not attributable to Customer or Customer's affiliates or subcontractors, DNV may in its own discretion rectify said discrepancies, errors or omissions or re-perform the relevant part of the Deliverable or Work within a reasonable period of time. Provided that DNV's rectification or re-performance is successful there shall be no further recourse for Customer for defective Deliverables or Work.
- 7.2 Should the notified occurrence be attributable to Customer or its affiliates or subcontractors, DNV may offer to re-perform the relevant part of the Work as a Variation.

8 Taxes and Remuneration

- 8.1 Each party is solely responsible for paying any and all taxes to any public authority wherever such taxes are levied on the activities of such party. For the purpose of this Agreement, any and all prices, fees, rates or remuneration are agreed as stated exclusive of any form of sales taxes, value added tax, and/or any other similar taxes which may be applicable.
- 8.2 Customer shall effect payment as agreed in the Cover Letter to DNV for the Work, including any Variations, to DNV's bank account stated on the invoice within thirty (30) days of the date of the invoice.
- 8.3 In case of late payments, DNV is entitled to charge a late payment penalty interests according to the applicable law of this Agreement, or 3% above the thirty (30) days LIBOR rate, whichever is the higher.
- 8.4 All payments shall be made in cleared funds, without any deduction or set-off and free and clear of and without deduction for or on account of any taxes, levies, imports, duties, charges, fees and withholdings of any nature now or hereafter imposed by any governmental, fiscal or other authority save as required by law.

- 8.5 If and to the extent Customer has to withhold taxes or other payments according to applicable laws, Customer shall deduct and withhold such amounts from payments to DNV and pay the amount to the competent tax authority or any other relevant governmental body. Customer shall inform DNV about such withholding prior to making the payment and shall use reasonable efforts to cooperate with DNV in seeking double tax treaty relief and/or other exemptions and reliefs available, hereunder seeking exemptions from any general withholding obligations Customer may have. Customer shall provide DNV with a withholding certificate or tax receipt issued in the name of DNV in accordance with applicable laws.
- 9 Confidentiality
- 9.1 Each party ("Recipient") agrees to keep confidential any information it receives from the other party ("Disclosing Party") in the course of the Agreement which, by donation or reasonable circumstances, is considered confidential to the Disclosing Party. The Recipient shall treat such received information with reasonable care and diligence, not disseminating or disclosing it to third parties without the Disclosing Party's prior written consent, provided however that each party may share such information with its officers, employees, affiliates, subsidiaries or subcontractors who are subject to confidentiality obligations reflecting the principles herein.
- 9.2 The obligations set forth in clause 9.1 shall not apply to (a) DNV's reference to the Customer under this Agreement in any efforts to secure other business, unless the Customer expressly and in writing forbids such reference, or (b) to any information which: (i) was or becomes known to the recipient from a third party without any confidentiality obligation; (ii) is or becomes generally available in the public domain through no act or failure to act on the part of the recipient; (iii) is required to be disclosed by any competent court, governmental agency, tax state administration, or other relevant public authority in accordance with applicable law, court order or other public regulation; or (iv) has demonstrably been developed by the recipient independently from this Agreement.
- 9.3 Notwithstanding the above, unless otherwise explicitly agreed, DNV shall have the right to use any information generated in the course of the Work which contain or otherwise reflect the information of the Customer for its own statistical or analytical purposes. Such information shall only be disclosed to third parties in aggregated anonymous form.
- 9.4 The obligations in this section shall survive the completion of the Work or termination of this Agreement and remain for as long as the relevant information is confidential.
- 10 Intellectual Property Rights
- 10.1 Each party shall remain the sole owner of any of its intellectual property and rights thereto existing prior to the date of this Agreement and, except as explicitly set out in this Agreement, nothing herein shall imply any transfer or grant of rights to any such intellectual property or rights thereto.
- 10.2 Customer shall have a royalty free non-transferable worldwide right to use and copy the Deliverables solely for its ordinary business purposes. Subject to the obligations set out in the Confidentiality clause above, all intellectual property rights in the information and data created by DNV in connection with this Agreement shall vest in DNV.
- 10.3 DNV shall have the right to use general know-how acquired in connection with the Work.
- 10.4 Customer may only make the Deliverables available, wholly or partially, to third parties, without altering the content, context or original language of the Deliverables.
- 11 Force Majeure and Restrictions on Trade
- 11.1 Neither party shall be in breach of this Agreement, nor liable for any failure or delay in performance hereunder if the cause of such failure or delay is attributable to events beyond the reasonable control of the affected party, including but not limited to armed conflict, terrorist attack, civil war, riots, toxic hazards, epidemics, natural disasters, extreme weather, fire, explosion, failure of utility service, labour disputes, breakdown of infrastructure, sanctions, or any public restrictions following any of the incidents above, or any other force majeure occurrence.
- 11.2 In the event of a force majeure occurrence, the affected party shall notify the other party without undue delay of the particulars of the situation. Either party shall be entitled to terminate the Agreement with immediate effect should the force majeure occurrence last for more than thirty (30) days.
- 11.3 Both parties may terminate this Agreement with immediate effect, without any liability or penalties, if the party, its ultimate parent company or its ultimate parent company's subsidiaries or affiliates are or become subject to sanctions or penalties imposed by a national government, the United Nations, the European Union or similar organisations related to the Work which is provided hereunder, or if the Work would be considered to be illegal or in conflict with applicable law for the respective party, its subcontractors and/or its subcontractor's parent companies.
- 12 Indemnifications
- 12.1 Each party shall indemnify and hold harmless (as the indemnifying party) the other party and the other party's affiliates and subcontractors, and its and their employees and other representatives (as the indemnified party), from and against all claims, damages, losses and expenses in respect of: (i) bodily injury, sickness, disease, or death of any of the indemnifying party's or its affiliates' or subcontractors' employees or other representatives; and (ii) loss of or damage to the indemnifying party's or its affiliates' or subcontractors' property or equipment.
- 12.2 Customer shall indemnify and hold harmless DNV Group from and against all claims, damages, losses and expenses in respect of: (i) Customer's breach of section 2.2, 2.3, 10.2; and (ii) claims against DNV Group relating to this Agreement made by the Customer's affiliates, subsidiaries or joint ventures outside or exceeding the limitations in the Limitation of Liability clause below. "DNV Group" shall mean DNV, as well as all its direct and indirect owners, affiliates, subsidiaries, sub-contractors, directors, officers, employees and agents as well as any other person or entity acting on behalf of DNV Group.
- 12.3 The indemnities set out above shall apply however any relevant claims, damages, losses or expenses may arise and regardless whether under contract, tort (including negligence) strict liability or otherwise, except if and to the extent caused by the indemnified party's: (i) intentional and wrongful act or omission with the intent to inflict damage or injury; (ii) act or omission in disregard of a known or obvious risk which makes it highly probable that harm would follow; (iii) act or omission with conscious indifference to the outcome; (iv) any circumstances for which a party may not lawfully limit its liability under this Agreement's applicable law.
- 12.4 Each party shall notify the other party without undue delay upon becoming aware of any incident likely to give rise to a claim against the other party in relation to this Agreement.
- 13 Limitation of Liability
- 13.1 Neither party excludes any liability arising from its own fraud or fraudulent misrepresentation.
- 13.2 Neither party shall in any way be held liable towards the other party for any of the other party's or its affiliates' consequential or indirect loss, including but not limited to interruption or loss of business, contract or revenue, loss of goodwill, loss of profit, loss of production, wasted overhead, cost of substitute equipment, downtime costs or other special, punitive or other forms of indirect losses, however such may arise, whether under contract, tort (including negligence), strict liability or otherwise.
- 13.3 Except for the obligations under section 12.1 or in case of fraud or fraudulent misrepresentation or other similar circumstances for which a party may not lawfully limit its liability under this Agreement's applicable law, DNV's total maximum liability (and whether in contract, tort including without limitation negligence, breach of statutory duty, under any indemnity or otherwise whatsoever) arising out of or in relation to this Agreement and the performance or non-performance of any Work or Deliverables shall be limited to a sum equal to ten times the remuneration paid to DNV under this Agreement, up to a maximum aggregate sum of USD 300,000 (three hundred thousand).
- 13.4 No claims shall be set forth later than twenty-four (24) months following the delivery of the Deliverables, or if none, notice of the completion of the Work.
- 14 Insurance
- 14.1 Both parties shall maintain adequate insurance coverage for general and professional liabilities and their relevant personnel under the Agreement, for such amounts and on such terms as are standard in their respective industries and with underwriters who are in good standing.
- 15 Fair Business Practice, Anti-Bribery and Compliance
- 15.1 The parties shall conduct their respective business activities in a fair, ethical, and lawful manner in accordance with generally accepted codes of conduct (including but not limited to the DNV code of conduct), avoiding any unacceptable activities, including



but not limited to acceptance of or acquiescence in extortion, bribery, use of child labour, breach of human rights, or the imposition of unreasonable work conditions.

- 15.2 Both parties shall indemnify and hold each other harmless from any breach of this clause.

16 Term and Termination

- 16.1 This Agreement shall come into effect on the date of the signatures on the Cover Letter and shall remain in full force and effect until all Deliverables are delivered, or the Work is otherwise completed and paid for in full, or terminated earlier by the parties' mutual agreement or in accordance with the subsection below.

- 16.2 Each party may terminate this Agreement by written notice to the other party under the following circumstances: (i) if the other party commits a material breach of this Agreement and fails to rectify such within ten (10) working days after receipt of the other party's written notice; (ii) if the other party becomes insolvent, is unable to pay its debts as they fall due, or is subject to bankruptcy proceedings, receivership, dissolution, liquidation, winding-up or otherwise discontinues business; or (iii) for convenience after serving the other party a written notice thirty (30) days prior to termination.

- 16.3 If Customer terminates the Agreement for its convenience, DNV shall be entitled to full compensation for the Work carried out prior to the termination and for all reasonable termination costs.

17 Law and Jurisdiction

- 17.1 This Agreement shall be governed by and construed exclusively in accordance with the laws of Texas, without regard to principles of conflicts of law.

- 17.2 The parties shall use their reasonable efforts to resolve any claim or dispute arising in relation to this Agreement by negotiations within a reasonable time. Should the parties fail to resolve any claim or dispute by negotiations, the dispute shall be exclusively subject to the jurisdiction of the courts of Harris County, Texas.

Module	Midas	RL Data	Riskconnect	Synergil Life
Incident/Occurrence Reporting	Yes	Yes	Yes	Yes
Pear Review	Yes	Yes	Yes	Likely no (Can explore MDStat Software addition, Kerry Downs software)
OPPE	Yes (sort of)	No	Sort of?	Yes
Focus Studies	and hygiene and eoc, safety, accredit	No	Sort of - Hand Hygiene and EOC, Safety, Accreditation Rounding	Yes
Patient Feedback	Yes	Yes	Yes	Yes
Root Cause Analysis	No	Yes	Yes	Yes (Has capability)
Employee Health	Partial	No	No	No (Ability to capture some - Fit testing, flu)
Dashboards	Yes (Limited)	Yes (Limited)	Yes (Limited)	Yes
Policy Management Connection	No	Yes (Owns PolicyStat)	Yes	Yes
Capability				
Extras	No	AMS, Claims, Customized Patient Feedback Surveys, Safety Huddles, Enterprise/Preventative Risk Management	Enterprise Risk Management/Projected Risk, Compliance/Internal Audits/Non-clinical Rounding, Patient Feedback Surveys, Claims	Contract Management, Process Audit, Checklists Audits (Tracers, Rounding, EOC), HR Checklists/Audits/Annual Evais, Work Orders (Facilities, Biomed), Possible Vendor Management, Accreditation Corrective Action Plan
Software Replaced	Currently have Midas, Facility/Biomed Work order software, Stevie's rounding software, Healthicity	Midas and Manual RCA Documentation, Healthicity?	Midas and Manual RCA Documentation, Healthicity?	Midas, Contract/Vendor Management Software?, Healthicity?, Facility/Biomed Work Order Software?, Stevie's IP EOC Software?
				May use this instead of Purchasing Tracers with AIMP from Joint Commission Resources
Cost	\$70,000 Annually If kept, would need a third re-implementation - unsure of cost of this Accruent TMS - \$8,000 Healthicity - \$11,000 Compliance (facilities) - \$6,000 No-not for reimplementation	\$110,075 + \$26,950 Annually	\$150,000 minimum 1st year, + \$50,000 Annually	\$50,000 + \$24,500 Annually
Proposal Received		Yes	Yes	Yes

Capital Request Summary

Capital Request #

FY21-81

Name of Capital Request:

HILL ROM Q-STRESS CARDIAC STRESS AND HOLTER

Requestor/Department:

Crystal Hamblin/Cardiovascular

Sole Source Purchase: Yes or No

Reason: Cerner recommended and validated

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	Cerner/Hill Rom	Kansas City, MO	\$57,533.62
2.			
3.			

Recommendation:

Cerner/Hill Rom - \$57,533.62



# Assigned: FY 21 - 81	
Capital Request	
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.	
Department: Cardiovascular	Submitted by: Crystal Hamblin
Date: 5/11/2021	
Provide a detailed description of the capital expenditure requested: This request is for the purchase of the Hill-Rom Q-Stress Cardiac Stress Machine including Treadmill and H-Scribe 6 Holter Analysis System with 5 monitors.	
Preferred Vendor: Hill-Rom/Cerner	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$ 44,500
3. Installation	\$ 10,500
4. Shipping	\$
5. Accessories	\$ 2,533.62
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ 57,533.62	
Does the requested item:	
Require annual contract renewal? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Fit into existing space?	Explain:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Attach to a new service?	Explain:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Require physical plan modifications?	Electrical
If yes, list to the right:	HVAC
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety
	Plumbing
	Infrastructure (I/S cabling, software, etc.)
Annualized impact on operations (if applicable):	
Increases/Decreases	
Projected Annual Procedures (NEW not existing)	
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Budgeted Item:	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
# of bids obtained? 1	
<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: This equipment is specifically validated with Cerner for interoperability.	
Review and Approvals	
Submitted by: Crystal Hamblin	Verified enough Capital to purchase
Department Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO


OTHER CONSIDERATIONS

These devices are necessary to improve interoperability between the equipment and Cerner ECG Management System. The request was highly suggested from the Cerner team to improve interoperability at MHSC. These devices have been validated to work seamlessly with Cerner. Cerner will cover all interface fees associated with this equipment.

The Welch Allyn Q-Stress Cardiac Stress Testing System communicates bidirectionally using HL7 or DICOM to reduce errors while providing an electronic editable format. Can help address the current clinical challenges by streamlining workflows. Physicians will be able to enter conclusions and electronically sign results at the cart expediting patient reports. The secure connected workflow allows for cost reduction by eliminating ECG paper, retrieving worklists that includes patient demographics and order information reducing errors and can access and send stress reports within the electronic health record.

The current treadmill has been malfunctioning and biomed has been unable to get parts to fix it properly.

The Welch Allyn H-Scribe Holter Monitor System combines speed, flexibility and performance. The H-Scribe System eliminates the physical constraints of traditional holter systems. The recorder can be placed and downloaded at any office, clinic or hospital and simply transfer the recordings over a secure internet or intranet connection. Management of H-Scribe system settings includes password-protected user permissions, application settings, audit trails for regulatory compliance and electronic signature. Saves time and reduces costs by sharing and expediting holter study workflow and results between networked locations with bidirectional connectivity improving report turn-around times.


Submitted by: Signature

5/20/21

Date



CERNER SALES ORDER

This Cerner Sales Order is made on January 25, 2021 ("Effective Date"), between

Memorial Hospital of Sweetwater County ("Client") and **Cerner Corporation ("Cerner")**

with its principal place of business at

1200 College Blvd
Rock Springs, WY 82901, United States
Telephone: (307) 362-3711

a Delaware corporation with its principal place of business at

2800 Rock Creek Parkway
North Kansas City, MO 64117, United States
Telephone: (816) 221-1024

Cerner Sales Contact: **Jake Westhoff**
+1 816 571 6378
jake.westhoff@cerner.com

Client agrees to purchase the specific products and services set forth herein, and Cerner agrees to furnish such products and services upon the terms and conditions of this Cerner Sales Order and the Cerner Business Agreement, dated September 04, 2020, between Client and Cerner (the "Agreement").

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Authorized
signatory: _____

(signature)

(printed name)

Title: _____

CERNER CORPORATION

Authorized
signatory: _____

Teresa Waller

Title: Sr. Director, Contract Management

CLIENT WILL COMPLETE THE FOLLOWING UPON EXECUTION OF THIS CERNER SALES ORDER:

Client Invoice Contact: _____

Contact Phone #: _____

Contact Email Address: _____

Client's account can be managed online at cerner.com by registering for Cerner eBill. To gain access to eBill, contact the Cerner Client Care Center at 866-221-8877 or e-mail ClientCareCenter@cerner.com.



Memorial Hospital of Sweetwater County
OPT-0248519_Q-48834.1_LA-0000035124
May 20, 2021

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**Cerner****CERNER SALES ORDER****FINANCIAL OVERVIEW**

Description	One-Time Fees	Monthly Fees
EQUIPMENT		
Equipment and Installation (If applicable)	57,533.62	--
Equipment Maintenance – Year 1 Total	9,285.12	--
PROFESSIONAL SERVICES		
Fixed Fee	500.00	--
TOTALS:	67,318.74	0.00

All prices in this Cerner Sales Order are shown in USD. Pricing is valid until August 06, 2021. If this Cerner Sales Order is not executed on or before such date, this pricing is considered null and void and will be subject to revision.

Not applicable is indicated by "--".

PAYMENT TERMS

ONE-TIME FEES			
Description	Payment Number	Percent (%) Of Total Due	Payment Due
Equipment and Installation (If applicable)	1	100%	Upon Shipment
Sublicensed Software and Installation (If applicable)	1	100%	Upon Shipment
Professional Services: Fixed Fee	1	50%	On the Effective Date
	2	50%	90 days following the Effective Date

MONTHLY RECURRING FEES		
Description	Percent (%) Of Total Due	Payment Due
Equipment Maintenance	100%	Annually beginning upon shipment

TERM AND TERMINATION

Equipment and Sublicensed Software Maintenance. Maintenance warranties, if any, begin on the earlier of installation, or 30 days after shipment of the equipment and/or sublicensed software. Maintenance services will continue for the initial term set forth in the "Equipment/Sublicensed Software" section of this Cerner Sales Order. The initial term will automatically renew for additional periods of the same duration, unless Client provides Cerner with written notification of its intent to terminate Maintenance no less than 60 days prior to the expiration of the then-current period. Cerner may terminate Maintenance services if Client fails to pay invoices for Maintenance. All unpaid charges for Maintenance will be immediately due and payable upon such termination. Client will pay all applicable penalties or fees if Maintenance services are terminated, then later reinstated.

EQUIPMENT/SUBLICENSED SOFTWARE

Technology Changes. At the time of the actual order, Cerner may substitute individual technology solutions and/or Maintenance services based on availability or technological advancements. Cerner and Client may also agree to replace certain technology solutions with other Cerner offerings. If the substitute items or Maintenance services result in an increase in fees, Cerner and Client will discuss and agree upon the fee increase prior to ordering such items or Maintenance services.



Memorial Hospital of Sevier County
CPT-0248519_Q-46834.1_LA-0000035124
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**Cerner****CERNER SALES ORDER**

Shipping and Handling. Client will pay standard shipping and handling fees, not to exceed \$807 USD. Additional fees may apply if Client requests expedited shipping. Notwithstanding any other agreement between the parties regarding shipping terms, the items set forth in this Cerner Sales Order will be shipped FOB the manufacturer's plant.

EQUIPMENT AND INSTALLATION (if applicable)

Quote: Q-46834.1

Line No.	Manufacturer Part No.	Solution Detail Description	Qty.	Per Unit One-Time Fees	Extended One-Time Fees	Pass-Through Code
1	QS6-ATTD1	Pro with Treadmill and Touch Monitor: Q-Stress	1	21,750.00	21,750.00	--
2	9100-026-60	Z200+: standard, Z-fold, full grid, 12 packs/case	1	162.40	162.40	--
3	INS-PS-CARDIO	INSTALLATION AND CONFIGURATION SERVICES	1	4,500.00	4,500.00	--
4	DELIVERYASSIST-4	DELIVERY ASSIST QSTRESS	1	0.00	0.00	--
5	41000-036-51	WAM Kit with AHA Short Lead Set	1	548.25	548.25	--
7	8901-025-01	SunTech Tango BP Mnt(S)17-25cm,Case of 20(Tango M2)	1	108.38	108.38	--
8	8901-025-02	SunTech Tango BP Mnt. 23-33 cm,Case of 20(Tango M2)	1	112.13	112.13	--
9	8901-025-03	SunTech TangoBP Mnt(Lng)23-33cm,Case of 20(TangoM2)	1	115.88	115.88	--
10	8901-025-04	SunTech Tango BP Mnt(L)31-40cm,Case of 20(Tango M2)	1	123.75	123.75	--
11	8901-025-05	SunTech Tango BP Mnt(L)(Lrg)31-40cm,Case=20(TangoM2)	1	139.13	139.13	--
12	8922-017-52	SunTech Tango M2 SpO2 upgrade module	1	1,033.20	1,033.20	--
13	8980-075	ECG Cable, Digital, For Xscribe	1	190.50	190.50	--
14	H3PLUS-BAA-XXXXX	H3+ Holter recorder	5	1,350.00	6,750.00	--
15	INS-PS-CARDIO	INSTALLATION AND CONFIGURATION SERVICES	1	6,000.00	6,000.00	--
18	HSCRIBE-6AC-XXXXB	Hscribe 6 Holter System	1	16,000.00	16,000.00	--
TOTAL:					57,533.62	--

EQUIPMENT MAINTENANCE

Quote: Q-46834.1

Line No.	Manufacturer Part No.	Solution Detail Description	Level of Service	Qty	Term (Mo.)	One-Time Fees Due - Year 1	One-Time Fees Due - Year 2	One-Time Fees Due - Year 3	One-Time Fees Due - Year 4	One-Time Fees Due - Year 5	One-Time Fees Due - Year 6 through End of Term
5	S9-QSTM-PROPL-3	QSTM SmartCare Protection Plus 3YR	24x7 M-Su Phone Support	1	36	7,830.00	--	--	--	--	--
16	S1-H3-PRO-PS	H3 SmartCare Protection 3YR POS	24x7 M-Su Phone Support	5	36	1,455.12	--	--	--	--	--
TOTAL:						9,285.12	--	--	--	--	--



Memorial Hospital of Swain County
OPT-0246519_Q-46834.1_LA-0000035124
May 20, 2021

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**Cerner****CERNER SALES ORDER****EQUIPMENT/SUBLICENSED SOFTWARE DELIVERY**

Delivery Information. The following delivery information is required to process the equipment/sublicensed software in this Cerner Sales Order.

Delivery Address	Delivery Contact Information
<hr/> <i>(Name of Facility)</i>	<hr/> <i>(Name -- Printed)</i>
<hr/> <i>(Address Line 1)</i>	<hr/> <i>(E-mail Address)</i>
<hr/> <i>(Address Line 2)</i>	<hr/> <i>(Phone Number)</i>
<hr/> <i>(City, State/Province, Zip/Postal Code, Country)</i>	<hr/> <i>(Fax Number)</i>

Delivery Requirements. Please check the applicable box for each question below to help ensure a successful delivery.

Does the facility accommodate a 48-foot trailer?		Yes		No	
Does the facility have a loading dock?		Yes		No	
What are the receiving days and hours of operation? <i>(Please enter days and times available)</i>	Days:	Start Time:		End Time:	
Will a lift gate and/or ramp be required?	No	Lift Gate		Ramp	
To what floor will the equipment be delivered?	Basement	Ground		Floor:	
Does the facility have an elevator, or will a stair crawler be required?	Elevator	Stair Crawler		N/A	
Does the facility require floor covering?		Yes		No	

PROFESSIONAL SERVICES

FIXED FEE					
Service Project Detail	Manufacturer Part No.	Solution	One-Time Fees	Third-Party Component(s)	Pass-Through Code
Custom Services					
TP Welch Align	--	--	500	✓	--
TOTALS:			500	--	--

FACILITIES

Memorial Hospital of Sweetwater County
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**Cerner****CERNER SALES ORDER**

Permitted Facilities. For use and access by these facilities:

Name	Address	City	State/ Province	Zip/Postal Code	Country
Memorial Hospital of Sweetwater County	1200 College Blvd	Rock Springs	WY	82901	United States

The parties may add or substitute Permitted Facilities by amending this section.

PASS-THROUGH PROVISIONS

Where pass-through provisions are applicable to third-party products and services, these provisions are referenced by a pass-through code in the "Solutions", "Equipment/Sublicensed Software", "Professional Services", "Application Management Services", or "Managed Services" sections of this Cerner Sales Order, and that code can be entered at <https://passthroughprovisions.cerner.com> to view the pass-through provisions. These pass-through provisions are incorporated into this Cerner Sales Order by reference, and may also be attached as an exhibit to this Cerner Sales Order.

QUOTE ASSUMPTIONS**Cerner**

Memorial Hospital of Sweetwater County
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Cerner

CERNER SALES ORDER

The following are general assumptions regarding the solutions, services, and project set forth in this Cerner Sales Order.

Hillrom Cardiology Professional Services included in INS-PS-CARDIO (for Stress):

- Stress Installation includes Project Management, On-site Installation and 1 day of Clinical Inservice Training for up to 2 stress systems including Q-Server if applicable. EMR partner is Cerner. All technical services whether remote or on-site will be delivered between the hours of 8 am and 5 pm Monday through Friday. Clinical training is limited to 8 hours per day Monday through Friday and may be arranged to accommodate nursing shift changes as required by the facility. Installation and training dates will be mutually agreed-upon during project planning. Customer shall notify Hillrom of any changes to scheduled on-site activities at least 14 days prior to such scheduled event. If notification is less than 14 days prior to the on-site activity, rescheduling fees will apply.

*****IMPORTANT:** Please note that a completed Treadmill Delivery Form is required, and must accompany your Q-Stress purchase order.

S9-QSTM-PROPL-3 - 3 Year SmartCare Protection Plus Service Program (Optional)

- On-site Repair Service
- Software Updates & Upgrades. The X.Y.Z software numbering scheme with updates represented with Z and upgrades with Y.
- Accessory Protection
- Scheduled Preventive Maintenance (on-site)
- Free Expedited Shipping
- Priority Phone Line for Technical Support
- Accidental Damage

Hillrom Cardiology Professional Services included in INS-PS-CARDIO (for Holter):

- Hscribe Installation includes Project Management, On-site Installation for up to 4 any combination of Hscribe H-Server, download station(s), review station(s) and up to 2 days of Clinical Inservice Training. On-site Technical Go-Live Support is not included in Hscribe Installation and may be purchased separately. EMR partner is Cerner.

S1-H3-PRO-PS - 3 Year SmartCare Protection Service Program

- Software Updates & Upgrades. The X.Y.Z software numbering scheme with updates represented with Z and upgrades with Y.-Accessory Protection
- Free Expedited Shipping
- Priority Phone Line for Technical Support
- Exchange Replacement
- Accidental Damage

ADDITIONAL TERMS AND PROVISIONS

EQUIPMENT AND SUBLICENSED SOFTWARE MAINTENANCE TERMS

Maintenance Services for Equipment. Maintenance services for Equipment are: (a) initial determination of the source of the problem, problem management, critical situation escalation and recovery services; (b) dispatching and coordinating the activities of the third party maintenance supplier; (c) communicating with the third party maintenance supplier throughout the resolution of the issue; (d) field change orders; and (e) inclusion of Equipment issues in a tracking database. Maintenance services for Equipment do not include consumables.

Maintenance Services for Sublicensed Software. Maintenance services for Sublicensed Software are: (a) initial determination of the source of the problem, problem management, critical situation escalation and recovery services; (b) providing all new versions, modifications, and patches of Sublicensed Software that Cerner is authorized to distribute; (c)



Memorial Hospital of Sweetwater County
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May 20, 2021

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CERNER SALES ORDER

EQUIPMENT AND SUBLICENSSED SOFTWARE MAINTENANCE TERMS

communicating with third party maintenance providers throughout the resolution of the issue, (d) inclusion of Sublicensed Software issues in a tracking database.

Maintenance Renewals. The initial term for maintenance is set forth in the "Equipment/Sublicensed Software" section of this Cerner Sales Order, and automatically renews for additional periods of the same duration, unless Client provides written notification of termination no less than 60 days prior to the expiration of the then-current period. Client will also notify Cerner of any Equipment items that are no longer being used by Client, and therefore no longer require maintenance. Cerner may terminate maintenance services if Client fails to pay invoices for maintenance.

Equipment Coverage Levels.

24x7 M-Su 4 HR. Monday through Sunday, 24 hours per day, 365 days per year, on-site coverage. Service effort is continuous until problem is resolved. 24x7 4 HR service does not guarantee that service will be completed same day due to part availability.

9x5 M-F 4 HR. Monday through Friday, 8 AM to 5 PM CST, on-site coverage. Service effort is continuous until problem is resolved, excluding country holidays. On-site coverage does not guarantee that service will be completed same day due to part availability.

9x5 M-F Next Business Day. Monday through Friday, 8 AM to 5 PM CST with the objective of completion the next business day.

9x5 M-F Depot. Monday through Friday, 8 AM to 5 PM CST for service calls. Equipment is shipped to the manufacturer where it is repaired and returned to Client's facility.

9x5 M-F Advanced Exchange. Monday through Friday, 8 AM to 5 PM CST for service calls. A replacement will be shipped the next business day and requires return of the replaced equipment within 15 days of receiving the replaced device. Service requests placed after 1 PM CST cannot be guaranteed next business day delivery. If more than one device is being requested for replacement, one will be Advance Exchange and the remaining will be returned on a best effort basis depending upon availability of replacements.

9x5 Su-Th 4 HR. Sunday through Thursday, 8 AM to 5 PM GST, on-site coverage. Service effort is continuous until problem is resolved, excluding country holidays. On-site coverage does not guarantee that service will be completed same day due to part availability.

Sublicensed Software Coverage Levels. Service effort is continuous until the problem is resolved.

24x7 M-Su Phone Support. Monday through Sunday, 24 hours per day, 365 days per year.

9x5 M-F Phone Support. Monday through Friday, 8 AM to 5 PM CST, for service calls.

9x5 Su-Th Phone Support. Sunday through Thursday, 8 AM to 5 PM GST, for service calls.

Changes to Maintenance Services. Changes to maintenance services must be requested in writing by Client, and will take effect within 60 days after receipt of a signed change order.

Technology components can be added to maintenance coverage if they are in good working order. If a component is not in good working order, Cerner can arrange for it to be repaired on a time and materials basis prior to being placed on maintenance. Serial numbers must be provided.

Inventory. Client will review all Maintenance renewal letters to ensure accuracy, and to avoid charges for uncovered items. Client will provide Cerner with any missing or incorrect serial numbers as soon as possible to keep records current. Client will notify Cerner when technology components are replaced.

Upgrades. Maintenance services do not include hardware/technology updates. Maintenance services include software updates



Memorial Hospital of Sevier County
CPT-0248519_Q-48834.1_LA-000035124
May 20, 2021

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Cerner

CERNER SALES ORDER

EQUIPMENT AND SUBLICENSSED SOFTWARE MAINTENANCE TERMS

once they become available and have been certified for use by Cerner.

Pricing and Allowances. Equipment and/or Sublicensed Software maintenance pricing and allowances granted by Cerner are confidential and are not to be discussed outside the context of this arrangement. Allowances are available for multi-year maintenance and prepaid terms of one year or greater. Prices do not include any applicable taxes.

Multi-Year Commitments. Fees associated with the initial term are deemed prepaid and are non-refundable.



Memorial Hospital of Sangre de Cristo County
OPT-0248619_Q-46834.1_LA-0000035124
May 20, 2021

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Cerner

CERNER SALES ORDER

EXHIBIT A SCOPE OF SERVICES

This Exhibit A defines the Service deliverables ("Scope") for the Services set forth in this Cerner Sales Order.

SOLUTION DETAIL SCOPE

Third-Party Services. Capitalized terms used in third-party Scope shall have the meanings ascribed to them herein, or as set forth in the applicable third party's pass-through provisions. Where there is a conflict between the definitions in third-party Scope and the Agreement, the definitions in this Exhibit A shall control, but only with regards to the subject matter set forth herein.



Memorial Hospital of Sweetwater County
OPT-0240810_Q-46634.1_LA-0000035124
May 20, 2021

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Cerner

EXECUTION INVOICE

Client: Memorial Hospital of Sweetwater County
1200 College Blvd
Rock Springs, WY 82901, United States

Invoice No: EXEC CSO No. LA-OPT-0248519
Invoice Date: May 20, 2021
Due Date: Effective Date

Remit: Via FedEx:
Cerner Corporation
Attn: Accounts Receivable, 5th Floor
2800 Rockcreek Parkway
Kansas City, MO 64117

OR

Via Wire Transfer:
ABA Routing Number: 101000187
Bank: US Bank
For Further Deposit to Bank Account: 5290000743

TOTAL AMOUNT DUE: \$250

Sales tax, if applicable, will be invoiced separately.

Description	Total Amount	Percent Payable	Net Amount
Fixed Fee Professional Services Fees	\$500	50%	\$250
GRAND TOTAL:			\$250



Memorial Hospital of Sweetwater County
OPT-0248519_Q-46834.1_LA-0000035124
May 20, 2021

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F&A COMMITTEE CHAIR REPORT TO THE BOARD MAY 2021

Chair – Ed Tardoni

The Finance and Audit Committee met in Zoom format twice this month. The meeting on May 17th was a committee budget workshop and no business was conducted. The meeting on May 26th was the usual scheduled business meeting. All voting members of the committee were present on both occasions.

F&A DATA FOR THE MONTH

The usual F&A reports are included in the Board packet. Board member attention is directed to a new addition to the standard financial packet. It is a report on the Reimbursement Improvement Program and will become a standard item of reporting.

CAPITAL EXPENDITURES FOR BOARD CONSIDERATION.

The committee, by unanimous vote recommends do pass for \$177,021.62 in budgeted capital purchases.

FY 21-77 \$69,488

This item was requested by Tasha Harris and is software for Radiation Oncology. The program is called Aria and allows interface of Radiation Oncology Varian software with the Cerner electronic medical record.

FY 21-80 \$50,000

This item was requested by Kara Jackson for Quality. The program is called Synergi Life Quality Software and is a replacement for the current MIDAS system. It will not be interfaced with Cerner at this time but may be at a future date.

FY 21-81 \$57,533.62

This item was requested by Crystal Hamblin for Cardio- Vascular Rehab. The description is as follows: A Hill Rom Q-stress, Cardiac Stress and Holter system. It is an instrumented treadmill and associated equipment that monitors and tests patients.

FY 2022 Budget for Board approval.

The Finance and Audit Committee, by unanimous vote, sends the FY 2022 budget to the Board with a do pass recommendation.

The proposed budget was subjected to the usual three step procedure. A Board workshop, a Finance and Audit Committee workshop and a final review in this month's Finance and Audit Committee meeting. During these meetings Board members probed and received additional explanations and data on the following items:

Rate Increase of 5%

The Board inquiry was about the justification for the increase and the level of the increase.

- Not all insurance programs pay the same and that forces the 5% number in order to insure hospital revenue keeps pace with inflation,
- It should be noted that only appropriate items on the charge master go up; with the result of achieving an overall 5% increase. All chargemaster items do not go up by 5%.

Wage Increase of 2%

The Board inquiry centered on the level of increase and the monthly comparison to other hospitals that show MHSC compensation and benefits to be 38% greater than the average Wyoming hospital.

- The 2% level was selected to keep employees' wages in pace with inflation. It should be noted that no wage increase was made in 2021.
- The comparison with other Wyoming hospitals is not valid. When MHSC physician and contract personnel pay are removed from the calculation – MHSC is only about 3% above the Wyoming hospital average. Hospital staff were asked to find a better documented value to compare with in the monthly reports.

Staffing Level increase by 11.4 FTE in FY 2022

- An explanation of the increased staffing was provided. Hospital staff provided Board members with a spread sheet detailing where the additional positions will be realized.
- Hospital staff provided the number of extra positions MHSC has do to current Covid levels.

Reduction in Revenue shows no increase for FY 2022

- The reduction in revenue value has increased steadily for a number of years so Board members questioned why is it now projected to be flat,
- The service area population loss has flattened since 2019.
- Hospital staff is projecting increased activity as the population recovers from Covid restrictions.
- Hospital staff anticipates positive influence from the Patient Navigator program.

Emergency Room visits for FY 2022 are projected to be 17% below 2019 levels

- This is an anticipated impact from public use of the MHSC Walk- In Clinic.

County Maintenance Request is 22% below the FYI 2021 request.

- This reduction is due to MHSC shouldering it's share of the negative impact to the Sweetwater County Budget.

Capital Requests totaling \$3.000.000 in FY 2022

- Half of this capital is scheduled to be spent on Medical Imaging. The core of Medical Imaging is vintage 1970 and is the remaining portion of the hospital to be upgraded.
- Hospital staff committed to spreading the expenditures throughout the year and to consider economic performance vs opportunity.

NEXT MEETING.

The Finance and Audit Committee will next meet at 2:00 P.M., Wednesday June 30, 2021 most likely in Zoom format,

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
FINANCE & AUDIT COMMITTEE AGENDA**

Wednesday~ May 26, 2021

2:00 p.m.

Teleconference

Voting Members:

Ed Tardoni , Chairman
Taylor Jones
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

Ron Cheese	Kari Quickenden
Angel Bennett	Dr. Larry Lauridsen
Ann Clevenger	Dr. Augusto Jamias

Guests:

Jeff Smith, Commission
Kara Jackson

Leslie Taylor
Tasha Harris

Crystal Hamblin

- | | | |
|------|--|------------|
| I. | Call Meeting to Order | Ed Tardoni |
| II. | <u>Approve April 28, 2021 Meeting Minutes</u> | Ed Tardoni |
| III. | <u>Capital Requests FY 21</u> | |
| IV. | Financial Report | |
| | A. Monthly Financial Statements & Statistical Data | |
| | 1. <u>Narratives</u> | Tami Love |
| | 2. <u>Financial Information</u> | Tami Love |
| | B. Other Business | |
| | 1. <u>Preliminary Bad Debt</u> | Ron Cheese |
| V. | Old Business | |
| | A. | |
| VI. | New Business | |
| | A. <u>FY22 Budget</u> | Tami Love |
| | B. Financial Forum Discussion | Ed Tardoni |
| VII. | Adjournment | Ed Tardoni |

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

NARRATIVE TO APRIL 2021 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for April was a gain of \$87,608, compared to a loss of \$319,174 in the budget. This yields a 1.01% operating margin for the month compared to -4.51% in the budget. The YTD net operating loss is \$2,247,341, compared to a loss of \$3,769,685 in the budget. This represents a YTD operating margin of -2.88% compared with -5.28% in the budget.

The total net gain for April is \$857,300, compared to a loss of \$326,722 in the budget. The YTD total net gain is \$6,044,187, compared to a loss of \$3,845,164 in the budget. This represents a YTD profit margin of 7.74% compared to -5.38% in the budget.

REVENUE. Revenue for the month continues to be over budget, at \$15,966,809, over budget by \$1,767,148. Inpatient revenue was over budget by \$159,495, hospital outpatient revenue was over budget by \$1,282,288 and the Clinic was over budget by \$325,365. For April we saw a 12.5% increase in gross revenue compared to budget and a 29.4% increase from prior year.

Annual Debt Service Coverage came in at 6.07. Days of Cash on Hand are 203 in April, down eight days from last month. Daily cash expense is \$245,000 year to date, increased due to the continued months of higher expenses.

REDUCTION OF REVENUE. Deductions from revenue are 46.3% in April, under budget. Year to date reduction of revenue is 51.3%, also under budget. Total collections for the month came in fairly high in April at \$7,697,824.

Net days in AR remained the same at 39 days. We continue to exceed the goals for AR greater than 90 days for all Payers.

EXPENSES. Total expenses in April were \$8,625,022, over budget by \$1,235,251. Expenses are over budget by \$1,170,077 year-to-date. COVID related expenses were \$251,000 in April and are \$3,166,000 year to date. The following line items were over budget:

Salary and Wage – Paid hours are also over budget in April due to the higher volumes and the continued need for COVID related positions such as additional ICU nurses, extra Hospitalist coverage, door monitors and laboratory staff.
Benefits – Group Health, FICA and Retirement are all over budget for April.
Contract Labor – There are currently contract labor positions in Behavioral Health, ICU, Surgery, Emergency Room, Ultrasound, Physical Therapy,

Laboratory and Respiratory Therapy. COVID related staff include door monitors and additional nursing, laboratory and respiratory therapy positions.

Purchased Services – Collection Agency, Pharmacy Management, Laboratory services and other Professional services are over budget in April.

Supplies – Oxygen, Drugs, Lab supplies, Implants, Med/Surg supplies were over budget due to increased volumes. Minor equipment and Outdated supplies were also over budget in April.

PROVIDER CLINIC. Revenue for the Clinic in April also came in high, at \$1,886,871, over budget by \$325,365. Net patient revenue for the Clinic is \$1,017,838, over budget by \$156,140. The bottom line for the Clinic in April was a loss of \$429,373 compared to a loss of \$498,130 in the budget. Deductions from revenue for the Clinic were booked at 46.1% for April. Volume at the Clinics are 5,133 visits in April.

Total Clinic expenses for the month were \$1,506,056, over budget by \$78,442. The majority of the expenses consist of Salaries and Benefits; at 82.6% of total expenses year-to-date. Salary and wage, Benefits and Other Operating expenses were over budget for April.

OUTLOOK FOR MAY. Gross patient revenue is projecting slightly lower in May at \$15.5 million. Compared to last May, service volumes are mostly projected to be higher or similar to last year.

Collections for May are projecting to another high month, close to \$7.8 million. Projections for May payer mix show an increase in Blue Cross, Commercial and Self Pay and a decrease in Medicare and Medicaid. We expect a slight increase in deductions of revenue with the increase in Self Pay. Expenses will remain high in May as we continue with higher volumes and continued COVID related expenses. The bottom line for May is estimated at a loss of around \$600 - \$700K.

CARES Act

We have reconciled \$9.2 million for CY2020 of the total \$11.6 million in CARES Act funds received. The reporting timeline has been delayed by HHS but we have been able to register on the reporting portal. With the last two higher revenue months, through April we now have \$3.1 million in CARES Act funds to reconcile. The S1 and HVAC construction projects will use up most of these funds along with COVID related payroll expenses but we are still looking at other expenses to use the balance by June 30.



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

Unaudited Financial Statements

for

Ten months ended April 30, 2021

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Ten months ended April 30, 2021

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

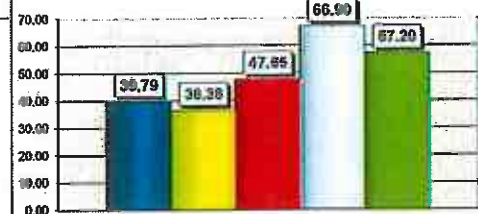
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Ten months ended April 30, 2021

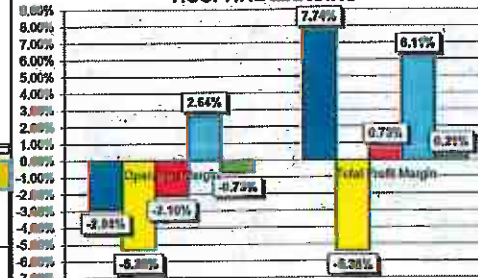
BALANCE SHEET

	YTD 4/30/2021	Prior FYE 6/30/2020
ASSETS		
Current Assets	\$30,170,203	\$29,710,616
Assets Whose Use is Limited	41,743,485	41,885,879
Property, Plant & Equipment (Net)	65,964,066	62,796,433
Other Assets	212,062	222,356
Total Unrestricted Assets	138,089,816	134,615,283
Restricted Assets	559,811	354,288
Total Assets	\$138,649,627	\$134,969,571
LIABILITIES AND NET ASSETS		
Current Liabilities	\$9,159,579	\$8,393,554
Long-Term Debt	27,752,379	27,800,498
Other Long-Term Liabilities	9,894,398	13,181,959
Total Liabilities	46,806,356	49,376,010
Net Assets	91,843,272	85,593,560
Total Liabilities and Net Assets	\$138,649,627	\$134,969,571

NET DAYS IN ACCOUNTS RECEIVABLE



HOSPITAL MARGINS



STATEMENT OF REVENUE AND EXPENSES - YTD

	04/30/21 ACTUAL	04/30/21 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$15,966,809	\$14,199,861	\$156,012,148	\$140,907,359
Deductions From Revenue	(7,390,160)	(7,315,607)	(78,978,992)	(73,408,400)
Net Patient Revenues	8,576,648	6,884,053	76,033,156	67,498,959
Other Operating Revenue	135,982	186,543	2,107,323	3,949,098
Total Operating Revenues	8,712,630	7,070,597	78,140,480	71,448,057
Expenses:				
Salaries, Benefits & Contract Labor	4,943,744	4,104,162	46,637,978	42,205,584
Purchased Serv. & Physician Fees	741,995	623,145	6,709,485	6,533,630
Supply Expenses	1,442,417	1,198,167	12,663,889	11,990,834
Other Operating Expenses	927,257	895,490	8,680,766	8,741,591
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	569,809	568,807	5,695,702	5,746,104
Total Expenses	8,625,022	7,399,771	80,387,820	76,217,743
NET OPERATING SURPLUS	87,609	(319,174)	(2,247,341)	(3,759,686)
Non-Operating Revenue/(Exp.)	769,692	(7,548)	8,291,528	(75,478)
TOTAL NET SURPLUS	\$857,300	(\$326,722)	\$6,044,187	(\$3,845,164)

DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	04/30/21 ACTUAL	04/30/21 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	319	281	3,537	2,992
Average Acute Length of Stay	2.7	3.3	3.1	2.8
Total Emergency Room Visits	1,178	673	10,831	11,382
Outpatient Visits	8,363	5,204	89,862	68,328
Total Surgeries	157	77	1,538	1,353
Total Worked FTE's	456.71	437.01	442.06	437.01
Total Paid FTE's	493.44	479.80	486.06	479.80
Net Revenue Change from Prior Yr	14.64%	-6.96%	2.71%	-6.08%
EBIDA - 12 Month Rolling Average			3.00%	2.77%
Current Ratio			3.29	
Days Expense in Accounts Payable			33.65	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	04/30/21
Prior Fiscal Year End	06/30/20
WYOMING	All Hospitals
< \$50M Net Rev.	Rural

FINANCIAL STRENGTH INDEX -	4.03
Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2021

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	Current Month 4/30/2021	Prior Month 3/31/2021	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2020
Current Assets					
Cash and Cash Equivalents	\$11,603,146	\$13,286,037	(\$1,682,891)	-12.67%	\$12,052,717
Gross Patient Accounts Receivable	23,732,738	23,703,653	29,085	0.12%	22,601,743
Less: Bad Debt and Allowance Reserves	(12,879,088)	(13,615,418)	736,330	5.41%	(12,704,325)
Net Patient Accounts Receivable	10,853,650	10,088,235	765,415	7.59%	9,897,418
Interest Receivable	0	0	0	0.00%	0
Other Receivables	2,462,888	1,572,492	890,397	56.62%	2,416,525
Inventories	3,367,854	3,377,685	(9,831)	-0.29%	3,208,539
Prepaid Expenses	1,882,665	1,633,965	248,699	15.22%	2,135,417
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	30,170,203	29,958,414	211,789	0.71%	29,710,616
Assets Whose Use is Limited					
Cash	34,130	32,132	1,998	6.22%	23,688
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	2,792,618	2,681,162	111,456	4.16%	3,030,616
Trustee Held Funds - SPT	27,891	27,501	390	1.42%	14,345
Board Designated Funds	21,540,715	21,537,789	2,926	0.01%	23,843,068
Other Limited Use Assets	17,348,131	17,347,809	323	0.00%	14,974,161
Total Limited Use Assets	41,743,485	41,626,392	117,093	0.28%	41,885,879
Property, Plant, and Equipment					
Land and Land Improvements	3,568,746	3,568,746	0	0.00%	3,527,687
Building and Building Improvements	38,828,435	38,815,872	12,563	0.03%	38,771,352
Equipment	113,936,304	113,876,923	59,381	0.05%	110,464,497
Construction In Progress	7,952,747	7,459,484	493,263	6.61%	2,957,578
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	164,286,232	163,721,025	565,207	0.35%	155,721,114
Less: Accumulated Depreciation	(98,322,166)	(97,819,057)	(503,109)	-0.51%	(92,924,681)
Net Property, Plant, and Equipment	65,964,066	65,901,968	62,098	0.09%	62,796,433
Other Assets					
Unamortized Loan Costs	212,062	213,091	(1,029)	-0.48%	222,356
Other	0	0	0	0.00%	0
Total Other Assets	212,062	213,091	(1,029)	-0.48%	222,356
TOTAL UNRESTRICTED ASSETS	138,089,816	137,699,865	389,951	0.28%	134,615,283
Restricted Assets	559,811	562,492	(2,680)	-0.48%	354,288
TOTAL ASSETS	\$138,649,627	\$138,262,357	\$387,271	0.28%	\$134,969,571

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2021

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2020
	Current Month 4/30/2021	Prior Month 3/31/2021	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$4,672,365	\$3,953,167	(\$719,198)	-18.19%	\$3,776,951
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	991,451	2,224,792	1,233,340	55.44%	1,377,654
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,964,144	2,874,810	(89,334)	-3.11%	2,483,630
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	308,044	308,044	0	0.00%	308,044
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	223,575	112,142	(111,433)	-99.37%	447,275
Total Current Liabilities	9,159,579	9,472,955	313,376	3.31%	8,393,554
Long Term Debt					
Bonds/Mortgages Payable	28,060,423	28,065,235	4,812	0.02%	28,108,542
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	308,044	308,044	0	0.00%	308,044
Total Long Term Debt (Net of Current)	27,752,379	27,757,191	4,812	0.02%	27,800,498
Other Long Term Liabilities					
Deferred Revenue	9,686,375	9,808,090	121,715	1.24%	12,716,487
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	208,023	235,470	27,447	11.66%	465,472
Total Other Long Term Liabilities	9,894,398	10,043,560	149,162	1.49%	13,181,959
TOTAL LIABILITIES	46,806,356	47,273,705	467,349	0.99%	49,376,010
Net Assets:					
Unrestricted Fund Balance	83,284,026	83,284,026	0	0.00%	78,299,323
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	555,939	558,619	2,680	0.48%	350,415
Net Revenue/(Expenses)	6,044,187	5,186,887	N/A	N/A	4,984,703
TOTAL NET ASSETS	91,843,272	90,988,652	(854,620)	-0.94%	85,593,560
TOTAL LIABILITIES AND NET ASSETS	\$138,649,627	\$138,262,357	(\$387,271)	-0.28%	\$134,969,571

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2021

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↑ ↓ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Year to Date 4/30/2021	Budget 6/30/2021	BB+ Credit Rating	BBB- Credit Rating	Prior Fiscal Year End 6/30/20	WYOMING All Hospitals (See Note 1)	National Rural < \$80M Net Rev. (See Note 2)
Profitability:							
Operating Margin	↑ -2.85%	1.90%	0.10%	0.30%	-2.10%	2.64%	-0.73%
Total Profit Margin	↑ 7.74%	0.76%	0.80%	1.00%	0.73%	6.11%	0.21%
Liquidity:							
Days Cash, All Sources **	↑ 202.87	129.76	91.30	129.00	218.17	62.00	37.80
Net Days in Accounts Receivable	↓ 39.79	50.02	52.40	51.80	47.65	66.90	57.20
Capital Structure:							
Average Age of Plant (Annualized)	↓ 14.59	12.58	15.10	11.20	14.33	9.50	12.40
Long Term Debt to Capitalization	↓ 23.70%	25.75%	48.20%	41.60%	28.04%	16.80%	10.00%
Debt Service Coverage Ratio **	↑ 6.07	3.97	1.80	2.30	3.42	N/A	2.64
Productivity and Efficiency:							
Paid FTE's per Adjusted Occupied Bed	↓ 8.60	8.43			8.36	6.80	4.63
Salary Expense per Paid FTE	\$91,197	\$86,892			\$87,488	\$62,436	\$48,150
Salary and Benefits as a % of Total Operating Exp	58.02%	53.43%			55.05%	43.60%	42.40%

Note 1 - 2017 legonix report (2015 median data), for all hospitals within the state regardless of size.

Note 2 - 2017 legonix report (2015 median data), for all U. S. hospitals that match this type and size.

**Bond Covenant ratio is 75 Days Cash on Hand and 1.25 Debt Service Coverage

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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Ten months ended April 30, 2021

	CURRENT MONTH				Prior Year 04/30/20
	Actual 04/30/21	Budget 04/30/21	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$2,893,022	\$2,739,527	\$153,495	5.82%	\$2,794,519
Outpatient Revenue	11,180,916	9,898,628	1,282,288	12.95%	8,104,600
Clinic Revenue	1,588,815	1,295,793	293,022	22.61%	1,146,806
Specialty Clinic Revenue	298,056	265,713	32,342	12.17%	288,932
Total Gross Patient Revenue	15,960,809	14,199,661	1,761,148	12.45%	12,334,856
Deductions From Revenue					
Discounts and Allowances	(6,651,972)	(6,208,525)	(443,446)	-7.30%	(5,565,060)
Bad Debt Expense (Governmental Providers Only)	(478,297)	(945,395)	467,128	49.41%	(1,168,759)
Medical Assistance	(249,862)	(161,747)	(88,235)	-54.55%	(67,459)
Total Deductions From Revenue	(7,380,131)	(7,315,667)	(64,464)	-1.02%	(6,811,278)
Net Patient Revenue	8,576,648	6,884,053	1,692,595	24.59%	5,523,578
Other Operating Revenue	135,962	186,543	(50,581)	-27.10%	2,076,262
Total Operating Revenue	8,712,630	7,070,597	1,642,034	23.22%	7,599,840
Operating Expenses					
Salaries and Wages	3,492,562	3,195,499	(297,063)	-9.30%	3,149,585
Fringe Benefits	1,070,954	897,897	(173,058)	-19.27%	920,695
Contract Labor	380,228	10,767	(369,462)	-3431.53%	46,076
Physicians Fees	248,548	243,904	(4,644)	-1.88%	338,295
Purchased Services	493,446	379,181	(114,266)	-30.13%	361,426
Supply Expense	1,442,417	1,198,167	(244,249)	-20.39%	1,158,916
Utilities	117,576	92,189	(25,387)	-27.54%	89,337
Repairs and Maintenance	478,494	485,523	7,029	1.45%	444,766
Insurance Expense	45,990	43,848	(2,141)	-4.88%	47,455
All Other Operating Expenses	220,900	211,312	(9,588)	-4.57%	149,169
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	64,239	62,618	(1,621)	-2.59%	64,204
Depreciation and Amortization	569,609	568,807	(802)	-0.14%	549,855
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	8,625,022	7,389,771	(1,235,251)	-16.72%	7,319,780
Net Operating Surplus/(Loss)	87,609	(319,174)	406,782	-127.45%	280,060
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	13,895	23,867	(9,771)	-41.29%	18,515
Tax Subsidies (Except for GO Bond Subsidies)	390	0	390	0.00%	968
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(107,629)	(104,900)	5,729	-5.62%	(99,489)
Other Non-Operating Revenue/(Expenses)	893,035	70,685	792,349	1120.96%	1,422
Total Non Operating Revenue/(Expense)	769,692	(7,648)	777,239	-10297.52%	(78,584)
Total Net Surplus/(Loss)	\$857,300	(\$326,722)	\$1,184,022	-362.39%	\$201,476
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	\$857,300	(\$326,722)	\$1,184,022	-362.39%	\$201,476
Operating Margin	1.01%	-4.51%			3.69%
Total Profit Margin	9.84%	-4.62%			2.65%
EBIDA	7.55%	3.63%			10.93%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Ten months ended April 30, 2021

	YEAR-TO-DATE				Prior Year 04/30/20
	Actual 04/30/21	Budget 04/30/21	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$32,103,277	\$27,417,872	\$4,685,406	17.09%	\$29,055,367
Outpatient Revenue	106,893,441	99,005,639	7,887,802	7.97%	102,890,897
Clinic Revenue	13,968,075	11,820,453	2,147,622	18.17%	11,972,264
Specialty Clinic Revenue	3,047,355	2,663,396	383,960	14.42%	2,502,592
Total Gross Patient Revenue	155,012,148	140,907,359	15,104,789	10.72%	146,421,120
Deductions From Revenue					
Discounts and Allowances	(67,688,241)	(61,739,841)	(5,949,399)	-9.64%	(63,217,104)
Bad Debt Expense (Governmental Providers Only)	(10,219,568)	(9,453,348)	(757,221)	-8.01%	(9,125,925)
Medical Assistance	(2,080,183)	(2,216,211)	136,028	6.14%	(2,085,714)
Total Deductions From Revenue	(79,978,992)	(73,408,400)	(6,570,592)	-8.95%	(74,428,743)
Net Patient Revenue	76,033,156	67,498,959	8,534,197	12.64%	71,992,377
Other Operating Revenue	2,107,323	3,949,098	(1,841,775)	-46.64%	4,084,512
Total Operating Revenue	78,140,480	71,448,057	6,692,422	9.37%	76,076,890
Operating Expenses					
Salaries and Wages	35,652,099	32,307,468	(3,344,632)	-10.35%	32,534,345
Fringe Benefits	9,718,997	9,676,679	(42,318)	-0.44%	9,238,293
Contract Labor	1,266,882	221,438	(1,045,444)	-472.12%	844,710
Physicians Fees	2,668,857	2,412,642	(256,216)	-10.62%	3,555,671
Purchased Services	4,040,628	4,120,988	80,360	1.95%	4,061,459
Supply Expense	12,663,889	11,990,834	(673,055)	-5.61%	11,956,025
Utilities	948,313	970,522	22,209	2.29%	947,606
Repairs and Maintenance	4,926,315	4,728,764	(197,551)	-4.18%	4,381,371
Insurance Expense	405,642	436,829	31,186	7.14%	543,304
All Other Operating Expenses	1,777,387	1,980,279	202,893	10.25%	1,717,991
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	623,110	625,198	2,089	0.33%	740,561
Depreciation and Amortization	5,695,702	5,746,104	50,401	0.88%	5,595,824
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	80,397,820	75,217,743	(5,178,077)	-6.87%	76,117,160
Net Operating Surplus/(Loss)	(2,247,341)	(3,769,686)	1,522,345	-40.38%	(40,270)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	175,736	236,667	(60,930)	-25.75%	231,278
Tax Subsidies (Except for GO Bond Subsidies)	13,546	0	13,546	0.00%	14,594
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(1,094,739)	(1,018,997)	(75,742)	7.43%	(1,019,978)
Other Non-Operating Revenue/(Expense)	9,196,984	706,852	8,490,132	1201.12%	785,747
Total Non Operating Revenue/(Expense)	8,291,628	(75,478)	8,367,006	-11085.31%	11,841
Total Net Surplus/(Loss)	\$6,044,187	(\$3,845,164)	\$9,889,351	-257.19%	(\$28,629)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$6,044,187	(\$3,845,164)	\$9,889,351	-257.19%	(\$28,629)
Operating Margin	-2.89%	-5.28%			-0.06%
Total Profit Margin	7.74%	-5.38%			-0.04%
EBIDA	4.43%	2.77%			7.32%

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

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	Actual 4/30/2021	Actual 3/31/2021	Actual 2/28/2021	Actual 1/31/2021	Actual 12/31/2020	Actual 11/30/2020	Actual 10/31/2020
Gross Patient Revenue							
Inpatient Revenue	\$2,899,022	\$3,193,039	\$2,690,863	\$3,645,930	\$3,807,334	\$3,541,154	\$3,015,926
Inpatient Psych/Rehab Revenue							
Outpatient Revenue	\$11,180,916	\$12,012,531	\$9,844,427	\$9,967,382	\$10,454,974	\$9,719,339	\$10,835,342
Clinic Revenue	\$1,588,615	\$1,451,108	\$1,300,086	\$1,410,842	\$1,374,828	\$1,444,093	\$1,435,042
Specialty Clinic Revenue	\$298,056	\$342,042	\$281,294	\$311,512	\$321,541	\$328,342	\$234,817
Total Gross Patient Revenue	\$15,866,609	\$16,998,714	\$13,916,669	\$15,335,466	\$15,958,676	\$15,031,529	\$15,522,127
Deductions From Revenue							
Discounts and Allowances	\$6,661,972	\$7,053,702	\$5,012,790	\$6,661,815	\$6,637,293	\$7,026,768	\$6,210,334
Bad Debt Expense (Governmental Providers Only)	\$478,207	\$1,088,531	\$1,109,741	\$1,215,379	\$1,274,182	\$1,254,957	\$1,223,363
Charity Care	\$249,982	\$128,263	\$541,439	\$149,128	\$184,529	\$189,028	\$417,497
Total Deductions From Revenue	7,390,160	8,270,496	6,663,970	8,026,321	8,095,904	8,470,752	7,851,193
Net Patient Revenue	\$8,576,448	\$8,721,218	\$7,252,720	\$7,309,145	\$7,862,772	\$6,560,757	\$7,670,934
Other Operating Revenue	136,992	700,917	158,645	554,961	186,310	162,630	170,953
Total Operating Revenue	8,713,440	9,422,135	7,411,365	7,864,106	8,049,081	6,723,387	7,841,887
Operating Expenses							
Salaries and Wages	\$3,492,562	\$3,666,312	\$3,298,343	\$3,508,908	\$4,555,329	\$3,537,167	\$3,508,184
Fringe Benefits	\$1,070,854	\$1,111,599	\$1,017,103	\$1,163,370	\$1,020,066	\$823,628	\$914,880
Contract Labor	\$380,226	\$230,768	\$153,689	\$186,407	\$104,084	\$35,423	\$29,017
Physicians Fees	\$248,548	\$205,531	\$304,497	\$327,646	\$282,199	\$291,773	\$307,891
Purchased Services	\$493,446	\$383,313	\$348,834	\$424,314	\$384,482	\$362,552	\$386,321
Supply Expense	\$1,442,417	\$1,365,819	\$997,588	\$1,413,761	\$1,284,207	\$1,087,336	\$1,196,557
Utilities	\$117,578	\$89,248	\$93,512	\$72,884	\$108,284	\$109,520	\$79,491
Repairs and Maintenance	\$478,494	\$500,362	\$518,310	\$624,834	\$444,569	\$499,908	\$584,480
Insurance Expense	\$45,990	\$44,011	\$44,229	\$42,444	\$42,449	\$42,446	\$44,678
All Other Operating Expenses	\$220,980	\$215,184	\$172,795	\$174,808	\$228,097	\$154,600	\$113,212
Bad Debt Expense (Non-Governmental Providers)							
Leases and Rentals	\$84,238	\$86,020	\$70,289	\$62,335	\$81,256	\$43,670	\$49,516
Depreciation and Amortization	\$589,609	\$578,679	\$583,827	\$582,176	\$582,723	\$573,895	\$557,511
Interest Expense (Non-Governmental Providers)							
Total Operating Expenses	\$8,625,622	\$8,466,839	\$7,692,816	\$8,561,904	\$9,087,695	\$7,581,416	\$7,773,019
Net Operating Surplus/(Loss)	\$87,818	\$955,295	(\$1,281,451)	(\$1,697,797)	(\$1,038,614)	(\$1,858,029)	\$88,868
Non-Operating Revenue:							
Contributions							
Investment Income	13,895	17,587	11,312	12,078	13,946	28,597	30,819
Tax Subsidies (Except for GO Bond Subsidies)							
Tax Subsidies for GO Bonds	390	987	163	(2,572)	19,360	0	178
Interest Expense (Governmental Providers Only)	(107,629)	(132,617)	(107,605)	(784,012)	(117,265)	(107,898)	(105,810)
Other Non-Operating Revenue/(Expenses)	806,373	1,734,982	788,817	181,688	3,928,613	48,939	\$42,821
Total Non Operating Revenue/(Expense)	\$711,939	\$1,624,949	\$692,687	\$67,179	\$3,835,654	(\$80,252)	\$655,007
Total Net Surplus/(Loss)	\$599,757	\$2,580,244	(\$598,769)	(\$1,630,618)	\$2,786,739	(\$1,938,281)	\$1,543,875
Change in Unrealized Gains/(Losses) on Investments							
Increase/(Decrease) in Unrestricted Net Assets	\$880,838	\$2,066,204	\$471,035	(\$620,698)	\$2,786,739	(\$878,500)	\$923,676
Operating Margin	1.61%	4.14%	-2.58%	-3.76%	-13.03%	-12.63%	0.89%
Total Profit Margin	9.19%	23.31%	6.36%	-7.89%	34.82%	-13.08%	11.78%
EBIDA	7.54%	18.70%	5.20%	-1.34%	-5.75%	-4.06%	7.99%

Actual 9/30/2020	Actual 8/31/2020	Actual 7/31/2020	Actual 6/30/2020	Actual 5/31/2020	Actual 4/30/2020
\$3,086,621	\$2,958,380	\$3,256,010	\$2,923,872	\$2,863,837	\$2,794,519
\$10,137,542	\$11,338,455	\$11,800,532	\$9,853,590	\$8,495,713	\$8,104,600
\$1,284,797	\$1,333,361	\$1,385,508	\$1,291,504	\$1,118,816	\$1,146,808
\$351,223	\$188,452	\$414,478	\$281,811	\$314,858	\$288,932
\$14,849,182	\$15,795,628	\$16,836,529	\$14,350,879	\$12,781,224	\$12,334,855
\$7,323,918	\$7,238,901	\$7,857,728	\$5,980,628	\$5,188,139	\$5,585,080
\$833,320	\$1,042,687	\$883,202	\$1,101,340	\$1,258,071	\$1,158,759
\$109,311	\$29,185	\$84,822	\$194,709	\$65,091	\$87,459
8,398,550	8,308,774	8,525,752	7,268,676	6,497,301	6,811,278
\$5,480,633	\$7,487,854	\$9,110,777	\$7,094,203	\$5,283,923	\$5,523,578
219,213	297,505	220,295	(1,616,549)	1,048,148	2,078,263
6,689,846	7,606,359	8,320,982	5,477,615	7,330,071	7,599,840
\$3,478,745	\$3,333,426	\$3,283,126	\$3,165,595	\$3,318,414	\$3,149,585
\$843,750	\$869,467	\$894,212	\$854,214	\$886,042	\$829,695
\$87,570	\$43,538	\$58,168	\$10,876	\$26,130	\$48,076
\$216,064	\$203,217	\$281,292	\$334,073	\$318,372	\$338,295
\$434,094	\$385,658	\$448,335	\$503,888	\$385,944	\$381,426
\$1,318,278	\$1,316,845	\$1,242,081	\$1,138,383	\$1,008,670	\$1,158,818
\$92,628	\$81,449	\$103,746	\$88,251	\$102,274	\$88,337
\$499,766	\$365,930	\$399,585	\$426,585	\$462,934	\$444,766
\$41,335	\$41,794	\$16,263	\$44,527	\$43,428	\$47,455
\$211,975	\$145,095	\$140,863	\$211,587	\$91,828	\$148,188
\$80,042	\$62,114	\$83,328	\$49,303	\$48,189	\$64,204
\$557,542	\$553,903	\$555,840	\$588,458	\$846,831	\$549,858
\$7,821,788	\$7,412,435	\$7,484,988	\$7,395,571	\$7,237,088	\$7,319,780
(\$1,423,940)	\$282,924	\$848,174	(\$1,947,855)	\$93,816	\$288,089
20,408	21,540	16,355	35,221	175,009	18,515
3,102	374	554	(1,068)	631	968
(144,157)	(107,848)	(197,818)	(221,170)	(100,543)	(88,489)
301,008	291,819	38,906	2,594,322	18,804	1,422
\$219,359	\$285,817	(\$64,983)	\$2,407,206	\$85,921	(\$78,584)
(\$911,581)	\$489,842	\$791,181	\$489,261	\$178,938	\$201,476
(\$911,581)	\$489,842	\$791,181	\$489,261	\$178,938	\$201,476
-16.75%	3.68%	10.16%	-35.01%	1.27%	3.89%
-13.61%	6.35%	9.60%	8.53%	2.44%	2.05%
-8.42%	10.87%	16.83%	-24.64%	8.73%	10.92%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Ten months ended April 30, 2021

	CASH FLOW	
	Current Month 4/30/2021	Current Year-To-Date 4/30/2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$857,300	\$6,044,187
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	569,609	5,695,702
(Increase)/Decrease in Net Patient Accounts Receivable	(765,415)	(956,232)
(Increase)/Decrease in Other Receivables	(890,397)	(46,364)
(Increase)/Decrease in Inventories	9,831	(159,315)
(Increase)/Decrease in Pre-Paid Expenses	(248,699)	252,752
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	719,198	895,414
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	(1,144,007)	94,311
Increase/(Decrease) in Accrued Expenses	0	0
Increase/(Decrease) in Patient Refunds Payable	0	0
Increase/(Decrease) in Third Party Advances/Liabilities	0	0
Increase/(Decrease) in Other Current Liabilities	111,433	(223,700)
Net Cash Provided by Operating Activities:	(781,147)	11,596,756
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(631,707)	(8,863,336)
(Increase)/Decrease in Limited Use Cash and Investments	(115,095)	152,836
(Increase)/Decrease in Other Limited Use Assets	(1,998)	(10,441)
(Increase)/Decrease in Other Assets	1,029	10,294
Net Cash Used by Investing Activities	(747,770)	(8,710,648)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(4,812)	(48,119)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(149,162)	(3,287,561)
Net Cash Used for Financing Activities	(153,974)	(3,335,680)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0
Net Increase/(Decrease) in Cash	(1,882,891)	(449,571)
Cash, Beginning of Period	13,286,037	12,052,717
Cash, End of Period	\$11,603,146	\$11,603,146

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Ten months ended April 30, 2021

Current Month				STATISTICS	Year-To-Date			
Actual 04/30/21	Budget 04/30/21	Positive/ (Negative) Variance	Prior Year 04/30/20		Actual 04/30/21	Budget 04/30/21	Positive/ (Negative) Variance	Prior Year 04/30/20
Discharges								
117	86	32	95	Acute	1,140	1,082	58	1,202
117	86	32	95	Total Adult Discharges	1,140	1,082	58	1,202
34	32	3	35	Newborn	326	330	(4)	367
151	117	34	130	Total Discharges	1,466	1,412	54	1,569
Patient Days:								
319	281	38	312	Acute	3,537	2,992	545	3,324
319	281	38	312	Total Adult Patient Days	3,537	2,992	545	3,324
55	62	(7)	69	Newborn	492	555	(63)	617
374	343	31	381	Total Patient Days	4,029	3,547	482	3,941
Average Length of Stay (ALOS)								
2.7	3.3	(0.6)	3.3	Acute	3.1	2.8	0.3	2.8
2.7	3.3	(0.6)	3.3	Total Adult ALOS	3.1	2.8	0.3	2.8
1.6	2.0	(0.4)	2.0	Newborn ALOS	1.5	1.7	(0.2)	1.7
Average Daily Census (ADC)								
10.6	9.4	1.3	10.4	Acute	11.6	9.8	1.8	10.9
10.6	9.4	1.3	10.4	Total Adult ADC	11.6	9.8	1.8	10.9
1.8	2.1	(0.2)	2.3	Newborn	1.6	1.8	(0.2)	2.0
Emergency Room Statistics								
130	82	48	91	ER Visits - Admitted	1,182	1,156	26	1,284
1,048	591	457	657	ER Visits - Discharged	9,649	10,227	(578)	11,363
1,178	673	505	748	Total ER Visits	10,831	11,382	(551)	12,647
11.04%	12.17%		12.17%	% of ER Visits Admitted	10.91%	10.15%		10.15%
111.11%	95.79%		95.79%	ER Admissions as a % of Total	103.68%	106.82%		106.82%
Outpatient Statistics:								
8,363	5,204	3,159	5,782	Total Outpatients Visits	89,862	68,328	21,534	75,920
89	77	12	86	Observation Bed Days	982	1,020	(38)	1,133
4,604	5,311	(707)	3,647	Clinic Visits - Primary Care	41,709	51,909	(10,200)	40,864
529	545	(16)	559	Clinic Visits - Specialty Clinics	5,262	5,462	(200)	5,182
22	22	0	24	IP Surgeries	241	227	14	252
135	56	79	62	OP Surgeries	1,297	1,126	171	1,251
Productivity Statistics:								
456.71	437.01	19.70	422.91	FTE's - Worked	442.06	437.01	5.05	431.67
493.44	479.80	13.64	458.84	FTE's - Paid	486.06	479.80	6.26	473.66
1.3336	1.5782	(0.24)	1.7536	Case Mix Index - Medicare	1.5052	1.0827	0.42	1.3672
1.0354	1.5782	(0.54)	1.1620	Case Mix Index - All payers	1.1995	1.0827	0.12	0.9880

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

04/30/21

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	45.56	52.11
Net Days in Accounts Receivable	39.79	47.65
Number of Gross Days in Unbilled Revenue	2.59	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	31.40%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	1.57%	1.14%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	1.33%	1.57%
Bad Debts as a % of Gross Patient Revenue - Current Month	3.00%	6.66%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.54%	6.71%
Collections as a Percentage of Net Revenue - Current Month	89.75%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	97.68%	100% or >
Percentage of Blue Cross Receivable > 90 Days	1.16%	< 10%
Percentage of Insurance Receivable > 90 Days	4.44%	< 15%
Percentage of Medicaid Receivable > 90 Days	13.00%	< 20%
Percentage of Medicare Receivable > 60 Days	0.41%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 13

ROCK SPRINGS, WYOMING

Ten months ended April 30, 2021

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	1,767,148	12.45%	15,104,789	10.72%

Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include Clinic visits

Average Daily Census is 10.6 in April which is over budget by 1.3

Deductions from Revenue	(74,553)	-1.02%	(6,570,582)	-8.95%
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Deductions from revenue are over budget for April and over budget year to date.

They are currently booked at 46.2% for April and 51.3% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.

Bad Debt Expense	467,128	49.41%	(767,221)	-8.01%
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Bad debt expense is booked at 3.0% for April and 6.5% year to date.

Charity Care	(88,235)	-54.55%	136,028	6.14%
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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	(50,561)	-27.10%	(1,841,775)	-46.64%
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Other Operating Revenue is under budget for the month and is under budget year to date.

This is due to the CARES funds budgeted here, but now has to be reported in non-operating.

Salaries and Wages	(297,069)	-9.30%	(3,344,632)	-10.35%
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Salary and Wages are over budget and remain over budget year to date.

Paid FTEs are over budget by 13.6 FTEs for the month and over 6.3 FTEs year to date.

Fringe Benefits	(173,058)	-19.27%	(42,318)	-0.44%
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Fringe benefits are over budget in April and over budget year to date.

Contract Labor	(369,462)	-3431.53%	(1,045,444)	-472.12%
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Contract labor is over budget for April and over budget year to date.

Behavioral Health ICU, L&D, Ultrasound, OR, PACU, ER, Physical therapy,

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Ten months ended April 30, 2021

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Respiratory and Emergency Mgmt are over budget.				
Physician Fees	(4,584)	-1.88%	(256,216)	-10.62%
Physician fees over budget in April and over budget year to date. Histology, Hospitalists and Emergency Mgmt are over budget in April.				
Purchased Services	(114,266)	-20.13%	80,360	1.95%
Purchased services are over budget for April and under budget year to date. Expenses over budget are consulting, legal, collection agency, other purchased services				
Supply Expense	(244,249)	-20.39%	(673,056)	-5.61%
Supplies are over budget for April and over budget year to date. Line items over budget include Lab supplies, chargeables, med supplies, drugs and minor equipment, bank fees and dept mgmt service				
Repairs & Maintenance	7,029	1.45%	(197,561)	-4.18%
Repairs and Maintenance are under budget for April and over budget year to date.				
All Other Operating Expenses	(9,648)	-4.57%	202,893	10.25%
This expense is over budget in April and under budget year to date. Other expenses over budget are Physician recruitment, pharmacy floor direct, postage and freight				
Leases and Rentals	(1,621)	-2.59%	2,089	0.33%
This expense is over budget for April and is under budget year to date.				
Depreciation and Amortization	(802)	-0.14%	50,401	0.88%
Depreciation is over budget for April and is under budget year to date.				

BALANCE SHEET

Cash and Cash Equivalents (1,682,891) -12.67%

Cash increased in April. Cash collections for April were \$7.7 million. Days Cash on Hand decreased to 203 days.

Gross Patient Accounts Receivable \$29,085 0.12%

This receivable increased in April.

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Ten months ended April 30, 2021

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	736,330	5.41%		
Bad Debt and Allowances decreased.				
Other Receivables	890,397	56.62%		
Other Receivables increased in April due to county and occ med invoices.				
Prepaid Expenses	248,699	15.22%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	117,093	0.28%		
These assets increased due to the debt service payment				
Plant Property and Equipment	62,098	0.09%		
The increase in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	(749,198)	-18.19%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	1,233,340	55.44%		
This liability decreased in April. The payroll accrual for April was 5 days.				
Accrued Benefits	(89,334)	-3.11%		
This liability increased in April with the normal accrual and usage of PTO .				
Other Current Liabilities	(111,433)	-99.37%		
This liability increased due to the interest payment on the bonds				
Other Long Term Liabilities	149,162	1.49%		
This liability decreased due lease payments.				
Total Net Assets	(854,520)	-0.94%		
The net gain from operations for April is \$87,608				



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

Ten months ended April 30, 2021

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Ten months ended April 30, 2021

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2021

PAGE 2

- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 4/30/2021	Year to Date 4/30/2021	Prior Fiscal Year End 06/30/20	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-39.88%	-56.56%	-68.15%	-36.58%
Total Profit Margin	-39.88%	-56.56%	-68.15%	-36.58%
Contractual Allowance %	46.06%	46.03%	46.02%	
Liquidity:				
Net Days in Accounts Receivable	37.53	40.39	50.83	39.58
Gross Days in Accounts Receivable	43.07	45.82	54.32	72.82
Productivity and Efficiency:				
Patient Visits Per Day	153.47	137.20	132.42	
Total Net Revenue per FTE	N/A	\$151,294	\$141,843	
Salary Expense per Paid FTE	N/A	\$167,486	\$162,294	
Salary and Benefits as a % of Net Revenue	115.57%	129.63%	134.65%	91.26%
Employee Benefits %	19.92%	17.10%	17.69%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2021

PAGE 3

CURRENT MONTH

	Actual 04/30/21	Budget 04/30/21	Positive (Negative) Variance	Percentage Variance	Prior Year 04/30/20
Gross Patient Revenue					
Clinic Revenue	1,588,815	1,295,793	293,022	22.61%	1,146,806
Specialty Clinic Revenue	298,056	265,713	32,342	12.17%	288,932
Total Gross Patient Revenue	1,886,871	1,561,506	325,365	20.84%	1,435,737
Deductions From Revenue					
Discounts and Allowances	(869,032)	(899,808)	(169,225)	-24.18%	(713,510)
Total Deductions From Revenue	(869,032)	(899,808)	(169,225)	-24.18%	(713,510)
Net Patient Revenue	1,017,838	861,698	156,140	18.12%	722,227
Other Operating Revenue	58,845	67,787	(8,942)	-13.19%	32,189
Total Operating Revenue	1,076,684	929,486	147,198	15.84%	754,416
Operating Expenses					
Salaries and Wages	1,037,659	990,489	(47,171)	-4.76%	886,494
Fringe Benefits	206,715	168,294	(38,421)	-22.83%	171,434
Contract Labor	0	0	0	0.00%	0
Physicians Fees	46,485	86,067	39,582	45.99%	141,169
Purchased Services	12,175	10,663	(1,512)	-14.18%	8,138
Supply Expense	19,891	19,488	(402)	-2.06%	7,125
Utilities	1,872	1,747	(125)	-7.13%	1,803
Repairs and Maintenance	16,968	23,245	6,277	27.00%	23,772
Insurance Expense	13,611	19,343	5,731	29.63%	17,874
All Other Operating Expenses	134,676	92,426	(42,251)	-45.71%	47,258
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,037	3,442	405	11.76%	2,476
Depreciation and Amortization	12,966	12,412	(554)	-4.47%	21,166
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,506,056	1,427,614	(78,442)	-5.49%	1,328,709
Net Operating Surplus/(Loss)	(429,373)	(508,129)	68,756	-13.80%	(574,293)
Total Net Surplus/(Loss)	(429,373)	(508,129)	\$68,756	-13.80%	(574,293)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) In Unrestricted Net Assets	(429,373)	(508,129)	\$68,756	-13.80%	(574,293)
Operating Margin	-39.88%	-53.59%			-76.12%
Total Profit Margin	-39.88%	-53.59%			-76.12%
EBIDA	-38.67%	-52.26%			-73.32%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Ten months ended April 30, 2021

YEAR-TO-DATE

	Actual 04/30/21	Budget 04/30/21	Positive (Negative) Variance	Percentage Variance	Prior Year 04/30/20
Gross Patient Revenue					
Clinic Revenue	13,968,075	11,820,453	2,147,622	18.17%	11,972,265
Specialty Clinic Revenue	3,047,355	2,663,396	383,960	14.42%	2,502,592
Total Gross Patient Revenue	17,015,430	14,483,849	2,531,582	17.48%	14,474,857
Deductions From Revenue					
Discounts and Allowances	(7,831,668)	(6,625,217)	(1,206,452)	-18.21%	(6,669,256)
Total Deductions From Revenue	(7,831,668)	(6,625,217)	(1,206,452)	-18.21%	(6,669,256)
Net Patient Revenue	9,183,762	7,858,632	1,325,130	16.86%	7,805,601
Other Operating Revenue	690,293	677,874	12,419	1.83%	620,367
Total Operating Revenue	9,874,055	8,536,506	1,337,549	15.67%	8,425,968
Operating Expenses					
Salaries and Wages	10,930,818	10,070,956	(859,862)	-8.54%	9,707,880
Fringe Benefits	1,869,042	1,992,699	123,657	6.21%	1,731,415
Contract Labor	0	0	0	0.00%	0
Physicians Fees	875,725	860,667	(15,059)	-1.75%	1,159,207
Purchased Services	130,199	104,617	(25,582)	-24.45%	102,377
Supply Expense	152,057	190,119	38,063	20.02%	192,631
Utilities	13,995	17,472	3,477	19.90%	13,739
Repairs and Maintenance	195,682	232,482	36,799	15.83%	220,173
Insurance Expense	132,002	191,775	59,774	31.17%	184,948
All Other Operating Expenses	950,395	833,981	(116,414)	-13.96%	768,937
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	31,318	32,079	762	2.38%	45,239
Depreciation and Amortization	177,583	171,210	(6,373)	-3.72%	216,952
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	15,458,815	14,696,058	(762,757)	-5.18%	14,343,497
Net Operating Surplus/(Loss)	(5,584,760)	(6,161,551)	576,792	-9.36%	(5,917,528)
Total Net Surplus/(Loss)	(5,584,760)	(6,161,551)	576,792	-9.36%	(5,917,528)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(5,584,760)	(6,161,551)	576,792	-9.36%	(5,917,528)
Operating Margin	-56.56%	-72.18%			-70.23%
Total Profit Margin	-56.56%	-72.18%			-70.23%
EBIDA	-54.76%	-70.17%			-67.65%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

PAGE 5

	Actual 4/30/2021	Actual 3/31/2021	Actual 2/28/2021	Actual 1/31/2021	Actual 12/31/2020
Gross Patient Revenue					
Clinic Revenue	\$1,588,816	\$1,451,196	\$1,300,086	\$1,410,642	\$1,374,626
Specialty Clinic Revenue	\$298,056	\$342,042	\$281,294	\$311,512	\$321,541
Total Gross Patient Revenue	\$1,886,871	\$1,793,147	\$1,581,380	\$1,722,154	\$1,696,166
Deductions From Revenue					
Discounts and Allowances	\$869,032	\$828,370	\$758,645	\$836,394	\$741,684
Total Deductions From Revenue	869,032	828,370	758,645	836,394	741,684
Net Patient Revenue	\$1,017,838	\$964,777	\$822,735	\$885,759	\$954,482
Other Operating Revenue	\$58,845	\$59,103	\$65,776	\$70,558	\$67,749
Total Operating Revenue	1,076,684	1,023,880	888,510	956,317	1,022,231
Operating Expenses					
Salaries and Wages	\$1,037,659	\$1,142,213	\$1,104,879	\$1,132,930	\$1,137,133
Fringe Benefits	\$206,715	\$216,355	\$240,814	\$263,026	\$168,192
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$46,485	\$30,939	\$93,378	\$76,208	\$140,601
Purchased Services	\$12,175	\$16,397	\$13,204	\$15,024	\$12,233
Supply Expense	\$19,891	\$18,548	\$17,037	\$14,651	\$12,388
Utilities	\$1,872	\$1,875	\$1,836	\$1,810	\$594
Repairs and Maintenance	\$16,968	\$18,493	\$18,542	\$17,458	\$19,895
Insurance Expense	\$13,611	\$13,611	\$13,611	\$13,611	\$13,611
All Other Operating Expenses	\$134,576	\$105,518	\$95,431	\$91,548	\$109,020
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$3,037	\$3,450	\$3,319	\$3,032	\$2,398
Depreciation and Amortization	\$12,966	\$17,183	\$18,273	\$18,273	\$18,641
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,506,056	\$1,583,583	\$1,620,324	\$1,647,571	\$1,634,705
Net Operating Surplus/(Loss)	(\$429,373)	(\$559,703)	(\$731,814)	(\$691,254)	(\$612,474)
Total Net Surplus/(Loss)	(\$429,373)	(\$559,703)	(\$731,814)	(\$691,254)	(\$612,474)
Change in Unrealized Gains/(Losses) on Investm	0	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$429,373)	(\$559,703)	(\$731,814)	(\$691,254)	(\$612,474)
Operating Margin	-39.88%	-54.66%	-82.36%	-72.28%	-59.92%
Total Profit Margin	-39.88%	-54.66%	-82.36%	-72.28%	-59.92%
EBIDA	-38.67%	-52.99%	-80.31%	-70.37%	-58.09%

Actual 11/30/2020	Actual 10/31/2020	Actual 9/30/2020	Actual 8/31/2020	Actual 7/31/2020	Actual 6/30/2020	Actual 5/31/2020	Actual 4/30/2020
\$1,444,093	\$1,435,042	\$1,264,797	\$1,333,381	\$1,355,508	\$1,291,506	\$1,116,816	\$1,146,808
\$326,942	\$234,817	\$351,223	\$165,452	\$414,478	\$281,911	\$314,858	\$288,932
\$1,771,035	\$1,669,859	\$1,616,020	\$1,498,813	\$1,779,986	\$1,573,417	\$1,431,674	\$1,435,737
\$787,893	\$765,733	\$741,674	\$703,186	\$799,056	\$736,720	\$637,461	\$713,510
787,893	765,733	741,674	703,186	799,056	736,720	637,461	713,510
\$983,142	\$904,126	\$874,346	\$795,627	\$980,930	\$836,697	\$794,213	\$722,227
\$70,839	\$74,395	\$75,030	\$75,344	\$72,653	\$77,628	\$88,375	\$32,199
1,053,982	978,521	949,376	870,971	1,053,583	914,325	880,588	754,416
\$1,211,751	\$1,086,459	\$1,086,987	\$984,249	\$1,006,558	\$983,977	\$979,724	\$886,494
\$149,894	\$164,048	\$149,004	\$144,897	\$166,187	\$170,998	\$162,005	\$171,434
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$122,258	\$145,489	\$79,510	\$64,083	\$76,774	\$125,801	\$119,793	\$141,169
\$12,756	\$14,882	\$15,580	\$8,196	\$10,752	\$9,098	\$10,144	\$8,138
\$12,806	\$13,359	\$15,225	\$9,216	\$18,937	\$10,722	\$10,730	\$7,125
\$2,122	\$972	\$847	\$979	\$1,288	\$1,861	\$1,804	\$1,803
\$20,740	\$18,512	\$18,488	\$25,877	\$20,741	\$24,187	\$26,489	\$23,772
\$13,611	\$13,294	\$13,294	\$11,873	\$11,873	\$11,873	\$17,874	\$17,874
\$82,354	\$103,990	\$88,010	\$82,041	\$77,807	\$45,948	\$53,551	\$47,258
\$3,871	\$3,239	\$2,177	\$3,652	\$3,141	\$3,083	\$2,406	\$2,476
\$18,641	\$18,214	\$18,290	\$18,615	\$18,488	\$18,487	\$18,488	\$21,166
\$1,650,804	\$1,582,457	\$1,487,181	\$1,333,588	\$1,412,545	\$1,406,033	\$1,403,007	\$1,328,709
(\$596,823)	(\$603,935)	(\$537,805)	(\$462,618)	(\$358,963)	(\$491,708)	(\$542,419)	(\$574,293)
0	0	0	0	0	0	0	0
(\$596,823)	(\$603,935)	(\$537,805)	(\$462,618)	(\$358,963)	(\$491,708)	(\$542,419)	(\$574,293)
-56.63%	-61.72%	-56.65%	-53.12%	-34.07%	-53.78%	-63.03%	-76.12%
-56.63%	-61.72%	-56.65%	-53.12%	-34.07%	-53.78%	-63.03%	-76.12%
-54.86%	-59.86%	-54.72%	-50.96%	-32.32%	-51.76%	-60.80%	-73.32%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2021

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Current Month				STATISTICS	Year-To-Date			
Actual 04/30/21	Budget 04/30/21	Positive/ (Negative) Variance	Prior Year 04/30/20		Actual 04/30/21	Budget 04/30/21	Positive/ (Negative) Variance	Prior Year 04/30/20
				Outpatient Statistics:				
4,604	5,311	(707)	3,650	Clinic Visits - Primary Care	41,709	51,919	(10,210)	40,867
529	545	(16)	559	Clinic Visits - Specialty Clinics	5,262	5,452	(190)	5,182
				Productivity Statistics:				
64.32	70.76	(6.44)	61.58	FTE's - Worked	72.07	70.76	1.31	68.50
68.05	77.76	(9.71)	65.02	FTE's - Paid	78.36	77.76	0.60	74.99

**Memorial Hospital of Sweetwater County
Legal Fees By Fiscal Year**

FY 2021

BARRY J. WALKER	\$6,627.30
CROWLEY FLECK ATTORNEYS	\$7,374.00
GORDON REES SCULLY MANSUKHANI, LLP	\$10,103.00
PHILLIPS LAW, LLC	\$65,820.23
SETTLEMENTS	\$30,000.00
Total FYTD 2020	\$119,924.53

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR APRIL 21**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	880	7,471,104.38
CAPITAL EQUIPMENT (PLANT FUND)	4	132,673.45
CONSTRUCTION IN PROGRESS (BUILDING FUND)	6	522,819.23
PAYROLL APRIL 1, 2021	N/A	1,533,327.76
PAYROLL APRIL 15, 2021	N/A	1,503,228.94
PAYROLL APRIL 29, 2021	N/A	1,515,557.21
TOTAL CASH OUTFLOW		<u>\$8,126,597.06</u>
CASH COLLECTIONS		7,697,823.98
INCREASE/DECREASE IN CASH		<u><u>-\$428,773.08</u></u>

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2021**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001067	7/9/2020	CLARK'S QUALITY ROOFING, INC.	132,270.67	CENTRAL PLANT UPGRADE		
001068	7/17/2020	ROOFTOP ANCHOR, INC.	36,035.69	CENTRAL PLANT UPGRADE		
W/T	7/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
JULY TOTALS					272,654.54	272,654.54

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001069	8/14/2020	BH INC	234,938.42	CENTRAL PLANT UPGRADE		
W/T	8/16/2020	WELLS FARGO	104,348.18	WF DEBT SERVICE		
AUGUST TOTALS					339,286.60	611,941.14

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001070	9/2/2020	TRANE U.S. INC.	482,854.00	HVAC UPGRADE		
001072	9/11/2020	PLAN ONE/ARCHITECTS	560.00	HVAC UPGRADE		
W/T	9/14/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
SEPTEMBER TOTALS					595,027.90	1,206,969.04

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001073	10/2/2020	B H INC.	240,495.98	CENTRAL PLANT UPGRADE		
001074	10/2/2020	ST+B ENGINEERING (SPACEK TI	203,848.10	HVAC UPGRADE		
001075	10/7/2020	CITY OF ROCK SPRINGS	13,806.00	HVAC UPGRADE		
001076	10/12/2020	PLAN ONE/ARCHITECTS	17,430.00	MOB ENTRY RECONFIGURATION		
W/T	10/19/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
OCTOBER TOTALS					587,193.98	1,794,163.02

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001077	11/12/2020	B H INC.	58,977.75	LAB EXPANSION		
W/T	11/17/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
NOVEMBER TOTALS					170,591.65	1,964,754.67

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001078	12/2/2020	ST+B ENGINEERING (SPACEK TI	63,750.45	HVAC UPGRADE		
001079	12/2/2020	ST+B ENGINEERING (SPACEK TI	7,906.88	HVAC UPGRADE		
001080	12/2/2020	GROATHOUSE CONSTRUCTION,	141,553.00	HVAC UPGRADE		
001081	12/3/2020	B H INC.	115,884.92	CENTRAL PLANT UPGRADE		
001082	12/10/2020	PLAN ONE/ARCHITECTS	30,406.25	HVAC UPGRADE		
001083	12/14/2020	GROATHOUSE CONSTRUCTION,	1,779,859.00	HVAC UPGRADE		
W/T	12/31/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
DECEMBER TOTALS					2,250,974.40	4,215,729.07

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001085	1/7/2021	PLAN ONE/ARCHITECTS	126,842.96	HVAC UPGRADE		
001086	1/14/2021	GROATHOUSE CONSTRUCTION,	213,490.00	HVAC UPGRADE		
001087	1/28/2021	CACHE VALLEY ELECTRIC CO.	3,101.83	HVAC UPGRADE		
W/T	1/19/2021	WF DEBT SERVICE	111,613.90	WF DEBT SERVICE		
JANUARY TOTALS					455,048.69	4,670,777.76

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001088	2/10/2021	PLAN ONE/ARCHITECTS	31,275.00	LAB EXPANSION		
001088	2/10/2021	PLAN ONE/ARCHITECTS	15,749.50	MEDICAL IMAGING RENO		
001089	2/18/2021	GROATHOUSE CONSTRUCTION,	16,203.00	HVAC UPGRADE		
001090	2/18/2021	ST+B ENGINEERING (SPACEK TI	67,856.64	CENTRAL PLANT UPGRADE		
001091	2/18/2021	GROATHOUSE CONSTRUCTION,	145,831.00	HVAC UPGRADE		
001092	2/25/2021	INSULATION INC.	2,070.40	LAB EXPANSION		
W/T	2/17/2021	WF DEBT SERVICE	111,613.90	WF DEBT SERVICE		
FEBRUARY TOTALS					390,599.44	5,061,377.20

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001093	3/11/2021	INSULATION INC.	3,444.40	LAB EXPANSION		
001094	3/11/2021	PLAN ONE/ARCHITECTS	15,637.50	LAB EXPANSION		
001094	3/11/2021	PLAN ONE/ARCHITECTS	118,879.60	MEDICAL IMAGING RENO		
001096	3/18/2021	GROATHOUSE CONSTRUCTION,	25,390.00	HVAC UPGRADE		
001097	3/25/2021	GROATHOUSE CONSTRUCTION,	203,401.00	HVAC UPGRADE		
001098	3/25/2021	ST+B ENGINEERING (SPACE TI	5,100.00	HVAC UPGRADE		
001099	3/25/2021	GROATHOUSE CONSTRUCTION,	22,601.00	HVAC UPGRADE		
W/T	3/16/2021	WF DEBT SERVICE	111,433.37	WF DEBT SERVICE		
MARCH TOTALS					505,886.87	5,567,264.07

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001100	4/8/2021	PLAN ONE/ARCHITECTS	11,967.64	MEDICAL IMAGING RENO		
001100	4/8/2021	PLAN ONE/ARCHITECTS	17,547.54	LAB EXPANSION		
001101	4/14/2021	B H INC.	79,954.68	CENTRAL PLANT		
001102	4/29/2021	GROATHOUSE CONSTRUCTION,	271,725.00	HVAC UPGRADE		
001103	4/29/2021	GROATHOUSE CONSTRUCTION,	30,191.00	HVAC UPGRADE RETAINAGE		
W/T	4/15/2021	WF DEBT SERVICE	111,433.37	WF DEBT SERVICE		
APRIL TOTALS					522,819.23	6,090,083.30

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2021**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002340	7/9/2020	CONVERGEONE, INC.	4,343.78	INJECTOR CABLES FOR WIRELESS SYSTEM		
002341	7/17/2020	GDW GOVERNMENT LLC	12,600.00	DELL WORKSTATIONS AND MONITORS		
002342	7/17/2020	FOLSOM ASSOCIATES (HA FOLSOM & A	13,040.57	CONDENSATE PUMPS		
002343	7/17/2020	MIZUHO ORTHOPEDIC SYSTEMS, INC	51,063.00	OSI RADIO LUCENT OR TABLE		
002344	7/23/2020	CONMED LINVATEC	39,382.76	CONMED POWER SYSTEM		
002345	7/23/2020	OLYMPUS AMERICA INC	23,822.12	LONG CYSTOSCOPY RESECTION TRAY		
JULY TOTALS					144,252.23	144,252.23

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	8/6/2020	MOPEC INC	6,568.97	BODY TRAYS-MORGUE		
002347	8/6/2020	MAGNUM MOBILE SPECIALTY VEHICL	91,770.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002348	8/14/2020	CONVERGEONE, INC.	8,194.80	CISCO VOIP PHONE LICENSES (30)		
002348	8/14/2020	CONVERGEONE, INC.	19,029.00	REPLACE WIRELESS NETWORK		
002349	8/14/2020	NANOSONICS, INC	10,625.00	TROPHON FOR UROLOGY		
002350	8/14/2020	P3 CONSULTING LLC	15,000.00	DYNAMICS GP UPGRADE		
002351	8/18/2020	CONMED LINVATEC	7,810.80	CONMED POWER SYSTEM		
002352	8/18/2020	INNOVATION WIRELESS	605.00	SYNCHRONIZED CLOCKS		
002353	8/27/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE		
AUGUST TOTALS					169,900.75	314,152.98

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	9/1/2020	MOPEC INC	8,400.00	WORKSTATIONS AND MONITORS (20)		
002347	9/1/2020	MAGNUM MOBILE SPECIALTY VEHICL	10,980.00	BEDSIDE GLUCOSE MONITORS		
002348	9/17/2020	CONVERGEONE, INC.	430.86	LONG CYSTOSCOPY RESECTION TRAY		
002348	9/25/2020	CONVERGEONE, INC.	61,337.50	MOBILE LAB, CLINIC SWABBING STATION - 26 FOOT - SLIM		

SEPTEMBER TOTALS					81,148.36	395,301.34
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CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002358	10/12/2020	INNOVATION WIRELESS	896.30	SYNCHRONIZED CLOCKS		
002359	10/14/2020	CUMMINS ROCKY MOUNTAIN, LLC	20,260.68	GENERATOR INTERFACE TOUCH MONITOR		
002360	10/14/2020	STRYKER/ENDOSCOPY	43,303.76	CO2 CONDITIONING INSUFFLATOR KIT (3)		
002361	10/23/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE - WALK-IN		
002362	10/23/2020	VARIAN MEDICAL SYSTEMS, INC	30,867.00	STEREOTACTIC CONE SYSTEM		
002367	10/28/2020	CARDINAL HEALTH/V.MUELLER	78,000.00	CHEMISTRY ANALYZER - WALK-IN		
002368	10/28/2020	CARDINAL HEALTH/V.MUELLER	366,000.00	VITROS XT 7600 ANALYZER (2)		
002369	10/28/2020	SKYTRON	73,377.69	SKYTRON MODEL 2200 DISINFECTION ROBOT (2)		
002370	10/28/2020	SKYTRON	103,328.64	SKYTRON MODEL 3200 DISINFECTION ROBOT		

OCTOBER TOTALS					726,251.25	1,121,552.59
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CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002371	11/2/2020	SYNTHES LTD	11,598.50	LCP MINI FRAG SYSTEM		
002372	11/5/2020	CEPHEID	183,530.98	CEPHEID GENEXPERT MOLECULAR TESTING PLATFORM		
002373	11/5/2020	CERNER CORPORATION	99,193.32	CERNER		
002375	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICLE	170,430.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002376	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICLE	114,762.50	MOBILE LAB, CLINIC, SWABBING STATION - 26 FT		
002377	11/12/2020	CACHE VALLEY ELECTRIC CO.	17,938.25	BOILER HOUSE FIBER OPTIC		
002378	11/12/2020	CERNER CORPORATION	104,421.95	CERNER		
002379	11/12/2020	CHAVEZ CONCRETE	10,050.00	CONCRETE - ED ENTRANCE AND 3000 COLLEGE		
002380	11/12/2020	KRONOS INCORPORATED	6,030.00	KRONOS UPGRADE		
002381	11/18/2020	BIOFIRE DIAGNOSTICS, LLC	45,000.00	BIOFIRE TORCH SYSTEM MODULE (2)		
002382	11/18/2020	CERNER CORPORATION	104,421.95	CERNER		
002383	11/18/2020	FISHER HEALTHCARE	7,519.87	URINE CHEMISTRY ANALYZER - WALK-IN		
002384	11/25/2020	DELL COMPUTER CORPORATION	25,000.00	LAPTOPS (25)		
002385	11/25/2020	LUMENIS, INC.	200,900.01	LUMENIS MOSES PULSED HOLMIUM LASER		
002386	11/25/2020	NATUS MEDICAL INC	36,686.00	EMG 951		
NOVEMBER TOTALS					808,888.92	2,259,035.92

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002391	12/1/2020	SYSMEX AMERICA INC.	79,883.31	SYSMEX UN 2000 ANALYZER - WALK-IN		
002392	12/1/2020	SYSMEX AMERICA INC.	12,291.00	SYSMEX UN 2000 WAGON		
002393	12/2/2020	CARDINAL HEALTH/V.MUELLER	48,451.00	BD PHOENIX M50 SYSTEM INSTRUMENT		
002394	12/2/2020	CARDINAL HEALTH/V.MUELLER	244,250.00	BD BRUKER MALDI SIRSUS		
002395	12/9/2020	PHILIPS HEALTHCARE	15,892.22	PHILIPS V60 PLUS VENTILATOR		
002396	12/10/2020	SKYTRON	73,378.78	DISINFECTANT ROBOT		
002397	12/10/2020	CERNER CORPORATION	106,234.00	CERNER		
002398	12/10/2020	QUALITY BUILDERS, INC.	5,000.00	REPLACEMENT GROUNDS BUILDING		
002399	12/14/2020	MCKESSON MEDICAL-SURGICAL	77,367.00	HEMATOLOGY ANALYZER SYSMEX XN 1000 - WALK-IN		
002400	12/14/2020	QUALITY BUILDERS, INC.	17,403.00	REPLACE CONCRETE		
002401	12/17/2020	FISHER HEALTHCARE	219.70	THERMOFISHER REFRIGERATOR		
002402	12/17/2020	NATUS MEDICAL INC	47,851.40	NATUS EEG MACHINE		
002403	12/23/2020	CERNER CORPORATION	104,421.95	CERNER		
DECEMBER TOTALS					832,723.36	3,091,759.28

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002404	1/7/2021	KRONOS INCORPORATED	6,920.00	KRONOS UPGRADE		
002405	1/22/2021	QUADAMED CORPORATION	15,256.01	LINUX SERVER		
002406	1/22/2021	SYSCO INTERMOUNTAIN FOOD	3,179.28	FREEZER, SANDWICH FRIDGE & HOT SERVING TABLE		
002408	1/25/2021	ABJO INC.	36,000.00	PRONING BED		
002409	1/28/2021	FISHER HEALTHCARE	13,591.12	WALK IN REFRIGERATOR/FREEZER		
002410	1/28/2021	KRONOS INCORPORATED	12,279.78	UPGRADE TIMECLOCKS		
002411	1/29/2021	SYSCO INTERMOUNTAIN FOOD	38,102.27	FOOD SERVICE LINE		
JANUARY TOTALS					125,328.46	3,217,087.74

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002412	2/10/2021	VAPOTHERM INC.	31,285.00	VAPOTHERM DEVICES		
002413	2/18/2021	VERATHON MEDICAL	7,095.00	VERATHON BLADDER SCANNER		
002414	2/18/2021	ROBERT MERRILL COMPANY	6,193.00	PHARMACY DOORS		
002415	2/25/2021	CERNER CORPORATION	104,421.95	CERNER CORPORATION		
002416	2/25/2021	DATEX-OHMEIDA, INC.	7,412.50	WIRELESS FETAL MONITOR SYSTEM		
002417	2/25/2021	FISHER HEALTHCARE	10,112.85	-80 DEGREE FREEZER		
002418	2/25/2021	L&S FENCING (Loma Stanton, Sr.)	13,526.28	CHAIN LINK FENCE AROUND COOLING TOWER		
FEBRUARY TOTALS					189,846.58	3,397,134.32

CHECK	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY	FYTD
NUMBER					TOTAL	TOTAL
002419	3/11/2021	CERNER CORPORATION	105,997.11	CERNER CORPORATION		
002420	3/18/2021	WASATCH CONTROLS (HARRIS ACQUI:	58,929.00	PHARMACY RENO		
002421	3/25/2021	DELL COMPUTER CORPORATION	41,090.06	LAPTOPS		
MARCH TOTALS					206,016.17	3,603,150.49

CHECK	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY	FYTD
NUMBER					TOTAL	TOTAL
002422	4/8/2021	CERNER CORPORATION	104,421.95	CERNER CORPORATION		
002423	4/14/2021	FLOORING PROFESSIONALS INC	2,427.50	PHARMACY COMPOUNDING AREA		
002424	4/21/2021	AVANTE HEALTH SOLUTIONS(PACIFIC	18,900.00	ULTRASOUND TRANSDUCERS		
002425	4/29/2021	ENTRY SYSTEMS INC.	6,924.00	PHARMACY DOORS		
APRIL TOTALS					132,673.45	3,735,823.94

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/21

Amount	Description
36,496.45	Advertising Total
23.60	Bank Fees Total
2,828.51	Billing Service Total
4,462.50	Billing Services Total
10,523.57	Blood Total
10,400.00	Building Lease Total
6,571.52	Cellular Telephone Total
93,770.06	Collection Agency Total
2,515.89	Computer Equipment Total
95,998.46	Consulting Fees Total
244,409.76	Contract Maintenance Total
275,318.32	Contract Personnel Total
1,442.32	Courier Services Total
4,490.56	Credit Card Payment Total
39,331.89	Dental Insurance Total
24,726.91	Dialysis Supplies Total
4,600.93	Education & Travel Total
1,336.00	Education Material Total
2,375.50	Employee Recruitment Total
13,742.06	Employee Vision Plan Total
104,426.80	Equipment Lease Total
47,336.29	Food Total
17,643.42	Freight Total
612.57	Fuel Total
656,100.94	Group Health Total
1,440.00	Homeowner Dues Total
268,804.77	Hospital Supplies Total
4,152.04	Implant Supplies Total
40,525.37	Insurance Premium Total
41,960.33	Insurance Refund Total
10.00	Internet Services Total
67,771.56	Laboratory Services Total
152,767.46	Laboratory Supplies Total
19,228.83	Legal Fees Total
300.00	License & Taxes Total
2,393.00	Life Insurance Total
19,977.03	Life Insurance Premiums Total
156.96	Linen Total
42,748.99	Maintenance & Repair Total
46,521.23	Maintenance Supplies Total
3,830.46	MHSC Foundation Total
20,378.91	Minor Equipment Total
874.00	Monthly Pest Control Total
10,807.93	Non Medical Supplies Total
14,590.73	Office Supplies Total
1,970.00	Other Employee Benefits Total
4,913.00	Other Purchased Services Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/21

Check Number	Date	Vendor Check Name	Amount	Description
177969	4/8/2021	BEST VERSION MEDIA LLC	774.40	Advertising
177839	4/1/2021	E-LOCAL LINK, INC	9,995.00	Advertising
178047	4/8/2021	PILOT BUTTE BROADCASTING	650.00	Advertising
177884	4/1/2021	ROCKET MINER	425.52	Advertising
178147	4/14/2021	ROCKET MINER	1,831.86	Advertising
178050	4/8/2021	ROYAL FLUSH ADVERTISING	625.00	Advertising
178164	4/14/2021	THE RADIO NETWORK	3,166.65	Advertising
178351	4/21/2021	BIG THICKET BROADCASTING	3,189.00	Advertising
178391	4/21/2021	KEMMERER GAZETTE	1,038.00	Advertising
178414	4/21/2021	PINEDALE ROUNDUP	475.00	Advertising
178415	4/21/2021	PID.COM, INC	828.00	Advertising
178425	4/21/2021	SCORPION HEALTHCARE LLC	5,009.01	Advertising
178434	4/21/2021	SUBLETTE EXAMINER	475.00	Advertising
178559	4/29/2021	ROCKET MINER	212.76	Advertising
178578	4/29/2021	SWEETWATER NOW, LLC	3,700.00	Advertising
178551	4/29/2021	PILOT BUTTE BROADCASTING	650.00	Advertising
178562	4/29/2021	ROYAL FLUSH ADVERTISING	571.25	Advertising
EFT000000006626	4/1/2021	LAMAR ADVERTISING	1,200.00	Advertising
EFT000000006648	4/8/2021	LAMAR ADVERTISING	700.00	Advertising
EFT000000006651	4/8/2021	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000006663	4/14/2021	GREEN RIVER STAR	300.00	Advertising
EFT000000006665	4/14/2021	LAMAR ADVERTISING	400.00	Advertising
178340	4/19/2021	BANK OF THE WEST	23.60	Bank Fees
178167	4/14/2021	TRUE COMMENCE, INC	109.80	Billing Service
178504	4/29/2021	EXPRESS MEDICAID BILLING SERV	2,718.71	Billing Services
178593	4/29/2021	WAYSTAR HEALTH	4,462.50	Billing Services
178070	4/6/2021	VITALANT	3,059.78	Blood
178444	4/21/2021	VITALANT	7,463.79	Blood
178365	4/21/2021	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
178384	4/21/2021	HILLTOP PROPERTIES, LLC	6,900.00	Building Lease
177904	4/1/2021	VERIZON WIRELESS, LLC	3,292.03	Cellular Telephone
178509	4/29/2021	VERIZON WIRELESS, LLC	3,279.43	Cellular Telephone
177908	4/1/2021	WAKEFIELD & ASSOCIATES, INC.	38,529.07	Collection Agency
178359	4/21/2021	COLLECTION PROFESSIONALS, INC	207.91	Collection Agency
178591	4/29/2021	WAKEFIELD & ASSOCIATES, INC.	55,033.08	Collection Agency
177828	4/1/2021	CDW GOVERNMENT LLC	1,588.73	Computer Equipment
177992	4/8/2021	DELL COMPUTER CORPORATION	927.16	Computer Equipment
178339	4/14/2021	UNIVERSITY OF UTAH (UJMC OUTREACH)	95,998.46	Consulting Fees
178099	4/14/2021	CHANGE HEALTHCARE SOLUTIONS, LLC	8,050.88	Contract Maintenance
177832	4/1/2021	CONVERGEONE, INC.	8,100.82	Contract Maintenance
178105	4/14/2021	CONVERGEONE, INC.	4,599.00	Contract Maintenance
177979	4/8/2021	CSG, LLC	3,327.78	Contract Maintenance
178121	4/14/2021	HEALTHSTREAM INC.	2,712.15	Contract Maintenance
177049	4/1/2021	HENRY SCHEIN PRACTICE SOLUTIONS	841.50	Contract Maintenance
177852	4/1/2021	ICONTRACTS	401.00	Contract Maintenance
178009	4/8/2021	ISI WATER CHEMISTRIES	50.35	Contract Maintenance
178127	4/14/2021	MCKESSON HEALTH SOLUTIONS	74.16	Contract Maintenance
178036	4/8/2021	NEXTGEN HEALTHCARE, INC.	587.00	Contract Maintenance

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177870	4/1/2021	NUANCE COMMUNICATIONS, INC	208.33	Contract Maintenance
177875	4/1/2021	PHILIPS HEALTHCARE	1,310.50	Contract Maintenance
178139	4/14/2021	PHILIPS HEALTHCARE	1,133.00	Contract Maintenance
178141	4/14/2021	PROVIDER ADVANTAGE NW INC	1,140.00	Contract Maintenance
178048	4/8/2021	QUADRAMED	2,193.75	Contract Maintenance
178052	4/8/2021	SCORPION HEALTHCARE LLC	2,849.00	Contract Maintenance
177886	4/1/2021	SIEMENS MEDICAL SOLUTIONS USA	2,875.42	Contract Maintenance
178150	4/14/2021	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
177890	4/1/2021	SOUTHWESTERN BIOMEDICAL ELECT.	2,190.00	Contract Maintenance
178067	4/8/2021	UNITED AUDIT SYSTEMS, INC.	1,245.00	Contract Maintenance
178169	4/14/2021	UNITED AUDIT SYSTEMS, INC.	6,974.00	Contract Maintenance
177906	4/1/2021	VOLOGISTICS	324.00	Contract Maintenance
177907	4/1/2021	VSR2 LIMITED	4,633.20	Contract Maintenance
178172	4/14/2021	WASATCH CONTROLS	1,155.00	Contract Maintenance
178073	4/8/2021	WYODATA SECURITY INC.	1,655.00	Contract Maintenance
178356	4/21/2021	CERNER CORPORATION	2,208.00	Contract Maintenance
178361	4/21/2021	CONVERGEONE, INC.	8,638.24	Contract Maintenance
178398	4/21/2021	MCKESSON HEALTH SOLUTIONS	954.91	Contract Maintenance
178412	4/21/2021	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
178426	4/21/2021	SIEMENS MEDICAL SOLUTIONS USA	10,950.00	Contract Maintenance
178511	4/29/2021	GE HEALTHCARE	23,125.58	Contract Maintenance
178534	4/29/2021	MCKESSON HEALTH SOLUTIONS	2,795.42	Contract Maintenance
178543	4/29/2021	NUANCE COMMUNICATIONS, INC	105.00	Contract Maintenance
178550	4/29/2021	PHILIPS HEALTHCARE	1,310.50	Contract Maintenance
178554	4/29/2021	REMI CORPORATION	2,821.96	Contract Maintenance
178595	4/29/2021	SENCORP WHITE, INC	21,681.00	Contract Maintenance
178585	4/29/2021	T-SYSTEM, INC	17,765.34	Contract Maintenance
178466	4/29/2021	ABILITY NETWORK INC	808.13	Contract Maintenance
178481	4/29/2021	INOMERIEUX, INC.	1,207.41	Contract Maintenance
178515	4/29/2021	HARMONY HEALTHCARE IT	7,727.00	Contract Maintenance
178518	4/29/2021	HEALTHCARESOURCE HR, INC.	32,507.50	Contract Maintenance
178525	4/29/2021	ISI WATER CHEMISTRIES	2,315.00	Contract Maintenance
178564	4/29/2021	SECHRIST TECHNOLOGY GROUP	1,024.00	Contract Maintenance
EFT000000006641	4/8/2021	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
EFT000000006653	4/8/2021	STATE FIRE DC SPECIALTIES	10,260.00	Contract Maintenance
EFT000000006682	4/21/2021	STATE FIRE DC SPECIALTIES	3,930.20	Contract Maintenance
W/T	4/29/2021	OPTIMIS	200.00	Contract Maintenance
W/T	4/26/2021	CARE CLOUD	349.00	Contract Maintenance
W/T	4/17/2021	ZENITH	350.35	Contract Maintenance
W/T	4/20/2021	TRIZETTO	5,319.30	Contract Maintenance
W/T	4/21/2021	CLINIC PHREESIA FEES	5,996.55	Contract Maintenance
W/T	4/8/2021	SIEMENS EDI	9,017.12	Contract Maintenance
177965	4/8/2021	AVALIS WAYFINDING SOLUTIONS, INC.	955.38	Contract Personnel
177834	4/1/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
177986	4/8/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
178106	4/14/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
177840	4/1/2021	ELWOOD STAFFING SERVICES, INC	7,682.69	Contract Personnel
178113	4/14/2021	ELWOOD STAFFING SERVICES, INC	3,849.98	Contract Personnel
177845	4/1/2021	FOCUSONE SOLUTIONS LLC	25,984.45	Contract Personnel

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177998	4/8/2021	FOCUSONE SOLUTIONS LLC	63,200.85	Contract Personnel
178118	4/14/2021	FOCUSONE SOLUTIONS LLC	5,495.00	Contract Personnel
177855	4/1/2021	JIM LANE	2,728.00	Contract Personnel
177885	4/1/2021	SARAH ROTH	180.00	Contract Personnel
178051	4/8/2021	SARAH ROTH	120.00	Contract Personnel
177889	4/1/2021	SOLJANT HEALTH	9,966.00	Contract Personnel
178154	4/14/2021	SOLJANT HEALTH	21,829.26	Contract Personnel
178364	4/21/2021	CORE MEDICAL GROUP	6,680.00	Contract Personnel
178371	4/21/2021	ELWOOD STAFFING SERVICES, INC	3,091.98	Contract Personnel
178376	4/21/2021	FOCUSONE SOLUTIONS LLC	36,409.84	Contract Personnel
178424	4/21/2021	SARAH ROTH	360.00	Contract Personnel
178486	4/29/2021	CORE MEDICAL GROUP	6,680.00	Contract Personnel
178501	4/29/2021	ELWOOD STAFFING SERVICES, INC	7,237.68	Contract Personnel
178509	4/29/2021	FOCUSONE SOLUTIONS LLC	35,853.84	Contract Personnel
178530	4/29/2021	LARRY D. MACY	1,925.00	Contract Personnel
178563	4/29/2021	SARAH ROTH	600.00	Contract Personnel
178568	4/29/2021	SOLJANT HEALTH	9,428.37	Contract Personnel
177981	4/8/2021	CITY CAB	25.00	Courier Services
177894	4/1/2021	SUSAN K CROFUTT	294.66	Courier Services
178060	4/8/2021	SUSAN K CROFUTT	294.66	Courier Services
178410	4/21/2021	PACKAGERUNNER LOGISTICS LLC	828.00	Courier Services
W/T	4/26/2021	UMB BANK PAYMENT	4,490.56	Credit Card Payment
178111	4/14/2021	DELTA DENTAL	39,331.89	Dental Insurance
177999	4/8/2021	FRESENIUS USA MARKETING, INC.	15,085.82	Dialysis Supplies
178120	4/14/2021	HACH COMPANY	56.29	Dialysis Supplies
178005	4/8/2021	HENRY SCHEIN INC	395.00	Dialysis Supplies
178379	4/21/2021	FRESENIUS USA MARKETING, INC.	2,401.18	Dialysis Supplies
178383	4/21/2021	HENRY SCHEIN INC	1,125.48	Dialysis Supplies
178519	4/29/2021	HENRY SCHEIN INC	1,034.71	Dialysis Supplies
178510	4/29/2021	FRESENIUS USA MARKETING, INC.	3,898.92	Dialysis Supplies
EFT00000006625	4/1/2021	HENRY SCHEIN INC	275.34	Dialysis Supplies
EFT00000006647	4/8/2021	HENRY SCHEIN INC	454.17	Dialysis Supplies
177962	4/8/2021	AMERICAN MEDICAL ASSOCIATION	3,175.00	Education & Travel
177912	4/1/2021	WORLDPOINT ECC, INC.	255.25	Education & Travel
178072	4/8/2021	WORLDPOINT ECC, INC.	255.68	Education & Travel
178449	4/21/2021	WYO. SOCIETY-HEALTHCARE ENGIN.	25.00	Education & Travel
178520	4/29/2021	HFMA	890.00	Education & Travel
178517	4/29/2021	HEALTHTECHS3	850.00	Education Material
EFT00000006628	4/1/2021	MY EDUCATIONAL RESOURCES	32.00	Education Material
EFT00000006649	4/8/2021	MY EDUCATIONAL RESOURCES	454.00	Education Material
178006	4/8/2021	HOLIDAY INN - ROCK SPRINGS	396.00	Employee Recruitment
178122	4/14/2021	HOLIDAY INN - ROCK SPRINGS	250.00	Employee Recruitment
178124	4/14/2021	INSIGHT INVESTIGATIONS, INC	1,169.50	Employee Recruitment
EFT00000006669	4/14/2021	SST TESTING +, INC.	560.00	Employee Recruitment
177905	4/1/2021	VISION SERVICE PLAN - WY	6,945.63	Employee Vision Plan
178590	4/29/2021	VISION SERVICE PLAN - WY	6,796.43	Employee Vision Plan
177827	4/1/2021	CAREFUSION SOLUTIONS, LLC	20,379.00	Equipment Lease
177833	4/1/2021	CORNER & SUPPLY COMPANY	595.00	Equipment Lease
178053	4/8/2021	SHADOW MOUNTAIN WATER CO ,WY	646.85	Equipment Lease

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177887	4/1/2021	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
177902	4/1/2021	US BANK EQUIPMENT FINANCE	1,422.17	Equipment Lease
178170	4/14/2021	US BANK EQUIPMENT FINANCE	434.12	Equipment Lease
178363	4/21/2021	COPPER & SUPPLY COMPANY	9,849.10	Equipment Lease
178442	4/21/2021	US BANK EQUIPMENT FINANCE	1,164.25	Equipment Lease
178489	4/29/2021	CAREFUSION SOLUTIONS, LLC	21,095.00	Equipment Lease
178565	4/29/2021	SHADOW MOUNTAIN WATER CO, WY	623.40	Equipment Lease
178566	4/29/2021	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
178588	4/29/2021	US BANK EQUIPMENT FINANCE	1,694.43	Equipment Lease
178507	4/29/2021	FIRST FINANCIAL HOLDINGS, LLC	7,248.08	Equipment Lease
EFT00000006683	4/21/2021	TIMEPAYMENT CORP	2,416.22	Equipment Lease
177836	4/1/2021	DFA DAIRY BRANDS CORP., LLC	260.93	Food
177991	4/8/2021	DFA DAIRY BRANDS CORP., LLC	200.61	Food
178110	4/14/2021	DFA DAIRY BRANDS CORP., LLC	273.85	Food
177843	4/1/2021	F B MCFADDEN WHOLESALE	1,884.72	Food
177995	4/8/2021	F B MCFADDEN WHOLESALE	4,561.87	Food
178116	4/14/2021	F B MCFADDEN WHOLESALE	1,618.85	Food
177842	4/1/2021	FARMER BROS CO	392.50	Food
177994	4/8/2021	FARMER BROS CO	204.94	Food
177869	4/1/2021	NICHOLAS & CO INC	1,379.30	Food
178039	4/8/2021	NICHOLAS & CO INC	5,606.70	Food
178137	4/14/2021	NICHOLAS & CO INC	1,203.00	Food
178062	4/8/2021	SYSCO INTERMOUNTAIN FOOD	14,253.15	Food
177910	4/1/2021	WESTERN WYOMING BEVERAGES INC	672.45	Food
178071	4/8/2021	WESTERN WYOMING BEVERAGES INC	2,273.60	Food
178366	4/21/2021	DFA DAIRY BRANDS CORP., LLC	244.55	Food
178374	4/21/2021	F B MCFADDEN WHOLESALE	2,519.60	Food
178373	4/21/2021	FARMER BROS CO	381.58	Food
178395	4/21/2021	LLORENS PHARMACEUTICAL INTERNATIONAL DIVISION INC	341.10	Food
178407	4/21/2021	NICHOLAS & CO INC	2,795.25	Food
178446	4/21/2021	WESTERN WYOMING BEVERAGES INC	656.95	Food
178505	4/29/2021	F B MCFADDEN WHOLESALE	2,606.62	Food
178541	4/29/2021	NICHOLAS & CO INC	1,278.79	Food
178524	4/29/2021	WESTERN WYOMING BEVERAGES INC	505.55	Food
178499	4/29/2021	DFA DAIRY BRANDS CORP., LLC	85.83	Food
EFT00000006621	4/1/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	198.00	Food
EFT00000006645	4/8/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	738.00	Food
EFT00000006675	4/21/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	198.00	Food
177996	4/8/2021	FED EX	304.24	Freight
178440	4/21/2021	TRIOSE, INC	16,170.58	Freight
178506	4/29/2021	FED EX	259.60	Freight
178587	4/29/2021	UPS STORE	909.00	Freight
178142	4/14/2021	RED HORSE OIL COMPANIES INC	612.57	Fuel
W/T	4/22/2021	FURTHER ADMIN FEE	169.00	Group Health
W/T	4/30/2021	FURTHER FLEX 4/28/21	1,457.52	Group Health
W/T	4/23/2021	FURTHER FLEX 4/21/21	1,613.51	Group Health
W/T	4/9/2021	FURTHER FLEX 4/7/21	1,952.08	Group Health
W/T	4/16/2021	FURTHER FLEX 4/14/21	2,360.14	Group Health
W/T	4/2/2021	FURTHER FLEX 3/31/21	4,893.49	Group Health

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W/T	4/30/2021	BLUE CROSS BLUE SHIELD 4/23/21	91,027.49	Group Health
W/T	4/16/2021	BLUE CROSS BLUE SHIELD 4/9/21	100,184.89	Group Health
W/T	4/23/2021	BLUE SHIELD BLUE SHIELD 4/16/21	105,483.12	Group Health
W/T	4/9/2021	BLUE CROSS BLUE SHIELD 4/6/21	129,790.13	Group Health
W/T	4/2/2021	BLUE CROSS BLUE SHIELD 3/30/21	217,159.57	Group Health
177822	4/1/2021	BLUFFS HOMEOWNERS ASSN.	1,440.00	Homeowner Dues
178149	4/14/2021	ABBOTT NUTRITION	46.50	Hospital Supplies
177810	4/1/2021	AESCLAP INC	655.09	Hospital Supplies
177813	4/1/2021	AMAZON.COM CREDIT PLAN	2,256.00	Hospital Supplies
177814	4/1/2021	APPLIED MEDICAL	420.00	Hospital Supplies
177964	4/6/2021	APPLIED MEDICAL	1,092.00	Hospital Supplies
178006	4/14/2021	APPLIED MEDICAL	462.00	Hospital Supplies
178068	4/14/2021	ARTHREX INC.	365.00	Hospital Supplies
177818	4/1/2021	B BRAUN MEDICAL INC.	857.76	Hospital Supplies
177968	4/6/2021	B BRAUN MEDICAL INC.	355.52	Hospital Supplies
177816	4/1/2021	BARD PERIPHERAL VASCULAR INC	521.85	Hospital Supplies
178090	4/14/2021	BARD PERIPHERAL VASCULAR INC	1,912.05	Hospital Supplies
177817	4/1/2021	BAYER HEALTHCARE LLC	3,024.11	Hospital Supplies
178091	4/14/2021	BAYER HEALTHCARE LLC	2,094.68	Hospital Supplies
177820	4/1/2021	BG MEDICAL LLC	1,200.00	Hospital Supplies
177970	4/6/2021	BG MEDICAL LLC	1,700.00	Hospital Supplies
177824	4/1/2021	BOSTON SCIENTIFIC CORP	596.67	Hospital Supplies
177973	4/6/2021	BOSTON SCIENTIFIC CORP	3,406.94	Hospital Supplies
178094	4/14/2021	BOSTON SCIENTIFIC CORP	1,311.77	Hospital Supplies
177826	4/1/2021	CARDINAL HEALTH/V. MUELLER	13,197.95	Hospital Supplies
177976	4/6/2021	CARDINAL HEALTH/V. MUELLER	52,287.73	Hospital Supplies
178096	4/14/2021	CAREFUSION 2200 INC	159.68	Hospital Supplies
177830	4/1/2021	COASTAL LIFE SYSTEMS, INC.	487.43	Hospital Supplies
177983	4/6/2021	COMMED CORPORATION	124.45	Hospital Supplies
177984	4/6/2021	COOK MEDICAL INC.	592.00	Hospital Supplies
177985	4/6/2021	COOK MEDICAL INCORPORATED	369.60	Hospital Supplies
177835	4/1/2021	CREST HEALTHCARE SUPPLY	550.39	Hospital Supplies
177988	4/6/2021	CREST HEALTHCARE SUPPLY	447.96	Hospital Supplies
177837	4/1/2021	DIAGNOSTICA STAGO INC	2,323.95	Hospital Supplies
178112	4/14/2021	DIAGNOSTICA STAGO INC	7,048.73	Hospital Supplies
178000	4/6/2021	FSI LABEL	45.00	Hospital Supplies
177846	4/1/2021	GEM MEDICAL SUPPLIES, LLC	63.93	Hospital Supplies
178001	4/6/2021	GENERAL HOSPITAL SUPPLY CORPORATION	1,773.00	Hospital Supplies
178004	4/6/2021	GYNEX CORP	92.45	Hospital Supplies
177848	4/1/2021	HEALTHCARE LOGISTICS INC	676.49	Hospital Supplies
177850	4/1/2021	HOLOGIC, INC.	3,715.00	Hospital Supplies
178123	4/14/2021	HOLOGIC, INC.	50.00	Hospital Supplies
177854	4/1/2021	INNOVATIVE PRODUCTS INC.	137.95	Hospital Supplies
177867	4/1/2021	M V A P MEDICAL SUPPLIES, INC.	680.00	Hospital Supplies
178136	4/14/2021	M V A P MEDICAL SUPPLIES, INC.	59.00	Hospital Supplies
178028	4/6/2021	MCKESSON MEDICAL-SURGICAL	1,149.70	Hospital Supplies
178128	4/14/2021	MCKESSON MEDICAL-SURGICAL	419.66	Hospital Supplies
177864	4/1/2021	MINDRAY DS USA, INC.	6,279.00	Hospital Supplies
178133	4/14/2021	MINDRAY DS USA, INC.	454.74	Hospital Supplies

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177868	4/1/2021	NATUS MEDICAL INC	692.00	Hospital Supplies
178037	4/8/2021	NATUS MEDICAL INC	436.25	Hospital Supplies
178040	4/8/2021	OLYMPUS AMERICA INC	106.52	Hospital Supplies
177871	4/1/2021	OWENS & MINOR 90005430	15,674.88	Hospital Supplies
178042	4/8/2021	OWENS & MINOR 90005430	71.00	Hospital Supplies
178138	4/14/2021	OWENS & MINOR 90005430	9,378.23	Hospital Supplies
177874	4/1/2021	PERFORMANCE HEALTH SUPPLY INC	248.40	Hospital Supplies
178046	4/8/2021	PERFORMANCE HEALTH SUPPLY INC	63.81	Hospital Supplies
177878	4/1/2021	PREFERRED MEDICAL PRODUCTS	40.20	Hospital Supplies
178140	4/14/2021	PRESCOTT'S INC	183.53	Hospital Supplies
177882	4/1/2021	RADIOMETER AMERICA INC	1,179.06	Hospital Supplies
178143	4/14/2021	RESMED CORP	340.00	Hospital Supplies
178144	4/14/2021	RESPIRONICS	580.00	Hospital Supplies
178153	4/14/2021	SMITHS MEDICAL ASD INC	195.35	Hospital Supplies
178058	4/8/2021	STERIS CORPORATION	614.58	Hospital Supplies
178156	4/14/2021	STERIS CORPORATION	56.26	Hospital Supplies
178158	4/14/2021	SUREMARK CO	69.00	Hospital Supplies
177900	4/1/2021	TRI-ANIM HEALTH SERVICES INC	1,333.62	Hospital Supplies
178066	4/8/2021	TRI-ANIM HEALTH SERVICES INC	438.22	Hospital Supplies
178165	4/14/2021	TRI-ANIM HEALTH SERVICES INC	228.42	Hospital Supplies
177903	4/1/2021	UTAH MEDICAL PRODUCTS INC	72.42	Hospital Supplies
178171	4/14/2021	UTAH MEDICAL PRODUCTS INC	65.28	Hospital Supplies
178069	4/8/2021	VERATHON INC	360.00	Hospital Supplies
177909	4/1/2021	WAXIE SANITARY SUPPLY	5,826.57	Hospital Supplies
178423	4/21/2021	ABBOTT NUTRITION	19.70	Hospital Supplies
178343	4/21/2021	ALLEN MEDICAL SYSTEMS INC	418.00	Hospital Supplies
178456	4/21/2021	AMAZON.COM CREDIT PLAN	3,640.88	Hospital Supplies
178347	4/21/2021	APPLIED MEDICAL	786.00	Hospital Supplies
178349	4/21/2021	B BRAUN MEDICAL INC	1,368.40	Hospital Supplies
178352	4/21/2021	BOSTON SCIENTIFIC CORP	533.04	Hospital Supplies
178360	4/21/2021	CONE INSTRUMENTS	418.83	Hospital Supplies
178362	4/21/2021	COOK MEDICAL INCORPORATED	981.00	Hospital Supplies
178368	4/21/2021	DIAGNOSTICA STAGO INC	118.52	Hospital Supplies
178382	4/21/2021	HEALTHCARE LOGISTICS INC	37.04	Hospital Supplies
178386	4/21/2021	MARKET LAB, INC	213.95	Hospital Supplies
178402	4/21/2021	MINDRAY DS USA, INC	274.56	Hospital Supplies
178405	4/21/2021	NATUS MEDICAL INC	318.00	Hospital Supplies
178409	4/21/2021	OWENS & MINOR 90005430	23,647.17	Hospital Supplies
178411	4/21/2021	PERFORMANCE HEALTH SUPPLY INC	61.73	Hospital Supplies
178421	4/21/2021	RADIOMETER AMERICA INC	1,222.84	Hospital Supplies
178432	4/21/2021	STERIS CORPORATION	1,139.19	Hospital Supplies
178439	4/21/2021	TRI-ANIM HEALTH SERVICES INC	206.29	Hospital Supplies
178445	4/21/2021	WAXIE SANITARY SUPPLY	552.00	Hospital Supplies
178465	4/29/2021	ABBOTT LABORATORIES	544.87	Hospital Supplies
178561	4/29/2021	ABBOTT NUTRITION	19.70	Hospital Supplies
178467	4/29/2021	AESCULAP INC	895.46	Hospital Supplies
178474	4/29/2021	APPLIED MEDICAL	528.00	Hospital Supplies
178477	4/29/2021	BAXTER HEALTHCARE CORP/IV	1,261.60	Hospital Supplies
178478	4/29/2021	BAYER HEALTHCARE LLC	2,094.60	Hospital Supplies

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178483	4/29/2021	BOSTON SCIENTIFIC CORP	721.38	Hospital Supplies
178488	4/29/2021	CARDINAL HEALTH/V. MUELLER	8,200.63	Hospital Supplies
178490	4/29/2021	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
178495	4/29/2021	COASTAL LIFE SYSTEMS, INC.	743.57	Hospital Supplies
178500	4/29/2021	DIAGNOSTICA STAGO INC	6,553.40	Hospital Supplies
178516	4/29/2021	HEALTHCARE LOGISTICS INC	413.11	Hospital Supplies
178521	4/29/2021	HILL-ROM	399.50	Hospital Supplies
178575	4/29/2021	LEICA BIOSYSTEMS RICHMOND	845.58	Hospital Supplies
178533	4/29/2021	MARKET LAB, INC	153.00	Hospital Supplies
178544	4/29/2021	OLYMPUS AMERICA INC	754.08	Hospital Supplies
178545	4/29/2021	OWENS & MINOR 90005430	10,928.79	Hospital Supplies
178552	4/29/2021	RADIOMETER AMERICA INC	410.70	Hospital Supplies
178556	4/29/2021	RESPIRONICS	534.00	Hospital Supplies
178572	4/29/2021	STERIS CORPORATION	4,405.80	Hospital Supplies
178584	4/29/2021	TRI-ANIM HEALTH SERVICES INC	460.04	Hospital Supplies
178592	4/29/2021	WAXIE SANITARY SUPPLY	3,892.98	Hospital Supplies
178512	4/29/2021	GETINGE USA SALES, LLC	675.94	Hospital Supplies
178535	4/29/2021	MEDELA LLC	654.22	Hospital Supplies
EFT00000006619	4/1/2021	BREG INC	170.84	Hospital Supplies
EFT00000006620	4/1/2021	BSN MEDICAL INC	128.06	Hospital Supplies
EFT00000006624	4/1/2021	HARDY DIAGNOSTICS	4,426.42	Hospital Supplies
EFT00000006627	4/1/2021	MARSHALL INDUSTRIES	990.00	Hospital Supplies
EFT00000006636	4/1/2021	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	664.36	Hospital Supplies
EFT00000006637	4/1/2021	STRYKER INSTRUMENTS	517.17	Hospital Supplies
EFT00000006643	4/8/2021	BREG INC	59.25	Hospital Supplies
EFT00000006644	4/8/2021	BSN MEDICAL INC	56.95	Hospital Supplies
EFT00000006646	4/8/2021	HARDY DIAGNOSTICS	922.00	Hospital Supplies
EFT00000006654	4/8/2021	STRYKER INSTRUMENTS	366.08	Hospital Supplies
EFT00000006659	4/14/2021	BREG INC	267.38	Hospital Supplies
EFT00000006664	4/14/2021	HARDY DIAGNOSTICS	932.55	Hospital Supplies
EFT00000006666	4/14/2021	OVATION MEDICAL	83.65	Hospital Supplies
EFT00000006670	4/14/2021	STRYKER INSTRUMENTS	1,432.40	Hospital Supplies
EFT00000006671	4/14/2021	ZOLL MEDICAL CORPORATION	4,132.23	Hospital Supplies
EFT00000006674	4/21/2021	BREG INC	806.31	Hospital Supplies
EFT00000006685	4/21/2021	ZOLL MEDICAL CORPORATION	1,191.80	Hospital Supplies
177819	4/1/2021	BECTON DICKINSON	314.40	Hospital Supplies
177972	4/8/2021	BLUE ENDO	281.83	Hospital Supplies
177993	4/8/2021	EQUASHIELD LLC	2,159.77	Hospital Supplies
178115	4/14/2021	EQUASHIELD LLC	2,145.64	Hospital Supplies
178032	4/8/2021	MERCURY MEDICAL	264.64	Hospital Supplies
177828	4/1/2021	TELEFLEX LLC	430.00	Hospital Supplies
178162	4/14/2021	TELEFLEX LLC	837.00	Hospital Supplies
178350	4/21/2021	BECTON DICKINSON	582.60	Hospital Supplies
178372	4/21/2021	EQUASHIELD LLC	3,836.19	Hospital Supplies
178400	4/21/2021	MERCURY MEDICAL	92.93	Hospital Supplies
178540	4/29/2021	NANOSONICS, INC	723.75	Hospital Supplies
178579	4/29/2021	TELEFLEX LLC	279.00	Hospital Supplies
178087	4/14/2021	ARMSTRONG MEDICAL INDUSTRIES	150.00	Hospital Supplies
177841	4/1/2021	ETHICON ENDO-SURGERY, INC	812.85	Hospital Supplies

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178473	4/29/2021	APPLIED MEDICAL TECHNOLOGY	575.66	Hospital Supplies
178475	4/29/2021	ARMSTRONG MEDICAL INDUSTRIES	80.00	Hospital Supplies
EFT00000006678	4/21/2021	LABORIE MEDICAL TECHNOLOGIES CORP	1,115.94	Hospital Supplies
177872	4/1/2021	PARAGON 28 INC.	842.04	Implant Supplies
178044	4/8/2021	PARAGON 28 INC.	2,260.00	Implant Supplies
178065	4/8/2021	TREACE MEDICAL CONCEPTS, INC.	1,050.00	Implant Supplies
177901	4/1/2021	PROVIDENT LIFE & ACCIDENT	19,481.09	Insurance Premium
178341	4/21/2021	ACUTY, A MUTUAL INSURANCE COMPANY	10,045.00	Insurance Premium
178441	4/21/2021	PROVIDENT LIFE & ACCIDENT	10,989.28	Insurance Premium
177931	4/2/2021	INSURANCE REFUND	194.70	Insurance Refund
177959	4/2/2021	INSURANCE REFUND	17.49	Insurance Refund
177960	4/2/2021	INSURANCE REFUND	51.30	Insurance Refund
177930	4/2/2021	INSURANCE REFUND	610.44	Insurance Refund
177934	4/2/2021	INSURANCE REFUND	42.26	Insurance Refund
177987	4/2/2021	INSURANCE REFUND	10,298.12	Insurance Refund
178184	4/14/2021	INSURANCE REFUND	258.78	Insurance Refund
177920	4/2/2021	INSURANCE REFUND	2,111.32	Insurance Refund
177923	4/2/2021	INSURANCE REFUND	8,520.74	Insurance Refund
177939	4/2/2021	INSURANCE REFUND	54.15	Insurance Refund
177943	4/2/2021	INSURANCE REFUND	2,143.40	Insurance Refund
177954	4/2/2021	INSURANCE REFUND	916.16	Insurance Refund
178205	4/14/2021	INSURANCE REFUND	246.70	Insurance Refund
177927	4/2/2021	INSURANCE REFUND	17.10	Insurance Refund
177946	4/2/2021	INSURANCE REFUND	46.20	Insurance Refund
177947	4/2/2021	INSURANCE REFUND	48.20	Insurance Refund
177924	4/2/2021	INSURANCE REFUND	512.58	Insurance Refund
177936	4/2/2021	INSURANCE REFUND	146.96	Insurance Refund
177945	4/2/2021	INSURANCE REFUND	330.07	Insurance Refund
177921	4/2/2021	INSURANCE REFUND	1,500.00	Insurance Refund
177925	4/2/2021	INSURANCE REFUND	6,113.51	Insurance Refund
177952	4/2/2021	INSURANCE REFUND	80.75	Insurance Refund
178239	4/14/2021	INSURANCE REFUND	19.17	Insurance Refund
177949	4/2/2021	INSURANCE REFUND	169.50	Insurance Refund
177942	4/2/2021	INSURANCE REFUND	43.07	Insurance Refund
177935	4/2/2021	INSURANCE REFUND	1,350.15	Insurance Refund
177932	4/2/2021	INSURANCE REFUND	68.91	Insurance Refund
178934	4/14/2021	INSURANCE REFUND	392.34	Insurance Refund
177938	4/2/2021	INSURANCE REFUND	49.64	Insurance Refund
177922	4/2/2021	INSURANCE REFUND	2,640.05	Insurance Refund
177928	4/2/2021	INSURANCE REFUND	130.47	Insurance Refund
177929	4/2/2021	INSURANCE REFUND	2,835.70	Insurance Refund
177914	4/1/2021	WYOMING.COM	10.00	Internet Services
178083	4/14/2021	ALLERMETRIX INC	2,178.00	Laboratory Services
177963	4/6/2021	AMERICAN ASSOCIATION OF BIOANALYSTS	295.00	Laboratory Services
178397	4/21/2021	MAYO COLLABORATIVE SERVICES, INC.	347.10	Laboratory Services
178401	4/21/2021	METABOLIC NEWBORN SCREENING	3,406.20	Laboratory Services
178417	4/21/2021	QUEST DIAGNOSTICS	40.00	Laboratory Services
178538	4/29/2021	METABOLIC NEWBORN SCREENING	1,850.00	Laboratory Services
EFT00000006686	4/21/2021	ARUP LABORATORIES, INC.	59,655.26	Laboratory Services

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178084	4/14/2021	ANAEROBE SYSTEMS	12.90	Laboratory Supplies
178092	4/14/2021	BECKMAN COULTER, INC	36.32	Laboratory Supplies
177821	4/1/2021	BIOFIRE DIAGNOSTICS, LLC	8,100.00	Laboratory Supplies
177971	4/8/2021	BIOFIRE DIAGNOSTICS, LLC	9,300.00	Laboratory Supplies
178093	4/14/2021	BIOFIRE DIAGNOSTICS, LLC	3,870.00	Laboratory Supplies
177976	4/8/2021	CANCER DIAGNOSTICS, INC	419.31	Laboratory Supplies
177825	4/1/2021	CARDINAL HEALTH	4,856.94	Laboratory Supplies
177977	4/8/2021	CARDINAL HEALTH	1,426.65	Laboratory Supplies
178096	4/14/2021	CARDINAL HEALTH	4,660.64	Laboratory Supplies
177829	4/1/2021	CEPHEID	4,787.76	Laboratory Supplies
177980	4/8/2021	CEPHEID	7,497.00	Laboratory Supplies
177844	4/1/2021	FISHER HEALTHCARE	10,518.12	Laboratory Supplies
177997	4/8/2021	FISHER HEALTHCARE	5,220.56	Laboratory Supplies
178117	4/14/2021	FISHER HEALTHCARE	4,590.69	Laboratory Supplies
177916	4/1/2021	LIFELOC TECHNOLOGIES	50.00	Laboratory Supplies
177917	4/1/2021	LIFELOC TECHNOLOGIES	50.00	Laboratory Supplies
178030	4/8/2021	MEDIVATORS REPROCESSING SYSTEM	204.00	Laboratory Supplies
178129	4/14/2021	MEDIVATORS REPROCESSING SYSTEM	108.27	Laboratory Supplies
178125	4/14/2021	PLATINUM CODE	164.44	Laboratory Supplies
178057	4/8/2021	STATLAB MEDICAL PRODUCTS	491.79	Laboratory Supplies
178160	4/14/2021	TYPENEX MEDICAL, LLC	267.49	Laboratory Supplies
178354	4/21/2021	CARDINAL HEALTH	7,071.24	Laboratory Supplies
178377	4/21/2021	FISHER HEALTHCARE	6,833.60	Laboratory Supplies
178431	4/21/2021	STATLAB MEDICAL PRODUCTS	796.40	Laboratory Supplies
178470	4/29/2021	ANAEROBE SYSTEMS	76.10	Laboratory Supplies
178479	4/29/2021	BECKMAN COULTER, INC	843.90	Laboratory Supplies
178487	4/29/2021	CARDINAL HEALTH	34,241.80	Laboratory Supplies
178491	4/29/2021	CEPHEID	8,390.00	Laboratory Supplies
178508	4/29/2021	FISHER HEALTHCARE	6,932.08	Laboratory Supplies
178532	4/29/2021	LIFELOC TECHNOLOGIES	57.20	Laboratory Supplies
178524	4/29/2021	PLATINUM CODE	183.00	Laboratory Supplies
178567	4/29/2021	SIGMA-ALDRICH INC	420.00	Laboratory Supplies
178574	4/29/2021	STRECK LABORATORIES INC	479.63	Laboratory Supplies
178480	4/29/2021	BIOFIRE DIAGNOSTICS, LLC	11,970.00	Laboratory Supplies
178542	4/29/2021	NOVA BIOMEDICAL CORP.	82.00	Laboratory Supplies
EFT000000006618	4/1/2021	BIO-RAD LABORATORIES	1,941.73	Laboratory Supplies
EFT000000006629	4/1/2021	ORTHO-CLINICAL DIAGNOSTICS INC	1,060.00	Laboratory Supplies
EFT000000006631	4/1/2021	PDC HEALTHCARE	1,465.95	Laboratory Supplies
EFT000000006642	4/8/2021	BIO-RAD LABORATORIES	253.00	Laboratory Supplies
EFT000000006658	4/14/2021	BIO-RAD LABORATORIES	349.42	Laboratory Supplies
EFT000000006673	4/21/2021	BIO-RAD LABORATORIES	2,687.36	Laboratory Supplies
177990	4/8/2021	CROWLEY FLECK ATTORNEYS	30.00	Legal Fees
177876	4/1/2021	PHILLIPS LAW, LLC	10,737.50	Legal Fees
178413	4/21/2021	PHILLIPS LAW, LLC	8,461.33	Legal Fees
178438	4/21/2021	TREASURER, STATE OF WYOMING	100.00	License & Taxes
178583	4/29/2021	TREASURER, STATE OF WYOMING	200.00	License & Taxes
178406	4/21/2021	NEW YORK LIFE INSURANCE COMPANY	2,393.00	Life Insurance
178586	4/29/2021	PROVIDENT LIFE & ACCIDENT	19,977.03	Life Insurance Premiums
178569	4/29/2021	STANDARD TEXTILE	156.96	Linen

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177823	4/1/2021	BOBCAT OF ROCK SPRINGS	1,678.45	Maintenance & Repair
178104	4/14/2021	CONTROL SOLUTIONS, INC	84.00	Maintenance & Repair
178108	4/14/2021	CUMMINS ROCKY MOUNTAIN, LLC	3,656.00	Maintenance & Repair
178109	4/14/2021	DANIEL DORMAN PAINTING	2,740.00	Maintenance & Repair
178020	4/8/2021	KOFFLER SALES LLC	451.30	Maintenance & Repair
177862	4/1/2021	MED ONE EQUIPMENT SERVICES LLC	2,776.80	Maintenance & Repair
178041	4/8/2021	OVERHEAD DOOR CO.	1,335.00	Maintenance & Repair
177873	4/1/2021	PARTSSOURCE	327.03	Maintenance & Repair
178045	4/8/2021	PARTSSOURCE	567.23	Maintenance & Repair
177893	4/1/2021	SUEZ TREATMENT SOLUTIONS INC.	1,984.00	Maintenance & Repair
177895	4/1/2021	SWEETWATER PLUMBING & HEATING	398.95	Maintenance & Repair
178068	4/8/2021	UTAH CONTROLS INC	2,635.00	Maintenance & Repair
178369	4/21/2021	DIRECT SUPPLY	78.94	Maintenance & Repair
178435	4/21/2021	SUEZ TREATMENT SOLUTIONS INC.	1,984.00	Maintenance & Repair
178448	4/21/2021	WYOMING TRUCKS AND CARS INC	270.00	Maintenance & Repair
178596	4/29/2021	CLARK'S QUALITY ROOFING, INC	773.00	Maintenance & Repair
178546	4/29/2021	PACIFIC WATER INC	894.56	Maintenance & Repair
178547	4/29/2021	PARTSSOURCE	855.90	Maintenance & Repair
178577	4/29/2021	SWEETWATER PLUMBING & HEATING	343.80	Maintenance & Repair
178526	4/29/2021	JC JACOBS CARPET ONE	390.60	Maintenance & Repair
EFT00000006634	4/1/2021	SERVO	14,844.36	Maintenance & Repair
EFT00000006660	4/14/2021	COLORADO DOORWAYS, INC	677.00	Maintenance & Repair
EFT00000006681	4/21/2021	SERVO	3,003.07	Maintenance & Repair
177812	4/1/2021	ALPINE PURE SOFT WATER	676.20	Maintenance Supplies
177967	4/8/2021	BARD ACCESS SYSTEMS	903.21	Maintenance Supplies
177831	4/1/2021	CODALE ELECTRIC SUPPLY, INC	138.69	Maintenance Supplies
177902	4/8/2021	CODALE ELECTRIC SUPPLY, INC	541.38	Maintenance Supplies
178102	4/14/2021	CODALE ELECTRIC SUPPLY, INC	478.65	Maintenance Supplies
178119	4/14/2021	GRAINGER	624.42	Maintenance Supplies
177851	4/1/2021	HOME DEPOT	527.89	Maintenance Supplies
178007	4/8/2021	HOME DEPOT	125.63	Maintenance Supplies
178014	4/8/2021	JC JACOBS CARPET ONE	91.25	Maintenance Supplies
178135	4/14/2021	MOUNTAIN STATES SUPPLY CO.	317.87	Maintenance Supplies
178348	4/21/2021	BARD ACCESS SYSTEMS	988.07	Maintenance Supplies
178358	4/21/2021	CODALE ELECTRIC SUPPLY, INC	466.80	Maintenance Supplies
178360	4/21/2021	GRAINGER	8.29	Maintenance Supplies
178366	4/21/2021	HOME DEPOT	1,325.63	Maintenance Supplies
178357	4/21/2021	MSC INDUSTRIAL SUPPLY CO	266.79	Maintenance Supplies
178404	4/21/2021	NAPA AUTO PARTS	68.95	Maintenance Supplies
178482	4/29/2021	BLOEDORN LUMBER	806.81	Maintenance Supplies
178496	4/29/2021	CODALE ELECTRIC SUPPLY, INC	66.64	Maintenance Supplies
178514	4/29/2021	GRAINGER	167.43	Maintenance Supplies
178522	4/29/2021	HOME DEPOT	390.60	Maintenance Supplies
178494	4/29/2021	MSC INDUSTRIAL SUPPLY CO	35.50	Maintenance Supplies
178558	4/29/2021	ROCKLER COMPANIES, INC	343.01	Maintenance Supplies
EFT00000006632	4/1/2021	ROBERT I MERRILL COMPANY	1,060.00	Maintenance Supplies
EFT00000006633	4/1/2021	ROCK SPRINGS WINNELSON CO	985.09	Maintenance Supplies
EFT00000006635	4/1/2021	SHERWIN WILLIAMS CO	347.26	Maintenance Supplies
EFT00000006638	4/1/2021	ULINE, INC	3,114.50	Maintenance Supplies

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EFT000000006650	4/8/2021	ROCK SPRINGS WINNELSON CO	775.03	Maintenance Supplies
EFT000000006656	4/8/2021	ULINE, INC	198.30	Maintenance Supplies
EFT000000006657	4/14/2021	ACE HARDWARE	30.47	Maintenance Supplies
EFT000000006667	4/14/2021	ROCK SPRINGS WINNELSON CO	29,416.76	Maintenance Supplies
EFT000000006668	4/14/2021	SHERWIN WILLIAMS CO	56.90	Maintenance Supplies
EFT000000006680	4/21/2021	ROCK SPRINGS WINNELSON CO	774.71	Maintenance Supplies
EFT000000006684	4/21/2021	ULINE, INC	401.50	Maintenance Supplies
177863	4/1/2021	MHSC-FOUNDATION	1,273.22	MHSC Foundation
178132	4/14/2021	MHSC-FOUNDATION	1,278.62	MHSC Foundation
178460	4/27/2021	MHSC-FOUNDATION	1,278.62	MHSC Foundation
178074	4/8/2021	EYECLOCK INC.	4,999.50	Minor Equipment
177860	4/1/2021	UNCARE INC	2,217.82	Minor Equipment
178163	4/14/2021	TENTCRAFT INC.	10,437.60	Minor Equipment
178493	4/29/2021	CIVCO RADIOTHERAPY	2,723.99	Minor Equipment
177899	4/1/2021	TERMINIX OF WYOMING	237.00	Monthly Pest Control
178580	4/29/2021	TERMINIX OF WYOMING	637.00	Monthly Pest Control
177847	4/1/2021	GLOBAL EQUIPMENT COMPANY	417.80	Non Medical Supplies
178002	4/8/2021	GLOBAL EQUIPMENT COMPANY	302.84	Non Medical Supplies
177853	4/1/2021	IDENTICARD SYSTEMS INC.	150.00	Non Medical Supplies
177861	4/1/2021	MEDLINE INDUSTRIES INC	498.49	Non Medical Supplies
178031	4/8/2021	MEDLINE INDUSTRIES INC	1,232.15	Non Medical Supplies
178130	4/14/2021	MEDLINE INDUSTRIES INC	708.74	Non Medical Supplies
178399	4/21/2021	MEDLINE INDUSTRIES INC	1,755.06	Non Medical Supplies
178486	4/29/2021	BROWN INDUSTRIES INC	355.80	Non Medical Supplies
178513	4/29/2021	GLOBAL EQUIPMENT COMPANY	3,555.93	Non Medical Supplies
178536	4/29/2021	MEDLINE INDUSTRIES INC	1,240.72	Non Medical Supplies
178089	4/14/2021	AXON ENTERPRISES, INC.	590.40	Non Medical Supplies
178114	4/14/2021	ENCOMPASS GROUP, LLC	338.40	Office Supplies
178006	4/8/2021	INH-HEALTH SYSTEMS & SERVICES	354.38	Office Supplies
178055	4/8/2021	STANDARD REGISTER COMPANY	1,128.03	Office Supplies
177891	4/1/2021	STAPLES BUSINESS ADVANTAGE	4,639.82	Office Supplies
178056	4/8/2021	STAPLES BUSINESS ADVANTAGE	287.99	Office Supplies
178155	4/14/2021	STAPLES BUSINESS ADVANTAGE	339.99	Office Supplies
178428	4/21/2021	STANDARD REGISTER COMPANY	395.30	Office Supplies
178429	4/21/2021	STAPLES BUSINESS ADVANTAGE	415.70	Office Supplies
178502	4/29/2021	ENCOMPASS GROUP, LLC	2,531.86	Office Supplies
178570	4/29/2021	STAPLES BUSINESS ADVANTAGE	3,745.26	Office Supplies
EFT000000006652	4/8/2021	SMYTH PRINTING	414.00	Office Supplies
177915	4/1/2021	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
178180	4/14/2021	CJ SIGNS	310.00	Other Purchased Services
177857	4/1/2021	QUICK RESPONSE TAXI	164.00	Other Purchased Services
178023	4/8/2021	QUICK RESPONSE TAXI	94.00	Other Purchased Services
178393	4/21/2021	QUICK RESPONSE TAXI	59.00	Other Purchased Services
178427	4/21/2021	SPECIALTY INCENTIVES, INC.	4,227.00	Other Purchased Services
178531	4/29/2021	QUICK RESPONSE TAXI	59.00	Other Purchased Services
EFT000000006617	4/1/2021	AIRGAS INTERMOUNTAIN INC	112.83	Oxygen Rental
EFT000000006640	4/8/2021	AIRGAS INTERMOUNTAIN INC	242.80	Oxygen Rental
EFT000000006672	4/14/2021	AIRGAS INTERMOUNTAIN INC	184.46	Oxygen Rental
178174	4/14/2021	PATIENT REFUND	35.00	Patient Refund

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178175	4/14/2021	PATIENT REFUND	50.40	Patient Refund
178176	4/14/2021	PATIENT REFUND	29.76	Patient Refund
178177	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178178	4/14/2021	PATIENT REFUND	72.40	Patient Refund
178179	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178181	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178180	4/14/2021	PATIENT REFUND	15.00	Patient Refund
178182	4/14/2021	PATIENT REFUND	28.05	Patient Refund
178183	4/14/2021	PATIENT REFUND	50.00	Patient Refund
178185	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178186	4/14/2021	PATIENT REFUND	100.00	Patient Refund
178187	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178190	4/14/2021	PATIENT REFUND	48.48	Patient Refund
178188	4/14/2021	PATIENT REFUND	174.20	Patient Refund
178191	4/14/2021	PATIENT REFUND	12.30	Patient Refund
178189	4/14/2021	PATIENT REFUND	50.00	Patient Refund
178192	4/14/2021	PATIENT REFUND	75.00	Patient Refund
178193	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178194	4/14/2021	PATIENT REFUND	50.00	Patient Refund
178195	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178196	4/14/2021	PATIENT REFUND	15.62	Patient Refund
177951	4/2/2021	PATIENT REFUND	1,454.00	Patient Refund
178198	4/14/2021	PATIENT REFUND	50.00	Patient Refund
178197	4/14/2021	PATIENT REFUND	135.47	Patient Refund
178199	4/14/2021	PATIENT REFUND	39.50	Patient Refund
178200	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178201	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178204	4/14/2021	PATIENT REFUND	649.19	Patient Refund
178202	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178203	4/14/2021	PATIENT REFUND	25.00	Patient Refund
178206	4/14/2021	PATIENT REFUND	135.51	Patient Refund
178207	4/14/2021	PATIENT REFUND	196.46	Patient Refund
178208	4/14/2021	PATIENT REFUND	107.81	Patient Refund
178209	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178210	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178211	4/14/2021	PATIENT REFUND	75.00	Patient Refund
178213	4/14/2021	PATIENT REFUND	45.00	Patient Refund
178212	4/14/2021	PATIENT REFUND	21.16	Patient Refund
178214	4/14/2021	PATIENT REFUND	439.74	Patient Refund
178215	4/14/2021	PATIENT REFUND	25.00	Patient Refund
178217	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178218	4/14/2021	PATIENT REFUND	51.47	Patient Refund
178216	4/14/2021	PATIENT REFUND	31.96	Patient Refund
177950	4/2/2021	PATIENT REFUND	1,229.30	Patient Refund
178219	4/14/2021	PATIENT REFUND	72.00	Patient Refund
178220	4/14/2021	PATIENT REFUND	50.00	Patient Refund
178222	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178221	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178223	4/14/2021	PATIENT REFUND	20.00	Patient Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/21

178224	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178225	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178226	4/14/2021	PATIENT REFUND	93.95	Patient Refund
178227	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178228	4/14/2021	PATIENT REFUND	71.86	Patient Refund
178229	4/14/2021	PATIENT REFUND	17.29	Patient Refund
178230	4/14/2021	PATIENT REFUND	160.00	Patient Refund
178231	4/14/2021	PATIENT REFUND	70.00	Patient Refund
178232	4/14/2021	PATIENT REFUND	50.00	Patient Refund
178233	4/14/2021	PATIENT REFUND	10.00	Patient Refund
178234	4/14/2021	PATIENT REFUND	70.44	Patient Refund
177926	4/2/2021	PATIENT REFUND	25.62	Patient Refund
178235	4/14/2021	PATIENT REFUND	95.00	Patient Refund
177955	4/2/2021	PATIENT REFUND	100.00	Patient Refund
178236	4/14/2021	PATIENT REFUND	40.00	Patient Refund
177933	4/2/2021	PATIENT REFUND	162.33	Patient Refund
178237	4/14/2021	PATIENT REFUND	80.00	Patient Refund
178238	4/14/2021	PATIENT REFUND	740.71	Patient Refund
177948	4/2/2021	PATIENT REFUND	17.27	Patient Refund
178240	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178241	4/14/2021	PATIENT REFUND	124.00	Patient Refund
178242	4/14/2021	PATIENT REFUND	6.50	Patient Refund
178243	4/14/2021	PATIENT REFUND	77.60	Patient Refund
178245	4/14/2021	PATIENT REFUND	70.00	Patient Refund
178244	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178250	4/14/2021	PATIENT REFUND	36.20	Patient Refund
178248	4/14/2021	PATIENT REFUND	325.00	Patient Refund
178249	4/14/2021	PATIENT REFUND	114.00	Patient Refund
178246	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178251	4/14/2021	PATIENT REFUND	28.15	Patient Refund
178247	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178252	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178253	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178254	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178256	4/14/2021	PATIENT REFUND	45.00	Patient Refund
178255	4/14/2021	PATIENT REFUND	50.00	Patient Refund
178257	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178258	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178259	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178260	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178263	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178262	4/14/2021	PATIENT REFUND	140.00	Patient Refund
178261	4/14/2021	PATIENT REFUND	25.00	Patient Refund
178265	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178264	4/14/2021	PATIENT REFUND	70.00	Patient Refund
178266	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178268	4/14/2021	PATIENT REFUND	54.00	Patient Refund
178270	4/14/2021	PATIENT REFUND	161.36	Patient Refund
178269	4/14/2021	PATIENT REFUND	125.00	Patient Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/21

178267	4/14/2021	PATIENT REFUND	5.00	Patient Refund
178271	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178272	4/14/2021	PATIENT REFUND	27.00	Patient Refund
178273	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178274	4/14/2021	PATIENT REFUND	140.36	Patient Refund
178275	4/14/2021	PATIENT REFUND	406.00	Patient Refund
178276	4/14/2021	PATIENT REFUND	25.00	Patient Refund
178277	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178278	4/14/2021	PATIENT REFUND	124.00	Patient Refund
178279	4/14/2021	PATIENT REFUND	21.24	Patient Refund
178280	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178281	4/14/2021	PATIENT REFUND	200.00	Patient Refund
178282	4/14/2021	PATIENT REFUND	15.66	Patient Refund
178283	4/14/2021	PATIENT REFUND	73.65	Patient Refund
178284	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178285	4/14/2021	PATIENT REFUND	10.00	Patient Refund
178286	4/14/2021	PATIENT REFUND	14.80	Patient Refund
178289	4/14/2021	PATIENT REFUND	9.12	Patient Refund
178288	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178287	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178290	4/14/2021	PATIENT REFUND	151.00	Patient Refund
178291	4/14/2021	PATIENT REFUND	57.16	Patient Refund
178292	4/14/2021	PATIENT REFUND	7.28	Patient Refund
178293	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178295	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178294	4/14/2021	PATIENT REFUND	35.00	Patient Refund
177918	4/2/2021	PATIENT REFUND	287.06	Patient Refund
177919	4/2/2021	PATIENT REFUND	287.06	Patient Refund
178296	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178297	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178298	4/14/2021	PATIENT REFUND	60.00	Patient Refund
177940	4/2/2021	PATIENT REFUND	520.70	Patient Refund
178299	4/14/2021	PATIENT REFUND	6.76	Patient Refund
177953	4/2/2021	PATIENT REFUND	150.00	Patient Refund
178300	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178301	4/14/2021	PATIENT REFUND	70.00	Patient Refund
178302	4/14/2021	PATIENT REFUND	128.83	Patient Refund
178305	4/14/2021	PATIENT REFUND	16.20	Patient Refund
178304	4/14/2021	PATIENT REFUND	31.97	Patient Refund
178303	4/14/2021	PATIENT REFUND	10.00	Patient Refund
178306	4/14/2021	PATIENT REFUND	188.80	Patient Refund
178307	4/14/2021	PATIENT REFUND	25.00	Patient Refund
178309	4/14/2021	PATIENT REFUND	38.76	Patient Refund
178308	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178310	4/14/2021	PATIENT REFUND	90.00	Patient Refund
178311	4/14/2021	PATIENT REFUND	10.00	Patient Refund
178312	4/14/2021	PATIENT REFUND	6.10	Patient Refund
178313	4/14/2021	PATIENT REFUND	241.00	Patient Refund
178314	4/14/2021	PATIENT REFUND	193.00	Patient Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/21

178315	4/14/2021	PATIENT REFUND	160.00	Patient Refund
178316	4/14/2021	PATIENT REFUND	30.00	Patient Refund
178317	4/14/2021	PATIENT REFUND	77.00	Patient Refund
178318	4/14/2021	PATIENT REFUND	45.00	Patient Refund
178319	4/14/2021	PATIENT REFUND	75.00	Patient Refund
178320	4/14/2021	PATIENT REFUND	10.00	Patient Refund
178321	4/14/2021	PATIENT REFUND	60.00	Patient Refund
178322	4/14/2021	PATIENT REFUND	150.00	Patient Refund
178323	4/14/2021	PATIENT REFUND	15.20	Patient Refund
178324	4/14/2021	PATIENT REFUND	20.00	Patient Refund
178326	4/14/2021	PATIENT REFUND	25.00	Patient Refund
178325	4/14/2021	PATIENT REFUND	136.80	Patient Refund
178327	4/14/2021	PATIENT REFUND	61.00	Patient Refund
178328	4/14/2021	PATIENT REFUND	35.00	Patient Refund
178329	4/14/2021	PATIENT REFUND	107.57	Patient Refund
178330	4/14/2021	PATIENT REFUND	40.00	Patient Refund
178331	4/14/2021	PATIENT REFUND	35.10	Patient Refund
178332	4/14/2021	PATIENT REFUND	55.00	Patient Refund
178333	4/14/2021	PATIENT REFUND	108.00	Patient Refund
177941	4/2/2021	PATIENT REFUND	25.00	Patient Refund
177956	4/2/2021	PATIENT REFUND	65.33	Patient Refund
177957	4/2/2021	PATIENT REFUND	38.05	Patient Refund
177958	4/2/2021	PATIENT REFUND	12.39	Patient Refund
178335	4/14/2021	PATIENT REFUND	7.57	Patient Refund
178336	4/14/2021	PATIENT REFUND	15.00	Patient Refund
178337	4/14/2021	PATIENT REFUND	40.00	Patient Refund
177944	4/2/2021	PATIENT REFUND	1,232.54	Patient Refund
178338	4/14/2021	PATIENT REFUND	14.25	Patient Refund
178451	4/21/2021	PATIENT REFUND	113.25	Patient Refund
178452	4/21/2021	PATIENT REFUND	7.30	Patient Refund
178453	4/21/2021	PATIENT REFUND	37.60	Patient Refund
178454	4/21/2021	PATIENT REFUND	153.80	Patient Refund
178455	4/21/2021	PATIENT REFUND	40.00	Patient Refund
178061	4/13/2021	UNITED WAY OF SWEETWATER COUNTY	141.75	Payroll Deduction
178464	4/27/2021	UNITED WAY OF SWEETWATER COUNTY	141.75	Payroll Deduction
178076	4/13/2021	CIRCUIT COURT 3RD JUDICIAL-GR	101.24	Payroll Garnishment
178077	4/13/2021	DAVID G. PEAKE	3,484.62	Payroll Garnishment
178078	4/13/2021	STATE OF WYOMING DFS/CSES	2,367.19	Payroll Garnishment
178079	4/13/2021	SWEETWATER CIRCUIT COURT-RS	589.56	Payroll Garnishment
178080	4/13/2021	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
178461	4/27/2021	STATE OF WYOMING DFS/CSES	2,367.19	Payroll Garnishment
178458	4/27/2021	CIRCUIT COURT 3RD JUDICIAL-GR	102.13	Payroll Garnishment
178459	4/27/2021	DAVID G. PEAKE	3,484.62	Payroll Garnishment
178462	4/27/2021	SWEETWATER CIRCUIT COURT-RS	692.12	Payroll Garnishment
178463	4/27/2021	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	4/27/2021	PAYROLL 9	1,600,000.00	Payroll Transfer
W/T	4/13/2021	PAYROLL 8	1,600,000.00	Payroll Transfer
178097	4/14/2021	CARDINAL HEALTH PHARMACY MGMT	4,387.50	Pharmacy Management
178355	4/21/2021	CARDINAL HEALTH PHARMACY MGMT	905,027.11	Pharmacy Management

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS

4/30/21

178408	4/21/2021	DR. ODIANSEN EGBIRE MOLEN	717.50	Physician Recruitment
178457	4/21/2021	DR. SAMER KATTAN	25,000.00	Physician Retention
178430	4/21/2021	STARLA LEETE	15,000.00	Physician Retention
178082	4/14/2021	ADVANCED MEDICAL IMAGING, LLC	19,288.50	Physician Services
178012	4/8/2021	JHHR MEDICAL ASSOCIATES	20,631.60	Physician Services
178016	4/8/2021	JOHN A. ILIYA, M.D.	14,700.00	Physician Services
178025	4/8/2021	LOCUM TENENS.COM	19,991.49	Physician Services
178064	4/8/2021	TETON PATHOLOGY	15,367.20	Physician Services
178581	4/29/2021	THE SLEEP SPECIALISTS	9,525.00	Physician Services
178367	4/21/2021	DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
178369	4/21/2021	DR. JACQUES DENKER	6,498.33	Physician Student Loan
178375	4/21/2021	FEDLOAN SERVICING	20,625.00	Physician Student Loan
178381	4/21/2021	GREAT LAKES	1,666.67	Physician Student Loan
178443	4/21/2021	US DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
178555	4/29/2021	RESERVE ACCOUNT	5,000.00	Postage
178101	4/14/2021	CLEANIQUE PROFESSIONAL SERVICES	4,800.00	Professional Service
178029	4/8/2021	MEDICAL PHYSICS CONSULTANTS, INC	1,125.00	Professional Service
178035	4/8/2021	MILE HIGH MOBILE PET	16,240.00	Professional Service
177866	4/1/2021	MOUNTAIN STATES MEDICAL PHYSICS	7,237.15	Professional Service
178043	4/8/2021	P3 CONSULTING LLC	2,012.50	Professional Service
177913	4/1/2021	WYOMING DEPARTMENT OF HEALTH	59.40	Professional Service
178503	4/29/2021	CE BMOKER	290.26	Professional Service
EFT000000006639	4/1/2021	WESTERN STAR COMMUNICATIONS	1,489.80	Professional Service
EFT000000006655	4/8/2021	SWEETWATER MEDICS LLC	8,208.00	Professional Service
178523	4/29/2021	UNITED STATES TREASURY	4,268.20	Q4 941 Taxes
177881	4/1/2021	RADIATION DETECTION COMPANY	4.50	Radiation Monitoring
178033	4/8/2021	MERRY X-RAY	149.07	Radiology Film
178131	4/14/2021	MERRY X-RAY	226.94	Radiology Film
177974	4/8/2021	BRACCO DIAGNOSTICS INC	397.96	Radiology Material
178095	4/14/2021	BRACCO DIAGNOSTICS INC	1,163.24	Radiology Material
177856	4/1/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
178021	4/8/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
178126	4/14/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
178063	4/8/2021	TECHNOLOGY IMAGING SERVICES	610.00	Radiology Material
178387	4/21/2021	INTERMOUNTAIN RADIOPHARMACY - UNIVERSITY OF UTAH	1,503.00	Radiology Material
178392	4/21/2021	LANTHEUS MEDICAL IMAGING, INC	6,724.21	Radiology Material
178485	4/29/2021	BRACCO DIAGNOSTICS INC	198.98	Radiology Material
REMIT00000000000000	4/29/2021	LANTHEUS MEDICAL IMAGING, INC	0.00	Radiology Material
EFT000000006623	4/1/2021	GE HEALTHCARE INC	832.37	Radiology Material
EFT000000006630	4/1/2021	PHARMALUCENCE, INC	3,153.00	Radiology Material
EFT000000006662	4/14/2021	GE HEALTHCARE INC	522.06	Radiology Material
EFT000000006677	4/21/2021	GE HEALTHCARE INC	231.52	Radiology Material
EFT000000006679	4/21/2021	PHARMALUCENCE, INC	744.00	Radiology Material
178420	4/21/2021	RADIATION PRODUCTS DESIGN, INC	380.00	Radiology Supplies
177966	4/8/2021	DR. BANU SYMINGTON	575.00	Reimbursement - CME
177975	4/8/2021	DR. BRYTON LONG	3,925.50	Reimbursement - CME
178017	4/8/2021	DR. JOSHUA BINKS	640.00	Reimbursement - CME
178151	4/14/2021	DR. SIGSBEE DUICK	6,565.93	Reimbursement - CME
178010	4/8/2021	ISRAEL STEWART, DO	412.29	Reimbursement - CME

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
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178015	4/8/2021	JOCELYN PALINEK	888.00	Reimbursement - CME
178085	4/14/2021	ANGEL BENNETT	181.56	Reimbursement - Education & Travel
178011	4/8/2021	DR. JACOB JOHNSON	3,329.28	Reimbursement - Education & Travel
178013	4/8/2021	DR. JANENE GLYN	787.72	Reimbursement - Education & Travel
178022	4/8/2021	DR. LAWRENCE LAURIDSEN	678.30	Reimbursement - Education & Travel
178018	4/8/2021	KATHERINE MOICZULSKI	142.00	Reimbursement - Education & Travel
178024	4/8/2021	LENA WARREN	72.42	Reimbursement - Education & Travel
178049	4/8/2021	ROB FAIR	467.16	Reimbursement - Education & Travel
177803	4/1/2021	ROBIN SNOWBERGER	65.35	Reimbursement - Education & Travel
178145	4/14/2021	ROBIN SNOWBERGER	137.80	Reimbursement - Education & Travel
178159	4/14/2021	SUZAN CAMPBELL	219.00	Reimbursement - Education & Travel
178346	4/21/2021	AMY LUCY	219.00	Reimbursement - Education & Travel
178390	4/21/2021	KELLY SUGIHARA	513.79	Reimbursement - Education & Travel
178422	4/21/2021	RAMONA K BEACH	61.20	Reimbursement - Education & Travel
178527	4/29/2021	JOINCI LISON	3,366.53	Reimbursement - Education & Travel
178548	4/29/2021	PATTY O'LEKEY	178.50	Reimbursement - Education & Travel
178553	4/29/2021	RAMONA K BEACH	45.90	Reimbursement - Education & Travel
178557	4/29/2021	ROB FAIR	499.80	Reimbursement - Education & Travel
178560	4/29/2021	ROSA MELCHOR RODRIGUEZ	65.24	Reimbursement - Education & Travel
178469	4/29/2021	AMY LUNDIN	45.94	Reimbursement - Insurance Premiums
178471	4/29/2021	ANDREA DAVIS	58.46	Reimbursement - Insurance Premiums
178472	4/29/2021	ANEDA HAZELETT	83.50	Reimbursement - Insurance Premiums
178492	4/29/2021	CHELSEA AYRES	125.25	Reimbursement - Insurance Premiums
178497	4/29/2021	CONNIE FIELDS	92.58	Reimbursement - Insurance Premiums
178528	4/29/2021	JORDAN PATCHETT	74.56	Reimbursement - Insurance Premiums
178529	4/29/2021	JOSEPH J. OLIVER, M.D.	845.33	Reimbursement - Insurance Premiums
178537	4/29/2021	MERCEDES HANSEN	33.42	Reimbursement - Insurance Premiums
178549	4/29/2021	PATTY STICKNEY	50.92	Reimbursement - Insurance Premiums
178582	4/29/2021	TONYA MILES-THAYER	185.16	Reimbursement - Insurance Premiums
178026	4/8/2021	DR. MARK UHLMAN	145.95	Reimbursement - Non Hospital Supplies
178027	4/8/2021	MARY FISCHER	76.00	Reimbursement - Non Hospital Supplies
177807	4/1/2021	TALITHA LAUGHLIN	26.00	Reimbursement - Non Hospital Supplies
178161	4/14/2021	TALITHA LAUGHLIN	20.00	Reimbursement - Non Hospital Supplies
178394	4/21/2021	LESLIE TAYLOR	90.27	Reimbursement - Non Hospital Supplies
177989	4/8/2021	CRIS RIZZI	108.99	Reimbursement - Uniforms
177865	4/1/2021	MONTE GARRETT	105.80	Reimbursement - Uniforms
W/T	4/12/2021	ABG 4/1/21	180,378.10	Retirement
W/T	4/28/2021	ABG 4/15/21	181,191.56	Retirement
178571	4/29/2021	STATE OF WYO.DEPT.OF REVENUE	621.53	Sales Tax Payment
178034	4/8/2021	MHSC MEDICAL STAFF	150.00	Scholarship
178173	4/14/2021	ZOHIO CORPORATION	1,795.00	Software
178003	4/8/2021	GRHS BOYS SOCCER TEAM	200.00	Sponsorship
177877	4/1/2021	PMS SCREEN PRINTING	120.00	Sponsorship
178075	4/8/2021	R.S. CHAMBER OF COMMERCE	1,000.00	Sponsorship
178345	4/21/2021	ALZHEIMER'S ASSOCIATION	700.00	Sponsorship
178353	4/21/2021	BOY SCOUTS OF AMERICA-CROSSROADS OF THE WEST COUNCIL	500.00	Sponsorship
178385	4/21/2021	HOLY SPIRIT CATHOLIC SCHOOL	600.00	Sponsorship
178388	4/21/2021	INTERNATIONAL DAYS, INC	1,000.00	Sponsorship
178436	4/21/2021	SWEETWATER EVENTS COMPLEX	2,100.00	Sponsorship

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/21

178484	4/29/2021	BOYS & GIRLS CLUB OF SWEETWATER COUNTY	800.00	Sponsorship
178576	4/29/2021	SWEETWATER EVENTS COMPLEX	6,000.00	Sponsorship
178597	4/29/2021	R.S. CHAMBER OF COMMERCE	800.00	Sponsorship
178036	4/8/2021	MOBILE INSTRUMENT SERVICE	1,506.23	Surgery Equipment
178134	4/14/2021	MOBILE INSTRUMENT SERVICE	1,171.54	Surgery Equipment
178403	4/21/2021	MOBILE INSTRUMENT SERVICE	3,540.80	Surgery Equipment
178539	4/29/2021	MOBILE INSTRUMENT SERVICE	285.00	Surgery Equipment
177811	4/1/2021	ALI MED INC	443.18	Surgery Supplies
177961	4/8/2021	ALI MED INC	302.52	Surgery Supplies
178103	4/14/2021	CONMED LINVATEC	199.50	Surgery Supplies
177987	4/8/2021	COVIDIEN SALES LLC, DBA GIVEN IMAGING	728.07	Surgery Supplies
178107	4/14/2021	COVIDIEN SALES LLC, DBA GIVEN IMAGING	1,051.26	Surgery Supplies
178019	4/8/2021	KEY SURGICAL INC	24.00	Surgery Supplies
177888	4/1/2021	SMITH & NEPHEW ENDOSCOPY INC	2,543.94	Surgery Supplies
178054	4/8/2021	SMITH & NEPHEW ENDOSCOPY INC	1,716.00	Surgery Supplies
178152	4/14/2021	SMITH & NEPHEW ENDOSCOPY INC	1,848.00	Surgery Supplies
177892	4/1/2021	STRYKER ENDOSCOPY	1,218.00	Surgery Supplies
178059	4/8/2021	STRYKER ENDOSCOPY	2,369.49	Surgery Supplies
178157	4/14/2021	STRYKER ENDOSCOPY	1,211.94	Surgery Supplies
177896	4/1/2021	SYNTHE LTD	9,148.69	Surgery Supplies
178061	4/8/2021	SYNTHE LTD	3,330.84	Surgery Supplies
178160	4/14/2021	SYNTHE LTD	4,156.24	Surgery Supplies
178342	4/21/2021	ALI MED INC	312.51	Surgery Supplies
178433	4/21/2021	STRYKER ENDOSCOPY	1,575.36	Surgery Supplies
178437	4/21/2021	SYNTHE LTD	3,423.20	Surgery Supplies
178450	4/21/2021	ZIMMER BIOMET	10,221.00	Surgery Supplies
178468	4/29/2021	ALI MED INC	644.86	Surgery Supplies
EFT000000006622	4/1/2021	COOPER SURGICAL	1,490.58	Surgery Supplies
EFT000000006661	4/14/2021	COOPER SURGICAL	465.37	Surgery Supplies
EFT000000006676	4/21/2021	COOPER SURGICAL	66.44	Surgery Supplies
178416	4/21/2021	PRESS GANEY ASSOCIATES, INC	2,060.01	Survey Expenses
W/T	4/9/2021	WY DWS - UNEMPLOYMENT	15,264.53	Unemployment
177815	4/1/2021	AT&T	325.13	Utilities
177880	4/1/2021	CENTURY LINK	6,044.98	Utilities
177838	4/1/2021	DISH NETWORK LLC	75.50	Utilities
177879	4/1/2021	DOMINION ENERGY WYOMING	21,266.29	Utilities
178146	4/14/2021	ROCK SPRINGS MUNICIPAL UTILITY	12,165.08	Utilities
178148	4/14/2021	ROCKY MOUNTAIN POWER	39,779.72	Utilities
177911	4/1/2021	WHITE MOUNTAIN WATER & SEWER DISTRICT	57.50	Utilities
178344	4/21/2021	ALL WEST COMMUNICATIONS	4,504.37	Utilities
178419	4/21/2021	CENTURY LINK	4,082.62	Utilities
178370	4/21/2021	DISH NETWORK LLC	85.50	Utilities
178418	4/21/2021	DOMINION ENERGY WYOMING	128.98	Utilities
178447	4/21/2021	WHITE MOUNTAIN WATER & SEWER DISTRICT	57.50	Utilities
178476	4/29/2021	AT&T	116.01	Utilities
178573	4/29/2021	STERICYCLE, INC.	980.43	Waste Disposal
178376	4/21/2021	FBERTCH	3,513.00	Window Cleaning
W/T	4/21/2021	WY DWS UI/WC	37,062.72	Worker's Comp
			7,471,104.38	


**Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending April 30, 2021**

Vouchers Submitted by MHSC at agreed discounted rate	
July 2020	\$0.00
August 2020	\$0.00
September 2020	\$120,210.45
October 2020	\$0.00
November 2020	\$7,705.78
December 2020	\$35,769.98
January 2021	\$17,891.77
February 2021	\$0.00
March 2021	\$0.00
April 2021	\$19,608.83
County Requested Total Vouchers Submitted	<u>\$201,186.81</u>
Total Vouchers Submitted FY 21	\$201,186.81
Less: Total Approved by County and Received by MHSC FY 21	\$201,186.81
Total Vouchers Pending Approval by County	<u><u>\$0.00</u></u>

FY21 Title 25 Fund Budget from Sweetwater County	\$273,488.00
Funds Received From Sweetwater County	<u>\$201,186.81</u>
FY20 Title 25 Fund Budget Remaining	\$72,301.19
Total Budgeted Vouchers Pending Submittal to County	<u><u>\$0.00</u></u>

FY21 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY21- July	\$71,821.34
County Maintenance FY21- August	\$14,923.47
County Maintenance FY21-September	\$93,540.23
County Maintenance FY21- October	\$21,472.98
County Maintenance FY21- November	\$57,573.61
County Maintenance FY21-December	\$59,200.74
County Maintenance FY21-January	\$235,363.28
County Maintenance FY21-February	\$64,705.11
County Maintenance FY21-March	\$0.00
County Maintenance FY21-April	\$829,614.24
	<u>\$1,448,215.00</u>
FY21 Maintenance Fund Budget Remaining	<u><u>\$0.00</u></u>

MEMO: May 26, 2021

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary May, 2021 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Hospital Accounts	\$ 1,257,000.00
Hospital Payment Plans	\$ 95,000.00
Medical Clinic Accounts	\$ 36,850.82
Ortho Clinic Accounts	\$ 00.00
Total Potential Bad Debt	\$ 1,388,850.82

Hospital Accounts Returned	\$ - 444,428.00	
Net Bad Debt Turned		\$ 944,422.82

Hospital Recoveries Collection Agency	\$ 104,000.00	
Hospital Recoveries Payment Plans	\$ 49,000.00	
Medical Clinic Recoveries	\$ 4,973.41	
Ortho Clinic Recoveries	\$ 1,778.58	
Total Bad Debt Recoveries		\$ 159,751.99

Net Bad Debt Less Recoveries		\$ 784,670.83
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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY**

Operating Budget and Capital Budget

for the Fiscal Year Ending

June 30, 2022

**GROSS REVENUE AT ADJUSTED PRE-COVID PROJECTION
RATE INCREASE 5%
2% WAGE ADJUSTMENTS**

Prepared and Submitted for Board Approval by:

TAMI LOVE

Chief Financial Officer

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/22

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/22**

1) PATIENT STATISTICS BUDGETED AT COMBINATION OF PRE-COVID LEVELS AND RECENT HISTORICAL NUMBERS

PATIENT DAYS

FY2022 BUDGET: 5,100

FY 2021 PROJECTED: 5,258

FY 2020 PATIENT DAYS: 4,714

FY 2019 PATIENT DAYS: 5,293

FY 2018 PATIENT DAYS: 5,067

DISCHARGES

FY2022 BUDGET: 1,940

FY 2021 PROJECTED: 2,042

FY 2020 DISCHARGES: 1,574

FY 2019 DISCHARGES: 2,028

FY 2018 DISCHARGES: 2,088

EMERGENCY DEPARTMENT VISITS

FY2022 BUDGET: 13,500

FY 2021 PROJECTED: 12,871

FY 2020 ACTUAL VISITS: 14,873

FY 2019 ACTUAL VISITS: 18,248

FY 2018 ACTUAL VISITS: 16,361

SURGICAL PROCEDURES

FY2022 BUDGET: 1,800

FY 2021 PROJECTED: 1,841

FY 2020 ACTUAL PROCEDURES: 1,780

FY 2019 ACTUAL PROCEDURES: 1,936

FY 2018 ACTUAL PROCEDURES: 2,081

OUTPATIENT VISITS

FY2022 BUDGET: 94,000

FY 2021 PROJECTED: 100,885

FY 2020 ACTUAL VISITS: 81,238

FY 2019 ACTUAL VISITS: 88,908

FY 2018 ACTUAL VISITS: 78,842

CLINIC VISITS

FY2022 BUDGET: 60,000 - ADJUSTED FOR NEW PROVIDERS

FY 2021 PROJECTED: 65,783

FY 2020 ACTUAL VISITS: 64,815

FY 2019 ACTUAL VISITS: 64,497

FY 2018 ACTUAL VISITS: 63,543

2) GROSS REVENUE

1% INCREASE FOR NEW SERVICES, PRE-COVID LEVELS AND ADJUSTED FOR FULL YEAR OF NEW PROVIDERS

ORTHOPEDICS - DR. PEDRI

PEDIATRICS - DR. RYAN AND TAMMY WALKER, NP

NEUROLOGY - DR. PRACHI PAWAR

WALK-IN CLINIC EXTENDED HOURS

RATE INCREASE:

5% AGGREGATE RATE INCREASE

2% ROOM RATE INCREASE

FY21 RATE INCREASE: 5%

FY20 RATE INCREASE: 5%

FY19 RATE INCREASE: 2%

FY18 RATE INCREASE: 5%

FY17 RATE INCREASE: 5%

FY16 RATE INCREASE: 4%

FY15 RATE INCREASE: 5%

3) PAYER MIX - INPATIENT AND OUTPATIENT

SELF PAY 8.5% - No change from prior year

MEDICARE 37.2% - Decreased 1% from prior year

MEDICAID 9.2% - Increased 1% from prior year

BLUE CROSS 23.3% - Decreased 1% from prior year

PRIVATE INSURANCE 17% - Increased .6% from prior year

Budget Assumptions

PAGE 3

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY Budget for the Year Ending 06/30/22

4) CONTRACTUAL ALLOWANCES

MEDICAL ASSISTANCE BUDGETED AT 1.3% - no significant change from prior 3 years
BAD DEBT BUDGETED AT 7.2% - increase of approximately .5% from prior years
TOTAL DEDUCTIONS OF REVENUE ARE BUDGETED AT 52%

REDUCTION OF REVENUE BUDGET FY21: 52%
REDUCTION OF REVENUE ACTUAL FY21: 51.8%

REDUCTION OF REVENUE FY20: 50.6%
REDUCTION OF REVENUE FY19: 49.3%
REDUCTION OF REVENUE FY18: 48.5%
REDUCTION OF REVENUE FY17: 48.5%

1% INCREASE IN REDUCTION OF REVENUE = \$1,999,000 DECREASE TO NET PATIENT REVENUE AND BOTTOM LINE ANNUALLY

COUNTY BUDGET REQUEST: TITLE 25 SUBSIDY \$273,486

5) OTHER OPERATING REVENUE

COUNTY BUDGET REQUEST: TOTAL MAINTENANCE FUND \$1,089,440
FY2022 County budget request is reduced by 22% from FY2021

ADDITIONAL CARES ACT FUNDS POSSIBLE BUT NOT BUDGETED

OCCUPATION MEDICINE CONTRACTS
FOUNDATION UNRESTRICTED FUNDS
CAFETERIA SALES
COLLECTION AGENCY INTEREST

6) SALARY AND WAGE

BUDGET INCLUDES 2% WAGE ADJUSTMENT FOR EMPLOYEES
2% increase equates to additional expense of \$479,589
1% increase equates to additional expense of \$239,359

CURRENT FTEs: 489.4 YEAR-TO-DATE

FY2021 YTD FTEs include 15 COVID related FTEs i.e. door monitors and additional nursing, respiratory, laboratory and hospitalist staff

FY 2022 BUDGETED FTEs: 486.8

NEW PHYSICIANS/PROVIDERS:

DR. CURRY - PART TIME UROLOGIST
WALK-IN CLINIC ADDITIONAL PROVIDER

Budget includes salary and wage contingency funds for new and unapproved vacant FTE requests. All vacancies and new FTE requests are reviewed by the Position Control Team (PCT).

7) FRINGE BENEFITS

BENEFITS ARE A FUNCTION OF SALARY AND WAGE - SLIGHT DECREASE WITH WAGE DECREASE FROM FY2021

8) CONTRACT LABOR

TOTAL \$735,410 - DECREASE FROM FY2021 BY ~ \$446,000
BEHAVIOR HEALTH, SURGERY, LABOR & DELIVERY AND HISTOLOGY

9) OTHER PHYSICIAN FEES

TOTAL \$4,420,000 - INCREASE FROM FY2021 BY ~ \$1,200,000
HOSPITALIST - FULL TIME LOCUM PLUS FMLA COVERAGE FOR 2 MONTHS
UROLOGY - PART TIME
PATHOLOGIST - PART TIME
TELEPSYCH

10) OTHER PURCHASED SERVICES

CONSULTING FEES INCLUDES:
HUNTSMAN CANCER CENTER CONSULTING: \$125,000
PLANETREE
HUMAN RESOURCES
JOINT COMMISSION EOC

LEGAL FEES: \$100,000

OTHER PURCHASED SERVICES - INCREASES IN THE FOLLOWING FOR FY2022:

LABORATORY SERVICES - SEND OUT TESTING WITH CORRESPONDING INCREASE TO REVENUE
CANCER CENTER GENETIC TESTING
AUDIT FEES - CARES ACT SINGLE AUDIT
COLLECTION AGENCY
JOINT COMMISSION RESOURCES - QUALITY
PRESS GANEY - ADDITIONAL PHYSICIAN SURVEYS
HUMAN RESOURCES - EMPLOYEE ENGAGEMENT SURVEY

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/22

11) SUPPLIES

BLOOD: 10% INCREASE IN BLOOD PRODUCTS AND BLOOD SERVICES DUE TO SHORTAGES

OXYGEN: BULK TANK MONTHLY RENTAL FEE INCREASE ~ \$12,000

FOOD: 12% INCREASE - BACK TO PRE-COVID LEVELS, CAFETERIA OPEN TO PUBLIC

INFLATIONARY INCREASES PER ITALERE GPO CONTRACT

~2% ENVIRONMENTAL SERVICES (CLEANING SUPPLIES, LINEN, SOAP)

~3% FOOD

~1.5% LABORATORY SUPPLIES

~<1% MEDICAL SUPPLIES

~1% OFFICE SUPPLIES

~5% PHARMACY DRUGS

~1% MAINTENANCE SUPPLIES

12) REPAIRS AND CONTRACT MAINTENANCE

AVERAGE 3% ANNUAL INCREASE ON EXISTING SUPPORT CONTRACTS

MICROSOFT LICENSING CONTINUES TO INCREASE - TRUE UP EVERY 3 YEARS FOR COMPUTER INVENTORY

SUPPORT CONTRACTS ON NEW EQUIPMENT - LAB, MAMMOGRAPHY, SURGERY

CERNER GO LIVE IN OCTOBER - ANNUAL SUPPORT \$1,100,000

OVERLAP OF EXISTING CONTRACTS TO BE TERMINATED OR ARCHIVED DURING THE FIRST YEAR OF CERNER - \$800,000

NEW ARCHIVE SOLUTION FOR LEGACY SYSTEM - \$92,000

13) INSURANCE

PROFESSIONAL LIABILITY - 24% INCREASE DUE TO MATURING PHYSICIAN STEP RATE, NEW PROVIDERS AND VOLUME INCREASES

CYBER LIABILITY - 22% INCREASE DUE TO INCREASE IN NATIONWIDE RANSOMWARE ATTACKS

PROPERTY AND AUTO - 18% INCREASE DUE TO BUILDING VALUATION INCREASE AND ADDITION OF MOBILE UNIT

14) OTHER OPERATING EXPENSES

LICENSE AND TAXES: HUNTSMAN CANCER CENTER: \$50,000

EDUCATION & TRAVEL: EMPLOYEE TUITION REIMBURSEMENT: \$10,000

LIMITED EDUCATION & TRAVEL FOR FIRST 6 MONTHS

PHYSICIAN RECRUITMENT:

PROVIDER CONTRACT RENEWALS - \$85,000

NEW PROVIDER RECRUITMENT - \$102,000

PULMONOLOGY

PATHOLOGY

HOSPITALIST

15) LEASES & RENTALS

BUILDING RENT: TOTAL \$43,440 - DECREASE FROM FY2021 BY ~ \$83,000

HILLTOP LEASED OFFICE SPACE TERMINATED

16) DEPRECIATION

FY2021 ASSET ADDS INCLUDE CENTRAL PLANT, HVAC AND S1 UNIT, SLIB AND CARES ACT EQUIPMENT

FY2022 ASSETS WILL INCLUDE CERNER EMR, CARDIAC MONITORS AND MEDICAL IMAGING RENOVATION PLUS APPROVED CAPITAL

HIGHER DEPRECIATION BROUGHT DOWN AVERAGE AGE OF PLANT - 11.83 YEARS

17) CAPITAL BUDGET

FY 2022 CAPITAL BUDGET RECOMMENDATION: \$3,000,000

FY2022 CAPITAL EQUIPMENT REQUESTS: \$5,135,077

FY2022 CONSTRUCTION PROJECT REQUESTS: \$11,432,080

FY 2021 CAPITAL BUDGET: \$2,000,000

FY2021 CAPITAL EQUIPMENT APPROVED THROUGH APRIL - \$2,011,070

FY2021 CONSTRUCTION PROJECTS APPROVED THROUGH APRIL - \$1,953,282

SLIB GRANT EQUIPMENT AND PROJECTS - \$4,972,220

COUNTY SLIB GRANT PROJECTS - \$342,927

CARES ACT EQUIPMENT AND PROJECTS - \$4,232,319

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/22

18) OPERATING MARGIN

FY 2022 BUDGET: .67%
FY 2021 PROJECTION: -2.85%
FY2020 ACTUAL: -1.72%
FY2019 ACTUAL: .05%
FY 2018 ACTUAL: -1.10%

BB+ BENCHMARK: -1.10%
BBB- BENCHMARK: .30%

19) TOTAL MARGIN

FY 2022 BUDGET: .14%
FY 2021 PROJECTION: 8.12%
FY2020 ACTUAL: 5.59%
FY2019 ACTUAL: 1.29%
FY 2018 ACTUAL: 2.75%

BB+ BENCHMARK: 2.00%
BBB- BENCHMARK: 1.00%

20) DAYS CASH ON HAND

FY 2022 BUDGET: 161
CURRENT DAYS OF CASH ON HAND: 212
FY 2021 PROJECTION: 185
FY 2020 ACTUAL: 221
FY 2019 ACTUAL: 137
FY 2018 ACTUAL: 111

BB+ BENCHMARK: 108.8
BBB- BENCHMARK: 129

21) DAYS IN ACCOUNTS RECEIVABLE

FY 2022 BUDGET: 43.81
FY 2021 PROJECTION: 48.18
FY 2020 ACTUAL: 50.05
FY 2019 ACTUAL: 58.69
FY 2018 ACTUAL: 50.48

BB+ BENCHMARK: 52.40
BBB- BENCHMARK: 51.60

22) AVERAGE AGE OF PLANT

FY 2022 BUDGET: 11.83
FY 2021 PROJECTION: 13.68
FY2020 ACTUAL: 13.39
FY2019 ACTUAL: 12.38
FY2018 ACTUAL: 9.2

BB+ BENCHMARK: 10.50
BBB- BENCHMARK: 11.50

23) DEBT SERVICE COVERAGE

FY2022 BUDGET: 2.31
calculation excludes added liability of Center and new leased equipment
FY2021 PROJECTION: 6.54
FY2020 ACTUAL: 5.12
FY2019 ACTUAL: 3.78
FY2018 ACTUAL: 3.31

BB+ BENCHMARK: 2.5
BBB- BENCHMARK: 2.3

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

Budget for the Year Ending 06/30/22

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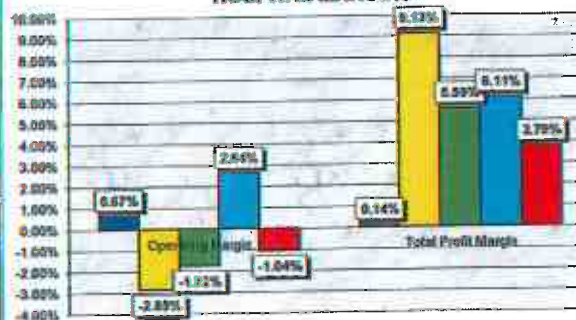
BALANCE SHEET

	Budget 6/30/2022	Projected 6/30/2021
ASSETS		
Current Assets	\$26,500,000	\$27,760,000
Assets Whose Use is Limited	33,414,000	39,206,350
Property, Plant and Equipment (Net)	68,800,000	67,100,000
Other Assets	198,000	210,000
Total Unrestricted Assets	128,912,000	134,296,350
Restricted Assets	600,000	560,500
Total Assets	\$129,512,000	\$134,856,850
LIABILITIES AND NET ASSETS		
Current Liabilities	\$9,871,586	\$9,266,889
Long-Term Debt	31,243,956	27,791,956
Other Long-Term Liabilities	2,189,500	6,790,000
Total Liabilities	43,305,042	43,848,845
Net Assets	86,206,958	91,008,005
Total Liabilities and Net Assets	\$129,512,000	\$134,856,850

NET DAYS IN ACCOUNTS RECEIVABLE



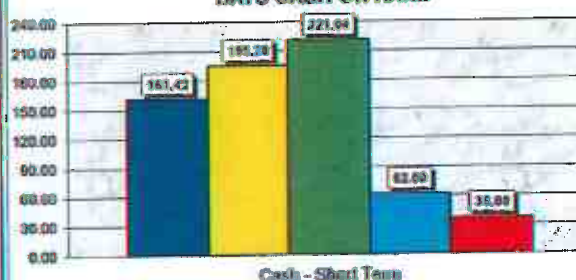
HOSPITAL MARGINS



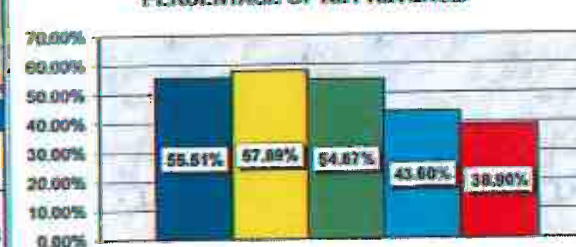
STATEMENT OF REVENUE AND EXPENSES - YTD

	Budget 6/30/2022	Projected 6/30/2021
Revenue:		
Gross Patient Revenues	\$199,944,346	\$186,727,120
Deductions From Revenue	(103,973,953)	(96,785,109)
Net Patient Revenues	95,970,393	89,942,011
Other Operating Revenue	2,174,330	2,628,455
Total Operating Revenues	98,144,723	92,570,466
Expenses:		
Salaries, Benefits & Contract Labor	54,115,447	55,116,704
Purchased Services & Physician Fees	9,527,008	7,956,654
Supply Expenses	14,460,656	14,961,963
Other Operating Expenses	11,020,430	10,338,011
Bad Debt Expense	0	0
Depreciation & Interest Expense	8,365,355	6,834,791
Total Expenses	97,488,896	95,208,123
NET OPERATING SURPLUS	655,827	(2,637,657)
Non-Operating Revenue/(Expenses)	(518,695)	11,091,131
TOTAL NET SURPLUS	\$137,132	\$8,453,474

DAYS CASH ON HAND



SALARY AND BENEFIT EXPENSE AS A PERCENTAGE OF NET REVENUE



KEY STATISTICS AND RATIOS - YTD

	Budget 6/30/2022	Projected 6/30/2021
Total Acute Patient Days	4,400	4,675
Average Acute Length of Stay	2.9	2.8
Total Emergency Room Visits	13,500	12,871
Outpatient Visits	94,000	108,665
Total Surgeries	1,800	1,841
Net Revenue Change from Prior Year	6.02%	3.76%
EBIDA	9.19%	4.55%
Days Expense in Accounts Payable	27.87	
FINANCIAL STRENGTH INDEX - 3.21		
Total Worked FTE's	435.52	424.97
Total Paid FTE's	478.59	466.90
Total Contract Labor	8.08	6.70

Budget for Fiscal Year End	6/30/2022
Projected	6/30/2021
Prior Fiscal Year End	6/30/2020
WYOMING	All Hospitals
National Hospital Benchmark:	\$90-200 million

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

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/22

	Budget 06/30/22	Projected 06/30/21	Budget 06/30/21	Actual 06/30/20	Actual 06/30/19
Gross Patient Revenue					
Inpatient Revenue	\$39,984,959	\$38,939,007	\$32,896,925	\$34,843,076	\$35,773,430
Outpatient Revenue	135,974,755	127,616,700	118,474,735	121,230,200	112,470,048
Clinic Revenue	23,984,632	20,171,413	17,942,020	17,479,948	16,673,062
Total Gross Patient Revenue	199,944,346	186,727,120	169,313,680	173,553,224	164,916,540
Deductions From Revenue					
Discounts and Allowances	(88,004,704)	(81,368,358)	(74,159,392)	(74,033,215)	(67,828,387)
Bad Debt Expense (Governmental Providers Only)	(13,590,519)	(12,978,483)	(11,344,017)	(11,483,336)	(11,253,830)
Medical Assistance	(2,378,730)	(2,440,268)	(2,539,705)	(2,335,514)	(2,234,140)
Total Deductions From Revenue	(103,973,953)	(96,785,109)	(88,043,114)	(87,852,065)	(81,316,357)
Net Patient Revenue	95,970,393	89,942,011	81,270,566	85,701,159	83,600,183
Other Operating Revenue	2,174,330	2,628,465	4,322,185	3,514,073	3,173,482
Total Operating Revenue	98,144,723	92,570,466	85,592,751	89,215,232	86,773,665
Operating Expenses					
Salaries and Wages	41,970,835	42,403,776	36,828,546	39,015,354	37,637,273
Fringe Benefits	11,409,202	11,530,723	11,522,643	10,980,549	9,547,767
Contract Labor	735,410	1,182,205	242,971	881,515	1,021,278
Physicians Fees	4,428,276	3,227,079	2,881,570	4,208,116	4,011,304
Purchased Services	5,098,732	4,729,575	4,919,382	4,951,301	4,426,070
Supply Expense	14,460,656	14,901,963	14,368,606	14,102,988	13,044,020
Utilities	1,117,307	1,107,649	1,155,599	1,138,131	1,094,313
Repairs and Maintenance	6,135,260	5,930,428	5,715,605	5,270,901	4,787,481
Insurance Expense	585,397	479,537	524,525	631,259	750,288
All Other Operating Expenses	2,503,767	2,075,236	2,375,410	2,021,406	2,183,827
Leases and Rentals	678,699	745,161	750,318	839,053	1,020,803
Depreciation and Amortization	8,365,355	6,834,791	6,843,802	6,711,214	7,208,688
Total Operating Expenses	97,488,896	95,208,123	90,128,177	90,749,787	86,733,112
Net Operating Surplus/(Loss)	655,827	(2,637,657)	(4,536,426)	(1,534,555)	40,553
Non-Operating Revenue:					
Investment Income	202,530	215,788	284,000	441,509	293,052
Tax Subsidies (Except for GO Bond Subsidies)	0	17,541	0	14,177	193,149
Interest Expense (Governmental Providers Only)	(1,311,740)	(1,316,147)	(1,222,796)	(1,341,691)	(1,285,361)
Other Non-Operating Revenue/(Expenses)	590,515	12,173,949	848,222	7,352,418	1,826,766
Total Non Operating Revenue/(Expense)	(518,695)	11,091,131	(90,574)	6,519,258	1,027,606
Total Net Surplus/(Loss)	\$137,132	\$8,453,474	(\$4,627,000)	\$4,984,703	\$1,068,159
Operating Margin	0.67%	-2.85%	-5.30%	-1.72%	0.06%
Total Profit Margin	0.14%	9.13%	-5.41%	5.59%	1.23%
EBIDA	9.19%	4.55%	2.70%	5.82%	8.56%
Cash Flow Margin	8.66%	16.51%	2.59%	13.11%	9.52%

Balance Sheet - Assets

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/22

	ASSETS			
	Budget 6/30/2022	Projected 6/30/2021	Actual 6/30/2020	Actual 6/30/2019
Current Assets				
Cash and Cash Equivalents	9,000,000	\$11,200,000	\$12,052,717	\$10,487,324
Gross Patient Accounts Receivable	24,000,000	23,630,000	22,601,743	24,217,308
Less: Bad Debt and Allowance Reserves	(13,500,000)	(13,650,000)	(12,704,325)	(11,984,053)
Net Patient Accounts Receivable	10,500,000	9,980,000	9,897,418	12,233,255
Interest Receivable	0	0	0	0
Other Receivables	2,500,000	1,600,000	2,416,525	1,919,165
Inventories	3,000,000	3,300,000	3,208,539	2,917,250
Prepaid Expenses	1,500,000	1,700,000	2,135,417	2,284,926
Due From Third Party Payers	0	0	0	0
Due From Affiliates/Related Organizations	0	0	0	0
Other Current Assets	0	0	0	0
Total Current Assets	26,500,000	27,780,000	29,710,616	29,841,920
Assets Whose Use is Limited				
Cash	40,000	40,000	23,688	19,800
Investments	0	0	0	0
Bond Reserve/Debt Retirement Fund	0	0	0	0
Trustee Held Funds - Project	3,000,000	3,100,000	3,030,616	3,059,212
Trustee Held Funds - SPT	0	26,350	14,345	168
Board Designated Funds	15,400,000	19,440,000	23,843,068	4,752,127
Other Limited Use Assets	14,974,000	16,600,000	14,974,161	14,635,235
Total Limited Use Assets	33,414,000	39,206,350	41,885,878	22,466,542
Property, Plant, and Equipment				
Land and Land Improvements	3,300,000	3,555,000	3,527,687	2,957,673
Building and Building Improvements	50,500,000	44,500,000	38,771,352	38,215,213
Equipment	118,000,000	115,000,000	110,464,497	110,985,975
Construction In Progress	500,000	3,000,000	2,957,578	762,268
Capitalized Interest	0	0	0	0
Gross Property, Plant, and Equipment	172,300,000	166,055,000	155,721,114	152,921,119
Less: Accumulated Depreciation	(103,500,000)	(98,955,000)	(92,924,681)	(89,195,017)
Net Property, Plant, and Equipment	68,800,000	67,100,000	62,796,433	63,726,102
Other Assets				
Unamortized Loan Costs	198,000	210,000	222,356	234,709
Assets Held for Future Use	0	0	0	0
Investments in Subsidiary/Affiliated Org.	0	0	0	0
Other	0	0	0	0
Total Other Assets	198,000	210,000	222,356	234,709
TOTAL UNRESTRICTED ASSETS	128,912,000	134,296,350	134,615,283	116,269,273
Restricted Assets	600,000	560,500	354,287	256,983
TOTAL ASSETS	\$129,512,000	\$134,856,850	\$134,969,570	\$116,526,236

Balance Sheet - Liabilities and Net Assets

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/22

LIABILITIES AND FUND BALANCE

	Budget 6/30/2022	Projected 6/30/2021	Actual 6/30/2020	Actual 6/30/2019
Current Liabilities				
Accounts Payable	\$3,500,000	\$4,000,000	\$3,776,950	\$3,176,158
Notes and Loans Payable	0	0	0	0
Accrued Payroll	1,700,000	1,800,000	1,377,654	1,481,176
Accrued Payroll Taxes	0	0	0	0
Accrued Benefits	2,500,000	2,600,000	2,483,630	2,114,225
Accrued Pension Expense (Current Portion)	0	0	0	0
Other Accrued Expenses	0	0	0	0
Patient Refunds Payable	0	0	0	0
Property Tax Payable	0	0	0	0
Due to Third Party Payers	0	0	0	0
Advances From Third Party Payers	0	0	0	0
Current Portion of LTD (Bonds/Mortgages)	0	0	0	0
Current Portion of LTD (Leases)	1,708,044	308,044	308,044	323,414
Other Current Liabilities	463,542	558,845	447,275	397,008
Total Current Liabilities	9,871,586	9,266,889	8,393,553	7,491,981
Long Term Debt				
Bonds/Mortgages Payable	28,042,000	28,100,000	28,108,542	28,181,654
Leases Payable	4,910,000	0	0	0
Less: Current Portion Of Long Term Debt	(1,708,044)	(308,044)	(308,044)	(323,414)
Total Long Term Debt (Net of Current)	31,243,956	27,791,956	27,800,498	27,858,240
Other Long Term Liabilities				
Deferred Revenue	1,539,500	6,640,000	12,716,487	0
Accrued Pension Expense (Net of Current)	0	0	0	0
Other	650,000	150,000	465,472	747,408
Total Other Long Term Liabilities	2,189,500	6,790,000	13,181,959	747,408
TOTAL LIABILITIES	43,305,042	43,848,845	49,376,010	36,097,629
Net Assets:				
Unrestricted Fund Balance	83,510,707	80,036,412	78,299,323	77,035,008
Temporarily Restricted Fund Balance	1,959,119	1,959,119	1,959,119	1,959,119
Restricted Fund Balance	600,000	559,000	350,415	366,321
Net Revenue/(Expenses)	137,132	8,463,474	4,984,703	1,068,159
TOTAL NET ASSETS	86,206,958	91,008,005	85,593,560	80,428,607
TOTAL LIABILITIES AND NET ASSETS	\$129,512,000	\$134,856,850	\$134,969,570	\$116,526,236

Budgeted Key Patient Statistics

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/22

STATISTICS	Budget 06/30/22	Projected 06/30/21	Budget 06/30/21	Actual 06/30/20	Actual 06/30/19
Discharges					
Acute	1,500	1,653	1,489	1,443	1,593
Total Adult Discharges	1,500	1,653	1,489	1,443	1,593
Newborn	440	389	447	431	435
Total Discharges	1,940	2,042	1,936	1,874	2,028
Patient Days:					
Acute	4,400	4,675	4,016	3,999	4,597
Total Adult Patient Days	4,400	4,675	4,016	3,999	4,597
Newborn	700	583	731	715	696
Total Patient Days	5,100	5,258	4,747	4,714	5,293
Average Length of Stay (ALOS)					
Acute	2.9	2.8	2.7	2.8	2.9
Total Adult ALOS	2.9	2.8	2.7	2.8	2.9
Newborn ALOS	1.6	1.5	1.6	1.7	1.6
Average Daily Census (ADC)					
Acute	12.0	12.8	11.0	11.0	12.6
Total Adult ADC	12.0	12.8	11.0	11.0	12.6
Newborn	1.9	1.6	2.0	2.0	1.9
Emergency Room Statistics					
ER Visits - Admitted	1,500	1,403	1,590	1,513	1,729
ER Visits - Discharged	12,000	11,468	14,275	13,360	14,517
ER - Urgent Care Visits	0	0	0	0	0
Total ER Visits	13,500	12,871	15,865	14,873	16,246
% of ER Visits Admitted	11.11%	10.90%	10.02%	10.17%	10.64%
ER Admissions as a % of Total	100.00%	85.55%	107.43%	104.71%	108.81%
Productivity Statistics:					
FTE's - Worked	435.52	424.97	451.12	408.50	407.87
FTE's - Paid	478.59	466.90	495.74	448.88	450.22
Contract Labor	8.08	6.70	4.44	5.90	6.14
Case Mix Index - Medicare	1.4500	1.5242	1.3921	1.3450	1.2527
Case Mix Index - All payers	0.9000	1.2177	0.8129	0.8110	0.7597
Outpatient Statistics:					
Total Outpatients Visits	94,000	108,665	93,103	91,238	86,909
Observation Bed Days	1,200	1,194	1,396	1,299	1,466
Clinic Visits - Primary Care	51,000	49,473	50,899	46,462	49,633
Clinic Visits - Specialty Clinics	7,000	6,310	6,912	6,353	4,864
IP Surgeries	300	292	304	295	292
OP Surgeries	1,600	1,549	1,585	1,485	1,643

Budgeted Key Patient Statistics

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/22

STATISTICS	Budget 06/30/22	Projected 06/30/21	Budget 06/30/21	Actual 06/30/20	Actual 06/30/19
Ancillary Statistics:					
Laboratory:					
Inpatient	100,020	100,184	91,405	87,916	85,233
Outpatient	420,000	446,130	411,727	410,382	405,668
Radiology					
Inpatient	1,900	1,819	1,980	1,896	2,148
Outpatient	30,900	28,988	30,957	29,683	28,839
Rehab Services (PT, OT, Speech)					
Inpatient	1,540	1,760	1,340	1,364	1,438
Outpatient	4,970	4,758	5,276	5,172	5,917
Cardiac Rehab					
Inpatient	0	0	0	0	0
Outpatient	3,100	2,064	3,527	2,969	3,377
Respiratory Therapy					
Inpatient	12,500	16,079	12,232	11,853	16,026
Outpatient	4,800	3,073	4,792	4,707	4,685
Cardiology					
Inpatient	600	508	677	638	613
Outpatient	5,050	4,864	5,151	4,920	5,562

Statement of Cash Flows

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/22

	CASH FLOW	
	Budget 6/30/2022	Projected 6/30/2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$655,827	(\$2,637,657)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	4,545,000	6,030,319
(Increase)/Decrease in Net Patient Accounts Receivable	(520,000)	(82,582)
(Increase)/Decrease in Other Receivables	(900,000)	816,525
(Increase)/Decrease in Inventories	300,000	(91,461)
(Increase)/Decrease in Pre-Paid Expenses	200,000	435,417
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(500,000)	223,050
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	(200,000)	538,716
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	(95,303)	111,570
Net Cash Provided by Operating Activities:	3,485,524	5,343,897
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(6,245,000)	(10,333,886)
(Increase)/Decrease in Limited Use Cash and Investments	5,792,350	2,679,528
(Increase)/Decrease in Other Limited Use Assets	0	0
(Increase)/Decrease in Other Assets	(27,500)	(193,857)
Net Cash Used by Investing Activities	(480,150)	(7,848,215)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	3,452,000	(8,542)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(4,600,500)	(6,391,959)
Net Cash Used for Financing Activities	(1,148,500)	(6,400,501)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(5,456,874)	8,052,102
Net Increase/(Decrease) in Cash	(3,600,000)	(852,717)
Cash, Beginning of Period	11,200,000	12,052,717
Cash, End of Period	\$7,600,000	\$11,200,000

Full Time Equivalent Employees (FTE's)

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/22

	Budget 6/30/2022	Projected 6/30/2021	Budget 6/30/2021	Actual 6/30/2020	Actual 6/30/2019
600 Medical/Surgical Nursing/OP Svcs	24.9	24.1	30.4	24.8	23.6
605 Behavioral Health	7.7	5.7	6.5	5.8	6.5
610 OB/Delivery/Nursery/LDRP	16.4	17.7	17.7	17.3	16.7
620 Intensive Care Unit	9.6	9.4	11.4	11.3	10.9
630 Surgical Services	20.8	20.2	19.8	19.4	19.6
633 Recovery Room	4.1	3.0	2.1	2.6	3.3
640 Dialysis	11.0	8.6	11.1	9.2	8.0
650 Emergency Department	20.1	22.5	22.4	22.7	24.6
660 Oncology Services	9.7	10.9	11.7	9.4	11.3
700 Laboratory	35.8	37.1	37.0	34.3	33.1
710 Radiology Diagnostic	10.1	7.8	9.2	7.7	8.8
711 Mammography	2.8	1.6	2.4	1.4	1.2
712 Ultrasound/Echo	3.6	3.1	5.3	3.5	3.7
713 Nuclear Medicine/PET	1.7	1.3	1.7	1.8	1.8
714 CT Scan	4.4	5.7	4.3	5.3	4.6
715 MRI	1.7	2.1	1.2	1.3	1.2
720 Respiratory Therapy	6.3	5.7	7.4	6.0	6.2
722 EKG and Sleep Lab	3.0	3.8	3.7	3.1	4.2
723 Cardiac Rehab	2.4	2.2	2.3	2.1	2.3
730 Physical Therapy	3.4	2.8	3.5	3.2	3.5
782 Quality/Compliance/Inf Cntrl	7.3	7.5	7.8	8.4	8.7
781 Social Worker	1.0	1.0	1.0	1.0	1.0
786 Nursing Informatics	4.0	4.0	4.0	3.1	3.0
790 Health Information Management	15.3	12.2	12.5	12.1	12.9
791 Case Management/Care Transition	5.2	4.3	4.6	3.8	5.1
800 Plant Operations/BioMed	15.0	14.4	15.5	13.2	12.5
801 Housekeeping	28.0	25.9	26.5	23.8	23.8
802 Laundry and Linen	4.0	5.3	6.5	6.0	6.4
810 Security/Emer. Mgmt	8.1	23.2	8.1	12.6	8.2
860 Materials Management	9.5	8.8	9.0	7.7	8.0
870 Dietary, Dieticians	14.1	15.8	18.2	17.7	19.0
901 Marketing	1.0	0.8	1.0	0.8	1.0
903 Administration	6.5	6.6	6.5	6.2	6.0
905 Nursing Administration	4.2	4.1	4.2	4.0	4.1
910 Information Systems	6.0	4.6	6.0	4.8	7.8
920 Human Resources	4.0	4.0	4.0	4.3	4.5
930 General Accounting	5.0	4.7	5.0	4.5	4.8
940 Patient Accounting	19.0	17.0	17.0	13.6	13.5
941 Admitting and Outpatient Registration	30.1	30.7	13.2	14.2	15.4
942 Communications	1.0	1.0	3.0	2.2	2.9
943 Central Scheduling	5.0	5.0	5.0	4.3	3.8
950 Orthopedic Clinic (no physician)	0.0	3.0	5.0	2.8	3.7
974 Primary Care Clinic (no physician)	40.0	32.3	53.9	43.7	38.0
All Other (Educ, MedSt, Volunteer, Found, Phys Rec)	8.4	8.1	7.8	7.2	6.6
Sub-Total	441.1	439.6	456.3	414.0	415.9
Physicians/PAs/Nurse Practitioners	37.5	39.6	39.5	34.9	34.4
TOTALS	478.6	479.2	495.7	448.9	450.3
Contract Labor	0.3	0.4	1.0	0.7	0.7
Emergency Room	0.0	0.0	0.0	0.0	0.0
Med/Surg	1.0	0.4	0.5	0.4	0.8
OB/Delivery/Nursery/LDRP	0.0	0.2	1.0	0.9	0.1
Special Care Unit (ICU)	2.3	1.6	1.0	0.6	2.1
Surgical Services	1.0	1.7	0.0	1.1	1.2
Ultrasound	2.0	1.8	0.0	0.0	0.1
Laboratory	1.0	1.2	0.9	0.6	1.1
Behavioral Health	0.0	0.0	0.0	0.3	0.0
Infection Control	0.0	0.0	0.0	0.7	0.2
EKG and Sleep Lab	0.5	0.1	0.0	0.5	0.0
Respiratory	0.0	2.4	0.0	0.1	0.0
Emergency Management	0.0	0.5	0.0	0.0	0.0
Physical Therapy	0.0	0.0	0.0	0.0	0.0
Sub-Total	8.1	10.2	4.4	6.0	6.1
Total Employed FTEs and Contract Labor	486.7	489.4	500.2	454.9	456.4

Key Financial Ratios
















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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/22


 - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Budget 6/30/2022	Projected 6/30/2021	Actual 06/30/20	BB+ Credit Rating Current	BBB- Credit Rating Median	WYOMING All Hospitals (See Note 1)	National Rural \$90-200 million Net Rev (See Note 2)
Profitability:								
Operating Margin		0.67%	-2.85%	-1.72%	-0.10%	0.30%	2.64%	-1.04%
Total Profit Margin		6.14%	9.13%	5.59%	2.00%	1.00%	6.11%	3.79%
Inpatient Gross Revenue Percentage		22.72%	23.38%	22.32%			36.90%	28.70%
Outpatient Gross Revenue Percentage		77.28%	76.62%	77.68%			64.10%	71.70%
Liquidity:								
Days Cash, All Sources		161.42	195.28	221.04	136.80	**128	62.00	36.80
Net Days in Accounts Receivable		39.93	40.50	50.46	52.40	51.80	66.90	54.80
Capital Structure:								
Average Age of Plant (Annualized)		11.83	13.60	13.29	10.50	11.20	9.50	11.50
Long Term Debt to Capitalization		26.60%	23.39%	24.52%	45.60%	41.60%	16.80%	17.40%
Debt Service Coverage Ratio		2.31	6.54	3.31	2.50	**2.3	N/A	1.76
Productivity and Efficiency:								
Including Providers								
Paid FTE's per Adjusted Occupied Bed		8.07	7.97	8.34			6.60	5.25
Salary Expense per Paid FTE		\$89,233	\$93,352	\$88,881			\$62,436	\$55,115
Excluding Providers								
Paid FTE's per Adjusted Occupied Bed		7.45	7.32	7.61			6.60	5.25
Salary Expense per Paid FTE		\$62,986	\$66,040	\$56,447			\$62,436	\$55,115
Salary and Benefits as a % of Total Operating Expense		55.51%	57.89%	54.67%			43.60%	38.90%
Total Net Revenue per FTE		\$205,071	\$198,266	\$198,751			\$132,369	\$109,053
Employee Benefits %		27.18%	27.19%	28.14%			22.98%	29.27%
Supply Expense Per Adj. Discharge - CMI Adj.		\$1,928	\$1,858	\$1,962			\$1,270	\$713
Inventory Ratio		32.71	28.05	27.81			52.24	47.02
Other Ratios:								
Gross Days in Accounts Receivable		43.81	46.19	50.05				
Net Revenue per Adjusted Discharge		\$ 13,085	\$ 11,678	\$12,412				
Operating Expenses per Adj. Discharge		\$ 12,997	\$ 12,011	\$12,628				

**Bond Covenant ratio is 75 Days Cash on Hand and 1.25 Debt Service Coverage

Note 1 - 2017 Ingenix report (2015 data), for all hospitals within the state regardless of size.

21 of 28 hospitals in Wyoming are Critical Access

Note 2 - 2017 Ingenix report (2015 data), for all U. S. hospitals that match this type and size.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget For The Year Ending 6/30/2022

Department	Requested Item	Priority	Quote	Number of Units	Unit Cost	6/30/2022 Capital Budget	6/30/2023 Capital Budget	6/30/2024 Capital Budget
BLOOD BANK	Ortho Workstation	YES		1	\$5,490	\$5,490		
BLOOD BANK	Thermo Scientific QWS Cell Washer	YES		1	\$13,549	\$13,549		
BLOOD BANK	Beckel Platelet Incubator and agitator	YES		1	\$7,962	\$7,962		
BLOOD BANK	Tissue Freezer -80 degrees	YES		1	\$14,390	\$14,390		
CARDIAC AND PULMONARY REHAB	TELE-REHAB MONITORING SYSTEM	YES		1	\$14,798	\$14,798		
CARDIAC AND PULMONARY REHAB	SHRIMP/HLT INTERFACE SCOTTSCARE SYSTEM TO CERNER	YES		1	\$15,840	\$15,840		
CARDIAC AND PULMONARY REHAB	MUSTER	YES		1			\$5,050	
CARDIAC AND PULMONARY REHAB	RECUMBENT STATIONARY BIKE (10490)	YES		1			\$8,395	
CARDIAC AND PULMONARY REHAB	SOFT UPPER BODY EXERCISER (10483)	YES		1			\$5,360	
CARDIAC AND PULMONARY REHAB	SOFT REX RECUMBENT ELLIPTICAL (10484)	YES		1			\$6,215	
CARDIOPULMONARY	ECG MACHINES	NO		3	\$25,052	\$75,156		
CARDIOPULMONARY	AIRWAY CLEARANCE DEVICE	NO		1	\$8,450	\$8,450		
CARDIOPULMONARY	NON-INVASIVE GAS EXCHANGE MONITOR	NO		1	\$9,600	\$9,600		
CLINIC	FLEXIBLE CYSTO-NEPHRO VIDEOSCOPE - UROLOGY	YES		1	\$21,891	\$21,891		
CLINIC	URODYNAMIC PROCEDURE TABLE 55 - UROLOGY	YES		1	\$22,040	\$22,040		
CLINIC	ELI 360 HEATING ELECTROCARDIASH-PP	NO		1	\$25,000	\$25,000		
CLINIC	PRO TREADMILL WITH TOUCH MONITOR	NO		1	\$114,975	\$114,975		
DIALYSIS	HEMODIALYSIS MACHINES	YES		8	\$13,500	\$108,000		
DIALYSIS	HEMODIALYSIS CHAIRS	YES		8	\$5,231	\$41,850		
DIALYSIS	VISIONEX BILLING SOFTWARE	YES		1	\$24,000	\$24,000		
DIETARY	CONVEYOR BELT DISHWASHER	YES		1	\$51,462	\$51,462		
DIETARY	DIRECT STEAM CONVECTION STEAMER	YES		1	\$15,461	\$15,461		
DIETARY	GRILL TOP AND STAND	YES		1	\$5,642	\$5,642		
EMERGENCY ROOM	ER GURNEYS	NO		16	\$1,000	\$16,000		
EMERGENCY ROOM	VITALS CARTS AND MACHINES	NO		15	\$451	\$6,770		
EMPLOYEE HEALTH	PURE ONE ELECTRONIC EMPLOYEE HEALTH RECORD	YES		1	\$45,113	\$45,113		
FACILITIES	DUAL SIDED ELECTRONIC SIGN-HOSPITAL	YES		1	\$101,300	\$101,300		
FACILITIES	DUAL SIDED ELECTRONIC SIGN-COLLEGE HILL	NO		1	\$52,300	\$52,300		
FACILITIES	NEW TANCE FOR WANSUTTER	NO		1	\$75,000	\$75,000		
FACILITIES	VEHICLE FOR ADMINISTRATION	NO			\$50,000	\$50,000		
FACILITIES	NEW FLOW TRUCK	NO		1	\$61,000	\$61,000		
FACILITIES	SNOW REMOVAL MACHINE	NO		1	\$24,000	\$24,000		
FACILITIES	SHREDDER SYSTEM FOR AUTOCLAVED HAZ WASTE	NO		1	\$350,000	\$350,000		
FACILITIES	CLASSROOM TABLES	NO		1	\$13,300	\$13,300		
HISTOLOGY	HistoCore BIGOUT	YES		1	\$16,117	\$16,117		
HISTOLOGY	HistoCore Arcadia H Paraffin dispenser	YES		1	\$16,809	\$16,809		
HISTOLOGY	Leica CV5000 Glass Coverslipper	YES		1	\$69,217	\$69,217		
HISTOLOGY	Leica ASP600 S vacuum tissue processor						\$68,165	
HISTOLOGY	Mopac grossing station						\$29,505	
HISTOLOGY	Leica CM1860 UV Cryostat							\$80,764

Department	Requested Item	Priority	Quote	Number of Units	Unit Cost	6/30/2022	6/30/2023	6/30/2024
						Capital Budget	Capital Budget	Capital Budget
HISTOLOGY	Leica HistoCore stainer							\$74,208
HISTOLOGY	HistoCore Spectra Stain and coverslipper							\$149,791
INFORMATION TECHNOLOGY	LAPTOPS			50	\$1,200	\$60,000		
INFORMATION TECHNOLOGY	DESKTOPS			100	\$1,200	\$120,000		
INFORMATION TECHNOLOGY	Upgrade 4x UCS Blade servers and Pure Storage upgrade			4	\$37,500	\$150,000		
INFORMATION TECHNOLOGY	CLASSROOM AV PROJECT			1	\$150,000	\$150,000		
INFORMATION TECHNOLOGY	Singlewire Paging Server upgrade			1	\$25,000	\$25,000		
INFORMATION TECHNOLOGY	VMware and additional 4cpu licenses for Voice Server redundancy			1	\$20,000	\$20,000		
INFORMATION TECHNOLOGY	UPGRADE SIP TRUNKS AND VOIP ROUTERS			1	\$78,000	\$78,000		
INFORMATION TECHNOLOGY	MISCELLANEOUS HARDWARE - CERNER			1	\$35,000	\$35,000		
INFORMATION TECHNOLOGY	MISCELLANEOUS INTERFACES - CERNER			1	\$100,000	\$100,000		
LAB	Advanced Instruments Osmometer	YES		1	\$19,900	\$19,900		
LAB	BD Affirm VPIII	YES		1	\$13,500	\$13,500		
LAB	Sysmex Alifax Analyzer	YES		1	\$9,000	\$9,000		
LAB	Med Water lab purification	YES		1	\$7,150	\$7,150		
LAB	Refrigerator, single door, micro	YES		1	\$5,886	\$5,886		
LAB	Refrigerator, double door, main lab	YES		1	\$8,217	\$8,217		
LAB	Refrigerator, double door, main lab	YES		1	\$8,217	\$8,217		
LAB	Freezer, -80 degrees, main lab	YES		1	\$7,757	\$7,757		
LAB	Heratherm Microbiological Incubator	YES		1	\$7,295	\$7,295		
LAB	Fluorescent Microscope	YES		1	\$18,691	\$18,691		
LAB	Labconco Biological Hood	YES		1			\$11,708	
LAB	ABL 800 Series Blood Gas Analyzer	YES		1			\$32,090	
LAB	Stago Compact Max	YES		1			\$45,670	
LAB	BD Bactec FIT	YES		1				\$57,900
LAB	BACTEC FM40	YES		1				\$15,900
LAB	Microscope, main lab	YES		1				\$10,217
LAB	Sysmex Cellavision	YES		1				\$110,100
LAB	Sysmex XN-3100 with Cellavision	YES		1				\$450,618
MATERIALS	SCAN GUNS	NO		1	\$10,000	\$10,000		
MEDICAL FLOOR	BARiatric BED	YES		1	\$9,600	\$9,600		
MEDICAL IMAGING	HOLOGIC HORIZON-W DXA SCANNER	YES		1	\$57,155	\$57,155		
MEDICAL IMAGING	YSIO -DIGITAL XRAY SYSTEM-RAD ROOM 4	YES		1	\$383,868	\$383,868		
MEDICAL IMAGING	FLUOROSCOPY/XRAY SYSTEM-RAD ROOM 1	YES		1	\$350,920	\$350,920		
MEDICAL IMAGING	CT WORKSTATION	YES		1	\$345,945	\$345,945		
MEDICAL IMAGING - MRI	CADSTREAM SOFTWARE, BREAST APPLICATION FOR BREAST MRI	YES		1	\$25,495	\$25,495		
MEDICAL IMAGING - ULTRASOUND	PHILIPS EPIQ DIAGNOSTIC ULTRASOUND SYSTEM	YES		1	\$137,355	\$137,355		
MEDICAL IMAGING - ECHO	PHILIPS EPIQ DIAGNOSTIC ULTRASOUND SYSTEM FOR ECHO	YES		1	\$136,440	\$136,440		
MEDICAL ONCOLOGY	CERNER CAREWARE VITALSLINK ACCES TO CHEMO CHAIRS	NO		1	\$12,617	\$12,617		
NURSERY	BILI BLANKETS/LIGHTS	YES		1	\$27,990	\$27,990		
NURSING ADMINISTRATION	WHEEL CHAIRS	YES		12	\$1,804	\$21,648		
PHYSICAL THERAPY	TRACTION TABLE	YES		1	\$11,563	\$11,563		
PHYSICAL THERAPY	ENDLESS POOL	YES		1	\$83,215	\$83,215		
PHYSICAL THERAPY	TREADMILL	YES		1			\$5,695	
PHYSICAL THERAPY	RECLUMBENT STATIONARY BIKE (L0490)	YES		1			\$5,195	
PHYSICAL THERAPY	MUSTEP T4R RECLUMBENT CROSS TRAINER 4500	YES		1			\$5,050	
PHYSICAL THERAPY	SCIFT UPPER BODY EXERCISER	YES		1				\$5,360

Department	Requested Item	Priority	Quote	Number of Units	Unit Cost	6/30/2022	6/30/2023	6/30/2024
						Capital Budget	Capital Budget	Capital Budget
PHYSICAL THERAPY	VECTRA GENIUS 4 CHANNEL ELECTRICAL STIMULATION		YES	1				
QUALITY	SOFTWARE FOR STAR RATING		YES	1	\$105,120	\$105,120		
QUALITY	MD STAT - PBER REVIEW SOFTWARE TO REPLACE MIDAS		YES	1	\$25,000	\$25,000		
RADIATION ONCOLOGY	ENT SCOPE		YES	1	\$12,465	\$12,465		
SURGERY	MINDRAY M9 ULTRASOUND		YES	1	\$37,000	\$37,000		
SURGERY	NEPTUNE ROVERS/STRYKER		YES	2	\$15,750	\$31,500		
SURGERY	X-RAY PROTECT GARMENTS/BLOXR		YES	1	\$15,200	\$15,200		
SURGERY	STERILIZER EQUIPMENT- NEW RENOVATION		YES	1	\$752,971	\$752,971		
						<u>\$5,135,077</u>	<u>\$224,899</u>	<u>\$804,058</u>
CONSTRUCTION PROJECTS								
FACILITIES	MEDICAL IMAGING RENOVATION		NO	1	\$2,975,824	\$2,975,824		
FACILITIES	SURGICAL SUITE/CENTRAL STERILE RENOVATION		NO	1	\$5,121,961	\$5,121,961		
FACILITIES	LAUNDRY UPGRADE		NO	1	\$1,150,000	\$1,150,000		
FACILITIES	NEW ROOF FOR COLLEGE HILL		NO	1	\$68,000	\$68,000		
FACILITIES	NEW BULK O2 STORAGE TANK		NO	1	\$150,000	\$150,000		
FACILITIES	O3 WHIRLPOOL TUBS TO SHOWERS		NO	1	\$142,000	\$142,000		
FACILITIES	TUNNELL ASSESSMENT		NO	1	\$25,000	\$25,000		
FACILITIES	UNDERGROUND STORAGE TANKS		NO	1	\$400,000	\$400,000		
FACILITIES	ENGINEERING FOR GENERATOR BUILDING FIRE SUPPRESSION		NO	1	\$22,000	\$22,000		
FACILITIES	ENGINEERING FOR AMBULANCE BAY DRAINS		NO	1	\$40,000	\$40,000		
FACILITIES	ENGINEERING FOR WINDOW WELLS		NO	1	\$15,000	\$15,000		
FACILITIES	ENGINEERING FOR EMERGENCY DIESEL GENERATORS		NO	1	\$135,000	\$135,000		
FACILITIES	B-LEVEL FLOORING		NO	1	\$100,000	\$100,000		
FACILITIES	CHEMO MIXING ROOM		NO	1	\$618,295	\$618,295		
FACILITIES	KITCHEN DISH ROOM		NO	1	\$130,000	\$130,000		
DIETARY	FILL DINEROOM FLOOR		NO	1	\$15,000	\$15,000		
FACILITIES	PARKING LOT REVISION		NO	1	\$344,000	\$344,000		
						<u>\$11,482,080</u>	<u>\$0</u>	<u>\$0</u>

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...May Building and Grounds Committee Meeting
Date: May 25, 2021

The Central Plant project cannot be completed until warmer weather so that more testing can be done. The contractor wants the retainage funds released...I advised against it. Jake said he would investigate the matter more. Also, I asked if there were any hard dollar expenses incurred by the Hospital (including extra engineering fees) due to the extreme delay in completion. Are charge-backs for these expenses, if any, in order? Jake is to look into this matter as well.

Regarding the HVAC/UVG projects...Jake indicated he is pleased with Groathouse' work thus far including schedule progression.

Regarding the S-1 Unit work, demolition is almost done. Some delays in getting the new equipment on site. The new unit is arriving in pieces.

Medical Imaging project...Some work is getting done...need to focus on staging the work as Groathouse has other projects as well.

Regarding the Pharmacy Chemo Mixing Room project...it has been determined that this work must be done and funds are budgeted in the FY 2022 construction budget.

Pharmacy Compounding Room...The project is basically complete; however, the State Pharmacy Board must approve the project.

Bulk Oxygen Project...the existing contract has been amended to pay the monthly fee. The cost will be an additional \$1,000 per month. The FY 2022 construction budget includes funds to finish the project. A new, replacement tank is needed as well as a small reserve tank. Some exterior drainage, concrete and related work is needed. I asked that every effort be made to get this work done before freezing weather hits late this year.

Regarding the Building Automation System project...Vaughn's Plumbing and Heating will be doing a lot of the work and they have not started yet.

Regarding tabled projects (Roofing over Power House, Waldner House Wall, OB bathtub conversion...these projects are still a "go" and will be completed later this year. Also, the work on the renovation of Dr. Sulentic's Office is a "go".

Joint Commission visit went well as it pertains to B & G. Irene thanked all involved.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

BUILDING & GROUNDS COMMITTEE AGENDA

Tuesday ~ May 18, 2021

3:30 p.m.

Zoom teleconference

Voting Board Committee Members:

Marty Kelsey, Trustee - Chairman
Dr. Barbara Sowada, Trustee

Voting Staff Committee Members:

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

Non-voting Members:

Gerry Johnston, Facilities Supervisor
Stevie Nosich, Safety Coordinator

Guests:

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

1. Call Meeting to Order

Marty Kelsey

2. Approve Agenda

Marty Kelsey

3. Approve Minutes – April 20, 2021

Marty Kelsey

4. Maintenance Metrics

Jim Horan

- a. Work orders
- b. Department overtime
- c. Budget variance

5. Old Business

a. Project Review

- i. Central Plant expansion
- ii. HVAC/UVG projects
- iii. Medical Imaging renovation
- iv. S1 Unit
- v. Chemo Mixing room
- vi. Pharmacy Compounding room
- vii. Dr. Sulentic Office
- viii. Bulk Oxygen
- ix. Building automation system

Jake Blevins/Gerry Johnston
Jake Blevins
Will Wheatley/Jake Blevins/Gerry Johnston
Jake Blevins
Jim Horan
Gerry Johnston
Will Wheatley
Jim Horan
Jim Horan

b. Tabled projects

Jim Horan

- i. Replacement roofing for power house

- ii. OB Bathtubs to Showers
- iii. Foundation Waldner House retaining wall

6. New Business - None

7. Next meeting schedule

Marty Kelsey

- a. June 15, 2021 Classroom 1 or Zoom; 3:30P – 4:30P

8. Adjournment

Marty Kelsey

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
May 18, 2021

The Building and Grounds Committee met in regular session via Zoom on May 18, 2021, at 3:30 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Dr. Barbara Sowada, *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. Jim Horan, *Facilities Director*
 Mr. Jake Blevins, *ST&B Engineering*

Mr. Kelsey called the meeting to order.

Dr. Sowada made a motion to approve the agenda. **Ms. Richardson seconded; motion passed.**

Mr. Kelsey asked for a motion to approve the minutes from the April 20, 2021 meeting. Dr. Sowada made a motion to approve the minutes. **Ms. Richardson seconded; motion passed.**

Maintenance Metrics

Mr. Horan said there is **nothing unusual to report on the monthly**. His staff has been very busy with all of the construction projects and the recent Joint Commission survey.

Old Business – Project Review

Central Plant Expansion

Mr. Blevins said BHI has completed the punch list items to our satisfaction with the exception of some piping that cannot be completed until peak summer conditions. He is cross checking funds for an amount for the piping that will be withheld from the final retainage payment so it can be completed at a later date, either by BHI or another contractor. There is some disagreement between the parties of what that amount should be. He is going to get a second opinion as to how much to withhold. Dr. Sowada thanked him for his diligence on this project. Mr. Kelsey asked if any of ST&B's fees could be charged back to the contractor due to the delay in completing the project. Mr. Blevins said he would pull some reports to see what those costs are and would entertain the chargeback. He would also like to look at the BHI contract to see what damages and dollars there were for unscheduled interruptions.

HVAC/UVG Projects

Mr. Blevins just finished an OAC meeting with the team and they are full steam ahead. S1 demolition will be complete by the end of this week. The stairwell to the penthouse will also be completed this week. Mr. Kelsey asked if we are satisfied with the timeliness and completeness of this contractor. Mr. Blevins said they are very pleased with Groathouse. Ms. Love said she will reach out to Groathouse concerning the CARES Act deadline of June 30. Mr. Blevins said

Groathouse would like to get pay application #6 paid and then we can talk about the remaining funds. Ms. Love will send an email to set up a call to discuss. Mr. Kelsey asked about the timeline and if the invoices need to be received early like with the SLIB grants. Ms. Love said she just needs to have the final pay application dated before June 30 to keep it in this fiscal year.

Medical Imaging Renovation

Mr. Blevins said all three of the projects are being worked together so it is hard to differentiate and report on separately. He said there is framing being done. There is some concern on the phasing of demolition and reconstruction and adherence to the schedule. He said he will meet with Mr. Horan, Mr. Johnston, and Groathouse to see if we can be creative with the phasing.

S1 Unit

Mr. Blevins said demolition is being completed this week. There have been some supply chain issues. The new unit will be field erected. He will be onsite next week to assist in the layout once the old unit is cleaned out.

Pharmacy Chemo Mixing Room

Mr. Horan said we did make the decision not to bring in an industrial hygienist and we will move forward with the project. He will start working with Mr. Blevins and Mr. Wheatley as soon as other projects finish up. Mr. Kelsey asked if this project has been budgeted. Ms. Love said it has been included in the Capital Construction budget for FY2022.

Pharmacy Compounding Room

Mr. Horan said this project was done inhouse and it has taken more time. The project is completed. The State did their inspection today. The State Pharmacy Board will need to approve also and the Director of Pharmacy is scheduling that inspection.

Dr. Sulentic Office

Ms. Richardson said the paperwork has been completed. No one had any other updates.

Bulk Oxygen

Mr. Horan said the two documents for this project have been signed. One was an amendment for the increase in monthly tank rental to help pay for the new tank. The other is to get engineered plans for the rest of the project. He is hoping to have the plans complete so we can put out to bid this summer. Ms. Love said the new monthly rental is included in the FY2022 budget and we have also included an estimate of the construction project in the Capital Construction budget. Mr. Horan said this will be a new tank to replace the one that is at end of life. We will also be getting a small reserve tank due to the increase in usage. Mr. Blevins offered his services for oversight if needed. Dr. Sowada asked if the civil engineering will go out to bid. Mr. Horan said he has a proposal in hand. Mr. Kelsey asked what the increase in the monthly fee will be. Ms. Love said it increased from about \$400 per month to \$1400 per month and added several years onto the end of the

agreement. Mr. Kelsey also asked that we try and get this project done before winter so the drainage issues can be addressed.

Building Automation System

Mr. Horan said a lot of the work will be subcontracted to Vaughn's. They are very busy with the HVAC project so we are waiting for a window of opportunity for them to start on this project. He said there is no other progress to report at this time.

Tabled Projects

There are no new updates on the remaining tabled projects as most are on hold for the spring weather and new budget year.

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

New Business

Ms. Richardson wanted to commend Mr. Horan and his team for a successful Joint Commission survey and this Committee for all of the support. The Life Safety (LS) and Environment of Care (EOC) portions of the Joint Commission survey went very well with only one LS finding. The surveyors were very complementary of the building and the grounds of our hospital. She thanked everyone for their hard work in the minimal findings. She also thanked Mr. Horan and his team, Mr. Blevins and Mr. Wheatley for all of their help over the last year in the success of the construction projects and SLIB grants.

The next meeting will be held June 15 at 3:30 p.m.

The meeting adjourned at 4:02 p.m.

Submitted by Tami Love

Memorial Hospital of Sweetwater County
Governance Committee Meeting
May 10, 2021
Zoom Meeting

Voting Members Present: Richard Mathey, Irene Richardson, and Barbara Sowada

Non-voting Members Present: Marianne Sanders, Suzan Campbell

Call Meeting to Order

Richard Mathey called meeting to order at 3:00 pm.

Discussion

Agenda was created during the meeting.

Minutes April minutes had been previously approved by email

New Business None

Old Business

1. Completed final draft of Board Bylaws, incorporating previously approved modification. The Bylaws were approved by the majority of the Board at the May 5th Board meeting, with three modifications. These modifications were
 - a. Chapter IV, Section 5, Quorum, which was rewritten to state “No action of the Board shall be valid unless such action has been approved by a majority of the Board.”
 - b. Chapter XIII, Section 1, Requirements, which was rewritten to state “Amendments and alterations to the Bylaws shall require a majority vote of the full Board present at any regular or special meeting, provided the proposals for change have been furnished in writing to each Trustee at least five (5) days prior to the meeting.”
 - c. Chapter IV, Section 2, Executive Session, which added “To consider, discuss and conduct safety and security planning that, if disclosed, would pose a threat to the safety of life or property.”
2. Discussion regarding Board policies. Board policies have been moved into *polycystat* and are housed in separate category titled Board Policies. The policies were written between 2017 and 2021; therefore, it was decided to review, and revise as needed, all existing Board policies. The policies to be reviewed were assigned to Governance committee members and other hospital personnel. (The list with their assignments is attached.) Included in the revision is to include CMS or TJC requirements, where appropriate. The goal is to complete the review and revision of existing policies before the July annual meeting.

Executive Session

1. Voting members went in to Executive Session at 3:30 pm

Regular Session

1. Dates for the policy review meetings: May 17, 10 AM; May 26, 11 AM; June 4, 2 PM; June 9, 10 AM; June 16, 10 AM; June 24, 2 PM; and June 30, 11 AM>

With no further business, the meeting was adjourned at 4:300 pm.

Next meeting is May 17th at 10:00 am by Zoom.

Submitted by Barbara J. Sowada, Ph.D.

Board Policies Approved

Guidelines for Negotiating PP Agreements 3/21 Marianne

Guidelines for Negotiating Physician Contracts 3/21 Marianne

Spending Authority and Matrix 10/17 Rene/Ami

Executive Oversight 6/17 Lara

*Management's Duty to Disclose 6/17 Lara

Contract Review Approval 9/17 Susan

Contracts Requiring Board Approval 12/17 Susan

Contract Management Policy 12/17 Susan

Conflict of Interest 8/18 Susan

Board Agenda 12/18 Lara

Board Email Communication 12/18 Susan

Investment Policy 12/18 Rene/Ami

Physician Credentialing Tool Marianne/erry

Professional Practice Review Plan 1/20 Marianne/erry

Financial Hardship 5/20 Rene/Ami

Termination Appeal Tool Rene

Attendance of Board Committee Meetings 9/20 Lara

Maintenance of Board and Board Committee Meetings Minutes 10/20 Lara

Medical Staff Leadership Direct Consultation with the Board 11/21 Marianne

Policies Needed (Perhaps) According to TGI

Board role in development/philanthropy

Information transparency (info to public re measures of quality/safety/pricing/etc)

Annual Community Benefit Report

Board Compliance Plan (monitoring of MBO employment/directorship/etc)

CEO Succession Plan

Audit

Financial assistance and charity care

Prohibition of excessive collection efforts and reporting accounts to credit rating agencies

Loans to Trustees and Management

Annual Operating Budget

Emergency decision making

Clinical Governance

Liability insurance

Competition and Conflict of Interest as pertains to physicians

Ensuring new services meet quality and financial criteria

Auditing of physician credentialing process

Review of quality data

Memorial Hospital of Sweetwater County

Board of Trustees

Bylaws

CHAPTER I: DEFINITIONS

Section 1. Authority

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

Section 2. Definitions

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

CHAPTER II: LEGAL STRUCTURE

Section 1. Legal Structure

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

Section 2. Overall Statements

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

CHAPTER III: GOVERNING BODY

Section 1. Appointment and Term

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

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

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

Section 2. Resignation

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

Section 3. Removal

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

Section 4. Seal

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

Section 5. Policies

The Board shall create and establish such Board policies as it shall deem necessary and appropriate. The Board shall also create and approve a process for the review of Hospital wide policies over which the Board has oversight obligations.

Section 6. Meeting Records

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

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

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

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

- A. Organizing itself as provided in these Bylaws (See Chapter IV)
- B. Monitoring compliance with federal, state and local laws
- C. Providing direction and exercising general oversight over the affairs of the Hospital to ensure fulfillment of its mission
- D. Monitoring that all applicable accreditations and licenses are obtained and maintained as are appropriate and necessary to effectuate the Hospital's purpose

- E. Providing for the establishment of a duly licensed and qualified Medical Staff to carry out the Hospital's obligations and objectives for the care of the sick and infirm of the Hospital (See Chapter VII)
- F. Overseeing the ongoing implementation, maintenance, and monitoring of the standards of safe, quality, and efficient medical care in accordance with all applicable laws and accrediting bodies
- G. Appointing and fixing compensation and terms of office for a properly qualified CEO, who shall be responsible to the Board for managing the Hospital and who shall carry out the delegated authority of the Board. Consistent with such appointment, the Board shall periodically review and evaluate the performance of such officer
- H. Reviewing and approving an annual operating and annual and long-term capital budgets for the Hospital. The budget shall be for the Hospital's fiscal year, which commences on July 1 and concludes June 30 of the following calendar year. The budget shall be presented to the Commissioners in June, prior to commencement of the fiscal year
- I. Monitoring that the Hospital maintains a uniform system of accounting in accordance with generally accepted accounting principles and federal hospital regulations
- J. Retaining an independent auditor consistent with applicable laws and best practices to examine the Hospital's financial statements and provide a written report that contains an opinion as to whether the financial statements are fairly stated and comply in all material respects to the applicable audit standards
- K. Monitoring that the Hospital has an overall institutional plan that meets the conditions of the Medicare Conditions of Participation
- L. Receiving and owning personal property, and such real property as is authorized by Wyoming Statutes
- M. Making, altering, revoking, amending, executing and enforcing such Bylaws of the Hospital and the Medical Staff as the Board determines will promote the Hospital's best interest in accordance with the laws and the Hospital's mission
- N. Retaining independent counsel
- O. Having a policy and procedure for the approval and oversight of contracts entered into by the Hospital that assures 1) the maintenance of a data base that includes the nature, scope and length of term for each contract and 2) that prior to entering into any contract or affiliation agreement that must be approved by the Commissioners, the Board obtains the Commissioners' approval
- P. Having a policy and procedure for the approval and oversight of clinical service contracts that assures 1) the maintenance of a data base that includes the nature, scope and length of term for each contract, 2) evidence of physician involvement in the selection of the contractor, and 3) an annual evaluation showing the contractor meets quality standards

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

CHAPTER IV: ORGANIZATION OF THE BOARD OF TRUSTEES

Section 1. Meetings

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

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

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

Section 2. Executive Session

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

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

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

Section 3. Officers

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

Section 4. Duties of Officers

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

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

Section 5. Quorum

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

Section 6. Conflict of Interest

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

Section 7. Voting

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

Section 8. Committees

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

CHAPTER V: HOSPITAL CHIEF EXECUTIVE OFFICER

Section 1. Appointment

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

Section 2. Authority

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

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Section 3. Duties

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

CHAPTER VI: FISCAL CONTROL

Section 1. Guidelines and Audits

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

Section 2. Execution of Instruments

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

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

Chapter VII-MEDICAL STAFF

Section 1. Establishment of Medical Staff

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

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

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

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

Section 2. Responsibilities of the Medical Staff

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

Section 3. Medical Staff Bylaws

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

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

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

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

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

Section 5. Medical Staff Recommendations

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

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

Section 6. Liability Insurance

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

CHAPTER VIII: DISCRIMINATION

Nondiscrimination Policy

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

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CHAPTER IX: PUBLIC STATEMENTS AND PRONOUNCEMENTS

Official Positions

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

CHAPTER X: GIFTS AND BEQUESTS

Acceptance Policy

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

CHAPTER XI: VOLUNTEER GROUPS

Section 1. Purpose

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

Section 2. Governance

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

Section 3. Reports

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

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Chapter XII INDEMNIFICATION AND INSURANCE

Indemnification and Directors and Officers Insurance

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

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

CHAPTER XIII: AMENDMENTS AND ALTERATIONS

Section 1. Requirements

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

Section 2. Effective Date

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

ACCEPTANCE AND ADOPTION

The foregoing Bylaws of Memorial Hospital of Sweetwater County Board of Trustees are hereby accepted and adopted as of May 5, 2021.

Taylor Jones, President

Ed Tardoni, Secretary

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Contract Check List

This checklist summarizes the purpose, cost and other contract provisions contained in the contract and assures that both the CEO and In-House Legal Counsel have reviewed the contract. The contract requires Board approval.

1. Name of Contract: **DNV SYNERGI SOFTWARE**
2. Purpose of contract, including scope and description: **Synergi Life DNV-GL is a Health, Safety, Environmental, and Quality Management Software. This software will replace our current Quality Management Software, Midas. Our organization will use Synergi Life for the following: occurrence reporting, medication error reporting, guest relations reporting, contract management, compliance audits, Joint Commission Survey findings follow up and data management. In addition, Synergi Life can facilitate accreditation rounding, tracers documentation, and follow-up. Synergi will lend to a more streamlined process resulting in real-time follow-up on findings, increased collaboration, and efficiency, and help ensure continual survey readiness. Synergi will also bring our data and processes together to form a more centralized and cohesive system for organizational use and improving quality and safety.**
3. Effective Date: **Date of last signature on the MSA.**
4. Expiration Date: **Three (3) years from Effective Date** Does the Agreement auto-renew? **Yes for one (1) year terms after initial 3-year term unless terminated earlier.**
5. Termination provisions- **After initial 3 year term the agreement can be terminated with 3-month written notice prior to renewal date.**
6. Monetary cost of the contract: **\$24,500.00 annual cost of software. There will be a one-time implementation fee of \$50,000.00. The implementation fee will cover 200 hours of work at \$240.00 hr (\$48,000.00) and expenses for implementation work of \$2000.00=\$50,000.00** Budgeted? **Yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Legal contacted DNV to negotiate change in venue and governing**

law and DNV wouldn't accept Wyoming as jurisdiction or governing law. So governing law is Texas.

8. Any confidentiality provisions? **Yes Section 9 of MSA**

9. Indemnification clause present? **Yes Section 8 of MSA**

10. Is this contract appropriate for other bids? **Yes – demos and proposals from two other companies were obtained. Synergi Life has been the most responsive and supportive through the exploration and demo process, has the best customer service, is the least expensive, has the most functionality for replacing other software, and has more capability for growth in our organization.**

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

ADVISORY SERVICES

Short Form Agreement ("Agreement")

DNV GL Doc No:
2101-381237

Section I - Cover Letter

"Customer"

Legal entity:	Memorial Hospital of Sweetwater County		
Legal entity VAT no:		Customer no.(id):	
Contact person:	Kara Jackson	Phone/fax/mail:	kjackson@sweetwatermemorial.com
Business address:	1200 College Drive, Rock Springs, WY, 82901	Invoicing address:	1200 College Drive, Rock Springs, WY, 82901
Is purchase order no. required to process invoice:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes; P.O. no: TBD		

"DNV GL"

Legal entity:	DNV GL USA, Inc.		
Legal entity VAT no:	76-0187362	DNV GL order no:	2101-381237
Contact person:	Daniel Foster	Phone/fax/mail:	daniel.foster@dnv.com
Business address:	1400 Ravello Drive Katy Texas 77449	Section/dept:	Digital Solutions - Sales

Work/project

Project name:	Synergi Life Implementation - MHSC		
Commencement date:	Date of Signing	Contract end date:	TBD
Work location:	DNV Offices	Project number:	TBD



Scope of Work (the Work)

The Implementation of the Quality management module (up to 9 case types) in Synergi Life for Memorial Hospital of Sweetwater County (MHSC), using the SaaS delivery model.

The hours estimated are based on limited configuration changes and DNV's experience of similar projects and customer requirements. This figure can vary depending on the scope of changes required by MHSC. This estimate assumes that no historical data is to be migrated into Synergi Life, and no integrations between Synergi Life and other applications are currently required to be implemented.

This estimate includes a design workshop (that may be held remotely using online conferencing tools if travel is not permissible on the scheduled dates), which will allow DNV to understand and document the business requirements into our standard Synergi Life specification document. The configuration work to meet MHSC's requirements will be based on that specification document, after approval from MHSC.

The estimate includes training for MHSC to use and maintain their Synergi Life cloud environments (TEST and Production), that may be held remotely using online conferencing tools if travel is not permissible on the scheduled dates.

If during the course of project execution, it is anticipated that additional effort (than what's planned in this Agreement) will be required, then DNV will discuss that with MHSC to agree a way forward for issue of a new work order to cover for the additional effort at the then prevailing DNV hourly rates.

Below is a summary of the assumptions around scoping/estimate:

No Integrations between Synergi Life and other applications

No Data migration from new/existing systems into Synergi Life

MHSC will provide the codes for the dropdown lists to be updated by DNV.

MHSC will test and verify the configuration in the TEST environment in a timely manner (within 1 week of delivery) per the defined schedule.

Once the testing is completed, the final signed-off TEST environment will be deployed by DNV into the Production (Cloud) Environment for MHSC.

Upon successful deployment of the Production environment, the Synergi Life application will be ready for MHSC's use (Go-Live), will be considered fully accepted by MHSC, and MHSC will sign off on project completion.

Synergi Life will not directly provide data to any other systems, such as third-party applications or other databases.

Synergi Life v16 will be deployed (SaaS set-up) for the project.

DNV does not provide any hardware or IT setup of existing hardware.

The below trainings will be delivered (Training will be delivered in English only)

Case Handler Training (1 day)

Certified Administrator Training (2 days)

Following completion of go-live, a 30-day warranty is provided against code table errors and defects related to configuration/customization of the modules that DNV was responsible for as part of this project scope. Issues or items in the core application (standard out of the box configuration) will still be addressed under the standard maintenance and support agreement (SLA) which forms part of the annual SaaS fee.

Remuneration, terms of invoicing, costs/expenses

Project will be delivered on a Time and Expense (T&E) basis. Services will be invoiced monthly based on the hours utilized during a particular month.

2021 hourly rate = \$240

Estimation:

Configuration (up to 9 case types) = 156 hours

Excel Add-in = 20 hours

Training = 24 hours

TOTAL = 200 hours

200 hours x \$240 = \$48,000

Estimated travel expenses = \$2,000 Our standard approach for design workshops and user training is to deliver them on-site at MHSC.

User training will be delivered by Andy Law (DNV) who will travel from Houston, TX to MHSC and has been estimated at \$800.

Design workshops will be attended by Andy Law (DNV) who will travel from Houston, TX to MHSC and has been estimated at \$800 and Kristi Clark (Minidoka Memorial Hospital) who will travel from Rupert, ID and has been estimated at \$400.

TOTAL = \$50,000

All prices are in USD

All expenses (travel, travel-related, including any costs related to processing of required work permits, background checks, drug tests, visas, testing, training, all other costs for onsite visits etc.) incurred in delivery of this project will be billed separately at cost +10%.

The prices shown in this estimate are calculated based on the assumption that this project will begin execution in Q2 2021. DNV reserves the right to revise the implementation fees if this project execution does not begin by end of Q2 2021.

In consideration of the services rendered hereunder, MHSC will pay the Fee(s) specified in this Agreement. All invoices and payments will be in U.S Dollars. All fees listed above do not include taxes. GST, HST and other applicable taxes will be charged separately. Payment of the Fee(s) shall be made within thirty (30) days of MHSC's receipt of DNV's invoice. DNV reserves the right to add an interest charge of one and one-half percent per month to any amounts outstanding more than thirty (30) days after the date payment is due.

Deliverables

(tick as appropriate)

☐ Report

☒ Other

As described in the scope of work above

Special conditions

For any additional configuration changes required or requested, DNV will estimate (hours) them based on MHSC's requirements; DNV would then execute any required change order(s) to cover the new change requests. DNV prevailing hourly rates at the time of the request would be used for any change orders for this project.

This Agreement shall consist of: Section I - Cover letter, Section II - General terms and conditions and the applicable attachments, which together constitute the integrated entire Agreement between the parties, superseding and replacing all prior agreements, understandings or representations relating to the subject matter hereof. The above listed documents in the Agreement shall be interpreted as one agreement and in case of any ambiguities or contradictions between the various documents, the documents shall take precedence in the order listed here: Agreed Special Conditions, General Terms and Conditions, the Cover Letter, and any attachments. No amendment and/or variation to the Agreement shall be considered binding or valid unless set out in writing and duly signed by the authorised representatives of both parties. Any terms and conditions included in any of Customer's purchase orders shall be disregarded unless explicitly agreed to and duly signed by the authorised representatives of both parties as amending specific terms of this Agreement. Should any provision of this Agreement be held to be invalid or unenforceable, such shall not affect the validity or enforceability of any other part or provision of this Agreement. Such provision shall be amended to the extent necessary to make the provision valid and enforceable, while keeping as strictly and closely as possible to the original wording and purpose of the provision. This Agreement is made in duplicate, one original for each party hereto. This Agreement shall be duly signed by the Customer's authorised representative prior to any commencement of the Work, failing which, the Customer acknowledges that DNV GL is entitled to postpone or cancel the performance of the Work.

Place:

Date :

for Customer

Place: **Katy, TX**

Date : **2021-05-27**

for DNV GL

(Name and Title in capital letters)

Daniel Foster
Sales Manager

Section II General Terms and Conditions

1.0 Execution

1.1 DNV GL shall execute the Work in a professional manner and in accordance with the provisions of this Agreement. Customer is defined previously in the Agreement. This Agreement, which includes DNV GL's proposal, is business sensitive to DNV GL and is being transmitted to Customer as CONFIDENTIAL. No part of the proposal may be duplicated or used, or disclosed for any purpose other than to evaluate the proposal.

1.2 Any documented error or defect in the Work will be rectified by DNV GL within a reasonable period of time at DNV GL's sole cost, provided said error or defect is not attributable to Customer or Customer's subcontractor and DNV GL is duly notified of said errors or defects within six months after completion of the Work.

1.3 In no event shall DNV GL or its employees or agent have any obligations or liability for any loss or damage of any nature which results from performing the Work to industry standards or practices, or from errors or omissions due to incorrect, incomplete, insufficient information, data, software, drawings, and/or specifications or preparation provided by Customer.

2.0 Safety, Health and Environment (SHE)

2.1 Customer shall inform DNV GL of any real or potential SHE hazard which may be relevant to or involved or introduced in the Work and/or any necessary safety measures required for the Work, prior to or during the performance of the Work.

2.2 Whenever DNV GL undertakes work on site, Customer shall provide all adequate safety measures to ensure a working environment that is safe and in accordance with all relevant legislation.

2.3 The DNV GL employee has the right to refuse to carry out an activity, when the safety, according to his/her own judgment, is not satisfactory.

3.0 Remuneration

3.1 Customer shall pay DNV GL for the Work, as specified in this Agreement. Payment shall be made to DNV GL's bank account as stated on the invoice unless otherwise specified in this Agreement.

3.2 Prices quoted are exclusive of VAT, any other local sales taxes and/or withholding taxes.

3.3 Payment shall be made within 30 days after receipt of the invoice. For late payment, interest will be charged at a rate of 1% per month or part thereof.

4.0 Variations

4.1 Customer shall be entitled to request additional work (hereinafter referred to as "variations") under this Agreement.

4.2 All variation requests shall be in writing, clearly defining the variation required, including but not limited to remuneration and time schedule.

4.3 No variation shall be implemented before the parties have reached an Agreement regarding the extent and the remuneration thereto and the revised time schedule.

5.0 Termination

5.1 Customer shall have the right to terminate this Agreement at any time upon 30 days written notice to DNV GL.

5.2 In the event of termination according to article 5.1 above, Customer shall reimburse DNV GL for all Work performed up to the date of termination and all costs

and expenses reasonably incurred by DNV GL as a consequence of such termination.

5.3 Both Customer and DNV GL shall have the right to terminate this Agreement with immediate effect if the other party is in material breach of its obligations hereunder, if the other party goes bankrupt or enters into liquidation proceedings.

6.0 Confidentiality

6.1 Customer and DNV GL mutually agree not to disclose to any third party without the prior written consent of the other party, any information obtained from the other party related to this Agreement.

6.2 However, each party shall be free to disclose such information as:

- a) is known by it prior to the information being disclosed by the other party, or
- b) is part of the public domain at the time of disclosure, or
- c) has been independently developed by that party without reference to the other party's confidential information, or
- d) has been made known to the party by a third party without restriction on disclosure, or
- e) is required to be disclosed by public authorities in accordance with applicable law.

6.3 Both parties may disclose information to their subcontractors without prior written consent to the extent necessary to complete the Work, provided that a written confidentiality agreement reflecting the principles above is entered into with such subcontractors.

6.4 In the event DNV GL receives a subpoena or other validly issued administrative or judicial process demanding Confidential Information of Customer, DNV GL shall promptly notify Customer and tender to it the defense of such demand. Unless the demand shall have been timely limited, quashed or extended, DNV GL shall thereafter be entitled to comply with such demand to the extent permitted by law. If requested by Customer, DNV GL shall cooperate (at the expense of Customer) in the defense of a demand.

6.5 The obligations of both parties as defined in this article shall apply notwithstanding the completion of the Work or termination of this Agreement.

7.0 Intellectual Property Rights

7.1 Customer shall have full ownership rights to the deliverables developed by DNV GL as part of the Work, unless otherwise specified. DNV GL shall, subject to this Agreement on a royalty free basis, have free use of such deliverables.

7.2 Any writings (including but not limited to photographs, diagrams, models and computer programs) developed during the course of the Work which are not part of the deliverables, shall be the exclusive property of DNV GL.

7.3 Notwithstanding the above, both parties agree that any pre-existing intellectual property rights and any improvements thereto remain the property of the party who developed them.

7.4 Any inventions, whether patentable or not, developed by DNV GL in the course of the Work shall become the property of DNV GL. Customer shall have the right to use such results and inventions for its own purpose, and in performing its own business, but may not sell or transfer such results and inventions to any third party.

8.0 LIABILITY AND INDEMNITY

8.1 DNV GL SHALL INDEMNIFY AND HOLD HARMLESS CUSTOMER FROM AND AGAINST ANY AND ALL LOSSES, CLAIMS AND LIABILITIES RELATED TO OR ARISING OUT OF THIS AGREEMENT AS A RESULT OF:

- a) DEATH OR PERSONAL INJURY TO ANY EMPLOYEES, REPRESENTATIVES OR SUBCONTRACTORS OF DNV GL,
- b) THE LOSS OF OR DAMAGE TO PROPERTY OF DNV GL OR ITS EMPLOYEES, REPRESENTATIVES OR SUBCONTRACTORS,

HOWSOEVER CAUSED. THIS APPLIES REGARDLESS OF ANY FORM OF LIABILITY, WHETHER STRICT OR BY NEGLIGENCE, IN WHATEVER FORM, ON THE PART OF CUSTOMER EXCEPT IN THE INSTANCE OF GROSS NEGLIGENCE AND/OR WILLFUL MISCONDUCT.

8.2 CUSTOMER SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS DNV GL FROM AND AGAINST ANY AND ALL LOSSES, CLAIMS AND LIABILITIES RELATED TO OR ARISING OUT OF THIS AGREEMENT AS A RESULT OF:

- a) DEATH OR PERSONAL INJURY TO ANY EMPLOYEES, REPRESENTATIVES OR SUBCONTRACTORS OF CUSTOMER,
- b) THE LOSS OF OR DAMAGE TO PROPERTY OF CUSTOMER OR ITS EMPLOYEES, REPRESENTATIVES OR SUBCONTRACTORS,

HOWSOEVER CAUSED. THIS APPLIES REGARDLESS OF ANY FORM OF LIABILITY, WHETHER STRICT OR BY NEGLIGENCE, IN WHATEVER FORM, ON THE PART OF DNV GL EXCEPT IN THE INSTANCE OF GROSS NEGLIGENCE AND/OR WILLFUL MISCONDUCT.

8.3 Save and except as provided in Articles 8.1 and 8.2 above, each party shall be responsible for and accept full liability for its own acts or omissions leading to the loss of or damage to any third party.

8.4 IN NO EVENT SHALL EITHER PARTY HERETO BE LIABLE TO THE OTHER FOR ANY LIQUIDATED, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES OF ANY TYPE, INCLUDING BUT NOT LIMITED TO LOSS OF BUSINESS, LOSS OF PROFITS, LOSS OF USE, OR LOSS OF PRODUCTION.

8.5 EXCEPT AS STATED IN ARTICLES 1.2 AND 8.1 ABOVE, DNV GL'S MAXIMUM CUMULATIVE LIABILITY ARISING OUT OF OR RELATED TO THIS AGREEMENT SHALL BE LIMITED TO AN AMOUNT EQUAL TO TEN TIMES THE REMUNERATION PAID TO DNV GL BY CUSTOMER UNDER THIS AGREEMENT OR USD 300,000 (OR THE EQUIVALENT THERETO), WHICHEVER IS LESS.

8.6 If either party becomes aware of any incidents likely to give rise to a claim under the above indemnities, he shall notify the other party immediately.

9.0 Insurance

9.1 Both Customer and DNV GL agree to maintain a general liability insurance amounting to no less than USD 1,000,000 (or the equivalent thereto) to cover amounts either Party may be liable to pay pursuant to the conditions in Article 8 of this Agreement or governing law.

10.0 Force Majeure

10.1 Except for Customer's duty to pay DNV GL for the Work, delay in or failure of performance of either party hereto shall not constitute a default hereunder or give rise to any claim for damage if and to the extent such delay or failure is caused by any event

beyond the control of the party affected, which the party had no reasonable way of preventing or grounds to anticipate, including but not limited to an act of war, natural disaster, fire, explosion, labor dispute. The affected party shall immediately notify the other party in writing of the causes and expected duration of any such occurrence.

11.0 Attorney's Fees

11.1 If any action or proceeding is brought to enforce, protect, or establish any right or remedy with respect to this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees.

12.0 Non Solicitation of Employees

12.1 Customer agrees that it will neither directly nor indirectly, on its own behalf or in the service or on behalf of others, solicit, divert or hire for work or attempt to solicit, divert or hire for work in any competing business any person or person who provided services to Customer by virtue of his/her employment with DNV GL, whether or not such employment is pursuant to a written contract with the other party or is for a determined period or at will, for a two year period following the conclusion of the relevant individual providing services to Customer via his/her employment with DNV GL.

13.0 Law

13.1 This Agreement shall be governed and construed in accordance with the laws of **Texas**, without regard to principles of conflicts of law.

13.2 Any dispute arising out of, in relation to, or as a consequence of this Agreement, which cannot be settled amicably through negotiations between the parties, shall be brought exclusively in the federal or state courts of **Harris County, Texas**.

14.0 Entire Agreement

14.1 This Agreement contains all covenants, stipulations and provisions agreed upon by the parties hereto, and neither party shall be bound by nor be liable for any statement, representation, promise or Agreement not set forth herein. No changes, amendments or modifications of the terms hereof shall be valid unless in writing and signed by both parties.

If Customer issues a purchase order, the general terms and conditions stated on the reverse side of the purchase order are null and void. The purchase order is governed by and subject to the terms and conditions of this Agreement which shall govern in all circumstances.



SOFTWARE AS A SERVICE AGREEMENT (SAAS)

DNV Doc No:
2101-381237

Section I - Cover Letter

"Customer"

Legal entity:	Memorial Hospital of Sweetwater County		
Legal entity VAT no:		Customer no.(id):	
Contact person:	Kara Jackson	Phone/fax/mail:	kjackson@sweetwatermemorial.com
Business address:	1200 College Drive, Rock Springs, WY, 82901	Invoicing address:	1200 College Drive, Rock Springs, WY, 82901

"DNV"

Legal entity:	DNV GL USA, Inc		
Legal entity VAT no:	76-0187362	DNV order no:	2101-381237
Contact person:	Daniel Foster	Phone/fax/mail:	Daniel.foster@dnvgl.com
Business address:	N/A	Section / Dept:	Digital Solutions - Sales
Legal entity registered address:	1400 Ravello Drive Katy Texas 77449	Legal entity registered no:	

Description of Solution (including list of Products, Applications and modules)

Application	Modules and Interface products
Synergi Life	The Synergi Life Application with the following features: -Synergi Life Engine -Quality Management -Checklists -Excel Add In (Optional)

Number of Users (or other subscription matrices)

The number of Users is agreed to be 350 Extensive users.





Fees and price specifications

The subscription fees are set out below:

Scope of license	Yearly SaaS Fee
Modules: -Synergi Life Engine -Quality Management Module -Checklists -Excel Add In (Optional) Users: 350 Extensive Users	\$24,500 USD

Optional service items to be listed here (e.g. support options):
N/A

All prices shown are subject to price change as specified in Section II – General Terms and Conditions, and exclude any VAT or any other taxes that may apply. Any such taxes are the responsibility of the Customer.

Payment terms: Thirty (30) calendar days net from the date of invoicing. Access to use the Solution is invoiced upfront upon signature. For following terms, the invoices are due before the annual anniversary date.

Special conditions

N/A

Deliverables where additional Advisory Work is provided under the Agreement

According to Advisory Service Agreement in Appendix D

The parties hereto have caused this Agreement to be executed by their duly authorised representatives as of the Effective Date, and each represents and warrants to the other that it is legally free to enter into this Agreement.

Place:

Date :

Place: Katy, TX

Date : 29/03/2021

(Name and Title in capital letters)

Daniel Foster
Sales Manager



Section II - General Terms & Conditions

The purpose of this document is to define the terms and scope for delivery of the Software as a Service solution (the "Solution") to the Customer.

1. THE AGREEMENT

1.1 DNV will provide the Solution to the Customer.

1.2 For the purpose of the Agreement, DNV Group relies on the services of a reputable external provider of digital infrastructure services. The Infrastructure Services are provided to DNV Group under an Infrastructure Service agreement (the "IS Agreement"). The currently effective IS Agreement is attached as Appendix A. The IS terms shall be considered implemented back-to-back in the present Agreement.

1.3 This Agreement is the governing document and includes the following appendices as per the table below:

Appendix	Title	Applicability
A	Infrastructure Service Agreement (IS Agreement)	Yes
B	SaaS Service Level Agreement (SLA)	Yes
C	Data Processing Agreement	Yes
D		Yes

1.4 This Agreement consists of the Section I – Cover Letter, Section II – General Terms and Conditions, and the appendices annexed hereto, which together constitute the entire agreement and understanding of the parties concerning the Solution and any related advisory services, and together supersede all prior or contemporaneous proposals, agreements or other communications, oral or written, between the parties, regarding the subject matter of this Agreement.

1.5 Any Customer terms and conditions included in any of Customer's Purchase Orders, call-off orders or similar document shall be null, void and disregarded.

2. DEFINITIONS

2.1 The following definitions will be used within this Agreement including any appendices, if not designated otherwise. Further definitions may be found throughout the Agreement, where appropriate.

- **Advisory Services:** any software related services provided by or on behalf of DNV to Customer.
- **Affiliate:** any subsidiary, parent, ultimate holding company or a subsidiary of such parent or ultimate holding company. For the purpose of this definition, "subsidiary" and "holding company" shall have the meaning assigned to them under the Companies Act relevant to the applicable law set out in Clause 13 herein.
- **Business Day:** a day other than a Saturday, Sunday or public holiday in the country designated in Clause 13, when banks in said country are open for business.
- **Customer Data:** the data inputted by the Customer, for the purpose of using the Solution or facilitating the Customer's use of the Solution.
- **Customer Group:** means (i) the Customer and its Affiliates; (ii) the Customer's other contractors (other than DNV Group), suppliers and subcontractors (of any tier) and their respective Affiliates; and (iii) the respective directors, officers, managers, agents, employees (including agency personnel) and representatives of the persons and entities mentioned under (i) and (ii) above as well as any other person or entity acting on its/their behalf.
- **DNV Group:** means (i) DNV, all its direct and indirect owners and its Affiliates; (ii) DNV's sub-contractors (of any tier) and their Affiliates; and (iii) the respective directors, officers, managers, agents, employees (including agency personnel) and representatives of the persons and entities mentioned under (i) and (ii) above as well as any other person or entity acting on its/their behalf.
- **Documentation:** the document[s] made available from time to time by DNV to the Customer online, in hardcopy or otherwise, which sets out a description of the Solution, Service Levels and the user instructions for the Solution, if applicable.
- **Effective Date:** the date of signature of this Agreement. If the Agreement is signed on different dates by Customer and DNV, the date of last signature applies.
- **Intellectual Property Rights ("IPR"):** means all now known or hereafter existing:
 - rights associated with works of authorship, including copyrights and moral rights;
 - business names, secondary business names, trademark or service mark rights;
 - trade secret rights;
 - inventions, patents, patent rights, and industrial property rights;

- layout-design rights, design rights, and other proprietary rights of every kind and nature other than trademarks, service marks, trade dress, and similar rights; and
- all registrations, applications, renewals, extensions, or reissues of the foregoing, in each case in any jurisdiction throughout the world.
- **Normal Business Hours:** shall be the hours of normal operations, each Business Day, as described in the SLA (Appendix B).
- **Solution:** the subscription services provided by DNV to the Customer under this Agreement via a designated web-address from time to time, as more particularly described in this Agreement and/or in the Documentation.
- **Users:** those employees, agents and independent contractors of the Customer who are authorised by the Customer to use the Solution and the Documentation, as further described in Clause 3.
- **Virus:** any thing or device (including any software, code, file or programme) which may: prevent, impair or otherwise adversely affect the operation of any computer software, hardware or network, any telecommunications service, equipment or network or any other service or device; prevent, impair or otherwise adversely affect access to or the operation of any programme or data, including the reliability of any programme or data (whether by re-arranging, altering or erasing the programme or data in whole or part or otherwise); or adversely affect the user experience, including worms, trojan horses, viruses and other similar things or devices.

3. USE OF SAAS SERVICES

3.1 User subscriptions

Subject to the terms and conditions of this Agreement, DNV hereby grants to Customer a time limited, non-exclusive, non-transferable right for a restricted, predefined number of Users (or other licencing metrics, if applicable, as stated in the Cover Letter) to access and use the Solution and the Documentation. Permitted uses and restrictions of the Solution also apply to Documentation.

3.2 User rights

3.2.1 Customer acknowledges and agrees that only Users are entitled to access and use the Solution.

In relation to the Users, the Customer undertakes that:

- a. the maximum number of Users that it authorises to access and use the Solution and the Documentation shall not exceed the number of User subscriptions it has purchased from time to time;
- b. it will not allow or suffer any User subscription to be used by more than one individual User unless it has been reassigned in its entirety to another individual User, in which case the prior User shall no longer have any right to access or use the Solution and/or Documentation;
- c. each User shall keep a secure password for his use of the Solution and Documentation, such password shall be changed in reasonable intervals and each User shall keep his password confidential;
- d. it shall maintain a written, up to date list of current Users and provide such list to DNV within five (5) Business Days of DNV's written request at any time or times;
- e. it shall permit DNV to audit and/or monitor the Solution in order to establish the name and password of each User. An audit may be conducted no more than once per quarter, at DNV's expense, and this right shall be exercised with reasonable prior notice. An audit and/or monitoring shall be done in such a manner as not to substantially interfere with the Customer's normal conduct of business;
- f. if any of the audits and/or monitoring referred to above reveal that any password has been provided to any individual who is not a User, then without prejudice to DNV's other rights, the Customer shall promptly disable such passwords and DNV shall not issue any new passwords to any such individual; and
- g. if any of the audits and/or monitoring referred to above reveal that the Customer has underpaid subscription fees to DNV, then without prejudice to DNV's other rights, the Customer shall pay to DNV an amount equal to such underpayment as calculated in accordance with the fees set out in this Agreement within ten (10) Business Days of the date of DNV's notice of the additional use.

3.3 Restrictions on Use

3.3.1 Customer acknowledges that the system's architecture, structure, organisation and source code of the Solution, and the selection, compilation and analysis of all data in the Solution and the Documentation constitute valuable trade secrets of DNV.

3.3.2 Customer agrees that it will not, and will not permit any User or other third party, to:

- a. modify, adapt, alter or translate the Solution or the Documentation, except as may be (i) allowed by any applicable law which is incapable of exclusion by agreement between the parties or (ii) expressly allowed herein; or
- b. sublicense, lease, rent, loan, distribute, or otherwise transfer or give access to the Solution, including, as applicable, the Documentation, software, associated user interfaces, help resources, and any related technology or services DNV makes available via or in connection with the Solution, and all updates and upgrades thereto, if any, to any third party; or
- c. reverse engineer, decompile, disassemble, or otherwise derive or determine or attempt to derive or determine the source code (or the underlying ideas, algorithms, structure or organisation) of the Solution; or

- d. access all or any part of the Solution and Documentation in order to build a product or service which competes with the Solution and/or the Documentation; or
- e. access or use the Solution to host or transmit any content, data or information that is illegal; or
- f. access, store, distribute or transmit any Viruses on the Solution, including, as applicable, the Documentation, software, associated user interfaces, help resources, and any related technology or services DNV makes available via or in connection with the Solution, and all updates and upgrades thereto.

3.3.3 DNV reserves the right, without liability or prejudice to its other rights, to disable the Customer's access to the Solution if Customer or any User breaches the provisions of this clause 3.3.

3.3.4 The copyright and all other Intellectual Property Rights in the Solution, the Documentation and any advisory Work deliverables are the sole and exclusive property of DNV or its suppliers. All rights not expressly granted to Customer are reserved to DNV.

3.4 Customer Obligations

3.4.1 Customer is solely responsible to ensure the performance of those specific services and actions that are necessary for Customer to establish its use of the Solution. This includes but is not limited to informing DNV of its organisation, Users, need for individual access and required set-up.

3.4.2 Customer is solely responsible for the content of communications transmitted by Customer using the Solution. Customer is not permitted to resell or license the Solution, or in any way assign its rights, obligations and access granted under this Agreement to any third party, including any Affiliate.

3.4.3 Customer shall use the Solution only for lawful purposes. Customer shall implement the security procedures necessary to limit access to the Solution to Customer's authorized Users and shall maintain a procedure external to the Solution for reconstruction of lost or altered files, data or programs.

3.4.4 Customer shall:

- a. provide DNV with:
 - i. all necessary co-operation in relation to this Agreement;
 - ii. all necessary access to such information as may be required by DNV in order for DNV to provide the Solution, including but not limited to Customer Data, security access information and configuration services;
- b. comply with all applicable laws and regulations with respect to activities under this Agreement;
- c. carry out all other Customer responsibilities set out in this Agreement in a timely and efficient manner. In the event of any delays in the Customer's provision of such assistance as agreed by the parties, DNV may adjust any agreed timetable or delivery schedule as reasonably necessary;
- d. ensure that the Users use the Solution and the Documentation in accordance with the terms and conditions of this Agreement and shall be responsible for any User's breach of this Agreement;
- e. obtain and shall maintain all necessary licenses, consents, and permissions necessary for DNV, its contractors and agents to perform their obligations under this Agreement, including without limitation the Solution;
- f. ensure that its network and systems comply with the relevant specifications provided by DNV from time to time; and
- g. be solely responsible for procuring and maintaining its network connections for its systems, and for all problems, conditions, delays, delivery failures and all other loss or damage arising from or relating to the Customer's network connections caused by the internet.

4. DNV'S OBLIGATIONS

4.1 DNV shall, during the Subscription Term, provide the Services and make available the Documentation to the Customer on and subject to the terms of this Agreement and with reasonable skill and care.

4.2 The undertaking set out above shall not apply to the extent of any non-conformance which is caused by use of the Solution contrary to DNV's instructions, or modification or alteration of the Solution by any party other than DNV or DNV's duly authorised contractors or agents. If the Solution does not conform with the foregoing undertaking, DNV will, at its expense, use reasonable endeavours to correct any such non-conformance promptly, or provide the Customer with an alternative means of accomplishing the desired performance. For further details see the applicable SLA. Such correction or substitution constitutes the Customer's sole and exclusive remedy for any breach of the undertaking set out above.

4.3 Notwithstanding the foregoing, DNV is not responsible for any delays, delivery failures, or any other loss or damage resulting from the communications networks and facilities Customer uses to access the Solution, and the Customer acknowledges that the Solution and Documentation may be subject to limitations, delays and other problems inherent in the use of such communications facilities.



4.4 If the percentage of service availability falls below the service level objective provided for in the applicable SLA in a given calendar month ("Service Delivery Failure"), DNV shall credit the Customer's account by an amount calculated as a percentage of the total fee owed, excluding any professional services and consultancy, by the Customer for that month, limited to no more than 15% of the remaining fee.

4.5 This Agreement shall not prevent DNV from entering into similar agreements with third parties, or from independently developing, using, selling or licensing documentation, products and/or services which are similar to those provided under this Agreement.

4.6 DNV warrants that it has and will maintain licences, consents, and permissions necessary for the performance of its obligations under this Agreement.

5. CUSTOMER DATA, DATA PROCESSOR AGREEMENT

5.1 The Customer shall own all right, title and interest in and to all of the Customer Data and shall have sole responsibility for the legality, reliability, integrity, accuracy and quality of the Customer Data. DNV shall follow its archiving and backup procedures for Customer Data, in line with the commitments defined in the SLA provided in Appendix B of this Agreement.

5.2 In the event of any loss or damage to Customer Data, the Customer's sole and exclusive remedy shall be for DNV to use reasonable commercial endeavours to restore the lost or damaged Customer Data from the latest back-up of such Customer Data maintained by DNV. DNV shall not be responsible for any loss, destruction, alteration or disclosure of Customer Data caused by any third party (except those third parties sub-contracted by DNV to perform services related to Customer Data maintenance and back-up).

5.3 DNV shall, in performance of its obligations under this Agreement, comply with its obligations under applicable personal data law. Customer shall ensure that it has all necessary appropriate consents and notices in place to enable lawful transfer of the personal data to DNV for the duration and purposes of this Agreement so that DNV may lawfully use, process and transfer the personal data in accordance with this agreement on Customer's behalf.

5.4 The scope, nature and purpose of processing by DNV, the duration of the processing and the types of personal data and categories of data subject are set out in **Appendix C** (Data Processing Agreement).

6. TERM AND TERMINATION

6.1 Term

6.1.1 This Agreement commences on the Effective Date and, unless expressly agreed otherwise, shall have an initial duration of ~~three (3)~~ year(s) (the "Initial Term"), and is automatically renewed for additional one year periods (each a "Renewal Term"), unless terminated by either party with three (3) months written notice prior to renewal.

6.1.2 The Initial Term and any renewals thereof shall be collectively referred to as the "Term".

6.2 Termination

6.2.1 If either party commits a material breach of this Agreement, other than a failure to provide Services according to the Service Level Agreement and fails to remedy the breach within fifteen (15) Business Days, either party may terminate this Agreement.

6.2.2 Either party may immediately terminate this Agreement for patent, copyright, or trademark infringement or breach of confidentiality by the other party, including any breach of the requirements related to access to the Solution.

6.2.3 DNV may, at any time and with thirty (30) calendar days' notice, terminate the Agreement if, in DNV's sole and absolute discretion, the Customer's use of the Solution exceeds reasonable usage.

6.2.4 DNV may, at any time and with or without notice, modify or terminate any or all Solution or restrict Customer's use if, in DNV's sole and absolute discretion, use of the Solution by Customer: (a) is subject to an order from a court or governmental entity stating that such use must cease; or (b) violates applicable law or (c) implies or is subject to a threat against the integrity of the Solution or any information stored therein; or (d) if the continued provision of the Solution or the data or information stored is threatened by external forces.

6.3 Effect of Termination

6.3.1 Upon termination, all rights and access granted to Customer under this Agreement shall cease immediately. DNV will provide reasonable cooperation at Customer's costs according to the applicable DNV's standard hourly rates at the time, to return to Customer or destroy Customer's Data in DNV's possession save to the extent that the applicable law requires storage of the relevant Customer Data. DNV may at its sole discretion destroy or otherwise dispose of any of the Customer Data in its possession unless DNV receives, no later than ten (10) Business Days after the effective date of the termination of this Agreement, a written request for the delivery to the Customer of the then most recent back-up of the Customer Data, if relevant. DNV shall use reasonable commercial endeavours to deliver the back-up to the



Customer within thirty (30) Business Days of its receipt of such a written request, provided that the Customer has, at that time, paid all fees and charges outstanding at and resulting from termination (whether or not due at the date of termination).

6.3.2 Upon termination, each party shall return and make no further use of any equipment, property, Documentation and other items (and all copies of them) belonging to the other party.

6.3.3 Customer remains liable to pay DNV for the Services (a) received until the date of termination of this Agreement for any terminations, and (b) in the case of termination based upon a material breach by Customer, for the entire Term (i.e., contracted term).

6.3.4 Upon termination of the Agreement, the provisions of this Agreement which by their nature are intended to survive the termination, cancellation or expiration of this Agreement shall continue as valid and enforceable obligations of the Parties, notwithstanding any such termination, cancellation or expiration.

7. PAYMENT

7.1 Customer shall pay the relevant fees as set out in The Cover Letter. Any agreed-to fee shall be due and payable on the Effective Date or at the first day of each Renewal Term.

7.2 Payments shall be made before access to the Solution is granted, and at the latest within thirty (30) calendar days after the date of the invoice.

7.3 DNV reserves the right to, and Customer agrees that DNV may, increase the fee once each year, by a maximum of [5%]. DNV shall inform the Customer about any intended fee increase at least three (3) months in advance.

7.4 DNV reserves the right to, and Customer agrees that DNV may change the fees to reflect changes in the Solution or changes in the prices from the Public Cloud Service Provider.

7.5 If the Customer fails to fulfil its obligations to pay the invoices from DNV in accordance with this Agreement, the Customer shall pay interest on all overdue amounts at (i) a rate of 1% per month or part thereof, or (ii) the highest rate permitted according to the law governing this Agreement. Furthermore, if DNV has not received payment in time, and without prejudice to any other rights and remedies of DNV, DNV may, without liability to the Customer, disable the Customer's password(s), account and access to all or part of the Solution and DNV shall be under no obligation to provide any or all of the Solution while the invoice(s) remain unpaid.

8. LIABILITY AND INDEMNITY

8.1 Exclusion of liability

8.1.1 IN NO EVENT SHALL DNV GROUP BE LIABLE FOR ANY SPECIAL, INCIDENTAL, PUNITIVE, INDIRECT, OR CONSEQUENTIAL DAMAGES WHATSOEVER (INCLUDING BUT NOT LIMITED TO DAMAGES FOR LOSS OF PROFITS, LOSS OF REVENUE, LOSS OF USE, LOSS OF DATA, LOSS OR PROPAGATION OF CONFIDENTIAL OR OTHER INFORMATION, FOR BUSINESS INTERRUPTION OR PRODUCT RECALLS) HOWSOEVER CAUSED AND REGARDLESS OF THE THEORY OF LIABILITY, WHETHER IN CONTRACT OR IN TORT, INCLUDING NEGLIGENCE, ARISING OUT OF OR IN ANY WAY RELATED TO THIS AGREEMENT OR THE USE OF OR INABILITY TO USE THE SOLUTION, EVEN IF DNV HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

8.1.2 Except as expressly and specifically provided in this Agreement:

- a. the Customer assumes sole responsibility for results obtained from the use of the Solution and the Documentation by the Customer, and for conclusions drawn from such use. DNV shall have no liability for any damage caused by errors or omissions in any information, instructions or scripts provided to DNV by the Customer in connection with the Solution, or any actions taken by DNV at the Customer's direction;
- b. all warranties, representations, conditions and all other terms of any kind whatsoever, express or implied by statute or common law, are, to the fullest extent permitted by applicable law, excluded from this Agreement; and
- c. the Solution and Documentation are provided to the Customer on an "as is" basis.

8.2 Limitation of Liability

8.2.1 EXCEPT IN CASE OF DNV'S FRAUD OR FRAUDULENT MISREPRESENTATION, DNV GROUP'S MAXIMUM CUMULATIVE LIABILITY TO CUSTOMER AND CUSTOMER GROUP FOR DAMAGES ARISING OUT OF OR RELATING TO THIS AGREEMENT, WHETHER BASED UPON CONTRACT, TORT (INCLUDING NEGLIGENCE), OR ANY OTHER BASIS FOR LIABILITY, SHALL NOT EXCEED THE AMOUNTS ACTUALLY PAID BY CUSTOMER TO DNV FOR THE PREVIOUS TWELVE (12) MONTH PERIOD UNDER THIS AGREEMENT.

8.3 Indemnification



8.3.1 SUBJECT TO CLAUSE 8.3.2 BELOW, CUSTOMER SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS DNV GROUP AGAINST DAMAGES AND ANY ASSOCIATED LEGAL COST THAT MAY BE AWARDED OR AGREED TO BE PAID TO ANY THIRD PARTY IN RESPECT OF ANY CLAIM OR ACTION CAUSED BY OR ARISING FROM CUSTOMER'S OR CUSTOMER GROUP'S USE OF THE SOLUTION.

8.3.2 DNV SHALL INDEMNIFY CUSTOMER AGAINST DAMAGES AND REASONABLE LEGAL EXPENSE THAT MAY BE FINALLY AWARDED BY A COURT OF COMPETENT JURISDICTION TO ANY THIRD PARTY RESULTING FROM A CLAIM OR ACTION FOR INFRINGEMENT OF ANY THIRD PARTY INTELLECTUAL PROPERTY RIGHT RESULTING FROM CUSTOMER'S USE OF THE SOLUTION IN ITS ORIGINAL, AS-PROVIDED-BY DNV FORM AND IN ACCORDANCE WITH THIS AGREEMENT.

9. CONFIDENTIALITY

9.1 "Confidential Information": means all information exchanged between the Parties, but shall not include any information that: (i) is at the time of disclosure, or subsequently becomes, publicly known except by breach of this Agreement; (ii) the receiving Party ("Recipient") receives from a third party, who is not under an obligation of confidentiality to the disclosing party ("Discloser"); (iii) is independently developed by the Recipient without use of, or reference to, Discloser's Confidential Information, or (iv) is required by law or relevant court order to be disclosed by Recipient.

9.2 Each Party shall use reasonable efforts to ensure that the other Party's Confidential Information is not disclosed or made available to any third party (other than those of its employees under nondisclosure obligations), and not to use the other Party's Confidential Information for any purpose other than as contemplated or set out hereunder.

9.3 Notwithstanding the foregoing, DNV may, subject to this Agreement, share Confidential Information and results of audits with the DNV Group and the infrastructure provider under this Agreement, for the purpose of administering and performing its obligations hereunder.

9.4 Customer acknowledges and agrees that irrespective of whether identified as confidential or not, this Agreement, the Solution and the Documentation are all Confidential Information of DNV and/or its licensors.

9.5 DNV Group shall have the right to refer to the Customer's name in proposals or other similar submissions made to other prospective customers. Unless otherwise agreed, any other publications related to DNV's provision of services to the Customer under the Agreement shall be subject to the Customer's prior approval.

10. OWNERSHIP AND STATISTICAL DATA

10.1 The Solution and the Documentation is the exclusive property of DNV and its suppliers. Customer acknowledges that DNV owns or has the right to license use of the Solution, and all right, title, and interest in and to the Solution and the Documentation are and shall remain vested in DNV or its suppliers.

10.2 Customer does not have, and shall not claim or assert any right, title, or interest, or other ownership or proprietary rights, in or to the Solution or other intellectual property provided by DNV. The Customer's violation of the Intellectual Property Rights of DNV or any of its suppliers shall constitute a material breach of this Agreement.

10.3 Customer warrants that it holds the rights to Customer Data, registered or held within the Solution.

10.4 Customer acknowledges that DNV shall hold a right to use and process any information generated or collected under or in connection with this Agreement in an anonymized and aggregated form.

11. GENERAL PROVISIONS

11.1 Assignment

11.1.1 Neither party shall, without the prior written consent of the other, assign or purport to assign, or make over or dispose of in any way whatsoever any rights and obligations contained herein or resulting therefrom.

11.1.2 DNV may at its discretion transfer its obligation freely within the DNV Group, and shall be entitled to sub-contract the duties to be undertaken hereunder also outside of the DNV Group, but shall remain responsible for the carrying out of such duties and shall be liable for the actions of the parties employed by it in accordance with the terms hereof, in particular in connection with the subcontractors providing Infrastructure as a Service.

11.2 Public Cloud Service Provider

11.2.1 As addressed in clause 1.2 of this Agreement DNV is using a reputable service provider for the provision of the cloud infrastructure used for the provision of the Solution. The provision of this infrastructure is subject to the applicable IS Agreement (Appendix A). DNV reserves the right to replace the service provider at any time at its own discretion with prior notice to Customer. DNV commits to choose a reputable service provider recognized in the industry.



11.2.2 The Customer acknowledges that DNV does not undertake any obligations towards Customer which go beyond the obligations that the infrastructure service provider has undertaken towards DNV.

11.3 Force Majeure

11.3.1 Except for obligations of payment, neither party shall be liable for any delay or failure in performing hereunder if such failure arises, directly or indirectly, out of causes beyond the reasonable control of such party. Such causes include inter alia network unscheduled downtime, subcontractors' unscheduled downtime, loss or propagation of data and information, acts of strike, shortages, failure of suppliers, riots, insurrection, fires, floods, storms, earthquakes, acts of God, war, government action, labour conditions, lightning, power surges or failures, terrorism, cyber-attacks, or acts or omissions of communications carriers, or unavailability of telecommunication services.

11.3.2 Performance shall be deferred until such cause of delay is removed, provided that the delayed party shall notify the other party of such occurrence.

11.5 Remedies

Except as otherwise expressly provided in this Agreement, all remedies shall be cumulative and in addition to and not in lieu of any other remedies available to either party at law, in equity or otherwise.

11.6 Independent Contractors and third-party deliverables

11.6.1 DNV and Customer are independent contractors under this Agreement, which shall not be construed to create any employment relationship, partnership, joint venture, franchisor/franchisee or agency relationship, or to authorise any party to enter into any commitment or agreement binding on the other party except as expressly stated herein. Neither party has any authority to make statements, warranties, or representations or to create any liabilities on behalf of the other party.

11.6.2 If and to the extent that third-party deliverables are included in the Solution, a description and copy of/ or link to the terms for the Customer's access to the third-party deliverable is set out in **Appendix D**.

11.6.3 Any third-party deliverables are provided on an "as-is" and "as available" basis without any warranty of any kind. Customer acknowledges and agrees that DNV is not responsible for, and has no obligation to control, monitor, or correct, such third-party deliverables. DNV disclaims all liabilities (whether in contract or in tort, negligence breach of statutory duty or otherwise) arising from or related to third-party deliverables. Notwithstanding the foregoing, if any error in a third-party deliverable arises before the delivery date (the date Customer gets access to the Solution), then the Customer may refuse delivery and terminate the Agreement if such error cannot be corrected within fifteen (15) Business Days.

11.7 Variation

No variation or amendment of this Agreement (including its Appendices) shall be effective unless made in writing and signed by each of the parties or by their duly authorised representatives. Notwithstanding the foregoing, Customer acknowledges and agrees that the IS Agreement included in Appendix A may be changed without prior notice.

12. SEVERABILITY; WAIVER

12.1 If any provision of this Agreement is unenforceable or illegal, such provision will be changed and interpreted to accomplish the objectives of such provision to the greatest extent possible under applicable law and the remaining provisions will continue in full force and effect.

12.2 No provision of this Agreement, unless such provision otherwise provides, will be waived by any act, omission or knowledge of a party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorised officer of the waiving party.

13. GOVERNING LAW AND LEGAL VENUE

13.1 This Agreement will be governed by the laws of the laws of Texas without regard to conflict of laws principles, or any other principles that would result in the application of a different body of law. The exclusive forum for any action arising pursuant to this Agreement shall be the courts located in Harris County, Texas.

13.2 The parties expressly exclude the application of the United Nations Convention on Contracts for the International Sale of Goods from this Agreement.

14. ENTIRE AGREEMENT

14.1 This Agreement shall be read as one document and in case of any conflicts between the provisions in the various parts of the Agreement, the General Terms and Conditions shall prevail.



DNV Doc No:
found.

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Appendix A - Infrastructure Service Agreement

According to Appendix A Infrastructure Service Agreement



DNV Doc No:
found.

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Appendix B - SAAS Service Level Agreement

According to Appendix B SaaS Service Level Agreement



DNV Doc No:
found.

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Appendix C - Data Processing Agreement

According to Appendix C Data Processing Agreement



DNV Doc No:
found.

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Appendix D – Advisory Service Agreement

According to Appendix D Advisory Service Agreement

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: **HEALTHDATA ARCHIVER**
2. Purpose of contract, including scope and description: **The Board approved the Master Service Agreement for Healthdata Archiver at their December 2020 Board meeting. Healthdata is the software program we are going to use to maintain access to patient charts in the legacy systems as needed for patient care. We will be able to launch the Harmony software directly from Cerner. Harmony will be archiving our in-house databases and moving all of it to their server. They will host the data for at least 60 months. This SOW under the MSA is to scan in all hospital paper charts into the archiver. The SOW covers pickup and one-way transportation of boxes of charts, document prep, scanning and imaging into Healthdata Archiver.**
3. Effective Date: **5/31/2021**
4. Expiration Date: **when SOW is completed**
5. Termination provisions: **NA** Is this auto-renew? **NA**
6. Monetary cost of the contract: **Total one time investment of \$142,549.00 annual support, maintenance and hosting fees \$2334.00 per year**
Budgeted? **YES**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Addressed in MSA**
8. Any confidentiality provisions? **Addressed in MSA**

- 9. Indemnification clause present? **Addressed in MSA**
- 10. Is this contract appropriate for other bids? **NA**
- 11. Is County Attorney review required? **no**



P.O. Box 6595
South Bend, IN 46660
Tel: (574) 258-1044
Fax: (574) 258-1045

HEALTHDATA ARCHIVER

*Long-term, HIPAA-compliant storage of
electronic Protected Health Information (ePHI)*

Submitted To:

Carrie Canestorp

HIM Director

Memorial Hospital of Sweetwater County

ccanestorp@sweetwatermemorial.com

307-352-8308

Submitted By:

Tony Matt

Senior Business Development Dir.

Harmony Healthcare IT

TMatt@harmonyhit.com

800-781-1044, Ext.348



Statement of Work Amendment

This engagement shall be considered a Statement of Work as defined in the Master License and Service Agreement (MLSA) executed by the Parties on 12/04/20. Notwithstanding anything to the contrary, this engagement shall be subject to and governed under the terms and conditions of the MLSA and is hereto incorporated into the MLSA as Amendment 01.

The Parties hereto have caused this Amendment to be executed by their respective duly authorized representatives as of the date below (Effective Date).

Valid if executed on or before 05/31/21

By Licensee:

Signature

Name

Job Title

Date**By Licenser:**

Signature

Name

Job Title

Date

Harmony Healthcare IT (HHIT) is dedicated to quality throughout the entire lifespan of a client. Please take a few minutes to complete the quality feedback survey [LINK](#) of 3 short questions. Your candid response will help improve the HHIT process.

Goals and Objectives

Licensee seeks to extract and archive data from legacy systems allowing for the decommissioning of these systems while maintaining access to the historical information through HealthData Archiver®.

General Assumptions

1. **Required database credentials** –Required credentials for backend source database access will be provided.
2. **Standard data drivers** – The necessary data drivers are in place to extract the database and supporting data elements.
3. **Source database is intact and in functional order** – No corrupt or malformed data caused by malfunctions of the source system and/or its ancillary hardware and software components.
4. **Documents and images are accessible** – All scanned, non-structured, and system-generated documents/images are not encrypted, not locked or in a proprietary format requiring source vendor delivery.
5. **Local administrator rights** – HHIT will be granted local administrator rights for access and installation of required data extraction tools on the source application server(s).

Scoping Considerations

The system details and archiving requirements relating to this Statement of Work were gathered during the discovery process, some assumptions may have been made based upon industry best practices. Significant variance from this information may result in a Change Order.

The Proposed Solution

Licenser proposes the archival of the following data sources:

1. Data Source: (See Appendix 1 – for additional details)

The following services will be performed on each data source listed above.

1. **Data Extraction** - Extraction of all relevant data to be archived and migration into an intermediary SQL-based universal database for filtering and manipulation.
2. **Data Migration** – Migration of all data into HealthData Archiver®, retaining data discreteness when and where possible.
3. **HealthData Archiver®** –Configuration of the HealthData Archiver® (A HIPAA-compliant, virtual server based, vendor-neutral data archive accessible through any web browser) populated with historical information in a searchable, printable and reportable format with unlimited user licenses.
4. **Validation** - The final validation and approval of the archive, signifying project completion. Licenser will schedule a mutually agreed upon window, usually two weeks, to perform final archive validation. At the completion of this period, if the data validation step has not been completed by the Licensee, the Licenser reserves the right to invoice support and maintenance fees for the extended period of time required to complete the validation and provide final project approval.

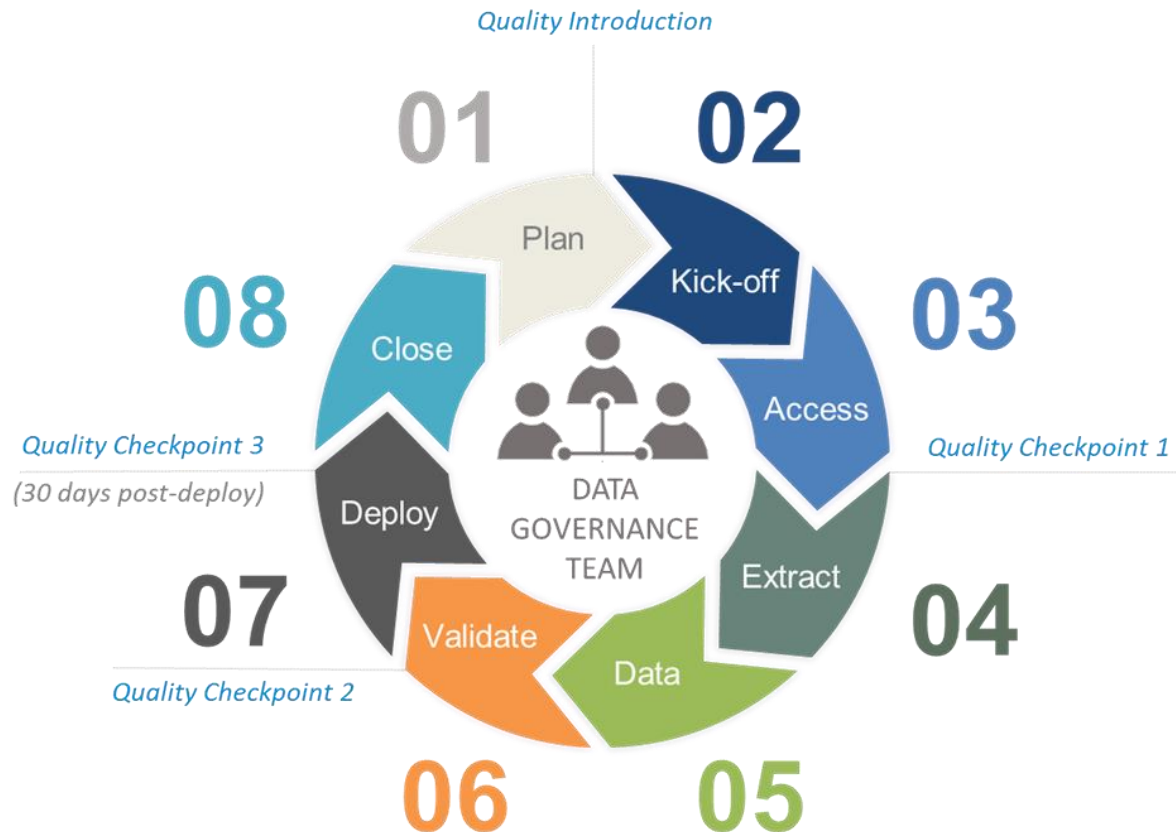
5. **Application Hosting** – Hosting of the completed HealthData Archiver® in a Tier III data center – providing secure, encrypted remote access.
6. **Ongoing Support and Maintenance** – Helpdesk technical support available by calling the Licensor Support Desk at (800) 781-1044 or by emailing support@harmonyhit.com. Also includes availability of future software updates and upgrades.

Delivery Schedule

Licensor has the capacity to scale its resources to meet mutually agreed upon timelines for completing the project. Licensee, in collaboration with Licensor, will establish the reasonable priority of systems archived as well as target kick-off and completion dates.

Approach

Upon proposal acceptance, Licensor will provide a detailed project plan based on agreed upon timelines and information management goals for each system.



Licensing and Investment Overview

Line Item	License Fee	Professional Services	Total
Memorial Hospital of Sweetwater County			
Paperchart, Scanning and Electronic Data Source:			
Health Data Archiver License Fee	\$6,300		
Pickup & One-way transportation of boxes of charts		\$3,630	\$3,630
Document prep, scanning and image QA		\$107,513	\$107,513
Index at chart level (name & mrn)		\$2,152	\$2,152
OCR embedded in PDF files		\$8,968	\$8,968
Scanned document source into HealthData Archiver®		\$18,000	\$18,000
Secure chart destruction		\$3,201	\$2,286
Subtotal	\$6,300	\$143,464	\$142,549
Total One-Time Investment	\$6,300	\$143,464	\$142,549
Annual Investment			Total
Annual Support and Maintenance			\$1,134
Annual Hosting Fee: Estimated 100GB of data			\$1,200
Total Annual Recurring			\$2,334

Payment Schedule & Terms

- A down payment of 60% (\$85,529) will be invoiced upon approval of this agreement.
- Payment of 30% \$42,765 will be invoiced on 06/30/21.
- The remaining 10% of each system to be archived will be invoiced upon acceptance of the completed archived data or 60 days after the archive has been made available to Licensee for validation, whichever occurs first.
- Invoices for annual support and maintenance will begin upon go-live and will be pro-rated based on the data sets live in the archive.
- Invoices for hosting will begin upon data arrival within the Licensor data center. Upon go live, Licensor shall assess system's total production data size and shall adjust Annual Hosting Fee accordingly based on actual data size.
- Travel and expenses are not included in the price and will be invoiced monthly as/if incurred.
- All fees are expressed in United States Dollars.

Appendix 1: Data Source Details

CONTACT INFORMATION				
Organization: Memorial Hospital of Sweetwater County		Address: 1200 College Dr, Rock Springs , WY 82901		
SO#: 21-3273-01		Sales Rep: Tony Matt		
Name	Title	Email	Phone	Roles
Carrie Canestorp	HIM Director	ccanestorp@sweetwatermemorial.com	307-352-8308	Project Manager
Stacey Nutt	Systems Administrator	snutt@sweetwatermemorial.com	307-352-8288	IT Analyst /Technician
Tami Love	Chief Financial Officer	tlove@sweetwatermemorial.com	307-352-8413	Project Sponsor

ARCHIVE OPTIONS			
LEADTOOLS On Premises Document Conversion License: No		Data Disposition: Store Raw Data	
Deploy Location: <input type="checkbox"/> Hosted by HHIT <input type="checkbox"/> Client Site	Database Platform: <input type="checkbox"/> PostgreSQL <input type="checkbox"/> MSSQL	LDAP Integration: <input type="checkbox"/> Yes <input type="checkbox"/> No	Third-Party Auditing Integration: <input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE SYSTEM INFORMATION: Scanning America Paper Chart Digital Scans				
System Name & Vendor: Scanning America / Paper Chart Digital Scans			Version #:	
Options & Integration: <input type="checkbox"/> Agency Management <input type="checkbox"/> Facility Logic <input type="checkbox"/> Restricted Patients <input type="checkbox"/> DICOM Viewer <input type="checkbox"/> HealthData AR Manager <input type="checkbox"/> TPM (Rev Cycle Only)				
System Type: Clinical (Acute) - Document Imaging	System Status at Time of Extraction: Static	Database Type:	Operating System:	Data Disposition:
Provider Count Range:	Bed Count Range: 25 and Under (Critical Access)	Facility Count: 1	Patient Count:	Image Size: 100 GB
Database Size:	Instances:	Go Forward Solution:	Data Extraction: 3rd Party - Scanning America	Single Sign-On: No
Source System Server Location:		Standard Scope with no SE: No		

ASSUMPTIONS AND NOTES
- One load into HealthData Archiver is included - All files share standard index format, Name and MRN - All files delivered as PDFs

MODULES TO BE ARCHIVED
Patient Charts that have been Scanned to PDF.

Contract Check List

This checklist summarizes the purpose, cost and other contract provisions contained in the contract and assures that both the CEO and In-House Legal Counsel have reviewed the contract. The contract requires Board approval.

1. Name of Contract: **MARKETWARE**
2. Purpose of contract, including scope and description: **This is a software program that lets us see the referral patterns of our physicians/providers, what services are leaving the area, who is using our services, etc. It will replace Crimson which we have had the last several years.**
3. Effective Date: **July 2, 2021**
4. Expiration Date: **July 1, 2026**
5. Termination provisions: **Either party can terminate if there is a material breach by either party. In Paragraph 9 of the MSLSA upon successful completion of the term identified in the Sales Contract, we can opt-out from it auto-renewing for any reason. Is this auto-renew? Yes**
6. Monetary cost of the contract: **\$65,700.00 per year** Budgeted? **Yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed in MSA**
8. Any confidentiality provisions? **Yes Section 6**
9. Indemnification clause present? **Yes Marketwise will defend or settle any action against use for patent copyright infringement suits.**
10. Is this contract appropriate for other bids? **Yes, we also looked at matching these services with our current software vendor, Optum Crimson, which was more expensive.**
11. Is County Attorney review required? **No**

marketware^{mw}

a division of Medsphere

Marketware, Inc. Master Software License & Services Agreement

This Master Software License & Services Agreement ("Agreement") is between the Customer signing below ("Customer") & Marketware, Inc., ("Marketware"). The Marketware proprietary software, training manuals & all updates provided to Customer ("Software") are licensed & not physically sold.

1. Scope.

Software licenses will be hosted by Marketware with licensed access & use provided to Customer via the Internet.

- 1A. Customer's employees, affiliate companies, partners may use & access the Software, with Customer being responsible for their compliance with the terms of this agreement.
- 1B. This agreement is a master agreement, & contemplates multiple orders, which orders are governed by this agreement.

2. License.

Subject to the other terms of this agreement, Marketware grants Customer, under an order, a non-exclusive, non-transferable, term license(s) up to the license capacity purchased to use & access the Software hosted by Marketware through the Internet.

3. Restrictions.

Customer may not:

- 3A. Assign, sublicense, rent or lease the Software, except as permitted under Section 1(a) above, or use it in anytype of environment not directly related to Customer's business processes;
- 3B. Cause or permit reverse engineering (except to the extent expressly permitted by applicable law despite this limitation), decompile, disassemble, modify, translate, make any attempt to discover the source code of theSoftware or create derivative works from the Software; or
- 3C. Evaluate or use, or facilitate the evaluation or use, of the Software for the purpose of competing with Marketware.

4. Taxes & fees.

Customer will pay the appropriate governmental agency (or reimburse Marketware) any taxes or fees imposed in connection with the charges under this agreement, including, but not limited to, sales, use, VAT, excise, customs duties & other similar taxes (other than taxes based on Marketware's net income or property) to the extent that Customer is not exempt from such taxes or fees. Marketware will collect all such taxes & fees unless Customer provides Marketware with proof of exemption.

5. Proprietary rights.

Marketware or its licensors retain all right, title & interest to the Software & all related intellectual property & proprietary rights. The Software is protected by applicable copyright, trade secret, industrial & other intellectual property laws. Customer may not remove any product identification, copyright, trademark or other notice from the Software. Marketware reserves any rights not expressly granted to Customer. Customer acknowledges that any misuse of the software may cause irreparable harm to Marketware. As a result, Customer understands that Marketware is entitled to seek injunctive relief.

6. Mutual confidentiality & data security.

Marketware (Recipient) will not disclose Confidential Information of Customer (Discloser) to any 3rd party or use the Confidential Information other than for purposes of performing under this agreement.

- 6.A Definition.** 'Confidential Information' means all proprietary or confidential information that is disclosed to the recipient ("Recipient") by the discloser ("Discloser"), & includes, among other things (i) any & all information relating to products or services provided by a Discloser, its financial information, software, processes, techniques, specifications, development & marketing plans, strategies, & forecasts; (ii) as to Marketware, & its licensors, the Software; (iii) as to Customer, all Customer data uploaded to or generated in the Software; & (iv) the terms of this agreement, including without limitation, Software pricing information.
- 6.B Exclusions.** Confidential Information *excludes* information that: (a) was rightfully in Recipient's possession without any obligation of confidentiality; (b) is or becomes a matter of public knowledge through no fault of Recipient; (c) is rightfully received by Recipient from a 3rd party without violation of a duty of confidentiality; (d) is independently developed by or for Recipient without use of the Confidential Information; or (e) is required to be disclosed by applicable law or court order.
- 6.C Data security.** Marketware asserts no ownership rights over the Customer data stored in the Software or on Marketware's database servers, & Customer has the right to remove the data from the Software/Servers at any time or request its deletion from the Software/Servers. All Customer data hosted by Marketware, as part of the Software will be considered Customer's Confidential Information, except as set forth in subsection (b) above & will also be protected pursuant to the Marketware Data Security & Privacy Policy.

7. Warranty.

7.A Software warranty. Marketware warrants that, during the term of the Agreement, the Software will perform in substantial accordance with its user guide. This warranty will not apply to any problems caused by malfunctioning non-Marketware software, the Customer's hardware, or misuse of the Software.

7.A.1 Exclusive remedy. Marketware's sole liability & Customer's exclusive remedy for a breach of this section 7(b) will be for Marketware to provide a credit (or, in the case of a non-renewal, a refund) equal to the total license fees paid by Customer for the month in question, but Customer must notify Marketware in writing of such breach within 7 days of the end of the month in question.

7.A.2 Services warranty. Customer may purchase offered professional services ("Services") from Marketware in association with the Software hereunder. Marketware represents & warrants that it shall perform such Services in accordance with professional standards in a good, workmanlike & timely manner using qualified personnel & in conformity to the applicable order. Customer shall have a license to use items delivered pursuant to the Services as part of the License granted subject to the terms & conditions of this Agreement.

7.B Software Availability Warranty. Marketware warrants that commercially reasonable efforts will be made to maintain the online availability of the Software for a minimum of 99% availability in any given month (excluding advertised scheduled maintenance outages).

7.B.1 Exclusive remedy. Marketware's sole liability & Customer's exclusive remedy for a breach of this section 7(b) will be for Marketware to provide a credit (or, in the case of a non-renewal, a refund) equal to the total license fees paid by Customer for the month in question, but Customer must notify Marketware in writing of such breach within 7 days of the end of the month in question.

7.B.2 Services warranty. Customer may purchase offered professional services ("Services") from Marketware in association with the Software hereunder. Marketware represents & warrants that it shall perform such Services in accordance with professional standards in a good, workmanlike & timely manner using qualified personnel & in conformity to the applicable order. Customer shall have a license to use items delivered pursuant to the Services as part of the License granted subject to the terms & conditions of this Agreement.

7.C Completion of services. The successful completion of the Services depends on the commitment & participation of Customer's management & personnel. The responsibilities listed in this section are to be provided at no charge to Marketware; Marketware's performance is predicated upon these responsibilities being fulfilled by Customer as scheduled in the kickoff call. Delays in performance of these responsibilities may result in additional cost &/or delay of the completion of the Services.

7.D Implementation lead. Prior to the commencement of the Services & Implementation of the Software, Customer will designate an individual as Implementation Lead who will be the point of contact for Marketware communications relative to the Services & will have the authority to act on behalf of the Customer in all matters regarding the Services. The responsibilities of Customer's Implementation Lead include the following: (a) managing Customer personnel & responsibilities for the Services; (b) serving as the interface between Marketware & all participating Customer departments; (c) participating in regular status

meetings; (d) expediently obtaining & providing any necessary information, data, & decisions pursuant to Marketware's reasonable requests; (d) resolving deviations from the estimated schedule caused by Customer; (e) helping to resolve project issues & escalate issues within Customer's organization as necessary; (f) reviewing or escalating any special invoice or billing requirements associated with the Services & approving any related effect on the price of Services.

7.E Accuracy of data. Notwithstanding any configuration-related Services provided by Marketware, Customer is responsible for the accuracy of the actual content of any data file that the Customer provides Marketware with to upload in the Software, as well as the selection & implementation of Customer's controls on end-user access & Customer's use of Customer data residing in the Software.

7.F Claims data. Customer represents & warrants that they have a clear understanding of what constitutes claims data, & how it is derived & the possible capture rates; including the claims data fields, calculations & deliverables. Any claims data provided through Marketware in connection with this agreement is provided "as-is" upon delivery of data. Claims data is typically a subscription of 1 year's duration, as a result, if Customer chooses not to renew their subscription, Marketware is required to remove the claims data from the database.

7.G Disabling code. Marketware warrants that (i) it has used commercially reasonable efforts consistent with industry standards to scan for & remove any software viruses, & (ii) it has not inserted any Disabling Code. "Disabling Code" means computer code inserted by Marketware that is not addressed in the documentation & that is designed to delete, interfere with, or disable the normal operation of the Software. This Disabling Code does not apply to Marketware license keys necessary for the operation of the Software, or for any use by Customer outside the scope of the license.

7.H Indemnification. Marketware will defend or, upon Customer's written consent, settle any action against Customer based upon a claim that Customer's use of the Software infringes any patent, copyright or other intellectual property right of a 3rd party & will indemnify Customer against any amounts awarded against Customer as a result of the claim, provided Marketware is promptly notified of the assertion of the claim & has control of its defense or settlement. This section contains Customer's exclusive remedies & Marketware's sole liability for infringement claims.

7.H.1 Marketware disclaims all other express & implied warranties, including without limitation the implied warranty of merchantability & fitness for a particular purpose. The software may not be error free, & use may be interrupted.

8. Support.

Included with the license fee, Marketware will provide standard maintenance & technical support ("Support") for the Software following the guidelines stated in Marketware's standard [Service Level Agreement \(SLA\)](#).

[marketware.com/ServiceLevelAgreement](https://www.marketware.com/ServiceLevelAgreement) If a Customer purchases an upgraded level of support, Marketware will provide the Customer with an SLA addendum stating specifically what services are included & will be provided to Customer as part of that upgraded level of support purchased. Marketware may change its Support terms upon written notice to Customer, but Support will not materially degrade.

9. Term & termination.

Each license order will automatically renew on an annual basis, or other date(s) as provided in the Sales Contract, unless either party provides at least ninety (90) days advance notice of non-renewal. Either party may terminate this agreement or an order, upon a material breach by the other party, which is not cured after ninety (90) days written notice of the breach. **Upon termination by Marketware, Customer must end their usage of the Software. Upon termination by Customer for an uncured material breach, Marketware will refund any pre-paid & unused fees & Customer may no longer use the Software.**

10. Damages

Neither party is liable for any special, indirect, incidental or consequential damages relating to or arising out of this agreement (including, without limitation to, lost profits, loss of usage & damage to or loss of use of data), even if advised of the possibility of such damage & whether damage results from a claim arising under contract or tort law.

11. Limit of liability.

Marketware's total liability for all damages is limited to the amount paid for the license to the applicable software giving rise to such damages.

12. Miscellaneous terms.

- 12.A **Survival & waivers.** All terms that would naturally survive termination or expiration survive. A waiver by a party of any breach of this agreement will not be construed as a waiver of any continuing or succeeding breach.
- 12.B **Assignment.** Customer may not assign or transfer this agreement, or an order, to a 3rd party, except this agreement & all orders may be assigned as part of a sale of all, or substantially all, the assets or business of Customer.
- 12.C **Notices.** Any notices under this Agreement must be in writing & must be delivered by registered mail (or by courier with tracking number) to the attention of the receiving party's legal department.
- 12.D **Enforceability.** If any term of this agreement is invalid or unenforceable, remaining terms remain in effect.
- 12.E **Purchase order terms.** The parties agree that all additional or conflicting terms of Customer's form purchasing document will not apply to this Agreement & the business transactions conducted hereunder.
- 12.F **Entire agreement & changes.** This agreement, & the orders, are the complete & exclusive agreement & supersede any prior or contemporaneous negotiations or agreements, between the parties relating to this subject matter. This agreement may not be modified except in writing executed by both parties.
- 12.G **Default.** Late payment of invoices due under this license shall be assessed a 1.5% per month late fee (\$25 minimum). Access to a Customer's data & the software may be terminated if License fees are not paid under

the terms of the invoice. After 15 days of non-payment the database may be taken offline & a 5% reinstatement fee will be charged for Customers desiring to resume access to the software & data. If any payment obligation under this Agreement is not paid when due, the Customer agrees to pay all costs of collection, including reasonable attorney fees, if a lawsuit is commenced as part of the collection process.

- 12.H U.S. government restricted rights.** The Marketware software is provided with RESTRICTED RIGHTS & any of its supporting documentation is provided with LIMITED RIGHTS. Use, duplication, or disclosure by the U.S. government or any agency thereof is subject to restrictions as set forth in subparagraph "C" of the Commercial Computer Software - Restricted Rights clause at FAR 52.227-19 (or its successor provision) or the Technical Data Commercial Items clause at DFARS 252.227-7015 & DFARS 227.7202 (or its successor provision), as applicable. Contractor/manufacturer is Marketware, 6975 Union Park Center, Suite 500, Cottonwood Heights, UT 84047.
- 12.I Force majeure.** Neither party is liable for any delays, access limitations etc. caused by force majeure.
- 12.J Acceptable use.** Customer agrees to abide by the [Acceptable Use Policy](http://marketware.com/AcceptableUsePolicy).
marketware.com/AcceptableUsePolicy

13. Data Supplier Pass-Down Terms

Customer acknowledges and agrees to the following terms and conditions with respect to the Marketware Data (also referred to as "Licensed Data"). The terms and conditions set forth below are required by Marketware's data suppliers and are not subject to negotiation or deletion.

- 13.A License Grant to Marketware Data.** Subject to the terms and conditions of this Agreement, Marketware hereby grants to Customer, a limited, non-exclusive, non-transferable, non-sublicensable license to use the Marketware Data within the United States; only by authorized employees of Customer solely for the Customer's legitimate internal use and solely for the benefit of the Customer ("Authorized Purpose"). Customer may not use the Marketware Data for any other internal or external purpose. Marketware reserves all rights not expressly granted to Customer under this Agreement.
- 13.B Intellectual Property.** As between the parties, Customer acknowledges that Marketware and its data suppliers own all right, title and interest in and to the Marketware Data and all intellectual property rights therein, and that Customer shall not acquire any right, title, or interest in or to the Marketware Data, except for the license granted in this Agreement. Customer will not remove, obscure or alter Marketware's copyright notice, trademarks or other proprietary rights notices affixed or contained within any Marketware Data or materials delivered by Marketware to Customer pursuant to this Agreement.
- 13.C Customer Restrictions.** Customer agrees that Customer and its employees, representatives, and/or agents shall not:
- (a) use, maintain or store any of the Marketware Data in a manner that violates any applicable law;
 - (b) sublicense, resell or otherwise redistribute the Marketware Data to any third parties; (c) use any Marketware Data for internal research or development purposes other than as expressly permitted by the Authorized Purpose;
 - (d) use any Marketware Data for the purpose of developing or offering a product or service competitive with Marketware's provider data products and the Marketware Services; or (e) publish externally or disclose to others any performance benchmark results for the Marketware Services without

Marketware prior written consent. Customer also agrees not to permit or enable any other person or third party to do any of the foregoing.

- 13.D DISCLAIMER OF WARRANTY.** TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, Marketware AND ITS DATA SUPPLIERS DISCLAIM ANY WARRANTY (WHETHER EXPRESS OR IMPLIED), INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, NONINFRINGEMENT OF THIRD PARTY RIGHTS, OR THE CORRECTNESS, COMPLETENESS OR CURRENTNESS OF ANY DATA OR RESULTS, WITH RESPECT TO THE Marketware SERVICES AND Marketware DATA, ALL OF WHICH ARE BEING PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS.
- 13.E** Customer agrees that neither Customer nor its employees, representatives and/or agents shall: (a) attempt through any means or manner to re-identify any individual that is a subject of the Licensed Data or any relative(s), family or household member(s) of such individual, or match or correlate any individual identity or provider identity to the Licensed Data; (b) correlate any Licensed Data to any person or entity in violation of HIPAA or other Applicable laws, rules or regulations; (c) contest the validity of the Licensed Data, or otherwise attempt to modify, reverse engineer or decompile any algorithms, techniques, processes, methods, know how or other related technology supplied by Marketware; (d) use the Licensed Data for any purpose other than those relating to the healthcare market and allowable under HIPAA; (e) attribute the Licensed Data, or the provision of the Licensed Data, to Marketware or any of its data suppliers or their respective Customers; (f) directly contact any patient; or (g) link any Customer or third-party data to any Licensed Data.
- 13.F** Customer agrees that neither Customer nor its employees, representatives and/or agents shall: (a) use any Licensed Data: i) to identify a patient or pharmacy, or ii) by and for the account and benefit of any person, subsidiary, company or entity other than Customer, whether or not any of the foregoing may be affiliated with Customer; (b) permit Licensed Data, in whole or part, to pass into possession of any person, subsidiary, affiliate, contractor, agent, partner, company or other entity without Marketware's express written consent; (c) use the Licensed Data in any way to exhibit, reference, access or generate identified patient or individual pharmacy level data (all records contained in the Licensed Data will be aggregated when used or referenced); or (d) sharing any Licensed Data with any pharmacy or prescriber, or with any person employed or engaged by a pharmacy or prescriber.
- 13.G.** If for any reason Licensed Data is disclosed or used by Customer or any third party in violation of this Agreement or any unauthorized access, re-identification attempt, inadvertent re-identification or purposeful re-identification of any Licensed Data, Customer will immediately notify Marketware within three (3) business days of discovery. Customer shall remedy in accordance with Marketware's reasonable direction any unauthorized access, re-identification attempt, inadvertent re-identification or purposeful re-identification of any Licensed Data.
- 13.H** Notwithstanding anything to the contrary, Customer shall not use the Licensed Data to (a) identify and/or select sites, practitioners, patients or other individuals for participation in clinical trials; (b) assess or benchmark quality, cost-effectiveness or value of care delivered or reimbursed by a pharmacy, other healthcare provider, PBM or other payer entity; and (c) identify or profile patients, consumers or other individuals or any healthcare providers.

- 13.I** Customer shall (a) implement, use and enforce reasonable and appropriate technical, physical and administrative safeguards to (i) protect the confidentiality and integrity of the Licensed Data, (ii) assure that the Licensed Data is accessed only by your employees who are authorized users under this Agreement (or employees who are authorized users of a permitted third party), (iii) assure that the Licensed Data remains De-identified in accordance with 45 CFR § 164.514(b) and is used in accordance with any restrictions in a De-identification statistician certification, if applicable and as provided by Marketware, and (iv) prevent against the unauthorized access, use, disclosure or modification of any Licensed Data except as permitted under this Agreement; (b) maintain an audit log of any individual who or entity which accesses the Licensed Data; (c) monitor any server storing any Licensed Data for intrusion, hacking or any other form of access not permitted under this Agreement; and (d) appoint and maintain a Privacy Officer and Security Officer responsible for ensuring that the Licensed Data is maintained, transmitted, used and disclosed in accordance with this Agreement, HIPAA and other Applicable Law.
- 13.J** Neither Marketware's data supplier(s) nor its licensors and providers make any representations or warranties directly to Customer with regard to the Licensed Data. Accordingly, Customer agrees that Marketware's data supplier(s) shall have no liability to you in connection with the Licensed Data or this Agreement. Without limiting the foregoing, Marketware's data supplier(s) shall not be responsible to Customer for personal injury or death that may occur as a result of Customer's use of the Licensed Data.
- 13.K** Customer is responsible for compliance with the terms of the Agreement, including these pass-through terms, by Customer's employees, agents, contractor, representatives and authorized users, and any other person or entity to whom Customer gives access to any Licensed Data, and Customer shall be liable for breach of the Agreement, including, without limitation, these pass-through terms, by any such person or entity, to the same extent as if such breach were committed by Customer.
- 13.L** Marketware's data supplier(s) is an intended third party beneficiary of these pass-down terms for purposes of enabling Marketware's data supplier(s) to enforce its rights against Customer.

14. American Medical Association (AMA) Data Terms

Customer acknowledges and agrees to the following terms and conditions with respect to the Marketware Data (also referred to as "Licensed Data"). The terms and conditions set forth below are required by Marketware's data suppliers and are not subject to negotiation or deletion.

- 14.A AMA Data.** Any physician names, mailing or office addresses, phones numbers, fax numbers, specialties and No Contact flags in the Data, whether identified to a physician or medical student by name or other identifier, shall be treated by Marketware and Customer as being derived from the American Medical Association's Physician Professional Data proprietary database (such variables referred to hereafter as "AMA Data"). The continuing receipt and use of any AMA Data is contingent upon Customer's executing and complying with the Agreement.
- 14.B Confidentiality of AMA Data.** Notwithstanding anything contained elsewhere in the Agreement, AMA Data will be deemed to be the Confidential Information of Marketware. Customer shall, without exception, treat the AMA Data as confidential, using the same degree of care to protect the AMA Data that Customer uses to protect its own confidential information, but in any event not less than a reasonable degree of care.

- 14.C Third Party Beneficiary.** The AMA is an express third-party beneficiary of the Agreement and shall be entitled to enforce the Agreement directly against Customer with respect to Customer's obligations as they relate to the AMA Data.
- 14.D Approved Use of the AMA Physician Professional Data ("AMA Data").** Customer' use of AMA Data must comply with the terms of the Policies Governing the Approved Use of the AMA Physician Professional Data ("AMA Data") by reference (available at: <https://www.ama-assn.org/exhibit-d-approved-use>).
- 14.E. Physician Recruiting.** Customer shall not use AMA Data (1) to contact Resident Physicians' by telephone at their workplace for Physician Recruitment purposes and (2) in conjunction with secondary data sources to contact resident physicians by telephone at their workplace for Physician Recruitment purposes. For purposes of this SOW, "Physician Recruitment" shall refer to the solicitation of Resident Physicians for employment. "Resident Physicians" shall mean any individuals at any level in a graduate medical education program, including subspecialty programs.
- 14.F Fax Numbers.** If Customer has licensed fax numbers, Customer shall comply with the terms of Exhibit G, Conditions of Usage for Facsimile Transmissions (available at <https://www.ama-assn.org/exhibit-g-facsimile-transmissions>). One-Time User shall be solely responsible for ensuring that the AMA-PPD licensed hereunder shall be used in compliance with the Telephone Consumer Protection Act and any similar privacy laws.
- 14.G. No Contact" Designations".** The "no contact" designation in the AMA Data means that the AMA Data related to the respective physician may not be used to contact the physician, except to provide health warnings or drug recalls, which should be sent to all physicians

Marketware a Division of Medsphere Sales Contract

Customer	Memorial Hospital of Sweetwater County	Current Date	4/21/2021
Primary Contact	Tami Love	Contract Term	5 Years
Address	1200 College Drive Rock Springs, WY 82901	Billing Term	Annual
Phone	(307) 362-3711	Contract Start Date	July 2nd, 2021
Sales Contact	John Frederick	Contract End Date	July 1st, 2026

Investment

Pricing expires if not signed by: 6/4/2021

Item & Description	Price	Discount	Type	Subtotal
Marketware Growth Suite • Unlimited User Access to Ascend (PRM) & Scout (Data Analytics) • Optional: Monthly internal data imports from up to 2 client sources (EMRs) • Quarterly import of All Payer market claims data • Optional: Import of state data (provided by client) • Access to technical and product support • Ongoing training and optimization led by Dedicated Client Success Manager	90000	27 %	Per Year	65,700.00
Implementation • Initial Platform Set Up & Configuration by Dedicated Implementation Manager • Training event led by Dedicated Client Success Manager	9000	100 %	One Time	0.00

Number of Zip Codes Covered: 350

Client Licensed Bed Count: 99

Total 1st year investment: 65,700.00

Total 2nd year investment: 65,700.00

Total 3rd year investment: 65,700.00

Total 4th year investment: 65,700.00

Total 5th year investment: 65,700.00

General Terms

All Licenses, Services and other Deliverables provided under this Sales Contract are subject to the terms and conditions set forth below and in the [Master Software License and Services Agreement](#) and such terms are expressly incorporated herein. By signing this Sales Contract, Customer acknowledges that (i) it is authorized to make this purchase, (ii) the Sales Contract is complete and accurate.

In the event of a conflict or inconsistency between the terms and conditions of this Sales Contract and the Agreement, the terms and conditions of this Sales Contract will govern and control. This Sales Contract, any applicable Statement Of Work (SOW), and the Agreement (i) are the complete and exclusive statement of the parties in relation to the subject matter hereof and (ii) supersede all prior or simultaneous written or oral proposals and understandings relating thereto. Any purchase order issued shall be for administrative purposes only and any additional terms or terms conflicting with the terms of this Sales Contract and Agreement are void.

Payment Terms

Customer shall pay Marketware for all Licenses and Services provided by Marketware at the rates set forth herein. Rates for Services do not include reasonable expenses (including but not limited to air travel, hotel, meals and ground transportation, as applicable), which will be reimbursed by Customer at actual cost. Unless otherwise specified, all rates are annual.

Invoices will be due within 30 days on the first year of the contract. For all subsequent years, invoices will be due on the anniversary date of the contract. No third-party claims data (if applicable) will be provided by Marketware until payment is received. If payment is not made under the terms of the Invoice in a timely manner, then access to the Licenses and Services may need to be halted until payment is completed.

If the Contract Term and Billing Term of this Sales Contract indicate that this Sales Contract is for multiple years billed annually, then any election by Customer to decrease or downgrade the Package, or not renew this Sales Contract may only take place at the conclusion of the Contract Period.

During the entire length of the Contract Period, Marketware will honor the prices included above, however at the expiration of the Contract Period, Marketware reserves the right to adjust prices depending on current costs and market conditions.

Implementation and Support

Marketware and Customer mutually agree to actively participate in two distinct stages tied to client success: 1) Implementation and 2) Onboarding & Support. There are 3 key components to the implementation of the Growth Suite including:

1. Scout Set Up
 - a. Initial External Data Order (if applicable)
 - b. Physician Demographics
 - c. Internal EHR Imports (if applicable)
2. Ascend Set Up
 - a. User Set Up
 - b. PRM Customization
 - c. Legacy PRM Extract (if applicable)
3. Training

In order to accomplish these tasks, Customer agrees to supply Marketware with the necessary time and resources to accomplish the tasks for these three categories within 60 days of the Kick-off Call. If Customer is unable to provide the necessary internal resources to accomplish these items during the implementation period, Marketware will consider implementation as completed; any partial categories and their associated tasks will be pursued during the onboarding & support period.

Following implementation, there are five primary areas of onboarding support offered to Customers throughout the duration of the contract including:

1. End User Support (Phone|Email)
2. Routine Cadence Calls with Client Success Manager
3. 100-Day Business Reviews
4. Monthly Product Updates and Dashboard Enhancements
5. Access to Client Training & Networking Events

The retrieval of external claims data from Marketware data sources and then uploaded into the Marketware application is accomplished after payment is received.

Signature Page

ACCEPTED AND AGREED TO:

Memorial Hospital of Sweetwater County

BY: _____

NAME Tami Love

TITLE

DATE

ACCEPTED AND AGREED TO:

Marketware a Division of Medsphere Systems Corporation

BY: _____

NAME Amanda Houchins

TITLE VP of Sales

DATE 4/21/2021

DocuSigned by:
Amanda Houchins
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