



Memorial Hospital of Sweetwater County

Board of Trustees Regular Meeting

Wednesday - June 5, 2019

2:00 PM

Classrooms 1, 2 & 3

Meeting Book - Wednesday - June 5, 2019 Board of Trustees Regular Meeting

Board Meeting Agenda

I. Call to Order		Richard Mathey
A. Pledge of Allegiance		Richard Mathey
B. Our Mission and Vision		Marty Kelsey
Mission Vision Values Strategies - Page 5		
II. Agenda	For Approval	Richard Mathey
III. Minutes	For Approval	Richard Mathey
Minutes for May 1 2019.docx - Page 6		
Minutes for May 28 2019 Special Joint Meeting with General Medical Staff Kerry Downs.docx - Page 12		
IV. Community Communication		Richard Mathey
V. Old Business		Richard Mathey
A. (From the Medical Staff Credentials Committee)	For Approval	Dr. Lawrence Lauridsen, Medical Staff President
1. Residents in Training Policy - Page 14		
B. Outstanding - Not Ready for Board Consideration (Placed on the agenda as a reminder of uncompleted business)		
1. Credentialing Policy		
2. Code of Conduct Policy		
VI. New Business		Richard Mathey
A. Community Health Needs Assessment		Kari Quickenden, Chief Clinical Officer
MHSC CHNA Friday May 31 2019 FINAL REPORT.pdf - Page 17		
CHNA Presentation for MHSC Governing Board May 31 2019 FINAL PPT.pptx - Page 136		
B. (From the Quality Committee)		Barbara Sowada
1. Quality Assessment Performance Improvement (QAPI) Plan - Page 187		
Appendix 1 - MHSC 2018-2021 Strategic Plan - Page 195		
Appendix 2 - MHSC Model for Improvement - Page 196		
Appendix 3 - MHSC Quality Dashboard - Page 198		
Appendix 4 - QAPI Work Plan 2019-2020 - Page 202		
Appendix 5 - A3 Template - Page 206		

C. (From the Finance and Audit Committee)

Marty Kelsey

1. FY20 Budget - Page 382

VII. Chief Executive Officer Report

No report included in the meeting packet.

Irene
Richardson,
Chief
Executive
Officer
Richard
Mathey

VIII. Committee Reports

A. Quality Committee

Barbara
Sowada

5.15.19 Quality Minutes.doc - Page 207

Consent Agenda Summary May.pdf - Page 210

B. Human Resources Committee

Ed Tardoni

HR Chair report May 2019 meeting Tardoni.docx - Page 212

HR Comm Packet May 2019.pdf - Page 213

C. Finance and Audit Committee

Marty Kelsey

1. Capital Expenditures - Pages 234, 246, 254, 266, 285, 293, 299

For Approval

Marty Kelsey

FY19-41 (Pg. 234), FY19-42 (Pg. 246), FY19-43 (Pg. 254),
FY19-44 (Pg. 266), FY19-45 (Pg. 285), FY19-46 (Pg. 293),
FY19-47 (Pg. 299)

2. Narratives - Pages 307 & 330

Tami Love,
Chief
Financial
Officer
Ron Cheese,
Patient
Financial
Services
Director

3. Bad Debt

For Approval

Final numbers distributed near or on meeting date.

meeting book - wednesday - may 29, 2019 finance & audit
committee meeting.pdf - Page 226

D. Building & Grounds Committee

Ed Tardoni

May 2019 BG Chair Report Tardoni.docx - Page 404

Minutes provided to Finance & Audit Committee by Jim
Horan - Page 379

E. Foundation Board

Richard
Mathey

F. Compliance Committee

Barbara
Sowada

Board Compliance Committee Minutes 5-29-19.pdf - Page 405

meeting book - wednesday - may 29, 2019 compliance committee
meeting.pdf - Page 406

IX. Contract Review

Suzan
Campbell,
Chief Legal
Executive &
General
Counsel

A. Contract Consent Agenda

For Approval

1. SweetwaterNow - Page 418

B. Contracts Approved by CEO Since Last Board Meeting

For Your Information

1. Wolters Kluwer for Lippincott Learning - Page 421

2. Wolters Kluwer for Lippincott Procedures - Page 423

X. Medical Staff Report

No report included in the meeting packet.

Dr. Lawrence
Lauridsen

XI. Good of the Order

Richard
Mathey

XII. Executive Session

Richard
Mathey

XIII. Action Following Executive Session

Richard
Mathey

1. Approval of Privileges

For Approval

XIV. Adjourn

Richard
Mathey



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

Workplace Experience

Quality & Safety

Growth, Opportunity & Community

Financial Stewardship

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

May 1, 2019

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on May 1, 2019, at 2:00 PM with Dr. Barbara Sowada presiding.

CALL TO ORDER

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

Ms. Suzan Campbell, Chief Legal Executive and General Counsel, announced the Wyoming Open Meetings Act indicates as long as the Board has a quorum, a Trustee may participate via telephone.

Officially present: Ms. Irene Richardson, Chief Executive Officer; Dr. Lawrence Lauridsen, Medical Staff President; and Mr. Jeff Smith, Sweetwater County Board of County Commissioners Liaison (*not in attendance following executive session*).

Dr. Sowada led the audience in the Pledge of Allegiance and read aloud the mission and vision statements.

APPROVAL OF AGENDA

The motion to rearrange the agenda was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

CAPITAL EXPENDITURE REQUESTS

Mr. Kelsey reported the Finance and Audit Committee approved requests to be forwarded to the Board for review and approval. The motion to approve FY 19-36 and FY 19-37 for portable x-ray units for the sum of \$325,164 was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried. The motion to approve FY19-38 for a replacement Quadramed unit for \$122,899, which includes a maintenance contract for \$44,064, was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

CONTRACT REVIEW

Ms. Richardson reviewed the request for NRC-The Governance Institute and recommended we continue our membership with them. Dr. Sowada said she uses their resource materials. The motion to authorize the CEO to sign the agreement as presented on behalf of MHSC was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

BAD DEBT

The motion to approve the net potential bad debt of \$1,114,645.05 as presented was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

EXECUTIVE SESSION

The motion to go into Executive Session to discuss credentials and personnel was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

RECONVENE INTO REGULAR SESSION

The motion to reconvene the meeting at 2:45 p.m. was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

The motion to authorize the CEO to sign two physician agreements as discussed was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

Approval of Privileges

The motion to approve the April 9, 2019, Credentials Committee Recommendations as follows for appointment to the Medical Staff was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

1. Initial Appointment to Locum Tenens Staff (1year)
 - Dr. Roger Hansen, Radiation Oncology (Gamma West)
 - Dr. John Hayes, Radiation Oncology (Gamma West)
 - Dr. George Hunter, Radiology (Advanced Medical Imaging)
2. Initial Appointment to AHP Staff (1year)
 - Jennie Vagher, CGC (Huntsman)
3. Reappointment to Active Staff (2 years)
 - Dr. Jacques Denker, Orthopedic Surgery
 - Dr. Brytton Long, Family Practice/Occupational Medicine
4. Reappointment to Consulting Staff (2 years)
 - Dr. Lillian Khor, Cardiovascular Disease (U of U)
5. Reappointment to AHP Staff (2 years)
 - Mark Gibson, Ph.D., Psychology (SWCS)
6. Change of Status to Locum Tenens Staff (1 year)
 - Dr. Chandra Yeshlur, Pediatrics
7. New Business
 - Kamran Khan, MD – requested additional privileges

APPROVAL OF MINUTES

The motion to approve the minutes of the April 3, 2019, regular meeting as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried. The motion to approve the minutes of the

April 11, 2019, special meeting as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried. The motion to approve the minutes of the April 25, 2019, special meeting as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

Social Media Policy

The motion to approve the social media policy as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried. Mr. Kelsey noted he thinks we should still have something about the use of personal devices and social media.

Code of Conduct Policy

Mr. Kelsey said that, in general, it is a well-written policy except for the provision regarding employees receiving gifts. He said we are a public institution and tax-supported in part. He proposed alternate wording of “as a general rule, employees may not receive gifts from MHSC vendors or potential vendors. If there is a question regarding whether a gift may be accepted, the compliance department will be contacted.” Mr. Tardoni suggested forwarding the policy and comments to the Human Resources Committee for review. He said this is an existing policy and it has been in effect for a long time. The motion to refer the policy to the HR Committee for further review as discussed was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

Residents in Training Policy

Dr. Lauridsen said the policy was reviewed at the Medical Executive Committee (MEC) and staff level and was accepted. He said the policy specifically allows for the residents to be here. They must go through credentialing, must be licensed, etc. Mr. Kelsey asked why the policy includes a monthly report to the Board of Trustees and expressed concern it is personalized. Dr. Lauridsen said it is because the Board of Trustees approves the credentials but if the Board prefers a different reporting structure, we can do that. He said it is another level of oversight. Dr. Lauridsen said the MEC is comfortable with revisions and open to suggestions. Dr. Sowada said a general report is fine but she is uncomfortable with specifics. The motion to send the policy back to the Credentials Committee for further consideration was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

U of U Emergency Medicine Rotation at MHSC

Mr. Kelsey asked for clarification on if our professional liability insurance waiver covers these residents with the proposed language. Ms. Campbell responded she believes so because it is written very broadly. Dr. Lauridsen said the supervisor is responsible. The motion to approve the U of U Emergency Medicine Rotation at MHSC as presented was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

NEW BUSINESS

None.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson said she had planned to report on the strategic plan and said she will wait for a future meeting when everyone is available. She said the first Patient and Family Advisory Council dinner is scheduled May 20. The Person Centered Care Steering Committee is meeting regularly. The Person Centered Care Workshops begin May 8. Ms. Richardson said our entire plan is centered around the patient and said a person centered culture is what we are working toward at MHSC. She said the quality and safety focus on LEAN processes and the CMS star rating is to help us put the patient experience first. Ms. Richardson reported we had an impressive amount of responses to our community health needs assessment survey. The Board will receive the survey results in June. Work continues on the community and growth initiatives. The workplace experience strategy is to reduce turnover and retain staff. Regarding financial stewardship, we are in the budget process now and are investigating possible six penny projects. Ms. Richardson said a kick-off meeting with an emergency management services consultant is scheduled in June. We are looking at what is the best entity to take over ambulance services in our community. Ms. Richardson said we told the Board of County Commissioners we would do our due diligence and explore all possibilities before making any recommendations. We are working on an open meetings update and clinic update to the Board in July or August. Ms. Richardson provided a physician recruitment update. Recent Hospital Week activities were well received and Ms. Richardson thanked staff for everything they do. Dr. Sowada said an incredible amount of work has been done in two years. Ms. Richardson said our goal is to transform our culture to focus on our patients. Dr. Sowada thanked Ms. Richardson and everyone for everything positive that is being done every day.

COMMITTEE REPORTS

Quality Committee

Dr. Sowada asked Mr. Kelsey to report. He noted areas of favorable direction trending in the star rating summary. Regarding HCAHPS scores, we are focusing on efforts. In the risk and safety area, there are no serious events. A new patient grievance process rolls out in May. Mr. Kelsey said he has asked Ms. Kara Jackson, Quality Director, for concise, brief summaries of completed LEAN projects in the future.

Human Resources Committee

Mr. Tardoni referenced his report in the meeting packet.

Compliance Committee

Mr. Tardoni reported the Committee met. He said there are two groups meeting. One is the Committee of the Board and the other is the working committee drawn from every department in the Hospital. Mr. Tardoni said risk matters are arrived at by staff. Mr. Tardoni commended

everyone involved for their hard work. He said there is value in everyone watching for issues and looking for ways to avoid future issues. He said the only time the Board is concerned is when they don't see people looking.

Finance and Audit Committee

Narratives: Ms. Tami Love, Chief Financial Officer, reviewed the narrative highlights included in the meeting packet.

Building and Grounds Committee

Mr. Tardoni referenced his report included in the meeting packet. He said Mr. Jim Horan, Facilities Director, has been reviewing in detail the ranked projects list with the Committee and that has been very helpful. Mr. Horan referenced the meeting minutes in the meeting packet and provided a brief, big projects update. He said the retention wall drainage project is moving along as planned. The central plant project is in design documents review. Bids will be due July 26. Mr. Horan said everything seems to be on schedule and he will keep the Board updated.

Foundation Board

Dr. Sowada reported the Board met with the Foundation Board a week ago.

MEDICAL STAFF REPORT

Dr. Lauridsen reported General Services met April 27 with a focus on patient care. Dr. Rahul Pawar is the new Vice President. Dr. Lauridsen reported the MEC met. The Grievance Committee now has a physician member and that is Dr. Melinda Poyer. The General Medical Staff met and there is some interest in revising the meeting schedule in the bylaws. Dr. Jake Johnson led the "Walk with a Doc" program April 16. Dr. Lauridsen said we regret Dr. Zach Nicholas left and said we look forward to working with Gamma West. We look forward to Dr. Prachi Pawar joining us next year. Dr. Lauridsen announced Dr. Alicia Gray has signed and Dr. Cielette Karn has signed on to join us. Dr. Cody Christensen obtained his full board certification and Dr. Jacques Denker has written an article for publication.

GOOD OF THE ORDER

Mr. Kelsey brought up some items from the Finance and Audit Committee. He said we have a lot of our liability and insurance money going to one group. He said in his experience no one brokerage firm has access to all opportunities and said he would like to ask staff to consider retaining an independent insurance consultant to help us prepare our bid specs and review all of our documents. Mr. Kelsey said this would reassure the Board our risks are covered properly. He said we would typically bid out a property package and a liability package every three years. He said it is a model well worth considering. Mr. Kelsey said an independent person reporting to the Hospital and the Board adds confidence in the information. Mr. Kelsey said we have a good auditing firm. He said it is really best practice to change firms or lead auditors periodically. Mr. Kelsey said he is not really a fan of changing very regularly but he does feel strongly every five years or whatever number is desired that the firm provides a different lead auditor. Ms. Love said

we believe we are getting new auditors every year due to the rotation of their staff. Mr. Kelsey suggested Ms. Love check with our auditors and see what we can do. Ms. Richardson said Mr. Darryn McGarvey with CliftonLarsonAllen has been with us and was very good at helping us with our six penny process. She said she is not sure we want to move now and asked if this could be looked at for the next year. Mr. Kelsey said he will let staff be the judge of timing. He said sometimes audit firms and partners get into a routine and we need to be careful about that as an organization.

ADJOURNMENT

Dr. Sowada thanked everyone for their attendance. There being no further business to discuss, the meeting adjourned at 4:12 p.m.

Mr. Richard Mathey, President

Attest:

Mr. Ed Tardoni, Secretary

**MINUTES FROM THE SPECIAL MEETING
MEMORIAL HOSPITAL OF SWEETWATER COUNTY
BOARD OF TRUSTEES
AND GENERAL MEDICAL STAFF**

May 28, 2019

The Board of Trustees of Memorial Hospital of Sweetwater County met in special session with the General Medical Staff on May 28, 2019, at 6:00 PM with Mr. Richard Mathey, President, presiding.

CALL TO ORDER

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

Officially present: Ms. Irene Richardson, Chief Executive Officer, and Dr. Lawrence Lauridsen, Medical Staff President.

WELCOME MEDICAL STAFF

Mr. Mathey welcomed the Medical Staff to the meeting. He thanked them for attending.

HOSPITAL BOARD UPDATE

Mr. Mathey reported things are going very well at MHSC. He stated that Faith Jones was to attend the meeting to give an overview of the LEAN Process. Mr. Mathey was then informed that Ms. Jones would need to reschedule her presentation.

CEO REPORT

Ms. Richardson reported that Plane Tree was on-site last week. The Patient Family Advisory Council will meet the third Monday of every month. The hospital is offering weekly Person Centered Care trainings every Wednesday from 9 am to 3 pm. These training sessions are being offered to everyone in the facility, including physicians. The consultant from Plane Tree noted that we won't see a culture shift until about 60% of the staff and leaders have had this training. Ms. Richardson commended the physicians as they are doing great with HCAHPS scores. She has looked at trends and they are trending upward. The hospital received over 550 surveys for the Community Healthcare Needs Assessment. The report will be presented to the Board of Trustees at their meeting on June 5th. The last of the capital needs for this fiscal year will be considered at the finance committee meeting, tomorrow night. Ms. Richardson said that she will be taking the 2020 budget to finance tomorrow and then to Board to approve at their June meeting.

OTHER BUSINESS

Mr. Mathey thanked the Medical Staff for their support over the years. He stated that he will chair the June and July board meetings, but he would not be running for president again, as he is termed out. He explained that the Board Bylaws only allow trustees to be elected president for three years.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 6:13 PM.

Mr. Richard Mathey, President

Attest:

Mr. Ed Tardoni, Secretary

Submitted by Kerry Downs



TITLE: Residents in Training
TYPE: Policy
DEPARTMENT: Medical Staff
REGULATORY STANDARD: MS 04.01.01

STATEMENT OF PURPOSE:

To outline the process for credentialing and supervision of residents, sponsored by a member of the Medical Staff, who provide services to patients of Memorial Hospital of Sweetwater County (MHSC). This policy defines the mechanism of how the residents are credentialed and the scope of practice or privileges that defines their role at MHSC.

TEXT:

Graduate Medical Education (GME) is the second phase of the formal education process that prepares doctors for medical practice. This phase of medical education is conducted primarily in clinical settings and requires direct participation by residents in the delivery of patient care services. MHSC wishes to support residents for short-term clinical rotations to enhance a resident's experience in practicing in a rural healthcare facility.

A physician must always supervise residents performing patient care activities. All clinical services provided by resident physicians must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education. Individual resident programs will provide written guidelines governing supervision of residents.

PROCEDURE:

1. MHSC and the sponsoring educational institution shall enter into a cooperative education agreement. The educational institution must be ACGME accredited.
2. The residency program will provide a letter stating the following:
 - a. That the resident physician is enrolled and in good standing in their program.
 - b. That the resident is covered by the program's liability insurance while he or she is performing as a resident.
 - c. The resident will be functioning under the supervision of an attending physician at Memorial Hospital of Sweetwater County.
3. All residents will be required to follow the MHSC credentialing process, and must submit a complete application to the Medical Staff Office.
4. Credentials Committee, MEC, and the hospital Board of Trustees will review the resident's application. If approved, the residents will be allowed to complete a rotation in a specific specialty for a certain time period.
5. The resident will wear a name badge for identification.
6. The resident will be provided with an orientation and tour of the facility before beginning their rotation.

7. No health care benefits, workers' compensation, or other benefits are provided by MHSC in the event of illness or injury.

Supervision of Residents/Resident's Role

1. A resident may write orders for the care of patients under the supervision of the attending physician. All records of resident cases must document the attending physician's involvement in the supervision of the patient's care, including co-signature of the history and physical, operative report, and discharge summary. All admissions will be designated in name and responsibility to include an attending physician.
2. The attending/supervising physician is ultimately responsible for patient care although he or she may delegate responsibilities for care to the resident consistent with the resident's level of training and ability.
3. Any orders written must be countersigned by the attending physician within 24 hours.
4. The hospital staff may contact the attending physician regarding any orders that are questionable or need clarification prior to their being executed.
5. Discharge summaries, histories and physicals, operative reports, etc., must be cosigned by the attending physician.
6. The hospital attending physician is responsible for the quality of all the clinical care services provided to his/her patients.
7. Residents may not be supervised by Advance Practice Clinicians (APC's) such as Nurse Practitioners or Physician Assistants.

Supervising Physician's Responsibilities:

1. Each residency program will designate a supervising physician who will serve as the contact with the residency program and who will oversee training of the residents. This supervising physician will act as the liaison between the graduate education committee and the organized medical staff and the governing body.
2. Written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the supervising physician. The supervising physician is responsible for sharing this information with the organized medical staff and hospital staff. The supervising physician will send email communication alerting the hospital and medical staff that a resident is rotating through

their department. The email will include the resident's name, dates of rotation, roles, responsibilities, patient care activities, treatment, and services provided by each resident. The email will also include the supervisory needs of each resident and that they will be following the rules and policies of the hospital and the medical staff.

3. The supervising physician responsible for overseeing each resident communicates to the organized medical staff and its governing body about the patient care, treatment, and services provided by, and the related educational and supervisory needs of, each participant in the professional graduate education program. The supervising physician will send a brief report to the monthly General Medical Staff meeting. The Chief of Staff will communicate pertinent information from that report, to the Board of Trustees, as indicated. The supervising physician will inform the organized medical staff and its governing body about the patient care, treatment, and services provided by, and the related educational and supervisory needs of, each participant in the professional graduate education program.
4. The supervising physician is responsible to communicate information to the GMEC of the residency program about the quality of care, treatment, and services and educational needs of the participants. The supervising physician is responsible to complete all required evaluation forms for each resident in each residency program. The supervising physician will also meet regularly with the GMEC and will submit all required documentation.
5. The supervising physician may delegate resident training to an attending physician, when needed.
6. Medical Staff Services will notify those areas in the hospital where a resident physician would be involved with patient care (for example, nursing units, lab, x-ray, etc.).

REFERENCES:

TJC Medical Staff Standards, MS.04.01.01

Sponsoring Department: Medical Staff Services

Date of Origin: September 2017

Date of Last Review: February 2019

Date of Last Revision: February 2019

Reviewed/Approved: Credentials Committee 03/12/2019

MEC:

2019

COMMUNITY HEALTH NEEDS ASSESSMENT



**Memorial
Hospital**

OF SWEETWATER COUNTY

Introduction and Overview	6
Geographic Assessment Area	7
Sweetwater County Map	8
Steering Committee	9
Research Methodology	10
Gap Analysis	11
Consultants	11
Executive Summary	12
Community and Key Stakeholder Recommended Priorities.....	12
Health of the Community	13
Demographics	14
Physical Environment.....	14
Social and Economic Factors	14
Clinical Care	15
Specialty Care.....	16
Health Behaviors	17
Health Outcomes	18
Health Status.....	18
Health of the Community	21
Community Needs Index	21
County Health Rankings & Roadmaps	23
Child Well-Being	24
Demographics	25
Population	25
Age.....	25
Gender	26
Race and Ethnicity	26
Citizenship	26
Physical Environment	27
Access to Physical Activity	27
Radon	27

Air Pollution-Particulate Matter	27
Drinking Water	27
Housing	28
Transportation	28
Social and Economic Factors	29
Education	29
English Proficiency	29
Industry	29
Unemployment	30
Income	31
Residential Segregation	32
Community Safety	33
Clinical Care	34
Rural Health Ranking	34
Insurance Coverage	34
Primary Care Providers	36
Personal Provider	37
Preventative Care	38
Specialty Care	40
MHSC Emergency Department	41
Mental Health Care	42
Dental Care	43
Quality of Care	44
Preventable Hospital Stays	44
Cancer	44
Health Behaviors	46
Tobacco	46
Disability-Adjusted Life Years	46
Tobacco Control Grade	46
Tobacco Use	46
Drugs	47

Disability-Adjusted Life Years	47
Drug Related Deaths	47
Drug Dependence and Treatment	48
Emergency Department Visits For Drug Overdose	49
Alcohol	49
Disability-Adjusted Life Years	49
Alcohol Dependence	50
Diet and Exercise	51
Disability-Adjusted Life Years	51
Obesity	51
Food Security	52
Sexual Activity	53
Teen Births.....	53
Sexually Transmitted Disease	53
Health Outcomes	55
Life Expectancy	55
Leading Cause of Death	56
Health Status	56
Birth and Early Childhood	57
Mental Health	58
Diabetes	62
Cardiovascular and Cerebrovascular Disease	63
Respiratory Disease	63
Kidney Disease	64
Appendix 1: Key Stakeholder Interviews	65
Appendix 2: Focus Groups	69
Focus Group-Primary Care Providers	69
Focus Group-Enterprise Committee	70
Focus Group-MHSC Case Management / Care Transitions	71
Focus Group-MHSC Clinical Leadership	72

COMMUNITY HEALTH NEEDS ASSESSMENT

Appendix 3: Key Stakeholder Survey 73
 Key Stakeholder Survey Respondents..... 94

Appendix 4: Community Survey..... 96

Appendix 5: County Health Rankings 115

INTRODUCTION AND OVERVIEW

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

At Memorial Hospital of Sweetwater County, we believe in ***Compassionate Care For Every Life We Touch.***

MHSC is a nonprofit, 99-bed, regional acute-care facility in scenic southwestern Wyoming, within easy reach of Flaming Gorge Reservoir, Killpecker Sand Dunes, and the Wind River Mountain Range.

Memorial Hospital of Sweetwater County is accredited by The Joint Commission. It is a not-for-profit, charitable corporation operated for the sole purpose of promoting the health of the people in its service area.

The MHSC campus is home to about 286,000 square feet of buildings, including the approximately 193,624 square feet that make up the three main floors of the hospital. In July 2014, the hospital completed construction of a 77,392 square-foot building that houses the Specialty Clinics of Sweetwater Memorial and Sweetwater Regional Cancer Center. In spring 2017, just down the street from the main campus, the hospital opened the 15,000 square foot Family, Internal, and Occupational Medicine Clinics of Sweetwater Memorial.

Our highly trained professionals deliver quality care with the newest technology. We offer numerous services through the hospital and our employed physician team. MHSC offers intensive care, emergency, obstetrics, medical/surgical, surgery and same-day surgery, and a dialysis unit. We also offer a full-service laboratory and pathology team, a sleep disorder lab, physical therapy, cardiac rehabilitation, speech therapy, and much more.

Our Medical Imaging Center is the best in the region and includes the first and only large-bore MRI in the area, ultrasound, nuclear medicine, PET scan, and digital mammography, as well as the only 64-slice CT scanner in the region. Sweetwater Regional Cancer Center is an affiliate partner of the University of Utah's Huntsman Cancer Institute.

We are one of the top five employers in Sweetwater County, with a workforce of more than 500 people.

GEOGRAPHIC ASSESSMENT AREA

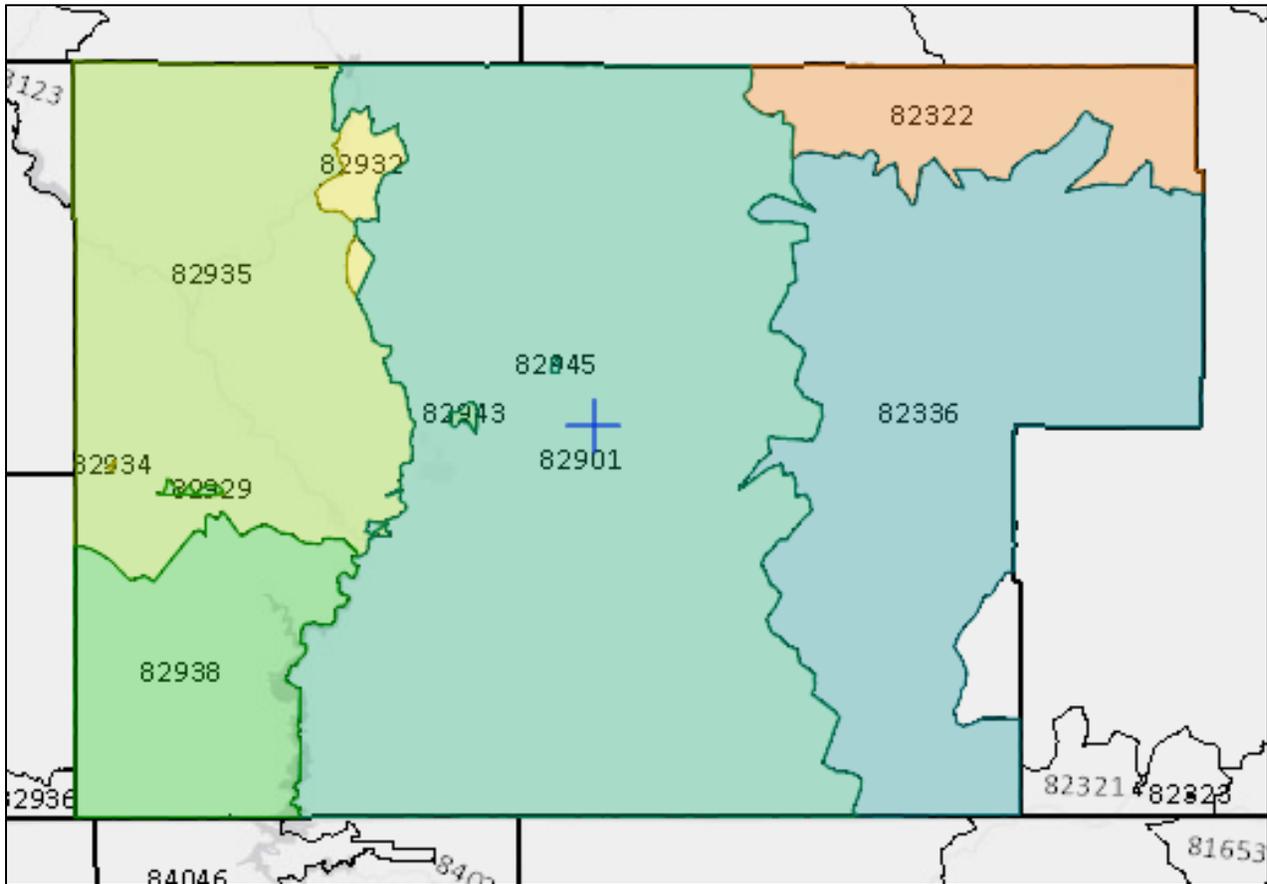
Sweetwater County was utilized as the geographic area for the CHNA and the source of county data.

Sweetwater County is in southwestern Wyoming and consists of 10,427 square miles of land and 64 square miles (0.6%) of water. Population density is 4.2 per square mile. Sweetwater County is the largest geographic county in Wyoming and the eighth largest county in the United States. The county seat is Green River, and the largest city is Rock Springs.

The zip codes for both incorporated and unincorporated communities in Sweetwater County are listed below.

ZIP CODE	CITY
82322	Bairoil
82901	Bitter Creek
82932	Eden
82932	Farson
82934	Granger
82935 & 82938	Green River
82929	Little America
82938	McKinnon
82942	Point of Rocks
82336	Red Desert
82943	Reliance
82901	Rock Springs
82945	Superior
82336	Wamsutter

SWEETWATER COUNTY MAP



iVantage Health Analytics; ESRI 2019

STEERING COMMITTEE

The steering committee established the framework and methodology for conducting the CHNA and provided guidance and direction throughout the process.

The steering committee members included:

Irene Richardson
Chief Executive Officer, MHSC

Kari Quickenden, PharmD
Chief Clinical Officer, MHSC

Kristy Nielson, DNP
Chief Nursing Officer, MHSC

Tami Love
Chief Financial Officer, MHSC

Suzan Campbell, JD
Chief Legal Executive, MHSC

Leslie Taylor, RN
Clinic Director, MHSC

Dr. Barbara Sowada
Board of Trustees, MHSC

Dr. Cielette Karn
Laboratory Medical Director, MHSC

Kim Lionberger, MSN
Director, Sweetwater County District Board of Health

Dr. Jean Stachon
County Health Officer

RESEARCH METHODOLOGY

The CHNA was conducted between January 2019 and June 2019. Quantitative and qualitative methods were utilized to gather data.

QUANTITATIVE DATA

A variety of sources were used to obtain data about health trends and health disparities, including but not limited to: iVantage Health Analytics, County Health Rankings & Roadmaps, Community Commons, Centers for Disease Control (CDC), Wyoming Department of Public Health, U.S. Census Bureau, Institute for Health Metrics and Evaluation, National Center for Education Statistics, and the Bureau of Labor Statistics.

Every effort was made to obtain the most current data. Data were analyzed for comparison purposes with the United States, the state of Wyoming, counties within the state, and Healthy People 2020 when comparative data was available.

QUALITATIVE DATA

Qualitative data collection included a key stakeholder survey, key stakeholder interviews, key stakeholder focus groups, and a community survey. In total, more than 550 individuals provided input for the CHNA.

KEY STAKEHOLDER INTERVIEWS

There were a total of 27 key stakeholder interviews conducted with individuals that represented the broad interests of the community, including public health and individuals with knowledge of medically underserved, low-income, minority populations, and populations with chronic disease. Individuals to be interviewed were recommended by the steering committee. A summary is included in *Appendix 1*.

KEY STAKEHOLDER FOCUS GROUPS

Four focus groups were held with a total of approximately 43 participants. Focus groups were held with: MHSC Primary Care Providers, MHSC Clinical Leadership, MHSC Case Management, and the Sweetwater County Economic Development Coalition Enterprise Committee. A summary is included in *Appendix 2*.

KEY STAKEHOLDER SURVEY

A survey was distributed to key stakeholders between February 2019 and March 2019. The survey was distributed to community stakeholders, including those who were interviewed in-person or by phone. There was a total of 83 respondents. The results are included in *Appendix 3*.

COMMUNITY SURVEY

A community survey was conducted between February 2019 and March 2019. The survey was distributed in various public locations and was also made available electronically. There was a total of 439 respondents. The results are included in *Appendix 4*.

GAP ANALYSIS

The 2019 CHNA includes:

- Community demographics and populations served
- Methods for obtaining, analyzing and synthesizing data about the health needs of the community
- Process for consulting with persons representing the broad interest of the community, including those with special knowledge of or expertise in public health and/or tribal health

Memorial Hospital of Sweetwater County is not aware of any information gaps affecting the assessment or prioritization of community health needs.

CONSULTANTS

Memorial Hospital of Sweetwater County contracted with HealthTechS3 to assist in conducting the 2019 Community Health Needs Assessment. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee. Carolyn St.Charles, Regional Chief Clinical Officer and Cheri Benander, HealthTechS3 Consultant were the principal consultants for the project.

EXECUTIVE SUMMARY

The Executive Summary summarizes findings from the secondary data and input from the Community and Key Stakeholders.

In total, more than 550 individuals provided input for the 2019 CHNA.

Additional detail, including sources of data, are included in the Main Report.

COMMUNITY AND KEY STAKEHOLDER RECOMMENDED PRIORITIES

The number one priority for Memorial Hospital of Sweetwater County (MHSC) to focus on over the next three years in collaboration with community partners, identified by both the Community and Key Stakeholders, was Behavioral Health Care. One respondent stated when asked about priorities: *"Priority 1 is Mental Health Care, Priority 2 is Mental Health Care, and Priority 3 is Mental Health Care."*

Multiple comments and feedback were received regarding mental health care, including the lack of psychiatrists and other mental health providers, lack of access to treatment, and the number of patients admitted under a Title 25 (involuntary detention) hold that cannot be transferred due to a lack of beds in the state. Southwest Counseling Service was identified as an important resource, but residents found it sometimes difficult to get an appointment.

Consideration of a small inpatient unit at MHSC was identified as a potential solution as well as adding additional mental health providers.

Other important priorities identified by the Community and Key Stakeholders differed only by the ranking (importance).

COMMUNITY	KEY STAKEHOLDERS
<ol style="list-style-type: none"> 1. Help people get mental health care 2. Increase the number of specialists 3. Help support caregivers 4. Help people stay healthy who have a chronic disease 5. Help adults and teens stop using Illegal drugs, opioids, alcohol or tobacco 	<ol style="list-style-type: none"> 1. Help people get mental health care 2. Help people stay healthy who have a chronic disease 3. Help support caregivers 4. Help adults and teens stop using Illegal drugs, opioids, alcohol or tobacco 5. Increase the number of specialists

HEALTH OF THE COMMUNITY

County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. The rankings are determined by both Health Outcomes and Health Factors, which are weighted to determine an overall ranking for each county. A ranking of one represents the healthiest county.

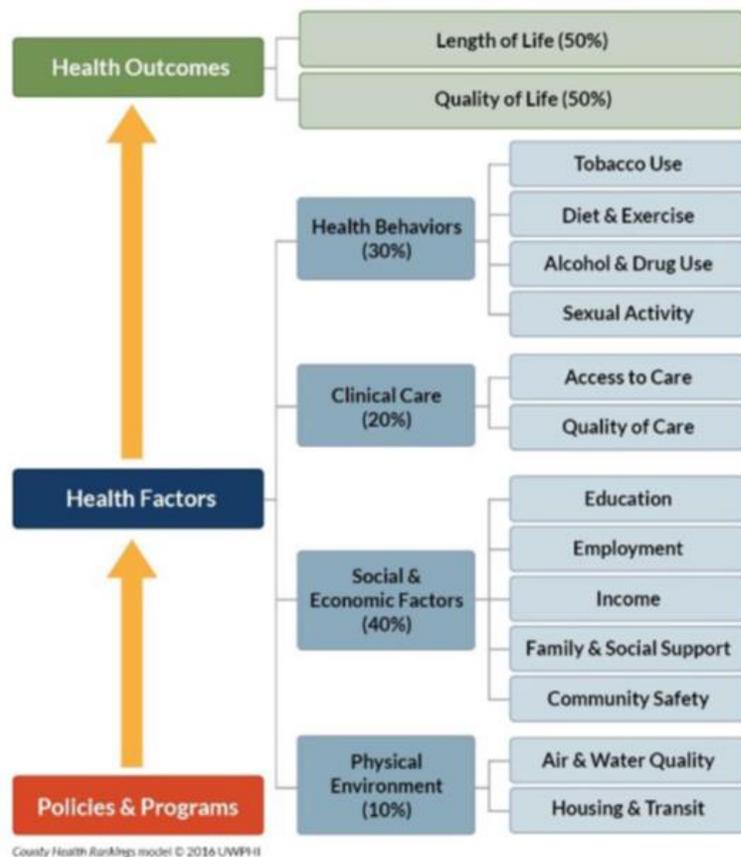
Compared to 23 counties in Wyoming, Sweetwater County ranks 18th for Health Outcomes and 21st for Health Factors. The measures included under each category and definitions are included in *Appendix 5*.

HEALTH OUTCOMES-18TH

- 14th Length of Life
- 19th Quality of Live

HEALTH FACTORS-21ST

- 19th Health Behaviors
- 16th Clinical Care
- 21st Social & Economic Factors
- 18th Physical Environment



DEMOGRAPHICS

POPULATION

The population of Sweetwater County is estimated to decline from 45,694 to 45,302 by 2023, a 0.17% decrease.

AGE

The median age of 34.7 years is expected to have minimal changes by 2023. Children under 4 years of age make up 8% of the population, and 23% are 14 years or younger. Twelve percent of the population is over 65.

ETHNICITY

79.4% of the population is White alone (not Hispanic or Latino), and 16.2% are Hispanic or Latino.

PHYSICAL ENVIRONMENT

RADON

Radon levels in Sweetwater County are 5.6pCi/L. The EPA recommends fixing any home as soon as possible that tests over 4.0pCi/L.

HOUSING

Nine percent of residents in Sweetwater County are considered to have a severe housing cost burden, and 10% of residents have severe housing problems. Housing in Sweetwater County is expensive and limited. More than 50% of key stakeholders felt that lack of access to affordable housing contributes to the health challenges of at-risk populations.

SOCIAL AND ECONOMIC FACTORS

EDUCATION

91.3% of the population over 25 years of age have a high school degree or higher, and 22.2% have a bachelor's degree or higher. Approximately 2% have less than a 9th-grade education.

ENGLISH PROFICIENCY

89.4% of the population speak only English. Of those who speak another language, 9.3% speak Spanish.

INDUSTRY

Slightly over 20% of the jobs in Sweetwater County are related to mining.

UNEMPLOYMENT

The unemployment rate in Sweetwater County in 2018 was 4.2%, the same as the state. The unemployment in February of 2019 was 4.3%, a decrease from 4.8% the prior month.

INCOME

The average income in Sweetwater County is \$82,373, with a per-capita income of \$31,700. However, approximately 10.5% of the population and 15.7% of children live below the Federal Poverty Level. According to the Wyoming Economic Analysis Division, the number of residents with an income below the poverty level increased from 2017 to 2018 in Sweetwater County.

CLINICAL CARE**INSURANCE**

Approximately 15% of adults and 7% of children are uninsured in Sweetwater County, which is about the same rate as the state. The percent of patients seen at the MHSC ED without insurance ranged from 18% to 22% between April 2018 and March 2019.

PREVENTABLE HOSPITAL STAYS

Based on 2016 data, preventable hospital stays per 100,000 Medicare enrollees are slightly lower in Sweetwater County than the state.

Preventable hospital stays are defined as the rate of hospital stays for ambulatory-care-sensitive conditions.

PRIMARY CARE

Sweetwater County is a Health Professional Shortage Area for primary care. There are 2,940 residents for each primary care provider in Sweetwater County, compared to 1,4701 residents for each primary care provider in the state. Primary care providers do not include OB/GYN physicians.

There are 1,741 residents for each other primary care provider in Sweetwater County, compared to 1,025 other primary care providers in the state. Other primary care providers include nurse practitioners, physician assistants, and clinical nurse specialists.

34% of respondents to the community survey reported difficulty getting an appointment with a primary care provider. Lack of appointment times, lack of

convenient appointment times, and cost were all identified as reasons for lack of access. Between April 2018 and March 2019 approximately 36% to 44% of patients seen in the MHSC Emergency Department did not have a primary care provider.

SPECIALTY CARE

ACCESS TO SPECIALTY CARE

32% of respondents to the community survey felt that increased access to specialty care would help improve both their health and their families' health.

Appointments with mental health providers, psychiatry, orthopedics, pediatrics, and gynecology were identified as the most difficult to access by community survey respondents. Key stakeholders agreed that mental health providers, psychiatry, and orthopedics were in the top five. However, they added cardiology and internal medicine as difficult to access.

The top four specialists that residents and key stakeholders traveled outside of Sweetwater County to access were the same, including dermatology, cardiology, orthopedics, and endocrinology. The community survey respondents chose mental health care as number five, and key stakeholders chose oncology.

Respondents suggested telemedicine as a way to increase access to specialists.

EMERGENCY DEPARTMENT (ED) TRANSFERS

Between April 2018 and April 2019 approximately 84% of patients seen in the ED at MHSC were discharged home, 11% were admitted, and 4% were transferred to another hospital.

Both the Community and Key Stakeholders commented on the number of transfers and the desire to keep as many patients as possible in Sweetwater County for care.

MENTAL HEALTH CARE

Sweetwater County is a Health Professional Shortage Area for mental health care. There are 440 residents for each mental health provider in Sweetwater County, compared to 310 residents for each mental health provider in the state. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care.

32% of respondents to the community survey reported difficulty getting an appointment with a mental health provider, and 22% reported difficulty getting an appointment with a psychiatrist.

The top five reasons identified by key stakeholders for lack of access to mental health care were: (1) lack of understanding of mental health disorders; (2) not enough psychiatrists; (3) stigma or prejudice; (4) drug or alcohol abuse; (5) cost of mental health care.

DENTAL CARE

Sweetwater County is a Health Professional Shortage Area for dental care. There are approximately 1,8901 residents for each dentist in Sweetwater County compared to 1,510 residents for each dentist in the state.

HEALTH BEHAVIORS

TOBACCO, ALCOHOL, AND DRUGS

The community and key stakeholders both identified the use of tobacco, and the use of alcohol and drugs, as risk factors for adults and teens.

Data available for Sweetwater County did not show a significant difference in the use of tobacco, alcohol, or drugs compared to the state.

In Wyoming from 2016 to 2017, 4.5% of teens and 2.5% of adults reported not being able to access treatment for drug use, and 6.6% of adults and 2.2% of teens reported not being able to access treatment for alcohol use. The data is from a report on Alcohol & Drug Dependence Abuse & Treatment published by the Henry J. Kaiser Family Foundation.

DIET AND EXERCISE

Almost 29% of adults in Sweetwater County are considered obese. Poor eating habits and obesity were identified as significant risk factors for both adults and teens by the community and key stakeholder respondents.

In Sweetwater County, 11% of the population have limited access to healthy foods and 11% experience food insecurity.

SEXUAL ACTIVITY

Teen births are higher in Sweetwater County than the state. Community and key stakeholder respondents identified teen pregnancy as a significant risk affecting health outcomes.

HEALTH OUTCOMES

LIFE EXPECTANCY

The life expectancy for residents of Sweetwater County is 78.4 years. However, healthy life expectancy is approximately ten years less than total life expectancy.

The five highest risk factors that contribute to disability-adjusted life years in Wyoming are tobacco use, alcohol and drug use, high body mass index, dietary risks, and high systolic blood pressure.

CAUSE OF DEATH

The top five causes of death in Sweetwater County are major cardiovascular disease, cancer, Alzheimer's disease, chronic lower respiratory disease, and accidents and adverse events (unintentional injury).

HEALTH STATUS

DISABILITY STATUS

Approximately 11.5% of residents of Sweetwater County have a disability compared to 12.9% in the state.

BIRTH & EARLY CHILDHOOD

C-Section births and mothers who smoked while pregnant are both slightly higher (worse) than the state. Infant mortality and adequate prenatal care are better than the state. These may not be statistically different than the state.

MENTAL HEALTH

Reported poor mental health days within the last 30 days in Sweetwater County were the same as the state. 5.5% of respondents to the community survey rated their mental health as poor.

Both community and key stakeholder respondents rated chronic mental illness and depression as the 2nd and 3rd choices for the chronic diseases they would like to see MHSC focus on over the next three years.

There was a total of three hundred (300) patients admitted under a Title 25 hold at MHSC between April 2017 and April 2019, an average of 6.25 patients per month. The average length of stay was 2.1 days for adults and 1.1 days for juveniles.

The CDC ranks Wyoming as 3rd highest compared to other states for age-adjusted suicide. Only Montana and Alaska have a higher rate of suicide. Sweetwater County has the fifth highest rate of age-adjusted suicide in the state compared to other counties.

CANCER

Cancer is the second most common cause of death in Sweetwater County.

Cancer incidence and mortality are approximately the same as the state.

Recommended cancer screening for mammograms, PAP tests, and colorectal screenings are lower (worse) than the state.

DIABETES

Approximately 9% of adults in Wyoming have been diagnosed with diabetes.

Respondents to the community survey and key stakeholder survey identified diabetes as the most important chronic disease for MHSC to focus on over the next three years.

CARDIOVASCULAR & CEREBROVASCULAR DISEASE

Major cardiovascular disease is the number one cause of death for residents of Sweetwater County.

Approximately 31% of adults in Wyoming have been diagnosed with hypertension.

Respondents to the community and key stakeholder survey identified heart disease as one of the top four important chronic diseases for MHSC to focus on over the next three years.

RESPIRATORY DISEASE

Chronic lower respiratory disease is the fourth most common cause of death in Sweetwater County.

6.7% of adults in Wyoming have been diagnosed with chronic obstructive pulmonary disease (COPD), and 9.1% with asthma.

MAIN REPORT



HEALTH OF THE COMMUNITY

COMMUNITY NEEDS INDEX

In 2005, Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Need Index (CNI). The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's need for various healthcare services.

The CNI score is an average of five different barrier scores that measure various socioeconomic indicators of each community. The five barriers are listed below, along with the indicators that are analyzed for each barrier.

BARRIERS TO HEALTHCARE ACCESS	Indicator(s) Underlying Causes of Health Disparities	
INCOME	Percentage of	households below poverty line, with head of household age 65 or more
	Percentage of	families with children under 18 below poverty line
	Percentage of	single female-headed families with children under 18 below the poverty line
CULTURE / LANGUAGE	Percentage of	population that is minority (including Hispanic ethnicity)
	Percentage of	population over age 5 that speaks English poorly or not at all
EDUCATION	Percentage of	population over age 25 without a high school education
INSURANCE	Percentage of	population in the labor force, aged 16 or more, without employment
	Percentage of	population without health insurance
HOUSING	Percentage of	households renting their home

A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

COMMUNITY HEALTH NEEDS ASSESSMENT

1.0-1.7	LOWEST NEED
1.8-2.5	2ND LOWEST NEED
2.6-3.3	MID NEED
3.4-4.1	2ND HIGHEST NEED
4.2-5.0	HIGHEST NEED

82322	3.8	97	Bairoil	Sweetwater	Wyoming
82336	3.8	410	Wamsutter	Sweetwater	Wyoming
82901	3.6	29465	Rock Springs	Sweetwater	Wyoming
82932	2.2	407	Farson	Sweetwater	Wyoming
82935	3.0	13288	Green River	Sweetwater	Wyoming
82938	3.4	145	McKinnon	Sweetwater	Wyoming

Source: Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and Community Need Index, 2018.

Sweetwater County has a median score of 3.5. Farson is in the second lowest need category, and Green River is in the mid-need category. The remaining cities, Bairoil, Wamsutter, Rock Springs and McKinnon are in the second highest need category.

COUNTY HEALTH RANKINGS & ROADMAPS

County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are based on a model of population health that emphasizes many factors that, if improved, can help make communities healthier places to live, learn, work, and play. The rankings are determined by Health Outcomes and Health Factors, which are weighted to determine an overall ranking for each county.

HEALTH OUTCOMES

The overall rankings in health outcomes represent how healthy counties are in Wyoming compared to 23 other Wyoming counties. The healthiest county is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

HEALTH FACTORS

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties in Wyoming compared to 23 other counties. The ranks are based on four types of measures: health behaviors, clinical care, social and economic factors, and physical environment.

Appendix 5 includes additional information, including data definitions, the weight of each measure, county data, and state data.

SWEETWATER COUNTY RANKING

Sweetwater County ranks 18th for Health Outcomes and 21st for Health Factors compared to 23 other counties in Wyoming.

Health Outcomes-18th

14th Length of Life

19th Quality of Live

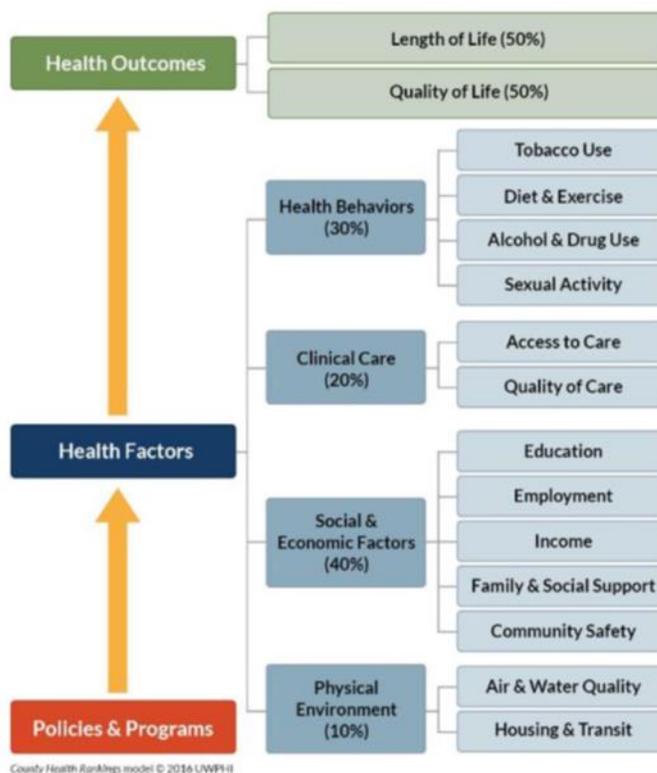
Health Factors-21st

19th Health Behaviors

16th Clinical Care

21st Social & Economic Factors

18th Physical Environment



County Health Rankings model © 2016 UWPHI

CHILD WELL-BEING

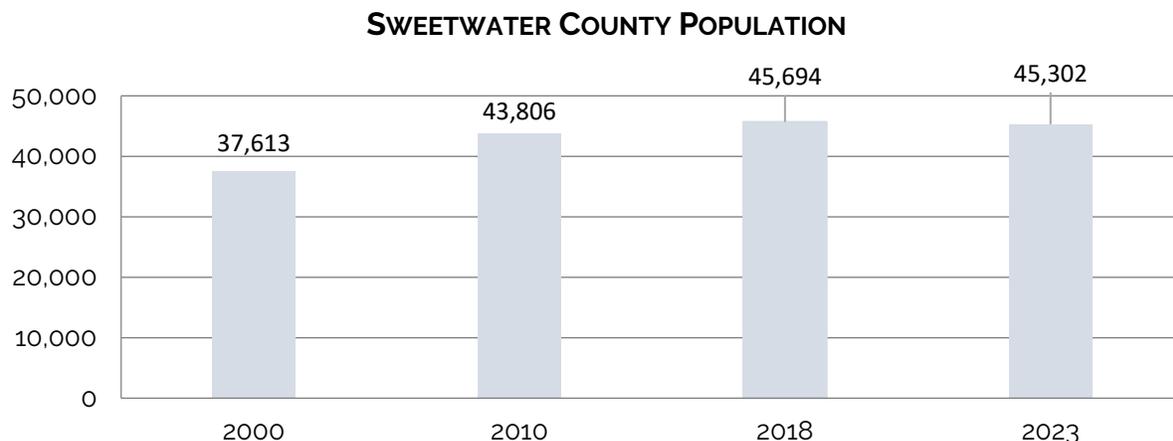
Wyoming ranks 18th compared to 50 other states for child well-being based on data from the 2018 Kids Count Profile published by the Annie E. Casey Foundation. The following table shows the ranking and measures for each indicator.

Economic Well-Being: Rank 6		
	Wyoming	United States
Children in poverty (2016)	11%	19%
Children whose parents lack secure employment (2016)	23%	28%
Children living in a household with a high housing cost burden (2016)	20%	32%
Teens not in school and not working (2016)	5%	7%
Education: Rank 25		
	Wyoming	United States
Young children (ages 3 and 4) not in school (2014 - 2016)	59%	52%
Fourth graders not proficient in reading (2017)	59%	65%
Eight graders not proficient in math (2017)	62%	67%
High school students not graduating on time (2015-2016)	20%	16%
Health: Rank 49		
	Wyoming	United States
Low birth-weight babies (2016)	8.5%	8.2%
Children without health insurance (2016)	9%	4%
Child and teen deaths per 100,000 (2016)	32	26
Teens who abuse alcohol or drugs (2015-2016)	6%	5%
Family and Community: Rank 7		
	Wyoming	United States
Children in single-parent families (2016)	28%	35%
Children in families where the household head lacks a high school diploma (2016)	5%	14%
Children living in high-poverty areas (2012 - 2016)	1%	13%
Teen births per 1,000 (2016)	26	20

DEMOGRAPHICS

POPULATION

Sweetwater County experienced a steady increase in population from 2000-2018 growing from 37,613 to 45,694. The population is expected to decrease at an annual rate of 0.17% from 2018-2023.



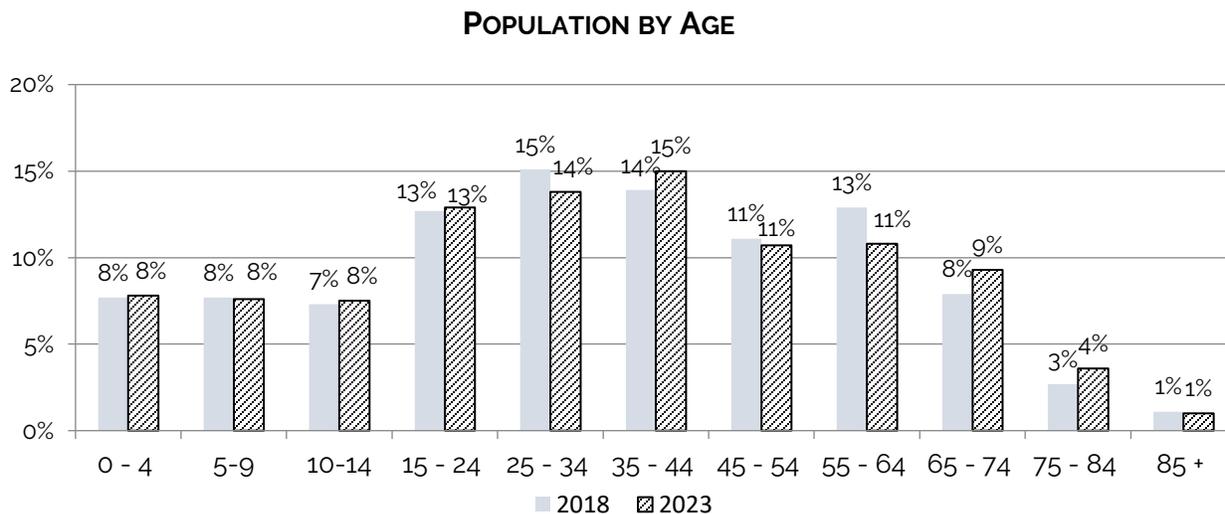
Source: iVantage Health Analytics, ESRI 2019

AGE

The median age in Sweetwater County is 34.7 years.

Eight percent of the population are 4 years of age or younger, 23% are 14 years of age or younger, and 12% are 65 years or older.

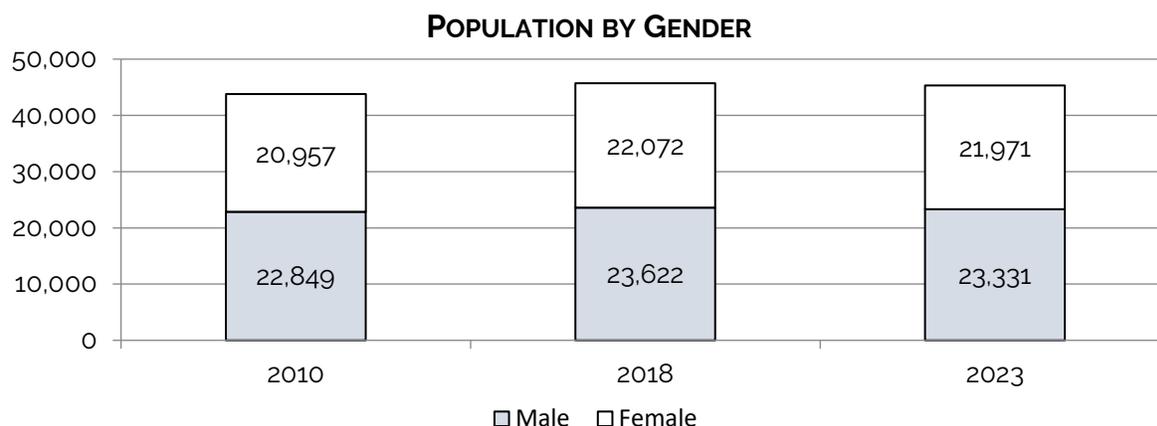
There are minimal changes projected in the age of the population by 2023.



Source: iVantage Health Analytics, ESRI 2019

GENDER

The population distribution by gender is fairly even between males and females, although there are slightly more males than females. There is no significant change expected in gender distribution by 2023.



Source: iVantage Health Analytics, ESRI 2019

RACE AND ETHNICITY

94.1% of the population is White. 79.4% are White alone, not Hispanic, and 16.2% are Hispanic or Latino.

Race	Percent
White, alone	94.1%
Black or African American, alone	1.3%
American Indian and Alaska Native alone	1.5%
Asian, alone	0.8%
Native Hawaiian and other Pacific Islander, alone	0.1%
Two or more races	2.1%

Source: U.S. Census Bureau Quick Facts: Sweetwater County, Wyoming

Ethnicity	Percent
Hispanic or Latino	16.2%
White alone, not Hispanic or Latino	79.4%

Source: U.S. Census Bureau Quick Facts: Sweetwater County, Wyoming

CITIZENSHIP

95.6% of Sweetwater County residents were US citizens in 2016, which is higher than the national average of 93%.¹

¹ DATA USA: Sweetwater County

PHYSICAL ENVIRONMENT

ACCESS TO PHYSICAL ACTIVITY

90% of residents in Sweetwater County report access to locations for physical activity, which is higher than the state.

Physical Activity	Sweetwater County	Wyoming
Access to locations for physical activity (2010 & 2018)	90%	76%

Source: County Health Rankings & Roadmaps

RADON

Radon levels in Sweetwater County are 5.6pCi/L (picoCuries per liter). According to the EPA, any home that tests over 4.0 pCi/L should be fixed as soon as possible, and homes that test between 2.0 pCi/L and 4.0 pCi/L should be fixed soon. Radon levels in Sweetwater County are significantly higher than the 4.0 pCi/L threshold.

The Wyoming Department of Health reports that Radon is the second most common cause of lung cancer in the state after smoking.

Radon	Sweetwater County	United States
Radon Level	5.6 pCi/L	1.3 pCi/L

Source: Wyoming Department of Health

AIR POLLUTION-PARTICULATE MATTER

The average daily density of fine particulate matter (air pollution) in the county is higher (worse) than the state.

Pollution	Sweetwater County	Wyoming
Air Pollution-Particulate Matter (2014)	5.1	4.8

Source: County Health Rankings & Roadmaps

DRINKING WATER

Drinking water violations occurred in Sweetwater County in 2017.

Water	Sweetwater County	Wyoming
Drinking Water Violations (2017)	Yes	Yes

Source: County Health Rankings & Roadmaps

HOUSING

The median home value in 2018 in Sweetwater County was \$196,435 and is estimated to increase to \$208,122 by 2023.

The percentage of housing units that are owner-occupied is higher than the state.

Nine percent of residents are considered to have a severe housing cost burden, defined as households that spend 50% or more of their household income on housing. There is no statistical difference between the county and the state.

Ten percent of residents have severe housing problems defined as the percentage of households with at least 1 of 4 housing problems; overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. The occurrence of severe housing problems is lower (better) than the state.

Housing	Sweetwater County	Wyoming
Owner-occupied Housing (2013-2017)	74% (72%-76%)	69%
Severe Housing Cost Burden (2013-2017)	9% (7%-12%)	10%
Severe Housing Problems (2011-2015)	10% (8%-11%)	12%

Source: County Health Rankings & Roadmaps

COMMUNITY AND KEY STAKEHOLDERS: Almost all respondents to the community survey, 99%, indicated that they had housing. However, 6.7% felt that access to affordable housing would help improve both their health and the health of their family.

55.6% of key stakeholders felt that lack of access to affordable housing is a factor that contributes to the health challenges of at-risk populations in Sweetwater County.

TRANSPORTATION

Driving alone to work is not statistically different than the state. However, the length of the commute is longer than the state.

Transportation	Sweetwater County	Wyoming
Drive Alone to Work (2013-2017)	77% (75%-80%)	78%
Long Commute-Driving Alone (2013-2017)	19% (16%-21%)	15%

Source: County Health Rankings & Roadmaps

SOCIAL AND ECONOMIC FACTORS

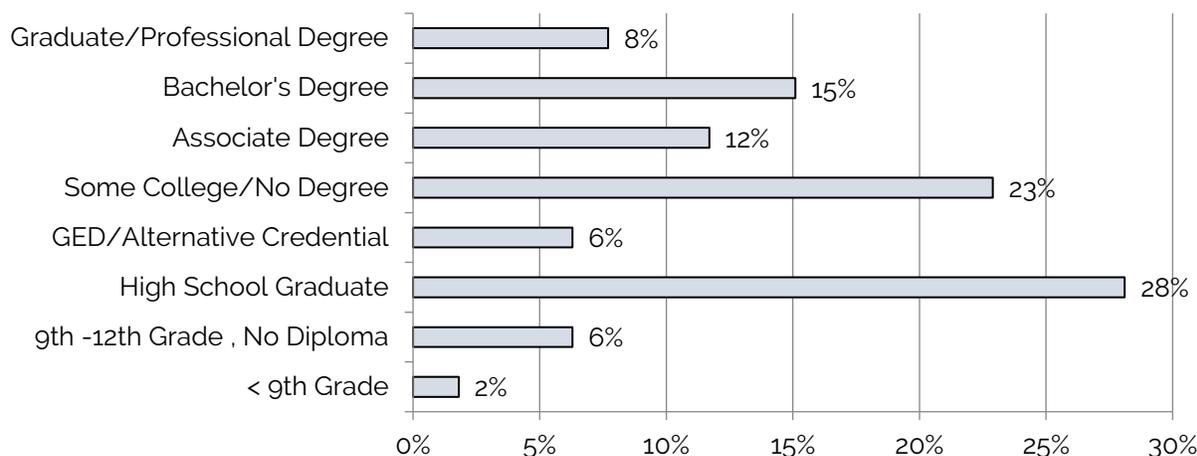
EDUCATION

91.3% of the population over 25 years of age have a high school degree or higher, and 22.2% have a bachelor's degree or higher in Sweetwater County. Approximately 2% have less than a 9th-grade education.

5% of children in Wyoming live in families where the head of household lacks a high school diploma.²

The on-time graduation rate, defined as the percentage of high school students graduating within four years, is 74% in Sweetwater County.³

EDUCATION



Source: iVantage Health Analytics, ESRI 2019

ENGLISH PROFICIENCY

89.4% of the population in Sweetwater County speak only English. Of those who speak another language, 9.3% speak Spanish.⁴

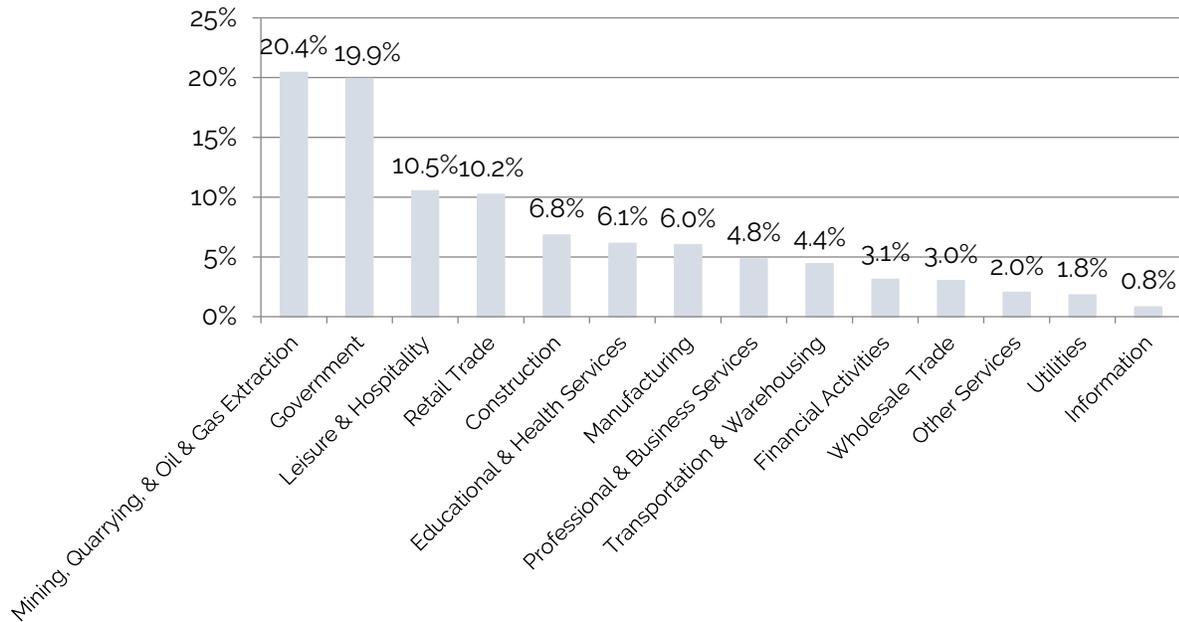
INDUSTRY

Slightly over 20% of jobs in Sweetwater County are related to mining. The second highest sector is government.

² The Annie E. Casey Foundation: 2018 Kids Count Profile

³ 2018 Wyoming Kids Count

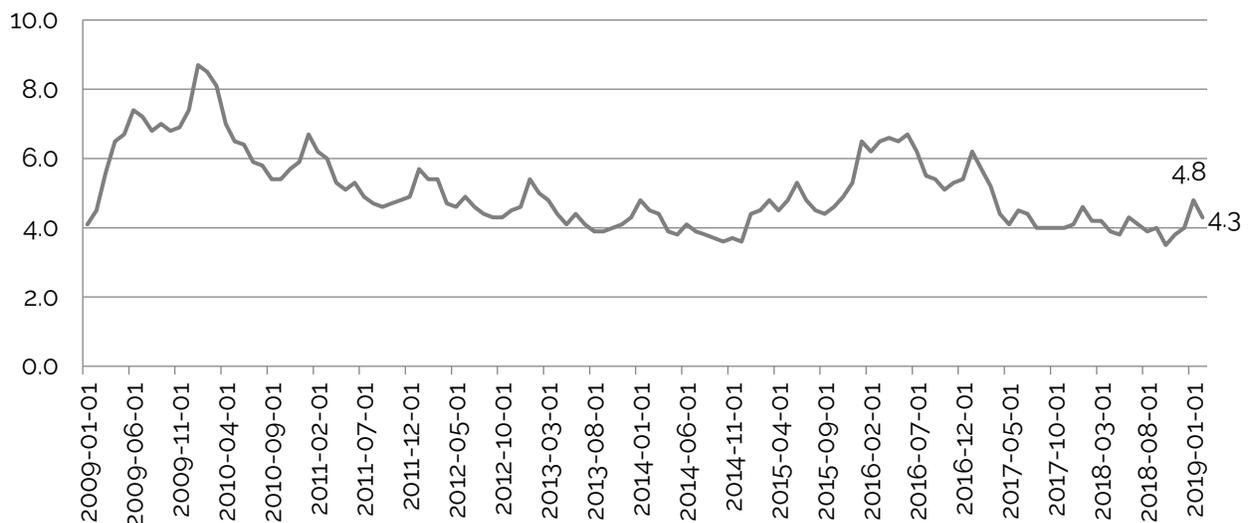
⁴ US Census Bureau, American Fact Finder

EMPLOYMENT BY INDUSTRY


Source: Wyoming County Profiles. Department of Administration & Information Economic Analysis Division

UNEMPLOYMENT

The unemployment rate in Sweetwater County in 2018 was 4.2%, the same as the state. The unemployment in February of 2019 was 4.3%, a decrease from 4.8% the prior month.

**UNEMPLOYMENT RATE SWEETWATER COUNTY
 JANUARY 2009 - FEBRUARY 2019**


Source: U.S. Dept. of Labor-Bureau of Labor Statistics

COMMUNITY SURVEY: Approximately 72% of respondents reported that they work full-time.

Employment Status	Number of Respondents	Percentage
I am unemployed and actively looking	0	0
I am unemployed	12	2.78%
I am working part-time or have temporary work	39	9.03%
I work full-time	311	71.99%
I am retired	46	10.65%
I am disabled and not able to work	9	2.08%
Other	21	4.86%

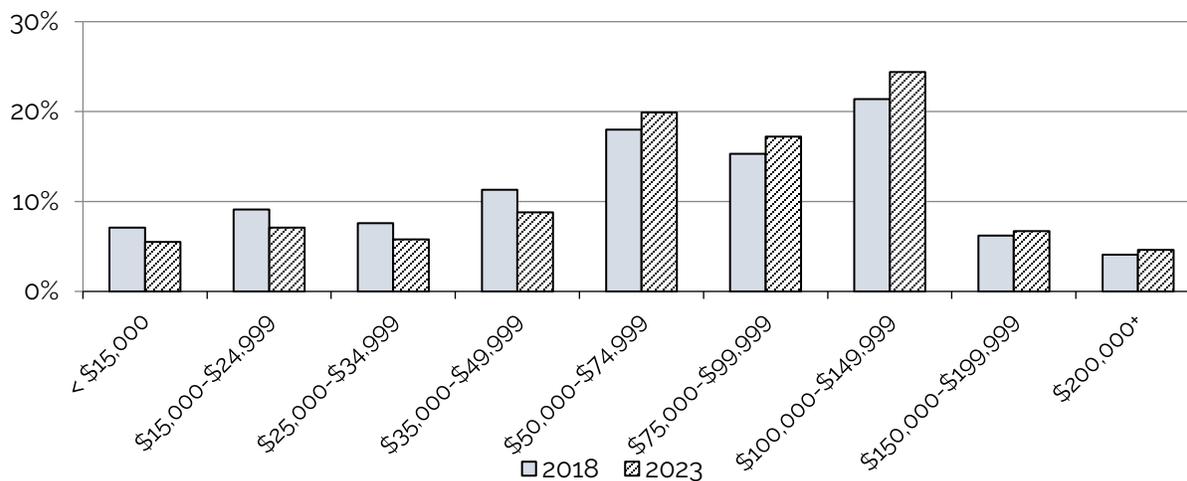
Source: MHSC Community Survey, 2019

INCOME

The average household income in 2018 in Sweetwater County was \$82,373 and is predicted to increase to \$93,605 by 2023. The median household income is \$71,083, with a per-capita income of \$31,700.

Manufacturing, mining, and utilities, have annual salaries of over \$97,000.⁵

SWEETWATER COUNTY HOUSEHOLD INCOME



Source: iVantage Health Analytics

⁵ Wyoming County Profiles. Department of Administration & Information Economic Analysis Division

Sweetwater County has an income inequality ratio of 4.4 compared to 4.2 in Wyoming.⁶ Income inequality is the ratio of household income at the 80th percentile to that at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

The U.S. Department of Health and Human Services defines the poverty level in 2019 as an income of \$12,490 for one individual and \$25,750 for a family of four.

Approximately 12% of the population and 15.7% of children in Sweetwater County live below the federal poverty level.⁷ 10.6% of children live in households with supplemental security income (SSI), cash public assistance income, or food stamps / supplemental nutrition assistance program (SNAP) benefits.⁸

The percentage of residents living below the poverty level was higher than the state average of 7.5% in 2018. According to a report by the Wyoming Economic Analysis Division, the number of Sweetwater County residents with income below the poverty level increased from 4,868 in 2017 to 5,274 in 2018.

For the 2016/2017 school year, 35% of children were eligible for free or reduced price lunch, which is slightly lower than the rate in the state of 39%.⁹

RESIDENTIAL SEGREGATION

Residential segregation is an index of dissimilarity where higher values indicate greater residential segregation between non-white and white residents. Sweetwater County is lower (better) than the state.

Residential Segregation	Sweetwater County	Wyoming
Residential Segregation (2013-2017)	36	39

Source: County Health Rankings & Roadmaps

⁶ County Health Rankings & Roadmaps

⁷ US Census Bureau: Quick Facts- Income & Poverty

⁸ US Census Bureau: Quick Facts – Income & Poverty

⁹ County Health Rankings & Roadmaps

COMMUNITY SAFETY

Based on 2017 data, the most frequent reported crime in Sweetwater County was larceny-theft.¹⁰

Crime Reported	Sweetwater County
Murder & Non-Negligent Manslaughter	1
Forcible Rape	34
Robbery	2
Aggravated Assault	117
Burglary	108
Larceny-Theft	545
Motor Vehicle Theft	44

¹⁰ *Crimes in Wyoming 2017: Division of Criminal Investigation Uniform Crime Report*

CLINICAL CARE

RURAL HEALTH RANKING

Wyoming ranks 14th in the nation for rural health out of 47 states with rural counties and received an overall grade of B from the F. Marie Hall Institute for Rural and Community Health. Wyoming ranks higher (better) than all mountain division region states (Arizona, Idaho, Montana, Nevada, New Mexico, and Utah), except Colorado.¹¹

INSURANCE COVERAGE

As of 2017, Wyoming had the sixth highest uninsured rate in the country, with a rate of 12.3%, an increase from 2016.¹²

In 2016, 15% of adults and 7% of children did not have insurance coverage in Sweetwater County. The rate of uninsured in the county is not statistically different than the state.

Uninsured	Sweetwater County		Wyoming
	NUMBER	PERCENT	PERCENT
Uninsured Adults (2016)	4,164	15% (13%-17%)	16%
Uninsured Children (2016)	878	7% (5%-9%)	8%

Source: County Health Rankings & Roadmaps

COMMUNITY SURVEY: 84% of survey respondents indicated that they had private insurance, and 3.5% indicated they did not have insurance. 11% reported that insurance coverage would help improve both their health and their families' health.

KEY STAKEHOLDERS: Several key stakeholders identified the need for a resource to assist eligible community members in signing up for Medicaid.

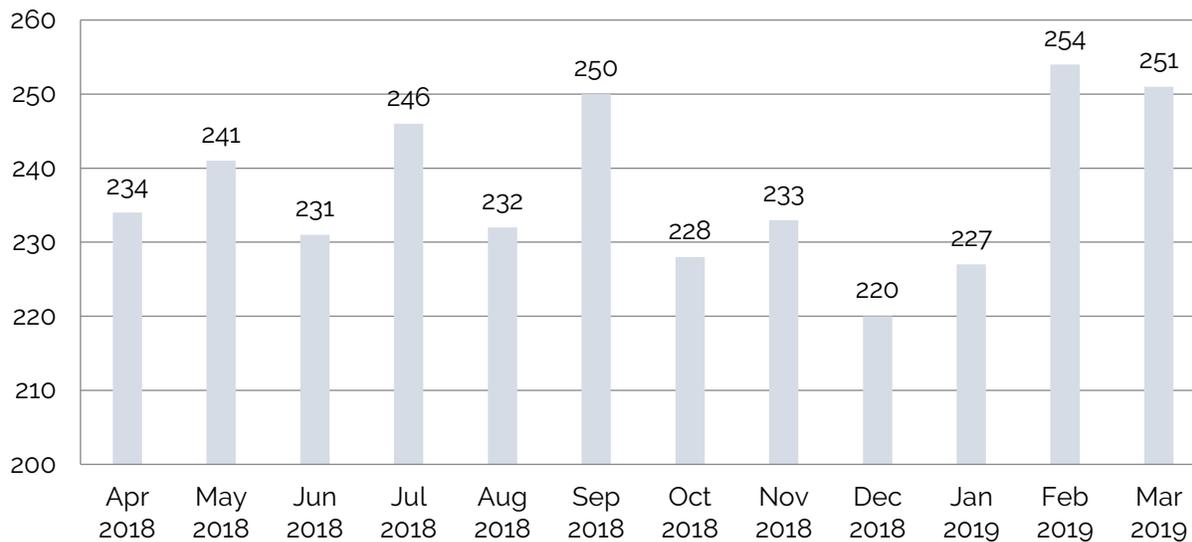
Insurance Coverage	Number of respondents	Percentage
Private Insurance like Tri-Care, Blue Cross, United, and Aetna	362	83.60%
Medicare	41	9.47%
I don't have insurance	15	3.46%
Medicaid	7	1.62%
Other	7	1.62%
Both Medicaid and Medicare	3	0.69%
V.A.	1	0.23%

Source: MHSC Community Survey, 2019

¹¹ Wyoming Department of Health, State Health Assessment 2018
¹² U.S. Census Bureau Health Insurance Coverage in the United States 2017

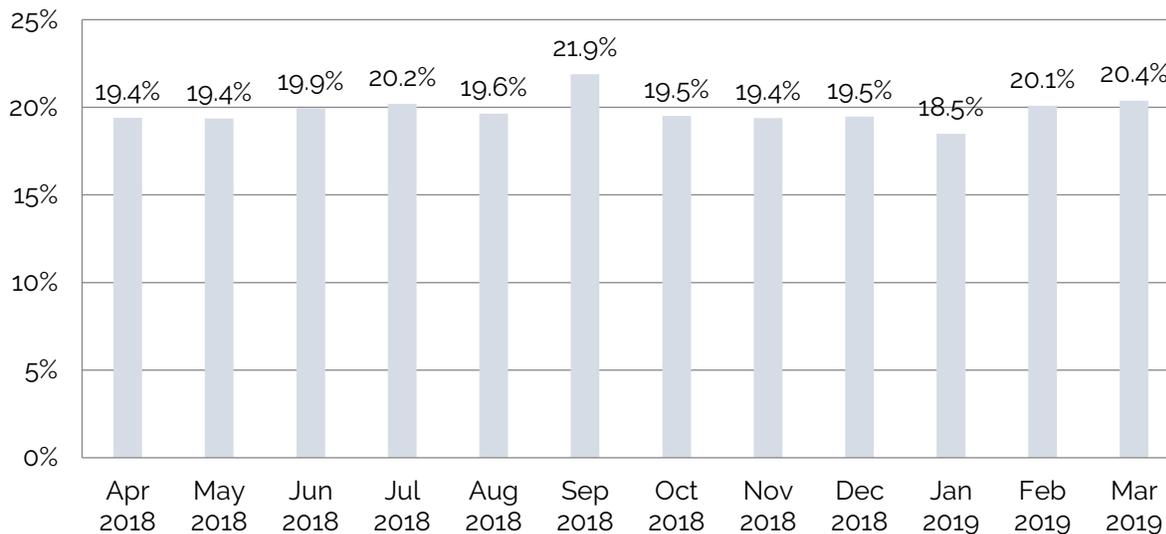
Between April 2018 and March of 2019, approximately 20% of patients seen in the Emergency Department at MHSC were self-pay, indicating there was no insurance coverage.

MHSC Emergency Department Number of Patients With Primary Payer as Self Pay



Source: Memorial Hospital Sweetwater County

MHSC EMERGENCY DEPARTMENT PERCENT OF PATIENTS WITH PRIMARY PAYER AS SELF PAY



Source: Memorial Hospital Sweetwater County

PRIMARY CARE PROVIDERS

Sweetwater County is a Health Professional Shortage Area for primary care.

There are 2,940 residents for each primary care provider in Sweetwater County, compared to 1,4701 residents for each primary care provider in the state. Primary care providers do not include OB/GYN physicians.

There are 1,741 residents for each other primary care provider in Sweetwater County, compared to 1,025 other primary care providers in the state. Other primary care providers include nurse practitioners, physician assistants, and clinical nurse specialists.

Primary Care	*Sweetwater County	*Wyoming	**Physicians Practicing in Rural Communities		**Wyoming Grade and National Rank
			RURAL WYOMING	RURAL U. S.	
Primary Care Physicians (2016)	2,940:1 (2016)	1,470:1 (2016)	67.7 per 100,000	54.5 per 100,000	B+ (11th)
Other Primary Care Providers (2018)	1,741:1 (2018)	1,025:1 (2018)			

**Source: County Health Rankings & Roadmaps*

***Source: Rural Health Report Card*

COMMUNITY SURVEY: 34% reported difficulty getting an appointment or accessing care with a primary care provider. 11.5% identified problems getting an appointment at a time that was convenient, and 28% felt that more times for appointments would help improve both their health and their families' health.

KEY STAKEHOLDERS: 17% of key stakeholders identified difficulty obtaining an appointment as a reason why people do not get the medical services they need.

Primary Care Appointments	Community Survey
Difficulty getting an appointment or accessing primary care	34.3%
Appointment times are not convenient	11.5%
Increased times for appointments would improve health	28.4%

Source: MHSC Community Survey, 2019

In 2017, 15.6% of Wyoming residents reported that they did not see a doctor when it was needed due to cost.¹³

PERSONAL PROVIDER

33% of Wyoming adults do not have a person they consider their personal doctor or healthcare provider.

Personal Provider	Wyoming
Do you have one person you think of as your personal doctor or health care provider (2017)	59.2%
Do you have more than two persons you think of as your personal doctor or health care provider (2017)	7.5%
Do not have someone you think of as a personal doctor or health care provider (2017)	33.3%

CDC BRFSS Prevalence & Trends Data

COMMUNITY AND KEY STAKEHOLDERS: 11% of respondents to the community survey felt that having a family doctor would help improve both their health and their families' health, compared to 53% of key stakeholders.

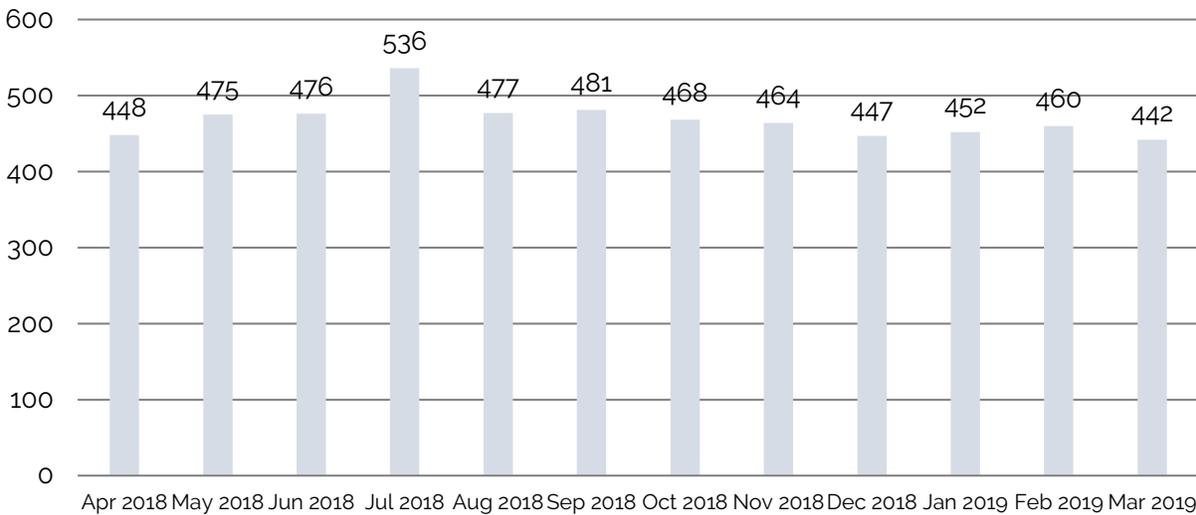
Access to Family Doctor	Percentage of Responses
Community Survey	10.7%
Key Stakeholder Survey	53.1%

Source: MHSC Community and Key Stakeholder Survey, 2019

The percentage of patients that were seen in the Emergency Department at MHSC, who did not have a primary care provider ranged from 36% to 44% between April 2018 and March 2019.

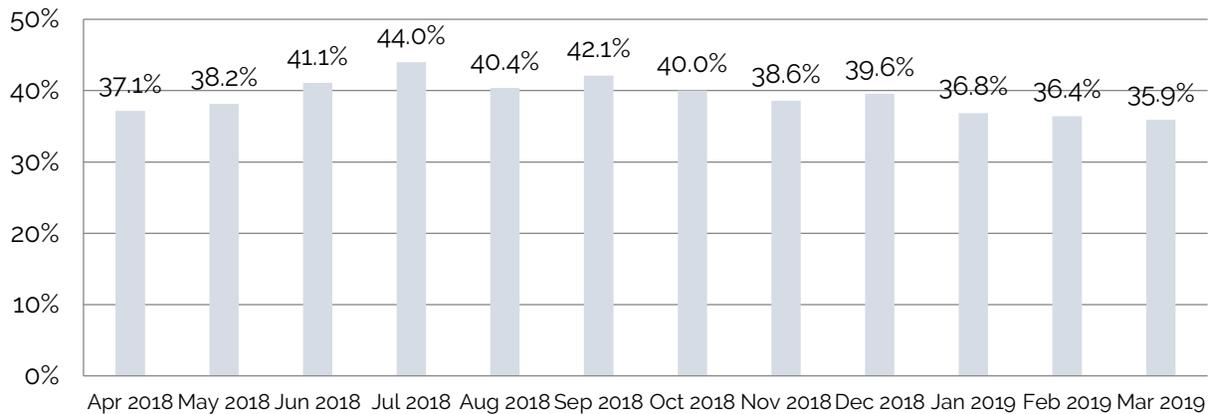
¹³ CDC BRFSS Prevalence & Trends Data

MHSC Emergency Department Number of Patients With No Primary Care Provider



Source: Memorial Hospital Sweetwater County

MHSC EMERGENCY DEPARTMENT PERCENT OF PATIENTS WITH NO PRIMARY CARE PROVIDER



Source: Memorial Hospital Sweetwater County

PREVENTATIVE CARE

In Wyoming, approximately 61% of adults, 80% of children, and 76% of adolescents have had a preventive medical visit within the last year.

59% of adults over aged 65 received a flu vaccination, and 73% received a pneumonia vaccination.

COMMUNITY HEALTH NEEDS ASSESSMENT

Wyoming				
PREVENTATIVE CARE	WITHIN THE LAST YEAR	WITHIN THE LAST 2 YEARS	5 YEARS OR MORE	NEVER
About how long has it been since you last visited a doctor for a routine checkup (2017)	61.2%	13.9%	9.3%	1.9%

Source: CDC BRFSS Prevalence & Trends Data

Preventative Care	Wyoming
*Preventative medical visit for children ages 0-17 within the last 12 months (2017)	79.6%
*Adolescents ages 12-17 with a preventive medical visit in the past year (2017)	75.7%
**Flu vaccination within the last year adults aged 65+ (2017)	58%
**Pneumonia vaccination adults aged 65+ (2017)	73.1%

*Source: Data Resource Center for Child & Adolescent Health

**Source: CDC BRFSS Prevalence & Trends Data

COMMUNITY AND KEY STAKEHOLDERS: Lack of preventative care was identified as a risk factor for both adults and teens.

Risk Factor	Adults	Youth & Teens
Lack of Preventative Care		
Community Survey	55.7%	46.2%
Key Stakeholder Survey	74.4%	56.6%

Source: MHSC Community and Key Stakeholder Survey, 2019

SPECIALTY CARE

32% of respondents to the community survey reported that increased access to specialty care would help improve both their health and their families' health.

The community survey responses and those from key stakeholders differed in the specialties that were perceived as the most difficult to access except for access to mental health providers. The difference may have to do with the average age of the community survey respondents and the emphasis on services for families and children. However, access to mental health providers was number one for both the community and key stakeholders.

Difficulty Getting an Appointment	Community Survey	Rank	Key Stakeholder Survey	Rank
Mental Health Provider	31.9%	1	28.6%	1
Psychiatry	22.3%	2	12.5%	4
Orthopedics	13.9%	3	10.7%	5
Pediatrics	12.0%	4	8.93%	(9)
Gynecology	10.24%	5	8.93%	(10)
ENT	9.64%	6	5.36%	(14)
Cardiology	9.04%	(7)	14.3%	2
Internal Medicine	6.02%	(11)	12.5%	3
Urology	4.82%	(14)	10.7%	6

Source: MHSC Community and Key Stakeholder Survey, 2019

The top four specialists that respondents reported traveling outside of the county for appointments were the same for the community and key stakeholders.

Travel for Specialty Care	Community Survey Rank	Key Stakeholder Survey Rank
Dermatology	1	1
Cardiology	2	2
Orthopedics	3	3
Endocrinology	4	4
Mental Health Care	5	(8)
Oncology	(9)	5

Source: MHSC Community and Key Stakeholder Survey, 2019

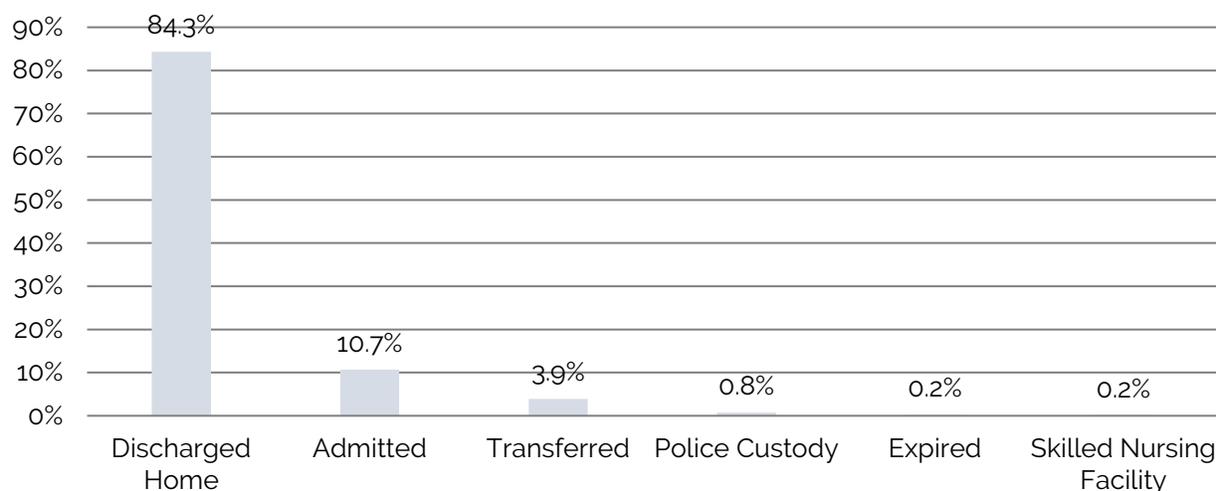
The relationship with the University of Utah and visiting specialists was viewed as positive by the majority of key stakeholders. However, availability of appointments was identified as a concern by both key stakeholders and community members.

Tele-medicine was identified as a way to increase access to specialists.

MHSC EMERGENCY DEPARTMENT

From April 2018 to April 19, 2019, there were a total of 16,913 patients seen in the Emergency Department (ED) at MHSC. The majority, 84.3%, were discharged home. Approximately 11% were admitted, and 4% were transferred to another hospital.

MHSC EMERGENCY DEPARTMENT APRIL 1, 2018 - APRIL 19, 2019



Source: Memorial Hospital Sweetwater County

COMMUNITY AND KEY STAKEHOLDERS: Both the community and key stakeholders commented on the number of transfers to other hospitals from the Emergency Department (ED) and the desire to keep as many people as possible in Sweetwater County for care.

Numerous respondents mentioned long wait times in the ED. The need for more access to primary care and the availability of urgent care as an alternative to the ED were both identified as strategies to decrease the use of the ED for a minor illness.

MENTAL HEALTH CARE

Sweetwater County is a Health Professional Shortage Area for mental health.

There are 440 residents for each mental health provider in Sweetwater County, compared to 310 residents for each mental health provider in the state. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care.

	*Sweetwater County (2018)	*Wyoming (2018)	**Mental Health Providers Practicing in Rural Communities		**Wyoming Grade and National Rank
			RURAL WYOMING	RURAL U.S.	
Mental Health Providers (2018)	440:1	310:1	4.7 per 100,000	3.4 per 100,000	B+ (13th)

Source: County Health Rankings & Roadmaps

***Source: Rural Health Report Card*

COMMUNITY AND KEY STAKEHOLDERS: 32% of community respondents and 28.5% of key stakeholders reported difficulty getting an appointment with a mental health care provider.

22% of community respondents and 12.5% of key stakeholders reported difficulty getting an appointment with a psychiatrist.

20.5% of community respondents felt that increased access to mental health care would help improve both their health and their families' health.

Mental Health Care Access	Community Survey	Key Stakeholder Survey
Difficulty getting an appointment with a mental health provider	31.9%	28.5%
Difficulty getting an appointment with a psychiatrist	22.3%	12.5%
Increased access would improve health	20.5%	

Source: MHSC Community and Key Stakeholder Survey, 2019

The top five reasons identified by key stakeholders for lack of mental health care were:

- Lack of understanding of mental health disorders
- Not enough psychiatrists
- Stigma or prejudice
- Drug or alcohol abuse
- Cost of mental health care

DENTAL CARE

Sweetwater County is a Health Professional Shortage Area for dental care.

There are approximately 1,8901 residents for each dentist in Sweetwater County compared to 1,510 residents for each dentist in the state.

	*Sweetwater County (2018)	*Wyoming (2018)	**Dentists Practicing in Rural Communities		**Wyoming Grade and National Rank
			RURAL WYOMING	RURAL UNITED STATES	
Dentists (2017)	1,890:1	1,510:1	57.2 per 100,000	42.8 per 100,000	B+ (12th)

*Source: County Health Rankings & Roadmaps

**Source: Rural Health Report Card

Data from the CDC Behavioral Risk Factor Surveillance System (BRFSS) for 2016 reports that 66.5% of Wyoming residents visited a dentist or dental clinic within the past year.¹⁴ In 2017, 84.4% of children ages 1-17 in Wyoming had one or more preventive visits to a dentist in the last 12 months.¹⁵

COMMUNITY AND KEY STAKEHOLDERS: 6.6% of respondents to the community survey reported difficulty getting an appointment with a dentist.

Key stakeholders identified the need for fluoride treatments for children due to a lack of fluoride in the water.

Access to Dental Care	Percent
Difficulty getting an appointment or accessing dental care	6.6%

Source: MHSC Community Survey, 2019

¹⁴ CDC BRFSS Prevalence & Trends Data

¹⁵ National Survey of Children's Health (NSCH)

QUALITY OF CARE

PREVENTABLE HOSPITAL STAYS

The rate of preventable hospital stays is determined by the rate of hospital stays for ambulatory-care-sensitive conditions per 100,000 Medicare enrollees.

Sweetwater County is lower (better) than the state.

Preventable Hospital Stays	Sweetwater County	Wyoming
Rate of Preventable Hospital Stays Medicare (2016)	3,289	3,542

Source: County Health Rankings & Roadmaps

CANCER

There is no statistical difference between Sweetwater County and the state for either cancer incidence or mortality. Cancer is the second leading cause of death in Wyoming.¹⁶

The Wyoming Public Health 2018 State Health Assessment includes the statement that in 2015, for the first time, more women were diagnosed with lung cancer than men in Wyoming.

Cancer	Sweetwater County Incidence per 100,000	Wyoming Incidence per 100,000	Sweetwater County Age-Adjusted Deaths per 100,000	Wyoming Age-Adjusted Deaths per 100,000
All Cancers (2011- 2015)	434.6 (391.1-481.5)	428.1 (417.6-438.8)	147.4 (121.1-177.2)	170.6 (163.8-177.7)
Prostate (2011- 2015)	113.9 (92.7-138.5)	103.0 (98.1-108.1)	Insufficient # of Cases	16.3 (14.1-18.6)
Female Breast (2011- 2015)	101.9 (82.4-124.6)	112.6 (107.3-118.0)	Insufficient # of Cases	18.5 (16.5-20.8)
Lung & Bronchus (2011- 2015)	50.0 (39.7-62.0)	44.5 (42.2-46.9)	40.7 (28.0-56.7)	31.9 (29.1-34.8)
Colon & Rectum (2011- 2015)	27.8 (17.7-41.3)	27.9 (25.3-30.6)	Insufficient # of Cases	10.1 (8.6-11.8)
Melanoma of skin (2011- 2015)	21.3 (13.2-32.5)	19.3 (17.2-21.7)	Insufficient # of Cases	4.0 (3.0,-5.2)

Source: CDC State Cancer Profiles

¹⁶ Wyoming Department of Public Health

COMMUNITY HEALTH NEEDS ASSESSMENT

Cancer screenings are lower than the recommended Healthy People 2020 targets in Wyoming.

In addition to targets for cancer screening, Healthy People 2020 also establishes targets for cancer education. Although there is no published state data, the recommended indicators and targets are included in the table below.

Cancer Screening and Counseling	Wyoming	Healthy People 2020
Women 50 -74 who received a mammogram within the last 2 years (2016)	63.8%	81.1%
HP 2020: Increase the proportion of women who were counseled by their providers about mammograms aged 50 to 74 years		76.8%
Women 21-65 who received a PAP test in the past 3 years (2016)	73.2%	93%
HP 2020: Increase the proportion of women who were counseled by their providers about Pap tests		66.2%
Men aged 40 who have had a PSA test within the past two years(2016)	44.2%	
HP 2020: Increase the proportion of men who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their health care provider		15.9%
Percentage of adults 50-75 who received a colorectal cancer screening in the past 10 years (2016)	59.2%	70.5%

Source: CDC BRFSS Prevalence & Trends Data

HEALTH BEHAVIORS

TOBACCO

DISABILITY-ADJUSTED LIFE YEARS

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the highest risk factor was tobacco use.

TOBACCO CONTROL GRADE

The American Lung Association awards a grade to each of five indicators related to tobacco control. As noted below, Wyoming received an F for every measure except "access to cessation services," which received a grade of D.

Tobacco Control Grade Factors	Wyoming
Tobacco Prevention and Cessation Funding	F
Smoke-free Air	F
Tobacco Taxes	F
Access to Cessation Services	D
Age to purchase Tobacco 21	F

Source: American Lung Association: State of Tobacco Control 2018- Wyoming Local Grades

TOBACCO USE

According to the American Lung Association, adult and youth cigarette smoking rates are near historically low levels in the U.S., but there was a staggering 78% increase in youth e-cigarette use from 2017 to 2018 that caused both the FDA Commissioner and U.S. Surgeon General to declare youth e-cigarette use an epidemic.

Adults who smoke in Sweetwater County is not statistically different than the state.

The prevalence of high school students in Sweetwater County who smoked in the past 30 days was 7%, the second lowest prevalence rate in the state.¹⁷

15% of pregnant women in Sweetwater County reported smoking at least one cigarette during pregnancy, which is double the national rate of 7.2%.¹⁸

¹⁷ Wyoming Tobacco Prevention & Control Evaluation

¹⁸ Wyoming Tobacco Prevention & Control Evaluation

COMMUNITY HEALTH NEEDS ASSESSMENT

Tobacco Use	Sweetwater County	Wyoming	Healthy People 2020 Target
Adults who are current smokers (2016)	*18% (17%-19%)	**18.7% (17.2%-20.3%)	12%
***Percentage of mothers who self-report smoking at least one cigarette during their pregnancy (2016)	15%	14.1%	

*Source: County Health Rankings & Roadmaps-2016

**Source: CDC BRFSS Prevalence & Trends Data-2017

***Source: Wyoming Department of Health Vital Statistics Services

COMMUNITY AND KEY STAKEHOLDERS: 72% of respondents to the community survey identified tobacco use as the third highest risk factor for adults and 77% identified tobacco use as the second most important risk factor for teens. Key stakeholders ranked tobacco use and vaping by youth and teens as the second highest risk behavior.

Risk Factor Use of Tobacco	Adults	Youth & Teens
Community Survey	72% (3 rd)	76.9% (2 nd)
Key Stakeholder Survey	79.3% (6 th)	86.8% (2 nd)

Source: MHSC Community & Key Stakeholder Survey, 2019

DRUGS

DISABILITY-ADJUSTED LIFE YEARS

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the second highest risk factor was alcohol and drug use.

DRUG RELATED DEATHS

Age-adjusted opioid deaths and all drug overdose deaths are lower in Wyoming than the United States. There was no increase from 2016 to 2017.

Opioid and Drug Deaths	All opioid overdose deaths (Age-adjusted per 100,000)	Percent change in opioid death rate from prior year	All drug overdose deaths (Age-adjusted per 100,000)	Percent change in all drug overdose death rate from prior year
Wyoming (2017)	8.7	0%	12.2	-0.31%
United States (2017)	14.9	12%	21.7	10%

Source: Henry J. Kaiser Family Foundation: Opioid Overdose Death Rates

DRUG DEPENDENCE AND TREATMENT

Illicit drug dependence or abuse, including opioid use, is not significantly different than the United States for adults. However, the percent of teens ages 12-17 who reported using illicit drugs and the percent who reported needing but not receiving treatment is higher than the United States.

Drug Dependence	Wyoming	United States
Adults reporting Illicit drug dependence or abuse in the past year (2016-2017)	2.5%	2.7%
Teens ages 12-17 reporting Illicit drug dependence or abuse in the past year (2016-2017)	4.5%	3.1%
Individuals reporting past year opioid use disorder per 1,000 population (2015-2016)	6.3%	8.4%

Source: Henry J. Kaiser Family Foundation: Alcohol & Drug Dependence, Abuse, and Treatment

Drug Treatment	Wyoming	United States
Adults reporting needing but not receiving treatment for drug use in the past year (2016-2017)	2.5%	2.7%
Teens ages 12-17 reporting needing but not receiving treatment for drug use in the past year (2016-2017)	4.5%	3.1%

Source: Henry J. Kaiser Family Foundation: Alcohol & Drug Dependence, Abuse, and Treatment

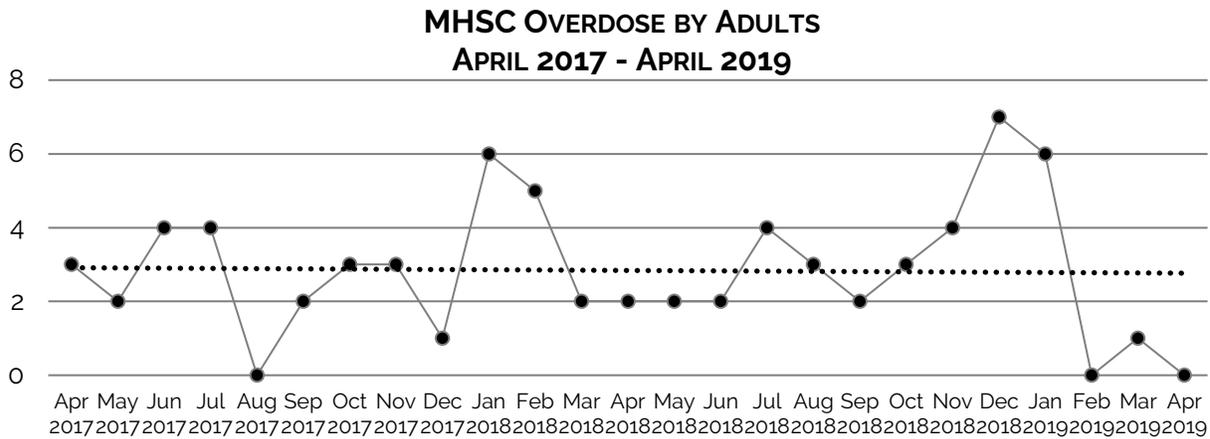
COMMUNITY AND KEY STAKEHOLDERS: The second and third highest rankings for behaviors that put adults and teens at risk was illegal drug use. Several key stakeholders stated that Sweetwater County is a community that "works hard and parties hard."

Risk Factor Illegal Drug Use	Adults	Teens
Community Survey	78%	76.9%
Key Stakeholder Survey	86.6%	85.5%

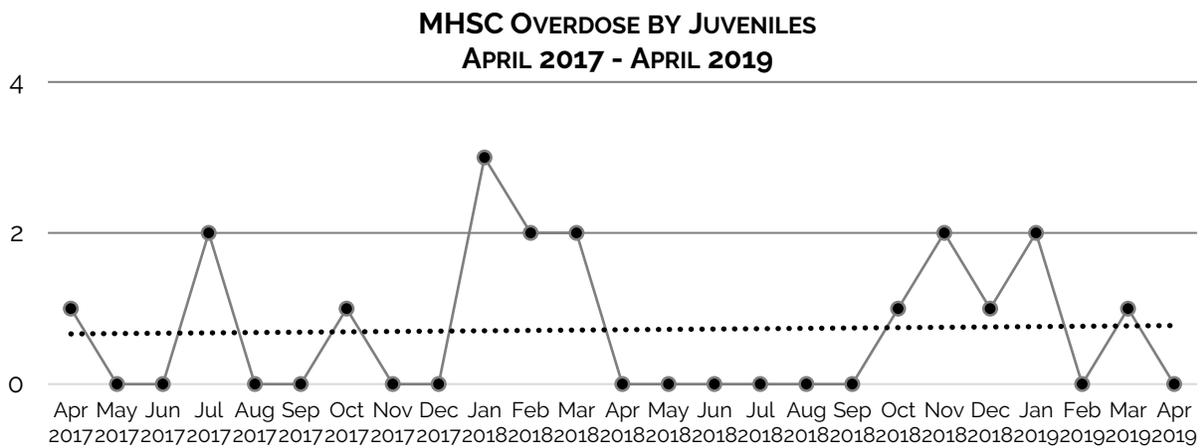
Source: MHSC Community & Key Stakeholder Survey, 2019

EMERGENCY DEPARTMENT VISITS FOR DRUG OVERDOSE

From April 2017-April 2019 there were a total of 71 adults and 18 juveniles seen in the MHSC Emergency Department with an overdose.



Source: Memorial Hospital Sweetwater County



Source: Memorial Hospital Sweetwater County

ALCOHOL

DISABILITY-ADJUSTED LIFE YEARS

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the second highest risk factor was alcohol and drug use.

ALCOHOL DEPENDENCE

The percent of adults who report binge or heavy drinking is the same as the state and the percent of alcohol-impaired driving deaths is not statistically different than the state.

The percent of adults and teens needing treatment for alcohol dependence is higher in Wyoming than the United States.

Alcohol Dependence	Sweetwater County	Wyoming	United States
*Percent of adults who reported binge or heavy drinking (2016)	20% (19-21)	20%	
**Adults reporting alcohol dependence or abuse in the past year (2016-2017)		6.6%	5.7%
**Teens ages 12-17 reporting alcohol dependence or abuse in the past year (2016-2017)		2.2%	1.9%
***Adults who reported having driven after drinking too much (2016)		4.7%	
*Alcohol-Impaired Driving Deaths (2013-2017)	33% (26%-41%)	36%	

*Source: County Health Rankings & Roadmaps

**Source: Henry J. Kaiser Family Foundation: Alcohol Use

***Source: CDC BRFSS Prevalence & Trends Data

Alcohol Treatment	Wyoming	United States
Percent of adults needing but not receiving treatment for alcohol use in the past year (2016-2017)	6.6%	5.5%
Percent of teens 12-17 needing but not receiving treatment for alcohol use in the past year (2016-2017)	2.2%	1.8%

Source: Source: Henry J. Kaiser Family Foundation: Alcohol Use

COMMUNITY AND KEY STAKEHOLDERS: The number one risk factor that put adults and teens at risk was identified as alcohol use by both the community and key stakeholders.

Risk Factor Alcohol Use	Adults	Youth & Teens
Community Survey	83.7%	83.3%
Key Stakeholder Survey	95.1%	91.6%

Source: MHSC Community & Key Stakeholder Survey, 2019

Risk Factor	Adults	Youth & Teens
Driving While Intoxicated		
Community Survey	71.8%	47.9%
Key Stakeholder Survey	82.9%	65.1%

Source: MHSC Community & Key Stakeholder Survey, 2019

DIET AND EXERCISE

DISABILITY-ADJUSTED LIFE YEARS

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the third and fourth highest risks were high body mass index and dietary risks.

OBESITY

Obesity for adults is defined as a body mass index (BMI) greater than or equal to 30 kg/m².

Wyoming has the 34th highest adult obesity rate in the nation and the 14th lowest obesity rate for youth ages 10 to 17. Wyoming's adult obesity rate is 29%, an increase from 16.6% in 2000.¹⁹ The rate of adult obesity is not statistically different in Sweetwater County than the state.

Obesity	Sweetwater County	Wyoming
*2-4-year-old WIC participants (2014)		9.9%
*Rate of obesity 18-25 (2017)		13.0%
*Rate of obesity 26-44 (2017)		28.6%
*Rate of obesity 45-64 (2017)		35.4%
*Rate of obesity 65 + (2017)		28.6%
*Rate of obesity Men (2017)		29.5%
*Rate of obesity Women (2017)		28.1%
**Percent of Adult Obesity (2017)	30% (27%-34%)	29%

**Source: The State of Obesity, Robert Wood Johnson Foundation*

***Source: County Health Rankings & Roadmaps*

COMMUNITY AND KEY STAKEHOLDERS: Poor eating habits and obesity were identified as risk factors for both adults and teens.

¹⁹ The State of Obesity, Robert Wood Johnson Foundation

RISK FACTOR POOR EATING HABITS	ADULTS	YOUTH & TEENS
Community Survey	66.9%	63.8%
Key Stakeholder Survey	80.5%	65.1%

Source: MHSC Community & Key Stakeholder Survey, 2019

RISK FACTOR OVERWEIGHT OR OBESITY	ADULTS	YOUTH & TEENS
Community Survey	66.7%	53.1%
Key Stakeholder Survey	79.3%	60.2%

Source: MHSC Community & Key Stakeholder Survey, 2019

FOOD SECURITY

The Food Environment Index is a measure of factors that contribute to a healthy food environment rated on a scale of 0-10, with 10 being the best. The Food Environment Index in Sweetwater County is 7.7, better than the state Food Environment Index of 6.9.²⁰

In Sweetwater County, 11% of the population have limited access to healthy foods and 11% experience food insecurity.²¹

COMMUNITY AND KEY STAKEHOLDERS: 20% of respondents to the community survey felt that having access to healthy food would help improve both their and their families' health, compared to 50.6% of key stakeholders.

Access to Healthy Food	Percentage of Responses
Community Survey	20.2%
Key Stakeholder Survey	50.6%

Source: MHSC Community & Key Stakeholder Survey, 2019

²⁰ County Health Rankings & Roadmaps
²¹ County Health Rankings & Roadmaps

SEXUAL ACTIVITY

TEEN BIRTHS

The number of births to mothers under age 17 per 1,000 live births is higher in Sweetwater County than in Wyoming.

Teen Births	Sweetwater County	Wyoming
Teen Births females 15-19 per 1,000 females (2014-2017)	34 (31-38)	30

Source: County Health Rankings & Roadmaps

COMMUNITY AND KEY STAKEHOLDERS: 64% of respondents to the community survey, and 78% of key stakeholders felt that teen pregnancy was a risk factor affecting health outcomes.

Risk Factor Teen Pregnancy	Percent
Community Survey	63.6%
Key Stakeholder Survey	78.3%

Source: MHSC Community & Key Stakeholder Survey, 2019

SEXUALLY TRANSMITTED DISEASE

The chlamydia rate in Sweetwater County is lower than the state based on 2016 data.

Sexual Activity	Sweetwater County	Wyoming
Chlamydia rate per 100,000 (2016)	221.8	351.5

Source: County Health Rankings & Roadmaps

The Public Health Department 2018 State Health Assessment HIV data included the following:

- In 2016 there were 52 people per 100,000 population in Wyoming living with HIV
- In 2017, the rate of newly diagnosed HIV cases was 1.9 per 100,000 population, a decline from 3.3 per 100,000 in 2016
- The rate of newly diagnosed HIV cases in Wyoming is consistently lower than the rate in the U.S.
- In Wyoming in 2017, men were over six times as likely to be newly diagnosed with HIV compared with women
- All newly diagnosed HIV cases in 2017 were among patients who were 25-54 years old

COMMUNITY AND KEY STAKEHOLDERS: Risky sexual behaviors were identified as risk factors for both adults and teens.

COMMUNITY HEALTH NEEDS ASSESSMENT

Risk Factor Risky Sexual Behavior	Adults	Youth & Teens
Community Survey	57.1%	70.3%
Key Stakeholder Survey	68.3%	84.4%

Source: MHSC Community & Key Stakeholder Survey, 2019

HEALTH OUTCOMES

LIFE EXPECTANCY

Sweetwater County ranks 14th compared to 23 other counties in Wyoming for length of life.²²

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified life expectancy and healthy life expectancy by state. In Wyoming, the healthy life expectancy is approximately 12 years less for females, and 10 years less for males than total life expectancy.

Hawaii is ranked #1 for the longest healthy life expectancy for males and females combined at 70.1 years. Minnesota has the longest healthy life expectancy for males at 69.1 years, and Hawaii has the longest healthy life expectancy for female at 71.9 years.

Gender	WYOMING Life Expectancy 2016	WYOMING Healthy Life Expectancy	U.S. Life Expectancy 2016	U.S. Healthy Life Expectancy
Male and Female	78.4	67.4	78.9	67.7
Female	80.8	68.6	81.2	69.0
Male	76.2	66.3	76.5	66.3

Source: The US Burden of Disease Collaborators. *The State of US Health, 1900-2016 Burden of Disease, injuries, and Risk Factors among US States.* JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158

The JAMA study identified risk factors for disability-adjusted life-years. The top ten risk factors in Wyoming, from highest risk to lowest risk were:

1. Tobacco use
2. Alcohol and drug use
3. High body mass index
4. Dietary risks
5. High systolic blood pressure
6. High fasting plasma glucose
7. High total cholesterol
8. Occupational risks
9. Impaired kidney function
10. Air pollution

²² County Health Rankings & Roadmaps & Roadmaps

LEADING CAUSE OF DEATH

The top five causes of death in Sweetwater County in 2017 were:²³

1. Major cardiovascular disease
2. Cancer
3. Alzheimer's Disease
4. Chronic lower respiratory disease
5. Accidents and adverse events (unintentional injury)

Wyoming consistently has a higher rate than the United States of unintentional injury deaths, 61.9 per 100,000 compared to 47.4 per 100,000, based on data from 2016. Unintentional injury mortality rates are highest among males and those 75 years and older. The leading mechanisms of unintentional injury mortality are motor vehicle crashes, unintentional poisoning, and falls.²⁴

HEALTH STATUS

The percentage of adults who report poor or fair health is not significantly different than the state.

The percentage of adults who report poor physical health days is lower (better) than the state.

Health Status	Sweetwater County	Wyoming
*Population with a Disability	11.5%	12.9%
**Poor or Fair Health (2016)	15% (15%-16%)	15%
**Poor Physical Health Days (2016) Average number of physically unhealthy days reported in the past 30 days age-adjusted)	3.5 (3.4-3.7)	3.8

**Source: Wyoming County Profiles*

***Source: County Health Rankings & Roadmaps*

COMMUNITY SURVEY: 55% of respondents to the community survey felt that their physical health was good and any issues they had were being treated while 37% indicated they rarely have issues and would rate their health as excellent. 9% indicated their physical health was poor.

²³ Wyoming Department of Health

²⁴ Wyoming Public Health Department 2018 State Health Assessment

Community Survey Physical Health	Number of Respondents	Percentage
Excellent, I rarely have issues	160	36.53%
Good, any issues I have are treated	243	55.48%
Poor, I have many issues	38	8.68%

Source: MHSC Community Survey, 2019

BIRTH AND EARLY CHILDHOOD

Babies born prematurely (before 37 weeks gestation) can have immediate complications and long-term health challenges such as impaired vision, dental problems, behavioral and learning challenges, and chronic health issues.²⁵ The rate of pre-term deliveries in Sweetwater County is 9%, which is the same as the state.

	Sweetwater County	Wyoming
Pre-Term Deliveries	9%	9.1%
Pre-Term Births by Medicaid-Paid Delivery		11.4%
C-Section Births	32%	27%
Adequate Prenatal Care	28%	25%
Mothers who smoked while pregnant	15%	14%
Low birth-weight babies	9%	9%
Infant Mortality per 1,000 live births	2.8	4.5
Births to women with less than a high school education	14%	

Source: Public Health Department, 2018 State Health Assessment

²⁵ Wyoming Public Health Department 2018 State Health Assessment

MENTAL HEALTH

The percent of adults reporting poor mental health days is not significantly different than the state. Other data for Wyoming shows a significant percentage of adults and teens with some depression or mental illness, although this may not be statistically different than the United States.

Health Status	Sweetwater County	Wyoming	United States
*Poor Mental Health Days (2016) Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)	3.5 (3.4-3.7)	3.6	
**Depression (2017)		21.3%	
***Adults reporting mental illness in the past year (2016-2017)		20.0%	18.2%
***Adults reporting serious mental illness in the past year (2016-2017)		4.8%	4.3%
***Adults 18+ reporting a major depressive episode in the last year (2016-2017)		7.0%	6.8%
***Teens 12-17 reporting a major depressive episode in the last year (2016-2017)		13.4%	12.9%

*Source: County Health Rankings & Roadmaps

**Source: CDC BRFSS Prevalence & Trends Data

***Source: Henry J. Kaiser Family Foundation

COMMUNITY SURVEY: 59% of respondents to the community survey felt their mental health was excellent, 35% felt it was good and any mental health concerns were being treated. 5.5% rated their mental health as poor.

Community Survey Mental Health	Number of Respondents	Percentage
Excellent, I rarely have issues	260	59.36%
Good, any issues I have are treated	154	35.16%
Poor, I have many issues	24	5.48%

Source: MHSC Community Survey, 2019

COMMUNITY & KEY STAKEHOLDER: Respondents to the community survey identified chronic mental illness and depression as the second and third most important chronic disease for MHSC to focus on over the next three years. Key stakeholders ranked chronic mental illness as second and depression as fifth.

Chronic Disease Focus	Community Survey	Key Stakeholder Survey
Chronic Mental Illness	38.5% (2 nd priority)	44.6% (2 nd priority)
Depression	38.8% (3 rd priority)	33.8% (5 th priority)

Source: MHSC Community & Key Stakeholder Survey, 2019

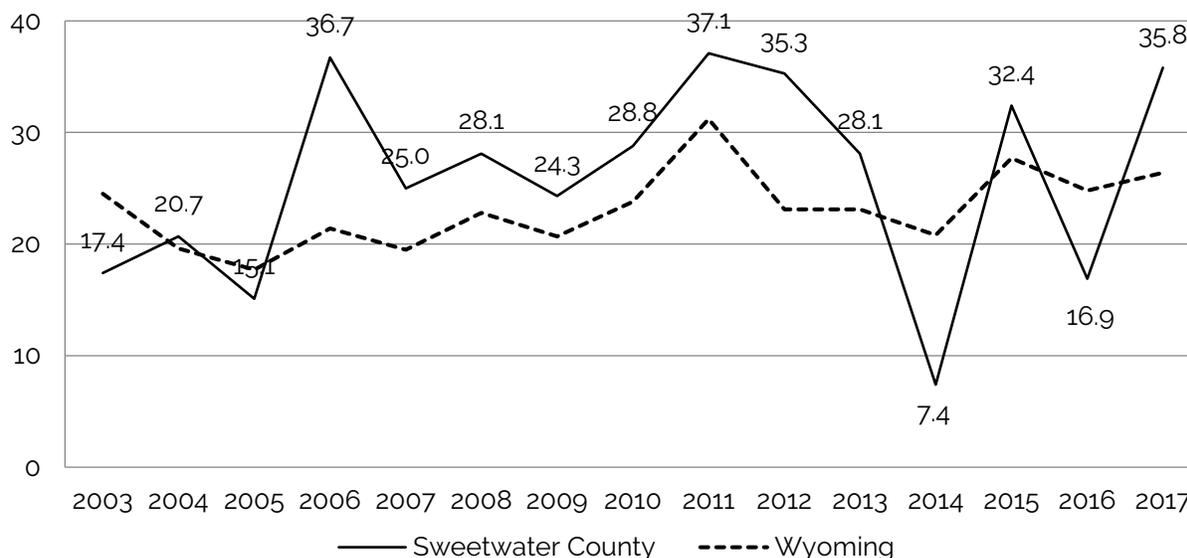
SUICIDE

According to the Kaiser Family Foundation, 4.3% of adults in Wyoming reported having serious thoughts of suicide in the past year (2016-2017). The rate in Wyoming is slightly higher than in the United States, which has a rate of 4.1%.

The CDC National Center for Health Statistics ranked Wyoming 3rd highest compared to other states for age-adjusted rate of suicide in 2017.²⁶

The age-adjusted suicide rate varies by year but shows a slight upward trend. Based on 2017 data, Sweetwater County has the fifth highest rate of age-adjusted suicide in the state compared to 23 other counties. Hot Springs, Big Horn, Platte, and Johnson Counties have a higher rate of age-adjusted suicide.²⁷

AGE-ADJUSTED SUICIDE RATES 2003 - 2017



Source: Wyoming Department of Health

²⁶ CDC, National Center for Health Statistics
²⁷ Wyoming Department of Health

TITLE 25 INVOLUNTARY DETENTION

The Wyoming State legislature defines Title 25 involuntary detention as:

(iii) "Dangerous to himself or others" means that, as a result of mental illness, a person:

(A) Evidences a substantial probability of physical harm to himself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm; or

(B) Evidences a substantial probability of physical harm to other individuals as manifested by a recent overt homicidal act, attempt or threat or other violent act, attempt or threat which places others in reasonable fear of serious physical harm to them; or

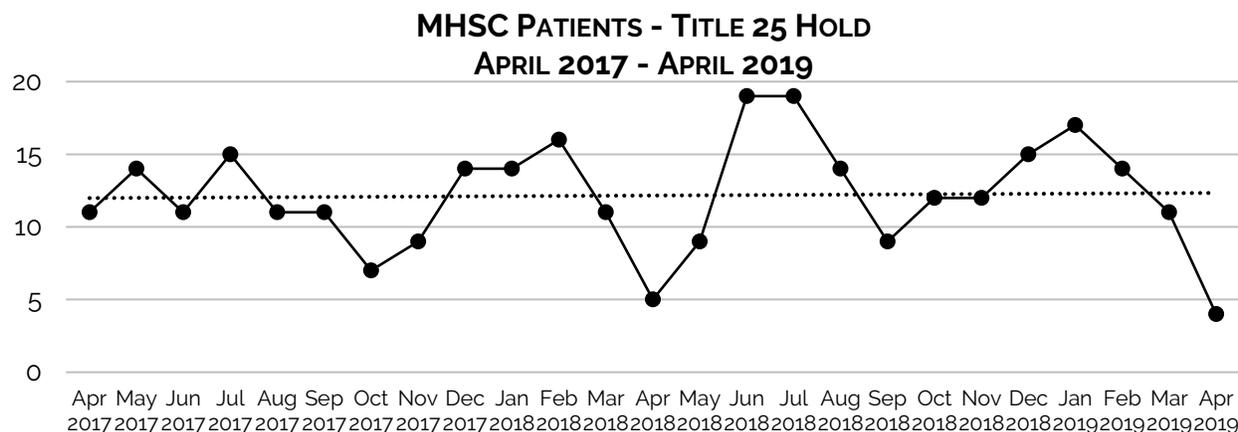
(C) Evidences behavior manifested by recent acts or omissions that, due to mental illness, he is unable to satisfy basic needs for nourishment, essential medical care, shelter or safety so that a substantial probability exists that death, serious physical injury, serious physical debilitation, serious mental debilitation, destabilization from lack of or refusal to take prescribed psychotropic medications for a diagnosed condition or serious physical disease will imminently ensue, unless the individual receives prompt and adequate treatment for this mental illness. No person, however, shall be deemed to be unable to satisfy his need for nourishment, essential medical care, shelter or safety if he is able to satisfy those needs with the supervision and assistance of others who are willing and available."

There was a total of 300 patients under a Title 25 hold seen at MHSC between April 2017 and April 2019, an average of 6.25 per month. Of that number, 250 were adults, and 50 were juveniles. 119 were considered to have a severe mental illness.

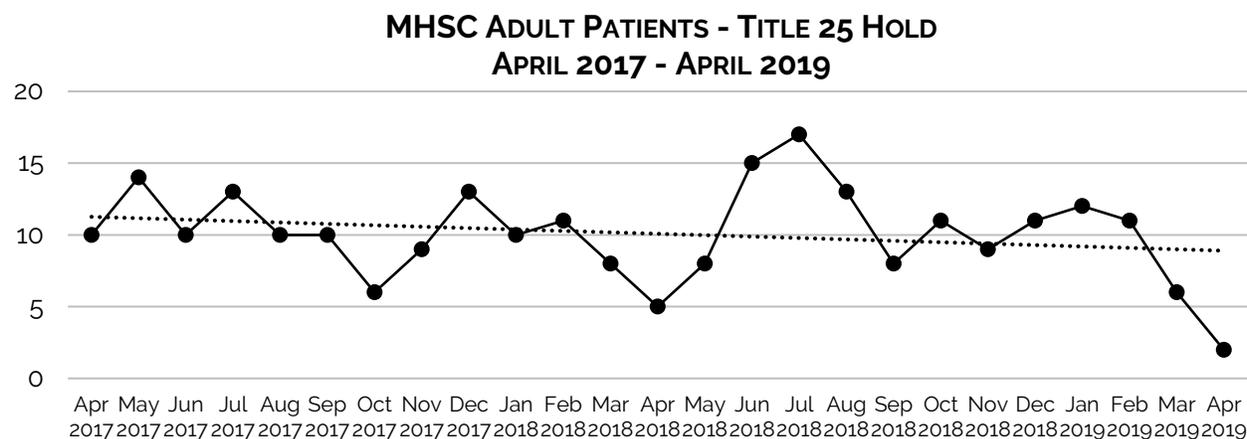
The rate of adult patients experiencing a Title 25 hold appears to be stable or slightly decreasing, but the number of juvenile patients appears to be increasing.

There does appear to be some seasonality for juvenile patients under a Title 25 hold in the winter months, but this may not be statistically significant.

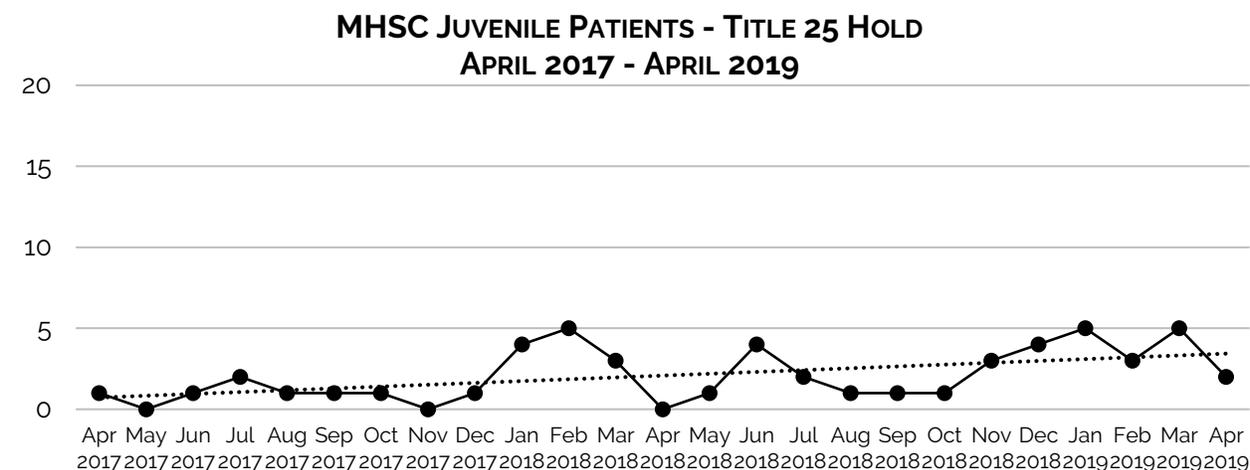
The average length of stay for patients under a Title 25 hold before transfer or discharge was, 2.03 days for all patients, 2.15 days for adults, and 1.08 days for juveniles.



Source: Memorial Hospital Sweetwater County



Source: Memorial Hospital Sweetwater County



Source: Memorial Hospital Sweetwater County

KEY STAKEHOLDER FEEDBACK: Key stakeholders provided numerous comments related to the involuntary detention of behavioral health patients. The lack of available beds in the state and

the impact of long-hold times at MHSC were both identified as serious issues. Several respondents recommended consideration of a small mental health unit at MHSC.

DIABETES

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the sixth highest risk factor was high fasting plasma glucose.

9% of adults have been diagnosed with diabetes in the state, with the rate increasing with age. The CDC reported approximately 25% of adults with diabetes do not know they have the condition, and only 11.6% of adults were aware that they had prediabetes.²⁸

According to *The State of Obesity*, Wyoming ranks 40th out of 51 states for the current rate of adult diabetes. There was a total of 48,566 cases in 2010 with a projected increase to 73,889 cases by 2030 if the current pace continues.

Diabetes	Wyoming		
	YES	PREGNANCY-RELATED	PRE-DIABETES OR BORDERLINE DIABETES
Ever told by a doctor that you have diabetes (2017)	9.0%	0.8%	0.8%

Source: CDC BRFSS Prevalence & Trends Data

Diabetes	Wyoming				
	ALL	35-44	45-54	55-64	65 +
Adult Diabetes Rate (2017)	9.0%	4.9%	11.8%	13.7%	18.2%

CDC BRFSS Prevalence & Trends Data

COMMUNITY & KEY STAKEHOLDER SURVEY: Both respondents to the community survey and key stakeholder survey identified diabetes as the most important chronic disease for MHSC to focus on over the next three years.

Chronic Disease Focus	Community Survey	Key Stakeholder Survey
Diabetes	44.1% (1 st priority)	48.6% (1 st priority)

Source: MHSC Community & Key Stakeholder Survey, 2019

²⁸ CDC National Diabetes Statistics Report, 2017: Estimates of Diabetes and Its Burden in the United States

CARDIOVASCULAR AND CEREBROVASCULAR DISEASE

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the fifth major cause was high systolic blood pressure, and the seventh was high total cholesterol.

According to *The State of Obesity*, Wyoming ranks 30th out of 51 states for the current rate of adult hypertension. There was a total of 118,620 cases in 2010 with a projected increase to 151,312 cases by 2030 if the current pace continues.

There was a total of 35,021 cases of heart disease in Wyoming in 2010 with a projected increase to 167,970 cases by 2030.

Cardiovascular and Cerebrovascular Disease	Wyoming
Adult Hypertension (2017)	30.8%
Adult Heart Disease (2017)	3.7%
Stroke (2017)	3.2%

Source: CDC BRFSS Prevalence & Trends Data

COMMUNITY & KEY STAKEHOLDER: Respondents to the community survey identified heart disease as the third highest priority and key stakeholders the fourth highest priority for MHSC to focus on over the next three years.

Chronic Disease Focus	Community Survey	Key Stakeholder Survey
Heart Disease	34.1% (4 th priority)	41.2% (3 rd priority)

Source: MHSC Community & Key Stakeholder Survey, 2019

RESPIRATORY DISEASE

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the tenth major cause was air pollution, which is a contributor to respiratory disease.

6.7% of adults in Wyoming have been diagnosed with COPD and 9.1% with asthma. Adults who have been told that they have ever had asthma is 13.6%.

Respiratory Disease	Wyoming
COPD (2017)	6.7%
Asthma (2017)	9.1%

Source: CDC BRFSS Prevalence & Trends Data

KIDNEY DISEASE

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In Wyoming, the ninth major cause was impaired kidney function.

2.2% of adults in Wyoming have kidney disease.

Kidney Disease	Wyoming
Kidney Disease (2017)	2.2%

Source: CDC BRFSS Prevalence & Trends Data

APPENDIX 1: KEY STAKEHOLDER INTERVIEWS

A total of 26 interviews were completed. The key stakeholders who were interviewed are listed at the end of this section.

The most frequent identified community needs and recommendations for what the Hospital and community partners should focus on were:

1. Mental health care
2. Access to primary care
3. Drug and alcohol prevention and treatment
4. Increase specialists and specialty care

There were two basic interview questions:

1. What are the health needs of the residents of Sweetwater County?
2. What do you think the Hospital in conjunction with community partners should focus on over the next two-three years to improve the health of the community?

The input from stakeholders who were interviewed was similar to the data gathered by the stakeholder survey. However, due to the interactive nature of the interviews, additional information was gathered on key topics.

Several stakeholders commented on the importance of not duplicating efforts in the community, but rather supporting programs that were already in place. The need to "*balance what we can do with what we want to do*," was a common theme.

One stakeholder commented on the shift in patient expectations, especially millennials who have already looked up what's wrong with them on Google and expect immediate help.

MENTAL HEALTH

The majority of key stakeholders identified the need for increased access to mental health services as the most important issue impacting the community and the priority focus area for MHSC. One stakeholder commented that the community wants the Hospital to be responsible for many of the mental health challenges, but it is a community issue.

The need for additional mental health providers, including psychiatry, was identified by almost every individual interviewed. Access to psychiatry, potentially through telehealth, was viewed as a feasible option. One stakeholder mentioned the potential of sharing a psychiatrist with *Southwest Counseling*.

Managing the care of patients under a Title 25 hold was viewed as especially difficult due to the lack of mental health beds and patients being kept in the ED for extended periods. The need for a small inpatient unit was mentioned as a potential solution.

Several physicians commented on the difficulty of trying to provide care for patients within their practice. Another stakeholder commented that resources are available, but physician offices do not always know where to refer patients for help.

PRIMARY CARE

Key stakeholders felt there was not necessarily a lack of primary care providers, but rather limited access to primary care providers. Reasons that were given for lack of access included:

- Patients not following up with primary care after ED visit because of inability to afford the co-pay
- Lack of available appointments (same day appointments and after-hour appointments were recommended)
- Lack of insurance coverage
- Lack of knowledge about how to sign up for Medicaid

EMERGENCY CARE

Multiple stakeholders commented on the need for urgent care as an alternative to the ED. One provider noted that the ED is more convenient than making an appointment with a primary care physician, even if the time spent in the ED can be 2-3 hours.

Other stakeholders mentioned the number of transfers and felt that more patients could be kept at MHSC with an increase in specialty care. Services that were specifically mentioned were inpatient dialysis and intensive care.

Not being able to make an appointment with a doctor when there was an unpaid bill was mentioned by several key stakeholders as contributing to use of the ER and as a barrier to care.

SPECIALTY CARE

The relationship with the University of Utah was viewed as positive, including visiting specialists. However, availability of appointments was identified as a concern.

Key stakeholders commented that more specialty care was needed so that fewer patients were transferred. However, they also acknowledged that the population might not support some specialties.

Several mentioned the need for telehealth to provide more access to specialists, including psychiatry and mental health providers.

DRUGS AND ALCOHOL

Several stakeholders described the county as one that "*works hard and parties hard.*" Another commenter said, "*there are a lot of working alcoholics.*" Several individuals commented that individuals who work in the mines use alcohol as their "*drug of choice.*"

Abuse of alcohol, as well as methamphetamines and opioids, were seen as pervasive, especially in young adults.

One respondent noted that 80% of domestic violence is related to alcohol or drugs or both.

An inpatient detoxification unit was identified as a need.

OTHER COMMENTS

- Importance of focusing on chronic disease management
- Importance of identifying Adverse Childhood Events (ACEs) and intervening early

KEY STAKEHOLDERS INTERVIEWED

- Cody Barnhart, Aspen Mountain Medical Center, CEO
- Mike Bauer, Southwest Counseling
- Nicole Bolton, Sweetwater School District #1, Human Resources
- Dr. Bernadine Craft, Sweetwater Board of Cooperative Educational Services, Executive Director
- Taylor Jones, MHSC Board of Trustees
- Nena James, State of Wyoming, District Court Judge
- Tom Jarvie, Green River, Chief of Police
- Dr. Cielette Karn, MHSC Laboratory Pathologist, Medical Director
- Timothy Kaumo, Rock Springs, Mayor
- Martin Kelsey, MHSC Board of Trustees
- Matt Keslar, Rock Springs Police Department
- Marty Kesley, MHSC Board of Trustees
- Dr. Charles Knight, MHSC Hospitalist
- Kim Lionberger, Sweetwater County District Board of Health Director
- Richard Mathey, MHSC Board of Trustees, President
- Kellie McGovern, Sweetwater County School District #1, Superintendent
- Dr. Melinda Poyer, MHSC, Chief Medical Officer
- Robert Recker, MHSC, Chaplain
- Irene Richardson, MHSC, CEO
- Judy Roderick, Sweetwater County Emergency Management
- Pete Rust, Green River, Mayor
- Kevin Smith, MHSC, Chaplain
- Dr. Barbara Sowada, MHSC Board of Trustees
- Dr. Jean Stachon, County Health Officer
- Dr. B.E. Symington, MHSC Medical Director
- Edward Tardoni, MHSC Board of Trustees
- Dr. Christian Theodosius, MHSC Emergency Department Medical Director

APPENDIX 2: FOCUS GROUPS

FOCUS GROUP-PRIMARY CARE PROVIDERS

Attendees

- Dr. Bowers
- Dr. Dansie
- Dr. Lauridsen
- Dr. Stewart
- Tenny Hanson, FNP-C
- Melissa Jewel, PA-C
- Jocely Palinek, FNP-BC
- Mark Sanders, PA-C

SUMMARY OF FEEDBACK

Providers overwhelmingly agreed that behavioral health is the number one health-related issue in Sweetwater County. Comments included:

- Patients with acute mental health needs stay in the ED for long periods because there is no place to transfer them
- We need more mental health providers, including psychiatry
- It is difficult to manage medications needed by patients in a primary care practice. We need assistance with medication management

OTHER COMMENTS

- Community perception of ED is long wait times and then transferred out
- Need more options for addiction counseling and treatment
- Additional dental care is needed
- Fluoride treatment is needed for children since there is no fluoride in the water
- Software to manage diabetes would be very beneficial as well as a diabetic educator

FOCUS GROUP-ENTERPRISE COMMITTEE

An interactive discussion was held regarding the health needs of the community.

The group was first asked, "What's Working?" Responses included the positive changes at the hospital in the last couple of years, the cancer care program, the relationship with the University of Utah, and access to healthcare services provided by mining companies.

OTHER COMMENTS

- Health care services drive business expansion
- Market what services are available to residents and the business community
- Continue to work with the University of Utah and other large providers
- Involve the University of Utah in conversations about what is needed
- Ask residents who do not have insurance what they need
- Increase access to primary care
- Invest in telehealth

The group was asked to identify the priority health needs in Sweetwater County. The majority of the responses centered around providing as much care as possible at MHSC, "*affordable care close to home*," and developing alternatives to the ED, including insta-care or urgent care.

The top five priorities were:

1. Access to affordable care including increased access to primary care and specialty care; increased access to cancer care and providing more advanced surgical care were both specifically mentioned
2. Alternatives to the ED such as extended primary care hours or urgent care
3. Behavioral and mental health care
4. Alcohol and substance abuse prevention and treatment
5. Preventive care and wellness

FOCUS GROUP-MHSC CASE MANAGEMENT / CARE TRANSITIONS

Attendees

- Robin Jenkins
- Jeanne West
- Patty O'Lexey

The majority of comments were related to behavioral health care, including:

- Mental health is an issue state-wide
- Many patients have a dual-diagnosis (mental illness and alcohol/drug use) which makes treatment difficult
- The ED often must care for patients who are under a Title 25 hold and are not able to be transferred
- Southwest Counseling is busy and difficult to access
- A psychiatrist or psychiatric nurse practitioner is a critical need
- Medication management is needed

Other comments related to barriers to health included:

- Lack of homeless shelters
- Lack of transportation
- Affordability of medications resulting in some patients going without medicine
- Lack of assistance to sign up for Medicaid
- Lack of formalized inpatient detoxification program
- Lack of affordable caregivers for older adults
- Isolation of many seniors which can lead to loneliness and depression

FOCUS GROUP-MHSC CLINICAL LEADERSHIP

Attendees

- Danielle Bernatis, Interim Director Surgical Services
- Valerie Boggs, Med-Surg / ICU Clinical Coordinator
- Deborah DeFauw, Rehabilitation Services Director
- Mary Fischer, Laboratory Director
- Crystal Hamblin, Cardiopulmonary Services Director
- Tasha Harris, Cancer Center Director
- Megan Jacobsen, Women's Health Director
- Joy Ohnstad, Pharmacy Director
- Tracie Soller, Medical Imaging Director
- Leslie Taylor, Clinic Director

After a group discussion about community health needs, participants were asked to identify the top three priorities.

Access to Care received the most responses. *Mental Health Care*, *Wellness and Prevention*, and *Substance Abuse* all received an equal number of responses.

ACCESS TO CARE

Access to care included the need for both increased access to appointments as well as more affordable care. Lack of transportation, lack of knowledge about available resources, and lack of health insurance coverage were identified as barriers to care.

MENTAL HEALTH CARE

Lack of sufficient resources to provide care and treatment for patients with mental health care needs, including both inpatient and outpatient treatment.

WELLNESS AND PREVENTION

The majority of comments were related to the prevention of chronic disease. However, general community education about health and healthcare-related concerns were also identified.

SUBSTANCE ABUSE

Substance abuse by youth was identified as a priority relative to both education and treatment options. The group noted that it is not uncommon to have at least one or more patients in the hospital that are being treated for withdrawal from drugs or alcohol.

APPENDIX 3: KEY STAKEHOLDER SURVEY

Memorial Hospital of Sweetwater County requested input from key stakeholders regarding the health needs of Sweetwater County. The survey was in addition to key stakeholder interviews.

QUESTION 1: PLEASE IDENTIFY YOURSELF AND THE ORGANIZATION YOU REPRESENT.

There were 83 respondents. Names of key stakeholders who completed the survey are included at the end of the section.

QUESTION 2 : PLEASE TELL US THE TYPE OF ORGANIZATION YOU REPRESENT.

The respondents represented varying service types and organizations. In some cases, respondents identified that they represented more than one program or service.

Type of Organization	Number of Respondents
Government	14
Law Enforcement	13
Healthcare	40
Industry/Business	8
Social Services	6
Education	10
Mental Health/Behavioral Health	1
Other: <ul style="list-style-type: none"> • Public Health • Religious/Spiritual • Coroner's Office • Senior Center • Fire Department 	11

COMMUNITY HEALTH NEEDS ASSESSMENT

QUESTION 3: PLEASE TELL US IF YOUR ORGANIZATION PROVIDES SERVICES OR PROGRAMS TO ANY OF THE POPULATIONS LISTED BELOW.

Services and/or Programs	Number of Respondents	Percentage
Individuals over the age of 65	61	76.25%
Women and children	60	75.00%
Teens	59	73.75%
Individuals with chronic disease	50	62.50%
Ethnic minorities	48	60.00%
Individuals with limited English proficiency	45	56.25%
Adults with mental illness	43	53.75%
Individuals who are victims of domestic violence; child abuse and neglect; or elder abuse and neglect	42	52.50%
Adults with an addiction to alcohol or drugs, use tobacco products, marijuana, or illegal drugs	40	50.00%
Children or teens with mental illness	38	47.50%
Homeless	34	42.50%
Youth and teens who use alcohol, tobacco products, marijuana, or illegal drugs	33	41.25%
Other	22	27.50%

WRITTEN COMMENTS:

The majority of the written comments were from respondents who indicated that they provided services and/or programs to all the groups listed.

Additional services or programs mentioned included care for cancer patients, services to children of varying ages, employee assistance programs, and programs for men.

QUESTION 4: WHAT BEHAVIORS PUT ADULTS OVER THE AGE OF 18 AT RISK IN SWEETWATER COUNTY?

The majority of respondents, 95%, felt that alcohol use was the behavior that put adults at most risk in Sweetwater County, followed by illegal drugs use and driving while intoxicated.

Behaviors	Number of Respondents	Percentage
Alcohol use	78	95.12%
Illegal drug use	71	86.59%
Driving when intoxicated (drugs or alcohol)	68	82.93%
Poor eating habits	66	80.49%
Overweight or obesity	65	79.27%
Tobacco use including vaping	65	79.27%
Not accessing preventative care including regular doctor visits and immunizations	61	74.39%
Not managing a chronic disease like diabetes or heart disease	60	73.17%
Risky sexual behaviors	56	68.29%
Other	13	15.85%

WRITTEN COMMENTS:

Other risks identified in the comments included: mental health issues and the ability to access care, prescription drug abuse, risk of driving to Salt Lake City for services that are available locally, recreational pursuits, and texting while driving.

People who work at night were seen as having additional challenges due to their work schedule.

QUESTION 5: WHAT BEHAVIORS PUT YOUTH AND TEENS UNDER THE AGE OF 18 AT RISK IN SWEETWATER COUNTY?

91% of respondents felt that alcohol use was the number one behavior that put youth and teens at risk. Tobacco use and illegal drug use were second and third.

Behaviors	Number of Respondents	Percentage
Alcohol use	76	91.57%
Tobacco use including vaping	72	86.75%
Illegal drug use	71	85.54%
Risky sexual behaviors	70	84.34%
Teen Pregnancy	65	78.31%
Driving when intoxicated (drugs or alcohol)	54	65.06%
Poor eating habits	54	65.06%
Overweight or obese	50	60.24%
Unsupervised parties	48	57.83%
Not getting preventative care, including regular doctor visits, immunizations, etc.	47	56.63%
School absences	44	53.01%
Unsafe use of firearms	32	38.55%
Other	10	12.05%

WRITTEN COMMENTS:

Several comments were received related to addictive behaviors, prescription drug use, low health literacy, decreasing vaccine rates, and infectious disease.

There were a couple of comments related to being left home alone, gangs, texting while driving, and the lack of sports and recreational opportunities.

An additional comment was received regarding the risks of youth and teens experiencing child abuse or neglect.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 6: WHAT FACTORS OR BARRIERS DO YOU BELIEVE CONTRIBUTE TO THE HEALTH CHALLENGES OF AT-RISK POPULATIONS IN SWEETWATER COUNTY (SOCIAL DETERMINANTS OF HEALTH)?

Poverty was identified as the greatest barrier that contributes to the health challenges of at-risk populations.

Factors or Barriers	Number of Respondents	Percentage
Poverty	59	72.84%
Access to healthcare services	45	55.56%
Access to affordable housing that is maintained in good repair	45	55.56%
Access to a family doctor	43	53.09%
Social support from community, family or friends	43	53.09%
Access to healthy food	41	50.62%
Limited health literacy or limited English proficiency	41	50.62%
Access to transportation	36	44.44%
Crime and violence	34	41.98%
Access to educational opportunities	32	39.51%
Cultural norms	32	39.51%
Access to economic opportunities, jobs, and job training	31	38.27%
Distrust of government	21	25.93%
Access to leisure and recreational opportunities	16	19.75%
Discrimination or racism, including residential segregation	11	13.58%
Access to media and emerging technologies	9	11.11%
Other	7	8.64%

WRITTEN COMMENTS:

Access to mental health services and isolation were identified in four of the seven comments received.

The cost of insurance, access to health services, and medication were barriers identified by three respondents. One respondent felt that the lack of parental support was also a barrier.

QUESTION 7: WHAT STRATEGIES OR PROGRAMS HAVE BEEN SUCCESSFUL IN ADDRESSING THE CHALLENGES OF AT-RISK POPULATIONS?

There were ten respondents who did not identify any strategies or who said there were none. Five respondents felt that Climb Wyoming had been successful. Other programs or strategies mentioned by more than one respondent were DARE, Drug Court, and YWCA.

WOMEN AND CHILDREN

- Pregnancy center
- Bright Beginnings
- Child Development Center
- Day Care
- Pre-School Agency
- Nurse-Family Partnership
- Services to first-time mothers beginning prior to their 28th week of pregnancy and continuing until their delivery
- Young children removed from abusive/neglectful homes while parents receive treatment and training to nurture their children properly
- Services special education students

YOUTH AND TEENS

- Life Are You Ready
- Camp FEAT
- Big Brothers/Big Sisters Program
- Boys and Girls Club
- A program at Eastside elementary school that has dads/grandpas/males volunteer to walk around between classes
- Well-funded and properly ran support groups (United Way, Boys and Girls, YWCA, Life skills, etc...)

FOOD AND NUTRITION

- Food Bank
- Loaves and Fishes Soup Kitchen
- Meals on Wheels

PREVENTION AND WELLNESS

- Free cancer screenings, Wyoming Cancer Resource Coordinator
- Health Fairs
- Sports Physicals
- Health education in schools
- Doctors in the community
- Community education
- State immunizations
- Providing people with the knowledge and understanding of where and how to find the help that they require goes a long way
- Community outreach

HOUSING

- Homeless funding
- Rock Springs Housing Authority
- Public housing
- Low-income housing

DRUG AND ALCOHOL

- Treatment court of Sweetwater County
- Enforcing underage drinking laws
- Sweetwater County prevention coalition
- DUI National Highway Transportation Safety Administration (NHTSA) grant
- High visibility enforcement grant
- Alcohol and tobacco compliance check grants
- Drug Court

COMMUNITY SAFETY

- Rock Springs Police Department
- Junior Police Academy
- School Resource Officers
- County agencies providing protection for abused family members
- Emergency Management
- Fire District

ACCESS TO CARE

- Funding for Transportation Barriers
- Medicaid
- Children's Health Improvement Project (CHIP)
- Income-based services
- Public Health-accepting those with low income.
- Non-discriminatory policy of BOH
- Securing Medicaid approval to facilitate access to health and/or mental health services
- Case management providing assistance to access all available resources
- Providing health services at a reduced rate and during hours that are accessible to those who work various shifts
- Public Health
- Wyoming In-Home Services
- Medical Translation
- Services for English language learners

CHRONIC CARE

- Chronic Care Management
- Care Coordination

MENTAL HEALTH

- Sweetwater Family Resource Center
- Southwest Counseling Service
- The SWC Special Needs Committee
- Mental health awareness training
- Program at the detention center run by a physician who specialized in mental health
- Crisis beds for behavioral health patients

OLDER ADULTS

- Senior luncheon
- Senior Center
- Handicap adult day care

QUESTION 8: WHAT IS THE ONE ACTION OR STRATEGY THAT IF UNDERTAKEN, COULD JUMPSTART OTHER ACTIONS TO POSITIVELY IMPACT CHALLENGES OF AT-RISK POPULATIONS?

CHILDREN AND FAMILY SUPPORT

- Early education and risk intervention
- More educational programs in the early stages of life
- Teach younger age demographics
- Child neglect and child abuse education
- Healthy home environment
- Breaking the cycle of at-risk families
- Engagement of children by social services and community
- Afterschool programs or work studies for kids
- Identifying and helping youth in multi-generational at-risk homes
- Student engagement in school
- Positive relationship with adults
- Parent/family involvement with their youth

HEALTH CARE

- Medicaid expansion
- Free access
- Easier access to specialists
- Comprehensive obstetrical care to the underserved and vulnerable populations
- Health fairs at the schools

HOUSING

- Lower housing price
- Better housing for seniors

MENTAL HEALTH

- Outpatient psychiatry
- Access to mental health services
- Counseling, outreach programs from MHSC

COMMUNICATION

- Communication between agencies

NUTRITION

- Additional food options for seniors

RESOURCES

- Educate regarding the available resources, better advertising of the available resources
- Make a connection with someone or a resource that can help individuals know how to navigate the different resources available to them

DRUGS AND ALCOHOL

- Detox clinic
- Elimination of opioid addiction
- Better rehabilitation services

TRANSPORTATION

- Public transportation

OTHER

- Change the cultural behavior of society
- Showing people a different way about living life
- Kindness and understanding
- Open the planning meetings to everyone
- Support current goals

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 9: WHAT ARE THE TOP THREE REASONS YOU THINK PEOPLE DO NOT GET THE MEDICAL SERVICES THEY NEED?

The top three reasons were the cost of medical services (73.49%), only seeking medical care when in pain or very sick and high insurance and copayments. Only 5% responded that people generally get the medical services they need.

Reasons	Number of Respondents	Percentage
I think people generally get the medical services they need	4	4.82%
Cost of medical services	61	73.49%
High insurance premiums and copayments	48	57.83%
Only seeking medical care when in pain or very sick	48	57.83%
Cost of medications	44	53.01%
Untreated mental health issues	26	31.33%
Not understanding what services are available or how to access them	23	27.71%
Lack of trust in the system	21	25.30%
Difficulty finding a specialist	19	22.89%
Not understanding the importance of regular check-ups	17	20.48%
Families with complicated lives	17	20.48%
Difficulty getting an appointment when it is needed	14	16.87%
Cultural and language barriers	14	16.87%
Limited transportation	11	13.25%
Difficulty finding a doctor or medical provider	10	12.05%
Complicated enrollment process for health insurance	10	12.05%
Other	3	3.61%
Fear of deportation	2	2.41%
Discrimination	1	1.20%

WRITTEN COMMENTS:

Additional responses included substance abuse, poverty, and health & wellness.

QUESTION 10: WHAT ARE THE TOP THREE REASONS YOU THINK PEOPLE DO NOT GET THE MENTAL HEALTH SERVICES THEY NEED?

The top three were a lack of understanding of mental health disorders, 53%, not enough psychiatrists, 47%, and stigma or prejudice, 40%.

Reasons	Number of Respondents	Percentage
Lack of understanding of mental health disorders	44	53.01%
Not enough psychiatrists	39	46.99%
Stigma or prejudice	33	39.76%
Drug or alcohol abuse	32	38.55%
Cost of mental health care	31	37.35%
Financial concerns	28	33.73%
Not enough family, individual, or group therapy providers	26	31.33%
Lack of support	25	30.12%
Not enough screenings and referrals for mental health	20	24.10%
Multi-generational mental health issues	17	20.48%
Mental health issues not diagnosed by providers	16	19.28%
Lack of coping skills or problem-solving strategies	13	15.66%
Chronic stress	10	12.05%
Language or cultural barriers	7	8.43%
Other	5	6.02%

WRITTEN COMMENTS:

Two respondents indicated that it is a small town, and there are concerns about confidentiality.

Others indicated that there can be denial that care is needed, and individuals neglect themselves or those in their care.

One respondent stated that people are put on drugs and sent on their way, and many of them either can't afford the drugs or stop taking them once they feel better.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 11: WHAT DOCTORS OR PROVIDERS DO YOU OR YOUR FAMILY TRAVEL OUTSIDE OF SWEETWATER COUNTY TO SEE?

The top three specialties seen outside the county were dermatology, cardiology, and orthopedics.

Providers	Number of Respondents	Percentage
Dermatology	34	45.33%
Cardiology	24	32.00%
Orthopedics	23	30.67%
Endocrinology	21	28.00%
Oncology	18	24.00%
Neurology	15	20.00%
Gastroenterology	15	20.00%
Mental health providers including therapists and counselors	15	20.00%
Internal Medicine	13	17.33%
Psychiatry	13	17.33%
Rheumatology	12	16.00%
Plastic Surgery	10	13.33%
Pulmonology	10	13.33%
Other	10	13.33%
General Surgery	12	13.00%
Neurosurgery	9	12.00%
Gynecology	8	10.67%
Allergy	8	10.67%
Infectious Disease	7	9.33%
Primary Care	7	9.33%
Urology	6	8.00%
Pediatrics	6	8.00%
ENT	3	4.00%
Gerontology	3	4.00%
Nephrology	3	4.00%
Obstetrics	2	2.67%

WRITTEN COMMENTS:

Other types of providers included liver specialist, specialized surgery, dentistry, ophthalmology, and sleep clinic.

COMMUNITY HEALTH NEEDS ASSESSMENT

QUESTION 12: THE FOLLOWING DOCTORS OR PROVIDERS ARE AVAILABLE IN SWEETWATER COUNTY. PLEASE TELL US IF YOU OR YOUR FAMILY HAVE ANY TROUBLE GETTING AN APPOINTMENT OR ACCESSING CARE.

32% indicated they have difficulty getting an appointment or accessing primary care providers, and 29% indicated difficulty accessing mental health providers.

Providers	Number of Respondents	Percentage
Primary Care	18	32.14%
Other	17	30.36%
Mental health providers including therapists and counselors	16	28.57%
Cardiology	8	14.29%
Internal Medicine	7	12.50%
Psychiatry	7	12.50%
Orthopedics	6	10.71%
Urology	6	10.71%
General Surgery	5	8.93%
Gynecology	5	8.93%
Pediatrics	5	8.93%
Gastroenterology	4	7.14%
Allergy	4	7.14%
Pulmonology	4	7.14%
Oncology	4	7.14%
ENT	3	5.36%
Plastic Surgery	3	5.36%
Obstetrics	3	5.36%
Nephrology	1	1.79%
Neurology	1	1.79%

WRITTEN COMMENTS:

One respondent indicated they used the VA for services. Other comments included difficulty accessing pediatric psychologist/psychiatrist, naturopathic providers, and long wait times to see a specialist.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 13: IN THE PAST SIX MONTHS, HAVE YOU USED A SMART APPLICATION ON YOUR PHONE, COMPUTER, OR TABLET TO DO ANY OF THE FOLLOWING?

58% of respondents indicated they use smart applications to track the number of miles they are walking or running. 41% indicated a mobile device helps them to remember to schedule a routine doctor's appointment.

Applications	Number of Respondents	Percentage
Track how many miles you are walking or running	47	58.02%
Helped you to remember to schedule a routine doctor's appointment	33	40.47%
Looked at the information available online from your doctor's office about your health	22	27.1%
Help you lose weight	22	27.1%
I don't use smart applications to manage my health	16	19.75%
Virtual care	8	9.88%
Helped you to manage a chronic disease like diabetes or congestive heart failure	7	8.64%
Other	3	3.70%
Helped you to remember to take medicine	2	2.47%

WRITTEN COMMENTS:

One individual indicated they track their caloric intake to be compliant with a chronic condition. One individual indicated they were a Maven provider. (Note: According to their web site, Maven is a virtual clinic dedicated to women and family health.)

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 14: WHAT WOULD YOU LIKE TO SEE MEMORIAL HOSPITAL OF SWEETWATER COUNTY IN COOPERATION WITH COMMUNITY PARTNERS FOCUS ON OVER THE NEXT THREE (3) YEARS?

The overwhelming choice was helping people access mental health care. The next three choices were helping people who have a chronic disease, support caregivers, and help adults and teens to stop using drugs.

Focus	Number of Respondents	Percentage
Help people get mental health care	50	60.24%
Help people to stay healthy who have a chronic disease like diabetes, heart failure, lung disease, cancer or Alzheimer's Disease	32	38.55%
Help support caregivers	31	37.35%
Help adults and teens to stop using drugs including illegal drugs, opioids, alcohol or tobacco	30	36.14%
Increase the number of specialists	26	31.33%
Help people get the medicine they need to stay healthy	25	30.12%
Increase the number of family doctors or increase the number of appointments	21	25.30%
Help people to lose weight and eat more healthy foods	18	21.69%
Help stop domestic violence, child abuse and neglect, or elder abuse and neglect	16	19.28%
Help people get to doctor appointments	14	16.87%
Help people sign up for insurance	13	15.66%
Help to stop teenage pregnancy	11	13.25%
Other	9	10.84%
Help women who are pregnant to have a healthy baby	8	9.64%
Help prevent sexually transmitted diseases	6	7.23%

WRITTEN COMMENTS:

There were a few comments related to the affordability of health care, and the need to lower the cost of medical services and insurance costs.

Several comments were related to patients under a Title 25 hold, including helping patients to receive the care they need and honoring the Title 25 process.

Additional focus areas mentioned were facilitating workshops and lectures, investing in physician retention, palliative care, and end of life care.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 15: IF YOU THINK ONE OF THE PRIORITIES SHOULD BE CHRONIC DISEASE, WHAT CHRONIC DISEASES WOULD YOU RECOMMEND THE HOSPITAL AND COMMUNITY PARTNERS FOCUS ON?

Diabetes was the chronic disease priority selected by 49% of respondents. Chronic mental illness was selected by 45%, followed by heart disease with 42%.

Chronic Disease Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	11	14.86%
Diabetes	36	48.65%
Chronic Mental Illness	33	44.59%
Heart Disease	31	41.89%
Cancer	30	40.54%
Depression	25	33.78%
COPD	18	24.32%
Alzheimer's disease or dementia	16	21.62%
Asthma	7	9.46%
Chronic Kidney Disease	7	9.46%
Other	6	8.11%
Arthritis	2	2.70%
Osteoporosis	1	1.35%

WRITTEN COMMENTS:

Comments related to chronic disease were varied. One person indicated a focus should be placed on all the above. Another respondent indicated that the focus should be on the top two or three in our community that are current and emerging. Another respondent felt the focus should be on the costliest conditions.

COMMUNITY HEALTH NEEDS ASSESSMENT

QUESTION 16: IF YOU THINK ONE OF THE PRIORITIES SHOULD BE SUPPORTING CAREGIVERS, WHAT WOULD YOU RECOMMEND THE HOSPITAL AND COMMUNITY PARTNERS FOCUS ON?

35% of respondents felt that caregiver support classes were needed.

Caregiver Support Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	25	34.25%
Caregiver support classes	26	35.62%
Families caring for a child or adult with special needs	19	26.03%
Families caring for a child or adult with mental health needs	19	26.03%
Families caring for an older adult	18	24.66%
Parenting classes	17	23.29%
Families caring for a child or adult with a disability	16	21.92%
Grandparents caring for grandchildren	14	19.18%
Other	4	5.48%

WRITTEN COMMENTS:

Additional comments included a desire to focus on all the above services, focusing on those who care for someone with a chronic illness, increasing access to respite services, and providing community lectures to help educate groups and families.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTIONS 17: IF YOU THINK ONE OF THE PRIORITIES SHOULD BE DRUGS, ALCOHOL, OR TOBACCO, WHAT WOULD YOU RECOMMEND THE HOSPITAL AND COMMUNITY PARTNERS FOCUS ON?

Respondent's answers were somewhat evenly spread, but opioid use received the most support (55%).

Drug, Alcohol, Tobacco Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	16	20.51%
Opioid use	43	55.13%
Alcohol use by youth and teens	38	48.72%
Tobacco use including smoking and vaping by teens	37	47.44%
Illegal drug use by youth and teens	33	42.31%
Adult alcohol abuse	32	41.03%
Illegal drug use by adults	30	38.46%
Tobacco use including smoking and vaping by adults	27	34.62%
Other	5	6.41%

WRITTEN COMMENTS:

Two of those commenting felt all the areas related to drugs, alcohol or tobacco should be a focus.

Another commenter indicated that opioid use should be the initial focus, with a partnership with the police department.

Another commenter felt that while tobacco is an obvious problem, the population is well informed and unlikely to benefit much from a focused intervention.

One commenter stated that early alcohol use, illegal substances, and opiates are a major problem. People aren't particularly well informed, and the long-term impact of improving the use pattern among young people could greatly improve health outcomes.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 18: IF YOU THINK ONE OF THE PRIORITIES SHOULD BE DOMESTIC VIOLENCE, ABUSE, OR NEGLECT, WHAT WOULD YOU RECOMMEND THE HOSPITAL AND COMMUNITY PARTNERS FOCUS ON?

Child abuse and neglect (47%) was identified as the highest priority.

Domestic Violence, Abuse, Neglect Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	27	38.03%
Child abuse and neglect	33	46.48%
Domestic violence or abuse	25	35.21%
Elder abuse and neglect	21	29.58%
Intimate partner violence or abuse	15	21.13%
Other	3	4.23%

WRITTEN COMMENTS:

Two of the three comments received indicated that all abuse and neglect should be a priority.

The remaining comment indicated that a considerable amount of pretty serious domestic violence and intimate partner violence is occurring. The hospital is focused on this and is making good progress, but there is still more to do.

QUESTION 19: ADDITIONAL COMMENTS
CLINICAL CARE

- I think that the hospital is doing a great job. More specialized providers would help.
- The number of transfers out of Sweetwater County needs to be reduced.

MENTAL HEALTH CARE

- Mental Health needs of our students are on the rise. We have identified this need in the District Strategic Plan would like to partner together to meet the needs of our students, staff, and community. Thank you for asking for input.
- Title 25: These people need help and placement in a proper facility. To just lift Title 25 and show them the door does nothing but causes more issues for the community. Jail is not the proper facility for these people to end up in.
- I didn't see anything regarding suicide prevention, or treatment-this is something that is associated with mental health but impacting many families.

- I feel that one of the biggest challenges we face is acknowledging and addressing a growing mental and behavioral health issue, not only in our community but the nation as a whole. Untreated mental and behavioral health problems build into other issues such as self-medication and the opioid crisis, risky sexual behaviors, inability to seek out treatment or a lack of understanding of how to do so, and so on. I believe that if we are to begin fixing these issues within our community, we need to begin treating the disease, instead of just the symptoms.
- We discuss many of these concerns during the Care Coalition meetings. Most important to what I see lacking in the community is mental health services

GENERAL

- Thanks for doing this and inviting us to participate. We will look forward to the results of the CHNA.
- It is getting better, but the work is never done. The hospital needs to keep good things happening to build trust again.
- I hope that this survey helps the residents of Sweetwater County gain access to the services that they need and are able to use them.
- I think it's great you're continuing to improve. I think reaching out to people is the beginning step. Most often, people know they need something to change; however, they are afraid or unsure of what or how to change it. Holding classes or presentations to the public would be a good starting point for things like domestic violence to drug use. I appreciate you guys. Good luck.
- I think it is important to work together as a community. I notice a lot of competition between the profit and the nonprofit sector. MHSC can still benefit from improving outpatient services like collecting and running labs for nonaffiliated primary care providers or coming together as a community to address the needs of the population. It should be affordable to access medical needs in the area; otherwise, anyone with a choice to seek healthcare outside of the area (ability and healthy enough to tolerate the trip will continue to do so). Improving morale and understanding physician retention more in depth is important also.

Key Stakeholder Survey Respondents

Please note that names are included as they were provided in the survey.

Bobbie Amos, High Desert Rural Health Care District dba Wamsutter Community Health Center, Trustee and Contract Manager	Bailie Dockter, Castle Rock Medical Center, CEO
Charles Joseph Amy, Castle Rock Hospital District, Physician Assistant	Marilyn Dockter, Mission at Castle Rock, Social Services Director
Resha Ball, Sweetwater County District Board of Health, Secretary	Doni Drake, RN, Sweetwater County Community Nursing
Mike Bournazian, Sweetwater County Fire Department, County Fire Warden	Greer Ferrero, RN, Sweetwater County Board of Health, Board Member
Mike Bowers, Memorial Hospital of Sweetwater County, Physician	Ashley Fornengo, RN, Rocky Mountain Home Care, Administrator
David Caplan, Genesis Alkali Director of Communications	Lucas Freeman, Wyoming Services for Independent Living, Project Out/Rural Transportation Case Manager
Gerald Carr, Sweetwater County Sheriffs Office of Detention, Sergeant	Ron Gatti, Sweetwater Medics, Director
Stephanie Cassidy, Sweetwater County Sheriff Department, Deputy Sherriff	Patricia Green, Urgent Care, Nurse Practitioner
Cody Christensen, Memorial Hospital of Sweetwater County, Staff Urologist	John Grossnickle, Sweetwater County Sheriff's Office, Sheriff
Linda Cornell, Sweetwater County Community Nursing, Best Beginnings Coordinator	Jason Grubb, Sweetwater County Library Systems, Director
Emily Covey, Sweetwater County, Emergency Management Assist. Coordinator	John Hansen, Sweetwater County Sheriff's Office, Corporal
Trista Cross, RN, Sweetwater County Community Nursing	Randy Hanson, Sweetwater County, Deputy
Erin Crumpton, Public Health, Adm. Assistant	Tasha Harris, Memorial Hospital of Sweetwater County, Cancer Center Director
Lisa DeBernardi, Sweetwater County School District #1 Head Start, Director	Darin Howe, Simplot Phosphates LLC, Environmental and Security Manager
Deborah DeFauw, Memorial Hospital of Sweetwater County, Director of Rehab Services	Josefina Ibarra, Memorial Hospital of Sweetwater County, Registered Dietitian
Alan Demaret, Ed.D., Sweetwater County School District #2, Special Services Director	Nena James, State of Wyoming, District Court Judge
Tom Jarvie, City of Green River, Chief of Police	Cara Pedri, Sweetwater County School District #1 Head Start, Health Services Manager
Melissa Jewell PA-C, Memorial Hospital of Sweetwater County	Pat Punches, Wyoming Services for Independent Living, Independent Living Specialist
Taylor Jones, Memorial Hospital of Sweetwater County, Board Member	Kari Quickenden, Memorial Hospital of Sweetwater County, Chief Clinical Officer
Timothy A. Kaumo, City of Rock Springs, Mayor	Robert Recker, MHSC & Harvestime Church Green River, Chaplain & Sn Pastor

COMMUNITY HEALTH NEEDS ASSESSMENT

Rick Lee, Rock Springs Chamber of Commerce, CEO	Lisa, RN, Community Nursing Service
Kari Leininger, Rocky Mountain Home Care, Patient Care Coordinator	Alex Roberson, Wyoming Services for Independent Living, Independent Living Specialist
Mandi Lew, Rock Springs Community Health Center, Certified Nurse-Midwife	Judy Roderick, Sweetwater County Emergency Management, Coordinator
Kimberley Lionberger, Sweetwater County District Board of Health, Director	Karla Roich, LPN/PHPC, Sweetwater County District Board of Health/Public Health
Donna Little-Kaumo, Sweetwater County School District #2, Superintendent of Schools	Craig Rood, Ciner Wy LLC, Site Manager
David Liu, MD, Memorial Hospital of Sweetwater County	Missy Rosette, Sweetwater County District Board of Health, Payroll/Accts. Payable
Roy Lloyd, Sweetwater County/NOWCAP, County Commissioner/NOWCAP Director	Billy Shalata, Health Board, Rock Springs City Council
Richard Mathey, Memorial Hospital of Sweetwater County, Pres., Board of Trustees	Kevin Smith, Church of Christ, Minister
Kelly McGovern, Sweetwater County School District #1 Superintendent	Tracie Soller, Memorial Hospital of Sweetwater County, Director of Medical Imaging
Mary Anne Mines, Eden Valley Telehealth Services, Director	Barbara Sowada, Ph.D., Memorial Hospital of Sweetwater County, Trustee
Kati Moczulski, RN, Memorial Hospital of Sweetwater County	Brett Stokes, Sweetwater County Sheriff's Office, Captain
Jason Mower, Sweetwater County Sheriff's Office, Media, and Public Relations Coordinator	B E Symington, Memorial Hospital of Sweetwater County, MD Medical Director
Dwane Pacheco, Rock Springs Police Department, Police Chief	Christian Theodosis, Memorial Hospital of Sweetwater County/University of Utah, Medical Director, Emergency Department
Joe Tomich, Sweetwater County Sheriff's Office, Detective Sergeant	Ron Wild, RBM, Rocky Mountain Power
Nikala Uhrig, RN, Sweetwater County District Board of Health	Ronda Zancanella, Sweetwater County District Board of Health, Office Manager
Charlie VanOver, Memorial Hospital of Sweetwater County Foundation, President	Anonymous
Fred von Ahrens, Genesis Alkali, VP Manufacturing	C, Memorial Hospital Foundation Board
Joe Wamsley, Ciner, Underground Mechanic	Gene, Sweetwater County Sheriff's Department, Central Control Operator
Arlene Watterson, RN, Sweetwater County District Board of Health	Kelly, Sweetwater County Sheriff's Office, Clerk
Randal Wendling, Retired/County Commissioner Sweetwater	Dale, Sweetwater County, Coroner
Dr. Donald C West, Sweetwater County District Board of Health, Vice Chairperson	Emmy, RH ACCS, Rock Springs Young at Heart
Ron Wild, Rocky Mountain Power, RBM	

APPENDIX 4: COMMUNITY SURVEY

A community survey was available in February and March 2019. The survey was available electronically, and hard copies were distributed in various public areas. A total of 439 surveys were completed.

QUESTIONS 1-5

Of the 439 surveys completed, 77% of the respondents were from Rock Springs, and 20% were from Green River.

Location	Number of Responses
Bairoil	0
Eden/Farson	2
Granger	0
Green River	87
McKinnon	0
Point of Rocks	1
Reliance	1
Rock Springs	339
Superior	1
Wamsutter	1
Laramie, Unita, Jackson, Lyman	7

The majority of respondents identified as White, 89%, and 7% identified as Hispanic or Latino. Less than 1% identified as another race or ethnicity.

Race or Ethnicity	Number of Responses	Percentage
American Indian	4	0.91%
White	391	89.07%
Black/African American	1	0.23%
Asian	3	0.68%
Pacific Islander	1	0.23%
Hispanic or Latino	29	6.61%
Other	10	2.28%

COMMUNITY HEALTH NEEDS ASSESSMENT

The majority of respondents, 49%, were between 26 and 45 years of age.

Age	Number of Respondents	Percentage
Under 18 years old	1	0.23%
18-25 years old	24	5.47%
26-35 years old	109	24.83%
36-45 years old	105	23.92%
46-55 years old	74	16.86%
56-64 years old	79	18.00%
65-75 years old	34	7.74%
76 years old and older	13	2.96%

Almost all the respondents indicated that they were most comfortable speaking English.

Language	Number of Respondents
English	426
Spanish	2
Both English and Spanish	9
Sanskrit	1
Tagalog	1

64% reporting having an associate degree or higher.

Educational Level	Number of Respondents	Percentage
Less than a high school degree	4	0.92%
High school diploma or GED	118	27.13%
Trade School or Certificate program	39	8.97%
Associates Degree	126	28.97%
Bachelor's Degree or higher	154	35.40%

QUESTION 6: TELL US ABOUT YOUR PHYSICAL HEALTH?**QUESTION 7: TELL US ABOUT YOUR MENTAL HEALTH?**

Respondents were asked to rate both their physical and mental health.

55% of respondents felt their physical health was good and any issues they had were being treated while 37% indicated they rarely have issues and would rate their health as excellent. 8.7% indicated their physical health was poor.

59% of respondents felt their mental health was excellent, and 35% felt it was good, and any mental health concerns were being treated. 5.5% of respondents rated their mental health as poor.

Physical Health	Number of Respondents	Percentage
Excellent, I rarely have issues	160	36.53%
Good, any issues I have are treated	243	55.48%
Poor, I have many issues	38	8.68%

Mental Health	Number of Respondents	Percentage
Excellent, I rarely have issues	260	59.36%
Good, any issues I have are treated	154	35.16%
Poor, I have many issues	24	5.48%

QUESTION 8: HOW MANY PEOPLE, INCLUDING YOURSELF, LIVE IN THE SAME HOUSE?

The majority of respondents, 38%, live with one other person.

Number of People	Number of Respondents	Percentage
1	65	14.91%
2	166	38.07%
3	75	17.20%
4	76	17.43%
5	36	8.26%
6	13	2.98%
7	4	0.92%
8	1	0.23%
9	0	0
10	0	0
More than 10	1	0.23%

QUESTION 9: WHAT IS YOUR HOUSING SITUATION?

The majority of respondents, 99%, indicated that they had housing.

Housing	Number of Respondents	Percentage
I have housing	428	98.62%
I do not have housing	4	0.92%
Other	5	1.15%

WRITTEN COMMENTS:

Other housing responses included living in a rehab facility, with family, in an apartment or an older mobile home.

QUESTION 10: TELL US IF YOU ARE PROVIDING CARE FOR SOMEONE ELSE IN YOUR FAMILY?

The majority of respondents, 85%, indicated they were not providing care to any of the individuals listed.

Care provided	Number of Respondents	Percentage
I am a grandparent, and my grandchildren live with me	2	0.47%
My parents or older relatives live with me, and I am responsible for taking care of them	11	2.59%
I provide care for someone with special needs	11	2.59%
I provide care for someone with a disability	21	4.94%
I provide care for someone with a chronic mental illness	10	2.35%
I do not provide care for any of those listed	360	84.71%
Other	20	4.71%

WRITTEN COMMENTS:

Several comments were received indicating the respondents were taking care of children, older parents, or others that live at a location separate from where they live.

A couple of respondents commented they are caring for those who have needs related to cancer, diabetes, or disabilities in general.

QUESTION 11: WHAT IS YOUR WORK SITUATION?

Approximately two-thirds of the respondents reported they work full-time.

Work Situation	Number of Respondents	Percentage
I am unemployed and actively looking	0	0
I am unemployed	12	2.78%
I am working part-time or have temporary work	39	9.03%
I work full-time	311	71.99%
I am retired	46	10.65%
I am disabled and not able to work	9	2.08%
Other	21	4.86%

WRITTEN COMMENTS:

Several respondents indicated they were stay at home caregivers to children, grandchildren, and/or parents. A couple of respondents indicated they were unable to work due to health issues. A few reported working multiple jobs to make ends meet, and others reported they were retired or living in a healthcare facility.

QUESTION 12: WHAT IS YOUR MAIN INSURANCE?

84% of respondents have private insurance. 3.5% indicated they did not have insurance.

Insurance	Number of respondents	Percentage
Private Insurance like Tri-Care, Blue Cross, United, and Aetna	362	83.60%
Medicare	41	9.47%
I don't have insurance	15	3.46%
Medicaid	7	1.62%
Other	7	1.62%
Both Medicaid and Medicare	3	0.69%
V.A.	1	0.23%

WRITTEN COMMENTS:

Respondents reported other private insurance coverage through United Healthcare, Cigna, a combination of Medicare and secondary insurance or multiple types of coverage within their family.

QUESTION 13: IN THE PAST YEAR, HAVE YOU OR YOUR FAMILY THAT YOU LIVE WITH BEEN UNABLE TO GET ANY OF THE FOLLOWING WHEN IT WAS REALLY NEEDED?

The majority of respondents indicated they were not having problems getting what they needed. However, 11% identified problems getting an appointment with a doctor.

Needed Services	Number of respondents	Percentage
I have not had any problems getting these things	322	76.48%
Appointments with a doctor	45	10.69%
Mental Health Care	30	7.13%
Dental Care	28	6.65%
Medicine	26	6.18%
Vision Care	17	4.04%
Child Care	15	3.56%
Food	11	2.61%
Hospital Care	10	2.36%
Other	9	2.14%
Housing	7	1.66%
Clothing	5	1.19%
Utilities	5	1.19%

WRITTEN COMMENTS:

A couple of respondents indicated they were unable to access services due to a complicated insurance process or the availability of insurance.

Other respondents commented they were unable to receive specific services locally such as neurology or care for a disabled child.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 14: HAS LACK OF TRANSPORTATION KEPT YOU FROM MEDICAL APPOINTMENTS, MEETINGS, WORK, OR FROM GETTING THE THINGS YOU NEED?

The majority of respondents, 98%, reported having no issues with transportation.

Transportation	Number of Respondents	Percentage
NO-Transportation is not a problem	420	98.13%
YES-Transportation has kept me from medical appointments with a doctor-or-other medical care	6	1.40%
YES-Transportation has kept me from getting to meetings, appointments, work or other things I need	5	1.17%
YES-Transportation has kept me from getting medicine	3	0.70%

QUESTION 15: WHAT DO YOU THINK WOULD HELP YOU AND YOUR FAMILY IMPROVE YOUR HEALTH?

The most frequent response was access to specialty medical care. 28% identified more times available for doctor's appointments would help improve health.

Improving Health	Number of Respondents	Percentage
Access to specialty medical care	105	32.11%
More times available for doctor appointments	93	28.44%
Access to mental health care	67	20.49%
Access to healthy food	66	20.18%
Other	56	17.13%
More education opportunities	42	12.84%
Insurance coverage	36	11.01%
Having a family doctor	35	10.70%
Help to stop smoking	31	9.48%
More opportunities for steady work	25	7.65%
Access to housing we can afford	22	6.73%
Help to resolve legal issues	16	4.89%
Help to stop using alcohol	14	4.28%
Access to transportation	7	2.14%
Help to stop using opioids	4	1.22%
Help to stop using illegal drugs	4	1.22%

WRITTEN COMMENTS:

Numerous comments were related to nutrition and physical fitness including losing weight, eating more healthy foods, access to healthy affordable foods, exercise, access to fitness facilities, and developing a healthy lifestyle including assistance to eat more healthy foods and access to fitness facilities.

The need for additional medical and dental services included: nephrologist, naturopathic or functional medicine doctor, dental care, vision care, consistency of specialty care, breast cancer care, mental health care, pediatrician, a doctor who deals with Type 1 diabetes,

Affordable care was also identified. One respondent stated, "I do not make appointments unless I am gravely injured or sick because of the cost. I would see a doctor regularly if it didn't cost a fortune."

The need for consistent providers, including the availability of evening appointments, affordable care, and services in Green River, were identified.

QUESTION 16: WHAT BEHAVIORS PUT ADULTS OVER AGE 18 AT RISK IN SWEETWATER COUNTY?

Alcohol use was the most frequent response, 83.7%, followed by illegal drug use 78.10%.

Behaviors	Number of Respondents	Percentage
Alcohol use	344	83.70%
Illegal drug use	32	78.10%
Tobacco use or vaping	296	72.02%
Driving when intoxicated	295	71.78%
Poor eating habits	275	66.91%
Overweight or obese	274	66.67%
Risky sexual behaviors	235	57.18%
Not managing a chronic disease like diabetes or heart disease	233	56.69%
Not accessing preventative care including regular doctor visits or immunizations	229	55.72%
Other	22	5.35%

WRITTEN COMMENTS:

Several comments were received regarding mental health, including lack of access to mental health care, the stigma attached to mental illness, and untreated depression/mental health disorders.

Opiate dependence was mentioned, including the difficulty to obtain legal chronic pain medication from physicians and labeled as a drug user.

Other comments included lack of transportation, drivers not obeying traffic laws, poor school attendance, and lack of affordable education for non-traditional students.

QUESTION 17: WHAT BEHAVIORS PUT YOUTH AND TEENS UNDER AGE 18 AT RISK IN SWEETWATER COUNTY?

Similar to those behaviors identified for adults, alcohol was the number one response, 83%, followed by illegal drug use and tobacco use/vaping, 77%.

Behaviors	Number of Respondents	Percentage
Alcohol use	339	83.29%
Tobacco use or vaping	313	76.90%
Illegal drug use	313	76.90%
Risky sexual behaviors	286	70.27%
Poor eating habits	260	63.88%
Teen pregnancy	259	63.64%
Unsupervised parties	235	57.74%
Overweight or obese	216	53.07%
Driving when intoxicated	195	47.91%
Not getting preventative care, including regular doctor visits, immunizations, etc.	188	46.19%
School absences	157	38.57%
Unsafe use of firearms	113	27.76%
Other	20	4.91%

WRITTEN COMMENTS:

The majority of comments were focused on mental health. Comments included the need for a safe place for teens to go who are feeling suicidal and more access to mental health care.

One commenter stated there needs to be classes to teach youth how to be safe with the evolving social media that is taking over.

Lack of parental responsibility and adults who condone youth alcohol/drug consumption “with supervision” was identified, as was not holding youth accountable for their actions (enabling).

Lack of opportunities for youth to engage in safe, fun activities to counteract or mitigate boredom was mentioned, as was lack of a healthy diet.

QUESTION 18: WHAT ARE THE REASONS YOU OR YOUR FAMILY DO NOT USE HEALTHCARE SERVICES THAT ARE AVAILABLE IN SWEETWATER COUNTY?

The majority of respondents, 64.2%, indicated they use healthcare services in Sweetwater County.

Of those who do not use healthcare services in Sweetwater County, the main reason was quality of care.

Reasons	Number of Respondents	Percentage
I use healthcare services in Sweetwater County	256	64.16%
Quality of care in Sweetwater County	87	21.80%
Not comfortable with local doctors	54	13.53%
Doctor appointments are not available at a time I can go due to work or other reasons	46	11.53%
My doctor recommended I go out of Sweetwater County for care	45	11.28%
High insurance co-pays- I can't afford care for my family or for me	36	9.02%
No insurance coverage	25	6.27%
My insurance made me go out of Sweetwater County for care	15	3.76%
I don't have transportation	1	0.25%
Other	55	13.78%

WRITTEN COMMENTS:

There were several comments indicating dissatisfaction with providers, lack of consistent providers, billing practices, and the cost of local services.

Other reasons for not using services in Sweetwater County included: lack of services including psychiatrists, mental health providers, pediatric mental health, inpatient mental health, transplant care, dermatology, rehabilitation, comprehensive cardiac care, endoscopy, and endocrinology.

Several respondents identified long wait times to get an appointment with primary care and specialists in Sweetwater County.

One commenter stated their insurance provides 'Healthy You' through telehealth that does not have fees or copayments and is available 24/7.

Other comments included being uninsured, cost of care, cost of radiology, and going out of the area to be closer to family for support.

QUESTION 19: WHAT DOCTORS OR PROVIDERS DO YOU OR YOUR FAMILY TRAVEL OUTSIDE OF SWEETWATER COUNTY TO SEE?

The majority of respondents indicated they travel outside of *the county* to see a dermatology provider (23.6%), followed by cardiology (18.03%) and endocrinology (16.06%).

COMMUNITY HEALTH NEEDS ASSESSMENT

Doctors or Providers	Number of Respondents	Percentage
Dermatology (Skin)	84	23.66%
Cardiology	64	18.03%
Endocrinology (Diabetes, Thyroid)	57	16.06%
Orthopedics	53	14.93%
Mental Health providers including therapists and counselors	47	13.24%
Neurology	49	13.80%
Oncology	44	12.39%
Gastroenterology (GI)	42	11.83%
ENT (Ear, Nose, and Throat)	39	10.99%
Gynecology	37	10.42%
General Surgery	35	9.86%
Psychiatry	32	9.01%
Internal Medicine	30	8.45%
Allergy	28	7.89%
Pediatrics	28	7.89%
Plastic Surgery	28	7.89%
Rheumatology	28	7.89%
Primary Care (Family Doctor)	26	7.32%
Pulmonology	20	5.63%
Neurosurgery	20	5.63%
Obstetrics	19	5.35%
Urology	15	4.23%
Nephrology	14	3.94%
Infectious Disease	9	2.54%
Gerontology	2	0.56%
Other	76	21.41%

WRITTEN COMMENTS:

Other providers or services mentioned in the comments included:

- Dental providers including advanced dental procedures
- Emergency providers
- Gynecology Oncologist
- Infertility specialist
- Liver specialist
- Mammography
- Men's Clinic
- Naturopathic/Functional Medicine
- Optometrist/Ophthalmologist/Neuro-Ophthalmologist
- Pediatric specialists

- Pediatric Neurology
- Podiatry
- Psychiatrist
- Spine specialist
- Surgical specialist

QUESTION 20: THE FOLLOWING DOCTORS OR PROVIDERS ARE AVAILABLE IN SWEETWATER COUNTY.

Please tell us if you have any trouble getting an appointment or accessing care.

The majority of respondents indicated they have the most difficulty getting an appointment with a primary care provider or a mental health provider.

Providers	Number of Respondents	Percentage
Primary Care	57	34.34%
Mental Health providers including mental health therapists	53	31.93%
Psychiatry	37	22.29%
Orthopedics	23	13.86%
Pediatrics	20	12.05%
Gynecology	17	10.24%
ENT	16	9.64%
Cardiology	15	9.04%
Gastroenterology	13	7.83%
Neurology	13	7.83%
Pulmonology	13	7.83%
Internal Medicine	10	6.02%
Allergy	9	5.42%
Plastic Surgery	9	5.42%
Urology	8	4.82%
General Surgery	5	3.01%
Obstetrics	5	3.01%
Oncology	3	1.81%
Nephrology	2	1.20%

WRITTEN COMMENTS:

The majority of comments received were related to the inability to get an appointment in a timely manner, including appointments with both primary care and specialists. The lack of same-day appointments with primary care was noted as being very limited.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 21: IN THE PAST SIX MONTHS, HAVE YOU USED A SMART APPLICATION ON YOUR PHONE, COMPUTER, OR TABLET TO DO ANY OF THE FOLLOWING:

Twenty-eight percent of respondents indicated they do not use smart applications to manage their health. The number one reason respondents use a smart application on a mobile device is to track how far they are walking or running.

Use of Smart Application	Number of Respondents	Percentage
I don't use smart application to manage my health	111	27.75%
Track how many miles you are walking or running	195	48.75%
Helped you to remember to schedule a routine doctor's appointment	151	37.75%
Help you lose weight	133	33.25%
Looked at the information available online from your doctor's office about your health	103	25.75%
Help you remember to take your medicine	59	14.75%
Help you to manage a chronic disease like diabetes or congestive heart failure	26	6.50%
Virtual care	17	4.25%
Other	10	2.5%

WRITTEN COMMENTS:

Comments related to the use of applications not listed above included looking up symptoms, searching for available doctors, using a pregnancy application, sodium tracker, and tracking menstrual cycle.

QUESTION 22: WHAT WOULD YOU LIKE TO SEE MEMORIAL HOSPITAL OF SWEETWATER COUNTY IN COOPERATION WITH COMMUNITY PARTNERS FOCUS ON OVER THE NEXT THREE YEARS?

The top three responses were: helping people get mental health care, increasing the number of specialists, and helping support caregivers.

COMMUNITY HEALTH NEEDS ASSESSMENT

Focus	Number of Respondents	Percentage
Help people get mental health care	206	53.37%
Increase the number of specialists	178	46.11%
Help support caregivers	176	45.60%
Help people to stay healthy who have a chronic disease like diabetes, heart failure, lung disease, cancer, Alzheimer's disease	155	40.16%
Help adults and teens to stop using illegal drugs, opioids, alcohol, or tobacco	151	39.12%
Help stop domestic violence, child abuse and neglect, or elder abuse and neglect	129	33.42%
Help people get the medicine they need to stay healthy	129	33.42%
Help people to lose weight and eat more healthy foods	109	28.24%
Increase the number of family doctors or increase the number of appointments	79	20.47%
Help people sign up for insurance	77	19.95%
Help stop teen pregnancy	67	17.36%
Help prevent sexually transmitted diseases	63	16.32%
Help women who are pregnant to have a healthy baby	58	15.03%
Help people get to doctor appointments	56	14.51%
Other	33	8.55%

WRITTEN COMMENTS:

Increasing access to service was the most frequent comment including access to primary care, virtual medicine, more facilities, more doctors, psychiatric providers, mental health care, trauma care, urgent care (insta-care), and more access in Green River.

Several comments focused on the high cost of care and making care more affordable.

Other suggestions included providing end of life education, suicide prevention, and nutrition counseling.

QUESTION 23: IF YOU THINK ONE OF THE PRIORITIES, SHOULD BE CHRONIC DISEASE, WHAT CHRONIC DISEASES WOULD YOU RECOMMEND THE HOSPITAL AND COMMUNITY PARTNERS FOCUS ON?

Respondents felt diabetes was the most important chronic disease to focus on, followed by chronic mental illness and depression.

Chronic Disease Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	42	11.73%
Diabetes	158	44.13%
Depression	139	38.83%
Chronic Mental Illness	138	38.55%
Heart Disease	122	34.08%
Cancer	112	21.28%
Alzheimer's disease or dementia	75	20.95%
COPD	70	19.55%
Asthma	41	11.45%
Chronic Kidney Disease	41	11.45%
Arthritis	35	9.78%
Other	26	7.26%
Osteoporosis	14	3.91%

WRITTEN COMMENTS:

The majority of comments received identified the need for all chronic diseases to be a focus and to provide services that focus on chronic disease management.

Other chronic diseases identified included adult ADHD, addiction, multiple sclerosis, thyroid disease, children with diabetes, Type 1 diabetes, obesity, cancer, pediatric asthma, Parkinson's disease, and affordable weight loss programs.

QUESTION 24: IF YOU THINK ONE OF THE PRIORITIES SHOULD BE SUPPORTING CAREGIVERS, WHAT WOULD YOU RECOMMEND THE HOSPITAL AND COMMUNITY PARTNERS FOCUS ON?

The responses were fairly evenly divided, but caregiver support classes received a few more responses than the rest. Families caring for older adults received the second highest response.

Supporting Caregivers Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	94	26.78%
Caregiver support classes	121	34.47%
Families caring for an older adult	113	32.19%
Families caring for a child or adult with mental health needs	96	27.35%
Families caring for a child or adult with special needs	91	25.93%
Grandparents caring for grandchildren	83	23.65%
Families caring for a child or adult with a disability	82	23.36%
Parenting classes	65	18.52%
Other	16	4.56%

WRITTEN COMMENTS:

Several commenters indicated that caregivers need support, education, and affordable healthcare for themselves. There was also a comment indicating most caregivers do not have time to attend classes or support groups.

Two comments related specifically to the care of cancer patients and the need for more education and support for families.

COMMUNITY HEALTH NEEDS ASSESSMENT
QUESTION 25: IF YOU THINK DRUGS, ALCOHOL, OR TOBACCO SHOULD BE A PRIORITY, WHAT WOULD YOU RECOMMEND THE HOSPITAL AND COMMUNITY PARTNERS FOCUS ON?

Illegal drug use and alcohol use by youth and teens were both above 50%.

Drugs, Alcohol, Tobacco Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	57	16.10%
Illegal drug use by youth and teens	183	51.69%
Alcohol use by youth and teens	179	50.56%
Illegal drug use by adults	154	43.50%
Adult alcohol abuse	153	43.22%
Tobacco use including smoking and vaping by teens	153	43.22%
Opioid use	151	42.66%
Tobacco use including smoking and vaping by adults	110	31.07%
Other	21	5.93%

WRITTEN COMMENTS:

Several respondents stated that although important, they did not feel it was a priority for the Hospital.

Availability of medical detox, education, and more time with physicians to talk about risks and available resources were mentioned.

Child abuse and neglect was the most frequent response.

Domestic Violence, Abuse, Neglect Focus	Number of Respondents	Percentage
This is important, but I don't think it should be one of the priorities	89	25.57%
Child abuse and neglect	214	61.49%
Domestic violence or abuse	177	48.85%
Elder abuse or neglect	170	50.86%
Intimate partner violence or abuse	118	33.91%
Other	13	3.74%

WRITTEN COMMENTS:

Comments primarily related to the Hospital's role in identifying abuse and reporting to appropriate authorities.

QUESTION 27: PLEASE FEEL FREE TO SHARE ANY COMMENTS.

There was a total of eight-three individual comments around the following themes.

HOSPITAL: Several individuals commented on the improvements that have been made by the Hospital over the last couple of years. Specific comments related to the need for improvements in care were shared with Hospital Administration.

ACCESS: The most frequent responses were related to increasing access to both specialists and primary care. Same day and evening appointments with primary care and increased access to specialists including endocrinology, dermatology, neurology, and pediatrics were recommended. The difficulty in getting appointments with specialists that come to the Hospital was also noted.

Several individuals commented on the long wait times in the ED and the lack of consistency of ED providers.

MENTAL HEALTH CARE: The need for additional mental health services, including the need for more providers, more treatment facilities, and more options for patients under a Title 25 hold.

EDUCATION AND PREVENTION: The need for more health education and emphasis on prevention and lifestyle changes was identified.

APPENDIX 5: COUNTY HEALTH RANKINGS

HEALTH OUTCOMES						
Length of life (50%)	Year(s)	Weight	Sweetwater County	Error Margin	Top U.S. Performers	Wyoming
Premature Death Years of potential life lost before age 75 per 100,000 population	2015 - 2017	50%	7,500	6,600 - 8,400	5,400	7,308
Quality of Life (50%)	Year(s)	Weight	Sweetwater County	Error Margin	Top U.S. Performers	Wyoming
Poor or Fair Health % of adults reporting fair or poor health	2016	10%	15%	15 - 16%	12%	15%
Poor physical health days Average number of physically unhealthy days reported in the past 30 days	2016	10%	3.5	3.4 - 3.7	3.0	3.8
Poor mental health days Average number of mentally unhealthy days reported in the past 30 days	2016	10%	3.5	3.4 - 3.7	3.1	3.6
Low birthweight % of live births with low birthweight (<2500 grams)	2011-2017	20%	9%	9 - 10%	6.0%	9%

COMMUNITY HEALTH NEEDS ASSESSMENT

HEALTH FACTORS						
Health Behaviors (30%)	Year(s)	Weight	Sweetwater County	Error Margin	Top U.S. Performers	Wyoming
Adult smoking % of adults who are current smokers	2016	10%	18%	17 - 18%	14%	19%
Adult obesity % of adults that report a BMI ≥ 30	2015	5%	30%	27 - 34%	26%	29%
Food Environment Index Index of factors that contribute to a healthy food environment (0 - 10)	2015 & 2016	2%	7.7		8.7	6.9
Physical activity % of adults aged 20 and over reporting no leisure-time physical activity	2015	2%	26%	23 - 29%	19%	23%
Access to exercise opportunities % of population with adequate access to locations for physical activity	2010 & 2018	1%	90%		91%	76%
Excessive drinking % of adults reporting binge or heavy drinking	2016	2.5%	20%	19 - 21%	13%	20%
Alcohol-impaired driving deaths % of driving deaths with alcohol involvement	2013 - 2017	2.5%	33%	26 - 41%	13%	36%
Sexually transmitted infections # of newly diagnosed chlamydia cases per 100,000 population	2016	2.5%	221.8		152.8	351.5
Teen births # of births per 1,000 female population ages 15 - 19	2011 - 2017	2.5%	34	31 - 38	14	30

COMMUNITY HEALTH NEEDS ASSESSMENT

Clinical Care (20%)	Year(s)	Weight	Sweetwater County	Error Margin	Top U.S. Performers	Wyoming
Uninsured % of population under age 65 without health insurance	2016	5%	13%	11 - 14%	6%	13%
Primary care physicians Ratio of population to primary care physicians	2016	3%	2,940:1		1,050:1	1,470:1
Dentists Ratio of populations to dentists	2017	1%	1,890:1		1,260:1	1,510:1
Mental health providers Ratio of population to mental health providers	2018	1%	440:1		310:1	310:1
Preventable hospital stays # of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2016	5%	3,289		2,765	3,542
Mammography % of female Medicare enrollees ages 65 - 74 that receive mammography screening	2016	2.5%	34%		49%	36%
Flu vaccination % of fee-for-service Medicare enrollees who had an annual flu vaccination	2016	2.5%	37%		52%	40%

COMMUNITY HEALTH NEEDS ASSESSMENT

Social & Economic Factors (40%)	Year(s)	Weight	Sweetwater County	Error Margin	Top U.S. Performers	Wyoming
High school graduation % of ninth-grade cohort that graduates in four years	2016 - 2017	5%	80%		96%	86%
Some college % of adults ages 25 - 44 with some post-secondary education	2013 - 2017	5%	59%	54 - 64%	73%	67%
Unemployment % of populating aged 16 and older unemployed but seeking work	2017	10%	4.6%		2.9%	4.2%
Children in poverty % of children under age 18 in poverty	2017	7.5%	13%	10 - 16%	11%	13%
Income inequality Ratio of household income at the 80 th percentile to income at the 20 th percentile quality	2013 - 2017	2.5%	4.4		3.7	4.2
Children in single-parent households % of children that live in a household headed by a single parent	2013 - 2017	2.5%	23%	19 - 28%	20%	27%
Social Associations Number of membership associations per 10,000 population	2016	2.5%	10.0			13.4
Violent crime Number of reported violent crime offenses per 100,000 population	2014 & 2016	2.5%	300			220
Injury deaths Number of deaths due to injury per 100,000 population	2013 - 2017	2.5%	85	73 - 98		91

COMMUNITY HEALTH NEEDS ASSESSMENT

Physical Environment (10%)	Year(s)	Weight	Sweetwater County	Error Margin	Top U.S. Performers	Wyoming
Air pollution – particulate matter Average daily density of fine particulate matter in micrograms per cubic meter	2014	2.5%	5.1		6.1	4.8
Drinking water violations Indicator of the presence of health-related drinking water violations. Yes indicates the presence of a violation, No indicates no violation	2017	2.5%	Yes			
Severe housing problems Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	2011- 2015	2%	10%	8 – 11%		12%
Driving alone to work Percentage of the workforce that drives alone to work	2013- 2017	2%	77	75 - 80		78
Long commute – driving alone Among workers who commute in their car alone, the percentage that commute more than 30 minutes	2013- 2017	1%	19	16 - 21		15



2019 Community Health Needs Assessment

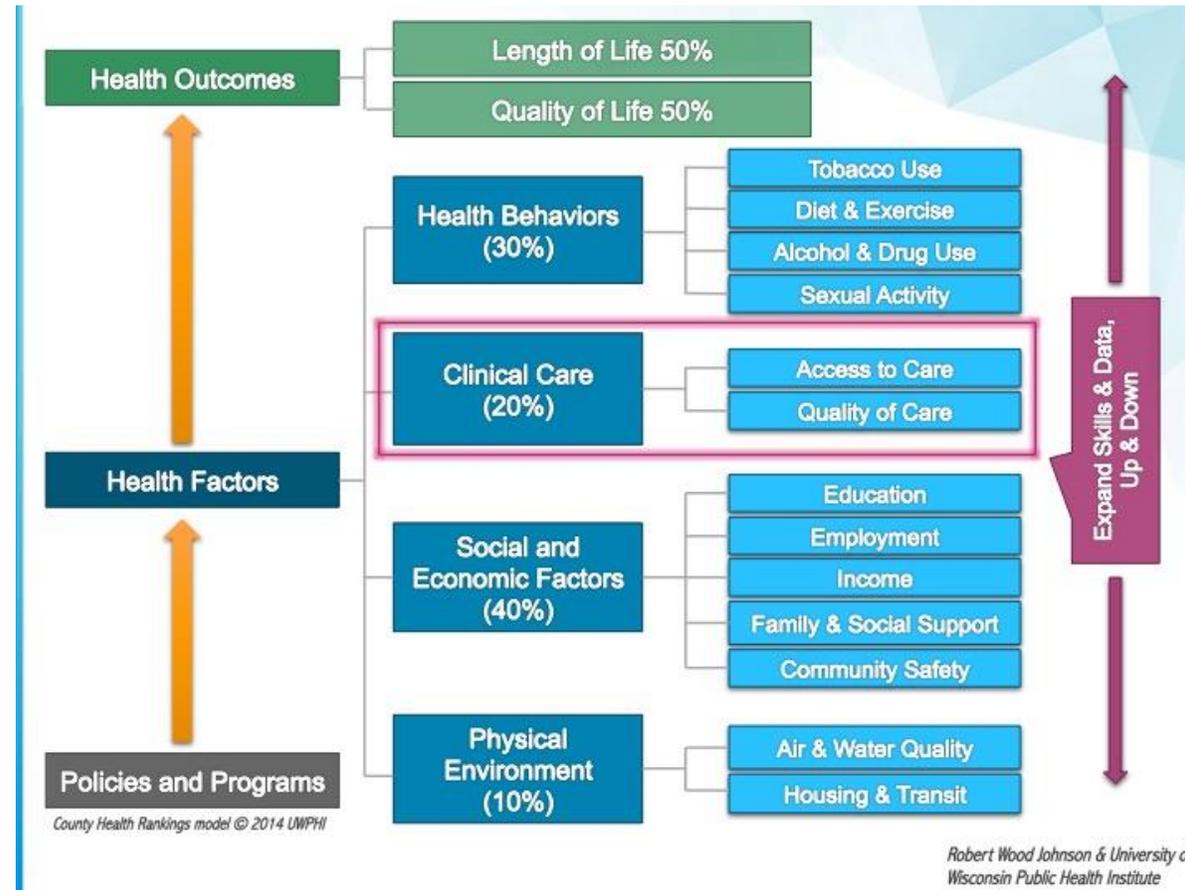
Community Health Needs Assessment

A community health needs assessment is a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon significant unmet community health needs.



Social Determinants of Health

Eighty percent of what affects health outcomes is associated with factors outside the traditional boundaries of healthcare delivery—health behaviors (tobacco use, sexual activity), social and economic factors (employment, education, income), and physical environment (air quality, water quality).



CHNA Steering Committee

Irene Richardson
Chief Executive Officer, MHSC

Kari Quickenden, PharmD
Chief Clinical Officer, MHSC

Kristy Nielson, DNP
Chief Nursing Officer, MHSC

Tami Love
Chief Financial Officer, MHSC

Suzan Campbell, JD
Chief Legal Executive, MHSC

Leslie Taylor, RN
Clinic Director, MHSC

Dr. Barbara Sowada
Board of Trustees, MHSC

Dr. Cielette Karn
Laboratory Medical Director, MHSC

Kim Lionberger, MSN
Director, Sweetwater County District Board of Health

Dr. Jean Stachon
County Health Officer

CHNA Geographic Assessment Area

- 82322 Bairoil
- 82901 Bitter Creek
- 82932 Eden
- 82932 Farson
- 82934 Granger
- 82935 & 82938 Green River
- 82929 Little America
- 82938 McKinnon
- 82942 Point of Rocks
- 82336 Red Desert
- 82943 Reliance
- 82901 Rock Springs
- 82945 Superior
- 82336 Wamsutter

Data Sources

Quantitative Data

Some sources:

- iVantage Health Analytics
- County Health Rankings & Roadmaps
- Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS)
- Wyoming Department of Public Health
- U.S. Census Bureau
- Bureau of Labor Statistics

Qualitative Data

Stakeholder Survey – **83**

Stakeholder Interviews – **27**

Focus Groups – **4**

Community Survey – **439**

GREAT RESPONSE RATE!!!

Community Survey Responses

Bairoil	0
Eden/Farson	2
Granger	0
Green River	87
McKinnon	0
Point of Rocks	1
Reliance	1
Rock Springs	339
Superior	1
Wamsutter	1
Laramie, Unita, Jackson, Lyman	7

THE DATA



County Health Rankings

Sweetwater County ranks 18th compared to 23 other Wyoming counties for Health Outcomes

- 14th for Length of Life
- 19th for Quality of Live

Sweetwater County ranks 21st compared to 23 other Wyoming counties for Health Factors

- 19th for Health Behaviors
- 16th for Clinical Care
- 21st for Social & Economic Factors
- 18th for Physical Environment

Demographics

Population

- Estimated to decline from 45,694 to 45,302 by 2023, a 0.17% decrease

Age

- Median age 34.7 years is expected to have minimal changes by 2023
 - 8% of the population are children under 4
 - 23% of the population are 14 years or younger
 - 12% of the population are over 65

Ethnicity

- 79.4% White alone (not Hispanic or Latino)
- 16.2% Hispanic or Latino

Physical Environment

Radon

- Radon levels in Sweetwater County are 5.6pCi/L
- EPA recommends fixing any home as soon as possible that tests over 4.0pCi/L
- The Wyoming Department of Health reports that Radon is the second most common cause of lung cancer in the state after smoking

Housing

- 9% of residents have a severe housing cost burden (2013 – 2017) compared to the state rate of 10% (*No statistical difference*)
- 10% of residents have severe housing problems (2011 – 2015) compared to the state rate of 12% (*Sweetwater County is statistically better than the state*)
- More than 50% of key stakeholders felt that lack of access to affordable housing contributes to the health challenges of at-risk populations

Social and Economic Factors

Education

- 91.3% of the population over 25 have a high school degree or higher
- 22.2% of the population have a bachelor's degree or higher
- 2% of the population have less than a 9th grade education

English Proficiency

- 89.4% of the population speak only English
- Of those who speak another language, 9.3% speak Spanish

Industry

- 20% of the jobs are related to mining

Unemployment

- Unemployment rate is approximately the same as the state (4.2% in 2018)

Income

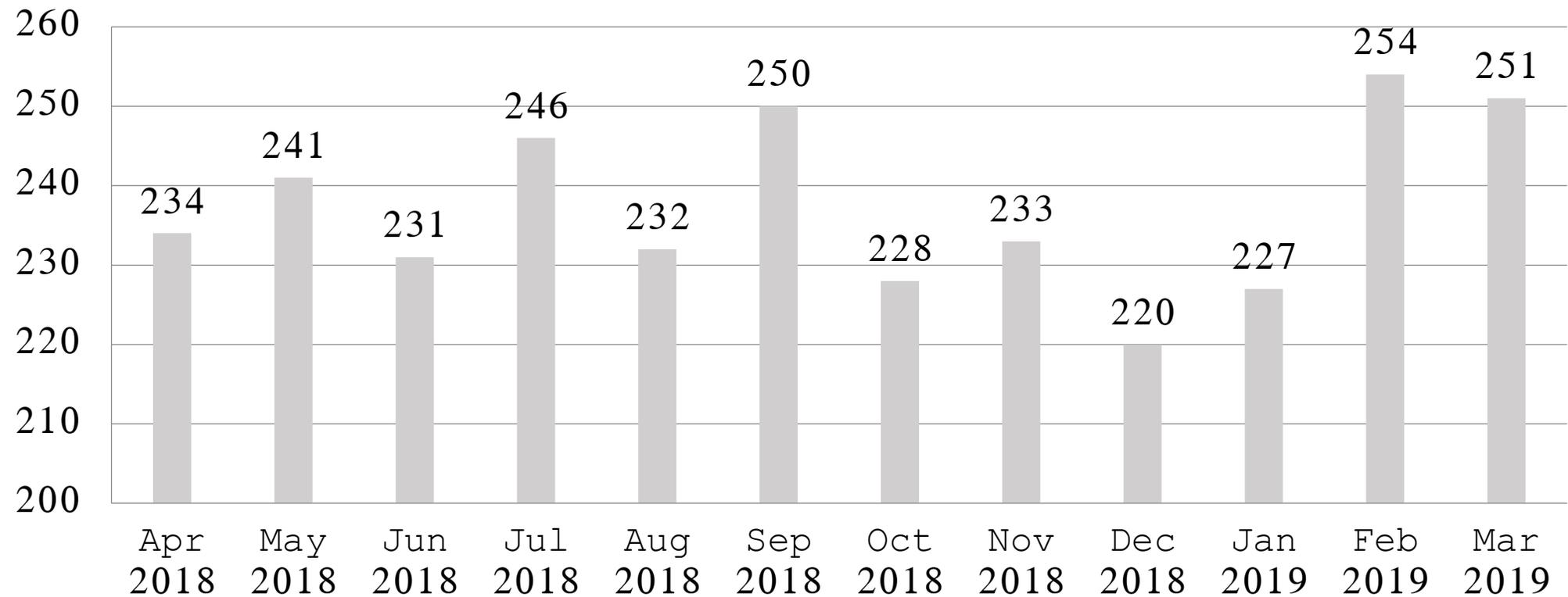
- Average household income is \$82,373
- Per-capita income is \$31,700
- 10.5% of the population live below the Federal Poverty Level
- 15.7% of children live below the Federal Poverty Level
- Number of residents with income below the poverty level increased from 2017 to 2018 in Sweetwater County (*Wyoming Economic Analysis Division*)

Insurance Coverage

- 15% of adults in Sweetwater County are uninsured (2016)
 - *Not statistically different than the state rate of 16%*
- 7% of children in Sweetwater County are uninsured (2016)
 - *Not statistically different than the state rate of 8%*

18% - 22% of patients seen at the MHSC ED between April 2018 and March 2019 did not have insurance coverage

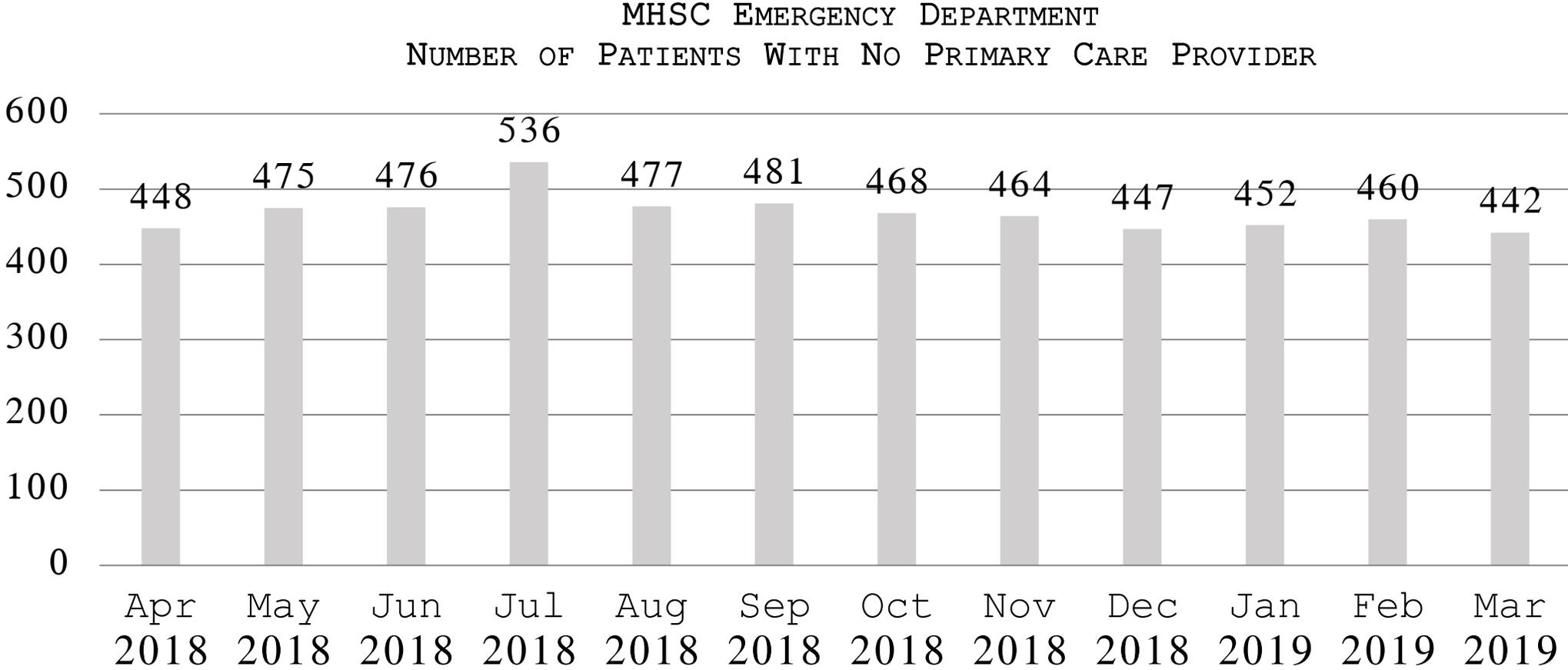
MHSC EMERGENCY DEPARTMENT
NUMBER OF PATIENTS WITH PRIMARY PAYER AS SELF PAY



Primary Care

- Sweetwater County is a Health Professional Shortage Area for primary care
 - Primary Care Physicians: 2,940:1 in Sweetwater County compared to 1,470:1 in Wyoming (2016) *Primary care does not include obstetrics / gynecology*
 - Other Primary Care Providers: 1,741:1 in Sweetwater County compared to 1,470 in Wyoming (2018) *Includes nurse practitioners, physician assistants, clinical nurse specialists*
- 34% of respondents to the community survey reported difficulty getting an appointment with a primary care provider. Reasons included:
 - Lack of appointment times
 - Lack of appointment times that were convenient
 - Cost - unable to afford co-pay

Between April 2018 and March 2019, approximately 36% to 44% of patients seen in the MHSC ED, did not have a primary care provider

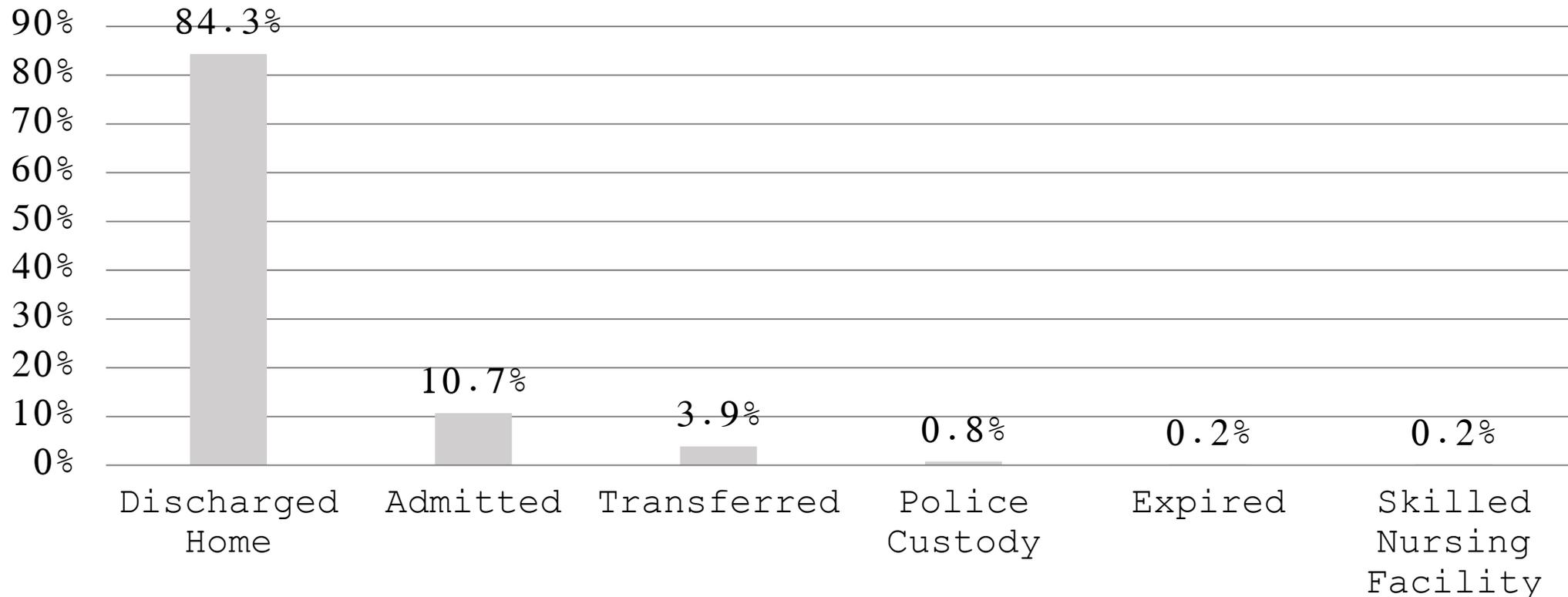


Specialty Care

- 32% of respondents to the community survey felt that increased access to specialty care would help improve both their health and their families' health
- Community Survey - specialists most difficult to access
 - Mental health providers
 - Psychiatry
 - Orthopedics
 - Pediatrics
 - Gynecology
- Key stakeholders agreed with community adding
 - Cardiology
 - Internal Medicine
- The top five specialists that residents and key stakeholders traveled outside of Sweetwater County to see
 1. Dermatology
 2. Cardiology
 3. Orthopedics
 4. Endocrinology
 5. Mental Health Care (Community)
 5. Oncology (Key Stakeholders)

Both the community and key stakeholders commented on the number of transfers from the ED and the desire to keep as many patients as possible in Sweetwater County for care

MHSC EMERGENCY DEPARTMENT
APRIL 1, 2018 - APRIL 19, 2019



Dental Care

- Sweetwater County is a Health Professional Shortage Area for dental care
 - 1,890:1 in Sweetwater County compared to 1, 510:1 in Wyoming (2016)
- 6.6% of community survey respondents reported difficulty getting an appointment with a dentist

Tobacco and Alcohol

- **Tobacco:** American Lung Association Tobacco Control Grade – Grade of **F** for Wyoming (2018)
 - **F:** Tobacco Prevention and Cessation Funding
 - **F:** Smoke-free Air
 - **F:** Tobacco Taxes
 - **D:** Access to Cessation Services
 - **F:** Age to purchase Tobacco 21
- **Tobacco:** No significant difference for the use of tobacco in Sweetwater County compared to the state (18% compared to 18.7%)
- **Alcohol:** No significant difference for the use of alcohol in Sweetwater County compared to the state
 - Alcohol impaired driving deaths (33% in Sweetwater County compared to 36% in the state)
 - Adults who report binge or heavy drinking (20% in both county and state)
 - Wyoming: Teens 12 – 17 reporting alcohol dependence or abuse (2.2%)
 - Wyoming: Adults who reported having driving after drinking too much (4.7%)
- **Alcohol:** Wyoming: 6.6% of adults and 2.2% of teens reported not being able to access treatment for alcohol use (2016-2017)

Source Henry J. Kaiser Family Foundation: Alcohol & Drug Dependence, Abuse and Treatment

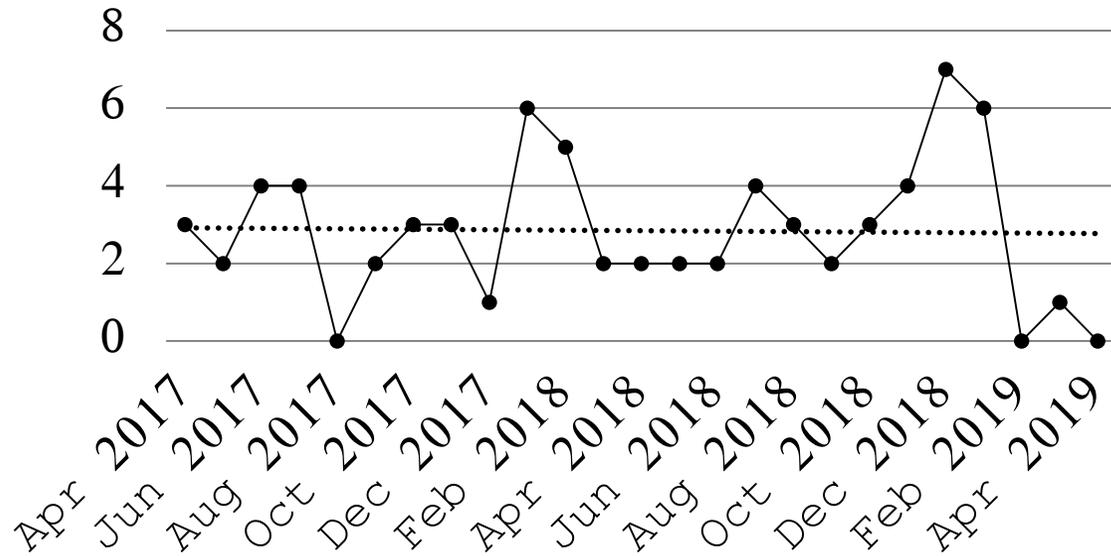
Drug Use – Wyoming Data

- Age-adjusted opioid deaths per 100,000 are lower than the U.S.
 - 8.7 compared to 14.9
- All drug overdose deaths per 100,000 are lower than the U.S.
 - 12.2 compared to 21.7
- 2.5% of adults report illicit drug dependence or abuse
 - U.S. rate 2.7%
- 4.5% of teens report illicit drug dependence or abuse
 - U.S. rate 3.1%
- 6.3% of individuals report past year opioid use disorder per 1,000 population
 - U.S. rate 8.4%
- 4.5% of teens and 2.5% of adults reported not being able to access treatment for drug use(2016-2017)

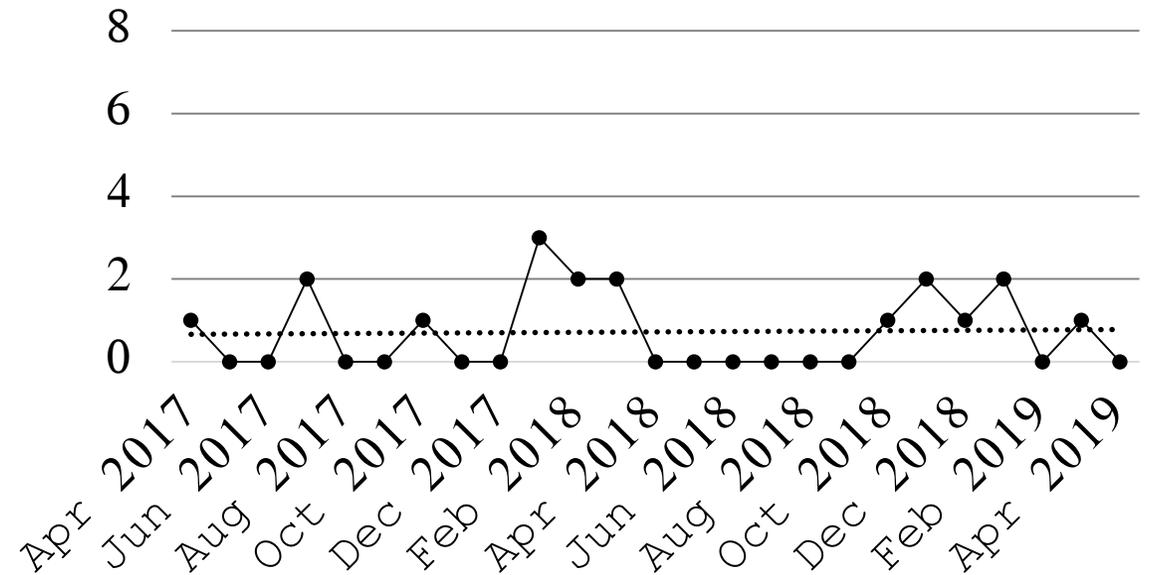
Source Henry J. Kaiser Family Foundation: Alcohol & Drug Dependence, Abuse and Treatment

MHSC Overdose Data

MHSC OVERDOSE BY ADULTS
APRIL 2017 - APRIL 2019



MHSC OVERDOSE BY JUVENILES
APRIL 2017 - APRIL 2019



71 adults and 18 juveniles were seen in the MHSC ED with an overdose between April 2017 and April 2019

Diet and Exercise

- 30% of adults in Sweetwater County are considered obese compared to 29% in the state (*No significant difference*)
- 11% have limited access to healthy food compared to 9% in Wyoming
- 11% experience food insecurity compared to 13% in Wyoming
- Poor eating habits and obesity were identified as significant risk factors for both adults and teens by community and key stakeholders

Sexual Activity

- Teen births are higher in Sweetwater County than the state (34 per 1,000 compared to 30 per 1,000) (2014 -2017)
- Both community and key stakeholder identified teen pregnancy as a significant risk affecting health outcomes
- Chlamydia rate is lower than the state (221.8 per 100,000 compared to 351.5)

Life Expectancy

GENDER	WYOMING LIFE EXPECTANCY 2016	WYOMING HEALTHY LIFE EXPECTANCY	U.S. Life Expectancy 2016	U.S. Healthy Life Expectancy
Male and Female	78.4	67.4	78.9	67.7
Female	80.8	68.6	81.2	69.0
Male	76.2	66.3	76.5	66.3

Five highest risk factors that contribute to disability-adjusted life years in Wyoming

1. Tobacco use
2. Alcohol and drug use
3. High body mass index
4. Dietary risks
5. High systolic blood pressure

Hawaii: Longest healthy life expectancy for both males and females combined (70.1 years)

Minnesota Longest healthy life expectancy for males (69.1 years)

Hawaii: Longest healthy life expectancy for females (71.9 years)

Cause of Death

Sweetwater County 2017

1. Major cardiovascular disease
2. Cancer
3. Alzheimer's disease
4. Chronic lower respiratory disease
5. Other unintentional injuries

Top 5 are essentially the same as the state

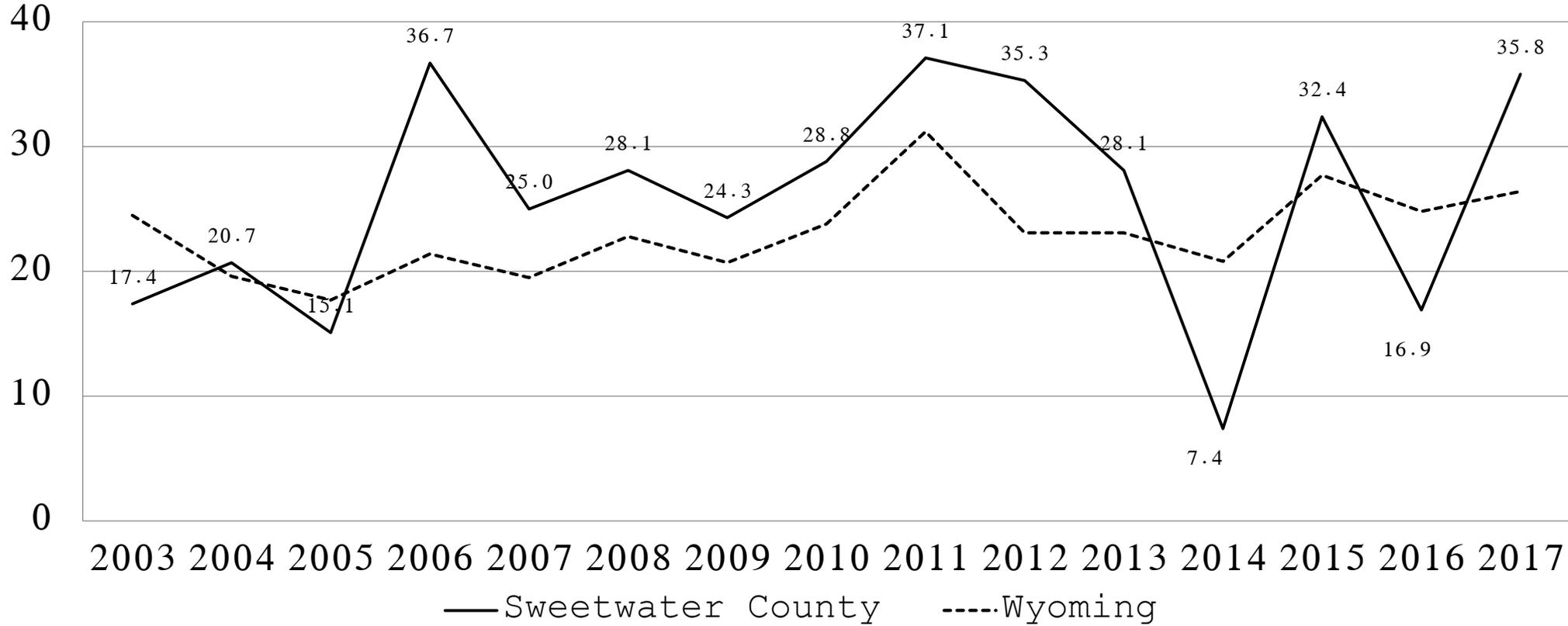
Wyoming 2017

1. Heart disease
2. Cancer
3. Chronic lower respiratory disease
4. Accidents
5. Alzheimer's disease
6. Stroke
7. Suicide
8. Diabetes
9. Flu / Pneumonia
10. Chronic Liver Disease / Cirrhosis

Suicide

- CDC ranks Wyoming as 3rd highest for age-adjusted rate of suicide compared to other states
 - Only Montana and Alaska have a higher rate of suicide
- Sweetwater County has the fifth highest rate of age-adjusted suicide in the state compared to other counties
 - Hot Springs, Big Horn, Platte and Johnson counties are higher

AGE-ADJUSTED SUICIDE RATES 2003 - 2017



Mental Health Care

- Sweetwater County is a Health Professional Shortage Area for mental health care
 - 440:1 in Sweetwater County compared to 310:1 in the state
- 32% of respondents to the community survey reported difficulty getting an appointment with a mental health provider and 22% reported difficulty getting an appointment with a psychiatrist
- Reasons identified for lack of access to mental health care
 - Lack of understanding of mental health disorders
 - Not enough psychiatrists
 - Stigma or prejudice
 - Drug or alcohol abuse
 - Cost of mental health care

Mental Health

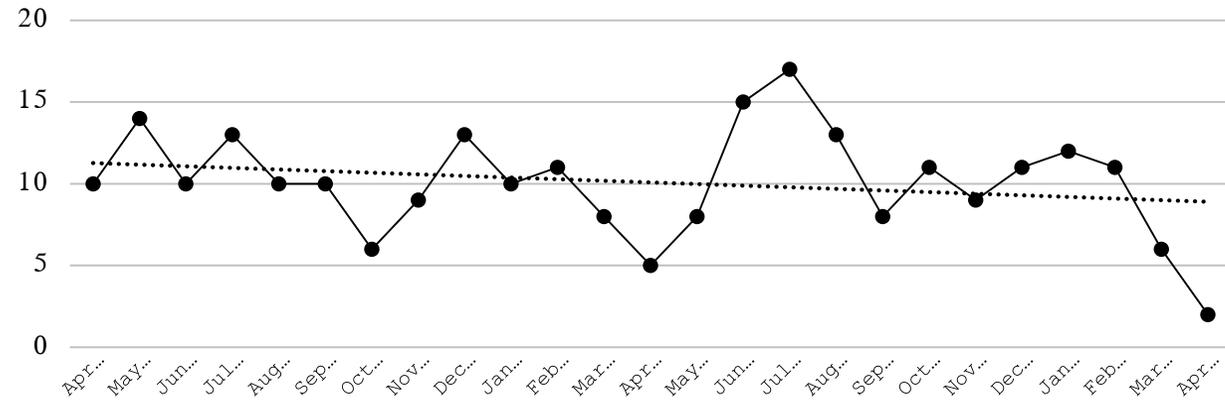
- 3.5 poor mental health days reported within the last 30 days in Sweetwater County (2016) (*not statistically different than the state*)
- Community Survey
 - 59.4% rated mental health as Excellent
 - 35.2% rated mental health as Good
 - 5.5% rated mental health as Poor
- Mental Illness and depression were 2nd and 3rd choices for Chronic Disease Focus (Diabetes was #1)

Title 25 Patients

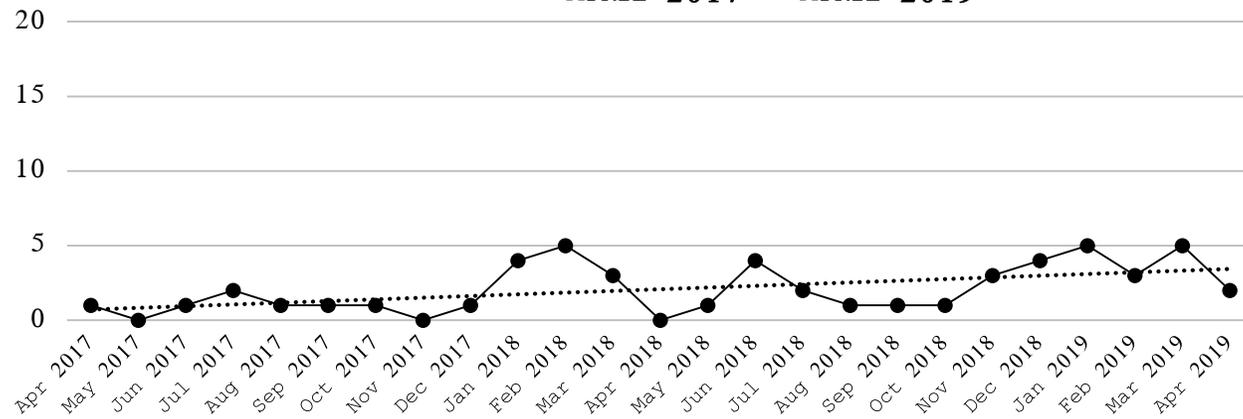
300 patients placed under a Title 25 hold were seen in the ED between April 2017 and April 2019, an average of 6.25 per month

The average length of stay was 2.1 days for adults and 1.1 days for juveniles before discharge or transfer

ADULT PATIENTS PLACED UNDER A TITLE 25 HOLD
APRIL 2017 - APRIL 2019



JUVENILE PATIENTS PLACED UNDER A TITLE 25 HOLD
APRIL 2017 - APRIL 2019



Chronic Disease

Cancer

- Cancer is the second most common cause of death in Sweetwater County
- Cancer incidence and mortality are approximately the same as the state
- Recommended cancer screening for mammograms, PAP tests, and colorectal screenings are lower in Sweetwater County than the state.

Diabetes

- 9% of adults in Wyoming have been diagnosed with diabetes
- Respondents to the community survey and key stakeholder survey identified diabetes as the **most important** chronic disease for MHSC to focus on over the next three years

Chronic Disease

Cardiovascular & Cerebrovascular Disease

- Major Cardiovascular Disease is the number one cause of death for residents of Sweetwater County
- Approximately 31% of adults in Wyoming have been diagnosed with hypertension
- Community & Key Stakeholders chose heart disease as one of the four chronic diseases for MHSC to focus on over the next three years

Respiratory Disease

- Chronic Lower Respiratory Disease is the fourth most common cause of death in Sweetwater County
- 6.7% of adults in Wyoming have been diagnosed with COPD
- 9.1% of adults in Wyoming have been diagnosed with asthma

Women and Infants

- Pre-Term Deliveries are essentially the same in Sweetwater County as the state (9% compared to 9.1%)
- C-Section births in Sweetwater County are 32% compared to 27% in the state (*this may not be statistically significant*)
- 28% of pregnant women received adequate prenatal care in Sweetwater County compared to 25% in the state (*this may not be statistically significant*)
- 15% of pregnant women in Sweetwater County smoked during pregnancy compared to 14% in the state (*this may not be statistically significant*)
- Low-Birth weight babies in Sweetwater County are the same as the state (9%)
- Infant mortality is 2.8 per 1,000 live births in Sweetwater County compared to 4.5 in the state (*this may not be statistically significant*)

Use of Technology

Question 13: In the past six months, have you used a smart application on your phone, computer, or tablet to do any of the following?

- 58% indicated that they use smart applications to track the number of miles they are walking or running
- 41% indicated that a mobile device helps them to remember to schedule a routine doctor's appointment.

Applications	Number of Respondents	Percentage
Track how many miles you are walking or running	47	58.02%
Helped you to remember to schedule a routine doctor's appointment	33	40.47%
Looked at the information available online from your doctor's office about your health	22	27.1%
Help you lose weight	22	27.1%
I don't use smart applications to manage my health	16	19.75%
Virtual care	8	9.88%
Helped you to manage a chronic disease like diabetes or congestive heart failure	7	8.64%
Other	3	3.70%
Helped you to remember to take medicine	2	2.47%

PRIORITIES



Community and Key Stakeholder Priorities

Community

1. Help people get mental health care
2. Increase the number of specialists
3. Help support caregivers
4. Help people stay healthy who have a chronic disease
5. Help adults and teens stop using illegal drugs, opioids, alcohol or tobacco

Key Stakeholders

1. Help people get mental health care
2. Help people stay healthy who have a chronic disease
3. Help support caregivers
4. Help adults and teens stop using illegal drugs, opioids, alcohol or tobacco
5. Increase the number of specialists

Community and Key Stakeholder Chronic Disease Focus

Community

1. Diabetes
2. Depression
3. Chronic Mental Illness
4. Heart Disease
5. Cancer

Key Stakeholders

1. Diabetes
2. Chronic Mental Illness
3. Heart Disease
4. Cancer
5. Depression

Note: Question was worded IF YOU THINK THIS SHOULD BE ONE OF THE PRIORITIES – what are the focus areas you would recommend. Survey respondents completed question even if they did not choose it as a priority

Community and Key Stakeholder Alcohol – Drugs - Tobacco

Community

1. Illegal drug use by youth and teens
2. Alcohol use by youth and teens
3. Illegal drug use by adults
4. Adult alcohol abuse
5. Tobacco use including smoking and vaping by teens
6. Opioid use

Key Stakeholders

1. Opioid use
2. Alcohol use by youth and teens
3. Tobacco use including smoking and vaping by teens
4. Illegal drug use by youth and teens
5. Adult alcohol abuse
6. Illegal drug use by adults

Note: Question was worded IF YOU THINK THIS SHOULD BE ONE OF THE PRIORITIES – what are the focus areas you would recommend. Survey respondents completed question even if they did not choose it as a priority

Community and Key Stakeholder Domestic Violence, Abuse or Neglect

Community

1. Child abuse and neglect
2. Domestic violence or abuse
3. Elder abuse or neglect
4. Intimate partner violence or abuse

Key Stakeholders

1. Child abuse and neglect
2. Domestic violence or abuse
3. Elder abuse or neglect
4. Intimate partner violence or abuse

Note: Question was worded IF YOU THINK THIS SHOULD BE ONE OF THE PRIORITIES – what are the focus areas you would recommend. Survey respondents completed question even if they did not choose it as a priority

Community and Key Stakeholder Supporting Caregivers

Community

1. Caregiver support classes
2. Families caring for an older adult
3. Families caring for a child or adult with mental health needs
4. Families caring for a child or adult with special needs
5. Grandparents caring for grandchildren

Key Stakeholders

1. Caregiver support classes
2. Families caring for an older adult
3. Families caring for a child or adult with mental health needs
4. Families caring for an older adult
5. Parenting classes

Note: Question was worded IF YOU THINK THIS SHOULD BE ONE OF THE PRIORITIES – what are the focus areas you would recommend. Survey respondents completed question even if they did not choose it as a priority

Themes

Leadership

- Many positive comments about Hospital leadership
- Hospital is “improving”

Health Behaviors

- Lots of alcohol and drug use in the community
- Lots of “working alcoholics”
- A community that --- *Works Hard and Parties Hard*

Behavioral Health

- Almost everyone interviewed --- commented on the need for more behavioral health services (**#1 priority**)
- Need resources for patients who are involuntarily detained and unable to transfer due to lack of beds
 - Small inpatient unit at MHSC
- Need more mental health access including psychiatry
- Need more alcohol and drug treatment options
- Need more resources to manage mental health patients in primary care practices including medication management

Themes (cont.)

Access to Healthcare Services

- More access to primary care
- Keep as many people as possible in Sweetwater County for care – reduce the number of transfers – although offering all services may not be feasible
- Alternative to the ED that is faster and less expensive, including urgent care in Green River
- Positive comments about relationship with University of Utah --- but hard to get an appointment with visiting specialists – need more availability
- Health care services drive business expansion -- *Market services not only to community residents but to the Business Community* (Enterprise Committee)

Next Steps

1. Identify priorities
2. Identify resources available to meet priorities
3. Develop implementation plan to address priority community health needs – in collaboration with community partners

THANK YOU

Email: carolyn.stcharles@healthtechS3.com

Phone: 360-584-9868

Additional Information



Key Stakeholder Interviews

- **Cody Barnhart**, Aspen Mountain Medical Center CEO
- **Mike Bauer**, Southwest Counseling Service
- **Nicole Bolton**, Sweetwater School District #1, Human Resources
- **Dr. Bernadine Craft**, Sweetwater Board of Cooperative Educational Services, Executive Director
- **Taylor Jones**, MHSC Board of Trustees
- **Nena James**, State of Wyoming District Court Judge
- **Tom Jarvie**, Green River Chief of Police
- **Dr. Cielette Karn**, MHSC Laboratory Medical Director
- **Timothy Kaumo**, Rock Springs Mayor
- **Marty Kesley**, MHSC Board of Trustees
- **Matt Keslar**, Rock Springs Police Department
- **Dr. Charles Knight**, MHSC Hospitalist
- **Kim Lionberger**, Sweetwater County District Board of Health, Director
- **Richard Mathey**, MHSC Board of Trustees, President
- **Kellie McGovern**, Sweetwater County School District #1, Superintendent
- **Dr. Melinda Poyer**, MHSC, Chief Medical Officer
- **Robert Recker**, MHSC Chaplain
- **Irene Richardson**, MHSC CEO
- **Judy Roderick**, Sweetwater County Emergency Management
- **Pete Rust**, Green River Mayor
- **Kevin Smith**, MHSC Chaplain
- **Dr. Barbara Sowada**, MHSC Board of Trustees
- **Dr. Jean Stachon**, County Health Officer
- **Dr. B.E. Symington**, MHSC Medical Director
- **Edward Tardoni**, MHSC Board of Trustees
- **Dr. Christian Theodosius**, MHSC Emergency Department Medical Director

Focus Groups

- Primary Care Providers
- Enterprise Committee
- MHSC Case Management / Care Transitions
- MHSC Clinical Leadership

How County Health Rankings are Weighted Health Outcomes

50%: Length of Life

- 50%: Premature Death

50%: Quality of Life

- 10%: Poor or fair health
- 10%: Poor physical health days
- 10%: Poor mental health days
- 20%: Low birthweight

How County Health Rankings are Weighted

Health Factors

30%: Health Behaviors

- Tobacco Use
 - 10%: Adult smoking
 - 5%: Adult obesity
- Diet & Exercise
 - 2%: Food environment index
 - 2%: Physical activity
 - 1%: Access to exercise
- Alcohol & Drug Use
 - 2.5%: Excessive drinking
 - 2.5%: Alcohol-impaired driving death
- Sexual Activity
 - 2.5%: Sexually transmitted infections
 - 2.5%: Teen births

20%: Clinical Care

- Access to Care
 - 5%: Uninsured
 - 3%: Primary care physicians
 - 1%: Dentists
 - 1%: Mental health providers
- Quality of Care
 - 5%: Preventable hospital stays
 - 2.5%: Mammography
 - 2.5%: Flu Vaccination

How County Health Rankings are Weighted Health Factors

40%: Social & Economic Factors

- Education
 - 5%: High school graduation
 - 5%: Some college
- Employment
 - 10%: Unemployment
- Income
 - 7.5%: Children in poverty
 - 2.5%: Income inequality
- Family & Social support
 - 2.5%: Children in single-parent households
 - 2.5% Social associations
- Community Safety
 - 2.5%: Violent crime
 - 2.5%: Injury deaths

10%: Physical Environment

- Air & Water Quality
 - 2.5%: Air pollution
 - 2.5%: Drinking water violations
- Housing & Transit
 - 2%: Severe housing problems
 - 2%: Driving alone to work
 - 1%: Long commute driving alone



Approved:	N/A
Review Due:	N/A
Document Area:	General - Housewide
Reg. Standard:	

Quality Assessment Performance Improvement (QAPI) Plan

MISSION

Compassionate care for every life we touch.

VISION

To be our community's trusted healthcare leader.

STATEMENT OF PURPOSE

The organizational-wide Quality Assessment Performance Improvement (QAPI) Plan is designed to provide a systematic and organized approach by which Memorial Hospital of Sweetwater County (MHSC) utilizes objective measures to monitor and evaluate the quality of services provided to patients in alignment with the organization's strategic plan. The QAPI plan encompasses a multidisciplinary and integrated approach, to include all disciplines and departments, to identify and act upon opportunities to improve processes, patient outcomes and reduce the risks associated with safety in a manner consistent with MHSC's mission, vision, values and strategic objectives. Refer to Appendix 1- MHSC 2018-2021 Strategic Plan for outline of strategic objectives. The QAPI plan includes activities related to quality improvement, patient experience, and safety. This annual hospital plan is approved by the Board of Trustees. Data, reports, and other work resulting from the QAPI plan are used by the Board to assist in fulfilling its oversight responsibilities.

QUALITY DEFINITION

Memorial Hospital of Sweetwater County aligns itself with the National Academy of Medicine's (formerly Institute of Medicine) definition of healthcare quality in that "quality of care is the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (Agency for Healthcare Research and Quality (AHRQ) 2018 Institute of Medicine (IOM) 1990). Implicit in MHSC's QAPI activities are the National Academy of Medicine's six aims for improvement: care is safe, effective, timely, patient-centered, equitable and efficient.

STRUCTURE & LEADERSHIP

Memorial Hospital of Sweetwater County carries out quality improvement activities through multi-disciplinary approaches. Key employees from senior leadership, department directors, Quality Department staff, and front-line leaders comprise the hospital's QAPI Committee. These leaders are responsible for the development of the QAPI plan and work directly and openly with improvement teams to enhance quality by setting goals, modeling

behaviors that lead to quality improvement, acting on recommendations and opportunities for improvement, and allocating resources for improvement.

Specific relationships that enable the QAPI Committee to accomplish quality assessment, performance improvement, patient experience and safety initiatives include designated work teams and the activities of the medical staff. These groups and the key individuals on the teams are supported by a structure of formal and informal committees or work groups where components of the program are defined, implemented, refined, and monitored. Individual work teams report to the QAPI Committee. The QAPI Committee reports opportunities, interventions and performance to the Quality Committee of the Board.

RESPONSIBILITIES

Quality is the responsibility of everyone employed by, on the Medical Staff of, or contracted with MHSC. Engagement in quality improvement activities is an expectation while working at MHSC.

Employees are responsible for reporting safety and quality events and working to fix system issues. Employees work collaboratively with leadership to achieve quality, patient experience and safety goals. The following areas have the additional responsibilities:

Department and/or Service

Each department and/or service is responsible for establishing specific quality improvement indicators and metrics that are supportive and in congruence with the strategic objectives and/or other focus areas as identified as opportunities for improvement. Each department and/or service is responsible for identifying and participating in the analysis of identified occurrences impacting system processes and functions vital to the delivery of care, safety of the environment, and process efficiency.

Each department and/or service is responsible to communicate and disseminate information and data as appropriate, as well as take active roles in initiating and following through with Lean methodology and/or MHSC's model for improvement (Appendix 2- MHSC Model for Improvement or Appendix 5 - A3 Template) when opportunities for improvement exist. Departments and/or Services will:

1. Promote the development of standards of care and criteria to objectively measure the quality, patient experience and safety of care/services rendered in their departments.
2. Monitor and analyze the processes in their areas that affect patient care, safety, process efficiency, outcomes or satisfaction.
3. Design and evaluate work processes to improve quality, patient experience and safety.
4. Collect data identified and assigned through the QAPI initiatives.
5. Report performance improvement findings and actions.
6. Communicate the status of departmental quality, safety, patient experience and survey readiness initiatives regularly to departmental staff members.
7. Evaluate the performance of all clinically contracted services and report the results of the evaluation.
8. Take active roles in initiating and following through with Lean methodology and/or MHSC's model for improvement when opportunities for improvement exist.
9. Understand and support the use of Lean methodology and/or MSHC's model for improvement (Appendix 2- MHSC Model for Improvement or Appendix 5 - A3 Template).

Medical Staff

The organized medical staff of MHSC has a leadership role in organizational quality, patient experience and

safety activities to improve the quality and safety of care, treatment, and services, and is ultimately accountable to the Board of Trustees. The organized medical staff oversees the quality of care provided by those individuals with clinical privileges. The Ongoing Professional Practice Evaluation (OPPE) process provides opportunities for improvements in processes, structures, or systems and identified opportunities for improvement will be integrated into the API Plan as appropriate. Refer to the Professional Practice Review Process (Medical Staff Peer Review).

The organized Medical Staff will:

1. Participate in developing specific patient care quality indicators. This may be accomplished by individual medical staff departments or medical staff committees.
2. Through its Officers, Committees, and individual members, review and evaluate the results of ongoing monitoring and evaluation of patient care. This includes, but is not limited to, the required Medical Staff peer review functions as well as risk management, safety, patient experience, infection prevention, resource management, environment of care (EOC), root cause analysis (RCA), sentinel event processes and/or organizational initiatives.
3. Identify and analyze problems and opportunities, take appropriate actions and monitor the effect of the actions taken to determine that problems have been resolved or there has been significant improvement to the highest achievable level that can be expected.
4. Monitor the appropriateness of clinical practice patterns and significant departures from established patterns of evidence-based clinical practice.
5. Report Medical Staff quality, patient experience and safety results to the uality Committee of the Board or MEC by way of written reports and summaries with Medical Staff representation. Results are then reported to the Board.

Organizational Leadership

Organizational leadership supports the maintenance of the API process through allocation of staff and resources necessary to fulfill the requirements of the program. Leaders will:

1. Promote the participation of appropriate staff members and departments in the program through collaborative monitoring and evaluation of patient outcomes, process efficiency, and important functions.
2. Set expectations for using data and information to improve the safety and quality of care.
3. Promote collaborative monitoring and evaluation of patient outcomes and key functions.
4. Analyze data and information in decision-making that supports the safety and quality of care.
5. Evaluate how effectively data and information are used throughout the organization, including contracted services.
6. Manage change and quality improvements that foster the safety of the patient and environment, the quality of care, the patient experience, and process efficiency and effectiveness.
7. Regularly evaluate the culture of safety and quality using valid and reliable tools.

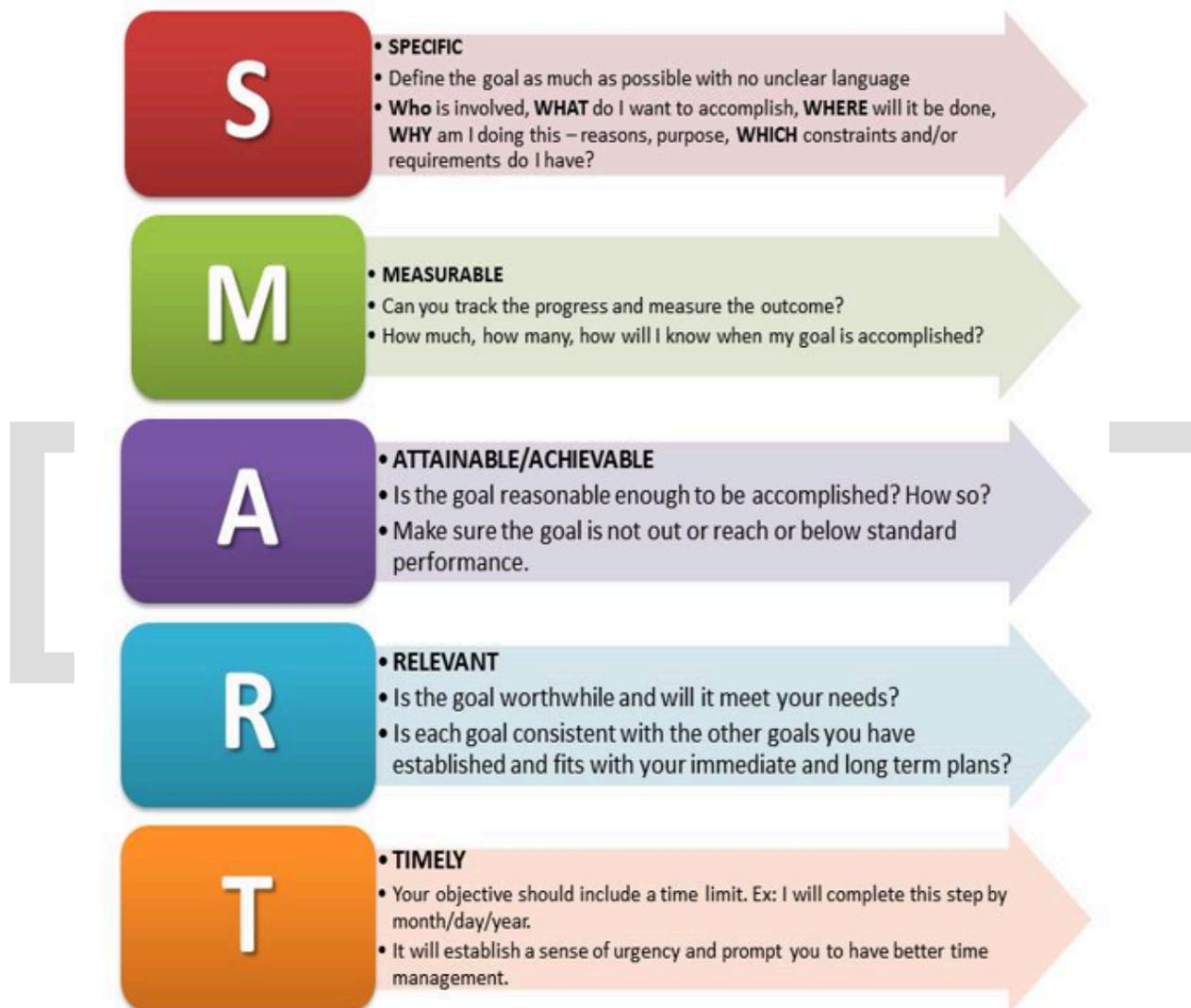
QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROCESS

QAPI MODEL

Memorial Hospital of Sweetwater County has a strategic goal to fully implement ean methodology by Fiscal Year 2021. MHSC utilizes a combination of ean methodology as well as processes outlined by the Institute for Healthcare Improvement (IHI) Model for Improvement, which incorporates process observation designed to

determine targeted areas for process improvement. These models for improvement are person-centered, aim for the ideal state, outline, implement, and test interventions, as well as ensure changes have become standard of work. Specific, Measurable, Achievable, Realistic, and Time-bound (S.M.A.R.T.) goals are encouraged to be utilized when appropriate in setting aims. See Appendix 2 - MHSC Model for Improvement or Appendix 5 - A3 Template for reference.

S.M.A.R.T. Goals



(Minute Movement, 2015)

Scope of Activities

Memorial Hospital of Sweetwater County's □API Plan includes activities that are designed to assess key functions that impact patient care, overall quality, safety of the environment and process efficiency and effectiveness. The intent is to identify, study, correct problems and address improvement opportunities found within the process of the □API functions to enhance care delivery. Through this process, MHSC collaborates with, and is engaged in, regional and national initiatives to enhance the delivery of patient care and improve patient outcomes. All departments, and/or services at MHSC are included in the □API process.

Establishing Priorities

The Quality Committee of the Board will oversee the setting of priorities and measurement for quality, patient experience and safety activities. The QAPI Committee will be responsible for annually prioritizing operational objectives to meet strategic plan initiatives (see Appendix 4 - QAPI Work Plan 2019-2020). Priorities are identified based on strategic objectives, leadership objectives, regulatory requirements, survey outcomes, deviations from expected outcomes or benchmarks, opportunities identified through analysis of safety events and sentinel events, evidence-based standard of care findings, financial opportunities and/or financial performance or Root Cause Analysis findings. Objectives or topics will be evaluated annually, at minimum, through the Quality Committee to review priority areas for MHSC. The QAPI Work Plan outlines active projects that MHSC has identified as priority focuses needing improvement interventions. The QAPI Committee will be responsible for ensuring adequate resource allocation for agreed upon operational objectives. See Appendix 4- QAPI Work Plan Goals 2019-2020.

Developing Measure Specifications

Work groups or committees define the metrics (indicators, goals, benchmarks, time lines, etc.) for each focus area based on identified opportunities. These teams work collaboratively to develop specific measures and guidelines along with data collection tools when necessary. The teams will utilize members of the QAPI Committee to assist in developing meaningful measures consistent with project objectives and intervention. Measures for improvement should be developed using S.M.A.R.T Goals. See Appendix 2- MHSC Model for Improvement.

Data Gathering and Reporting

Each committee, sub-committee or work group will be responsible for collecting data pertinent to their area of focus based on the specifications for measurement. This will be collected by a designated person on that committee or work group. This individual will be responsible for gathering the information and having data available for review by the committee's pre-determined reporting dates. Sampling of data is determined by the work group when applicable. Real time, concurrent data is collected when possible. A summary of the data and interventions are reported to the QAPI Committee to promote transparency and reduce overlap in improvement efforts. Data reporting to follow accepted facility guidelines.

Data Analysis

Data analysis is expected to be objective and ethical in nature, consistent with MHSC's values. The QAPI Committee will review and discuss data to assist teams in determining what interventions must be carried out to attain desired outcomes. When possible and appropriate, comparison with published benchmarks is used to analyze quality, patient experience and safety measures. In the absence of published benchmarks internal benchmarks will be created to measure success.

The QAPI committee will analyze the data for trends and outliers to assess the need for intervention. If intervention is required, the committee will adjust objective priorities and appropriately reallocate resources. An overview of the analysis and interventions will be shared with the Medical Staff and the Quality Committee of the Board, as appropriate.

Implementation of Interventions

Interventions will be based off of countermeasures and will have a target and anticipated completion date. Interventions will be measured to determine if they have become standard of work. This process is conducted using lean methodology or through the Plan, Do, Study, Act (PDSA) model used by MHSC for process improvement activities. See Appendix 2- MHSC Model for Improvement or Appendix 5 - A3 Template.

PATIENT EXPERIENCE

Memorial Hospital of Sweetwater County integrates concepts from Planetree and is focused on fostering a culture of person centered care where patients, families, and staff consistently experience quality, compassion, and partnership.

Planetree utilizes five primary drivers to create an effective and lasting culture of person-centered care. The primary drivers are expected to be implemented and practiced at all levels within the organization when interacting with patients and families. The primary drivers include:

1. Create organizational structures that promote engagement.
2. Connect values, strategies and action
3. Implement practices that promote partnership
4. Know what matters
5. Use evidence to drive improvement

Patient experience is a priority at MHSC and is included as part of the QAPI plan and organizational strategic plan. Planetree initiatives and development of person centered care culture will assist us in improving our overall Patient experience at MHSC. Improving patient experience and providing person-centered care is the responsibility of everyone employed by, on the Medical Staff of, or contracted with MHSC. Engagement in patient experience activities and training is an expectation while working at MHSC.

SAFETY

Safety is a leadership and governance priority at MHSC. Safety is critical to quality outcomes and impacts financial objectives and standards of practice. Therefore, safety is integrated with all QAPI activities. It encompasses risk assessment and mitigation, systemic reviews (Failure Mode Effect Analysis, Root Cause Analysis, etc), external resources, safety events, and/or employee surveys. Refer to the Risk Management Plan.

QUALITY IMPROVEMENT RESOURCES

The Quality Department and Compliance Risk Department support and facilitate ongoing organizational quality assessment, performance improvement, patient experience and safety activities. Resources within the Quality Department and Compliance Risk are provided to assist hospital employees and providers with identification of appropriate data resources, development, and coordination of quality assessment performance improvement activities and analysis of data to support and evaluate quality performance improvement efforts. Refer to supplemental appendices/attachments for additional information on goal setting and Lean worksheets to guide you through implementation of interventions and tests of change.

Additional tools and resources for quality assessment performance improvement, patient experience and safety are made available as electronic attachments to this plan. These tools and resources will be reviewed on an annual basis and may be updated more frequently as deemed appropriate.

UNUSUAL CHANGES OR EVENTS

The QAPI Plan is flexible to accommodate changes in service, structure, unusual events, or other similar occurrences. Objectives and areas for focus can be introduced at any time based on new or additional findings, trends, or data and will be included in the scope of the QAPI Plan as deemed necessary. The QAPI Committee will adjust and reallocate resources to accommodate any changes in prioritization of improvement projects. The plan, including appendices, will be reviewed annually, at a minimum. Appendices may be updated more frequently as information is updated to reflect a change in practice or organizational needs.

IMMUNITY/CONFIDENTIALITY CLAUSES

WY Stat § 35-2-910. Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review.

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 functions 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.

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. All quality and patient safety data and information shall be considered the property of Memorial Hospital of Sweetwater County.

References

Agency for Healthcare Research and Quality (AHRQ) (2018). *Quality*. Retrieved from <https://www.ahrq.gov/topics/quality.html>

Institute for Healthcare Improvement (IHI) (2015). *Science of improvement: How to improve*. Retrieved from <http://www.ih.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>

Institute of Medicine (IOM) (1990). *Medicare: A strategy for quality assurance: Volume II sources and methods. Institute of Medicine (US) committee to design a strategy for quality review and assurance in Medicare*. Washington (DC): National Academies Press.

Angley, G., Moen, R., Nolan, M., Nolan, W., Norman, K., Provost, P. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd ed.). San Francisco, CA: Jossey-Bass Publishers.

Minute Movement. (2015). *SMART goals*. Retrieved from <http://www.minutemovement.com/smart-goals/>

Planetree. (2015). Retrieved May 7, 2019, from <https://www.planetree.org>

The University of Toledo Medical Center. (2014). *Quality Assessment, Performance Improvement, and Patient Safety Plan*. Retrieved from <http://www.utoledo.edu/policies/utmc/AdministrativePlans/pdfs/quality20Assessment20Performance20Improvement20and20Patient20Safety20Plan202015.pdf>

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

Approval:

Quality Assessment Performance Improvement Committee -5/14/2019

Quality Committee of the Board - 5/30/19

Medical Executive Committee - 5/21/2019

Board of Trustees -

Attachments:

Appendix 1- MHSC 2018-2021 Strategic Plan
Appendix 2- MSHC Model for Improvement
Appendix 3 - MHSC Quality Dashboard
Appendix 4 - QAPI Work Plan 2019-2020
Appendix 5 - A3 Template

DRAFT

OUR VISION

To be our community's trusted healthcare leader.

2018 – 2021 STRATEGIC PLAN

Patient Experience *(Irene Richardson)*

1. Customer Service in Healthcare Training
 2. Improve Star Rating
 - Improve Communication with Doctors & Nurses (HCAHPS “Hospital Consumer Assessment of Healthcare Providers and Systems”)
 - Improve Perception of Hospital & Emergency Department
 3. Guide to Your Stay
-

Workplace Experience *(Suzan Campbell)*

1. Staff Communication Improvement at All Levels
 2. Become Employer of Choice
 3. Professional Development
-

Quality & Safety *(Kristy Nielson)*

1. Improve Star Rating
 - Mortality, Safety of Care, Readmissions, Effectiveness of Care, Timeliness of Care, Efficient Use of Medical Imaging
 2. Universal Training (LEAN)
-

Growth/Opportunity/Community *(Kari Quickenden)*

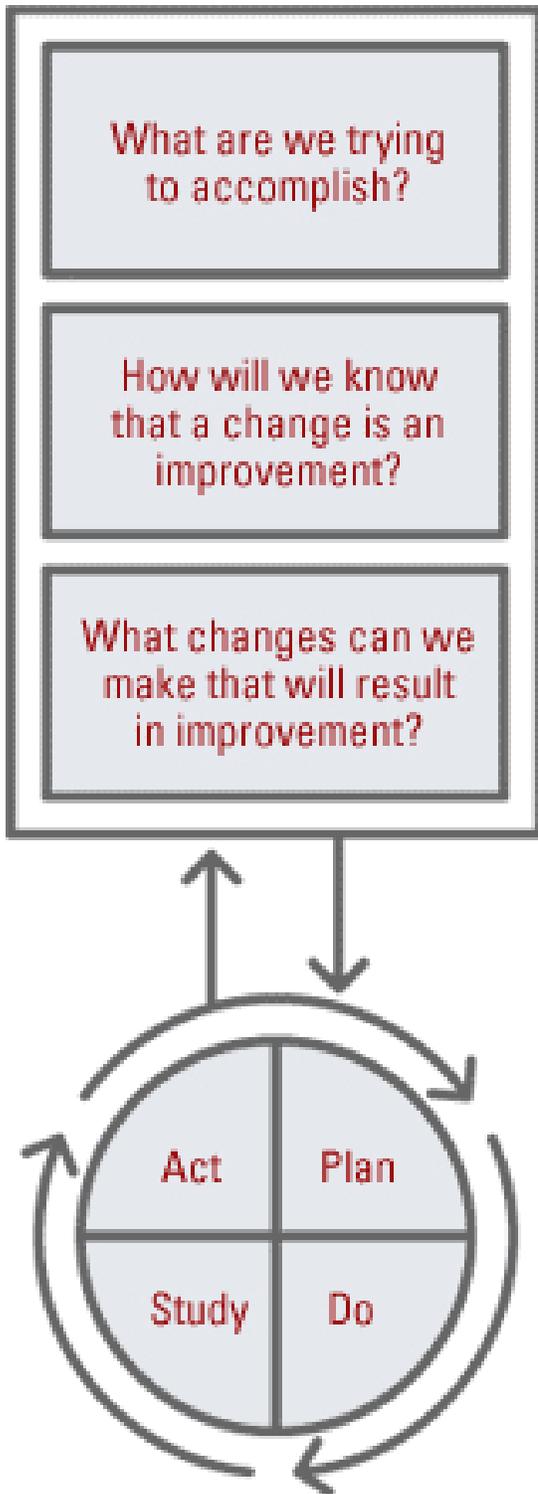
1. Clinic Improvements
 - Contact with Patients (before, after, reminders, etc.)
 - Telemedicine Visits
 - Concierge Service/Membership
 2. Explore Avenues to Improve Access to Care (i.e., patient transportation service)
 3. Collaborate with Chamber and College to Research Options for Performing a Community Needs Assessment
-

Financial Stewardship *(Tami Love)*

1. Improve Bond Rating
2. Increase Profit Margin Within Benchmarks
 - Improve Gross Revenue
 - Decrease Expenses
3. Decrease Reduction of Revenue
 - Utilization Review
4. 6 Cent Tax Project



MHSC Model for Improvement*



Forming the Team

- Including the right people on your team is critical to success
- Teams may vary in size and composition
- Each team should include members that are relevant and specific to suit your needs and drive your outcome

Setting Aims

- Any change or improvement requires setting an aim
- The aim should be time specific and measurable
- The aim should include the specific population or system that will be affected
- Refer to S.M.A.R.T goals for specific aims

Establishing Measures

- Use quantitative measures to determine if a specific change actually leads to improvement
- The Quality Department is available to assist you in determining ways to obtain quantitative data

Selecting Changes

- Ideas for change may come from insights of those who work in the system or by borrowing the experience from others who have been successful in driving change
- Do not be afraid to be creative and innovative
- Do not be afraid to reach out to others and utilize their ideas- why re-invent the wheel?

Testing Changes

- The Plan-Do-Study-Act (PDSA) cycle is used for testing changes in the work setting
- Plan it, try it, observe results, and act on what is learned- repeat if needed

Implementing Changes

- After testing change on a small scale using the PSDA cycle, learning from each test, and refining your change (through several cycles if needed), you may begin to implement change on a larger scale

Spreading Changes

- After successful implementation of change, spread it!
- Do not be afraid to share your ideas and spread change throughout MHSC!

*MHSC Model for Improvement based on IHI's and Associates in Process Improvement Model for Improvement.

Institute for Healthcare Improvement [IHI]. (2015). *Science of improvement: How to improve*. Retrieved from <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>

Langley G., Moen, R., Nolan K., Nolan T., Norman C., & Provost L. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd edition). San Francisco: Jossey-Bass Publishers.

S.M.A.R.T. Goals



<http://www.minutemovement.com/smart-goals/>

Indicator	Benchmark	MHSC Goal	Improvement Direction						Trend	6 month Average	
	CDB 2018	(if differ from Benchmark)	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019			
CMS Star Ratings- Overall Hospital											
Mortality-HVBP											
CDB009 - Acute Care - Mortality Rate	2.50%		↓	1.98%	0.00%	1.08%	0.00%	0.95%	0.00%		0.67%
CDB2258 - PSI 04 (v7.0) Death in Surgical IP w/Ser Comp, Overall - Per 1000 ACA	155.48	0	↓	0	0	0	0	0	0		0.00%
CDB2178 - PSI 04a (v7.0) Death in Surgical IP w/Ser Comp, PE/DVT - Per 1000 Inpatients (r	42.16	0	↓	0	0	0	0	0	0		0.00%
CDB2182 - PSI 04b (v7.0) Death in Surgical IP w/Ser Comp, Pneumonia - Per 1000 Inpatient	96.28	0	↓	0	0	0	0	0	0		0.00%
CDB2186 - PSI 04c (v7.0) Death in Surgical IP w/Ser Comp, Sepsis - Per 1000 Inpatients (numerator)		0	↓	0	0	0	0	0	0		0.00%
CDB2190 - PSI 04d (v7.0) Death in Surgical IP w/Ser Comp, Cardiac - Per 1000 Inpatients (r	354.91	0	↓	0	0	0	0	0	0		0.00%
CDB2194 - PSI 04e (v7.0) Death in Surgical IP w/Ser Comp, GI - Per 1000 Inpatients (numerator)		0	↓	0	0	0	0	0	0		0.00%
Readmission-HRRP, OQR											
CDB1540 - HWR, Overall, CMS Readm Rdctn - % Readmit within 30 Days, Same Facility, AC	10.63%		↓	4.70%	2.44%	4.05%	8.33%	4.25%	9.47%		5.54%
OP-32 7-Day Hospital Visit Rate after Outpt. Colonoscopy*(OQR)	16.40%		↓								
CDB1534 - COPD, CMS Readm Rdctn - % Readmit within 30 Days, Same Facility, ACA	15.61%	12%	↓	0%	0%	0%	0%	0%	0%		0.00%
CDB1533 - Hip/Knee Arthroplasty, Total, CMS Readm Rdctn - % Readmit w/in 30 Days, Sar	2.42%		↓	0%	0%	0%	0%	0%	0%		0.00%
CDB1532 - Pneumonia, CMS Readm Rdctn - % Readmit within 30 Days, Same Facility, ACA	12.27%	10%	↓	0%	0%	16.67%	10.52%	14.28%	11.11%		8.76%
CDB1542 - Stroke, CMS Readm Rdctn - Percent Readmit within 30 Days, Same Facility, AC	7.20%		↓	0%	0%	0%	0%	0%	0%		0.00%
Safety of Care-IQR, VBP, HACP											
CAUTI - Catheter Assoc. Urinary Tract Infection		0	↓	0	1	0	0	0			0.20
CLABSI - Central Line Assoc. Blood Stream Infection		0	↓	0	0	0	0	0			0.00
SSI - Surgical Site Infection - Colon		0	↓	0	0	0	0	0			0.00
SSI - Surgical Site Infection - Abdominal hysterectomy		0	↓	0	0	0	0	0			0.00
C Diff. - Clostridium Difcile		0	↓	0	0	0	0	0			0.00
MRSA - Methicillin-resistant Staphylococcus aureus		0	↓	0	0	0	0	0			0.00
CDB1828 - CMS Hip/Knee Arthroplasty, All Payer - Complication Rate	1.47%		↓	0	0	0	0	0	0		0.00
CDB2170 - PSI 03 (v7.0) Pressure Ulcer - Per 1000 ACA	0.79		↓	0	0	0	0	0	0		0.00
CDB2202 - PSI 06 (v7.0) Iatrogenic Pneumothorax - Per 1000 ACA	0.23		↓	0	0	0	0	0	11.62		1.94
CDB2210 - PSI 08 (v7.0) In Hospital Fall with Hip Fracture - Per 1000 ACA	0.07		↓	0	0	0	0	0	0		0.00
CDB2214 - PSI 09 (v7.0) Perioperative Hemorrhage or Hematoma - Per 1000 ACA	2.4		↓	0	0	0	0	0	0		0.00
CDB2219 - PSI 10 (v7.0) Postop Acute Kidney Injury Requiring Dialysis - Per 1000 ACA	0		↓	0	0	0	0	0	0		0.00
CDB2223 - PSI 11 (v7.0) Postoperative Respiratory Failure - Per 1000 ACA	4.36		↓	0	0	0	0	0	0		0.00
CDB2226 - PSI 12 (v7.0) Perioperative Pulmonary Embolism or DVT - Per 1000 ACA	3.39		↓	0	0	90.9	0	0	0		15.15
CDB2230 - PSI 13 (v7.0) Postoperative Sepsis - Per 1000 ACA	3.44		↓	0	0	0	0	0	0		0.00
CDB2234 - PSI 14 (v7.0) Postoperative Wound Dehiscence - Per 1000 ACA	0.77		↓	0	0	0	0	0	0		0.00
CDB2239 - PSI 15 (v7.0) Accidental Puncture or Laceration - Per 1000 ACA	1.16		↓	0	0	0	0	0	0		0.00
CDB2249 - PSI 90 (v7.0) Midas Patient Safety Indicators Composite, ACA	0.44		↓	0	0	13.06	0	0	1.51		2.43

Star Rating Metrics

	Benchmark	MHSC Goal	Improvement Direction	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Trend	6 month Average
Efficient Use of Medical Imaging (QOR)											
OP-8: MRI Lumbar Spine for Low Back Pain*	CDB 2018 Ntl Avg										
	40.40%		↓						53.30%		53.30%
OP-10: Abdomen Computed Tomography CT (MIDAS-MHSC Rate)	7.80%	<7.8%	↓	7.17%	5.33%	4.88%	7.20%	4.83%	10.00%		6.57%
OP-13: Cardiac Imaging for Preoperative Non-Cardiac Low Risk Surgery*	4.40%		↓						7.20%		7.20%
Timeliness of Care (IQR, OQR)											
CDB1831 - Emergency Department - Average Length of Stay		213 min		163	149	155	161	180	170.00		163
ED-2b: ED Median Admit Decision Time to ED Departure Time (IQR)	56 mins	75 min	↓	135	91	126	114	143	175.00		130.7
OP-3b: Median Time to Txfer to Fac for Acute Coronary Intv (OQR)	64 mins		↓	N/A	N/A	N/A	N/A	N/A	N/A		
OP-18b: Median Time ED Arrival to ED Departure (OQR)	134 mins	100 min	↓	159	107	122	140.5	134	146.00		134.8
OP-5a: Median Time to ECG (OQR)	7 mins		↓	29	10	8.5	8	10	9.00		12.4
Effectiveness of Care (IQR, OQR)											
Core IMM-2 - Influenza Immunization (IQR)	92.40%		↑	94.73%	97.43%	95.12%	90.69%	92.10%	93.54%		93.94%
Core SEP1 - Early Management Bundle, Severe Sepsis/Septic Shock (IQR)	50%	70%	↑	37.50%	50.00%	62.50%	28.57%	62.50%	30.00%		45.18%
Core OP-2 - Fibrinolytic Therapy Received Within 30 Minutes (OQR)	55.90%		↑	0%	N/A	0%	100%	100%	50%		50.00%
OP-22: Left Without Being Seen (OQR)	2%		↓	0.70%	1.00%	0.70%	1.00%	1.00%	1.00%		0.90%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (OQR)	71.60%		↑	N/A	100%	100%	N/A	100%	N/A		100.00%
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (OQR)	85%		↑	100.00%	50.00%	87.50%	100.00%	50.00%	20.00%		67.92%
Core OP33 - External Beam Radiotherapy For Bone Metastases (OQR)	82%		↑	N/A	100%	N/A	100%	50%	100%		87.50%
Core PC-1 - Elective Delivery (IQR)	<5.88%	0%	↓	0%	0%	0%	0%	0%	0%		0.00%

MHSC Overall- Hospital



MHSC Dialysis



Quality Assessment Performance Improvement- QAPI

Indicator	Benchmark	MHSC Goal	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Trend	6 month Average
	CDB 2018	(if differ from Benchmark)								
Risk/Safety										
Safety Events										
Total Occurrence Reports by Location	T	-	71	71	61	84	81	74		71.17
Severe Risk Events	T	-	0	1	0	1	0	0		0.33
Falls										
CDB133 - Falls - Per 1000 Acute Care Patient Days	2.12	↓	0	2.69	9.67	5.36	0	7.67		4.2316667
Injurious Falls/1000 Acute Care Days			0	0	0	2.68	0	0		0.9471429
ADE-Adverse Drug Event										
Total Significant ADE			1	8	11	13	9	7		7.29
Total Non-Significant ADE			41	13	26	30	16	8		23.57
Significant Med Error/Non-Significant Ratio			0.02	0.62	0.42	0.43	0.56	0.88		0.43
Staffing										
Staffing Events	T		0	0	0	0	0	0		0.00
Patient Relations										
Total Patient Relations	T		10	6	8	19	5	6		8.71
Unresolved Patient Relations	T		7	4	2	9	3	5		5.14
Reduce Harm (HRET HIIN)										
Total Harms /1000 discharges	49.00	↓	38.00	31.80	35.30	29.10	29.10	55.60		36.48
Total Cost Savings	T		\$719,609	\$794,621	\$873,385	\$389,499	\$764,822	\$772,615		\$719,092
Adverse Drug Event (ADE)- Excessive Anticoagulation	T	-	0	0	0	1	1	0		0.33
ADE-Hypoglycemia	T	-	0	0	1	0	0	0		0.17
ADE-Use of Narcan	T	-	2	1	0	1	0	0		0.67
OP-27: Influenza Vac Coverage among Healthcare Personnel* (OQR)	88%	85%	↑							
PI Standards										
Meaningful Use										
Medication Reconciliation	>50%	↑	50.72%	67.11%	63.80%	63.04%	60.79%			61.09%
Summary of Care	10%	↑	5.62%	0.00%	0.00%	9.68%	9.09%			5%
Patient Portal Usage	1 person	↑	0	0	0	0	0			0
Antimicrobial Stewardship										
Reduce total inpatient days of therapy	1262	↓	1273.88	1775.64	1029.94	1296.29	1204.76	1440.00		1336.75
Perinatal Care										
Core PC-2a - Cesarean Birth - Overall	24%	↓	12.50%	22.22%	37.50%	20.00%	22.22%	36.36%		25.13%
Core PC-3 - Antenatal Steroids		↓	N/A	N/A	0	0	0	0		0
Core PC-4 - Health Care-Assoc Bloodstream Infections in Newborns		↓	N/A	N/A	0	0	0	0		0
Core PC-5 - Exclusive Breast Milk Feeding	52.80%	↑	8.33%	72.72%	45.45%	27.27%	36.36%	50.00%		40.02%
Core PC-6.0 - Unexpected Complications Trm Nwbrn - Overall Rate (as of 1/19)			N/A	N/A	N/A	0.00%	4.65%	3.33%		2.66%
Core PC-6.1 - Unexpected Complications Trm Nwbrn - Severe Rate (as of 1/19)			N/A	N/A	N/A	0.00%	0.00%	3.33%		1.11%
Core PC-6.2 - Unexpected Complications Trm Nwbrn - Moderate Rate (as of 1/19)			N/A	N/A	N/A	0.00%	4.65%	0.00%		1.55%
CDB083 - Maternal Deliveries - % Total C-Section	32.68%	↓	33.33%	29.03%	33.33%	27.50%	30.00%	28.12%		30.22%
CDB868 - Maternal Deliveries - % with Labor Induction	23.52%	↓	40.00%	31.25%	43.59%	27.50%	37.25%	12.12%		31.95%

	<u>Benchmark</u>	<u>MHSC Goal</u>								Trend	6 month Average
	CDB 2018	(if differ from Benchmark)	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019			
Operative Procedures											
CDB1427 - Intraoperative Injuries, NPOA - Per 1000 ACA with Surgical Procedure	3.47	↓	0	0	0	0	0	0.00		0	
CDB1428 - Postoperative Pulmonary Edema, NPOA - Per 1000 ACA with Surgical Procedure	1.66	↓	0	0	0	0	0	0.00		0	
CDB1546 - Postoperative Hemorrhage/Hematoma, NPOA - Per 1000 ACA with Surgical Procedure	6.04	↓	0	0	0	25	0	0.00		4.167	
CDB135 - Inpatients - % Returned to Surgery	5.60%	↓	8.33%	0.00%	8.33%	0.00%	14.28%	7%		6.35%	
Sedation											
Total Anesthesia Impact Events	T	-	0	0	0	0	0	0		0	
Blood Utilization											
Transfusion Reaction Rate	T	-	0%	0%	0%	0%	0%	0%		0%	
Resuscitation											
Results of Resuscitation-Survival Rate	25%	↑	N/A	50%	0%	0%	50%	0%		20%	
Medical Imaging/Radiation Safety											
Thermal Injuries- MRI	0	↓	0	0	0	0	0	0		0	
Ferromagnetic objects entering MRI room	0	↓	0	0	0	0	0	0		0	
Injuries - MRI- Ferromagnetic object	0	↓	0	0	0	0	0	0		0	
Patient Perception of Safety and Quality											
Overall Safety of Care	77%	↑			61.60%			54.70%		58.15%	
Overall Quality of Care	80% <100 beds average	↑			63.20%			58.40%		60.80%	
Emergency Department Transfers											
CDB132 - Emergency Department - % Discharged to Outside Acute Care	4.48%	-	4.28%	4.74%	3.80%	4.65%	3.40%	4.38%		4.21%	
CDB1845 - Emergency Department - % Transferred to Inpatient	8.99%	-	7.45%	6.73%	7.37%	7.11%	7.02%	7.67%		7.23%	

* Data reported annually, most recent data listed, although may not reflect actual month related to data

- IQR- Inpatient Quality Reporting Program-2% penalty if not participated
- OQR-Outpatient Quality Reporting Program-2% penalty if not participated
- HVBP-2% of Medicare \$ withheld. Pay for performance
- HACP-1% penalty
- HRRP-3% penalty

Process	Project	A3 Issue	Performance Target Process/Outcome Metric	Start Date	Target Completion Date	Accountable Leader	Executive Sponsor	Quality Liaison/ Lean Trainer	Counter Measure	Implementation Steps	% Complete	Follow Up/Test Initiated	Standard Work Metric: How/When	
Goal: Improve Star Rating														
E D P a t i e n t F l o w	ED 2B: Median Decision to Admit to ED Departure Time Baseline (3/18-3/19): 153 minutes SMART Goal: Reduce time to 120 minutes by July 2020	Lean 1: Admitting Patient ED to ICU (Bedside Reporting) Melissa	The ER department T-sheet overview is not consistently given to accepting ICU unit from ER, to initiate well informed bedside report, therefore delaying of patient transportation to floor.	Process Metric- standardizing reviewing overview Outcome Metric: Reduce time from call to floor for room assignment to patient leaving ED by 10 minutes	December 17, 2018	June 2019	Melissa Anderson	Kristy Nielson	Karali Plonsky	1. Develop consistent method of sending overview	1. Provide staff access to Tsystems June 3rd 2. Train staff in ICU, Med/surg, and ER for new process to print/evaluate overview by June 3rd	50%		audit process 15 times in August
		Lean 2: Room Assignment ED to ICU: Carol	Miscommunication between departments to obtain room assignment for admitted patient	Process Metric- standardizing admit sheet Outcome Metric: Reduce time from call to floor for room assignment to patient leaving ED by 10 minutes	December 17, 2018	May 2019	Melissa Anderson	Kristy Nielson	Karali Plonsky	1. ICU will provide 3 questions to add to existing admit sheet 2. New admit sheet will allow staff member other than RN to take call	1. Identify team & expectations - Jan 3, 2019 2. Add questions - Jan 7, 2019 3. Present value stream map at ED staff meeting for validation - Jan 10, 2019 4. Present value stream map at ICU staff meeting for validation - Jan 14, 2019 5. Team meets, goes over and adds input, if any - if not, final draft - Jan 21, 2019	100%	In Testing Phase - May 2019	audit process 15 times in July
		Lean 3: Admitting Patient ED to Med/Surg Kelsey/Afton	Patient transport up stairs is delayed due to Charge Nurse not being available at time of admit call	Process Metric- standardize admit sheet and room assignment acuity chart Outcome Metric: Reduce time from call to floor for room assignment to patient leaving ED by 10 minutes	December 17, 2018	July 2019	Melissa Anderson	Kristy Nielson	Karali Plonsky	1. Make chart with information about room assignments for acuity for staff 2. Make standardized admit sheet for M/S & ED staff to use with admits	1. Acuity/Room chart - July 2019 2. Standardized information sheet for ED admits - July, 2019	50%		audit process 15 times in September
S e p s i s	Overall Sepsis Bundle Compliance: Improve overall sepsis bundle compliance to 60% by July 2020	Lean Project 1: Sepsis fluid administration in the ED Corey/Megan T.	The recommended amount of 30 ml/kg of crystalloid fluids is not consistently ordered/calculated when fluids are indicated for patients	Process: Standardize process for obtaining weights and calculation of fluids for sepsis patients Outcome: Increase compliance with obtaining weights and ordering of appropriate fluids to 90%	December 17, 2018	June 2019	Melissa Anderson	Kristy Nielson	Corey Worden	1ai. Dedicate space to store/access bedscale 1aii. Develop process to weigh patients in trauma situations 2a. Define role of who will calculate fluid volume 2bi. Develop communication process of sepsis diagnosis between provider and nurse 2cii. Develop calculation process for fluid resuscitation in septic people	1. Identify stakeholders - Jan, 3, 2019 2. Meet with stakeholders - Jan 10, 2019 3. Identify space for scale - Jan 17, 2019 4. Educate ED on scale - Jan 17, 2019 5. Contact Biomed to fix/improve scale May 2019 6. Process to weigh in trauma - April, 2019 7. Educate on weight process - April, 2019 8. Develop calculation plan April, 2019 9. Gain buy-in on plan - May, 2019 10. Educate physicians regarding surviving sepsis campaign guidelines for fluid administration 11. Educate on calculation plan - May, 2019 12. Validate process - May, 2019	50%		
H C A	Overall Quality of Care: Improve Overall Quality of Care (cumulative)	OB	Key Drivers: 1. Doctor Courtesy/Friendliness 2. Nurse Understanding/Caring 3. Staff Management of Pain	Improve Overall Quality of Care score and chosen Key Driver by 3 percentage points by September 2019	May 28, 2019	September 2019	Megan/Emily	Kristy Nielson	Kara Jackson					
		Med/Surg	Key Drivers: 1. Doctor Courtesy/Respect 2. Staff Courtesy and Friendliness 3. Food Delivered to Room	Improve Overall Quality of Care score and chosen Key Driver by 3 percentage points by September 2019	May 28, 2019	September 2019	Melissa/Val	Kristy Nielson	Karali Plonsky					
		ICU	Key Drivers: 1. Doctor Easing Worries/Fears 2. Bathroom Help 3. Nurse Understanding/Caring	Improve Overall Quality of Care score and chosen Key Driver by 3 percentage points by September 2019	May 28, 2019	September 2019	Melissa/Val	Kristy Nielson	Karali Plonsky					

	Process	Project	A3 Issue	Performance Target Process/Outcome Metric	Start Date	Target Completion Date	Accountable Leader	Executive Sponsor	Quality Liaison/ Lean Trainer	Counter Measure	Implementation Steps	% Complete	Follow Up/Test Initiated	Standard Work Metric: How/When
H P S	Goal: Improve Star Rating													
	Develop and Implement Standardize Hand off Tool by July 2020	ED	Key Drivers: 1. Doctor Understanding/Caring 2. Overall Safety 3. Instructions for Care at Home/Discharge	Improve Overall Quality of Care score and chosen Key Driver by 3 percentage points by September 2019	May 28, 2019	September 2019	Melissa/Carol	Kristy Nielson	Corey Worden					
		OAS	Key Drivers: 1. Overall Safety 2. Overall Teamwork 3. Pre-Procedure Preparation Instructions	Improve Overall Quality of Care score and chosen Key Driver by 3 percentage points by September 2019	May 28, 2019	September 2019	Alisha/Danielle	Kristy Nielson	Karali Plonsky					
Out Clinic		Key Drivers: 1. Overall Teamwork 2. Instructions for Care at Home 3. Exam Room Cleanliness	Improve Overall Quality of Care score and chosen Key Driver by 3 percentage points by September 2019	May 28, 2019	September 2019	Leslie/Jodi	Irene Richardson	Kara Jackson						
H a n d O f f														

Project Owner	Project	A3 Issue	Performance Target Process/Outcome Metric	Start Date	Target Completion Date	Accountable Leader	Exec. Sponsor	Quality Liaison/Lead	Counter Measures	Implementation Steps	% Complete	Follow Up Initiated	Standard Work Metric: How/When
Goal: Improve Star Rating													
Melissa Anderson	Admitting Patient ED to ICU (Bedside Reporting)	The ER department T-sheet overview is not consistently given to accepting ICU unit from ER, to initiate well informed bedside report, therefore delaying of patient transportation.	Process Metric-standardizing reviewing overview Outcome Metric: Reduce time from call to floor for room assignment to patient leaving ED by 10 minutes	December, 2018	June 2019	Melissa Anderson	Kristy Nielson	Karali Plonsky	1. Develop consistent method of sending overview	1. Provide staff access to Tsystems June 3rd 2. Train staff in ICU, Med/surg, and ER for new process to evaluating overview by June 3rd	50%		audit process 15 times in August
Carol Mackie	Room Assignment ED to ICU	Misscommunication between departments to obtain room assignment for admitted patient	Process Metric-standardizing admit sheet Outcome Metric: Reduce time from call to floor for room assignment to patient leaving ED by 10 minutes	December, 2018	May 2019	Melissa Anderson	Kristy Nielson	Karali Plonsky	1. ICU will provide 3 questions to add to existing admit sheet 2. New admit sheet will allow staff member other than RN to take call 3. Present new process at ED staff meeting using value stream map 4. Present new process at ICU staff meeting using value stream map	1. Identify team & expectations - Jan 3, 2019 2. Add questions - Jan 7, 2019 3. Present value stream map at ED staff meeting for validation - Jan 10, 2019 4. Present value stream map at ICU staff meeting for validation - Jan 14, 2019 5. Team meets, goes over and adds input, if any - if not, final draft - Jan 21, 2019	100%	Testing Phase	Audit process 15 times in July
Kelsey Pearson Afton Kozak	Admitting Patient ED to Med/Surg.	Patient transport up stairs is delayed due to Charge Nurse not being available at time of admit call	Process Metric- standardize admit sheet and room assignment acuity chart Outcome Metric: Reduce time from call to floor for room assignment to patient leaving ED by 10 minutes.	December, 2018	July 2019	Melissa Anderson	Kristy Nielson	Karali Plonsky	1. Make chart with information about room assignments for acuity for staff 2. Make standardized admit sheet for M/S & ED staff to use with admits	1. Acuity/Room chart - Jan 1, 2019 2. Standardized information sheet for ED admits - Jan 1, 2019	50%		
Corey Worden	Reportable lab values to the Wyoming Department of Health	Duplicate reports are sent to the State Health Department. This process can cause delays in the care of patients.	Automate required duplicative process of sending reportable labs to Wyoming DOH.	December, 2018	July 2019	Kara Jackson	Kari Quickenden	Corey Worden	1. Ensure that interfaces are working and up to date 2. Develop a standardized process for manually reported labs that has built in checks to ensure all labs are sent in confidence 3. State lab wants them duplicated, speak with stakeholders at State Lab to show process doesn't require wasteful duplication.	1. Monitor interface daily - Jan 2, 2019 2. Lab assistant manual lab retrieval process standardized 3. Contact state lab to discuss termination of duplication or reports May 2019	100%		Next Step: Work with State and future IP to standardize & automate process to send duplicate information to state lab
Corey Worden, Megan Tozzi	Sepsis fluid administration in the ED	The recommended amount of 30 ml/kg of crystalloid fluids is not consistently ordered/calculated when fluids are indicated for patients	Process: Standardize process for obtaining weights and calculation of fluids for sepsis patients Outcome: Increase compliance with obtaining weights and ordering of appropriate fluids to 90%	December, 2018	July 2019	Melissa Anderson	Kristy Nielson	Corey Worden	1ai. Dedicate space to store/access bedscale 1aii. Develop process to weigh patients in trauma situations 2a. Define role of who will calculate fluid volume 2bi. Develop communication process of sepsis diagnosis between provider and nurse 2cii. Develop calculation process for fluid resuscitation in septic people	1. Identify stakeholders - Jan 3, 2019 2. Meet with stakeholders - Jan 10, 2019 3. Identify space for scale - Jan 17, 2019 4. Educate ED on scale - Jan 17, 2019 5. Contact Biomed to fix/improve scale April 2019 6. Process to weigh in trauma - April, 2019 7. Educate on weight process - April, 2019 8. Develop calculation plan April, 2019 9. Gain buy-in on plan - May, 2019 10. Educate on calculation plan - May, 2019 11. Validate process - May, 2019	40%		
Kara Jackson	Scheduling inductions for OB patients	Process of scheduling induction is confusing causing frustration amongst OB staff	Process: Standardize scheduling of induction for OB patients	December, 2018	May 2019	Megan Jacobsen	Dr. Poyer	Kara Jackson	1ai. Develop guidelines for scheduling induction that account for staffing and patient risk factors 1b. Develop guidelines/expectations for deciding who's most urgent 1c. Develop guidelines/expectations and determine role for rescheduling patients	1. Identify stakeholders - Jan 7, 2019 2. Revise induction-scheduling form to include more details, Bishop score - Jan 14, 2019 3. Onboard new OB Director - January 14, 2019 4. Gather information on staffing uidelines - Jan 14, 2019 5. Schedule meetings to develop guidelines and counter meaures - Feb 18, 2019 6. Implement new process to schedule OB inductions- OB Director/CC schedules, removed if info not received in 24 hours 7. Begin observing and gathering more data (staffing) to assess total impact on patient care, patient safety, and patient outcomes - March 1, 2019 8. Guidelines to physicians/Perinatal/Surg Dept - March 22, 2019 9. Develop educational plan, current and ongoing - April 1, 2019 10. Roll out -April 1, 2019	100%	testing phase	Audit process 15 times to ensure changes have become standard of work.

Project Owner	Project	A3 Issue	Performance Target Process/Outcome Metric	Start Date	Target Completion Date	Accountable Leader	Exec. Sponsor	Quality Liaison/Lead	Counter Measures	Implementation Steps	% Complete	Follow Up Initiated	Standard Work Metric: How/When
Goal: Improve Star Rating													
Valerie Boggs	Multi-Disciplinary rounding process	Less than efficient process and lack of education to patient and families surrounding MDR is causing delays in patient care and impacting patient experience.	Process: number of times RN is present and prepared with standardized tool at correct time	December, 2018	May 2018	Melissa Anderson	Kristy Nielson	Karali Plonsky	1ai. Standardize MDR patient expectation process 1aii. MDR cards incorporated into standardized MDR patient expectations 2ai. Standardize MDR scheduling process 2aii. Standardize MDR re-scheduling process (for emergent care) 2bi. Define RN role in MDR process (which RN for which patient in what order) 3ai. Define standardized tool used to collect information needed at MDR 3aii. Standardize MDR patient education process 3bi. Standardize structure to meetings	1. Create standardized MDR patient expectation process - Dec 18, 2018 2. Create standardized MDR meeting structure - Dec 21, 2018 3. Update MDR patient information cards - April 1, 2019 4. Print, laminate MDR patient information cards - May 7, 2019 5. Distribute MDR patient information tool - Dec 17, 2018 6. Prep current staff education - Dec 19, 2018 7. Distribute MDR Patient Information Tool - May 8, 2019 8. Prep new staff education - Dec 19, 2018 9. Update nurse orientation plans - May 7, 2019 10. Prep physician information on MDR process and structure - Dec 21, 2018 11. Educate physicians on MDR process and structure - Dec 30, 2018	100%		audit process 15 times, in July to ensure standard of work
Karali Plonsky	First Case On Time Starts - Surgery Dept.	Delays in completion of patient interviews results in a deviation in patient scheduled surgery start time and actual surgery start time.	Process: Increase staff awareness of patient and financial perspectives related to not starting surgery on time and report start times monthly at huddle.	December, 2018	May 2019	Alisha Mackie and Danielle Bernatis	Kristy Nielson	Faith Jones	1i. Develop ideas to bring patient perspective to the forefront 1ii. Share financial impact with staff 2a. Set patient interview completion time 2a. Share with staff how completion times affect patients, families, and MHCS	1. Identify stake holders - Jan 7, 2019 2. Schedule meeting to develop ideas to bring the patient perspective to the forefront - Jan 16, 2019 3. Update staff on current FCOT data - Feb 13, 2019 Update staff on new interview completion time - Next SSEC meeting 4. Share patient feedback and financial impact with OR team - ongoing	100%		audit process in July to ensure financial and patient perspective are at the forefront. Next steps: VSM and A3 relating to pre-admit testing process & potential to impact first case on time starts
Kari Quickenden	Scheduling of breast biopsies through Central Scheduling	Complex rules complicated scheduling process and negatively impacted patient experience	Process: Standardize and streamline process for scheduling. Outcome: Reduce wait time (number of days) for scheduling procedure by 50%.	December, 2018	July 2019	Kristy Nielson	Kari Quickenden	Faith Jones	1. Receive radiologist approval to perform breast biopsy if exam interpreted by another radiologist 2. Allow breast biopsy to be scheduled in any schedule opening with sufficient time and resources	1. Identify stakeholders - Dec 30, 2018 2. Layout team expectations - Dec 30, 2018 3. Disseminate info - Dec 30, 2018 4. Gather input - Dec 2018 to May 2019 5. Education to staff - July, 2019 6. Roll out - July 2019	50%		
Kristy Nielson	Intravesical chemotherapy administration in the Urology clinic	Patients of MHSC diagnosed with bladder cancer are faced with limited options for standard, common, evidence-based treatment of intravesical chemotherapy at MHSC	Process: Increase ability to offer all options of treatment for bladder cancer patients.	December, 2018	July 2019	Kari Quickenden	Kristy Nielson	Faith Jones	1. Provide the resources to offer all options of intravesical chemotherapy for bladder cancer 2. Offer all options for intravesical chemotherapy	1. Identify 2 more nurses to become chemo certified - Dec 15, 2018 [1 RN identified - KN] 2. Orient 2 more PT nurse - Jan 7, 2019 [1 PT RN hired - KN] 3. Arrange for nurses to take ONS course - Jan 14, 2019 [1 PT completing course April 15 2019 - KN] 4. Hands-on competency validation - March 1, 2019 [Hands-on competency in progress - April 4 2019 - KN] 5. Precept new chemo nurses - March 4-8, 2019 [Precepting of new chemo nurse started late March 2019 - KN] 6. Ensure exposure of orienting nurse to all treatment options (awaiting orders for each type of treatment) to provide adequate training 7. Offer all intravesical chemo options - July 2019	83% of the modified plan of 1 PT nurse vs 2 in original plan		
Clay Radakovich	Occurrence reporting process	Complex reporting process may discourage reporting of occurrences, thereby affecting patient safety	Process: Standardize and streamline process for entering occurrence report	December, 2018	June 2019	Kari Quickenden	Kari Quickenden	Faith Jones	1. Create new reporting process 2. Educate on reporting process	1. Engage State holders - Jan 7, 2019 2. Ensure Software capability - Jan 15, 2019 3. Create new value stream map - Jan 17, 2019 4. Build process in intranet - Jan 30, 2019 5. Test phase (awaiting decision on new intranet, as this will affect test and roll out - June 2019 6. Roll out - July, 2019	67%		

ISSUE

TARGET CONDITION

TITLE

TO
BY
DATE

BACKGROUND/MEASUREMENT

CURRENT CONDITION

validated

COUNTERMEASURES

IMPLEMENTATION PLAN

what who when outcome

validated

PROBLEM ANALYSIS

COST OF IMPLEMENTATION

COST BENEFIT

TEST

FOLLOW UP

what	who	when	Improvement Complete
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no



**Quality Committee Meeting
Memorial Hospital of Sweetwater County
May 15, 2019**

Present: Clayton Radakovich, Kara Jackson, Suzan Campbell, Cindy Nelson, Marty Kelsey, Dr. Barbara Sowada, Irene Richardson, Leslie Taylor, Dr. Banu Symington, Dr. Kari Quickenden, Dr. Kristy Nielson, Dr. Cielette Karn

Absent/Excused: Tami Love

Chair: Dr. Barbara Sowada

Approval of Agenda & Minutes

Dr. Sowada called the meeting to order at 8:15 am. Dr. Sowada presented the Agenda for approval and requested adding update of Blood Utilization by Dr. Karn to the Agenda. The Quality Minutes for April were presented for Approval. Mr. Radakovich motioned to approve, Dr. Nielson seconded. Motion approved.

Old Business

Dr. Nielson introduced LEAN discussion. Ms. Jackson noted they are working with Faith Jones to come for a training, returning in August for another. Dates not yet finalized, waiting on budget approvals. Dr. Sowada questioned the difference between IHI model and LEAN. Mr. Radakovich stated that LEAN is focused on patient centered care, IHI contains pieces. Dr. Sowada further questioned why we haven't dropped the IHI model. Again Mr. Radakovich answered – we are making a soft transition to LEAN.

Mr. Kelsey requested that a summary of completed goals be included in each Board packet, but continue to bring the full summary to the Quality Committee.

New Business

Dr. Sowada complimented Ms. Jackson and Mr. Radakovich on the work contained within the Quality Summary – it is very clear and concise, and very appreciated.

Dr. Sowada questioned how do physicians fit in developing Quality indicators? Mr. Radakovich stated they choose their goals within their committees. Dr. Sowada further questioned – how do they participate in LEAN. Dr. Karn noted at this point they haven't fully been exposed to LEAN. Dr. Nielson stated that when Faith arrives the plan is to help incorporate the physicians into the process. Dr. Sowada asked if we could bring in a few physicians at a time for specific projects, a little at a time. Dr. Symington stated that in previous hospital the physicians were not included and felt disenfranchised. Dr. Sowada suggested we be sure to include them from the beginning, and Dr. Symington agreed, noting they would then feel ownership. Ms. Jackson noted we need to ensure that “project owners” reach out to these physicians.

Discussion ensued on how to engage physicians without overuse of the few willing to help. How do we engage all physicians? Dr. Sowada requested a small ad hoc group be formed to explore options. Information will be brought back in August.

Ms. Nelson discussed Planetree. We have had 3 steering committee meetings so far, with a 4th scheduled next week with Karen from Planetree joining us. Five subcommittees have been created, with Patient centered meeting with patient advisor next week. Starting today and every Wednesday training sessions are scheduled. Mayor Kaumo announced our Patient Centered-care committee at the last City Council meeting – his support is much appreciated.

Ms. Nelson announced that the BoardEffect Portal will no longer be supported and we will be moving to Nasdaq system, starting this month with training in process.

Dr. Sowada questioned Ms. Nelson – what is her vision/dream for Memorial Hospital? Ms. Nelson hopes to see staff being comfortable in approaching patients and families and asking questions. “We don’t need to teach people to be compassionate, they are here because of that compassion, we just need to help them reconnect,” stated Ms. Nelson.

Consent Agenda

Dr. Sowada questioned, does anyone have pullouts from the Consent agenda?

Mr. Kelsey question the abbreviation – EMTALA = Emergency Medical Treatment and Labor Act.

Dr. Sowada noticed that statistics for the MRI spine for Low back pain measure has increased and questioned what would be the process to involve the physician. Ms. Jackson stated that when they review the cases they will include both Tracie Soller, MI Director and Dr. Matti, MI Medical Director. Dr. Karn suggested inviting project owners to Quality for report updates.

Mr. Kelsey questioned whether the 3 indicators (Sepsis, ED Patient Flow, HCAHPS) “that keep you up at night” have changed since last month? Ms. Jackson stated no, they continue to be the leading concerns.

We have worked with PRC on patient survey questions to downsize the number of questions, but made sure to leave in one specific question that we hope will be an indicator for our Planetree process.

Moving onto Risk and Safety, Dr. Sowada questioned again how physicians are involved. A concentrated effort between Infection Prevention, Pharmacy and Therapeutics and Physician committees occurs.

Dr. Karn gave a brief update on Blood Utilization. They tried to use MIDAS, but have had problem correlating the numbers. They have moved to offline, until “bugs” can be worked out. Our numbers are good, and we appear to be doing a good job! If you like the numbers can be brought to this committee, although the numbers are indicative that this would be unnecessary.

Ms. Campbell noted that the QAPI plan needs to be approved by the end of the month, would the committee be “OK” with an email vote? Dr. Sowada queried the group – consensus was Yes.

Dr. Sowada ended the meeting with a “feel good” from each member’s area.

Dr. Sowada reminded the committee that June was targeted for LEAN project reporting – are we still on track? Ms. Jackson stated that the group was prepared. Next month there will be no Quality Committee Meeting, instead we will have LEAN presentations.

Meeting Adjourned The meeting adjourned at 9:45 am

Next Meeting June 19, 2019 at 11:00 am to 1:00 pm, CR 1, 2 & 3 for LEAN Project Presentations.

Respectfully Submitted,

Robin Fife, Recording Secretary

DRAFT

Quality Committee
Consent Agenda Summary
May 2019

1) Star Rating

- a. There are seven categories within the Star Rating and they are as follows: mortality, readmission, safety of care, efficient use of medical imaging, timeliness of care, and effectiveness of care. Each of these seven categories contain several data metrics. Data within the following categories continues to trend in right direction: mortality and readmissions. Efficient use of medical imaging has mixed results. MHSC received our annual facility specific report from CMS for efficient use of Medical Imaging (claims based measures). For OP – 8: MRI Lumbar Spine for Low Back Pain measure, our rate increased, from 48% to 53%, with national average at 38% (lower rate is better). Performing deep dive into data with medical imaging department and evaluate for opportunities for improvement. For OP-10: Abdomen CT Use of Contrast Material, went from 14% to 10%, with national average at 7.8% (lower rate better). This was identified as an opportunity for improvement last year, with work initiated by Medical Imaging Department in May of 2018. The 10% data point is for claims data from July 2017 to June 2018, and with monitoring on monthly Quality Dashboard, we are projected to continue improvement towards the national average of 7.8%. Within the Safety of Care category, the data metric, PSI 90 Composite, increased in March (one case with opportunity for improvement surrounding iatrogenic pneumothorax, case has been addressed). Fluctuations in monthly data is to be expected, especially with low volume of cases, will continue to monitor 6-month trend. Within the Timeliness of Care category, one data metric, Ed-2b: ED Median Admit Decision Time to ED Departure Time, is seeing fluctuation and the 6 month trend is above our benchmark and MHSC goal. We currently have three separate Lean projects that have the potential to impact this data metric. Please see separate Lean Summary on following page for more information. Within the Effectiveness of Care category, we have fluctuations with the data for Core Sep1 – Early Management Bundle, Severe Sepsis/Septic Shock, and also have Lean project with the potential to impact this data metric.
- b. Patient Experience-HCAHPS: The “Dashboard for HCAHPS” is the survey data that affects our Star Rating and Value Based Purchasing reimbursement program. This survey includes OB, ICU, and Med-Surg. Within this survey, we have seen a steady decrease in our scores within all questions from Q3 2018 to Q1 2019 (Q1 2019 data is not complete, may see some movement within this quarter still). We are beginning to see a slight increase in scores for Q2 2019, however the sample number is small so far.
 - i. Our current plan has identified Nurse and Doctor Communication and Quietness as our focus areas and are working at the department level to improve our scores. Our plan moving forward is to focus on the “Overall Quality of Care” score, at the QAPI Committee level. Our vendor for HCAHPS provides a statistical analysis of our HCAHPS and targets the three questions within the HCAHPS that will improve our “Overall Quality of Care” Score. Research has shown that if our patients perceive our “Overall Quality of Care” as excellent, they are more likely to rate us better in all of the other HCAHPS questions. Each department has been

provided with 3 key drivers, specific to their department, and are asked to pick a key driver to focus on and incorporate into a quality improvement project already occurring in the department. Directors were also encouraged to prioritize and focus on one quality improvement project at time. The Medical Staff have also received the Key Drivers pertaining to their departments and we are providing simple suggestions for improvement. The Quality Department is also rounding on the floors to assist in education staff on HCAHPS and answering questions. This new direction for HCAHPS is quite new and we are still in the process of educating staff, as well as setting goals and target completion dates. Will provide this information at next month's meeting.

2) Risk/Safety

- a. The number of occurrence reports and grievances remain stable. The fall rate has increased to a statistical trend and needs to be addressed by committee. The Adverse Drug Event group continues to meet and discuss ADEs and their causes. This has resulted in the classification of more significant adverse drug events. The Employee Hazard Assessment is progressing as planned with an expected completion date in Q3 of 2019. PI Standards

3) PI Standards

- a. Our PI Standards within the dashboard include data metrics defined by Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), as well as priorities identified by MHSC on the Quality Assessment Performance Improvement (QAPI) plan. Data is trending in right direction on all metrics except the following: Maternal Deliveries - % with Labor Induction, which we have identified and have a Lean project addressing this data metric, and March data is showing an improvement.

4) Accreditation

- a. We had both an EMTALA survey and an OSHA survey in April. Our EMTALA survey returned with no deficiencies. The preliminary results of the OSHA survey are listing one citation, rated "Other than serious". This citation involves the lack of emergency electrical disconnects on the industrial laundry washers. We are still waiting to receive our final determination on this, which is expected to be received in June.

HR Chair Report to the Board for May 2019

The Turnover and Open Positions Reports were reviewed and may be found in the Board Packet.

Minutes

The committee approved the submission of draft, current month, minutes to the monthly board packet. The intent of this is to allow the board to be current instead of seeing what happened two months ago. The provision is that the submission carry the title DRAFT.

Appeal Procedure

The committee was updated on the status of the existing Appeal Procedure. This is a board procedure that has been in existence for more than twenty five years. The topic was discussed but no action initiated or discussed.

Code of Conduct

The board, at the may meeting, voted to send a provision of the existing code of conduct to the HR committee for review. Specifically --- Section VII, Principle 6, Item C. The stated section covers the acceptance of vendor gifts by hospital personnel. Discussion was undertaken. Hospital Staff will review same and bring a proposal back to the full committee at the June meeting. It is anticipated that it may be referred back to the board for the July board meeting.

Telecommuting Agreement

Detailed discussions were conducted concerning why the policy was required and how it would be employed. A number of questions were raised and considered. The agreement will come before the committee for a vote at the June meeting.

Next Meeting of the Committee

The next committee meeting will be June 17, 2019

Human Resources Committee Meeting
Monday, May 20th, 2019
3:00 PM – MOB Conference Room
AGENDA

Old Business

- I. Turnover Report - Amber
- II. Open Positions –Amy
- III. Telecommuting agreement – for discussion with member comments

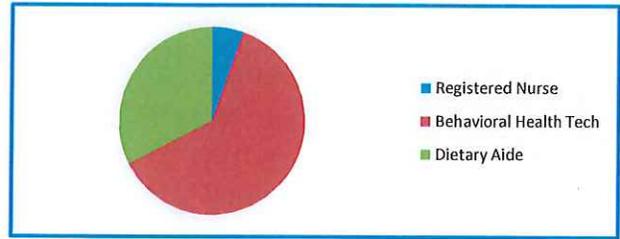
New Business

- I. Committee member reports, other discussion(s) – as needed
- II. Determination of Next Meeting Date

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
2019 Overall Turnover Data (As of 04/30/2019)

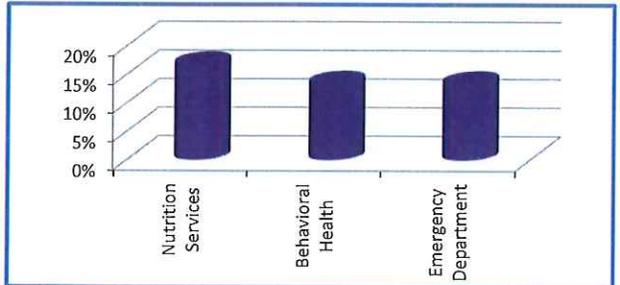
Top Position(s) / Turnover

	2019	%
Registered Nurse	6	5%
Behavioral Health Tech	4	57%
Dietary Aide	3	30%



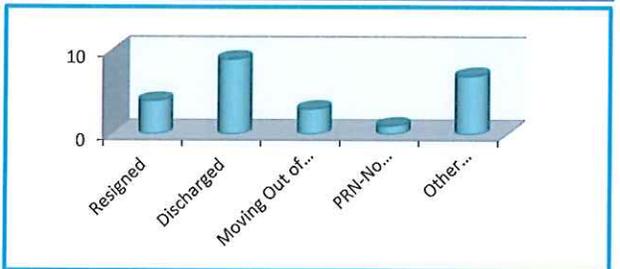
Top Department(s) / Turnover

	2019	%
Nutrition Services	5	17%
Behavioral Health	4	13%
Emergency Department	4	13%



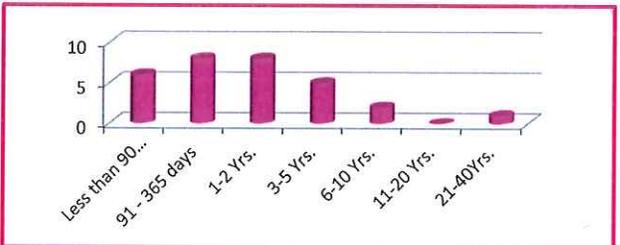
Top 5 Reasons / Turnover

	2019	%
Resigned	4	13%
Discharged	9	30%
Moving Out of Area/Relocation	3	10%
PRN-No Available Work	1	3%
Other Employment	7	23%



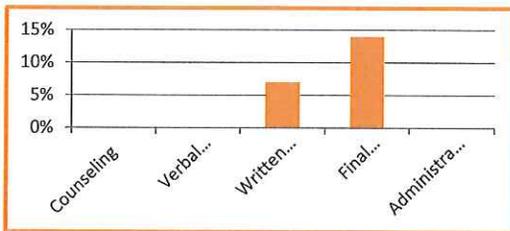
Length of Service

	2019	%
Less than 90 days	6	20%
91 - 365 days	8	27%
1-2 Yrs.	8	27%
3-5 Yrs.	5	17%
6-10 Yrs.	2	7%
11-20 Yrs.	0	0%
21-40Yrs.	1	3%
Total	30	



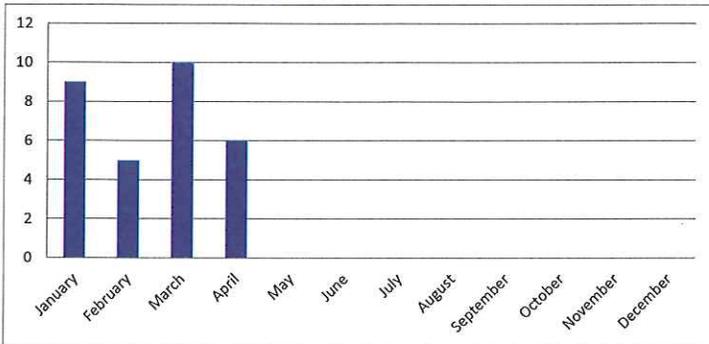
Corrective Action

Counseling		
Verbal Warning		
Written Warning	7%	
Final Written Warning	14%	
Administrative Leave		



2019 Separations - Hospital Wide

	Separations	New Employees	496
January	9	12	499
February	5	9	503
March	10	13	506
April	6	12	512
May			
June			
July			
August			
September			
October			
November			
December			6%
Total	30	46	

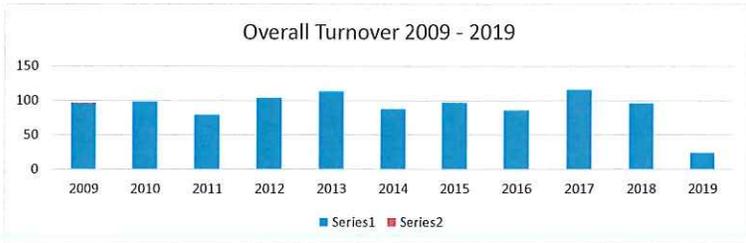


<u>Separations</u>	
Involuntary	9
Voluntary	21
Total	30

Overall Turnover

2009	96
2010	98
2011	79
2012	104
2013	113
2014	88
2015	97
2016	86
2017	116
2018	96
2019	24

<u>Classifications</u>	
RN	6
Classified	24
Total	30



Rolling 12

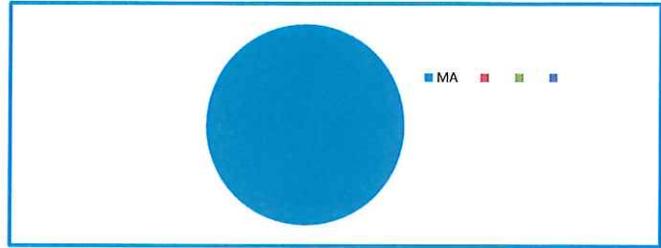
	Separations	%
Jan 18 - Jan 19	123	25%
Feb 18 - Feb 19	125	25%
March 18- March 19	133	26%
April 18 - April 19	117	23%



MEMORIAL HOSPITAL OF SWEETWATER COUNTY - CLINIC DATA
2019 Clinic Turnover Data (as of 04/30/2019)

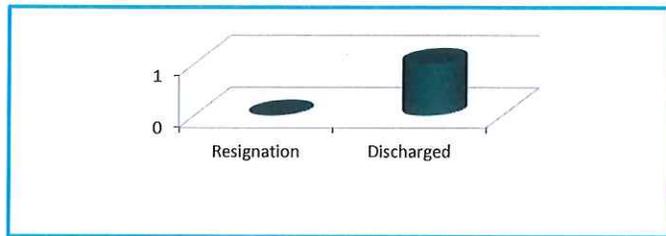
Top Position(s) / Turnover
 MA

2019
 1 8%



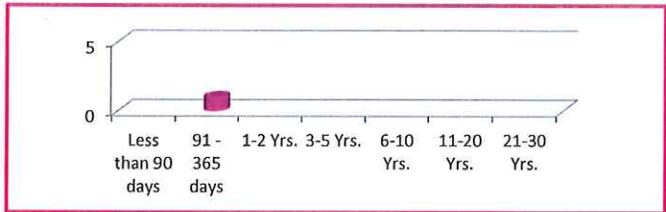
Top Reason(s) / Turnover
 Resignation
 Discharged

2019
 0
 1 %

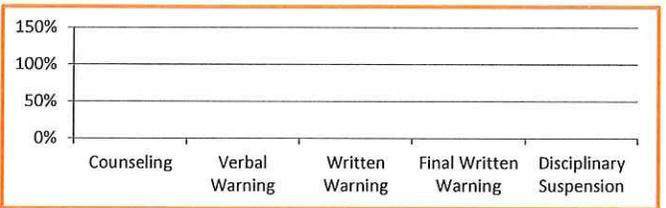


Length of Service
 Less than 90 days
 91 - 365 days
 1-2 Yrs.
 3-5 Yrs.
 6-10 Yrs.
 11-20 Yrs.
 21-30 Yrs.
Total

2019
 1 %
 1

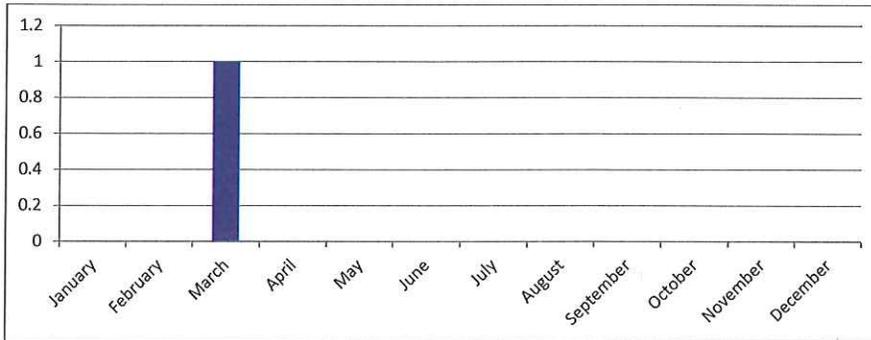


Corrective Action
 Counseling
 Verbal Warning
 Written Warning
 Final Written Warning
 Disciplinary Suspension



2019 Separations - Clinic

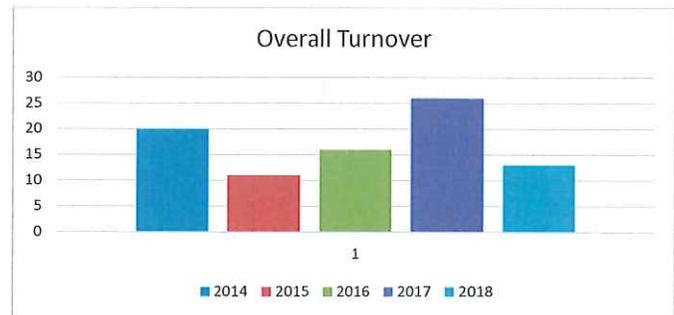
	Separations	New Employees	Total Employees	110
January	0	0	110	
February	0	2	112	
March	1	2	113	
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				



<u>Separations</u>	
Involuntary	1
Voluntary	0
Total	1

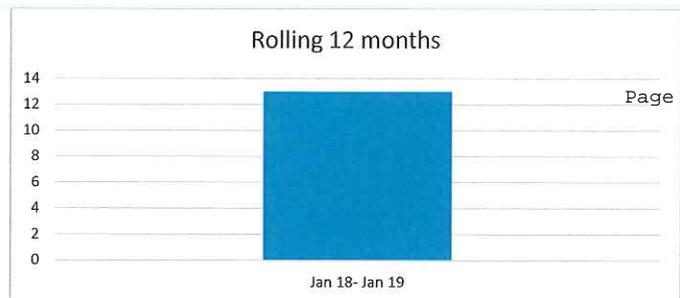
<u>Classifications</u>	
RN	0
Classified	0
Total	0

<u>Overall Turnover</u>		
2014	20	26%
2015	11	18%
2016	16	14%
2017	26	23%
2018	13	12%



Overall turnover starting Sept
Jan 18- Jan 19

13 12%





Job Postings as of 05/17/19



Position	Req #	Position Status	Shift: Days / Hours	Position Qualifications
ADMITTING				
Admitting Specialist	2275	PRN	Variable	High School diploma or equivalent required. Typing test required, complete in HR.
Admitting Specialist	2276	PRN	Variable	High School diploma or equivalent required. Typing test required, complete in HR.
BEHAVIORAL HEALTH				
BHT - TEMP				
CARDIOPULMONARY				
Respiratory Therapist	2260	Regular Full-Time	Variable	Completion of AMA approved School for Respiratory Therapy. NBRC (National Respiratory Care) license required. Wyoming Respiratory License required. Must have passed National Registry exams.
Respiratory Therapist/Sleep Tech	2289	Regular Full-Time	Nights	Completion of AMA approved School for Respiratory Therapy. NBRC (National Respiratory Care) license required. Wyoming Respiratory License required. Must have passed National Registry exams.
DIALYSIS				
Registered Nurse	2265	Regular Full-Time	Variable	Current Wyoming Nursing License and hold a current BLS certification. One year as staff nurse required.
EMERGENCY				
Registered Nurse	2278	Regular Full-Time	Nights	Current Wyoming Nursing License and hold a current BLS certification.
ICU				
Registered Nurse	2280	Regular Full-Time	Variable	Current Wyoming Nursing License and hold a current BLS certification.
Registered Nurse	2281	Regular Full-Time	Variable	Current Wyoming Nursing License and hold a current BLS certification.
INFECTION CONTROL				
Infection Prevention Coordinator	2291	Regular Full-Time	Days	Requires a current RN license with BSN preferred, OR Masters in Public Health (MPH), OR certified medical technologist, OR a bachelor's degree in microbiology or epidemiology.
MEDICAL IMAGING				
Ultrasound Tech	2273	Regular Full-Time	Variable	Must be registered by the ARDMS, RVT, RDCS, or any other accredited ultrasound registry. Must be registered by ARRT if required to work in the role of Radiologic Technologist or other specialized modality, multiple modalities preferred.
Ultrasound Tech	2158	Regular Full-Time	Variable	Must be registered by the ARDMS, RVT, RDCS, or any other accredited ultrasound registry. Must be registered by ARRT if required to work in the role of Radiologic Technologist or other specialized modality, multiple modalities preferred.
Ultrasound Tech - Echo	2223	Regular Full-Time	Variable	Must be registered by the ARDMS, RVT, RDCS, or any other accredited ultrasound registry. Must be registered by ARRT if required to work in the role of Radiologic Technologist or other specialized modality, multiple modalities preferred.
MEDICAL OFFICE BUILDING (CLINIC)				
Registered Nurse - Cardiopulmonary-Internal	2290	Regular Full-Time	Variable	Current Wyoming Nursing License and hold a current BLS certification.
MEDICAL ONCOLOGY				
Medical Assistant	2285	Regular Full-Time	Days	High School Diploma or equivalent required. Completion of a certified Medical Assistant Program preferred.
NUTRITION SERVICES				
Dietary Aide	2284	Regular Full-Time	Variable	High School diploma or equivalent preferred.
QUALITY				
Quality Analyst Registered Nurse	2286	Regular Full-Time	Days	Current Wyoming Nursing License and hold a current BLS certification. One year as staff nurse required. A minimum of two years of hospital based nursing in any clinical area is required or ability to demonstrate clinical skills from other fields of nursing that may be applicable if related to current practice and clinically pertinent knowledge.
REHABILITATION				
Speech Therapist	1447	PRN	Days	Masters Degree in Speech Pathology. Certificate of Clinical Competence from American Speech Language and Hearing Association or presently completing clinical fellowship year. Wyoming License in Speech Pathology. BLS certification.
Occupational Therapist	1997	PRN	Days	Minimum of Bachelor's degree in Occupational Therapy. Master's degree in Occupational Therapy preferred. State of Wyoming Occupational Therapist License required. BLS certification.
Position	Req #	Position Status	Shift: Days / Hours	Position Qualifications
SURGICAL SERVICES				
Registered Nurse - PACU	2185	Regular Part-Time	Days + Call	Current Wyoming Nursing License and hold a current BLS certification.

TELECOMMUTING AGREEMENT ("AGREEMENT")

BETWEEN

MEMORIAL HOSPITAL OF SWEETWATER COUNTY (MHSC)("EMPLOYER")

AND

_____ ("EMPLOYEE")

THIS AGREEMENT is entered into by the Employer and Employee effective _____ (date). Both parties acknowledge that sufficient consideration exists for this Agreement in the form of mutual gain and benefit.

THEREFORE, the parties agree as follows:

1) Scope of Agreement

The Employee agrees to perform services for Employer as a telecommuter. As a telecommuter, the Employee will perform his or her job duties from a remote office located in the Employee's personal residence.

The Employee agrees that this Agreement addresses only the terms and conditions of the telecommuting work arrangement. The Employee remains subject to the terms and conditions of employment pursuant to the Employer's policies, job descriptions, procedures, guidelines, and instruction. The Employee's salary, pension, and benefits are not affected by the telecommuting work arrangement, except as follows:

The Employee agrees that notwithstanding the telecommuting work plan, the Employer may from time to time require the Employee's presence at the Employer's main work site for work-related purposes.

2)_ The Employee understands and agrees that this Agreement does not guarantee employment for any period of time.

3) Modification or Termination of Telecommuting Work Plan

The Employee understands that the telecommuting arrangement is allowed at the discretion of the Employer. The Employer may modify or cease the telecommuting work plan upon verbal or written notice to the Employee. The Employer will not be liable for costs, damages, or losses resulting from the cessation of the telecommuting arrangement. The Employee may seek modification or termination of the telecommuting arrangement by making a written request to the Employer.

Should either party wish to modify the telecommuting arrangement, the Employer reserves the right to determine what modifications, if any, will be made to the work arrangement. If either

party wishes to discontinue the telecommuting arrangement, the Employer will determine what other job assignment, if any, is available for the Employee at that time.

4) Equipment, Supplies, and Resources

The Employer WILL NOT provide any equipment or supplies for Employee.

The Employee will provide all other resources necessary to the telecommuting work site, including but not limited to: computer, desk, internet connection, printer, paper, furniture, file cabinet(s) with locking mechanisms, utilities, and telephone lines.

The Employee must allow the IT department access to the employees work computer so that IT can review and diagnosis security and remote access issues. Refusal to allow IT access to remote work computer will result in revocation of Employee's remote access into the hospitals systems.

5) Safety and Injury

The Employee agrees to maintain the telecommuting work site in a safe condition, free from hazards and other dangers to the Employee or any other person. The Employee will immediately report any personal injury, or injury to any other person, to the Employer when such injury occurs during working hours or involves any Employer property.

The Employee agrees to be liable for injuries to third persons and/or members of Employee's family on Employee's premises. Employee agrees to indemnify and hold harmless the Employer from any and all claims, demands, or liability resulting from, or arising in connection with, any injury or harm to persons, or damage to property, caused directly or indirectly, by the Employee's willful misconduct or negligence.

6) Confidentiality

The Employee agrees to follow all security and encryption measures to protect any company records or files, including electronic information. The Employee will follow company procedures related to computer use and network access and will store company records, files, or other data in a locked file cabinet. The Employee will not allow anyone other than the Employee to have access to any information related to the Employer's business, including access to Employer property.

7) Work Hours

The Employee's hours of work are Monday through Friday, 8:00 a.m. to 5:00 p.m., with a one-hour unpaid rest or meal period during these hours. The Employee will report worked time to the Employer consistent with the Employer's instructions. The Employee will not perform work outside of the hours specified above without express, prior approval from his supervisor.

8) On-site Visits

The Employee understands that for business purposes, the Employer may conduct on-site visits of the Employee's home work site. The Employee will cooperate with any such visits. At the request of the Employer, the Employee will also fully cooperate with any on-site visit by a third party, including but not limited to any a state or federal agency or the Employer's insurance carrier. When possible, the Employer will try to provide advance notice to the Employee of any on-site visits.

9) Governing Law

Wyoming law will govern the interpretation of this Agreement.

10) Severability

If any of the provisions of this Agreement are found to be unreasonable, unenforceable, or otherwise invalid, the rest of the Agreement will remain in full force and effect.

11) Entire Agreement

This Agreement represents the entire telecommuting agreement between the parties. The Employee is not relying on any verbal or unwritten statement in entering into this Agreement.

12) Modification and Waiver

The terms of this Agreement cannot be modified or waived without a written agreement signed by both parties. The Employer's waiver of the breach of any provision will not be construed as a waiver of any subsequent breach.

Employer's Signature

Date

I affirm by my signature below that I have read this Agreement and understand its subject matter. I affirm that I was given the opportunity to have this Agreement reviewed by my own legal counsel prior to entering into it.

Employee's Signature

Date

Amber Fisk

From: Marty Kelsey
Sent: Sunday, May 19, 2019 3:49 PM
To: Suzan Campbell
Cc: EDWARD F TARDONI Owner; Irene Richardson; Kristy Nielson; Kari Quickenden; Tami Love; Amber Fisk
Subject: Re: draft Telecommuting Agreement

Comments on the proposed Telecommuting Agreement:

Scope of Agreement (First Paragraph, 2nd Sentence)

After the word "perform" add the words "some or all of" his or her job duties...

Scope of Agreement, (Second Paragraph, 3rd Sentence)

I recommend eliminating the word "pension" as it is not necessary because it is one of the benefits.

Question Regarding the Termination of the Telecommuting Work Plan

If a telecommuting work plan is discontinued and there is no other position for the incumbent, am I correct in assuming that the incumbent employee is terminated with or without cause as an employee-at-will?

IT Access Question

Is the language strong enough should an employee refuse access?

Safety and Injury

First Paragraph...should we add access to the worksite as well...e.g. sidewalks?

Work Hours

Are we sure the work hours will always be 8-5?

Thanks for the opportunity to review.

Marty

Sent from my iPad

On May 16, 2019, at 9:43 AM, Suzan Campbell <sucampbell@sweetwatermemorial.com> wrote:

Good morning, attached is a draft of a Telecommuting Agreement for review at the HR meeting Monday May 20th at 3:00 pm. If you have comments or questions please email me those questions and I will print the emails and bring them to the meeting for discussion. Thanks Suzan

Page 222 of 424

Suzan Campbell, J.D.

WSB # 5-2644

In House Counsel MHSC

1200 College Drive

Rock Springs, WY 82901

307-352-8162

sucampbell@sweetwatermemorial.com

This message is being sent by or on behalf of a Lawyer. It is intended for the exclusive use of its intended recipient(s) and may contain information that is privileged or confidential or otherwise legally exempt from disclosure. If you are not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify us immediately by email, discard any paper copies and delete all electronic files of the message. If you are not sure as to whether you are the intended recipient, please respond to the above email address.

<Telecommuting Agreement.docx>

Amber Fisk

From: Kristy Nielson
Sent: Monday, May 20, 2019 6:05 AM
To: Suzan Campbell; 'EDWARD F TARDONI Owner'; Marty Kelsey; Irene Richardson; Kari Quickenden; Tami Love; Amber Fisk
Subject: RE: draft Telecommuting Agreement

Good Morning,

Thanks for putting this together, Suzan.

I have 2 questions/thoughts:

- From a nursing perspective, 8 – 5 would be challenging as the same issues that happen from 8 – 5 happen on a 24 / 7 basis. For instance, if an Infection Prevention nurse worked remotely, infection issues happen 24/7, including nights, weekends and holidays. We also have education needs 24/7. Anyone working remotely for Nursing, or really any clinical department, would need to have flexible hours due to our 24/7 work.
- I would ask that we consider changing 'from home' to 'working off-site' to allow for more flexibility to help meet our 24/ 7 patient care and employee needs.

Thanks so much!

Kristy Nielson, DNP, CCRN-K, CNE

Chief Nursing Officer
UW Fay W. Whitney School of Nursing Adjunct Faculty
Direct: 307-352-8414
Cell: 307-922-3006
knielson@sweetwatermemorial.com
Main 307-362-3711, Fax 307-352-8154
1200 College Dr., Rock Springs, WY 82901
www.sweetwatermemorial.com

From: Suzan Campbell <sucampbell@sweetwatermemorial.com>
Sent: Thursday, May 16, 2019 9:44 AM
To: 'EDWARD F TARDONI Owner' <ttardoni@q.com>; Marty Kelsey <mkelsey@sweetwatermemorial.com>; Irene Richardson <irichardson@sweetwatermemorial.com>; Kristy Nielson <knielson@sweetwatermemorial.com>; Kari Quickenden <kquickenden@sweetwatermemorial.com>; Tami Love <tlove@sweetwatermemorial.com>; Amber Fisk <afisk@sweetwatermemorial.com>
Subject: draft Telecommuting Agreement

Good morning, attached is a draft of a Telecommuting Agreement for review at the HR meeting Monday May 20th at 3:00 pm. If you have comments or questions please email me those questions and I will print the emails and bring them to the meeting for discussion. Thanks Suzan

Suzan Campbell, JD

WSB # 5-2644
In House Counsel MHSC
1200 College Drive
Rock Springs, WY 82901
307-352-8162

This message is being sent by or on behalf of a Lawyer. It is intended for the exclusive use of its intended recipient(s) and may contain information that is privileged or confidential or otherwise legally exempt from disclosure. If you are not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify us immediately by email, discard any paper copies and delete all electronic files of the message. If you are not sure as to whether you are the intended recipient, please respond to the above email address.



Wednesday - May 29, 2019 Finance & Audit Committee Meeting

%date

Classrooms 1 & 2

Meeting Book - Wednesday - May 29, 2019 Finance & Audit Committee Meeting

Agenda

Agenda

Agenda Finance Comm May 29, 2019.docx

I. Call Meeting to Order

Marty
Kelsey
Marty
Kelsey

II. Approve Meeting Minutes

Finance and Audit Comm Minutes April 24 2019 Draft.doc

III. Capital Requests FY19

Marty
Kelsey

CAPITAL REQUESTS MAY 29.xls

FY19-41.pdf

FY19-42.pdf

FY19-43.pdf

FY19-44.pdf

FY19-45.pdf

FY19-46.pdf

FY19-47.pdf

19 CAPITAL-APRIL.pdf

Capital Priority by Quarter1 v2-APRIL.pdf

IV. Financial Report

A. Monthly Financial Statements & Statistical Data

Tami Love

1. Financial reports and Narratives

Tami Love

NARRATIVE TO APRIL 2019 FINANCIALS.doc

FY19 FINANCIALS COMBINED- APRIL 2019.pdf

FY19 Other Operating Revenue Detail-April.pdf

CLINIC NARRATIVE APRIL 2019 FINANCIALS.doc

FY19 FINANCIALS CLINIC -APRIL 2019.pdf

Key Financial Ratio Definitions.pdf

19 Board Graphs April.pdf

19 MHSC STATISTICS-APRIL.pdf

19 FTE REPORT - 051219.pdf

19 PAYOR MIX-APRIL.pdf

Days in AR-April.pdf

19 BOARD LEGAL EXPENSE HISTORY-APRIL.pdf

Cash Disbursements-April.pdf

19 INVESTMENT SUMMARY 04-30-19.pdf

2. Budget Adherence

Tami Love

C. Other Business

1. Preliminary Bad Debt

Ron
Cheese

2. County Title 25 and Maintenance Voucher

Ron
Cheese

FY19 County Maintenance & Title 25 Voucher-April.pdf

3. Other Reports

Building and Grounds-May.pdf

IT Report fo Finance May 2019.docx

V. Old Business

VI. New Business

A. Financial Forum Discussions

Marty
Kelsey

FY2020 BUDGET.pdf

VII. Adjournment

Marty
Kelsey

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

Wednesday ~ May 29, 2019

4:00 p.m.

Classrooms 1 & 2

Voting Members:

Marty Kelsey, Chairman
Taylor Jones
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

Ron Cheese
Angel Bennett
Rich Tyler
Dr. Augusto Jamias

Kristy Nielson
Kari Quickenden
Suzan Campbell
Dr. Larry Lauridsen

Guests:

Jeff Smith, Commission
Tracie Soller

Jim Horan
David Beltran

Leslie Taylor
Mary Fisher

- | | |
|--|--------------|
| I. Call Meeting to Order | Marty Kelsey |
| II. Approve April 24, 2019 Meeting Minutes | Marty Kelsey |
| III. Capital Requests FY 19 | Marty Kelsey |
| IV. Financial Report | |
| A. Monthly Financial Statements & Statistical Data | |
| 1. Narratives | Tami Love |
| 2. Budget Adherence | Tami Love |
| B. Other Business | |
| 1. Preliminary Bad Debt | Ron Cheese |
| 2. Title 25 County Voucher | Ron Cheese |
| VII. Old Business | |
| A. Title 25 & BCBS Updates | Ron Cheese |
| VIII. New Business | |
| A. FY2020 Budget | Tami Love |
| B. Financial Forum Discussion | Marty Kelsey |
| IX. Adjournment | Marty Kelsey |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Finance & Audit Committee Meeting
April 24, 2019

Voting Members Present: Mr. Marty Kelsey, *Trustee - Chair*
Mr. Taylor Jones, *Trustee*
Ms. Irene Richardson, *CEO*
Ms. Tami Love, *CFO*
Ms. Jan Layne, *Controller*

Non-Voting Members Present: Mr. Ron Cheese, *Director of Patient Financial Services*
Dr. Kristy Nielson, *CNO*
Mr. Rich Tyler, *Director of Information Technology*
Ms. Angel Bennet, *Director of Materials*

Non-Voting Members Absent: Ms. Suzan Campbell, *Chief Legal Exec/General Counsel*
Ms. Kari Quickenden, *CCO*
Dr. Augusto Jamias
Dr. Larry Lauridsen

Guests: Ms. Leslie Taylor, *Clinic Director*
Ms. Tracie Soller *Director of Medical Imaging*
Mr. Jim Horan, *Director of Facilities*

Call Meeting to Order

Mr. Kelsey called the meeting to order.

Approve Meeting Minutes

A motion to approve the meeting minutes of February 27, 2019 as presented was made by Ms. Richardson; second by Mr. Jones. Motion carried.

Capital Requests

Ms. Soller explained capital request FY19-36 & FY19-37 for the Portable X-ray Machines. She explained they would replace the current machines that are 18 years old and breakdown often. The new portable machines are easier to maneuver, have higher resolution digital images and are quieter. Ms. Soller said that this new technology would improve workflow and productivity in the department. Siemens came in with the lower quote over GE Healthcare. The motion to approve the requests to forward to the full Board was made by Mr. Kelsey; second by Mr. Jones. Motion carried.

Mr. Tyler presented FY19-38 for the replacement of QCPR server hardware. He explained that this is for the storage of patient records. It is currently 8-9 years old. The end of life is in July. After this time, this would no longer be supported. Mr. Kelsey noted that two bids were

obtained. Mr. Kelsey made a motion to approve this request from ConvergeOne; second by Mr. Jones.

Financial Report

Monthly Finance Statements & Statistical Data

Ms. Love reviewed the narratives included in the meeting packet. Mr. Kelsey asked if there was any update on the BCBS funds. Mr. Cheese explained that BCBS contacted us 2 weeks ago and told us they were hiring five new people to help process claims. Mr. Cheese said that as of now, they have not received any of the old funds. He said that he wrote them a letter and attached our aging and was waiting for a response. Mr. Cheese did a write-up on our AR problems over the last year. Mr. Kelsey asked that the write-up be emailed to everyone. Ms. Love explained that our Medicare payor mix is increasing. This seems to be the new trend. This will affect how we budget for FY2020.

Mr. Jones asked if there was a budgeted reduction of revenue percentage for the clinic. Ms. Love explained that there is and that it is 45.2%.

Mr. Kelsey asked if there is anything that stands out on the last page of the clinic statistics. Ms. Richardson said that she expected the surgeons to be in the black. Ms. Taylor thought that the Urologists were low.

Mr. Jones asked Ms. Taylor to tell us about the missed billing in the clinic. Ms. Taylor explained that there were approximately \$270,000 charges not billed in the last three months. They had consults that were not being captured. A new report was created to capture these charges. She said that they are implementing many double checks to improve their billing processes. She also said that they are assigning the billing staff certain days of the week to only work on collections to try to bring the days in AR down. The new Phreesia system is improving the collections. She said that the clinic is not being affected by the BCBS problem like the hospital is. She hopes to be down to 42 days in AR by the end of the fiscal year.

Other Business

Mr. Cheese distributed the potential bad debt information for review.

New Business

Financial Forum Discussion

Ms. Richardson and Ms. Love met with the County concerning how to request funds from the maintenance fund. Ms. Richardson said the main concern is that the statute is followed. Ms. Richardson also said that we will probably request around \$2 million for next year's budget. Ms. Love said that the budget is due to the County on April 26th.

Mr. Kelsey had two topics he wanted to bring up. The first topic was concerning our liability insurance with USI. He asked if MHSC had ever hired an independent consultant. Ms. Richardson said that no we have not. Mr. Kelsey suggested that we hire one to go out for bids

for us. He said that this can possibly save the hospital money and they will do all the work reviewing the bids.

Mr. Kelsey also mentioned that our audit is approaching soon. He was wondering how long the lead auditor had been working with MHSC. Ms. Richardson said that she thought he has been with us since 2009. Mr. Kelsey said that it is good practice to change lead auditors at least every 5 years. He asked that this be considered.

With no further business, the meeting adjourned at 5:23PM.

Submitted by Jan Layne

DRAFT

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
FINANCE & AUDIT COMMITTEE
CAPITAL EXPENDITURE REQUESTS**

WEDNESDAY ~ May 29, 2019

		YTD CAPITAL APPROVED	GRANT OR DONATION REIMBURSED	2019 APPROVED BUDGET	REMAINING YTD BALANCE
As of April 2019		2,110,353.00	-	3,000,000.00	889,647.00

CAPITAL REQUEST #	REQUESTED ITEM/REQUESTOR	CAPITAL AMOUNT TO BE APPROVED	MAINTENANCE SUPPORT COSTS	FREIGHT COSTS	TOTAL AMOUNT	COMMENTS
FY19-41	Acuson SC2000 Ultrasound System Tracie Soller	89,000.00			89,000.00	
FY19-42	Security Camera System David Beltran	57,566.98	4,107.00	-	61,673.98	
FY19-43	ICU Roofing Replacement Jim Horan	96,050.00			96,050.00	
FY19-44	Coagulation Analyzer Mary Fisher	44,000.00		1,670.64	45,670.64	
FY19-45	Refurbished Thinprep 2000 Processor Mary Fisher	32,000.00		1,000.00	33,000.00	
FY19-46	Replacement Grounds Building Jim Horan	104,660.00			104,660.00	
FY19-47	Rubrik backup solution Rich Tyler	99,698.91			99,698.91	
TOTAL AMOUNT REQUESTED		522,975.89	4,107.00	2,670.64	529,753.53	

		# Assigned: FY <u>19-41</u>
Capital Request		
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.		
Department: Medical Imaging - Echo	Submitted by: Tracie Soller	Date: 3/4/2019
Provide a detailed description of the capital expenditure requested: Acuson SC2000 ultrasound system, refurbished.		
Preferred Vendor: Siemens		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation		\$
2. Equipment		\$ 89,000.00
3. Installation		\$
4. Shipping		\$
5. Accessories		\$
6. Training		\$
7. Travel costs		\$
8. Other e.g. interfaces		\$
Total Costs (add 1-8)		\$ 89,000.00
Does the requested item:		
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 checked="" type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ \$ \$ \$ \$
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		
Projected Annual Procedures (NEW not existing)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Revenue per procedure	\$	# of bids obtained? <u>2</u>
Projected gross revenue	\$	
Projected net revenue	\$	<input checked="" type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	
Review and Approvals		
Submitted by: Tracie Soller	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input 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

Medical Imaging is requesting a dedicated echocardiography machine (heart ultrasound). Currently echocardiography and general ultrasound share equipment that is capable of performing both echocardiography and general ultrasound. Echocardiography and general ultrasound are steadily increasing in volume. Between both modalities, there has been a 16% increase in volume from FY18 to FY19. On average, five echocardiograms are performed per day M-F. On average, 15-20 general ultrasound procedures are performed per day M-F.

Acquisition of an additional echocardiography machine will result in more timely access of patients for exams in both echocardiography and general ultrasound. It will also reduce overtime expenses. An additional echocardiography machine may reduce patients choosing to go elsewhere for echocardiograms and general ultrasound procedures due to the extended wait time resulting in increased procedures and revenue. General ultrasound would be able to add five additional scheduling slots to the daily outpatient schedule with the addition of this equipment. The hospital could expect to see a return on investment in 13 based on solely echocardiogram numbers. It is likely that the return on investment would be realized much sooner when financial considerations such as overtime and improved patient access are considered.

The echocardiogram volume increase is primarily driven by the presence of the U of U Cardiovascular clinic on site several times per week. The equipment is also utilized for U of U Vascular clinic and U of U Maternal Fetal Medicine clinic. These clinics require one machine being out of the department while those clinic patients are scanned resulting in a reduced schedule for our regular outpatients. As we currently only have one piece of equipment capable of performing echocardiograms, our stress echo schedule is severely limited. An additional piece of equipment would enable MHSC to offer more stress echocardiograms based on physician availability.

General ultrasound is adding approximately six patients per day to the schedule resulting in overtime as they await availability of equipment.

Gross patient revenue:

General Ultrasound - Actual YTD through March 2019 is 2,463,942 – Budgeted YTD is 2,236,429.27.

Echocardiography - Actual YTD through March 2019 is 1,205,464.00 – Budgeted YTD is 1,044,564.93

In summary, a dedicated echocardiography machine would free up equipment for general ultrasound while allowing echocardiogram patients to be scheduled in a more timely manner.

In an effort to be fiscally conscious, we have selected a refurbished unit which will meet the needs of the patients with no sacrifice in quality of exam.

Tracie Soller Digitally signed by Tracie Soller
Date: 2018.03.08 13:36:58 -07'00'

3/8/2018

Submitted by: Signature

Date



Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Chip Van Krevelen - (303) 676-7569

Customer Number: 0000007986

Date: 5/17/2019

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

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

<u>Table of Contents</u>	<u>Page</u>
Refurbished ACUSON SC2000 ultrasound system (Quote Nr. 1-O9ZGAL Rev. 1)	2
OPTIONS for Refurbished ACUSON SC2000 ultrasound system (Quote Nr. 1-O9ZGAL Rev. 1)	4
General Terms and Conditions	5
Warranty Information	13

Contract Total: \$75,000
(total does not include any Optional or Alternate components which may be selected)

Proposal valid until 6/30/2019

Estimated Delivery Date: 6/30/2019

Estimated delivery date is subject to change based upon factory lead times, acceptance date of this quote, customer site readiness, and other factors. A Siemens representative will contact you regarding the final delivery date.

Accepted and Agreed to by:

Siemens Medical Solutions USA, Inc.

MEMORIAL HOSPITAL OF SWEETWATER

By (sign): _____
Name: Chip Van Krevelen
Title: Product Sales Executive
Date: _____

By (sign): _____
Name: _____
Title: _____
Date: _____

By signing below, signor certifies that no modifications or additions have been made to the Quotation. Any such modifications or additions will be void.

By (sign): _____

Quote Nr: 1-09ZGAL Rev. 1

Terms of Payment: 00% Down, 80% Delivery, 20% Installation
Free On Board: Destination

Purchasing Agreement: INTALERE INC #VQ10309 (ex Amerinet)

INTALERE INC #VQ10309 (ex Amerinet) terms and conditions apply to Quote Nr 1-09ZGAL

Refurbished ACUSON SC2000 ultrasound system

All items listed below are included for this system: *(See Detailed Technical Specifications at end of Proposal.)*

Qty	Part No.	Item Description
1	11289815	<p>SC2000, 5.0, REFURB BASE CONFIG</p> <p>The ACUSON SC2000 PRIME ultrasound system offers excellent image quality for both 2D and 3D without compromise and helps increase productivity with one-click knowledge-based measurements, automated protocols and navigational tools. It is the versatile system for your cardiovascular needs, providing the precision and speed clinicians require today.</p> <p>Premium Standard Features</p> <ul style="list-style-type: none"> * PRIME Configuration * IN Focus Coherent Technology * Native TEQ dynamic ultrasound technology (NTEQ) * Pediatric Imaging Package * eSie Left Heart package * eSieScan Workflow Protocols * Wireless Connectivity * Integrated Gel Warmer <p>Premium Ultrasound System:</p> <ul style="list-style-type: none"> * Large 21-inch high definition LCD display for easy viewing * Floating control panel with lock and Home Base design * 2 quick access USB ports on control panel, 3 USB ports on the back of the system and 1 USB port on the bottom right * Laser trackball * Ergonomic Micro-Pinless connector ports * 4 wheel swivel with high-end bearings for improved mobility * Rear Handle * Ambient, context sensitive lighting * 2 Terabyte hard drive <p>System Security:</p> <ul style="list-style-type: none"> * McAfee(r) embedded security solution
1	11286934	SC2000 5.0 Operating Sys, English
1	10433801	SC2000 English keyboard
1	10044612	115V Power Supply SC2000

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Chip Van Krevelen - (303) 676-7569

Qty	Part No.	Item Description
1	10044615	NTSC Video Interface SC2000
1	11288669	SC2000, 2D TTE BUNDLE The bundle provides additional feature-rich 2D technologies and transducers to achieve high quality exams by reducing measurement variability and improve workflow efficiency. It contains the following: * 4V1c Transthoracic Transducer * eSie Measure workflow acceleration package * eSie Stress Echo
1	10435109	SC2000 eSie VVI 3.0 syngo Velocity Vector Imaging (VVI) is an advanced 2D quantitative tool for assessment of global and regional myocardial muscle and motion mechanics. Visual and quantitative data output include velocity, strain, strain rate, ejection fraction and volume. Numerical data export via removable media. Available with Later Software Release.
1	10853305	SC2000 Adv Vascular Imaging Bundle The bundle provides additional feature-rich peripheral and cerebrovascular imaging technologies and transducers to achieve high quality vascular exams. It contains the following: * 9L4 Vascular Transducer * Advanced SieClear spatial compounding * Vascular Imaging Package
1	11151615	SC2000 Wireless Config, Non-EU This configuration provides the required hardware and software to abide by the wireless protocols for countries outside the European Union.
1	11286976	Aux Cable, stress echo/ext monitors The Aux Cable, Stress Echo, External Monitor Cables will work with all new ACUSON SC2000(tm) 5.0 ultrasound systems and upgraded 5.0 systems that have also upgraded the physio module.
1	10433824	Aux CW Transducer 2.0 MHz Non-imaging Doppler transducer for transthoracic adult and pediatric continuous wave spectral Doppler echocardiography.
1	11288854	SC2000, 5.0 REWORKED BASE SYSTEM
1	USD_INITIAL_2 4	Initial onsite training 24 hrs-FMV \$5700 Up to (24) hours of on-site clinical education training, scheduled consecutively (Monday - Friday) during standard business hours for a maximum of (4) imaging professionals. Uptime Clinical Education phone support is provided during the warranty period for specified posted hours. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.

System Total: \$75,000

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Chip Van Krevelen - (303)676-7569

OPTIONS on Quote Nr:

1-09ZGAL Rev. 1

OPTIONS for Refurbished ACUSON SC2000 ultrasound system

All items listed below are OPTIONS and will be included on this system ONLY if initialed:

Qty	Part No.	Item Description	Extended Price	Initial to Accept
1	10854295	<p>6C1 HD Transducer, SC2000</p> <p>The 6C1 HD high-density array transducer will enhance the ACUSON SC2000(tm) ultrasound system capabilities. It provides not only the imaging capabilities such as B-mode, Color and PW Doppler, Color Doppler Energy (CDE), Tissue Harmonic Imaging (THI) and TEQ(tm) ultrasound technology, but also supports advanced technologies such as Advanced SieClear(tm) spatial compounding. The transducer technology and design support a frequency range of 6MHz to 1.5MHz. Both fundamental and harmonic B-mode frequencies are supported.</p>	+ \$14,000	<u>X</u>

Maximum imaging depth is 30cm.

FINANCING: The equipment listed above may be financed through Siemens. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

ACCESSORIES: Don't forget to ask us about our line of OEM imaging accessories to complete your purchase. All accessories can be purchased or financed as part of this order. To purchase accessories directly or to receive our accessories catalog, please call us directly at 1-888-222-9944 or contact your local Sales Representative.

COMPLIANCE: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our Helpdesk "Tell us" function at www.siemens.com/tell-us.

Upgrades/Options/Software packages purchased and requiring installation by Siemens must be installed 60 days post shipment. If Siemens' access to the equipment on which such package(s) are to be installed is not made available within 60 days post shipment then invoicing will occur and payment will be due based upon contractual payment terms.



CANON MEDICAL SYSTEMS USA, INC.

Made For life

EQUIPMENT SUMMARY:

APLIO-I700/3.000

APLIO I700 ULTRASOUND SYSTEM

<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
	1	APLIO I700 ULTRASOUND IMAGING SYSTEM
	1	PROTOCOL ASSISTANT
PLI-705BX/FS	1	MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (11LX3)
PSI-30BX/FS	1	2D MATRIX ADULT CARDIAC TRANSDUCER (I6SX1)
UACV-AI700.100	1	CV KIT
	1	CV
	1	REFERENCE SIGNAL UNIT
	1	REFERENCE SIGNAL CABLE
	1	CONTINUOUS WAVE KIT
	1	PENCIL CONNECTOR UNIT
PC-20M	1	NON-IMAGING CONTINUOUS WAVE CARDIAC TRANSDUCER (P2)
USWT-AI900A/EL	1	2D WALL MOTION TRACKING KIT
USSE-AI700.100	1	INTEGRATED STRESS ECHO
	1	INTEGRATED STRESS ECHO MODULE
	1	PORT ADAPTOR 1/4" TO 1/8" SENNENHEISER DC-IN FOR EXTERNAL EKG/EXTERNAL STRESS ECHO EKG
UZGW-008A	1	GEL WARMER

TOTAL QUOTE PRICE
Applicable Sales Tax Additional

\$133,900.00



Line	Qty.	Catalog	
1	1.00	H8018EB	Vivid* E90 v203 Console Package

Net Price
\$101,760.00

The Vivid* E90 v203 Console Package includes:

- One (1) Vivid E90 w/OLED monitor v203 Console
- One (1) ECG cable and lead set
- Three (3) days of Clinical Applications training

The Vivid E90 combines the proven breadth, quality and performance of the Vivid product line with a new and revolutionary software based image processing platform: cSound*. The Vivid E90 is GE cardiovascular ultrasound's 2D leadership scanner. The system is designed to excel in adult 2D cardiac imaging, as well as in the following clinical application areas: pediatric cardiac, fetal/obstetrics, abdominal (incl. renal, GYN/Pelvic), pediatrics, small organ (incl. breasts, testes and thyroid), adult and neonatal cephalic, peripheral vascular, musculoskeletal conventional, musculoskeletal superficial, urology/prostate, transesophageal, transrectal, transvaginal and intraoperative (incl. vascular, thoracic/cardiac and abdominal). The Vivid E90 is delivered with a high quality 22" high resolution wide screen OLED monitor as standard for optimal spatial and dynamic resolution.

System Architecture

GE's exclusive, programmable and flexible beamforming technology, cSound, provides exceptional image quality and power compared to conventional GE hardware-based beam forming technology. In 2D, cSound offers true confocal imaging without the limitation of focal zones or sacrifice of frame rate and spatial resolution. Using both coherent and harmonic image processing, the system provides computational power, ease of imaging, workflow flexibility and product upgradeability.

The Vivid E90 excels in the following areas:

Exceptional image quality is created through the use of True Confocal Imaging. True Confocal Imaging is enabled by the cSound platform taking advantage of advanced software based image reconstruction and state of the art graphics computer technology. The Vivid E90 combines Ultra Definition Clarity filtering, HD Imaging (optimal resolution, penetration and image uniformity), Adaptive Contrast Enhancement (ACE) and virtual apex (larger field of view) to deliver a new standard of care in cardiovascular ultrasound image quality.

Probe technology

The XDclear series of probes are designed to help deliver powerful and efficient sound waves, with high bandwidth and efficiency. XDclear probe technology provides impressive deep penetration and high sensitivity while maintaining high spatial resolution. The combination of Single Crystal, Acoustic Amplifier and Cool Stack technology forms the core technology of the XDclear series of probes.

Ease of Use features make the Vivid E90 a very productive cardiovascular ultrasound system. The addition of a high resolution touch panel, combined with the familiar user interface of the Vivid product line gives both new and existing Vivid users an easy and effortless start to learning this new scanner. Additional ease of use for the operator in 2D imaging is provided by the cSound technology delivering auto optimized excellent image quality with minimal manipulation along with automated tools like Auto EF 2.0 with AI based View recognition, AFI 2.0 with AI based View recognition, AFI Stress, QuickApps, Cardiac Auto Doppler, Myocardial Work, Blood Speckle Imaging and Scan Assist Pro.

Ergonomic features include a highly portable user adaptable design with electronic adjustable height and keyboard, articulating and height adjustable monitor arm, and lightweight transducers combining to make the Vivid E90 an extremely ergonomic-friendly



cardiovascular ultrasound system.

The cSound platform takes GE's Raw Data to a new level. For image processing and reconstruction, the Vivid E90 utilizes more than 100 times the data compared to its predecessor. Additionally, the Vivid E90 uses an innovative data format technology that allows for advanced processing on archived images by applying many of the same scan controls and advanced quantitative tools as are available during the original exam.

Standard configuration includes:

- o 3 days of clinical applications training
- o Scan Assist (2D stress/CRT protocols)
- o Scan Assist Pro (protocol driven exams)
- o UD Clarity
- o HD Imaging
- o CPI
- o AMM/Curved AMM
- o TVI/Tissue Tracking
- o Auto Optimization (2D)
- o ASO
- o Compound
- o True Confocal Imaging
- o Virtual apex imaging
- o Virtual convex imaging
- o Adaptive Contrast Enhancement (ACE)
- o Extended Field of View (LOGIQView)
- o Q-Analysis: Qstress/ QTVI/QContrast
- o Advanced Vascular (BTL/BFI/Speckle Reduce)
- o Z Scores for pediatrics
- o DICOM® Media (embedded viewer requires optional purchase)
- o DICOM SR (Cardiac/Pediatrics/Vascular)
- o Heart Failure Report
- o DICOM Connectivity Pack (Modality Worklist/Print/Storage)
- o EchoPAC*/Patient Archive - Report Designer/Statement Engine/Normal Values/E-Sign-off Communication (this is software residing on the Vivid E95 Scanner and is not separate workstation software)
- o Configurable prospective/retrospective capture
- o LVO Contrast included as a QuickApps
- o Enhanced security features (Disk Encryption, LDAP, secure password policies)
- o QuickApps
- o Cardiac Auto Doppler
- o Ability to transfer Systole Only in stress to PACs
- o Selectable raw data transfer to PACS including AI based automatic View Recognition
- o Windows 10 operating system
- o White listing

The following options are available for purchase:

- o Vascular Contrast (optional purchase)
- o Stress (optional purchase)
- o AFI 2.0 (AFI, AFI w/TEE, Peak Strain Dispersion) (optional purchase)
- o Auto EF2.0 (optional purchase)



- o Myocardial Work (optional purchase)
- o IMT (optional purchase)
- o Rodent (optional purchase for a Veterinary configured console)
- o Tricefy (optional purchase)
- o Advanced QScan (optional purchase)
- o AFI Stress (optional purchase)
- o Blood Speckle Imaging (optional purchase)
- o Embedded DICOM viewer on media (optional purchase)
- o DVD/CD-R drive (optional purchase)
- o 6VT biplane/triplane option (optional purchase)
- o 4D option (optional purchase)
- o Wireless adapter (optional purchase)

*Trademark of General Electric Company
Third party trademarks are the property of their respective owners

Line	Qty.	Catalog		
2	1.00	H40442LM	9L-D Linear Array Probe	<u>Net Price</u> \$6,720.00

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

Line	Qty.	Catalog		
3	1.00	H44901AE	M5Sc-D XDclear* Matrix Phased Array Probe	<u>Net Price</u> \$7,440.00

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

Line	Qty.	Catalog		
4	1.00	H4830JE	P2D CW Pencil Probe	<u>Net Price</u> \$672.00

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

Line	Qty.	Catalog		
5	1.00	H8018EL	Vivid* E90 Advanced Bundle v203	<u>Net Price</u> \$13,200.00



The Vivid* E90 Advanced Bundle v203 option includes the following software options:

- Advanced Qscan
- Stress
- Auto EF 2.0
- AFI 2.0
- External ECG Cable Set

Advanced QScan Imaging is a package of Doppler based Left Ventricular quantification tools. Includes TSI (Tissue Synchronization Imaging), Advanced TSI, Strain and Strain Rate Imaging.

Stress option includes support for treadmill, bicycle and pharmacological stress protocols, including a continuous capture mode for acquisition and selection of projection views. Note: 4D Stress is included in the basic offering of Vivid E90 and Vivid E95 and does not require this option to work.

Auto EF 2.0 is the second generation automated 2D Ejection Fraction Measurement tool based upon a 2D-Speckle tracking algorithm. ROI editing is enhanced in Auto EF 2.0. The tool is integrated into the M&A package with specialized report templates. Auto EF 2.0 includes AI based View Recognition, enabling images to be automatically labelled, with the labels being used to simplify the workflow of Auto EF 2.0.

AFI 2.0 is the second -generation parametric imaging tool giving quantitative data for global and segmental strain. It allows a complete assessment at a glance by combining the 3 longitudinal views into one comprehensive selectable bulls-eye view, including one according to the ASE standard. AFI 2.0 is integrated into the M&A package with specialized report templates. The option provides enhanced and simplified workflow with adaptive ROI width, simplified ROI editing, selectable full wall/endocardial strain calculation, display of ejection fraction, DICOM export, and "Easy AFI"; the ability to exit the tool after only have analyzed one or two views (only global strain supported). Standard TTE AFI, TriPlane AFI and AFI with TEE are all supported. AFI 2.0 includes AI based View Recognition, enabling images to be automatically labelled, with the labels being used to simplify the workflow of AFI 2.0.

The External ECG Cable set provides various cables and connectors to enable connection of ECG from stress treadmills and ECG monitors to our Vivid E90 and Vivid E95.

*Vivid is a trademark of General Electric Company or one of its subsidiaries.

Line	Qty.	Catalog		
6	1.00	H45601RT	Vivid Exx DVD Option ComExpress	<u>Net Price</u> \$480.00

Line	Qty.	Catalog		
7	1.00	H45601JA	Vivid E95 90 80 v203 User Manual - Eng	<u>Net Price</u> \$48.00



GE Healthcare

May 20, 2019

Quote Number: 2006033771.2

Customer ID: 1-23LBLM

Agreement Expiration Date: 8/18/2019

Total Quote Subtotal: \$130,320.00

Total Quote Net Selling Price: \$ 130,320.00

# Assigned: FY 19 - 42	
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: IT/Security	Submitted by: Rich Tyler
Date: 11/5/18	
Provide a detailed description of the capital expenditure requested:	
Replacement security camera system	
Preferred Vendor:	
Total estimated cost of project (Check all required components and list related expense)	
<ol style="list-style-type: none"> 1. Renovation 2. Equipment 3. Installation 4. Shipping 5. Accessories 6. Training 7. Travel costs 8. Other e.g. interfaces 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Total Costs (add 1-8)	
\$ 61,673.98	
Does the requested item:	
Require annual contract renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Fit into existing space? <input type="checkbox"/> YES <input type="checkbox"/> NO	Explain:
Attach to a new service? <input type="checkbox"/> YES <input 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	Budgeted Item:
Projected Annual Procedures (NEW not existing)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	\$
Review and Approvals	
Submitted by: Rich Tyler	Verified enough Capital to purchase
Department Leader	<input 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

This request is to replace the current security camera system at the hospital.
The project consists of replacing the cameras as well as installing new network cabling and connecting everything to an ethernet based digital video recording system.

Notes:

The current CCTV system was installed in 2001 and the security department has continued to piece together the current system. We currently have 16 cameras that are on coax cable, utilizing outdated technology. The cameras utilize 4 different recording appliances throughout the hospital, each one utilizing different software. The current system can keep between 4-6 days of video before it is purged.

The security department feels it is important to replace the current system with updated technology and improved image quality.

The current system is 17 years old and has reached its end of useful life. The security department has replaced a few cameras over the years, but the system is very outdated.

The security department currently utilizes 36 cameras strategically located through the hospital and MOB. The main goal of the security department is to maintain the safety and security of all employees, patients, and community members within our facility.

1st quote

Cameras/equipment/cabling/install (HARRIS): \$40,310.00
3 year Support (HARRIS): \$4,107.00
Server/Storage (CDWG): \$17,256.98
Total Hardware Cost: \$57,566.98
Total 3yr annual support cost: \$4,107.00
Grand Total Cost: \$61,673.98

2nd quote via Verkada Surveillance

Cameras and equipment: \$38,662.40
Total 3yr annual support cost: \$14,371.20
Server/Storage (cloud based no cost): \$0
Estimate of network cabling/install: \$10,000
Total Hardware Cost including install \$48,662.40
Total 3yr annual support cost \$14,371.20
Grant total cost: \$63,033.60

We are recommending purchase of the 1st quote from Harris/CDWG.

Submitted by: Signature

11/5/18

Date



PROJECT #

PROJECT SITE INFO:

NAME: Sweetwater Memorial Hospital
ADDRESS: 1200 College Drive
CITY, STATE, ZIP: Rock Springs, WY 82901
PREPARED FOR: Stacey Nutt, David Beltran

Date: 11/2/2018

HARRIS
1193 WEST 2200 SOUTH STE A
SALT LAKE CITY, UT 84119
P 801-956-0465

PROJECT BILLING INFO:

NAME: Sweetwater Memorial Hospital
ADDRESS: 1200 College Drive
CITY, STATE, ZIP: Rock Springs, WY 82901
BILLING EMAIL:
CUSTOMER PO:
PREPARED BY: Ryan Snow (801) 885-6756

QUOTATION AND B.O.M.

PROJECT DESCRIPTION

- 1. Replace existing analog cameras and cabling with IP Megapixel cameras.
2. Add new IP Cameras to: Main Entrance Drive Thru, ER Entrance Drive, Thru, MED/SURG S-E Corner (outdoor), OB Entrance, OR Area N-W Corner (outdoor)
3. Install WAVE VMS and program new IP and existing IP cameras on to customer provided server.

Table with columns QTY and DESCRIPTION. Rows include ICU, MED/SURG, OB, ER, College Hill, Outdoor MED/SURG, and Outdoor OR Area with various camera specifications and quantities.

Accepted for Construction by _____ Date _____
HARRIS
Confidential



PROJECT #

PROJECT SITE INFO:

NAME: Sweetwater Memorial Hospital
ADDRESS: 1200 College Drive
CITY, STATE, ZIP: Rock Springs, WY 82901
PREPARED FOR: Stacey Nutt, David Beltran

Date: 11/2/2018

HARRIS
1193 WEST 2200 SOUTH STE A
SALT LAKE CITY, UT 84119
P 801-956-0465

PROJECT BILLING INFO:

NAME: Sweetwater Memorial Hospital
ADDRESS: 1200 College Drive
CITY, STATE, ZIP: Rock Springs, WY 82901
BILLING EMAIL :
CUSTOMER PO:

QTY DESCRIPTION

- Outdoor LAB
1 Samsung 2MP, Bullet Camera with IR, D/N, Varifocal 4-16mm Lens, WDR
Located on N-E corner Covering Main Entrance Drive Thru
Outdoor ER
1 Samsung Multi-sensor Multi-Directional dome camera, (5MP X 4 sensors) 20MP Multi-Sensor 180-360 degree
1 Cap adapter for 20MP Multi-sensor Camera Wall Adapter Mount
1 Corner Mount
1 Gooseneck Wall Adapter
Located on N-W corner covering parking areas
47 WAVE Professional License, includes life-time SW upgrade. No annual & maintenance cost required.
7 Cat6 Plenum
1 Installation, Configuration, Programming and Training
1 Misc installation parts
4 Per Diem

Lump Sum Total: \$40,310.00

36 Month Maintenance Option:

Maintenance includes scheduled semi annual inspections and software upgrades and repairs as necessary or required for optimal system operation.

Add to Lump Sum Total: \$4,107.00

Exclusions: Recording Server, Work Stations, POE Switches, Patch Panels and Fiber Optic networking to be provided by customer.

Accepted for Construction by _____ Date _____

HARRIS
Confidential

QUOTE CONFIRMATION



DEAR STACEY NUTT,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
KNSM902	4/15/2019	VIDEO SERVER AND STORAGE	1423698	\$17,256.98

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
DELL STORAGE MD1400 12 HDS Mfg. Part#: 210-ACZB Contract: Intalere Tier 4 (VH10213)	1	5210646	\$13,374.35	\$13,374.35
DELL CTO PE R540 1X4112 32GB PS Mfg. Part#: 3000037065824 Contract: Intalere Tier 4 (VH10213)	1	5541157	\$3,882.63	\$3,882.63

PURCHASER BILLING INFO		SUBTOTAL	\$17,256.98
Billing Address: MEMORIAL HOSPITAL OF SWEETWATER ATTN ACCTS PAYABLE PO BOX 1359 ROCK SPRINGS, WY 82902-1359 Phone: (307) 362-3711 Payment Terms: Net 30 Days-Healthcare		SHIPPING	\$0.00
		SALES TAX	\$0.00
		GRAND TOTAL	\$17,256.98
DELIVER TO Shipping Address: MEMORIAL HOSPITAL OF SWEETWATER 1200 COLLEGE DR ROCK SPRINGS, WY 82901-5868 Phone: (307) 362-3711 Shipping Method: DROP SHIP-GROUND		Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	

Need Assistance? CDW•G SALES CONTACT INFORMATION			
	Samml Hintze	(877) 698-5221	sammhin@cdwg.com

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at <http://www.cdwg.com/content/terms-conditions/product-sales.aspx>
 For more information, contact a CDW account manager

© 2019 CDW•G LLC, 200 N. Milwaukee Avenue, Vernon Hills, IL 60061 | 800.808.4239

Description	SKU	Qty
Dell Storage MD1400 - [deleted], 1350		1
Estimated delivery if purchased today:		
May 14, 2018		
Contract # 94444		
Dell Storage MD1400, 12 HDDs 3.5", Backmount, 3Us	210-ACFB	1
Razer MD1400, 7U, 12 Drives	325-BCBY	1
Enclosure Management Module, dual	403-BBGM	1
MD1400/SC400 Enclosure Regulatory Label, Mexico	340-AKPL	1
Power supply, AC 600W, Redundant	450-AEBJ	1
C13 to C14, PDU Style, 12 AMP, 6.5 Feet (2m) Power Cord, North America	492-BBDI	1
C13 to C14, PDU Style, 12 AMP, 6.5 Feet (2m) Power Cord, North America	492-BBDI	1
Rack mt, 3Us, Static	770-BBJE	1
Dell Storage MD1400 Shipping - DAC	340-AKOE	1
US Order	332-1292	1
Dell Hardware Limited Warranty Plus On Site Service Initial Year	976-8985	1
Dell Hardware Limited Warranty Plus On Site Service Extended Year	976-8985	1
Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, Initial Year	977-7814	1
Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, 2 Year Extended	977-7815	1
ProSupport: 7x24 HW / SW Tech Support and Assistance, 3 Year	977-7834	1
MISSION CRITICAL PACKAGE: Enhanced Services, 3 Year	977-7843	1
Thank you choosing Dell ProSupport. For tech support, visit www.dell.com/support or call 1-800-945-3355	988-3439	1
On-Site Installation Declined	900-8997	1
Declined Remote Consulting Service	973-2426	1
No Raid, no Controller	465-AWFC	1
12Gb HD-Mini to HD-Mini SAS cable, 2m	470-ABDD	1
Hard Drive Blank Filler 3.5	400-ABSK	5
12TB 7.2K RPM NLB SAS 12Gbps 512s 3.5in Hot-plug Hard Drive	400-AJUE	7

Description	SKU	Qty
PowerEdge R540 - [amer_r540_12425]		1
Estimated delivery if purchased today:		
May. 09, 2019		
Contract # 04ACU		
PowerEdge R540 Server	210-ALZH	1
PowerEdge R540 Motherboard	384-BBTH	1
No Trusted Platform Module	461-AADZ	1
3.5" Chassis with up to 8 Hot Plug Hard Drives	321-BCWW	1
Internal PERC	405-AAOM	1
PowerEdge R540 Shipping	340-BBIO	1
PowerEdge R540 Shipping Material	461-BBDO	1
Intel Xeon Silver 4112 2.6G, 4C/8T, 9.6GT/s , 8.25M Cache, Turbo, HT (85W) DDR4-2400	338-BLUR	1
No Additional Processor	374-BBBX	1
1x16 FH, 3xLP, 1CPU	330-BBIS	1
Thank You for Choosing Dell	555-BBNG	1
2666MT/s RDIMMs	370-ADNU	1
Performance Optimized	370-AAIP	1
RAID 1	780-BCDN	1
PERC H330 RAID Controller, Adapter, Low Profile	405-AAAP	1
Windows Server 2016 Standard, 16CORE,Factory Installed, No Media,NO CAL	634-BILL	1
IDrac9, Basic	385-BBLD	1
IDRAC Group Manager, Disabled	379-BCQY	1
IDRAC, Legacy Password	379-BCSQ	1
On-Board LOM	542-BBBP	1
DVD ROM, SATA, Internal	429-ABCM	1
Dual, Hot-plug, Redundant Power Supply (1+1), 750W	450-AGRC	1
PowerEdge 2U Standard Bezel	325-BCHU	1
Dell EMC Luggage Tag	350-BBLI	1
No Quick Sync	350-BBKU	1
Performance BIOS Settings	384-BBBE	1
UEFI BIOS Boot Mode with GPT Partition	830-BBDM	1
ReadyRais Sliding Rails Without Cable Management Arms	778-BBEO	1
No Systems Documentation, No OpenManage DVD Kit	634-AAACK	1
IDRAC Service Module (ISM), NOT Installed	379-BCQX	1
US Order	332-1286	1
Dell Hardware Limited Warranty Plus On-Site Service	815-4328	1
ProSupport: Next Business Day On-Site Service After Problem Diagnosis, 3 Years	815-4373	1
ProSupport: 7x24 PWEW Technical Support and Assistance, 3 Years	815-4385	1
Thank you choosing Dell ProSupport. For tech support, visit www.dell.com/psupport or call 1-800-845-3335	980-3439	1
On-Site Installation Declined	900-0997	1
16GB RDIMM, 2666MT/s, Dual Rank	370-ADND	2
240GB SSD SATA Read Intensive 16Gbps 512 2.5in Hot-plug Drive,3.5in HYS CARR, 1 DWPD,438 TBW	400-AW-F	2
Windows Server 2016 Standard Edition, No Media;2012R2 Downgrade Media, Multi-Language	634-BLOR	1
Windows Server 2016 Standard, 16CORE Media Kit	634-BELD	1
OLogic Fast I/O 41112 Dual Port 10GbE SFP+ Adapter, PCIe Low Profile	540-BEZO	1
PERC HB40 RAID Adapter for External MD14XX Only, 8GB NV Cache, Low Profile	405-AAALZ	1
NEMA 5-15P to C13 Wall Plug, 125 Volt, 15 AMP, 18 Feet (3m), Power Cord, North America	459-AALV	2

3 Year

Annual Cost

# of Cameras	Product	List Price	Discount	Discounted Price	Upfront Cost	Savings	List
28	D30 Indoor	\$ 799.00	20.00%	\$ 639.20	\$ 17,897.60	\$ 4,474.40	\$ 22,372.00
0	D40 Indoor Mini Dome	\$ 799.00	20.00%	\$ 639.20	\$ -	\$ -	\$ -
8	D50 Outdoor	\$ 999.00	20.00%	\$ 799.20	\$ 6,393.60	\$ 1,598.40	\$ 7,992.00
0	D80 Fisheye Indoor/Outdoor	\$ 1,899.00	20.00%	\$ 1,519.20	\$ -	\$ -	\$ -
0	1year LIC term	\$ 199.00	20.00%	\$ 159.20	\$ -	\$ -	\$ -
36	3year LIC term	\$ 499.00	20.00%	\$ 399.20	\$ 14,371.20	\$ 3,592.80	\$ 17,964.00
0	5year LIC term	\$ 799.00	20.00%	\$ 639.20	\$ -	\$ -	\$ -
0	10year LIC term	\$ 1,599.00	20.00%	\$ 1,279.20	\$ -	\$ -	\$ -
					\$ 38,662.40		\$ 48,328.00

Total Cost \$ 38,662.40

Savings Off List Price: \$ 9,659.60

"Annual Cost" \$ 4,790.40

5 Year

# of Cameras	Product	List Price	Discount	Discounted Price	Upfront Cost	Savings	List
28	D30 Indoor	\$ 799.00	26.00%	\$ 591.26	\$ 16,555.28	\$ 5,816.72	\$ 22,372.00
0	D40 Indoor	\$ 799.00	26.00%	\$ 591.26	\$ -	\$ -	\$ -
8	D50 Outdoor	\$ 999.00	26.00%	\$ 739.26	\$ 5,914.08	\$ 2,077.92	\$ 7,992.00
0	D80 Fisheye Indoor/Outdoor	\$ 1,899.00	26.00%	\$ 1,405.26	\$ -	\$ -	\$ -
0	1year LIC term	\$ 199.00	26.00%	\$ 147.26	\$ -	\$ -	\$ -
0	3year LIC term	\$ 499.00	26.00%	\$ 369.26	\$ -	\$ -	\$ -
36	5year LIC term	\$ 799.00	26.00%	\$ 591.26	\$ 21,285.36	\$ 7,478.64	\$ 28,764.00
0	10year LIC term	\$ 1,599.00	26.00%	\$ 1,183.26	\$ -	\$ -	\$ -
					\$ 43,754.72		\$ 59,128.00

Total Cost \$ 43,754.72

Savings Off List Price: \$ 15,373.28

"Annual Cost" \$ 4,257.07

10 Year

# of Cameras	Product	List Price	Discount	Discounted Price	Upfront Cost	Savings	List
28	D30 Indoor	\$ 799.00	34.00%	\$ 527.34	\$ 14,765.52	\$ 7,606.48	\$ 22,372.00
0	D40 Indoor	\$ 799.00	34.00%	\$ 527.34	\$ -	\$ -	\$ -
8	D50 Outdoor	\$ 999.00	34.00%	\$ 659.34	\$ 5,274.72	\$ 2,717.28	\$ 7,992.00
0	D80 Fisheye Indoor/Outdoor	\$ 1,899.00	34.00%	\$ 1,253.34	\$ -	\$ -	\$ -
0	1year LIC term	\$ 199.00	34.00%	\$ 131.34	\$ -	\$ -	\$ -
0	3year LIC term	\$ 499.00	34.00%	\$ 329.34	\$ -	\$ -	\$ -
0	5year LIC term	\$ 799.00	34.00%	\$ 527.34	\$ -	\$ -	\$ -
36	10year LIC term	\$ 1,599.00	34.00%	\$ 1,055.34	\$ 37,992.24	\$ 19,571.76	\$ 57,564.00
					\$ 58,032.48		\$ 87,928.00

Total Cost \$ 58,032.48

Savings Off List Price: \$ 29,495.52

"Annual Cost" \$ 3,799.22

17
Assigned: FY 2020-43

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: Facilities **Submitted by:** JH **Date:** 5/14/19

Provide a detailed description of the capital expenditure requested:
 ICU Roofing replacement

Preferred Vendor: Clark's Quality Roofing

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

1. Renovation	\$
2. Equipment	\$
3. Installation	\$ 91,570.00
4. Shipping	\$
5. Accessories	\$ 4,480.00
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 96,050.00

Does the requested item:

Require annual contract renewal? YES NO

Fit into existing space? YES NO Explain:

Attach to a new service? YES NO Explain:

Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical	\$
	HVAC	\$
	Safety	\$
	Plumbing	\$
	Infrastructure (I/S cabling, software, etc.)	\$

Annualized impact on operations (if applicable):
Increases/Decreases **Budgeted Item:**

Projected Annual Procedures (NEW not existing) YES NO

Revenue per procedure	\$	# of bids obtained? <u>2</u>
Projected gross revenue	\$	
Projected net revenue	\$	<input checked="" type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	

Review and Approvals

Submitted by:	Verified enough Capital to purchase
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chief Financial Officer	<input 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

Our last section of original roof to replace. It has been the cause for continual leakage and repair. It is long past its expected lifespan. Due to the age of the roofing, moisture has been able to penetrate the building and roof system. Flashing and membrane need to be replaced due to damage from age and weather.

County maintenance funds will be used for this project.

Two proposals received:

Clark's Quality Roofing - \$91,570 + railing \$4,480 = 96,050

CentiMark - \$182,844 + railing \$6,434 = \$189,278

Submitted by: Signature

Date



www.cqrinc.com

Corporate Headquarters
334 West Anderson Avenue, Murray Utah 84107
Toll Free: 888-266-3575 Fax: 801-266-3692

Bid To:
Jim Horan
1200 College Drive
Rock Springs, WY 82901

Date: 3/8/2019

Building:

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

Phone: (307) 362-3711
Email: jhoran@sweetwatermemorial.com

Estimator: Jeremy Searle

Job: PRJ #: Memorial Hospital of Sweetwater County

Work To Be Performed:

Roof Deck Preparation

- We will be removing & disposing of existing rock ballast.
- We will be removing & disposing of the existing EPDM membrane.

Underlayment

- We will adhere existing tapered foam and replace any wet foam at \$2.00/sq.ft.
- We will adhere 1.5" polyisocyanurate foam insulation.

Roof Membrane

- We will be adhering a 60 mil EPDM single-ply membrane.

Sheet Metal & Accessories

- New perimeter metal flashings will be installed.
- Remove obsolete roof hatch and patch hole with metal decking and in-fill with insulation.

Warranty

- A 20 year manufacturer's material and 10 year labor warranty will be provided.

North Section Bid Price: \$53,890.00

Center Section Bid Price: \$37,680.00

To install railing and a gate,

add \$4,480.00

Project Preparation

- Perform a pre-job meeting to determine jobsite logistics and safety requirements.
- Furnish proposed construction schedule, if required.

Safety Related

- Furnish and install proper safety equipment in accordance with OSHA standards.
- Furnish and install warning lines to identified areas associated with ground related roofing activities.
- Store roofing materials in accordance with good roofing practices. Materials will be placed to distribute weight loads evenly throughout the entire roof area

Employee Professionalism

- All work shall be performed in a safe, professional manner in compliance with Clark's Quality Roofing policy.

Permits

- Contractor shall supply the necessary permits for the project.

Nightly Tie-In's

- Temporary water cut-offs are to be constructed at the end of each working day to protect the newly installed roof system and building interior. Any damage to the interior as a result from leaks originating from roofing tie-ins will be the responsibility of the contractor.

Clean Up

- All work premises shall be cleaned daily during the construction process and at the completion of the project.

Job Acceptance and Punch List

- Conduct a post job walk through for final sign-off of job completion. All punch-list items shall be corrected before final payment is made.



Practical Roof Solutions™

www.cqrinc.com

Corporate Headquarters
334 West Anderson Avenue, Murray Utah 84107
Toll Free: 888-266-3575 Fax: 801-266-3692

The terms and conditions listed on this and the following page are also an integral part of this proposal and will be incorporated into any future contract. If any additional contracts or documents are required beyond this proposal then an additional \$600.00 will be added to the proposed price. No waiver of subrogation will be given unless specifically negotiated prior to acceptance of the bid.

The following terms & conditions are agreed to:

1. All Work to be completed in a workmanlike manner according to standard roofing practices and manufacturer's specifications.
2. The customer agrees to provide access to the building and allow suitable ground access for staging and set-up, and will provide electricity and water if necessary, in performance of work.
3. CQR will inform the customer of any unforeseen conditions, which the roofing crew may uncover, that may affect the work. The customer can then have CQR correct the condition(s) under a change order or have a qualified contractor perform the work. The customer acknowledges that CQR is neither an engineer nor an architect and that only defects will be reported.
4. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.
5. CQR's scope of work does not include the identification, detection, abatement, encapsulation or removal of asbestos or any other hazardous materials. If any such product or materials is encountered and identified by anyone in the course of this work, CQR shall have the right to discontinue work until such products, materials, or hazards are removed or until it is determined that no hazard exists. Remobilization fees and time delays will be the responsibility of the customer.
6. The customer will be fully responsible for the identification of and removal of mold or mold spores found within the structure resultant from moisture either before or after the work covered under this proposal. The customer also agrees that no warranty, either expressed or implied, covers any mold or mold spore removal. The customer further agrees to be fully responsible for any health conditions caused by mold or mold spores present either before or after the work covered by this proposal.
7. The following items of work are not included in the scope unless specifically identified elsewhere in this proposal: Deck repair or replacement. Snow, ice, or moisture removal. Work of other trades including carpentry, painting, skylight repair/replacement, plumbing, electrical, structural, alterations required by local building codes, Re-sloping roof surface through either tapered insulation or structural modification, or returning after substantial completion of an area to complete detail at roof top protrusions not installed before roof installation. Damage caused by other trades is not the responsibility of CQR.
8. A contractor's warranty as specified by State law is given where applicable. No other warranty, either expressed or implied is provided unless specifically outlined in writing above. The customer agrees to afford CQR reasonable opportunities to remedy deficiencies in the work thru prompt notification of any leaks and by providing access to work. Maintenance of the building is the responsibility of the customer. This should include periodic professional inspection of the roof surface, caulking of sheet metal components, prompt correction of defects not covered by any warranties, if any and prompt notification of any and all defects covered by any warranties.
9. CQR reserves the right to commence or delay work when or until weather conditions are such as to insure proper installation or roofing system. Furthermore CQR will set the construction schedule unless specific schedule is otherwise defined above.
10. Completion of the work is contingent upon labor strikes, material availability, accidents, delays, inclement weather conditions or other causes beyond our control.
11. Customer agrees to carry fire, tornado, hail, windstorm, and other necessary insurance on this project. CQR will carry workers compensation and general liability insurance during the course of this project. The customer will relocate and/or provide insurance coverage for any expensive or unusual contents of the building.
12. Terms of payment are Net 15 unless otherwise stipulated above. Monthly progress billings may be issued during the course of this job. Finance charges of 1.5% per month (18% APR) may be added to any unpaid balance. In the event this account becomes delinquent, reasonable attorney fees, collection charges and lien filing fees will be paid by customer.
13. All surplus materials at the end of the job will be deemed property of Clark's Quality Roofing or its subcontractors.
14. If accepted, this proposal will be incorporated into any other contract document.

Acceptance of Proposal: The above price, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. This proposal may be withdrawn by CQR if not accepted within 30 days.

I, _____ accept the above proposal.

Printed Name

20

Date

Signature on Behalf of Company

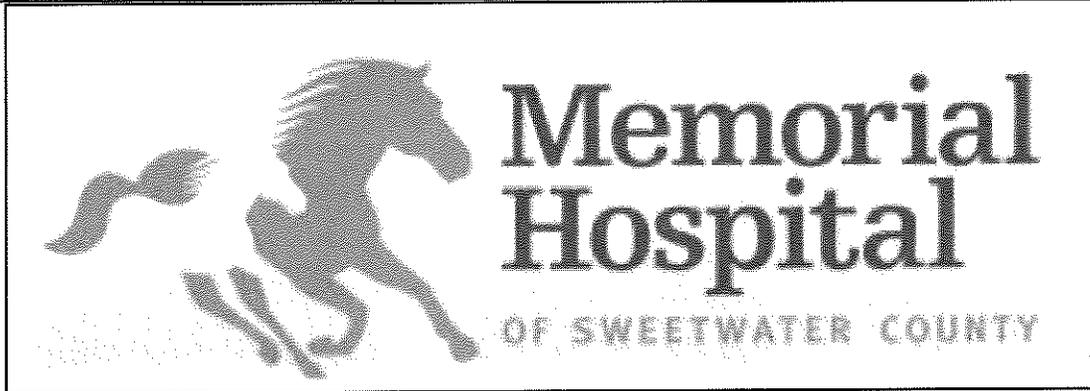
Title

Portland Sacramento Los Angeles Phoenix St. George Salt Lake City Idaho Falls Denver Dallas Jacksonville

OR - 146750 WA - CLARKROOFING CO - FEB19 4 NV - 104192 AZ - 103163 UT - 82342925-2501 ID - 11450-00 NM - 87254 MI - 57377 NE - 24812 ND - 30163 FL - 0201325034



Roof Assessment and Proposed Solution



Memorial Hospital of Sweetwater County - Rock Springs, WY

Thank You for Considering CentiMark

www.CentiMark.com



Prepared On: 04/08/2019

Version: 278258.1.2

Prepared For:

Customer Information

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

Attn: James Horan
Director Of Facilities Support Services

Email: jhoran@sweetwatermemorial.com

Location Information

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

Attn: James Horan
Director Of Facilities Support Services

Email: jhoran@sweetwatermemorial.com

Intalere Id: 000750

Prepared By:

Project Manager

Jeffrey Bess
CentiMark Corporation
12330 E 46th Ave Ste 100
Denver, CO 80239-315

Jeffrey.Bess@centimark.com
Phone: 303-583-3939
Fax: 303-583-3949

**CentiMark Supplier Contract:
#VQ04900**



Please visit us at www.centimark.com

See what makes CentiMark different

◀◀◀ Drawing ▶▶▶▶

Section: ICU
Area: Drawing



◀◀◀ Construction Specification ▶▶▶▶

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

Specifications For CentiMark EPDM Adhered System

Sections included: ICU

Project Preparation:

- Perform a pre-job meeting to determine jobsite logistics and safety requirements.
- Furnish proposed construction schedule, if needed.
- Furnish and install temporary rooftop chute assembly for debris removal.
- Furnish and install proper safety equipment in accordance with Centimark's written safety program. 

Safety Related

- Furnish and install warning lines to identified areas associated with ground related roofing activities.
- Store roofing materials in accordance with good roofing practices. Material placement will be to distribute weight loads throughout the entire roof area. 

Surface Preparation:

- Snow removal is not included in this proposal.
- Remove and dispose of existing roof down to structural deck.
- Removal of existing roof will be limited to an amount that can be replaced the same day.
- Inspect existing structural deck for deterioration.
- Visually inspect the existing concrete deck. If any is found not capable of providing an acceptable substrate for the installation of the new roof it will be brought to the owner's attention and a plan to resolve will be more comprehensively discussed at that time.
- Remove roof top equipment (2 ea. roof hatches) as designated by Owner. Furnish and install deck material and rigid insulation to replace void left by equipment removed.
- Remove and dispose of existing pitch pan(s) as needed.
- Remove existing sheet metal copings and dispose of debris.
- Remove existing wall flashings to a workable surface and dispose of debris.

Insulation Attachment:

- Furnish and install 10,687 square feet of a tapered EPS insulation system with a slope of 1/4" per foot. The system will have a minimum starting thickness of .5". The method of attachment for the tapered insulation system will be low rise foam adhesives.
- 2" ISO will be used to fill the void on the interior of the parapet wall to prevent tenting/bridging.

Furnish and install one layer of 1/2" Securock, over a prepared substrate utilizing an application of low rise foam adhesives.

System Application:

Furnish a **CentiMark** 60 mil, non-reinforced, EPDM roofing membrane.

Position the EPDM membrane over the newly prepared substrate and allow the membrane sufficient time to "relax" prior to installation.

Adhere EPDM membrane to the prepared surface.

The seam shall overlap by no less than 6", solidly primed and sealed with butyl based seam tape.

HVAC, Curbed Penetrations and other Air Handling Unit Details

Furnish and install a 6" wide laminated reinforcement perimeter strip at the base of the curb. Adhere the EPDM membrane up the curb using a bonding adhesive. All corners will then be completed with uncured EPDM rubber flashing.

Parapet Wall Detail

Furnish and install a 6" wide laminated reinforcement perimeter strip at the base of the wall. Adhere the EPDM membrane up and over the top of the parapet wall and install a new metal coping.

Pipes Less Than 6" In Diameter

Furnish and install new prefabricated rubber pipe boot secured at the top with a stainless steel screw type clamp adhered to the field sheet. 🗣️

Stacks Greater Than 6" In Diameter

Furnish and install 60 mil EPDM uncured flashing.

Furnish and install 60 mil EPDM uncured flashing at roof projections.

Furnish and install new pitch pan(s) and/or ChemCurb(s) as needed.

New pitch pan(s) and/or ChemCurb(s) shall be installed utilizing mechanical fasteners and/or adhesives and topped with sealant.

Furnish and install EPDM uncured flashing to meet the dimensions of the pitch pan(s).

Furnish and install sealants to detail projections as needed.

Sheet Metal Accessories:

Furnish and install new drain assembly(s) as needed.

Furnish and install new 24 gauge pre-finished galvanized steel coping with continuous cleat on exterior perimeter walls only. Choice of color to be selected by owner from a standard color chart.

Standard Operating Procedures:

Employee Professionalism

All work shall be performed in a safe, professional manner in compliance with Centimark policy.

Permits

This proposal is contingent upon city/county approval for CentiMark's scope of work.

CentiMark will supply the necessary permits for the project.

Nightly Tie-In's

Depending on new roof system being installed, temporary water cut-offs are to be constructed at the end of each working day to protect the newly installed roof system and building interior.

Clean Up

All work premises will be cleaned daily during the construction process and at the completion of the project.

Job Acceptance and Punch List

Conduct a post job walk through for final sign-off of our job completion form.

Warranty

Upon purchase of the roofing system, you become entitled to receive the benefits of single source responsibility through **CentiMark's** comprehensive written warranty. This warranty protects your roof against defects in materials or workmanship. If your roof leaks at any time during the warranty period, we will provide complete warranty service.

Quote Name	Section Name	Length
Memorial Hospital EPS EPDM SR FA	ICU	20

CentiMark Corporation disclaims any and all responsibility for pre-existing conditions including, but not limited to: structural damage or deficiencies, clogged drains, mold growth, excessive standing water, removal of hazardous material or other hidden deficiencies such as; damaged or leaking skylights, HVAC units/conduits, electrical or gas lines. This proposal does not cover, and in no case shall CentiMark be liable for, the removal of, or damage to, HVAC units/conduits, gas lines, water lines, electric lines, or conduits, whether located above, below, or in the roof system, lightning protection systems, landscaping, communication cable, communication devices, or other devices, including recalibration of satellites. It is the building owner's financial obligation to provide corrective measures.

Assigned: FY 2019 - 44

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: Laboratory **Submitted by:** Mary Fischer, MT(ASCP) **Date:** 5.24.2019

Provide a detailed description of the capital expenditure requested:

STAGO COMPACT MAX; This is a coagulation analyzer, perfect for performing testing in our mid-size laboratory. We would like to acquire the new analyzer, use the current Compact Max analyzer as our backup and trade in the Stago Satellite, the current back up analyzer. Having two of the same analyzers will increase consistency for required laboratory protocols such as competencies, correlations, and establishing geo-means. We would also like to bring in a new and preferred test for heparin protocol and the acquisition of this analyzer will help facilitate that.

Preferred Vendor: Stago

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

1. Renovation	\$
2. Equipment	\$ 44,000
3. Installation	\$
4. Shipping	\$ 1,670.64
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 45,670.64

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:

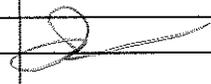
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ \$ \$ \$ \$
---	--	----------------------------

Annualized impact on operations (if applicable):
Increases/Decreases **Budgeted Item:**

Projected Annual Procedures (NEW not existing) YES NO

Revenue per procedure	\$	# of bids obtained? <u>2</u>
Projected gross revenue	\$	
Projected net revenue	\$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	

Review and Approvals

Submitted by:	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input 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

This analyzer performs coagulation testing for our patients. This includes PT/INR, PTT, Fibrinogen and D-dimer. These are tests used to monitor coumadin and heparin therapy, and aid in the diagnosis of bleeding disorders and other serious conditions. This analyzer is used on a 24/7 basis to perform about 6000-7000 tests yearly.

Pricing is submitted for two comparative analyzers. The preferred vendor is Stago for the following reasons:

- Stago is recommended by our Medical Director, Dr. Karn.
- Stago gives us the ability to keep our current analyzer as a backup.
- Stago will give us trade in value of 7,500 for our current back up analyzer.
- Stago pricing is lower than the comparative bid from ACL.
- With Stago, we can use our current interface. There will be no need to incur additional costs associated with a new interface.
- Staff is familiar with Stago, the transition to a new analyzer will be seamless.

The purchase of the Stago analyzer will assist in meeting regulatory requirements. Currently, our back up and primary analyzer are made by the same manufacturer, but are not the same analyzer. Acquiring two of the same analyzers will allow for seamless transitions during downtimes. Our current analyzer can function as our back up and the new one will be considered the primary. The same platform will also minimize on-going training, and help streamline and standardize regulatory competencies, correlations and establishment of geometric means. These are all regulatory requirements, surveyed every other year by the Joint Commission.

Other advantages for purchasing this new analyzer include;

1. A training slot is available at no additional cost with the purchase of a new instrument. The ability to have current education on a highly specialized analyzer is especially valuable with our mature staffing.
2. The addition of a new assay, Anti Heparin-Xa, to assist in heparin monitoring. The training slot available to us at no cost will assist in the onboarding of this new assay.
3. Hardware and software upgrades to the current system. A new hardware feature is a cap piercer, a valuable addition that can result in decreased downtime. Upgraded software for the new and current analyzer will be more user friendly and aid with Quality Control documentation and peer reports.
4. No additional interface charges incurred with the purchase of this analyzer. The same interface can be used for both primary and secondary analyzer, resulting in seamless reporting during downtimes. Also, this becomes especially important as the current electronic record may change in the future. The ability to have a seamless transition to a new analyzer without an additional interface charge results in cost savings to the hospital.
5. This is Intalere pricing, the best pricing available for our Hospital buyer's group.
6. Trade in value for our current backup analyzer, the Stago Satellite, is included in the pricing.
7. One year warranty for service is included with the purchase of the analyzer.

Submitted by Mary Fischer, MT(ASCP) 5.24.2019

Submitted by: Signature

Date

STA Compact Max

**Prepared For: Memorial Hospital of Sweetwater County
Mary Fischer / Director of Laboratory Services**

**Prepared By: Nick Dunford
Hemostasis Systems Specialist
973-723-5174
email: Nicholas.dunford@us.stago.com**

Date: May / 22 / 2019

Proposal Valid for Ninety Days from Above Date

Proposal Number: DSI11520 - CASH



AGREEMENT FOR THE SUPPLY OF REAGENTS & DISPOSABLES,
INSTRUMENTS & SERVICE

SIGNATURE PAGE

This Agreement is entered into by and between **Diagnostica Stago Inc.**, a Delaware corporation with its principal place of business at Five Century Drive, Parsippany, NJ 07054 (hereafter "Stago U.S."), and the **Customer**, as identified hereunder, together referred to as the "Parties" and individually as a "Party."

Customer Name: Memorial Hospital of Sweetwater County
Group Name:
Customer's Address: 1200 College Drive, Rock Springs, WY 82901

GROUP PURCHASING ORGANIZATION (GPO): Intalere
(Customer's primary buying organization)

Stago U.S. is the exclusive distributor in the United States of America of DIAGNOSTICA STAGO's hemostasis and coagulation in vitro diagnostic reagents ("Reagents"), instruments ("Instruments"), disposable and consumable items ("Disposables"), spare parts and accessories ("Accessories") as well as related services (collectively referred to as "Products").

Customer wishes to purchase or rent or lease certain Products as provided for in this Agreement.

In addition to the present Signature Page, this Agreement is composed of the following sections, which are attached and incorporated herein by reference:

- PRODUCT SELECTION
- FINANCIAL OPTIONS
- SERVICE TERMS
- COMMERCIAL TERMS
- LEGAL TERMS
- ADDITIONAL ITEMS AND/OR SERVICES

Each person signing below certifies that he/she is duly authorized to sign this Agreement and bind the respective Party to the terms herein.

<p><u>Diagnostica Stago Inc.:</u></p> <p>By: _____</p> <p>Print: _____</p> <p>Title: _____</p> <p>Dated: _____, 20__</p>	<p><u>Customer:</u></p> <p>By: _____</p> <p>Print: _____</p> <p>Title: _____</p> <p>Dated: _____, 20__</p>
---	---

PRODUCT SELECTION – SINGLE SITE

In the following Product Selection table:

- Choice of Warranty and Post Warranty Service Plan: A (Comprehensive), B (Basic) or C (Preventive Maintenance).
- Instrument Usage: P (Primary), B (Back-up) or A (Alternate)

Account (Site Name):	Memorial Hospital of Sweetwater County
Shipping Address:	1200 College Drive, Rock Springs, WY 82901
Customer Number:	S03254

Item #	Description	List Price on date of Proposal	Customer Price	Qty	Total	Warranty Plan 12 Months	Post Warranty Plan	Duration of Post Warranty Service (months)	Instrument Usage
58989	STA Compact Max with Cap Piercing	\$164,794.00	\$44,000.00	1	\$44,000.00	A	N/A	N/A	A
08428	1215 - Method Verification Routine	\$5,722.00		1	Included				
86725	STA Coag Expert Stand Alone		\$7500.00		\$7500.00				
	Instrument Freight Cost				\$1,670.64				
Total Price:					\$53,170.64				
	Less Trade-in Credit:				(\$7500.00)				
Net Total:					\$45,670.64				

The Method Verification items are offered at a: 100 % discount. These are the reagents and consumables that are needed to perform Method Verification on the Instruments following initial installation.

FINANCIAL OPTIONS

• INSTRUMENT CAPITAL PURCHASE

Under the Instrument Capital Purchase,

- a) Stago U.S. agrees to sell to Customer the Instrument(s) listed in the Product Selection Section.
- b) Stago U.S. agrees to provide to Customer the Warranty and Post Warranty Services, if any, as indicated in the Product Selection – Single Site and Service Terms Sections.
- c) Customer agrees to purchase, through a single payment, the Instrument(s) at the Customer price indicated in the Product Selection Section.
- d) Customer agrees to pay for the Annual Service Price, as indicated in the Service Terms Section, for the selected Post Warranty Service, if any, with the pricing provided in the Service Terms Section being applicable only for the first year immediately following expiration of the Warranty Period.

SERVICE TERMS

Under all Service Plans, Stago U.S. provides 24 Hours / 7 days toll-free STA System Hotline Support by calling **800-725-0607**. In the event of an incident, Customer shall call Hotline Support. A Hotline Agent will be responsible for providing Customer with troubleshooting assistance and determining if field intervention is required. Any unnecessary field dispatches may result in Customer being invoiced Stago U.S.'s standard rate for field intervention. Such unnecessary field dispatches include, but are not limited to, changing toner, paper jams, and loading paper.

All replacement parts (excluding Disposables and Accessories listed hereafter) have a 90 days warranty from date of installation.

Any service provided after the expiration of the Warranty period and in the absence of one of the Post Warranty Service Plans or beyond the respective terms of service hereunder shall be invoiced to Customer on the basis of Stago U.S.'s then current price-list. Stago U.S.'s hourly rate is \$450.00 per hour (with a four-hour minimum charge). Weekend, night and holiday service will be charged at time and a half. These charges will be billed directly to, and are the responsibility of, the facility where the Instrument is located.

The total annual post warranty service price shall be invoiced at the beginning of each contract year. On request, Stago U.S. can quote service price for quarterly or monthly invoicing.

Each Service Plan offered by Stago U.S. for automated Instruments includes a preventive maintenance visit:

- Every six months for STA Compact Max instruments, with or without Cap Piercing;

Included in Service Plan	Plan A Comprehensive	Plan B Basic	Plan C Preventive Maintenance
Unlimited service calls with on-site response within 24 hours (7 days a week)	Yes		
Unlimited service calls with on-site response within 24 hours (Monday to Friday 8:00 AM to 5:00 PM local time, exclusive of holidays)		Yes	
All repairs are invoiced to Customer on the basis of Stago U.S.'s then current price-list			Yes
Travel and labor included	Yes	Yes	
All replacement parts are covered (except Disposables and Accessories listed hereafter)	Yes	Yes	
If the Hotline Agent is unsuccessful with troubleshooting any of the monitors, printers & keyboards supplied hereunder (collectively "Peripherals"), Customer is entitled to the replacement of such Peripheral, within the limit of a one-time replacement per 12 month service period	Yes	Yes	

Instrument	Post Warranty Annual Service Price per Instrument					
	Plan A		Plan B		Plan C	
	List Price on date of Proposal	Customer Price	List Price on date of Proposal	Customer Price	List Price on date of Proposal	Customer Price
STA Compact Max with Cap Piercing	\$21,600.00	\$14,225.00	\$14,800.00	\$9,740.00	\$8,600.00	\$5,089.00

▪ **List of Disposables and Accessories NOT covered under Warranty and Post Warranty Service**

Customer agrees to maintain a proper supply of Disposables and Accessories NOT covered under Warranty and Post Warranty Service.

System	Catalog #	Description
STA R Max, STA Compact Max	26555	Ball Extractor
STA Compact Max	26605	Reduction Ring DIN 14
STA Compact Max	26610	Reduction Ring DIN 18
STA Satellite	26649	Thermal Paper
All	26681	Fuse, 5X20mm, T6.3A – Pack of 10
STA R Max	26682	Fuse, 5x20mm, T2A – Pack of 10
STA R Max	26684	Fuse, 5x20mm, T5A – Pack of 10
STA R Max	26694	Fuse, 6.3x32mm, T15A – Pack of 10
STA R Max, STA Compact Max	26699	Halogen Lamp
STA R Max, STA Compact Max	27307	Needle Arm #3
STA Compact Max	27354	Needle Arm #2
STA Compact Max	27420	Filters, Air (rear panel) – Pack of 2
STA Compact Max	27421	Rubber Suction Head – Pack of 2
STA Compact Max	27423	Adaptor – Sample Microvolume – Pack of 2
STA R Max, STA Compact Max	27425	Magnetic Stir Bar
STA R Max, STA Compact Max	27458	Liquid Filter
STA R Max, STA Compact Max	27530	O-rings / Teflon tips – Pack of 6 each
STA R Max, STA Compact Max	27538	Hamilton Syringe Kit with Seal
STA R Max, STA Compact Max	27543	Adaptor for STA Microcups – Pack of 2
STA Compact Max	39783	Fuse, 5x20mm, T0.3A (315mA) – Pack of 10
STA Compact Max	39784	Fuse, 5x20mm, T4.0A – Pack of 10
STA Compact Max	39785	Fuse, 5x20mm, T8.0A – Pack of 10

System	Catalog #	Description
STA R Max, STA Compact Max	39863	Fuse, 5x20mm, T10.0A – Pack of 10
STA R Max, STA Compact Max	39880	Fuse, 5x20mm, T1.0A – Pack of 10
STA R Max, STA Compact Max	38125	Filter, Colorimetry Box
STA R Max	38517	Air Filter
STA R Max	38960	Shuttle
STA Compact Max	38640	Liquid Cooling Glycol
STA Compact Max	38646	Needle Arm #1
STA R Max	39002	Adaptor – Sample Microvolume V2
STA R Max, STA Compact Max	39011	Mapping Cuvette
STA Compact Max	39022	Needle #1 Cap Piercing V3
STA R Max	39134	Wheel Tube Rotation
STA R Max	39164	Needle #1 Cap Piercing
STA R Max	39249	Needle #1 V3
STA R Max	39250	Needle #2 V2
STA Satellite	39356	NEEDLE EQUIPPED
STA Satellite	88828	Reduction Ring DIN 14 (x2)
STA Satellite	39968	Microcup Adaptors
STA Satellite	80057	Microtainer adaptors (x4)
STA Satellite	80091	Rotor Products No. 1
STA Satellite	80094	Rotor 70 mm Tubes Samples No. 1
STA Satellite	80131	Filter Removal Tool
STA Satellite	80132	Air Filter (x3)
STA Satellite	80647	Light Protector
STA Compact Max	80675	Rinsing Assembly Air Filter
STA Compact Max	87018	Tubing, Cap Piercing Electrova lve
STA R Max	87063	STA-R Suction Tip V5
All	Multiple	Tools and keys provided in start-up box
All	Multiple	Accessories (Mouse, USB Handheld Scanner, etc.)

Note: Boldfaced items in italics are critical components in the operation of the STA R Max, STA Compact Max and STA Satellite instruments.

Uninterruptible Power Supply ("UPS") and Power Conditioners are covered under their manufacturer's twelve-month warranty, but are not covered under any Post Warranty Service Plan.

COMMERCIAL TERMS

ARTICLE C – 1 PAYMENTS – Terms of payment are net 30 days from the date of Stago U.S.'s invoice. Customer waives the right to assert any incorrect billing which is not reported to Stago U.S.'s Customer Care Department within 90 days after the invoice date.

Payments shall be made either by check mailed to Stago U.S. at P.O. Box 416347, Boston, MA 02241-6347 or by ACH (Automated Clearing House), at Customer's option.

Past due amounts shall accrue interest at the rate of one and one half percent per month from the due date until paid or the lesser maximum amount permitted by law.

Stago U.S. will not bill third party providers for payments due hereunder.

ARTICLE C – 2 DELIVERY – Products are delivered FOB destination, with freight prepaid and absorbed in the invoice only for Products shipped against any quarterly standing order. Customer will be responsible for all freight charges incurred with Instrument delivery as well as casual or emergency orders. Delivery of the Products (hereafter "Delivery") shall be deemed to have occurred when the Products are handed over to the Customer.

Notwithstanding anything to the contrary contained herein or in any purchase order, Stago U.S. does not guarantee the date of delivery of any Products, and any dates which may be provided to Customer by Stago U.S. concerning delivery are merely non-binding estimates based upon stock availability which will in no event constitute a commitment by Stago U.S. to deliver Products by a certain date.

If Customer fails to object to any shortage or nonconformity of Products with specifications within 30 days after Delivery, Customer shall be deemed to have accepted such Products.

ARTICLE C – 3 LIMITED WARRANTY AND POST WARRANTY SERVICE

Stago U.S. warrants that the Products delivered under this Agreement shall be free from defects in material and workmanship and shall conform to Stago U.S.'s specifications as specified in the package inserts and/or User's Guide and/or Operator's Manual when delivered by Stago U.S.

Such limited warranty for Instruments commences on the Instrument's Live Date as defined under Article "INSTRUMENT INSTALLATION" and continues for twelve months.

Such limited warranty for Reagents is valid during the shelf life of the delivered Reagents.

Stago U.S. will supply Warranty and Post Warranty Service to Customer as selected in the Product Selection – Single Site Section and in accordance with the terms of the Service Terms Section.

Customer's sole remedy and Stago U.S.'s sole obligation under this Warranty shall be, at Stago U.S.'s option, either to: (a) repair the Product or (b) in case the Product cannot be repaired, upon the return of the Product in accordance with Stago U.S.'s policy for return of goods, either (i) refund the full price paid for such Products, including shipping charges, or (ii) replace the defective Product with Products conforming to Stago U.S.'s then-current specifications for similar Products, under terms similar to those of this Agreement.

During the initial twelve months of Instrument Warranty period, Stago U.S. will warrant that Customer's monitor, printer, Uninterruptible Power Supply ("UPS"), and Power Conditioners supplied hereunder will perform in accordance with manufacturer's specifications.

At no time are non-Stago U.S. trained technicians / engineers permitted to make repairs to Stago instruments.

Limited Warranty and Post Warranty Service Exclusion: Stago U.S. shall be relieved of its obligations under the Warranty and Post Warranty Service and shall not be held liable for any damages whatsoever in case of failure to follow Stago U.S.'s instructions for operation of the Product; use of procedures that are not set forth by Stago U.S. or its supplier; use of reagents or disposables other than those distributed by Stago U.S.; failure to use the Instruments on their own dedicated power line; failure to comply with manufacturer's appropriate environment and space requirements; failure to perform maintenance, calibration and support operations set forth in the Operator Manual; or misuse, improper storage or abuse of Product.

EXCEPT TO THE EXTENT OF THE LIMITED WARRANTY SPECIFICALLY SET FORTH ABOVE IN THIS ARTICLE NOTWITHSTANDING ANY PROVISION TO THE CONTRARY CONTAINED HEREIN OR IN ANY OTHER DOCUMENT, NO WARRANTY OR GUARANTEE, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE, IS MADE.

NEITHER PARTY WILL BE LIABLE FOR ANY INDIRECT, INCIDENTAL, EXEMPLARY, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, OR FOR BUSINESS INTERRUPTION, LOSS OF PROFITS, REVENUE, BUSINESS INFORMATION OR DATA, WHETHER IN AN ACTION IN CONTRACT, TORT, PRODUCT LIABILITY, STATUTE OR OTHERWISE, EVEN IF ADVISED OF THE POSSIBILITY OF THOSE DAMAGES. THIS APPLIES TO ALL CAUSES OF ACTION OR CLAIMS IN THE AGGREGATE, INCLUDING, WITHOUT LIMITATION, BREACH OF CONTRACT, BREACH OF WARRANTY, INDEMNITY, NEGLIGENCE, STRICT LIABILITY, MISREPRESENTATION, FRAUD AND ANY OTHER TORTS, CONTRACT DISPUTES OR COMMERCIAL CLAIMS.

Customer may have additional rights under certain laws that do not allow the exclusion of implied warranties, or the exclusion or limitation of certain damages. If such laws apply, those exclusions and limitations may not apply to Customer. However, in those circumstances, all other limitations contained in this Agreement that are not excluded continue to apply to Customer.

ARTICLE C – 4 INSTRUMENT INSTALLATION – Stago U.S. shall install any automated Instrument supplied under this Agreement. To organize (i) the Instrument shipment and installation, which together typically take about two weeks, and (ii) additional services as may be provided under the Additional Services Section, which require availability and actions from both Customer's and Stago U.S.'s teams, Customer will need to communicate to Stago U.S. the following documents:

- 1 – This Agreement duly signed by Customer;
- 2 – A Purchase Order confirming the terms of this Agreement; and
- 3 – A completed and signed "Stago Pre-Installation Checklist" (template available on request) confirming that Customer has arranged an appropriate environment for the Instrument's installation, in accordance with the terms of said "Stago Pre-Installation Checklist."

The Instrument's Live Date shall correspond to the date sixty (60) days after completion of the Instrument's installation by Stago U.S. at Customer's site.

Should Stago U.S. cause a delay of the date as of which the Instrument is ready to be used by Customer, compared to that Instrument's Live Date, then the implementation of the Instrument's Live Date shall be postponed by the length of said delay.

ARTICLE C – 5 INSTRUMENT MAINTAINABILITY – Customer acknowledges and agrees that Stago U.S. shall not be required to supply spare-parts, technical support or assistance for Instruments (hereinafter "Maintainability") after the expiration of a period of seven years following the manufacturing discontinuance of said Instrument's range. Stago U.S. shall notify Customer, as soon as possible, of the cessation of manufacture of a range of Instruments and/or of the cessation of Maintainability of a range of Instruments. Stago U.S. reserves the right, at its sole option, to extend the period of Maintainability of a range of Instruments.

LEGAL TERMS

ARTICLE L – 1 TAXES – Customer is responsible for payment of any federal, state or local sales, use, excise, personal property, or any other taxes, which may be levied or based on any transaction or supply provided for by this Agreement. Customer shall reimburse Stago U.S. on demand for any taxes, fines or penalties paid by Stago U.S. for the account of Customer.

Any claim by Customer that it is entitled to an exemption from any taxes must be substantiated by Customer to the satisfaction of Stago U.S., including providing Stago U.S. with an exemption certificate acceptable to Stago U.S.

ARTICLE L – 2 EQUAL OPPORTUNITY CLAUSE – Stago U.S. is an equal opportunity employer and federal contractor. Consequently, Stago U.S. shall abide by the requirements of 41 CFR 60-1.4(a), 60-300.5(a) and 60-741.5(a), and the posting requirements of 29 CFR Part 471, appendix A to subpart A, which are incorporated herein by reference, if applicable. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

ARTICLE L – 3 DISCLOSURE – Customer acknowledges that discounts, credits, free goods or services, rebates or other things of value which Customer may receive from Stago U.S. under this Agreement constitute a discount or reduction in price for purposes of 42 U.S.C. paragraph 1320a-7b(b)(3)(A). Customer agrees to file all appropriate reports and to properly disclose and reflect all such discounts or price reductions in such reports in connection with state or federal cost reimbursement programs. However, Customer agrees not to disclose the Product prices or the terms and conditions of this Agreement to any person except as required by law.

ARTICLE L – 4 RESPONSIBILITY – Risk of loss or damage to the Products and responsibility for the Products shall pass to Customer upon Delivery.

If Stago U.S. decides to recall, replace or take other action with respect to any Products, Customer, following Stago U.S.'s written notice, shall immediately cease the use of any unit of Products in its possession or under its control which are subject to the action until Stago U.S. determines the course of action to be taken.

ARTICLE L – 5 **FORCE MAJEURE** – Notwithstanding anything to the contrary contained in this Agreement, a Party shall not be responsible for any delay in performing its obligations under this Agreement (other than delay in the payment of amounts due and owing) to the extent resulting from an event beyond that Party's reasonable control ("Force Majeure Event"). In the event that any Force Majeure Event delays a Party's performance for more than 90 days, upon notice, the other Party may elect to terminate this Agreement; provided that no such termination shall relieve Customer of its obligations through the date of such termination and all other terms and conditions herein applicable to risk of loss, damage and return of any Products prior to payment in full shall continue to apply.

ARTICLE L – 6 **WAIVER, SEVERABILITY & BINDING EFFECT** – Any failure by a Party to require the other Party to comply with any provision of this Agreement is not a waiver of such provision or any other provision of this Agreement. If any clause or provision of this Agreement is held to be void or unenforceable as being in violation of any law, such clause or provision shall be deemed modified to the least extent necessary to make it valid and enforceable or, if not possible, will be disregarded, while preserving to the fullest extent possible the intent of the Parties; in such case, the remainder of this Agreement remains unaffected and in full force and effect. In order to be valid and bind Stago U.S., this Agreement as well as any addition, modification or deletion made to this Agreement must be signed by both Parties and not rescinded in writing by Stago U.S. within 30 days thereafter. No term proposed by Customer in a Purchase Order or other document that adds to, varies from, or conflicts with this Agreement shall be effective unless expressly and specifically agreed to in writing by Stago U.S.

ARTICLE L – 7 **NOTICE** – All notices provided for in this Agreement shall be in writing and given by certified mail, return receipt requested, postage prepaid and shall be deemed received five days following the date it is mailed (i) to Stago U.S. at Five Century Drive, Parsippany, NJ 07054, to the attention of the Contract Department or (ii) for Customer, at Customer's address as provided on the Signature Page.

ARTICLE L – 8 **CHOICE OF LAW & DISPUTE RESOLUTION** – This Agreement shall be deemed to be executed and performed in the State of New York. This Agreement and its enforcement, as well as all related matters, including tort claims, arising directly or indirectly from this Agreement, shall be construed and interpreted in accordance with the laws of the State of New York, without regard to any choice of law rules thereunder, other than New York General Obligations Law Sections 5-1401 and 5-1402. All disputes arising out of or in connection with this Agreement will be settled by one arbitrator sitting in New York City, in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any Court having jurisdiction over the Parties. The prevailing Party shall be entitled to receive its reasonable attorney's fees and expenses in addition to any other relief granted.

ARTICLE L – 9 **CAP PIERCING INSTRUMENT CERTIFICATION** – If the STA Compact Max with cap piercing has been selected by Customer under this Agreement, then Customer hereby certifies that it understands and agrees to the following: Due to the nature of cap piercing, liquid level sense and sample collection tube technology (double-walled sample tubes), the Products' manufacturer recommends that all small sample volume 5µL and 7µL tests be run in duplicate. Although there may not be any clinically significant effect on patient results, this procedure will reduce or eliminate any sampling errors that may occur. The tests / reagents included in this procedure are as follows: STA Fibrinogen 5; all clot-based Factor assays; STA Stachrom AT III; STA Staclot Protein C; STA Staclot Protein S; STA Stachrom Plasminogen; and STA Stachrom Antiplasmin. In addition, it is recommended that all sample tube types, prior to running on the Instrument, be tested for compatibility in accordance with Customer's standard laboratory protocol. For example, performing open tube and closed tube comparisons. Customer shall not create or permit to exist any lien or encumbrance against any leased Instruments or against purchased Products prior to their payment in full to Stago U.S.

ADDITIONAL ITEMS AND/OR SERVICES

TRAINING – At the latest at the time of submission of the completed and signed “Stago Pre-Installation Checklist,” Customer shall designate a technologist employed by Customer to attend a training course, to be held, at Stago U.S.’s sole discretion, either at Customer’s facility or at the Stago U.S. facility in Parsippany, New Jersey, in the use of the automated Instrument(s) supplied pursuant to this Agreement. For each type of automated instrument supplied pursuant to this Agreement, Customer will be entitled to one training course for its designated technologist, including, if the training is held at Stago U.S.’s facility, tuition, airfare, room and board as well as car service between Newark airport and hotel and during one evening sightseeing trip, but Customer shall in all other respects remain liable for trainees. Customer shall be responsible for all incidental charges such as, but not limited to, mileage; airline baggage fees; parking; tolls; and other car/taxi service. All training must be redeemed within one (1) year of the Instrument’s Live Date. Training not redeemed within said one (1) year period will be forfeited. Stago U.S. will provide Customer with in-depth training and tools to perform method verification.

METHOD VERIFICATION ASSISTANCE – Once the Instrument has been installed according to Stago U.S.’s specifications at Customer’s facility, Stago U.S. will provide via telephone a Technical Support Specialist to assist in method verification studies, including the review of the protocol, sample requirements, and data analysis. Said method verification studies shall complete the necessary verifications required by CLIA and CAP regulatory agencies and shall cover precision, linearity, current system to new system correlations, as well as establishment of normal and therapeutic ranges. Customer shall not report results from any Instrument until Customer has completed the verification and validation of data generated during the method verification process.

Customer shall provide all necessary samples for method verification and lot number conversions of chosen test menu. Stago U.S. will supply an accessory kit with the initial delivery and installation of any automated Instrument provided hereunder.

LABORATORY INFORMATION SYSTEM (LIS) INTERFACE – If the Parties agree, as specified in the Product Selection Section, that a financial allowance is available from Stago U.S. towards the purchase of a Laboratory Information System (LIS) interface (with said interface being provided to Customer by a third-party vendor), then the following shall apply:

- 1) Customer will need to have such LIS interface installed within one (1) year after the Instrument’s Live Date; and
- 2) Up to the maximum amount of the financial allowance:
 - a) Stago U.S. shall pay the corresponding invoice when billed directly from the LIS interface vendor; or
 - b) When Stago U.S. receives a copy of the LIS interface vendor’s corresponding invoice no later than one (1) year after the Instrument’s Live Date along with proof of payment by the Customer, Stago U.S. shall either reimburse the actual cost of the LIS interface (excluding freight & maintenance) to Customer or provide Customer with a reagent credit for said cost.

Therefore, any LIS interface cost above and beyond the amount of the financial allowance and/or incurred more than one (1) year after the Instrument’s Live Date shall remain the responsibility of Customer.

WORKSTATION & MIDDLEWARE SOLUTIONS BY STAGO

If Customer has selected an Instrument which includes STA COAG EXPERT, Customer will be provided with a computer on which STA COAG EXPERT will be installed. Said computer workstation does not have anti-virus software installed. Customer is responsible for the installation and maintenance of any anti-virus software on said computer. Said workstation may be physically connected to up to four Stago analyzers via RS232 serial cable(s).

Part of the STA COAG EXPERT package is a custom rule generator which may be used to create various custom rules in order to automate data processes within the workstation / middleware. Any custom rules developed (irrespective of any Stago U.S. involvement in such development) are excluded from any Stago U.S. warranty and support. Their validation, use and outcomes are the sole responsibility of Customer. Said rules validation is separate from the Method Verification service offered by Stago U.S.

New STA COAG EXPERT features (soon to be released), such as (i) automatic encrypted uploading of QC data for *MyExpertQC* global peer comparison service, (ii) automated CPRR reporting service, (iii) *Alert.One By Stago* for automatic notifications of maintenance requirements, QC alarms, LIS communication problems and turn-around-time delays (samples waiting to be reviewed, for example), and (iv) remote maintenance services (“RMS”), require that STA COAG EXPERT be connected to Stago servers via a secured Virtual Private Network (VPN) tunnel named *Connect.One By Stago*, over the internet.

Connect.One By Stago-related features are optional. Should the Customer elect to take advantage of these features, Customer hereby understands and recognizes that its use of such features available through *Connect.One By Stago* means that Customer authorizes such internet connection as well as the access to and recuperation of Customer data through such connection, for the performance of the corresponding services. The *Connect.One By Stago* connection line shall be configured by Customer in accordance with the information communicated by Stago U.S. so that Customer’s data can be

securely transmitted. The costs of installing said line shall be borne by Customer.

Customer hereby recognizes and agrees that, if *Connect.One By Stago*-related features are activated, Stago U.S. may use its affiliate Diagnostica Stago, S.A.S. for second level support in the performance of *Connect.One By Stago* services and that said services may require forwarding collected data outside of the United States of America to servers hosted by Stago and/or Cegedim, a healthcare data host located 127 rue d'Aguesseau, 92100 Boulogne-Billancourt, France.

Stago U.S. confirms and warrants that the *MyExpertQC* global peer comparison service, the automated CPRR reporting service and the *Alert.One By Stago* features do not trigger any transmission of any patient information to Stago U.S. or to its affiliates. In addition, Stago U.S. confirms and warrants that the transfer of data as part of these services and features is only outgoing from Customer to Stago (no incoming data to Customer's network, workstations or Instruments).

Stago U.S. also confirms and warrants that the RMS features include audit logs and access controls and that each session will need to be granted by Customer on a case by case basis.

Stago U.S. will ensure that its contractors, subcontractors, agents, and any other individual or entity who are given access to the *Connect.One By Stago* platform or to the data transferred from Customer are bound by written agreement to adhere to privacy, security and confidentiality standards that are as rigorous as those contained in this Agreement.

Alert.One and RMS features are accessible upon authorization from Customer after initialization of *Connect.One By Stago*. RMS features may involve remote access to some of Customer's data, including, potentially, patient-related data. However, utilization of personal data identifying patients is neither wanted nor intended by Stago U.S. and is not necessary for the provision of any of the *Connect.One By Stago* services. Nevertheless, Stago U.S. has put in place a framework for its staff that is designed to comply with the HIPAA-HITECH Rules. This includes, for example, HIPAA-HITECH policies and procedures, training and auditing, as well as HIPAA Privacy and Security Rule compliance for *Connect.One By Stago* services. Stago U.S. and its affiliates will not use or further disclose protected health information other than as permitted or required by this Agreement or as required by law. In the course of providing Services hereunder, Stago U.S. shall safeguard any personal data it receives from Customer in a manner consistent with industry standards and shall comply with applicable data protection laws and regulations. The Parties agree that, once de-identified in conformity with applicable laws and regulations, data received by Stago U.S. and/or its affiliates via the workstation and middleware solutions may be used for statistical or evaluation studies, research and business development.

Customer recognizes the importance of maintaining the security of its RMS account information as well as the importance of logging out of the application when not in use, so as to protect Customer's account. Should Customer identify or suspect any unauthorized use of Customer's account, or otherwise believe that its password has been compromised, Customer will notify Stago U.S. promptly. Customer will take reasonable steps to ensure that STA COAG EXPERT is adequately protected from unauthorized access, loss, theft, alteration, destruction or misuse, such as by ensuring appropriate password management, limiting access rights, using up-to-date antivirus software on its electronic systems, and using intrusion detection mechanisms to identify any security incidents that may impact STA COAG EXPERT. Customer also understands that it is Customer's responsibility, and not that of Stago U.S., to provide patients with any notices or obtain any patient consents in relation to communicating about them via *Connect.One By Stago*.

The use of any software provided as part of the Instrument ("Software"), and in particular as part of the workstation and middleware solutions, shall be governed by the following End-User Software License Terms:

END USER SOFTWARE LICENSE TERMS

BY SIGNING THIS AGREEMENT FOR THE SUPPLY OF REAGENTS & DISPOSABLES, INSTRUMENTS & SERVICE WITH STAGO U.S., CUSTOMER AGREES TO BE BOUND BY THESE SOFTWARE LICENSE TERMS. IF CUSTOMER DOES NOT AGREE WITH THESE SOFTWARE LICENSE TERMS, CUSTOMER MAY NOT HAVE ACCESS TO THE SOFTWARE AND SHOULD NOT SIGN ANY AGREEMENT WHICH PROVIDES FOR THE SUPPLY OF THE SOFTWARE.

OWNERSHIP – Customer agrees that it does not and will not have any title or ownership of the Software other than ownership of the physical media upon which the Software is recorded.

Customer acknowledges and agrees that the Software is copyrighted and protected under copyright laws. The Software is licensed, not sold, for use by Customer. Stago U.S. does not sell or transfer title to the Software to Customer.

USE – Customer is granted a personal, non-transferable and non-exclusive license to use the Software. Customer may only use the Software on the site where it will be initially installed and on the designated computer only.

Customer may not reverse engineer or decompile or disassemble the object code of the Software or otherwise attempt directly or indirectly to derive the said code or portions of it unless and to the extent provided by applicable law for interoperability purposes.

Stago U.S. reserves all rights not expressly granted to Customer.

COPIES – Customer may make copies of the Software only for archiving purposes or to replace the defective media upon which the Software is recorded. All copies made must bear the copyright notice(s) contained in or on the original. If Customer uses, copies, or modifies the Software or if Customer transfers possession of any copy, adaptation, transcription, or merged portion of the Software to any other party in any way not expressly authorized by Stago U.S., Customer's license to use the Software is automatically terminated.

TRANSFER OF RIGHTS IN SOFTWARE – Customer may only transfer its rights in the Software to a third party with prior written consent of Stago U.S. and provided Software continues to be used on the same designated computer.

LIMITED WARRANTY AND LIABILITY – Stago U.S. and its affiliates do not warrant that the operation of the Software will be uninterrupted or error-free.

In the event any media upon which the Software is recorded proves to be defective in material and workmanship under normal use during the Instrument's warranty period, Customer's remedy shall be to return the media for replacement.

Neither Stago U.S. nor its directors, officers, employees, agents or affiliates shall be held liable under any warranty or other for any defects, loss or damages resulting from incorrect setting, parameterization or validation of setting (such as but not limited to settings of analysis, doctors, locations dictionaries, analysis and tests definitions), unauthorized Software modification, Software misuse, Software operation outside the environment specification, or interfacing with software or hardware product other than those specified by Stago U.S. or its affiliates.

It is specifically understood and agreed that the interpretation and/or wrongful use of the results obtained using the Software remain under the sole responsibility of Customer.

STA Compact Max



Max
Performance



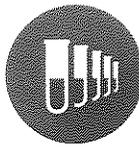
Max
Innovation



Max
Efficiency

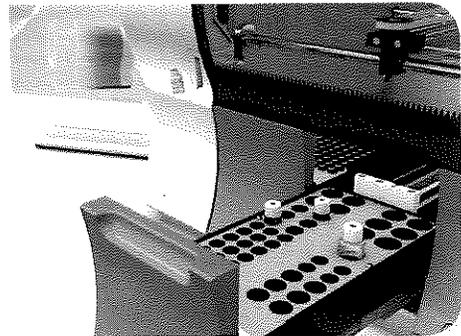
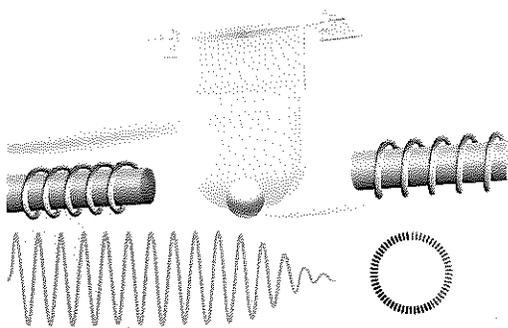


Innovation born from Expertise



Max Reliability

- **Viscosity-Based (Mechanical) Detection System** consistently delivers accurate results
 - ...• exclusive technology standardized on all Stago systems
 - ...• insensitive to interferences from hemolysis, icteric and lipemic samples
 - ...• maximum precision for weak clot detection
- **Reliable and robust system** for continuous result reporting and increased up-time
- **High quality reagents** offer maximum sensitivity and reproducibility for all tests
- **Environmentally friendly** design provides economic savings and reduces bio-hazards
 - ...• limited and self-contained fluidic waste system
 - ...• reduced disposable waste (1 cuvette = 1 test)



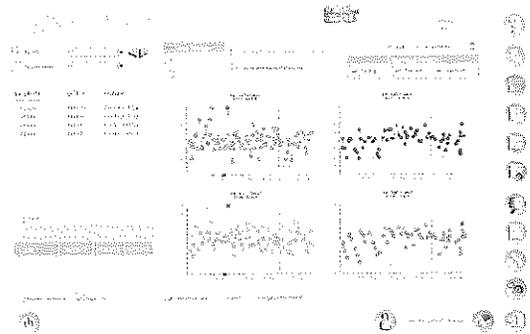
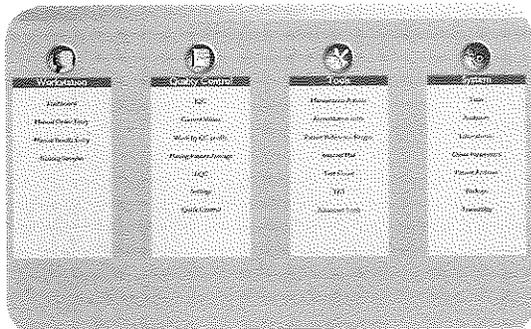
Max Efficiency

- **Routine and specialized tests** performed with random access capability
- **Positive identification** of samples and reagents
- **All common tube sizes accepted**
- **New, optional 4th generation cap piercing** to ensure operator safety and security
- **Optimized and reduced user maintenance**
- **Extensive test menu** including a wide range of dedicated reagents, quality controls and calibrators
 - ...• with extensive onboard stability
 - ...• unique pre-calibration feature for all routine tests
 - ...• fully automatic barcoded reagent management (ISI, lot number, expiration date, volume, on-board stability)
- **Enhanced throughput** for mid-sized laboratories



Max Innovation

- **Integrated STA Coag Expert® software utilizes expert rules to automate laboratory processes**
 - ...• standardizes patient result validation, for increased confidence
 - ...• simplifies complex testing with built in expertise, such as multi-dilution factor assay management
- **New hardware design to enhance ergonomics of use and reduces maintenance tasks**
- **Intuitive graphic user interface ensures a seamless integration for laboratory staff**
- **Extended traceability** enhances regulatory compliance
 - ...• complete management of reagents, quality control information and results
 - ...• five years of patient and QC archives stored onboard
 - ...• automated maintenance schedule with real time alerts
- **Built-in innovative services** offering industry leading accreditation tools, remote diagnostic support, and turnaround time monitoring



Max Performance

- **Highest onboard loading capacity** provides true walkaway capability
 - ...• 96 samples onboard
 - ...• 45 cooled reagent positions
 - ...• 1,000 cuvettes onboard
- **True STAT management** prioritizes patient samples to ensure faster turnaround time (TAT)
- **Autoverification capabilities** streamline result reporting and minimizes operator intervention
- **Automatic management of dilutions**, reruns, reflex testing and add-on tests
- **TAT report** to monitor and improve efficiency
- **Continuous operation** provides 24/7 availability with no restart time required

MEASUREMENT

Clotting	Viscosity Based (Mechanical) clot detection
Chromogenic	by measurement of optical density (at 405 nm)
Immunology	by measurement of optical density (at 540 nm)

METHODOLOGIES

80 user-definable tests for clotting, chromogenic and immunological assays

TEST MENU

PT
APTT
Fibrinogen
Thrombin Time
Extrinsic pathway factors
Intrinsic pathway factors
Anti-Xa (UFH, LMWH, Rivaroxaban*, Apixaban*, Edoxaban*)
Anti-IIa*
D-Dimers, Fibrin Monomers* and Fibrin Degradation Products
Antithrombin Activity
Protein C Activity
Protein S Activity
Lupus Anticoagulant
VWF Antigen
Microparticles*
Plasminogen, Antiplasmin and TAFI*
Calibrators
Quality Controls

SAMPLES

96 sample tubes onboard
(84 primary tube positions; 12 pediatric tube positions)
All common tube sizes accepted including pediatrics & microcontainers
Random loading of samples
True STAT management
New 4th generation cap piercing option
Barcode identification/Positive patient ID
Automatic pre-dilution and dilution of samples

REAGENTS

45 positions supporting multiple vial sizes (5 stirring positions)
Random loading of reagents
Positive barcode identification
Temperature controlled
Precalibration for all routine tests
Automatic pre-dilution of calibrators
Automatic Quality Control

DISPOSABLE

Roll of 1,000 optical quality cuvettes with stainless steel ball
Unitary reaction cuvette
(1 cuvette = 1 test)

FLUIDICS

Washing solution onboard
Direct drain capability

HARDWARE**

Processor	Intel Celeron M 1 GHz
Memory	512 Mb minimum
Hard Disk	80 Gb minimum
Operating system	Windows® Embedded Standard 2009
Screen	Touch LCD color screen 22"
Keyboard	Alphanumeric
Storage	USB ports minimum
Barcode reader	Integrated with optional handheld barcode reader

CONNECTION

Network	RJ45 port (Ethernet 10/100Mbps)
LIS	RS232 port Mono or Bidirectional (ASTM Protocol)

DIMENSIONS

Height	27.75 in. (705 mm)
Width	38.1 in. (970 mm)
Depth	28.73 in. (730 mm)
Weight	309 lb (140 kg)

SPACE REQUIRED

Height	39.2 in. (996 mm)
Width	99.6 in. (2,530 mm)
Depth	43.3 in. (1,100 mm)

POWER SUPPLY

Voltage and tolerances	90V, 120V, 230 V
Frequency and tolerance	50/60 Hz (47 Hz to 63 Hz)
Peak powers	1400 VA

ROOM ENVIRONMENT

Room temperature	59°F to 90°F (15°C to 32°C)
Relative humidity	Between 20 and 80% without condensation
Average Thermal Output at ambient temperature of 68°F	1400 Whr and/or 4778 BTU/h
Average Noise Output	<60 dB while operating

* Research use only; not for use in diagnostic procedures

** Stago reserves the possibility to modify this hardware by any other hardware of same specificity and efficiency

Windows® Embedded Standard 2009 is a trademark from Microsoft Corporation



At the Heart of Hemostasis

Diagnostica Stago, Inc.
Five Century Drive
Parsippany, NJ 07054
USA
1-800-222-COAG
973-631-1200
Fax: 973-631-1618
www.stago-us.com



Instrumentation Laboratory

A Werfen Company

Instrument Addendum

MEMORIAL HOSPITAL OF
COLLEGE ROAD
ROCK SPRINGS, WY 82901
Quote: 6000097259

Instrument(s) delivery Terms : 60 days after receipt of order
Instrument(s) shipping Terms : FOB destination

	Product	Qty.	Avg. Price	Extended Price
Instruments				
ACL TOP 350 CTS SYSTEM	00000280065	1	\$55,000.00	\$55,000.00
COAG TOP TRADE-IN ALLOWANCE				\$5,000.00-
	Instrument Total	1		\$50,000.00
Accessories				
KIT, 2D BARCODE UPGRADE	00028210500	1		Included
HemosIL INR Validate	00020010500	3		Included
PRINTER, TOP LEXMARK MS811N KIT	00027500075	1		Included
S/S, ACLTOP UPS1440	00029414001	1		Included

Warranty / Service

ACL TOP 350 CTS SYSTEM Includes 1 -Year Warranty

Post-Warranty Service Pricing

ACL TOP 350 CTS SYSTEM Service after warranty is available at an estimated price of \$7,600.00 annually per instrument.

All warranty and service items contained herein include labor and travel for on-site service calls during standard IL business hours 8:00 AM to 5:00 PM. Replacement parts for parts that become marginal or defective through normal use during the term of the agreement are also provided at no charge, excluding parts and services which are made necessary by (1) Customer neglect, misuse, or improper operation; (2) accident, fire, water, vandalism, electrical power failure or other casualty; (3) delays caused by Customer; (4) the action of any persons other than an IL authorized service representative; (5) Customer's failure to perform routine maintenance; (6) modification of the equipment covered by this Agreement without the prior written approval of IL; (7) unsuitable environmental conditions; or (8) the use of expendables and reagents not recommended by IL. Also excluded are expendable and consumable parts; the moving, decontamination, de-install, or re-install of covered instruments; UPS, line conditioners, or printers; LIS consultation or troubleshooting; and national holidays.

Instrument Order Total \$50,000.00

Customer Initials and Date

IL HQ Initials and Date

Assigned: FY 2019 - 45

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: Histology 701

Submitted by: Mary Fischer

Date: 5.22.2019

Provide a detailed description of the capital expenditure requested:

REFURBISHED THINPREP 2000 PROCESSOR; This will be used for non-gyn cytology preparation of smears for the pathologist to make diagnosis for disease. Currently, a manual cytoprep method is used. This automated analyzer will assist with the recovery of cells from urine and other fluids resulting in a better slide preparation for making diagnosis of disease.

Preferred Vendor: Hologic

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

1. Renovation	\$
2. Equipment	\$ 32,000
3. Installation	\$
4. Shipping	\$ 1,000
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 33,000

Does the requested item:

 Require annual contract renewal? YES NO

Fit into existing space?

 YES NO

Explain:

Attach to a new service?

 YES NO

Explain:

Require physical plan modifications?

If yes, list to the right:

 YES NO

Electrical

HVAC

Safety

Plumbing

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

 \$
\$
\$
\$
\$

Annualized impact on operations (if applicable):
Increases/Decreases

Projected Annual Procedures (NEW not existing)

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? 3
 Copies and/or Summary attached.

If no other bids obtained, reason:

Review and Approvals

Submitted by:

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

OTHER CONSIDERATIONS

This analyzer aids in the preparation of smears made from fluid to diagnose disease states including cancer or infections. The pathologist will be able to look at smears prepared on this analyzer to detect microscopic cytological changes in cells which are exfoliated and captured by fluid extraction from body cavity, brushings, washings, urine or fine needle aspirations. Most often, these are urine specimens submitted for cytology by the Urology department.

Our laboratory performs about 300 non-gyn cytologies per year. The purchase of this analyzer will enable us to automate a manual process, optimizing department work flow and performance, improve specimen adequacy and keep this testing in house. Without the automation, the current manual method is not meeting the expectations of the Medical Director.

This is a patient safety issue for many reasons:

1. The manual system currently in place increases the chance of cross contamination between specimens and or loss of specimen. To minimize contamination, currently stain is filtered after each specimen, a time consuming, laborious process. This analyzer is single sample processing, reducing the risk of errors.
2. Slides will be easier to interpret and decreases the screening time for each slide, enabling our laboratory to maximize time management and leaves operators free to focus on other tasks.
3. This is a state of the art piece of equipment used for over 10 years in other institutions. Ultimately, for patient safety reasons, the facility is at risk for sending this testing out without the purchase of this piece of equipment. Sending out these specimens will increase turnaround time that may result in provider dissatisfaction. Additionally, without the analyzer, there would be a decrease in revenue for the department.
4. This is a highly specialized analyzer. Pricing for a competitive analyzer is included (BD Sure-Prep at \$85,000) but Dr. Karn is unaware of any other manufacturer in this space. I have submitted two quotes from the preferred manufacturer. One is for a new piece of equipment at \$50,000 and the other for a refurbished unit at \$33,000. At this time, I am asking for the refurbished unit.
5. Intalere pricing is not an option with this analyzer per manufacturer.

Additional costs included in the contract are a 5 year annual commitment for consumables priced at \$1,320. We currently spend a similar amount in consumables with the current manual process.

Also included is a warranty for the first year. After the one year warranty, there is an annual \$5,500 service agreement commitment (years 2-5). Installation is included in the purchase.

Submitted by Mary Fischer, MT(ASCP) 5.22.2019


Submitted by: Signature


Date



Quote

5.13.2019

Memorial Hospital of Sweetwater County
Attn: Mary Fischer
Director of Laboratory Services
1200 College Dr
Rock Springs, WY 82901 USA
Account #:

Dear Mary Fischer,

Thank you for your interest in Hologic's line of products. We are pleased to quote the following instrument pricing.

The following instrumentation will be provided:

Product Number	Instrumentation	Units	Unit Price
PRD-04184	Refurbished ThinPrep 2000 Processor	1	\$32,000.00
Total Instrumentation Price		1	\$32,000.00

Instrumentation purchased from Hologic is warranted for a period of one year starting from the date of shipment, or if Installation is required, from the date of Installation ("Warranty Period"). Following the expiration of the warranty, Hologic's standard Service Contract is available for purchase. Service Contract must be purchased before the end of the Warranty Period.

Service Part Number & Description:	Unit Price Per Year
T2000 On-Site	\$5,500.00

This document is provided for quoting purposes only. To take advantage of this pricing, Customer and Hologic must enter into a signed agreement. Payment terms: 30 days. Shipping charges to be paid by Customer. This offer is valid for 90 days from the date hereof.

If you have any questions, please feel free to call me at 303.887.5455.

Sincerely,

Jim Goodwin
Hologic Account Executive



Quote

February 26, 2019

Memorial Hospital of Sweetwater County
 Attn: Mary Fischer
 Director of Laboratory Services
 1200 College Dr
 Rock Springs, WY 82901 USA
 Account #:

Dear Mary Fischer,

Thank you for your interest in Hologic's line of products. We are pleased to quote the following pricing and annual commitment.

Cytology Products

Term: 60 Months

Product	Annual Test Volume	Test Price
Non-Gyn Filters	300	\$4.40

The committed volume above may be comprised of any of the following kit types or sizes:

Product Number	Product Description	Kit Size	Price/Kit
70205-001	Filter, ThinPrep Non-Gynecological 100 PK Filter,	100	\$440.00

The non-committed volume above may be comprised of any of the following kit types or sizes:

Product Number	Product Description	Kit Size	Price/Kit
236004	Cytolyt Solution – 32 oz bottles, box of 4	4	\$137.00
234005	PreservCyt Solution, vials, box of 50 vials, pre-filled with 20 ml	50	\$63.00
70372-001	ThinPrep Microscope Slides – 100 slides per box	100	\$14.00
234004	PreservCyt Solution, 32 oz bottles, box of 4	4	\$137.00
236050	Cytolyt Solution, collection cups, box of 50 collection cups, pre-filled with 30 ml	50	\$142.00
236080	Cytolyt Solution, centrifuge tubes, box of 80 centrifuge tubes, pre-filled with 30 ml	80	\$233.00

The following instrumentation will be provided:

Product Number	Instrumentation	Units	Unit Price
PRD-04184	ThinPrep 2000 Processor	1 <i>new</i>	\$49,000.00
Total Instrumentation Price		1	\$49,000.00

Instrumentation purchased from Hologic is warranted for a period of one year starting from the date of shipment, or if installation is required, from the date of installation ("Warranty Period"). Following the expiration of the warranty, Hologic's standard Service Contract is available for purchase. Service Contract must be purchased before the end of the Warranty Period.

Service Part Number & Description:	Unit Price Per Year
T2000 On-Site	\$5,500

This document is provided for quoting purposes only. To take advantage of this pricing, Customer and Hologic must enter into a signed agreement. Payment terms: 30 days. Shipping charges to be paid by Customer. This offer is valid for 90 days from the date hereof.

If you have any questions, please feel free to call me at 303.887.5455.

Sincerely,

Jim Goodwin
 Hologic Account Executive

Mary Fischer

From: Goodwin, James <James.Goodwin@hologic.com>
Sent: Tuesday, February 26, 2019 1:56 PM
To: Mary Fischer
Subject: RE: Hologic Thin Prep 2000

Hello Mary,

Please see my responses below in RED.

Thank you.

Jim Goodwin

Account Executive – CO, UT, WY

10210 Genetic Center Drive
San Diego, CA 92121
Mobile 303.887.5455
Email james.goodwin@hologic.com



From: Mary Fischer <mfischer@sweetwatermemorial.com>
Sent: Tuesday, February 26, 2019 10:04 AM
To: Goodwin, James <James.Goodwin@hologic.com>
Subject: RE: Hologic Thin Prep 2000

External Mail

Hi Jim,
Thanks so much.

Just to confirm,

- \$49,000 is the purchase price for the analyzer (one time) – Yes, one time
 - Is this a new piece of equipment or refurbished? – New equipment
- Annual commitment is \$1029 per year for consumables - \$1,320 commitment (300 tests/year x \$4.40/test = \$1,320)
- After the one year warranty, \$5,500 for the next 4 years as a service agreement commitment - Correct
- Are there any shipping or installation charges associated with this piece of equipment? – There is a small shipping fee for the analyzer. Hard to determine exact cost but shouldn't be more than \$1,000. Installation is included in the purchase.

Sorry, trying to cover all my bases... if I have any other questions, I'll be sure to let you know.

Mary Fischer, MT(ASCP)

Director of Laboratory Services

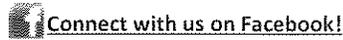
Direct 307-352-8364 Laboratory 307-352-8360

mfischer@sweetwatermemorial.com

Main 307-362-3711, Fax 307-352-8171

1200 College Drive, Rock Springs, WY 82901

www.sweetwatermemorial.com



CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

From: Goodwin, James <James.Goodwin@hologic.com>
Sent: Tuesday, February 26, 2019 8:45 AM
To: Mary Fischer <mfischer@sweetwatermemorial.com>
Subject: RE: Hologic Thin Prep 2000

Hi Mary,

I am sorry I missed that yesterday.

Please see attached.

Thank you.

Jim Goodwin

Account Executive – CO, UT, WY

10210 Genetic Center Drive

San Diego, CA 92121

Mobile 303.887.5455

Email james.goodwin@hologic.com



Mary Fischer

From: Charles McCandless <Charles.McCandless@bd.com>
Sent: Wednesday, May 22, 2019 6:06 PM
To: Mary Fischer
Cc: Ingrid B. Langlois
Subject: RE: Automated non-gyn cyto

Good Evening Mary and Ingrid:

Mary; I apologize for the delayed response from our automated site. Based on your current volumes the options are limited. The best option that we can offer is below.

- SlidePrep Processing System = \$85K cash
- Consumable reagents = \$13.00 / test or \$6240 / kit
 - Each reagent kit = 480 tests

Please let me know if you need a formal quotation for this opportunity.

Thanks,



Chuck McCandless
National Sales Manager, Cervical Cancer
BD Life Sciences

39 Loveton Circle
P.O. Box 999
Sparks, MD 21152-0999

Charles.McCandless@bd.com
Mobile: 720.347.7518
website: www.bd.com

From: Ingrid B. Langlois <Ingrid.B.Langlois@bd.com>
Sent: Wednesday, May 22, 2019 4:26 PM
To: Charles McCandless <Charles.McCandless@bd.com>
Cc: Mary Fischer <mfischer@sweetwatermemorial.com>
Subject: RE: Automated non-gyn cyto
Importance: High

Hi Chuck,

Please see email from Mary Fischer, Lab Director from Memorial Hospital of Sweetwater County in Rock Springs, WY.

I just chatted with her and let her know that you were the Manager for that team at BD.

Thanks!

Ingrid



Ingrid Langlois

Diagnostic Account Executive - Denver, CO
Diagnostic Systems

BD Life Sciences

7 Loveton Circle, Sparks, MD 21152
mobile: 303-548-0995
email: Ingrid.Langlois@bd.com website: www.bd.com

From: Mary Fischer [<mailto:mfischer@sweetwatermemorial.com>]

Sent: Wednesday, May 22, 2019 12:21 PM

To: Ingrid B. Langlois <Ingrid.B.Langlois@bd.com>

Subject: Automated non-gyn cyto

Hi Ingrid,
Good afternoon.

I am looking for pricing for the Sure-Path non-gyn cytology automated analyzer. We are a low volume cytology lab, performing about 300 cytologies per year. Please let me know if you have anything that may meet our low volume needs, and expedite as I would appreciate this by the end of the day. I put in a request on the website, but have never heard back from BD. At this time there is a real need for urgency with this request.

Thanks,

Mary Fischer, MT(ASCP)

Director of Laboratory Services

Direct 307-352-8364 Laboratory 307-352-8360

mfischer@sweetwatermemorial.com

Main 307-362-3711, Fax 307-352-8171

1200 College Drive, Rock Springs, WY 82901

www.sweetwatermemorial.com

 **Connect with us on Facebook!**



CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

19-
Assigned: FY-2020-- 46

Capital Request		# Assigned: FY-2020-- 46
<p>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.</p>		
Department: Facilities	Submitted by: JH	Date: 5/22/19
<p>Provide a detailed description of the capital expenditure requested: Replacement Grounds building</p>		
Preferred Vendor: Quality Builder's Inc.		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation	\$	
2. Equipment	\$	104,660.00
3. Installation	\$	
4. Shipping	\$	
5. Accessories	\$	
6. Training	\$	
7. Travel costs	\$	
8. Other e.g. interfaces	\$	
Total Costs (add 1-8)		\$ 104,660.00
Does the requested item:		
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ \$ \$ \$ \$
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		<input type="checkbox"/> YES <input type="checkbox"/> NO
Projected Annual Procedures (NEW not existing)		
Revenue per procedure	\$	# of bids obtained? _____
Projected gross revenue	\$	
Projected net revenue	\$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	
Review and Approvals		
Submitted by:	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input 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

Our existing ground's building will be removed for the sake of the central plant upgrade. This request is to replace that building in an economical manner. This is for a lean-to type building attached to our carpenter shop. A good location that does not impinge on any space that may be used for potential parking in the future.

Submitted by: Signature

Date



A. PLEASANT CONSTRUCTION

P.O. Box 939 1 Pleasant Way
Green River, Wyoming 82935
(307) 875-3732 Fax (307) 875-6414

May 10, 2019

Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901
Attn: James Horan

A. Pleasant Construction is pleased to provide a quote for services to design and construct a 14'x70' storage facility at your facility in Rock Springs, WY. Our proposal includes all material, equipment and labor to complete this project as follows:

Design Services

- Provide plans for review of Owner for a 14'x70' single slope pre-engineered building
- Building will attach to the North side of the existing Carpenter's Shop
- Building will be designed to meet 2018 IBC codes
- Foundation will be designed and stamped by a Wyoming Licensed Engineer

Demolition:

- Saw cut, remove and dispose of asphalt surface as required for installation of foundation system.

Dirt Work:

- Excavation, backfill, and compaction as required for the installation of foundation system
- Install 6" of grade "W" roadbase under floor and exterior approaches
- Dispose of any extra soil materials onsite, in area designated by Owner

Concrete:

- 4'x4'x11 concrete pads at column locations
- 4'x8"xcontinuous frost wall at exterior perimeter of building
- Reinforcing to consist of #3, #4, and #5 rebar as designed by Engineer
- Floor will be 6" thick, reinforced with fibermesh
- 5' approach continuous, on each side of building, 6" thick, reinforced with fibermesh
- All concrete to be a minimum of 4,000 psi at 28 days

Building:

- 14'x70' single slope, uninsulated, pre-engineered metal building with 1:12 roof slope
- High side eave to be 6" below eave of adjacent building
- Wall and Roof sheets to be 26 gauge "R" panel
- All trim to be 26 gauge to include:
 - Transition trim at adjacent building
 - Gutter and downspouts
 - Rake and eave trim
 - Wrap at framed openings
 - Corner trim
- All colors to be selected by Owner from Manufacture's standard color chart
- Building accessories to include:
 - Five (5) manually operated 8'x8' coiling overhead doors, located on North side wall
 - One (1) 10'x8' manually operated sectional overhead door, located on West end wall
 - Two (2) 3'x7' walk doors with commercial grade hardware, located on opposite ends of North side wall
 - One (1) 3'x7' walk door to be installed in common wall between new addition and existing building

Exclusions from Base Bid:

- City of Rock Springs building permit
- Fees from any utility company
- Electrical, Mechanical, or Plumbing
- Architectural, Engineering, or Survey services other than listed above.
- Testing and Inspection Services
- Relocation of utilities

Total Cost Base Bid: \$134,136.00

Allowance #1: Utilities

- Allowance for relocation of existing utilities as may be required:

Allowance #1: \$5,000.00

Allowance #2: Testing and Inspection

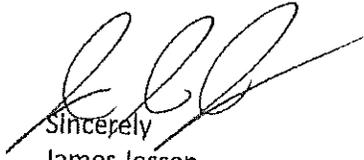
- Allowance to provide the following services:
 - Geotechnical Report
 - Compaction testing
 - Concrete testing
 - Concrete placement observation
 - Bolt inspection
 - Any other inspections that may be required or requested by Owner or Authority Having Jurisdiction (AHJ)

Allowance #2: 25,000.00

Total Price including Allowances: \$164,136.00

Price is subject to change based on final design to be approved by Owner. This offer is contingent upon development of a mutually agreed upon contract.

We appreciate the opportunity to bid on your project and look forward to working with you. Please contact me if you have any questions.



Sincerely
James Jessen
Senior Estimator

Assigned: FY 19 - 47

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: IT **Submitted by:** Rich Tyler **Date:** 5/23/19

Provide a detailed description of the capital expenditure requested:

Request for additional Rubrik backup solution

Preferred Vendor:

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	\$
Total Costs (add 1-8)	\$ 99,698.91

Does the requested item:

Require annual contract renewal? YES NO

Fit into existing space? YES NO Explain:

Attach to a new service? YES NO Explain:

Require physical plan modifications? If yes, list to the right:
 YES NO

Electrical	\$
HVAC	\$
Safety	\$
Plumbing	\$
Infrastructure (I/S cabling, software, etc.)	\$

Annualized impact on operations (if applicable):

Increases/Decreases

Projected Annual Procedures (NEW not existing)

Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$

Total Annual Expenses \$

Net Income/(loss) from new service \$

Budgeted Item:

YES NO

of bids obtained? _____

Copies and/or Summary attached.
If no other bids obtained, reason:

Review and Approvals

Submitted by: 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



OTHER CONSIDERATIONS

This request is to purchase an additional Rubrik data backup appliance. We currently have 1 appliance, and as the amount of data we are backing up grows, we need to add a second to accommodate additional data backup and retention.

1st quote - ConvergeOne
Total: \$99,698.91

2nd quote - Rubrik Direct
\$240,816.98

We are recommending to purchase from ConvergeOne for \$99,698.91

Submitted by: Signature

Date

Solution Summary

Rubrik R640

Customer: Memorial Hospital of Sweetwater County	Primary Contact: Stacey Nutt
Ship To Address: ,	Email: snutt@sweetwatermemorial.com
Bill To Address: 1200 College Dr PO Box 1359 Rock Springs, WY 82901-5868	Phone: (307) 352-8288
Customer ID: VTWMEMHOS0003	National Account Manager: James Voorhies
Customer PO:	NAM Email: jvoorhies@convergeone.com
	NAM Phone: +13079952000

Solution Summary	Current Due	Next Invoice	Due	Remaining	Total Project
Hardware	\$99,698.91		One-Time		\$99,698.91
Project Subtotal	\$99,698.91				\$99,698.91
Estimated Tax	NOT INCLUDED				
Estimated Freight	NOT INCLUDED				
Project Total	\$99,698.91				\$99,698.91

This Solution Summary summarizes the document(s) that are attached hereto and such documents are incorporated herein by reference. Customer's signature on this Solution Summary (or Customer's issuance of a purchase order in connection with this Solution Summary) shall represent Customer's agreement with each attached document and acknowledgement that such attached document(s) are represented accurately by this Solution Summary. Unless otherwise specified in this Solution Summary or its attachment(s), this Solution Summary and its attachments shall be subject to the terms and conditions of: (i) the Master Sales Agreement or other applicable master agreement in effect as of the date hereof between ConvergeOne, Inc. and/or its subsidiaries and affiliates (collectively, "C1" or "ConvergeOne" or "Seller") and Customer; or (ii) if no such master agreement is currently in place between C1 and Customer, the Online General Terms and Conditions currently found on the internet at: <https://www.convergeone.com/online-general-terms-and-conditions/>. If Customer has a master agreement with one of ConvergeOne, Inc.'s predecessors, affiliates and/or subsidiaries, ("Legacy Master Agreement"), the terms and conditions of such Legacy Master Agreement shall apply to this Solution Summary, subject to any modifications, located at <https://www.convergeone.com/online-general-terms-and-conditions/>.

Products and/or services not specifically itemized are not provided hereunder. This Solution Summary (including any attachment(s) hereto) will be valid for a period of thirty (30) days following the date of this Solution Summary. Thereafter, this Solution Summary and any attachment(s) hereto will no longer be of any force and effect.

This order is a configured order and/or contains software.

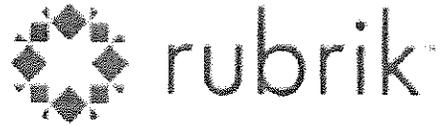
ACCEPTED BY:

BUYER: _____ DATE: _____ SELLER: _____ DATE: _____
TITLE: _____ TITLE: _____

Solution Quote Rubrik R640

<p>Customer: Memorial Hospital of Sweetwater County</p> <p>Ship To Address: ,</p> <p>Bill To Address: 1200 College Dr PO Box 1359 Rock Springs, WY 82901-5868</p> <p>Customer ID: VTWMEMHOS0003</p> <p>Customer PO:</p>	<p>Primary Contact: Stacey Nutt</p> <p>Email: snutt@sweetwatermemorial.com</p> <p>Phone: (307) 352-8288</p> <p>National Account Manager: James Voorhies</p> <p>NAM Email: jvoorhies@convergeone.com</p> <p>NAM Phone: +13079952000</p>
--	--

#	Item Number	Description	Term	Qty	Unit List Price	Extended List	% Disc	Extended Price
<No Custom Group 1 Listed>								
1	RBK- R6404S- HW-01	RBK- R6404S- HW-01 - r6404s Appliance, 4-node, 48TB raw HDD, 1.6TB SSD, SFP+ NIC		1	\$18,761.00	\$18,761.00	0.00 %	\$18,761.00
2	RBK- R6404- RCDM	RBK- R6404- RCDM - RCDM for r6404 Appliance, 4-node, 48TB raw, software tied to life of device, software tied to life of device		1	\$142,622.00	\$142,622.00	64.29 %	\$50,936.43
3	RBK-F3M- CBL-01	RBK-F3M- CBL-01 - Fiber Optic OM3 LC/LC Cable, 3M, pack of 4		1	\$500.00	\$500.00	57.14 %	\$214.29
4	RBK-SVC- PREM-SW	RBK-SVC- PREM-SW - Premium Support for RCDM software, prepay		1	\$65,606.12	\$65,606.12	64.29 %	\$23,430.76
5	RBK-SFP- TSR-01	RBK-SFP- TSR-01 - 10G/1G Dual Rate SFP+ Transceiver, pack of 4		1	\$3,450.00	\$3,450.00	57.14 %	\$1,478.57
6	RBK-SVC- PREM-HW	RBK-SVC- PREM-HW - Premium Support for hardware, prepay		1	\$4,877.86	\$4,877.86	0.00 %	\$4,877.86



Date: 5/22/2019
 10:30 PM
Expires On: 8/19/2019
Quote #: Q-41104
Payment Terms #: Net 30

1001 Page Mill Rd, Bldg 2
 Palo Alto, CA 94306
 (844) 478-2745
 orders@rubrik.com

Memorial Hospital of Sweetwater County
 1200 College Dr
 Rock Springs, Wyoming 82901-5868
 United States

Pricing

Product Code	Product Description	Qty	Term	List Price	List Total	Discount %	Net Total Price
RBK-R6404S-HW-01	r6404s Appliance, 4-node, 48TB raw HDD, 1.6TB SSD, SFP+ NIC	1		\$18,761.00	\$18,761.00	0	\$18,761.00
RBK-R6404-RCDM	RCDM for r6404 Appliance, 4-node, 48TB raw, software tied to life of device, software tied to life of device	1		\$142,622.00	\$142,622.00	0	\$142,622.00
RBK-F3M-CBL-01	Fiber Optic OM3 LC/LC Cable, 3M, pack of 4	1		\$500.00	\$500.00	0	\$500.00
RBK-SVC-PREM-SW	Premium Support for RCDM software, prepay	1	24	\$32,803.06	\$65,606.12	0	\$65,606.12
RBK-SFP-TSR-01	10G/1G Dual Rate SFP+ Transceiver, pack of 4	1		\$3,450.00	\$3,450.00	0	\$3,450.00
RBK-SVC-PREM-HW	Premium Support for hardware, prepay	1	24	\$2,438.93	\$4,877.86	0	\$4,877.86
RBK-INSTALL	Rubrik Installation and Configuration Services, incl. travel and expense	1		\$5,000.00	\$5,000.00	0	\$5,000.00
TOTAL:							\$240,816.98

Once an order is accepted by Rubrik, it is non-cancelable and all payments made in connection with such order are non-refundable

Any domestic US shipments handled by Rubrik will be charged a flat rate of \$300 per appliance.

Quotation Prepared by: BJ Hawker
 Rubrik Confidential Information

To accept this quotation, please sign here and return: _____

MHSC Capital Budget for FYE 6/30/2019

Department	ITEM	Approved	Purch/Amt	Variance	FY#
Facilities	MOB Duct Renovation	278,240	277,743	(497)	FY19-1
Cancer Center	Looking Glass/ARIA equipment	9,168	9,168	-	FY19-2
Urology	Flexible Video Cystoscope	29,984	29,984	-	FY19-4
IT	Desktop Computers	55,938	55,223	(715)	FY19-5
IT	Laptop Computers	32,652	32,652	-	FY19-6
Cancer Center	Looking Glass/ARIA equipment	1,476	1,020	(455)	FY19-7
IT	Quadramed Electronic Health Record Upgrade	234,300	234,300	-	FY19-8
IT	Virtual Server Upgrade	155,843	155,843	-	FY19-9
Facilities	2019 Can Am 4 Wheeler w/ Plow	6,987	6,987	-	FY19-10
IT	WAN Bandwith upgrade	16,985	16,985	-	FY19-11
IT	iPrism internet content filter appliance	21,995	21,995	-	FY19-12
Respiratory	Trilogy Transport Ventilator	11,697	11,697	0	FY19-13
Medical Imaging	DR Bridge Program	27,891	27,891	-	FY19-14
Surgical Services	Steris V-Pro Max Sterilizer	111,829	111,829	-	FY19-15
Human Resources	Healthcare Source HT	24,025	24,025	-	FY19-16
Cancer Center	Centricity software update	9,852	9,852	-	FY19-17
IT	Mirth Connect interface engine	12,000	12,000	-	FY19-18
Dietary	Walk-in Cooler and Freezer w/ renovation	81,588	81,588	-	FY19-19
Clinic	Wall mounted otoscopes and ophthalmoscopes	11,002	11,002	-	FY19-20
Laboratory	-30 Degree Freezer	5,947	5,947	-	FY19-21
Blood Bank	Cell Washer	7,220	6,475	-	FY19-22
Emergency Room	SANE Evidence camera	25,500	25,500	-	FY19-23
Surgical Services	Pediatric Foreign Body Removal Instruments	15,254	15,254	-	FY19-25
Surgical Services	Percutaneous Nephrolithotomy System (nephroscope)	11,321	11,321	-	FY19-26
Cardiopulmonary	Muse Cardiology IS	174,094	174,094	-	FY19-27
IT	Replace Core Network Switches	79,777	79,777	-	FY19-28
Facilities	Central Plant upgrade engineering	255,000	-	-	FY19-24
Surgical Services	Autoclavable Cystoscopy Camera Heads	11,995	11,995	-	FY19-29
Surgical Services	Endoscopic System	359,120	359,120	-	FY19-30
Surgical Services	Stryker 32" 4K Surgical Monitor	13,599	13,599	-	FY19-31
Surgical Services	Vision Ultrasound System and PICC placement device	35,125	35,125	-	FY19-32
Facilities	Retaining Wall	298,609	-	-	FY19-33
Clinic	Multifunction Copier/Printer - OB/GYN	8,750	8,750	-	FY19-34
Clinic	Multifunction Copier/Printer - General Surgery	9,560	9,560	-	FY19-35
Medical Imaging	Portable x-ray unit 1	131,288	131,288	-	FY19-36
Medical Imaging	Portable x-ray unit 2	193,876	193,876	-	FY19-37
IT	Quadramed QCPT server hardware	78,535	78,535	-	FY19-38
Laboratory	Isotemp Freezer	6,094	6,094	-	FY19-39
Fiscal Services	Dynamic Budgeting Software	14,500	14,500	-	FY19-40
				-	
Total Budgeted		3,000,000	2,312,594	(1,667)	

Capital Expenditure Dollars Authorized

2,868,615

Less Donated Capital

FY19-13 Trilogy Transport Ventilator	Foundation purchase	(11,697)
FY19-19 Walk-in Cooler & Freezer	Foundation purchase	(81,588)
FY19-20 Oscopes & Ophthalmoscopes	Foundation purchase	(11,002)
FY19-21 -30 Degree Freezer	Foundation purchase	(5,947)
FY19-22 Cell Washer	Foundation purchase	(7,220)
FY19-23 SANE evidence camera	DVS grant	(25,500)
FY19-25 Pediatric Foreign Body Instruments	Foundation purchase	(15,254)
FY19-26 Nephroscope	Foundation purchase	(11,321)
FY19-24 Central Plant engineering	County Maintenance	(255,000)
FY19-32 Vision Ultrasound System and PICC placement device	Foundation purchase	(35,125)
FY19-33 Retaining Wall	County Maintenance	(298,609)
		<u>(758,263)</u>

Net Capital Outlay FYTD 2019

2,110,353

Remaining Balance FY2019 Capital Budget

889,647

Capital Expenditures Budget by Fiscal Quarter

Budget For The Year Ending 6/30/2019

Department	Requested Item	Priority	Number of Units	Capital Budget	Notes	FY#
Quarter 1: July - September						
MAINTENANCE	MOB duct return project	1	1	\$278,240	approved	FY19-1
IT	Looking Glass equipment			\$9,168	approved	FY19-2
CLINIC - Urology	Cystoscope		1	\$29,984	approved	FY19-4
IT	Desktop Computers and Monitors	3	50	\$55,938	approved	FY19-5
IT	Laptops for Providers and Replacements	2	18	\$32,652	approved	FY19-6
IT	Looking Glass equipment			\$1,438	approved	FY19-7
IT	Upgrade QCPR to Version 6.2	4	1	\$234,300	approved	FY19-8
IT	Virtual Environment upgrade	1		\$155,843	approved	FY19-9
IT	WAN Bandwidth upgrade	5	1	\$16,985	approved	FY19-11
IT	iPrism internet content filter appliance	5	1	\$21,995	approved	FY19-12
				\$836,543		\$836,543
Quarter 2: October - December						
MAINTENANCE	2019 Can-Am 4-wheeler with Snow Plow		1	\$6,987	approved	FY19-10
HR	Healthcare Source HT	1	1	\$34,025	approved	FY19-16
RADIOLOGY	DR Bridge Program Enterprise CR	1	1	\$27,891	approved	FY19-14
SURGERY	V-Pro Max Sterilizer	4	1	\$111,829	approved	FY19-15
IT	Upgrade Mirth appliances			\$12,000	approved	FY19-18
CANCER CENTER	Centricity software update			\$9,852	approved	FY19-17
				\$202,584		\$1,039,127
Quarter 3: January - March						
CARDIOPULMONARY	Muse Cardiology IS	1	1	\$174,094	approved	FY19-27
IT	Replace Core Network Switches	6	2	\$79,777	approved	FY19-28
SURGERY	Autoclavable Cystoscopy Camera heads			\$11,995	approved	FY19-29
SURGERY	Endoscopic System Replacement	3	1	\$359,120	approved	FY19-30
SURGERY	Stryker 32" surgical monitor			\$13,599	approved	FY19-31
				\$638,585		\$1,677,712
Quarter 4: April - June						
CLINIC	Multifunction Copier/Printer - OB/GYN		1	\$8,750	approved	FY19-34
CLINIC	Multifunction Copier/Printer - General Surgery		1	\$9,560	approved	FY19-35
RADIOLOGY	Digital Portable X-Ray Unit #1	3	1	\$131,288	approved	FY19-36
RADIOLOGY	Digital Portable X-Ray Unit #2	4	1	\$193,876	approved	FY19-37

IT	QCPR Server upgrade	7	1	\$78,535	approved	FY19-38
LABORATORY	Freezer		1	\$6,094	approved	FY19-39
FISCAL	Dynamics Budget software		1	\$14,500	approved	FY19-40
SECURITY	Security Camera System	1	1	\$62,000		
LABOR & DELIVERY	Panda iRes Bedded Warmer	1	1	\$22,780		
UROLOGY CLINIC	Storz Scope		1	\$17,866		
UROLOGY CLINIC	Olympus Scope		1	\$18,708		
UROLOGY CLINIC	Camera for Scope		1	\$3,971		
HIM	Digital Microform Reader/Printer/Viewer/Scanner System		1	\$11,075		
IT	Rubrik backup system		1	\$99,700		
RADIOLOGY-ECHO	Acuson SC2000 refurbished Cardiac Ultrasound System	4	1	\$89,000		
DIETARY	Posiflex 2	5	1	\$5,079		
DIETARY	Tilt Skillet	7	1	\$18,200		
FACILITIES	Lawn Tractor	10	1	\$8,395		
LABORATORY	Coagulation Analyzer		1	\$44,000		
LABORATORY	Thinprep Processor		1	\$33,000		
FACILITIES	Replacement Ground Building		1	\$104,660		
				\$981,037	\$2,658,749	

		Possible Reimbursements:		2,500.00	WY Community Foundation grant	
MAINTENANCE-College Hill	Fire Notification System	2	1	\$24,957	tabled	FY19-3
EMERGENCY ROOM	SDFI Camera for SANE nurses	1	1	\$25,500	DVS grant	FY19-23
DIETARY	Walk-In Cooler and Freezer Units/Including Renovation	1	1	\$81,588	Foundation	FY19-19
SURGERY	Percutaneous Nephrolithotomy System	2	1	\$12,217	Foundation	FY19-26
LABORATORY	-30 degrees freezer	2	1	\$5,947	Foundation	FY19-21
BLOOD BANK	Blood Bank Cell Washer	2	1	\$7,220	Foundation	FY19-22
RESPIRATORY	Respironics Trilogy Vent	2	1	\$11,687	Foundation	FY19-13
SURGERY	Pediatric Foreign Body Removal	1	1	\$15,254	Foundation	FY19-25
CLINIC	Wall mounted otoscopes and ophthalmoscopes		32	\$11,002	Foundation	FY19-20
SURGERY	Ultrasound System and PICC Placement device	6	1	\$35,225	Foundation	FY19-32
Foundation total				\$180,140		
MAINTENANCE	Central Plant Upgrade phase 1	6	1	\$255,000	approved	FY19-24
MAINTENANCE	Retaining Wall		1	\$298,609	approved	FY19-33
MAINTENANCE	Asphalt Patching & Crack Sealing 3000 College Drive			\$20,905		
MAINTENANCE	Asphalt Patching & Crack Sealing Hospital			\$21,500		
MAINTENANCE	Replace ICU Roof			\$96,050		
County Maintenance Fund total				\$553,609		

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

To: Finance & Audit Committee
From: Tami Love, CFO

May 17, 2019

NARRATIVE TO APRIL 2019 FINANCIAL STATEMENT

THE BOTTOM LINE. The bottom line from operations for April was a gain of \$211,397, compared to a gain of \$144,576 in the budget. This yields a 2.85% operating margin for the month compared to 1.92% in the budget. The YTD net operating gain is \$1,635,940, compared to a gain of \$1,535,008 in the budget. This represents a YTD operating margin of 2.22% compared with 2.04% in the budget.

The total net gain for the month was \$151,812, compared to a gain of \$52,241 in the budget. The YTD total net gain is \$2,343,949, compared to a gain of \$612,663 in the budget. This yields a YTD total profit margin of 3.19 compared to 0.81% in the budget.

Annual Debt Service Coverage came in at 4.48. The existing bond covenants require that we maintain Debt Service Coverage of 1.25 for compliance.

VOLUME. Average inpatient census for the month was 12.5, right at budget. YTD average daily census is 12.9 compared to 11.8 in the budget and 17.1 in the prior year.

Surgeries were over budget for the month. There were 7,995 outpatient visits, over budget by 2,060.

Total ER visits were 1,326, under budget by 22. There were 42 newborns in April, over budget by 16. Births are under budget year to date by 41.

REVENUE. Revenue for the month was \$14,315,908, over budget by \$540,807. Inpatient revenue was over budget by \$13,767, outpatient revenue was over budget by \$361,676 and the employed Provider Clinic was over budget by \$165,363.

YTD total revenue was \$137,883,949, over budget by \$449,599. Inpatient revenue is over budget by \$1,064,362, outpatient revenue is under budget by \$382,772 and the Provider Clinic is under budget by \$231,991.

Net patient revenue for the month was \$7,081,381, under budget by \$229,302. YTD net patient revenue was \$71,040,726, under budget by \$1,895,050.

Deductions from revenue were booked at 50.5% for April compared to 46.9% in the budget. YTD deductions from revenue are 48.5%, compared to 46.9% in the budget and 46.6% for the same period in fiscal year 2018.

EXPENSES. Total expenses for the month were \$7,209,082, under budget by \$184,105. YTD expenses are under budget by \$1,829,284. The following expense categories were over budget:

Fringe Benefits – This expense is over budget by \$101,579, but remains under budget year to date. Group health claims came in over budget by \$107,417 in April.

Contract Labor – This expense is over budget by \$51,755 for the month and over budget year to date. Currently, contract labor is used in Behavioral Health, OB, Surgery, Emergency Room and Ultrasound.

Purchased Services – This expense is over budget by \$21,173, but remains under budget year to date. Send out lab testing is over budget due to the increase in Laboratory volumes.

Repairs and Maintenance – This expense is over budget by \$41,747, but remains under budget year to date. Vouchers for reimbursement from the County maintenance fund have been submitted.

Insurance expense – This expense is over budget by \$6,819 and over budget year to date.

Leases and Rentals - This expense is over budget by \$5,452 and remains over budget year to date.

BALANCE SHEET. Operating cash at month end was \$9,951,956, an increase of \$1,389,822 from March. Collections for the month of April were \$7,957,510. The Days of Cash on Hand are at 121 in April, up 6 days from last month. The existing bond covenants require that we maintain 75 days of cash on hand for compliance.

Gross receivables at month end were \$27,223,750, a decrease of \$1,409,853 from the prior month. Net patient receivables at month end were \$15,700,837, down \$973,440 from last month. Collectively, days in receivables are 63 for April, down 5 days from March. The Hospital days in AR are at 54, down 3 days from March.

OUTLOOK FOR MAY. Gross revenue is projecting to be under budget in the Hospital and at budget in the Clinic. Patient days, Births, Lab and other Outpatient visits are all projecting to come in above budget. Gross patient revenue is projecting to come in at \$13.4m, which is under budget, net revenue is projecting to \$7.1m, which is under budget. Collections are projecting to come in over \$7m, which is over budget and reflects the receipt of the delayed payments from BCBS. With expenses expected to come in at budget of \$7.3m, we are projecting to a breakeven month in May.



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

Unaudited Financial Statements

for

Ten months ended April 30, 2019

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.

Page 309 of 424

Certified by:

Tami Love

Chief Financial Officer

Table of Contents

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2019

PAGE 1

TABLE OF CONTENTS

EXECUTIVE SUMMARY	PAGE 2
FINANCIAL RATIOS AND BENCHMARKS	PAGE 3
BALANCE SHEET - ASSETS	PAGE 4
BALANCE SHEET - LIABILITIES AND NET ASSETS	PAGE 5
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 6
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 7
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 8
STATEMENT OF CASH FLOWS	PAGE 10
KEY OPERATING STATISTICS	PAGE 11
ACCOUNTS RECEIVABLE REPORT	PAGE 12
REVENUE AND EXPENSE VARIANCE ANALYSIS	PAGE 13
KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE	PAGE S-A

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

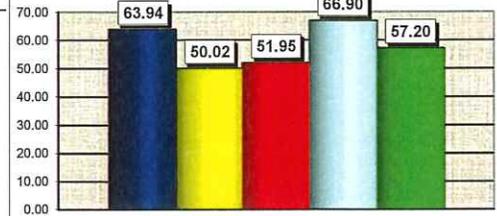
EXECUTIVE FINANCIAL SUMMARY

Ten months ended April 30, 2019

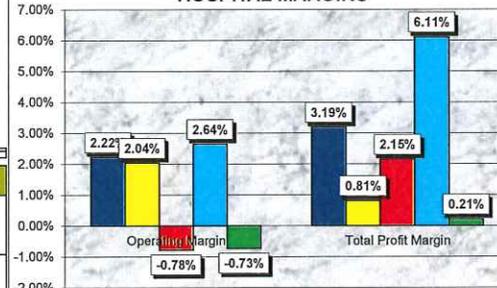
BALANCE SHEET

	YTD 4/30/2019	Prior FYE 6/30/2018
ASSETS		
Current Assets	\$32,233,395	\$32,985,887
Assets Whose Use is Limited	21,838,267	16,103,800
Property, Plant & Equipment (Net)	64,445,684	68,224,600
Other Assets	236,768	247,062
Total Unrestricted Assets	118,754,114	117,561,349
Restricted Assets	256,899	426,203
Total Assets	\$119,011,013	\$117,987,552
LIABILITIES AND NET ASSETS		
Current Liabilities	\$9,089,723	\$9,791,188
Long-Term Debt	27,867,864	27,915,983
Other Long-Term Liabilities	564,842	1,070,720
Total Liabilities	37,522,429	38,777,891
Net Assets	81,488,584	79,209,661
Total Liabilities and Net Assets	\$119,011,013	\$117,987,552

NET DAYS IN ACCOUNTS RECEIVABLE



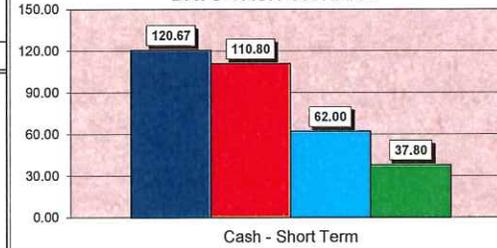
HOSPITAL MARGINS



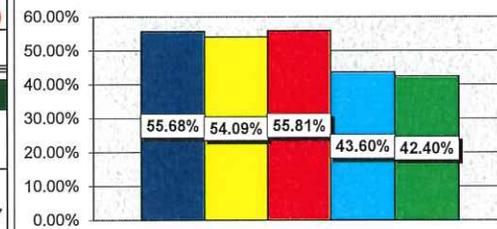
STATEMENT OF REVENUE AND EXPENSES - YTD

	04/30/19 ACTUAL	04/30/19 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$14,315,908	\$13,775,101	\$137,883,949	\$137,434,349
Deductions From Revenue	(7,234,527)	(6,464,417)	(66,843,222)	(64,498,573)
Net Patient Revenues	7,081,381	7,310,684	71,040,726	72,935,776
Other Operating Revenue	339,098	227,080	2,511,612	2,345,914
Total Operating Revenues	7,420,479	7,537,763	73,552,338	75,281,690
Expenses:				
Salaries, Benefits & Contract Labor	4,010,369	3,994,290	40,042,499	40,716,459
Purchased Serv. & Physician Fees	764,456	802,055	6,794,786	7,336,578
Supply Expenses	1,078,865	1,151,329	11,112,795	11,519,449
Other Operating Expenses	758,826	832,924	7,914,877	7,947,055
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	596,566	612,590	6,051,441	6,226,140
Total Expenses	7,209,082	7,393,188	71,916,398	73,745,682
NET OPERATING SURPLUS	211,397	144,576	1,635,940	1,536,008
Non-Operating Revenue/(Exp.)	(59,584)	(92,335)	708,009	(923,345)
TOTAL NET SURPLUS	\$151,812	\$52,241	\$2,343,949	\$612,663

DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	04/30/19 ACTUAL	04/30/19 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	375	374	3,923	3,584
Average Acute Length of Stay	3.0	2.7	2.9	2.7
Total Emergency Room Visits	1,326	1,348	13,531	13,635
Outpatient Visits	0	5,935	56,384	63,932
Total Surgeries	171	148	1,631	1,765
Total Worked FTE's	425.63	427.27	414.21	427.27
Total Paid FTE's	462.62	464.23	454.93	464.23
Net Revenue Change from Prior Yr	6.52%	8.20%	1.50%	3.88%
EBIDA - 12 Month Rolling Average			9.29%	10.31%
Current Ratio			3.55	
Days Expense in Accounts Payable			34.98	

■	MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
■	Budget	04/30/19
■	Prior Fiscal Year End	06/30/18
■	WYOMING	All Hospitals
■	< \$90M Net Rev.	Rural

FINANCIAL STRENGTH INDEX -		0.79
Excellent - Greater than 3.0	Good - 3.0 to 0.0	
Fair - 0.0 to (2.0)	Poor - Less than (2.0)	

Key Financial Ratios

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2019**

⬇️ ⬆️ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 4/30/2019	Budget 6/30/2019	BB+ Credit Rating	BBB- Credit Rating	Prior Fiscal Year End 06/30/18	WYOMING All Hospitals (See Note 1)	National Rural < \$90M Net Rev. (See Note 2)
Profitability:								
Operating Margin	⬆️	2.22%	1.90%	0.10%	0.30%	-0.78%	2.64%	-0.73%
Total Profit Margin	⬆️	3.19%	0.76%	0.80%	1.00%	2.15%	6.11%	0.21%
Liquidity:								
Days Cash, All Sources **	⬆️	120.67	129.76	91.30	129.00	110.80	62.00	37.80
Net Days in Accounts Receivable	⬇️	63.94	50.02	52.40	51.80	51.95	66.90	57.20
Capital Structure:								
Average Age of Plant (Annualized)	⬇️	12.29	12.58	15.10	11.20	10.19	9.50	12.40
Long Term Debt to Capitalization	⬇️	26.04%	25.75%	48.20%	41.60%	26.19%	16.80%	10.00%
Debt Service Coverage Ratio **	⬆️	4.48	3.97	1.80	2.30	3.15	N/A	2.64
Productivity and Efficiency:								
Paid FTE's per Adjusted Occupied Bed	⬇️	7.80	8.43			8.43	6.60	4.63
Salary Expense per Paid FTE		\$85,149	\$86,892			\$85,976	\$62,436	\$48,150
Salary and Benefits as a % of Total Operating Exp		55.68%	56.43%			55.81%	43.60%	42.40%

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

Note 2 - 2017 Ingenix 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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY

PAGE 4

Ten months ended April 30, 2019

	Current Month 4/30/2019	Prior Month 3/31/2019	ASSETS		Prior Year End 6/30/2018
			Positive/ (Negative) Variance	Percentage Variance	
Current Assets					
Cash and Cash Equivalents	\$9,951,956	\$8,562,134	\$1,389,822	16.23%	\$14,404,653
Gross Patient Accounts Receivable	27,223,750	28,633,603	(1,409,853)	-4.92%	21,199,648
Less: Bad Debt and Allowance Reserves	(11,522,913)	(11,959,326)	436,413	3.65%	(9,770,080)
Net Patient Accounts Receivable	15,700,837	16,674,277	(973,440)	-5.84%	11,429,568
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,257,606	1,171,954	85,652	7.31%	1,957,332
Inventories	2,820,856	2,810,194	10,661	0.38%	2,829,223
Prepaid Expenses	2,502,140	2,204,083	298,057	13.52%	2,365,112
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	32,233,395	31,422,643	810,752	2.58%	32,985,887
Assets Whose Use is Limited					
Cash	16,560	14,257	2,303	16.15%	12,573
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	2,833,399	2,720,713	112,686	4.14%	3,034,341
Trustee Held Funds - SPT	2,385,254	2,384,426	828	0.03%	3,452,951
Board Designated Funds	2,313,540	2,308,965	4,575	0.20%	1,300,000
Other Limited Use Assets	14,289,514	14,289,514	0	0.00%	8,303,935
Total Limited Use Assets	21,838,267	21,717,875	120,392	0.55%	16,103,800
Property, Plant, and Equipment					
Land and Land Improvements	2,957,673	2,957,673	0	0.00%	2,928,057
Building and Building Improvements	38,215,213	38,116,158	99,055	0.26%	38,041,246
Equipment	110,728,982	109,800,625	928,357	0.85%	108,303,077
Construction In Progress	582,136	824,856	(242,719)	-29.43%	1,010,882
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	152,484,005	151,699,312	784,693	0.52%	150,283,261
Less: Accumulated Depreciation	(88,038,320)	(87,441,754)	(596,566)	-0.68%	(82,058,661)
Net Property, Plant, and Equipment	64,445,684	64,257,557	188,127	0.29%	68,224,600
Other Assets					
Unamortized Loan Costs	236,768	237,797	(1,029)	-0.43%	247,062
Other	0	0	0	0.00%	0
Total Other Assets	236,768	237,797	(1,029)	-0.43%	247,062
TOTAL UNRESTRICTED ASSETS	118,754,114	117,635,872	1,118,242	0.95%	117,561,349
Restricted Assets	256,899	346,104	(89,205)	-25.77%	426,203
TOTAL ASSETS	\$119,011,013	\$117,981,976	\$1,029,037	0.87%	\$117,987,552

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 5

ROCK SPRINGS, WY

Ten months ended April 30, 2019

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2018
	Current Month 4/30/2019	Prior Month 3/31/2019	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$4,174,228	\$3,429,146	(\$745,083)	-21.73%	\$4,934,966
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,964,625	1,825,023	(139,602)	-7.65%	910,902
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,194,652	2,180,977	(13,675)	-0.63%	1,702,057
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)	575,631	575,631	0	0.00%	1,810,631
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	180,587	72,976	(107,611)	-147.46%	432,632
Total Current Liabilities	9,089,723	8,083,753	(1,005,970)	-12.44%	9,791,188
Long Term Debt					
Bonds/Mortgages Payable	28,443,495	28,448,307	4,812	0.02%	29,726,614
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	575,631	575,631	0	0.00%	1,810,631
Total Long Term Debt (Net of Current)	27,867,864	27,872,676	4,812	0.02%	27,915,983
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	564,842	599,570	34,728	5.79%	1,070,720
Total Other Long Term Liabilities	564,842	599,570	34,728	5.79%	1,070,720
TOTAL LIABILITIES	37,522,429	36,555,999	(966,430)	-2.64%	38,777,891
Net Assets:					
Unrestricted Fund Balance	76,819,258	76,819,258	0	0.00%	74,388,532
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	366,257	455,462	89,205	19.59%	465,216
Net Revenue/(Expenses)	2,343,949	2,192,137	N/A	N/A	2,396,794 of 424
TOTAL NET ASSETS	81,488,584	81,425,977	(62,607)	-0.08%	79,209,661
TOTAL LIABILITIES AND NET ASSETS	\$119,011,013	\$117,981,976	(\$1,029,037)	-0.87%	\$117,987,552

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2019

	CURRENT MONTH				Prior Year 04/30/18
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$2,956,480	\$2,942,713	\$13,767	0.47%	\$3,103,402
Outpatient Revenue	9,778,210	9,416,533	361,676	3.84%	8,179,117
Clinic Revenue	1,411,951	1,224,896	187,055	15.27%	1,045,617
Specialty Clinic Revenue	169,268	190,960	(21,692)	-11.36%	190,157
Total Gross Patient Revenue	<u>14,315,908</u>	<u>13,775,101</u>	<u>540,807</u>	<u>3.93%</u>	<u>12,518,293</u>
Deductions From Revenue					
Discounts and Allowances	(5,968,334)	(5,581,161)	(387,174)	-6.94%	(5,180,571)
Bad Debt Expense (Governmental Providers Only)	(1,112,048)	(712,436)	(399,612)	-56.09%	(608,142)
Medical Assistance	(154,144)	(170,821)	16,676	9.76%	(162,130)
Total Deductions From Revenue	<u>(7,234,527)</u>	<u>(6,464,417)</u>	<u>(770,110)</u>	<u>-11.91%</u>	<u>(5,950,844)</u>
Net Patient Revenue	<u>7,081,381</u>	<u>7,310,684</u>	<u>(229,302)</u>	<u>-3.14%</u>	<u>6,567,449</u>
Other Operating Revenue	<u>339,098</u>	<u>227,080</u>	<u>112,018</u>	<u>49.33%</u>	<u>398,959</u>
Total Operating Revenue	<u>7,420,479</u>	<u>7,537,763</u>	<u>(117,284)</u>	<u>-1.56%</u>	<u>6,966,408</u>
Operating Expenses					
Salaries and Wages	2,977,715	3,114,970	137,255	4.41%	2,982,785
Fringe Benefits	933,863	832,283	(101,579)	-12.20%	992,919
Contract Labor	98,792	47,037	(51,755)	-110.03%	122,359
Physicians Fees	350,665	409,438	58,773	14.35%	346,772
Purchased Services	413,790	392,617	(21,173)	-5.39%	437,651
Supply Expense	1,078,865	1,151,329	72,464	6.29%	1,080,684
Utilities	83,836	87,717	3,881	4.42%	90,887
Repairs and Maintenance	428,617	386,870	(41,747)	-10.79%	378,782
Insurance Expense	68,473	61,654	(6,819)	-11.06%	53,077
All Other Operating Expenses	98,643	222,878	124,235	55.74%	198,362
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	79,258	73,806	(5,452)	-7.39%	67,974
Depreciation and Amortization	596,566	612,590	16,024	2.62%	610,433
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>7,209,082</u>	<u>7,393,188</u>	<u>184,105</u>	<u>2.49%</u>	<u>7,362,685</u>
Net Operating Surplus/(Loss)	211,397	144,576	66,821	46.22%	(396,277)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	10,344	3,985	6,359	159.57%	(1,767)
Tax Subsidies (Except for GO Bond Subsidies)	828	0	828	0.00%	233,293
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(99,953)	(113,824)	(13,871)	12.19%	(104,431)
Other Non-Operating Revenue/(Expenses)	29,196	17,504	11,692	66.80%	12,688
Total Non Operating Revenue/(Expense)	<u>(59,584)</u>	<u>(92,335)</u>	<u>32,750</u>	<u>-35.47%</u>	<u>139,783</u>
Total Net Surplus/(Loss)	\$151,812	\$52,241	\$99,571	190.60%	(\$256,494)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets)	\$151,812	\$52,241	\$99,571	190.60%	(\$256,494)
Operating Margin	2.85%	1.92%			-5.69%
Total Profit Margin	2.05%	0.69%			-3.68%
EBIDA	10.90%	10.04%			6.21%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 7

ROCK SPRINGS, WY

Ten months ended April 30, 2019

	YEAR-TO-DATE				
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	Prior Year 04/30/18
Gross Patient Revenue					
Inpatient Revenue	\$30,491,697	\$29,427,335	\$1,064,362	3.62%	\$29,010,424
Outpatient Revenue	93,610,902	93,993,674	(382,772)	-0.41%	89,380,075
Clinic Revenue	12,070,800	12,038,143	32,657	0.27%	11,425,430
Specialty Clinic Revenue	1,710,549	1,975,197	(264,648)	-13.40%	1,903,962
Total Gross Patient Revenue	<u>137,883,949</u>	<u>137,434,349</u>	<u>449,599</u>	<u>0.33%</u>	<u>131,719,892</u>
Deductions From Revenue					
Discounts and Allowances	(56,043,606)	(55,666,004)	(377,602)	-0.68%	(52,762,941)
Bad Debt Expense (Governmental Providers Only)	(9,111,968)	(7,124,363)	(1,987,605)	-27.90%	(7,020,581)
Medical Assistance	(1,687,648)	(1,708,206)	20,558	1.20%	(1,610,573)
Total Deductions From Revenue	<u>(66,843,222)</u>	<u>(64,498,573)</u>	<u>(2,344,649)</u>	<u>-3.64%</u>	<u>(61,394,096)</u>
Net Patient Revenue	<u>71,040,726</u>	<u>72,935,776</u>	<u>(1,895,050)</u>	<u>-2.60%</u>	<u>70,325,796</u>
Other Operating Revenue	<u>2,511,612</u>	<u>2,345,914</u>	<u>165,698</u>	<u>7.06%</u>	<u>2,141,085</u>
Total Operating Revenue	<u>73,552,338</u>	<u>75,281,690</u>	<u>(1,729,352)</u>	<u>-2.30%</u>	<u>72,466,882</u>
Operating Expenses					
Salaries and Wages	31,434,969	31,801,124	366,154	1.15%	31,288,348
Fringe Benefits	7,779,310	8,188,774	409,464	5.00%	8,327,676
Contract Labor	828,220	726,561	(101,658)	-13.99%	1,279,716
Physicians Fees	3,142,623	3,307,007	164,384	4.97%	2,276,397
Purchased Supplies	3,652,163	4,029,571	377,408	9.37%	4,294,514
Supply Expense	11,112,795	11,519,449	406,655	3.53%	10,798,802
Utilities	911,816	944,869	33,053	3.50%	927,157
Repairs and Maintenance	3,848,922	3,858,366	9,444	0.24%	3,708,235
Insurance Expense	672,336	613,329	(59,006)	-9.62%	609,722
All Other Operating Expenses	1,660,388	1,808,728	148,339	8.20%	1,831,815
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	821,415	721,763	(99,652)	-13.81%	666,883
Depreciation and Amortization	6,051,441	6,226,140	174,699	2.81%	6,503,481
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>71,916,398</u>	<u>73,745,682</u>	<u>1,829,284</u>	<u>2.48%</u>	<u>72,512,745</u>
Net Operating Surplus/(Loss)	<u>1,635,940</u>	<u>1,536,008</u>	<u>99,932</u>	<u>6.51%</u>	<u>(45,864)</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	91,272	39,850	51,422	129.04%	40,743
Tax Subsidies (Except for GO Bond Subsidies)	192,707	0	192,707	0.00%	3,246,601
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(1,075,673)	(1,138,235)	62,562	-5.50%	(1,200,574)
Other Non-Operating Revenue/(Expense)	1,499,703	175,040	1,324,663	756.78%	180,502
Total Non Operating Revenue/(Expense)	<u>708,009</u>	<u>(923,345)</u>	<u>1,631,354</u>	<u>-176.68%</u>	<u>2,267,272</u>
Total Net Surplus/(Loss)	<u>\$2,343,949</u>	<u>\$612,663</u>	<u>\$1,731,287</u>	<u>282.58%</u>	<u>\$2,221,408</u>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	<u>\$2,343,949</u>	<u>\$612,663</u>	<u>\$1,731,287</u>	<u>282.58%</u>	<u>\$2,221,408</u>
Operating Margin	2.22%	2.04%			-0.06%
Total Profit Margin	3.19%	0.81%			3.07%
EBIDA	10.69%	10.31%			12.82%

Statement of Revenue and Expense - 13 Month Trend

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

	Actual 3/31/2019	Actual 3/31/2019	Actual 2/28/2019	Actual 1/31/2019	Actual 12/31/2018
Gross Patient Revenue					
Inpatient Revenue	\$2,956,480	\$3,361,712	\$3,219,822	\$3,505,789	\$2,955,935
Inpatient Psych/Rehab Revenue					
Outpatient Revenue	\$9,778,210	\$10,025,117	\$9,455,323	\$9,655,343	\$9,010,217
Clinic Revenue	\$1,411,951	\$1,460,747	\$1,009,031	\$1,069,404	\$1,254,113
Specialty Clinic Revenue	\$169,268	\$175,633	\$127,930	\$207,546	\$180,950
Total Gross Patient Revenue	\$14,315,908	\$15,023,209	\$13,812,107	\$14,438,082	\$13,401,215
Deductions From Revenue					
Discounts and Allowances	\$5,968,334	\$6,429,282	\$5,729,959	\$5,973,406	\$5,230,019
Bad Debt Expense (Governmental Providers Only)	\$1,112,048	\$925,904	\$861,776	\$1,068,211	\$557,421
Charity Care	\$154,144	\$75,643	\$39,094	\$9,144	\$653,219
Total Deductions From Revenue	7,234,527	7,430,829	6,630,829	7,050,760	6,440,659
Net Patient Revenue	\$7,081,381	\$7,592,380	\$7,181,278	\$7,387,322	\$6,960,556
Other Operating Revenue	339,098	152,004	120,379	263,747	220,308
Total Operating Revenue	7,420,479	7,744,384	7,301,657	7,651,070	7,180,863
Operating Expenses					
Salaries and Wages	\$2,977,715	\$3,305,068	\$3,088,986	\$3,186,722	\$3,269,823
Fringe Benefits	\$933,863	\$988,234	\$665,091	\$865,517	\$717,581
Contract Labor	\$98,792	\$97,501	\$74,652	\$69,678	\$65,504
Physicians Fees	\$350,665	\$341,727	\$356,528	\$385,122	\$388,350
Purchased Services	\$413,790	\$381,623	\$317,228	\$389,034	\$360,563
Supply Expense	\$1,078,865	\$1,123,055	\$1,129,337	\$1,157,310	\$1,032,789
Utilities	\$83,836	\$90,794	\$82,401	\$104,011	\$88,476
Repairs and Maintenance	\$428,617	\$417,236	\$375,266	\$415,540	\$320,266
Insurance Expense	\$68,473	\$67,452	\$67,452	\$68,029	\$68,606
All Other Operating Expenses	\$98,643	\$84,278	\$158,971	\$175,580	\$140,791
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$79,258	\$84,907	\$83,369	\$94,749	\$75,445
Depreciation and Amortization	\$596,566	\$592,419	\$593,713	\$604,188	\$619,201
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$7,209,082	\$7,574,294	\$6,992,995	\$7,515,479	\$7,147,397
Net Operating Surplus/(Loss)	\$211,397	\$170,090	\$308,662	\$135,591	\$33,467
Non-Operating Revenue:					
Contributions					
Investment Income	10,344	20,255	13,010	3,652	5,279
Tax Subsidies (Except for GO Bond Subsidies)					
Tax Subsidies for GO Bonds	828	4,161	1,627	2,132	183,959
Interest Expense (Governmental Providers Only)	(99,953)	(111,832)	(100,799)	(101,257)	(116,158)
Other Non-Operating Revenue/(Expenses)	29,196	327,170	9,719	1,027,547	13,517
Total Non Operating Revenue/(Expense)	(\$59,584)	\$239,753	(\$76,443)	\$932,074	\$86,597
Total Net Surplus/(Loss)	\$151,812	\$409,844	\$232,219	\$1,067,665	\$120,063
Change in Unrealized Gains/(Losses) on Investments					
Increase/(Decrease in Unrestricted Net Assets)	\$151,812	\$409,844	\$232,219	\$1,067,665	\$120,063
Operating Margin	2.85%	2.20%	4.23%	1.77%	0.47%
Total Profit Margin	2.05%	5.29%	3.18%	13.95%	1.67%
EBIDA	10.89%	9.85%	12.36%	9.67%	9.09%

Actual 11/30/2018	Actual 10/31/2018	Actual 9/30/2018	Actual 8/31/2018	Actual 7/31/2018	Actual 6/30/2018	Actual 5/31/2018	Actual 4/30/2018	Actual 3/31/2018
\$3,151,638	\$3,043,704	\$2,499,813	\$2,459,161	\$3,337,641	\$2,691,073	\$2,473,613	\$3,103,402	\$3,572,487
\$8,820,378	\$9,273,432	\$8,246,354	\$9,927,413	\$9,424,838	\$8,882,234	\$9,045,341	\$8,179,117	\$9,117,338
\$1,134,169	\$1,361,778	\$1,076,083	\$1,193,552	\$1,094,250	\$1,252,867	\$1,294,418	\$1,045,617	\$1,318,708
\$104,902	\$116,899	\$146,133	\$215,242	\$266,047	\$179,865	\$209,960	\$190,157	\$247,601
\$13,211,087	\$13,795,813	\$11,968,383	\$13,795,368	\$14,122,776	\$13,006,039	\$13,023,332	\$12,518,293	\$14,256,134
\$5,351,709	\$5,646,755	\$4,581,170	\$5,240,990	\$5,891,982	\$4,273,304	\$5,120,197	\$5,180,571	\$5,699,847
\$986,087	\$706,393	\$1,072,535	\$972,129	\$849,465	\$1,232,693	\$750,881	\$608,142	\$888,176
\$60,045	\$273,186	\$135,091	\$202,867	\$85,215	\$419,740	\$188,399	\$162,130	(\$6,620)
6,397,840	6,626,333	5,788,796	6,415,986	6,826,662	5,925,738	6,059,477	5,950,844	6,581,403
\$6,813,247	\$7,169,480	\$6,179,587	\$7,379,382	\$7,296,114	\$7,080,302	\$6,963,855	\$6,567,449	\$7,674,731
254,511	173,401	678,067	159,188	150,909	482,048	116,501	398,959	122,609
7,067,758	7,342,881	6,857,654	7,538,570	7,447,023	7,562,349	7,080,357	6,966,408	7,797,340
\$2,935,437	\$3,318,255	\$3,014,576	\$3,132,114	\$3,206,273	\$2,975,968	\$3,095,577	\$2,982,785	\$3,211,428
\$746,950	\$702,719	\$648,010	\$825,597	\$685,749	\$694,860	\$852,917	\$992,919	\$649,692
\$74,832	\$80,488	\$45,634	\$87,004	\$134,135	\$46,590	\$106,303	\$122,359	\$44,526
\$342,975	\$268,744	\$239,881	\$211,428	\$257,203	\$443,327	\$364,555	\$346,772	\$254,190
\$350,678	\$354,072	\$342,090	\$366,075	\$377,009	\$439,285	\$420,404	\$437,651	\$439,077
\$1,097,604	\$1,103,598	\$1,060,199	\$1,133,975	\$1,196,063	\$1,010,111	\$1,002,232	\$1,080,684	\$1,182,216
\$96,033	\$88,710	\$90,628	\$104,407	\$82,521	\$98,439	\$93,552	\$90,887	\$107,529
\$415,236	\$348,112	\$351,939	\$417,795	\$358,916	\$369,736	\$343,807	\$378,782	\$376,215
\$68,606	\$67,412	\$66,217	\$66,217	\$63,871	\$61,525	\$67,521	\$53,077	\$56,861
\$250,438	\$225,179	\$138,767	\$193,415	\$194,326	\$270,617	\$195,498	\$198,362	\$201,300
\$87,400	\$86,440	\$85,136	\$72,008	\$72,703	\$100,598	\$69,589	\$67,974	\$73,351
\$597,556	\$599,007	\$604,823	\$621,957	\$622,012	\$952,632	\$608,857	\$610,433	\$610,991
\$7,063,744	\$7,242,736	\$6,687,899	\$7,231,993	\$7,250,778	\$7,463,688	\$7,220,813	\$7,362,685	\$7,207,378
\$4,014	\$100,145	\$169,755	\$306,577	\$196,245	\$98,661	(\$140,456)	(\$396,277)	\$589,963
3,333	10,560	4,652	14,772	5,416	18,869	103,261	(1,767)	10,816
(101,983)	(102,369)	(127,030)	(102,944)	(111,348)	(197,203)	(104,082)	(104,431)	(148,675)
23,880	15,965	16,934	14,644	20,631	12,052	16,881	12,688	40,555
(\$74,770)	(\$75,844)	(\$105,445)	(\$73,528)	(\$85,301)	(\$114,766)	\$331,947	\$139,783	\$194,545
(\$70,756)	\$24,301	\$64,310	\$233,049	\$110,943	(\$16,105)	\$191,491	(\$256,494)	\$784,508
(\$70,756)	\$24,301	\$64,310	\$233,049	#VALUE!	(\$16,105)	\$191,491	(\$256,494)	\$784,508
0.06%	1.36%	2.48%	4.07%	2.64%	1.30%	-1.98%	-5.69%	7.57%
-1.00%	0.33%	0.94%	3.09%	1.49%	-0.21%	2.70%	-3.68%	10.06%
8.51%	9.52%	11.30%	12.32%	10.99%	13.90%	6.62%	3.07%	15.40%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2019

	CASH FLOW	
	Current Month 4/30/2019	Current Year-To-Date 4/30/2019
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$151,812	\$2,343,949
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	596,566	6,051,441
(Increase)/Decrease in Net Patient Accounts Receivable	973,440	(4,271,270)
(Increase)/Decrease in Other Receivables	(85,652)	699,726
(Increase)/Decrease in Inventories	(10,661)	8,367
(Increase)/Decrease in Pre-Paid Expenses	(298,057)	(137,028)
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	745,083	(760,738)
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	153,276	1,546,317
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	107,611	(252,045)
Net Cash Provided by Operating Activities:	2,333,418	5,228,720
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(784,693)	(2,272,525)
(Increase)/Decrease in Limited Use Cash and Investments	(118,089)	(5,730,480)
(Increase)/Decrease in Other Limited Use Assets	(2,303)	(3,987)
(Increase)/Decrease in Other Assets	1,029	10,294
Net Cash Used by Investing Activities	(904,056)	(7,996,698)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(4,812)	(1,283,119)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(34,728)	(505,878)
Net Cash Used for Financing Activities	(39,540)	(1,788,997)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	104,277
Net Increase/(Decrease) in Cash	1,389,822	(4,452,697)
Cash, Beginning of Period	8,562,134	14,404,653
Cash, End of Period	\$9,951,956	\$9,951,956

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2019

Current Month									Year-To-Date			
Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18	STATISTICS					Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18
Discharges												
126	140	(14)	167	Acute				1,336	1,347	(11)	1,673	
126	140	(14)	167	Total Adult Discharges				1,336	1,347	(11)	1,673	
42	26	16	40	Newborn				373	414	(41)	593	
168	166	2	207	Total Discharges				1,709	1,761	(52)	2,266	
Patient Days:												
375	374	1	494	Acute				3,923	3,584	339	5,203	
375	374	1	494	Total Adult Patient Days				3,923	3,584	339	5,203	
63	51	12	60	Newborn				599	721	(122)	687	
438	425	13	554	Total Patient Days				4,522	4,305	217	5,890	
Average Length of Stay (ALOS)												
3.0	2.7	0.3	3.0	Acute				2.9	2.7	0.3	3.1	
3.0	2.7	0.3	3.0	Total Adult ALOS				2.9	2.7	0.3	3.1	
1.5	2.0	(0.5)	1.5	Newborn ALOS				1.6	1.7	(0.1)	1.2	
Average Daily Census (ADC)												
12.5	12.5	0.0	16.5	Acute				12.9	11.8	1.1	17.1	
12.5	12.5	0.0	16.5	Total Adult ADC				12.9	11.8	1.1	17.1	
2.1	1.7	0.4	2.0	Newborn				2.0	2.4	(0.4)	2.3	
Emergency Room Statistics												
135	127	8	150	ER Visits - Admitted				1,433	1,388	45	1,519	
1,191	1,221	(30)	1,153	ER Visits - Discharged				12,098	12,247	(149)	12,176	
1,326	1,348	(22)	1,303	Total ER Visits				13,531	13,635	(104)	13,695	
10.18%	9.42%		11.51%	% of ER Visits Admitted				10.59%	10.18%		11.09%	
107.14%	90.71%		89.82%	ER Admissions as a % of Total				107.26%	103.04%		90.79%	
Outpatient Statistics:												
0	5,935	(5,935)	6,677	Total Outpatients Visits				56,384	63,932	(7,548)	69,302	
111	77	34	81	Observation Bed Days				1,197	1,091	106	1,031	
4,524	4,142	382	4,255	Clinic Visits - Primary Care				40,953	40,779	174	43,950	
434	412	22	500	Clinic Visits - Specialty Clinics				4,012	4,245	(233)	5,737	
24	25	(1)	33	IP Surgeries				256	296	(40)	354	
147	123	24	140	OP Surgeries				1,375	1,469	(94)	1,528	
Productivity Statistics:												
425.63	427.27	(1.64)	405.46	FTE's - Worked				414.21	427.27	(13.06)	408.30	
462.62	464.23	(1.61)	444.54	FTE's - Paid				454.93	464.23	(9.30)	452.34	
1.3928	1.4145	(0.02)	1.3054	Case Mix Index - Medicare				1.3110	13.6280	(12.32)	1.1138	
0.6521	1.0262	(0.37)	0.9212	Case Mix Index - All payers				0.7585	8.7880	(8.03)	0.8820	

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
04/30/19

PAGE 12

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	56.15	50.05
Net Days in Accounts Receivable	63.94	51.95
Number of Gross Days in Unbilled Revenue	3.21	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	27.52%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	1.08%	1.24%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	1.22%	1.24%
Bad Debts as a % of Gross Patient Revenue - Current Month	7.77%	5.17%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.61%	5.18%
Collections as a Percentage of Net Revenue - Current Month	112.37%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	92.81%	100% or >
Percentage of Blue Cross Receivable > 90 Days	19.30%	< 10%
Percentage of Insurance Receivable > 90 Days	16.28%	< 15%
Percentage of Medicaid Receivable > 90 Days	29.03%	< 20%
Percentage of Medicare Receivable > 60 Days	22.86%	< 6%

Variance Analysis

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WYOMING
Ten months ended April 30, 2019**

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	540,807	3.93%	449,599	0.33%
<p>Gross patient revenue is over budget for the month and under budget year to date. Patient statistics under budget include ER visits. Average Daily Census is 12.5 in March which is right on budget</p>				
Deductions from Revenue	(770,110)	-11.91%	(2,344,649)	-3.64%
<p>Deductions from revenue are over budget for April and over budget year to date. They are currently booked at 51% for April and 48% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.</p>				
Bad Debt Expense	(399,612)	-56.09%	(1,987,605)	-27.90%
<p>Bad debt expense is booked at 8% for April and 7% year to date.</p>				
Charity Care	16,676	9.76%	20,558	1.20%
<p>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.</p>				
Other Operating Revenue	112,018	49.33%	165,698	7.06%
<p>Other Operating Revenue is over budget for the month and is over budget year to date.</p>				
Salaries and Wages	137,255	4.41%	366,154	1.15%
<p>Salary and Wages are under budget and remain under budget year to date. Paid FTEs are under budget by 1.61 FTEs for the month and under 9.30 FTEs year to date.</p>				
Fringe Benefits	(101,579)	-12.20%	409,464	5.00%
<p>Fringe benefits are over budget in March and remain under budget year to date.</p>				
Contract Labor	(51,755)	-110.03%	(101,658)	-13.99%
<p>Contract labor is over budget for April and over budget year to date. Behavioral Health, Labor & Delivery, ER and Ultrasound are over budget for the month.</p>				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Ten months ended April 30, 2019

PAGE 14

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Physician Fees	58,773	14.35%	164,384	4.97%
Physician fees are under budget in April and remain under budget year to date. Sleep Lab and Locum Radiology are over budget in April.				
Purchased Services	(21,173)	-5.39%	377,408	9.37%
Purchased services are over budget for April and under budget year to date. Services over budget include Advertising, Sponsorships, Legal Fees and Other Purchased Services				
Supply Expense	72,464	6.29%	406,655	3.53%
Supplies are under budget for April and remain under budget year to date. Line items over budget include Lab supplies, Implants, Med Supplies, Contrast, Outdated Supplies and Maint. Supplies				
Repairs & Maintenance	(41,747)	-10.79%	9,444	0.24%
Repairs and Maintenance are over budget for April and under budget year to date.				
All Other Operating Expenses	124,235	55.74%	148,339	8.20%
This expense is under budget in April and under budget year to date. Other expenses over budget are Memberships, Postage, Freight, Employee Recruit., Software and Pharmacy Floor Direct.				
Leases and Rentals	(5,452)	-7.39%	(99,652)	-13.81%
This expense is over budget for April and remains over budget year to date.				
Depreciation and Amortization	16,024	2.62%	174,699	2.81%
Depreciation is under budget for April and remains under budget year to date.				
BALANCE SHEET				
Cash and Cash Equivalents	\$1,389,822	16.23%		
Cash increased in April. Cash collections for April were \$7.9 million. Days Cash on Hand increased to 121 days.				
Gross Patient Accounts Receivable	(\$1,409,853)	-4.92%		
This receivable decreased in March.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Ten months ended April 30, 2019

PAGE 15

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.
Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Bad Debt and Allowance Reserves	436,413	3.65%		
Bad Debt and Allowances decreased.				
Other Receivables	85,652	7.31%		
Other Receivables increased in April due to Occ Med invoices.				
Prepaid Expenses	298,057	13.52%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	120,392	0.55%		
These assets increased due to the payment on the bonds				
Plant Property and Equipment	188,127	0.29%		
The decrease in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	(745,083)	-21.73%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(139,602)	-7.65%		
This liability increased in April. The payroll accrual for April was 16 days.				
Accrued Benefits	(13,675)	-0.63%		
This liability increased in April with the normal accrual and usage of PTO .				
Other Current Liabilities	(107,611)	-147.46%		
This liability increased due to the monthly interest payment on the bonds.				
Other Long Term Liabilities	34,728	5.79%		
This liability decreased due to the normal monthly lease payments.				
Total Net Assets	(62,607)	-0.08%		
The net gain from operations for April is \$211,397				

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
OTHER OPERATING REVENUE - Detail
YEAR TO DATE 2019

JULY		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	9,917.17		
Pharmacy sales	15.51		
Coca Cola Commission	146.08		
Medical Records	558.15		
HPSA	30,015.62		
Cache Valley Rebate	12.00		
Inmar Rebate	1,768.95		
Interlare	4,055.66		
Foundation Golf Trny	2,250.00		
MCR Test Amount	0.02		
Olympus Thunderbeat	1,800.00		
PACS Storage	1,000.00		
County Maintenance Fund	13,120.28		
BCBS Payment Received Incorrectly - Wil be reversed	72.00		
WWB Commissions	460.89		
Post Partum Supplies	(189.51)		
Foundation	(47.96)		
Grants	(4,163.39)		
Lab Courier	520.00		
Shriners	346.36		
Solvay	3,600.00		
Jim Bridger Physician Services	12,750.00		
Castle Rock	3,653.70		
Tata Occupation Medicine on site	14,550.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter - July	28,503.61		
Cafeteria sales	23,793.98		
July Totals		150,909.12	150,909.12
AUGUST		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	15,521.30		
Retirement Forfeiture	11.17		
Medical Records	639.65		
Pharmacy sales	80.46		
BLS	204.00		
HPSA	757.48		
Foundation - Reimburse Golf Tournament	(2,850.00)		
Wind River Vending	8.75		
Sports Physicals	3,650.00		
PACS Storage	380.00		
WWB Commissions	241.86		
Blood Systems Reversal	(72.00)		
Sweetwater Medics-Linens	2,500.00		
County Maintenance Fund	48,851.71		
Prenatal Class	60.00		
Grants	(522.28)		
Lab Courier	260.00		
Shriners	262.62		
Solvay	900.00		
Jim Bridger Retainer	800.00		
Jim Bridger Physician Services	13,812.50		
Castle Rock	2,115.30		
Tata Occupation Medicine on site	16,650.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter - August	27,723.96		
Cafeteria sales	24,801.23		
August Totals		159,187.71	310,096.83

SEPTEMBER		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	14,347.07		
Retirement Forfeiture	641.46		
Medical Records	186.55		
Pharmacy sales	14.00		
Radiology Films	5.00		
BLS	361.00		
HPSA	13.19		
BCBS Entered incorrectly - reversed on 10/1	3,469.66		
Inmar Rebate	59.92		
Interlare	11,763.70		
MCR Temp Allowance	29,017.00		
Supplies	1,362.32		
PACS Storage	576.00		
WWB Commissions	115.28		
Foundation	496,842.20		
Prenatal Class	122.30		
Grants	(1,190.46)		
County Maintenance Fund	21,866.14		
Shriners	234.70		
Solvay	900.00		
Jim Bridger Retainer	800.00		
Jim Bridger Physician Services	11,687.50		
Castle Rock	2,596.05		
Tata Occupation Medicine on site	12,450.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter - August	31,076.00		
Cafeteria sales	33,766.83		
Catering	2,583.66		
September Totals		678,067.07	988,163.90

OCTOBER		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	28,224.56		
Medical Records	280.10		
Pharmacy sales	22.44		
Radiology Films	10.00		
Document Copy Service	279.25		
UUHP Pmt w/no remit	10.52		
HPSA	40,368.81		
BCBS Entered incorrectly - reversed	(3,469.66)		
Cache Valley Rebate	12.00		
Coca Cola Commission	131.24		
MCR Temp Allowance-overpayment	(27,623.59)		
Supplies	1,072.84		
PACS Storage	656.00		
WWB Commissions	115.03		
Wind River Vending	184.40		
Grants	8,748.29		
Shriners	346.36		
County Maintenance Fund	24,844.65		
Solvay	2,080.00		
Jim Bridger Retainer	800.00		
Jim Bridger Physician Services	14,875.00		
Castle Rock	3,365.25		
Tata Occupation Medicine on site	14,400.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter -October	33,315.76		
Cafeteria sales	24,812.64		
Catering	3,139.10		
October Totals		173,400.99	1,161,564.89

NOVEMBER		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	19,875.30		
Retirement Forfeiture	57,400.00		
Medical Records	273.40		
Pharmacy sales	25.32		
Radiology Films	1,009.90		
HPSA	(7,631.94)		
Becton, Dickinson and Co	90.00		
BLS	135.00		
Inmar Rebate	204.18		
Supplies	447.46		
PACS Storage	552.00		
Interlare	1,838.97		
Pacific Steel	39.10		
WWB Commissions	130.44		
Red Tie Gala	750.00		
Foundation	40,250.45		
Grants	(818.15)		
Post Partum	120.92		
Castle Rock - Lab Courier	780.00		
Shriners	458.02		
County Maintenance Fund	23,729.06		
Solvay	900.00		
Jim Bridger Retainer	1,600.00		
Jim Bridger Physician Services	10,625.00		
Castle Rock	2,596.05		
Tata Occupation Medicine on site	13,500.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter	48,341.04		
Cafeteria sales	25,619.43		
Catering	9,270.00		
November Totals		254,510.95	1,416,075.84
DECEMBER		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	12,432.17		
Retirement Forfeiture	24,109.90		
Medical Records	418.03		
HPSA	0.86		
WWB Commissions	136.57		
BLS	400.00		
Castle Rock to be Reversed	80.60		
Supplies	195.48		
PACS Storage	624.00		
Disproportionate Share	31,490.14		
Red Tie Gala	3,000.00		
Grants	(430.74)		
Post Partum	60.04		
Castle Rock - Lab Courier	260.00		
Reversal of Other Op Rev	(280.00)		
County Maintenance Fund	59,200.07		
Jim Bridger Physician Services	12,687.50		
Castle Rock	2,019.15		
Tata Occupation Medicine on site	13,050.00		
Sage View	1,800.00		
High Desert Rural Health Clinic District Wamsutter	27,384.74		
Cafeteria sales	22,737.29		
Catering	8,932.00		
December Totals		220,307.80	1,636,383.64

JANUARY		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	21,825.30		
Radiology Films	10.00		
Pharmacy sales	13.52		
Medical Records	49.65		
HPSA	34,281.32		
Cache Valley Rebate	12.00		
WWB Commissions	138.52		
Wind River Vending	174.43		
Coca Cola Commission	94.23		
Pacific Steel	116.25		
BLS	70.00		
Interlare	975.30		
Castle Rock Reversal	(80.60)		
Red Tie Gala	7,608.00		
Grants	1,426.87		
Post Partum	147.10		
County Maintenance Fund	98,522.57		
Solvay Reclass	4,781.69		
Jim Bridger Physician Services	13,812.50		
Jim Bridger Retainer	800.00		
Castle Rock	3,172.95		
Tata Occupation Medicine on site	15,300.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter	31,411.89		
Cafeteria sales	26,683.95		
January Totals		263,747.44	1,900,131.08

FEBRUARY		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	15,046.69		
Radiology Films	10.00		
Pharmacy sales	19.58		
Medical Records	307.90		
HPSA	759.84		
WWB Commissions	175.71		
BLS	315.00		
Interlare	16,971.81		
Red Tie Gala Reimbursement	(10,850.00)		
Phressia Test System	0.66		
Grants	5,847.16		
County Maintenance Fund	7,308.27		
Jim Bridger Physician Services	12,750.00		
Jim Bridger Retainer	800.00		
Castle Rock	3,076.80		
Tata Occupation Medicine on site	11,400.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter	29,291.96		
Catering	767.00		
Cafeteria sales	23,980.74		
FEBRUARY Totals		120,379.12	2,020,510.20

MARCH		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	21,560.02		
Retirement Forfeiture	39,547.05		
Radiology Films	10.00		
Pharmacy sales	1.02		
Medical Records	499.12		
Red Tie Gala	375.00		
WWB Commissions	161.12		
Rocky Mountain Service Bureau	446.35		
PACS Storage	1,360.00		
BLS	180.00		
Supplies	175.00		
Inmar Rebate	62.72		
Pacific Steel	13.80		
Post Partum	(83.00)		
Grants	(2,503.30)		
Lab Courier	520.00		
Shriners	569.68		
Solvay	900.00		
Jim Bridger Physician Services	13,812.50		
Castle Rock	3,076.80		
Tata Occupation Medicine on site	14,400.00		
Sage View	3,000.00		
High Desert Rural Health Clinic District Wamsutter	29,472.01		
Cafeteria sales	24,448.39		
MARCH Totals		152,004.28	2,172,514.48

APRIL		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	19,835.94		
Pharmacy sales	35.61		
BLS	200.00		
Cache Valley Rebate	18.00		
Coca Cola Commission	184.12		
HPSA	28,969.19		
Interlare	8,664.88		
Pacific Steel	10.80		
PACS Storage	612.00		
Foundation Red Tie Gala Reimbursement	(375.00)		
Supplies	504.37		
Foundation Bunny Brunch	80.00		
Wind River Vending	207.91		
WWB Commissions	180.43		
Post Partum	210.00		
Grants	4,771.97		
Lab Courier	260.00		
Foundation Other Op Rev.	179,627.00		
Jim Bridger Retainer	1,600.00		
Jim Bridger Physician Services	12,750.00		
Castle Rock	2,499.90		
Tata Occupation Medicine on site	12,600.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter	32,965.95		
Cafeteria sales	30,284.49		
APRIL Totals		339,097.56	2,511,612.04

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

To: Finance & Audit Committee
From: Tami Love, CFO

May 17, 2019

PROVIDER CLINIC – APRIL 2019

THE CLINIC BOTTOM LINE. The bottom line for the Provider Clinic for April was a loss of \$338,905, compared to a loss of \$442,862 in the budget. The YTD net operating loss is \$4,412,046, compared to a loss of \$4,439,651 in the budget.

VOLUME. Total visits were 4,958 for April, over budget by 404 visits. YTD patient visits are 45,532, over budget by 508 visits.

REVENUE. Revenue for the Clinic for April was \$1,581,218, over budget by \$165,363. YTD revenue was \$13,781,350, under budget by \$231,991.

The Clinic providers also generate hospital enterprise revenue from various sources, including Lab, Medical Imaging and Surgery. Gross enterprise revenue generated year to date from the Clinic providers is \$36,635,628. This equates to \$18,717,729 of net enterprise revenue with an impact to the bottom line of \$1,737,005. The gross enterprise revenue represents 26.6% of the total Hospital revenue year to date.

Net patient revenue for the Clinic for April was \$902,765, over budget by \$130,519. YTD net patient revenue was \$7,705,602, which was over budget by \$34,989.

Deductions from revenue for the Clinic were booked at 42.9% for April and are at 44.1% year to date.

In April, the YTD payer mix was as follows; Commercial Insurance and Blue Cross consisted of 56% of revenue, Medicare and Medicaid consisted of 37.9% of revenue and Self Pay consisted of 5.8% of revenue.

April's days in receivable are 72 in the Clinic and 45 in Ortho, down 1 day and 6 days respectively, from March.

EXPENSES. Total expenses for the month were \$1,306,487, which was over budget by \$21,696. YTD expenses were \$12,780,368, which was under budget by \$21,805. The majority of the expenses consist of Salaries and Benefits; which are 82.9% of YTD total expenses. The following categories were over budget for April:

Fringe Benefits – This expense is over budget by \$26,860 for the month but remains under budget year to date.

Supply Expense – This expense is over budget by \$11,420 for the month and remains over budget year to date.

Other Operating Expenses – This expense is over budget by \$28,516 for the month and remains over budget year to date. Pharmacy floor allocation was over budget by \$33,352.

Depreciation – This expense is over budget by \$2,034 and remains over budget year to date.

OVERALL ASSESSMENT. Through April, the Provider Clinic revenue plus enterprise revenue makes up 36.6% of total hospital gross patient revenue.



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

Ten months ended April 30, 2019

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.

Page 332 of 424

Certified by:

Tami Love

Chief Financial Officer

Table of Contents

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2019**

PAGE 1

TABLE OF CONTENTS

FINANCIAL RATIOS AND BENCHMARKS	PAGE 2
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 3
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 4
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 5
KEY OPERATING STATISTICS	PAGE 7

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Ten months ended April 30, 2019

PAGE 2

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Month to Date 4/30/2019	Year to Date 4/30/2019	Prior Fiscal Year End 06/30/18	MGMA Hospital Owned Rural
Profitability:					
Operating Margin	↑	-35.03%	-52.72%	-76.57%	-36.58%
Total Profit Margin	↑	-35.03%	-52.72%	-76.57%	-36.58%
Contractual Allowance %	↓	42.91%	44.09%	46.36%	
Liquidity:					
Net Days in Accounts Receivable	↓	75.56	81.58	62.33	39.58
Gross Days in Accounts Receivable	↓	72.51	78.12	55.18	72.82
Productivity and Efficiency:					
Patient Visits Per Day	↓	150.80	136.58	133.67	
Total Net Revenue per FTE	↑	N/A	\$149,316	\$139,450	
Salary Expense per Paid FTE		N/A	\$164,189	\$181,602	
Salary and Benefits as a % of Net Revenue		107.83%	126.59%	150.24%	91.26%
Employee Benefits %		20.28%	15.13%	15.36%	6.10%

Statement of Revenue and Expense

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

PAGE 3

Ten months ended April 30, 2019

	CURRENT MONTH				Prior Year 04/30/18
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	1,411,951	1,224,896	187,055	15.27%	1,045,617
Specialty Clinic Revenue	169,268	190,960	(21,692)	-11.36%	190,157
Total Gross Patient Revenue	<u>1,581,218</u>	<u>1,415,855</u>	<u>165,363</u>	<u>11.68%</u>	<u>1,235,774</u>
Deductions From Revenue					
Discounts and Allowances	(678,453)	(643,609)	(34,844)	-5.41%	(553,735)
Total Deductions From Revenue	<u>(678,453)</u>	<u>(643,609)</u>	<u>(34,844)</u>	<u>-5.41%</u>	<u>(553,735)</u>
Net Patient Revenue	<u>902,765</u>	<u>772,246</u>	<u>130,519</u>	<u>16.90%</u>	<u>682,039</u>
Other Operating Revenue	64,816	69,682	(4,866)	-6.98%	62,427
Total Operating Revenue	<u>967,581</u>	<u>841,928</u>	<u>125,653</u>	<u>14.92%</u>	<u>744,466</u>
Operating Expenses					
Salaries and Wages	867,396	908,502	41,106	4.52%	929,322
Fringe Benefits	175,919	149,059	(26,860)	-18.02%	182,950
Contract Labor	0	0	0	0.00%	0
Physicians Fees	71,597	74,738	3,141	4.20%	46,770
Purchased Services	5,281	6,782	1,501	22.14%	5,124
Supply Expense	23,682	12,262	(11,420)	-93.13%	26,988
Utilities	803	1,562	759	48.59%	1,917
Repairs and Maintenance	30,175	31,484	1,309	4.16%	23,559
Insurance Expense	16,109	16,119	10	0.06%	18,396
All Other Operating Expenses	89,265	60,749	(28,516)	-46.94%	65,989
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	5,508	4,816	(692)	-14.37%	5,328
Depreciation and Amortization	20,751	18,716	(2,034)	-10.87%	25,871
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>1,306,487</u>	<u>1,284,790</u>	<u>(21,696)</u>	<u>-1.69%</u>	<u>1,332,214</u>
Net Operating Surplus/(Loss)	<u>(338,905)</u>	<u>(442,862)</u>	<u>103,957</u>	<u>-23.47%</u>	<u>(587,748)</u>
Total Net Surplus/(Loss)	<u>(\$338,905)</u>	<u>(\$442,862)</u>	<u>\$103,957</u>	<u>-23.47%</u>	<u>(\$587,748)</u>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	
Increase/(Decrease in Unrestricted Net Assets)	<u>(338,905)</u>	<u>(442,862)</u>	<u>\$103,957</u>	<u>-23.47%</u>	<u>(587,748)</u>
Operating Margin	-35.03%	-52.60%			-78.95%
Total Profit Margin	-35.03%	-52.60%			-78.95%
EBIDA	-32.88%	-50.38%			-75.47%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 4

ROCK SPRINGS, WY

Ten months ended April 30, 2019

	YEAR-TO-DATE				
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	Prior Year 04/30/18
Gross Patient Revenue					
Clinic Revenue	12,070,801	12,216,706	(145,905)	-1.19%	11,425,431
Specialty Clinic Revenue	1,710,549	1,796,635	(86,086)	-4.79%	1,903,962
Total Gross Patient Revenue	<u>13,781,350</u>	<u>14,013,341</u>	<u>(231,991)</u>	<u>-1.66%</u>	<u>13,329,393</u>
Deductions From Revenue					
Discounts and Allowances	(6,075,748)	(6,342,729)	266,980	4.21%	(6,092,734)
Total Deductions From Revenue	<u>(6,075,748)</u>	<u>(6,342,729)</u>	<u>266,980</u>	<u>4.21%</u>	<u>(6,092,734)</u>
Net Patient Revenue	<u>7,705,602</u>	<u>7,670,612</u>	<u>34,989</u>	<u>0.46%</u>	<u>7,236,659</u>
Other Operating Revenue	662,721	691,911	(29,190)	-4.22%	601,237
Total Operating Revenue	<u>8,368,322</u>	<u>8,362,523</u>	<u>5,799</u>	<u>0.07%</u>	<u>7,837,896</u>
Operating Expenses					
Salaries and Wages	9,201,851	9,300,602	98,750	1.06%	10,277,967
Fringe Benefits	1,391,846	1,486,931	95,086	6.39%	1,588,118
Contract Labor	0	0	0	0.00%	0
Physicians Fees	430,414	528,207	97,793	18.51%	258,309
Purchased Services	53,549	62,507	8,958	14.33%	102,020
Supply Expense	161,373	127,995	(33,378)	-26.08%	134,044
Utilities	13,958	15,562	1,604	10.31%	16,220
Repairs and Maintenance	305,379	300,415	(4,964)	-1.65%	295,625
Insurance Expense	160,988	161,041	53	0.03%	187,099
All Other Operating Expenses	773,762	561,541	(212,220)	-37.79%	726,334
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	53,919	47,166	(6,753)	-14.32%	53,738
Depreciation and Amortization	233,330	210,206	(23,124)	-11.00%	257,131
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>12,780,368</u>	<u>12,802,174</u>	<u>21,805</u>	<u>0.17%</u>	<u>13,896,604</u>
Net Operating Surplus/(Loss)	(4,412,046)	(4,439,651)	27,605	-0.62%	(6,058,708)
Total Net Surplus/(Loss)	(4,412,046)	(4,439,651)	\$27,605	-0.62%	(6,058,708)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(4,412,046)	(4,439,651)	\$27,605	-0.62%	(6,058,708)
Operating Margin	-52.72%	-53.09%			-77.30%
Total Profit Margin	-52.72%	-53.09%			-77.30%
EBIDA	-49.93%	-50.58%			-74.02%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

PAGE 5

	Actual 4/30/2019	Actual 3/31/2019	Actual 2/28/2019	Actual 1/31/2019	Actual 12/31/2018
Gross Patient Revenue					
Clinic Revenue	\$1,411,951	\$1,460,747	\$1,009,031	\$1,069,404	\$1,254,113
Specialty Clinic Revenue	\$169,268	\$175,633	\$127,930	\$207,546	\$180,950
Total Gross Patient Revenue	\$1,581,218	\$1,636,380	\$1,136,961	\$1,276,950	\$1,435,063
Deductions From Revenue					
Discounts and Allowances	\$678,453	\$724,127	\$471,341	\$568,699	\$641,731
Total Deductions From Revenue	678,453	724,127	471,341	568,699	641,731
Net Patient Revenue	\$902,765	\$912,253	\$665,621	\$708,251	\$793,332
Other Operating Revenue	\$64,816	\$65,231	\$59,719	\$71,679	\$56,661
Total Operating Revenue	967,581	977,484	725,339	779,930	849,993
Operating Expenses					
Salaries and Wages	\$867,396	\$1,034,389	\$927,267	\$908,217	\$988,124
Fringe Benefits	\$175,919	\$195,204	\$145,304	\$180,456	\$113,727
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$71,597	\$50,250	\$66,314	\$72,313	\$20,783
Purchased Services	\$5,281	\$5,530	\$82	\$9,273	\$6,153
Supply Expense	\$23,682	\$13,897	\$33,502	\$14,809	\$11,076
Utilities	\$803	\$1,667	\$1,311	\$1,639	\$1,859
Repairs and Maintenance	\$30,175	\$33,896	\$33,616	\$34,184	\$30,589
Insurance Expense	\$16,109	\$16,109	\$16,109	\$16,109	\$16,099
All Other Operating Expenses	\$89,265	\$62,065	\$86,287	\$79,550	\$71,337
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$5,508	\$5,425	\$5,103	\$5,652	\$5,061
Depreciation and Amortization	\$20,751	\$20,751	\$20,937	\$24,416	\$24,654
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,306,487	\$1,439,183	\$1,335,831	\$1,346,620	\$1,289,462
Net Operating Surplus/(Loss)	(\$338,905)	(\$461,698)	(\$610,492)	(\$566,689)	(\$439,468)
Total Net Surplus/(Loss)	(\$338,905)	(\$461,698)	(\$610,492)	(\$566,689)	(\$439,468)
Change in Unrealized Gains/(Losses) on Investr	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$338,905)	(\$461,698)	(\$610,492)	(\$566,689)	(\$439,468)
Operating Margin	-35.03%	-47.23%	-84.17%	-72.66%	-51.70%
Total Profit Margin	-35.03%	-47.23%	-84.17%	-72.66%	-51.70%
EBIDA	-32.88%	-45.11%	-81.28%	-69.53%	-48.80%

Actual 11/30/2018	Actual 10/31/2018	Actual 9/30/2018	Actual 8/31/2018	Actual 7/31/2018	Actual 6/30/2018	Actual 5/31/2018	Actual 4/30/2018
\$1,134,169	\$1,361,778	\$1,076,083	\$1,193,552	\$1,099,971	\$1,246,901	\$1,294,418	\$1,045,617
\$104,902	\$116,899	\$146,133	\$215,242	\$266,047	\$179,865	\$209,960	\$190,157
\$1,239,071	\$1,478,677	\$1,222,216	\$1,408,794	\$1,366,018	\$1,426,767	\$1,504,378	\$1,235,774
\$542,081	\$647,172	\$580,856	\$628,019	\$593,270	721,946	723,707	553,735
542,081	647,172	580,856	628,019	593,270	721,946	723,707	553,735
\$696,990	\$831,505	\$641,360	\$780,776	\$772,749	\$704,821	\$780,671	\$682,039
\$80,420	\$71,582	\$62,144	\$64,664	\$65,804	56,368	51,230	62,427
777,410	903,087	703,504	845,440	838,552	761,188	831,901	744,466
\$769,198	\$985,567	\$863,345	\$905,846	\$952,502	\$997,175	\$1,006,587	\$929,322
\$116,382	\$114,843	\$100,447	\$133,815	\$115,748	\$130,925	\$167,936	\$182,950
\$0	\$0	\$0	\$0	\$0			
\$48,757	\$53,865	\$38,235	\$4,150	\$4,150	\$44,124	\$20,989	\$46,770
\$4,481	\$4,278	\$5,363	\$6,258	\$6,849	\$5,025	\$4,336	\$5,124
\$10,235	\$21,975	\$10,863	\$14,751	\$6,583	\$31,946	\$15,134	\$26,988
\$1,568	\$1,563	\$1,267	\$1,563	\$719	\$1,296	\$1,296	\$1,917
\$28,045	\$30,519	\$29,160	\$27,304	\$27,891	\$25,292	\$30,760	\$23,559
\$16,099	\$16,088	\$16,088	\$16,088	\$16,088	\$18,578	\$18,396	\$18,396
\$53,223	\$102,317	\$45,658	\$93,350	\$90,708	\$95,556	\$80,282	\$65,989
\$6,300	\$5,403	\$4,874	\$5,276	\$5,317	\$5,457	\$5,130	\$5,328
\$24,523	\$23,690	\$23,690	\$24,915	\$25,005	\$24,495	\$24,525	\$25,871
\$1,078,811	\$1,360,108	\$1,138,991	\$1,233,317	\$1,251,560	\$1,379,869	\$1,375,371	\$1,332,214
(\$301,400)	(\$457,021)	(\$435,487)	(\$387,877)	(\$413,008)	(\$618,681)	(\$543,470)	(\$587,748)
(\$301,400)	(\$457,021)	(\$435,487)	(\$387,877)	(\$413,008)	(\$618,681)	(\$543,470)	(\$587,748)
0	0	0	0	0	0	0	0
(\$301,400)	(\$457,021)	(\$435,487)	(\$387,877)	(\$413,008)	(\$618,681)	(\$543,470)	(\$587,748)
-38.77%	-50.61%	-61.90%	-45.88%	-49.25%	-81.28%	-65.33%	-78.95%
-38.77%	-50.61%	-61.90%	-45.88%	-49.25%	-81.28%	-65.33%	-78.95%
-35.62%	-47.98%	-58.54%	-42.93%	-46.27%	-78.06%	-62.38%	-75.47%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Ten months ended April 30, 2019

Current Month				STATISTICS	Year-To-Date			
Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18		Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18
Outpatient Statistics:								
4,524	4,142	382	3,841	Clinic Visits - Primary Care	41,520	40,779	741	40,599
434	412	22	359	Clinic Visits - Specialty Clinics	4,012	4,245	(233)	4,071
Productivity Statistics:								
68.13	65.96	2.17	58.78	FTE's - Worked	61.88	65.96	(4.08)	61.08
71.09	71.70	(0.61)	64.82	FTE's - Paid	67.29	71.70	(4.41)	68.28

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

<p>EBITDA (Earnings Before Interest, Taxes, Depreciation & Amortization) Formula: (Net Operating Surplus or Loss + Interest Expense + Taxes + Depreciation + Amortization) / Total Operating Revenue Purpose: Provides a measure of profitability excluding expenses related to the hospital's investments in the physical plant.</p>	<p>Higher Values are Favorable</p>
<p>Net Operating Gain/Loss Formula: Total Operating Revenue - Total Operating Expenses Purpose: A measure of excess revenue over expenses (Gain) or excess expenses over revenue (Loss) with respect to patient care and hospital operations.</p>	<p>Higher Values are Favorable</p>
<p>Total Net Gain/Loss Formula: Total Operating Revenue - Total Operating Expenses + Total Non Operating Revenue & Expense Purpose: A measure of excess revenue over expenses (Gain) or excess expenses over revenue (Loss) including revenue and expenses not related to patient care.</p>	<p>Higher Values are Favorable</p>
<p>Operating Margin Formula: Net Operating Surplus or Loss / Total Operating Revenue Purpose: A measure of the hospital's profitability with respect to patient care and hospital operations.</p>	<p>Higher Values are Favorable</p>
<p>Total Profit Margin Formula: Total Net Surplus or Loss / Total Operating Revenue Purpose: Measures overall profitability from all sources, including revenue and expenses not related to patient care.</p>	<p>Higher Values are Favorable</p>
<p>Return on Assets Formula: Total Net Surplus or Loss / Total Unrestricted Assets Purpose: A measure of excess revenue over expenses in relation to the overall assets controlled by the hospital.</p>	<p>Higher Values are Favorable</p>
<p>Contractual Allowance Percentage Formula: Total Deductions From Revenue / Total Gross Patient Revenue Purpose: Represents the percentage of gross charges that are uncollectible due to mandated or voluntary contractual discounts.</p>	<p>Lower Values are Favorable</p>

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

Days Cash on Hand, Short Term	Higher Values are Favorable
Formula: $\text{Cash \& Cash Equivalents} / ((\text{Total Operating Expenses} - \text{Depreciation \& Amortization} - \text{Bad Debt Expense}) / 365)$	
Purpose: Represents the number of days the hospital could operate without cash receipts utilizing only short term cash accounts.	
Days Cash on Hand, All Sources	Higher Values are Favorable
Formula: $(\text{Cash \& Cash Equivalents} + \text{Limited Use Cash} + \text{Funded Depreciation} + \text{Board Designated Funds}) / ((\text{Total Expenses} - \text{Depreciation \& Amortization} - \text{Bad Debt Expense}) / 365)$	
Purpose: Represents the number of days the hospital could operate without cash receipts utilizing all sources of cash available.	
Gross Days in Accounts Receivable	Lower Values are Favorable
Formula: $\text{Gross Patient Accounts Receivable} / (\text{Total Gross Patient Revenue} / 365)$	
Purpose: Represents the number of days of patient charges that is tied up in unpaid patient accounts.	
Net Days in Accounts Receivable	Lower Values are Favorable
Formula: $\text{Net Patient Accounts Receivable} / (\text{Net Patient Revenue} / 365)$	
Purpose: Represents the number of days of net patient revenue (cash flow) that is tied up in unpaid patient accounts.	
Average Payment Period	Lower Values are Favorable
Formula: $\text{Total Current Liabilities} / ((\text{Total Operating Expenses} - \text{Depreciation \& Amortization} - \text{Bad Debt Expense}) / 365)$	
Purpose: Measures the average time that elapses before current liabilities are met.	
Current Ratio	Higher Values are Favorable
Formula: $\text{Total Current Assets} / \text{Total Current Liabilities}$	
Purpose: An indicator of the hospital's liquidity and ability to meet short term (less than 1 year) liabilities utilizing short term assets.	
Average Age of Plant	Lower Values are Favorable
Formula: $\text{Accumulated Depreciation} / \text{Annual Depreciation Expense}$	
Purpose: Is used as a proxy for the average accounting age of a hospital's capital assets such as buildings, fixtures equipment.	
Capital Costs as a Percentage of Total Expenses	Lower Values are Favorable

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

Formula: $(\text{Depreciation \& Amortization} + \text{Interest Expense}) / \text{Total Operating Expenses}$

Purpose: Measures the relative amount of fixed costs and is one measure used to determine a hospital's capital expenditure flexibility.

Long Term Debt to Equity

Lower Values are Favorable

Formula: $\text{Total Long Term Debt} / \text{Total Net Assets}$

Purpose: This is used to measure the degree of financial leverage that the hospital has employed.

Long Term Debt to Capitalization

Lower Values are Favorable

Formula: $\text{Total Long Term Debt} / (\text{Total Long Term Debt} + \text{Total Net Assets})$

Purpose: This measures the proportion of the hospital's capitalization provided by debt and is used as an indicator of debt capacity.

Debt Service Coverage Ratio

Higher Values are Favorable

Formula: $(\text{Total Net Surplus or Loss} + \text{Depreciation \& Amortization} + \text{Interest Expense}) / (\text{Current Portion of Long Term Debt} + \text{Interest Expense})$

Purpose: Measures the ratio of available funds for the payment of the current year's debt service (Principal and interest).

Salary Expense per Paid FTE

Lower Values are Favorable

Formula: $(\text{Salary \& Wages} + \text{Contract Labor}) / \text{Paid FTE's}$

Purpose: Provides a simple measure of the largest resource used in the hospital

Paid FTE's per Adjusted Occupied Bed

Lower Values are Favorable

Formula: $\text{Total Paid FTE's} / \text{Adjusted Average Daily Census}$

Purpose: A measure of the overall staffing of the hospital in relationship to the hospital's utilization.

Net Revenue per Adjusted Discharge

Higher Values are Favorable

Formula: $\text{Net Patient Revenue} / \text{Adjusted Discharges}$

Purpose: Is an indicator of the hospital's ability to generate collectable revenue from it's patient care operations.

Operating Expenses per Adjusted Discharge

Lower Values are Favorable

Formula: $\text{Total Operating Expenses} / \text{Adjusted Discharges}$

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

Purpose: A measure of the hospital's average cost of delivering care per equivalent patient stay.

Financial Strength Index

Higher Values are Favorable

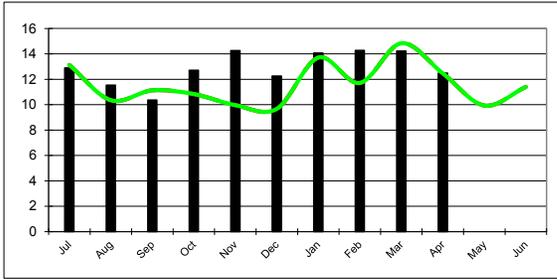
Formula: $((\text{Total Margin} - 4.0) / 4.0) + ((\text{Days Cash on Hand} - 50) / 50) + ((50 - \text{Debt to Capitalization Ratio}) / 50) + ((9 - \text{Average Age of Plant}) / 9)$

Purpose: Is an indicator of the hospital's overall long term financial health. This index combines the impact of increasing operating margins, increasing cash on hand from all sources, decreasing the hospital's reliance on debt for capital improvements and decreasing the hospital's average age of plant.

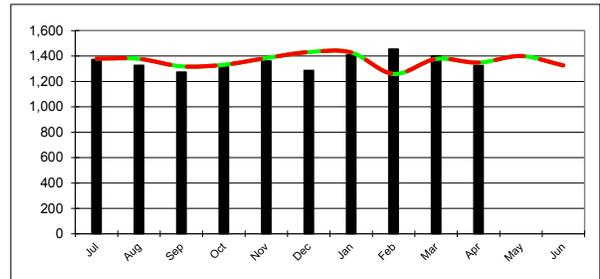
**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
"DASHBOARD" GRAPHS
APRIL 2019**

— FYE 2018 ACTUAL
 - - - FYE 2019 BUDGET
 █ FYE 2019 ACTUAL

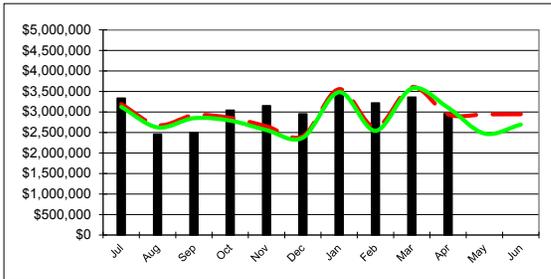
AVERAGE ACUTE CENSUS



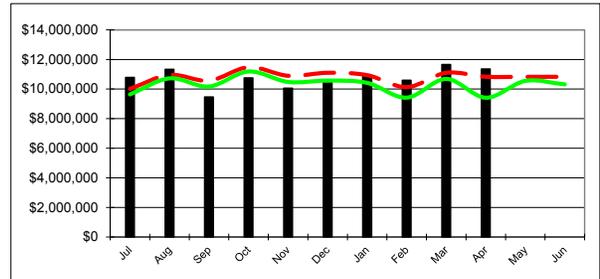
ER IP+OP VISITS



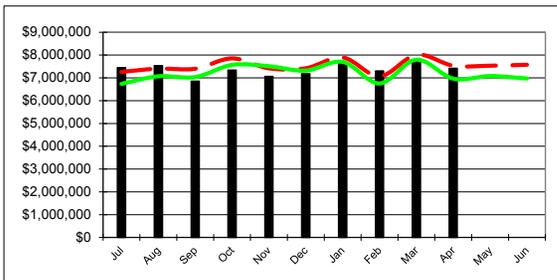
INPATIENT CHARGES



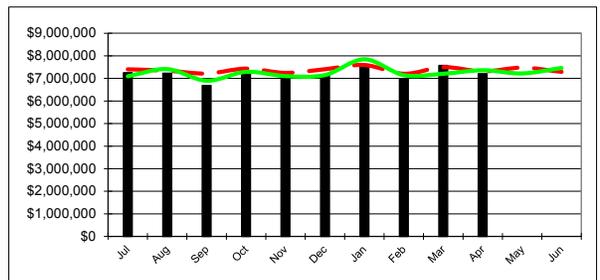
OUTPATIENT CHARGES



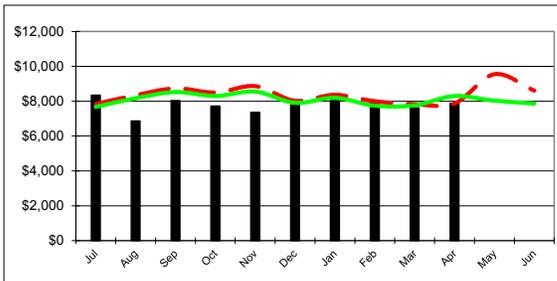
TOTAL NET OPERATING REVENUE



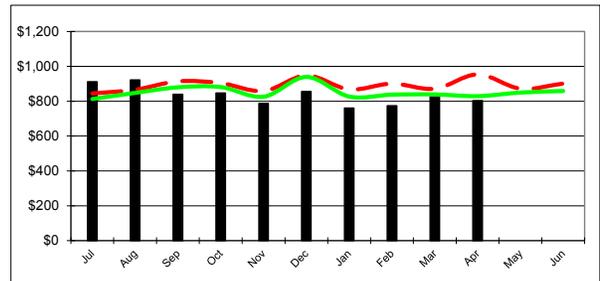
OPERATING EXPENSE



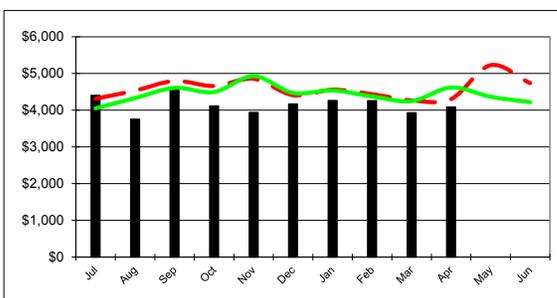
AVERAGE CHARGE PER ADJUSTED PATIENT DAY



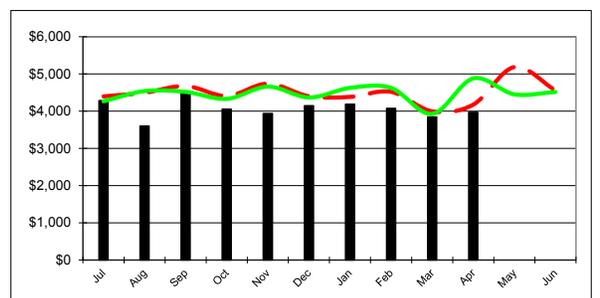
AVERAGE CHARGE PER OUTPATIENT VISIT (Inc. ER)



AVERAGE NET OPERATING REVENUE PER ADJUSTED PATIENT DAY



AVERAGE OPERATING EXPENSE PER ADJUSTED PATIENT DAY



MEMORIAL HOSPITAL OF SWEETWATER COUNTY
APRIL 2019

STATISTICS	Actual Apr-19	Budget Apr-19	PY Apr-18	YTD Apr-19	YTD Apr-18	YTD Apr-17	YTD Apr-16
Volumes:							
Case Mix							
Medicare	1.3928	1.4145	1.4145	1.2663	1.3121	1.4443	1.4184
All payers	0.6521	1.0262	1.0262	0.7493	0.8914	0.8691	0.8595
Admissions							
Med	57	63	63	656	599	842	870
ICU	20	30	30	236	249	317	300
Surgery	10	13	13	70	75	89	104
OB	37	29	29	372	421	442	474
Newborn	42	28	28	373	414	429	463
Total Admissions	166	163	163	1,707	1,758	2,119	2,211
Discharges							
Med	68	79	79	762	710	972	952
ICU	11	20	20	107	125	139	175
Surgery	6	13	13	89	92	133	149
OB	41	28	28	378	420	437	474
Newborn	42	26	26	373	414	427	463
Total Discharges	168	166	166	1,709	1,761	2,108	2,213
Patient Days:							
Med	231	245	245	2,449	2,069	3,516	3,480
ICU	59	56	56	545	501	783	826
Surgery	25	29	29	313	317	391	399
OB	60	44	44	616	697	737	778
Newborn	63	51	51	599	721	673	702
Total Patient Days	438	425	425	4,522	4,305	6,100	6,185
Observation Bed Days	111	77	77	1,197	1,091	999	805
Surgery Statistics:							
IP Surgeries	24	25	25	256	296	364	345
OP Surgeries	147	123	123	1,375	1,469	1,481	1,503
Outpatient Statistics:							
X-ray	730	746	746	7,224	7,471	7,311	7,430
Mammography	131	117	117	1,364	1,386	1,367	1,545
Ultrasound	314	290	290	2,930	2,965	2,686	2,712
Cat Scan	452	402	402	4,359	4,243	3,973	3,990
MRI	127	119	119	1,200	1,106	1,012	1,054
Nuclear Medicine	37	40	40	348	470	395	387
PET Scan	6	4	4	61	91	90	78
Echo	81	0	0	190		0	0
Laboratory	3,825	2,259	2,259	33,488	24,783	30,385	28,191
Histology	192	162	162	1,755	1,616	1,251	1,576
Respiratory Therapy	234	223	223	2,312	2,655	2,844	2,414
Cardiovascular	441	426	426	4,199	4,407	4,494	4,743
Sleep Lab	50	37	37	371	318	294	201
Cardiac Rehab	342	357	357	2,846	3,504	4,243	4,504
Physical Therapy	172	111	111	1,611	1,605	2,303	2,357
Dialysis	443	367	367	4,045	3,259	2,530	2,690
Medical Oncology	194	149	149	1,777	1,673	1,787	1,886
Radiation Oncology	224	126	126	1,932	2,380	2,558	2,725
Total Outpatients Visits	7,995	5,935	5,935	72,012	63,932	69,523	68,483
Clinic Visits - Primary Care	4,524	4,142	3,841	41,520	40,399	44,099	59,090
Clinic Visits - Specialty Clinics	434	412	359	4,012	4,071	5,643	4,975
ER visits admitted	135	127	127	1,433	1,388	1,527	1,457
ER visits Discharged	1,191	1,221	1,221	12,098	12,247	12,237	12,604
Total ER visits	1,326	1,348	1,348	13,531	13,635	13,764	14,061

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

BUDGET	PPE	4/14/2019	4/28/2019	5/12/2019	Variance from Bud	CHANGE FROM LAST PAY PERIOD		YTD	Variance from budget
						Increase	Decrease		
AVG CENSUS	11.80	14.4	10.7	13.0	1.2	2.29	-	298.5	
ER VISITS (Avg Day)	45	45.7	42.1	42.1	(2.7)	-	0.07	1007.9	
SURGERIES (IP+OP)	78	70	82	66	(11.6)	-	16.00	1704.0	
BIRTHS	19	15	21	18	(1.0)	-	3.00	401.0	
CHARGES -IP \$000	1,358	1449	1267	1682	324	415.00	-	32733.0	
-OP \$000	4,987	5135	4962	4481	(506)	-	481.00	107995.0	
-TOTAL \$000	6,345	6584	6229	6163	(182)	-	66.00	140728.0	
Adjusted Patient Days	772	913	737	667	(105)	-	70.59	18,022.21	

Paid FTEs (Including Contract)

600 MEDICAL FLOOR	24.5	24.8	19.6	23.3	(1.2)	3.69	-	21.9	(2.6)
605 BEHAVIORAL HEALTH	7.2	9.3	5.2	6.9	(0.3)	1.75	-	7.9	0.7
610 OB FLOOR	5.3	5.4	5.4	5.7	0.4	0.26	-	6.0	0.7
611 NURSERY	7.2	7.2	7.3	6.9	(0.3)	-	0.34	6.8	(0.4)
612 LABOR & DELIVERY	4.9	5.7	4.6	4.7	(0.2)	0.13	-	4.5	(0.4)
615 OUTPATIENT SERVICES	0.9	1.7	1.4	1.7	0.8	0.23	-	1.6	0.7
620 ICU	12.5	10.8	10.8	10.5	(2.0)	-	0.27	10.9	(1.6)
630 OR	12.1	11.1	11.5	11.0	(1.1)	-	0.50	12.6	0.5
631 SAME DAY SURGERY	6.8	5.3	5.4	5.8	(1.0)	0.33	-	5.8	(1.0)
633 RECOVERY	2.8	3.7	3.8	2.9	0.1	-	0.86	3.4	0.6
634 CENTRAL STERILE	3	2.9	3.8	4.4	1.4	0.54	-	3.0	0.0
640 DIALYSIS	7	9.1	8.9	8.8	1.8	-	0.05	7.9	0.9
650 ER	21.5	22.8	24.3	22.1	0.6	-	2.12	22.2	0.7
651 TRAUMA	1.3	1.5	1.0	1.4	0.1	0.41	-	1.8	0.5
652 SANE	0.9	1.2	1.5	1.0	0.1	-	0.43	1.2	0.3
660 RADIATION ONC	6.6	7.1	6.9	6.6	0.0	-	0.30	6.9	0.3
661 MEDICAL ONC	6	6.1	6.1	5.8	(0.2)	-	0.27	6.0	(0.0)
700 LABORATORY	31.1	29.7	28.6	30.7	(0.4)	2.17	-	29.9	(1.2)
701 HISTOLOGY	2	1.9	2.0	1.9	(0.1)	-	0.08	2.0	0.0
702 BLOOD BANK	1	1.1	1.1	1.0	0.0	-	0.09	1.1	0.1
710 RADIOLOGY	9.7	8.6	8.9	8.6	(1.1)	-	0.32	8.9	(0.8)
711 MAMMOGRPAHY	1.6	1.1	1.4	1.1	(0.5)	-	0.31	1.2	(0.4)
712 ULTRASOUND	3.25	4.2	3.9	6.4	3.1	2.44	-	3.9	0.7
713 NUC MED	1.6	2.1	1.9	2.3	0.7	0.40	-	1.7	0.1
714 CAT SCAN	4.7	4.3	4.4	4.7	(0.0)	0.27	-	4.5	(0.2)
715 MRI	1.3	1.2	1.1	1.2	(0.1)	0.07	-	1.2	(0.1)
716 PET SCAN	0.1	-	-	-	(0.1)	-	-	0.0	(0.1)
717 ECHOCARDIOGRAPHY	1.25	1.0	1.2	1.5	0.2	0.31	-	1.1	(0.2)
720 RESPIRATORY	6	7.2	5.2	5.2	(0.8)	-	0.03	6.6	0.6
721 SLEEP LAB	2.3	2.0	2.0	1.8	(0.5)	-	0.17	1.8	(0.5)
722 CARDIO	2.3	2.8	2.8	2.8	0.5	-	0.00	2.3	0.0
723 CARDIAC REHAB	2.4	2.3	2.3	2.3	(0.1)	-	-	2.3	(0.1)
730 PHYSICAL THERAPY	3.5	3.6	3.7	3.7	0.2	0.00	-	3.4	(0.1)
780 EDUCATION	2	0.8	0.6	0.9	(1.1)	0.31	-	0.8	(1.2)
781 SOCIAL SERVICES	1	1.0	1.0	1.0	-	-	-	1.0	0.0
782 QUALITY	4	3.9	3.7	3.9	(0.1)	0.22	-	4.2	0.2
783 INFECTION CONTROL	2	1.7	0.9	0.9	(1.1)	0.04	-	1.8	(0.2)
784 ACCREDITATION	3	3.0	3.0	3.0	0.0	-	-	2.8	(0.2)
786 NURSING INFORMATICS	3	3.0	3.0	3.0	-	-	-	3.0	0.0
790 HEALTH INFORMATION	12.6	12.0	13.0	13.1	0.5	0.18	-	12.9	0.3
791 CASE MANAGEMENT	5.3	5.2	4.4	4.1	(1.2)	-	0.29	5.2	(0.1)
800 MAINTENANCE	11.7	12.0	12.0	11.7	(0.0)	-	0.37	11.6	(0.1)
801 HOUSEKEEPING	23.5	25.1	25.3	25.0	1.5	-	0.28	23.6	0.1
802 LAUNDRY	6.5	6.6	6.6	6.6	0.1	0.03	-	6.4	(0.1)
803 BIO MED	2	1.0	1.1	1.2	(0.8)	0.03	-	1.0	(1.0)
810 SECURITY	8.3	8.2	8.0	8.0	(0.3)	-	0.02	8.1	(0.2)
811 EMERGENCY MGMT	0.1	0.2	0.8	0.2	0.1	-	0.56	0.1	0.0
850 PURCHASING	5	5.0	5.0	5.0	-	-	-	5.0	0.0
855 CENTRAL SUPPLY	3	3.0	3.0	3.0	-	-	-	3.0	0.0
870 DIETARY	17.6	16.3	17.7	18.7	1.1	1.02	-	17.2	(0.4)
871 DIETICIANS	1.5	2.0	2.0	2.0	0.5	-	-	1.6	0.1
900 ADMINISTRATION	6	6.0	6.0	6.0	-	-	-	6.0	0.0
901 COMM SVC	1	1.0	1.0	1.0	-	-	-	1.0	0.0
902 MED STAFF SVC	2.5	2.8	2.8	2.8	0.3	-	-	2.6	0.1
903 MHSC FOUNDATION	1.3	1.5	1.5	1.5	0.2	0.01	-	1.2	(0.1)
904 VOLUNTEER SRV	1	1.0	1.0	1.0	-	-	-	1.0	0.0
905 NURSING ADMIN	4.3	3.8	3.8	4.0	(0.3)	0.22	-	4.1	(0.2)
907 PHYSICIAN RECRUIT	1	1.0	1.0	1.0	-	-	-	1.0	0.0
910 INFORMATION SYSTEMS	8	9.0	7.6	7.0	(1.0)	-	0.62	7.9	(0.1)
920 HUMAN RESOURCES	4.6	4.8	4.8	4.9	0.3	0.10	-	4.5	(0.1)
930 FISCAL SERVICES	5	4.8	4.8	4.8	(0.2)	0.02	-	4.8	(0.2)
940 BUSINESS OFFICE	14	13.8	13.7	13.7	(0.3)	0.02	-	13.5	(0.5)
941 ADMITTING	13.4	16.1	16.2	15.2	1.8	-	0.93	15.3	1.9
942 COMMUNICATION	3	3.5	3.3	2.9	(0.1)	-	0.44	2.9	(0.1)
943 CENTRAL SCHEDULING	4	4.0	4.1	4.0	0.0	-	0.05	3.8	(0.2)
948 NEW ORTHO	1	-	-	-	(1.0)	-	-	0.0	(1.0)
949 DENKER	3	3.0	3.0	3.0	0.0	0.01	-	3.1	0.1
950 OLIVER	3.1	2.2	2.3	2.3	(0.8)	-	0.06	2.7	(0.4)
952 NEW PULMONOLOGIST	2	-	-	-	(2.0)	-	-	0.0	(2.0)
953 STEWART	2.5	1.0	1.0	1.0	(1.5)	-	-	1.1	(1.4)
954 WHEELER	3	1.0	1.0	1.0	(2.0)	-	-	1.2	(1.8)
956 KATTAN	3.5	1.0	1.0	1.0	(2.5)	-	-	1.2	(2.3)
957 STARLA LETTE	2	1.0	1.0	1.0	(1.0)	-	-	1.1	(0.9)
958 VERONESE	0	-	-	-	-	-	-	0.1	-
959 GREWAL	3	1.0	1.0	1.0	(2.0)	-	-	1.2	(1.8)
960 SANDERS	2	1.0	1.0	1.0	(1.0)	-	-	1.2	(0.8)
961 DANSIE	2.5	1.0	0.9	1.0	(1.5)	0.13	-	1.1	(1.4)
962 BOWERS	2	0.7	0.7	0.6	(1.5)	-	0.10	0.8	(1.2)
963 LONG	3	0.9	0.9	1.0	(2.0)	0.10	-	1.0	(2.0)
964 JAKE JOHNSON	2	1.0	1.0	1.0	(1.0)	-	-	1.0	(1.0)
966 OCC MED	1	1.1	1.0	1.1	0.1	0.10	-	1.1	0.1
967 PA PALINEK	1.5	1.0	1.0	0.9	(0.6)	-	0.10	0.5	(1.0)
969 PAWAR	2	2.0	2.0	2.1	0.1	0.06	-	2.0	0.0
970 CROFTS	2.5	1.0	1.0	1.0	(1.5)	-	-	1.1	(1.4)

	PPE BUDGET	4/14/2019	4/28/2019	5/12/2019	Variance from Bud	LAST PAY PERIOD		YTD	from budget
						Increase	Decrease		
971 WAMSUTTER CLINIC	1	1.5	1.9	1.7	0.7	-	0.28	1.8	0.8
972 FARSON CLINIC	0	-	-	-	-	-	-	0.0	0.0
973 LAURIDSEN	1	1.0	0.9	0.9	(0.1)	-	-	0.9	(0.1)
974 SMG ADMIN/BILLING	13.5	41.0	40.7	41.4	27.9	0.78	-	35.5	22.0
976 LEHMAN	2	0.9	0.8	1.0	(1.0)	0.23	-	0.9	(1.1)
978 HOSPITALIST	4.2	2.6	1.4	1.6	(2.6)	0.20	-	3.4	(0.8)
980 JENSEN	1	1.0	1.0	1.0	-	-	-	0.9	(0.1)
981 CROFT	1	1.0	1.0	1.0	-	-	-	1.0	0.0
982 CHRISTENSEN	3	1.0	1.0	1.0	(2.0)	-	-	1.2	(1.8)
986 HANSON	1	1.0	1.0	1.0	-	-	-	0.3	(0.7)
988 CURRY	2	1.5	1.4	1.7	(0.3)	0.32	-	1.4	(0.6)
990 NEW PEDIATRICIAN	0	-	-	-	-	-	-	0.0	0.0
991 JAMIAS	2	1.0	1.0	1.0	(1.0)	-	-	1.1	(0.9)
992 ASPER	1	1.0	1.0	1.0	-	-	-	1.1	0.1
993 LIU	2	1.0	1.0	1.0	(1.0)	-	-	1.0	(1.0)
994 DUCK	2	-	1.1	0.2	(1.8)	-	0.88	0.7	(1.3)
996 SARETTE	0.6	-	2.0	0.8	0.2	-	1.20	1.0	0.4
997 OUTPATIENT SERVICES	0.5	0.1	-	-	(0.5)	-	-	0.0	(0.5)

TOTAL Paid FTEs	465.2	468.0	457.3	462.1	(3.1)	4.78	-	455.2	(10.0)
TOTAL WORKED FTEs	422.9	432.1	419.2	421.9	(1.0)	2.73	-	414.7	(8.2)

WORKED % Paid	91%	92%	92%	91%	0%	-	0.00	91%	0.0
----------------------	------------	------------	------------	------------	-----------	----------	-------------	------------	------------

CONTRACT FTES (Inc above)	2.3	8.7	6.0	7.5	5.2	1.49	-	6.0	3.7
----------------------------------	------------	------------	------------	------------	------------	-------------	----------	------------	------------

GROSS EMPLOYEE PAYROLL	1,376,931	1,357,226	1,406,026	1,406,026	48,800.02	-	29,289,051		
-------------------------------	------------------	------------------	------------------	------------------	------------------	----------	-------------------	--	--

Average Employee Hourly Rate	\$36.78	\$37.10	\$38.04	\$38.04	0.94	-	669,464.02	669,464.02	
-------------------------------------	----------------	----------------	----------------	----------------	-------------	----------	-------------------	-------------------	--

Benchmark Paid FTEs	6.63	7.17	8.68	9.70	3.07	1.02	-	#DIV/0!	#DIV/0!
per Adj. Occupied Bed (APD)									

WORKED FTEs (Including Contract)

600 MEDICAL FLOOR	22.3	22.5	17.3	23.0	0.7	5.71	-	19.9	(2.4)
605 BEHAVIORAL HEALTH	6.6	9.2	4.9	6.3	(0.2)	1.42	-	7.5	1.0
610 OB FLOOR	4.8	4.8	5.0	5.1	0.3	0.18	-	5.5	0.6
611 NURSERY	6.6	6.8	6.0	6.2	(0.4)	0.22	-	5.9	(0.6)
612 LABOR & DELIVERY	4.5	5.2	4.2	4.4	(0.1)	0.12	-	4.2	(0.3)
615 OUTPATIENT SERVICES	0.8	1.3	1.4	1.6	0.8	0.18	-	1.5	0.7
620 ICU	11.4	9.5	10.0	10.1	(1.2)	0.17	-	10.0	(1.4)
630 OR	11.0	10.0	11.3	10.7	(0.3)	-	0.60	11.9	0.8
631 SAME DAY SURGERY	6.2	4.9	5.2	5.0	(1.2)	-	0.23	5.2	(1.0)
633 RECOVERY	2.5	3.6	3.7	2.9	0.4	-	0.76	3.2	0.6
634 CENTRAL STERILE	2.7	2.2	3.2	3.5	0.7	0.24	-	2.7	(0.1)
640 DIALYSIS	6.4	8.6	8.0	7.7	1.3	-	0.32	7.4	1.0
650 ER	19.6	21.9	22.8	21.3	1.8	-	1.44	20.5	1.0
651 TRAUMA	1.2	1.3	1.0	1.4	0.2	0.41	-	1.6	0.4
652 SANE	0.8	1.1	1.0	0.8	0.0	-	0.21	1.2	0.3
660 RADIATION ONC	6.0	6.7	5.9	5.7	(0.3)	-	0.13	6.2	0.2
661 MEDICAL ONC	5.5	5.3	4.6	5.1	(0.4)	0.47	-	5.1	(0.3)
700 LABORATORY	28.3	27.1	25.2	26.9	(1.4)	1.77	-	26.6	(1.7)
701 HISTOLOGY	1.8	1.9	2.0	1.9	0.1	-	0.08	1.8	0.0
702 BLOOD BANK	0.9	1.1	1.1	1.0	0.1	-	0.09	1.1	0.2
710 RADIOLOGY	8.8	8.4	8.3	7.7	(1.1)	-	0.60	8.1	(0.7)
711 MAMMOGRAPY	1.5	1.1	1.1	1.0	(0.5)	-	0.11	1.1	(0.4)
712 ULTRASOUND	3.0	3.9	3.8	4.5	1.5	0.72	-	3.5	0.6
713 NUC MED	1.5	2.0	1.8	2.2	0.7	0.40	-	1.5	0.1
714 CAT SCAN	4.3	4.3	4.3	3.8	(0.4)	-	0.42	4.3	(0.0)
715 MRI	1.2	1.1	1.0	1.2	(0.0)	0.17	-	1.1	(0.1)
716 PET SCAN	0.1	-	-	-	(0.1)	-	-	0.0	(0.1)
717 ECHOCARDIOGRAPHY	1.1	1.0	1.2	1.5	0.4	0.31	-	1.0	(0.1)
720 RESPIRATORY	5.5	4.5	4.9	4.5	(1.0)	-	0.39	5.9	0.4
721 SLEEP LAB	2.1	1.9	2.0	1.7	(0.4)	-	0.23	1.7	(0.4)
722 CARDIO	2.1	2.8	2.5	2.7	0.6	0.17	-	2.1	0.0
723 CARDIAC REHAB	2.2	2.2	2.1	2.1	(0.0)	0.05	-	2.1	(0.1)
730 PHYSICAL THERAPY	3.2	3.6	3.1	3.2	(0.0)	0.04	-	3.1	(0.1)
780 PATIENT ED	1.8	0.8	0.6	0.9	(0.9)	0.31	-	0.8	(1.1)
781 SOCIAL SERVICES	0.9	1.0	0.8	1.0	0.1	0.25	-	0.9	0.0
782 QUALITY & ACCREDIT	3.6	3.6	3.4	3.7	0.0	0.25	-	3.8	0.2
783 INFECTION CONTROL	1.8	1.5	0.9	0.9	(0.9)	0.04	-	1.4	(0.4)
784 COMPLIANCE	2.7	2.8	2.8	2.9	0.2	0.14	-	2.6	(0.2)
786 NURSING INFORMATICS	2.7	2.3	2.6	3.0	0.3	0.38	-	2.7	(0.1)
790 HEALTH INFORMATION	11.5	11.0	11.3	12.0	0.6	0.77	-	11.5	(0.0)
791 CASE MANAGEMENT	4.8	4.5	4.0	3.9	(1.0)	-	0.18	4.7	(0.1)
800 MAINTENANCE	10.6	10.8	11.5	11.0	0.4	-	0.46	10.6	(0.0)
801 HOUSEKEEPING	21.4	23.4	23.0	21.9	0.5	-	1.15	21.5	0.1
802 LAUNDRY	5.9	6.0	6.4	6.3	0.4	-	0.04	5.8	(0.1)
803 BIO MED	1.8	0.6	1.1	1.0	(0.8)	-	0.11	0.9	(0.9)
810 SECURITY	7.6	7.9	7.0	7.9	0.3	0.87	-	7.3	(0.2)
811 EMERGENCY MGMT	0.1	0.2	0.8	0.2	0.1	-	0.56	0.1	0.0
850 PURCHASING	4.6	4.4	4.7	4.2	(0.4)	-	0.53	0.1	(4.4)
855 CENTRAL SUPPLY	2.7	3.0	2.6	2.7	(0.0)	0.03	-	4.4	1.7
870 DIETARY	16.0	15.2	14.9	16.0	(0.0)	1.13	-	2.6	(13.4)
871 DIETICIANS	1.4	1.5	1.8	1.5	(14.5)	-	0.30	15.5	(0.5)
900 ADMINISTRATION	5.5	5.0	4.9	5.4	4.0	0.50	-	1.5	0.2
901 COMM SVC	0.9	0.6	0.7	1.0	(4.5)	0.30	-	5.3	(0.2)
902 MED STAFF SVC	2.3	2.3	2.5	2.6	1.7	0.11	-	0.9	(0.0)
903 MHSC FOUNDATION	1.2	1.4	1.5	1.3	(1.0)	-	0.19	2.3	0.0
904 VOLUNTEER SRV	0.9	0.9	0.8	1.0	(0.2)	0.20	-	1.1	(0.1)

	PPE BUDGET	4/14/2019	4/28/2019	5/12/2019	Variance from Bud	LAST PAY PERIOD		YTD	from budget
						Increase	Decrease		
905 NURSING ADMIN	3.9	3.8	3.7	3.5	2.6	-	0.18	0.9	(0.0)
907 PHYSICIAN RECRUIT	0.9	0.7	1.0	0.8	(3.1)	-	0.20	3.7	(0.2)
910 INFORMATION SYSTEMS	7.3	7.7	7.0	6.3	5.4	-	0.68	0.9	(0.0)
920 HUMAN RESOURCES	4.2	4.5	4.6	4.9	(2.4)	0.28	-	7.2	(0.1)
930 FISCAL SERVICES	4.6	4.7	4.8	4.7	0.5	-	0.07	4.3	0.1
940 BUSINESS OFFICE	12.7	13.0	12.7	12.3	7.7	-	0.44	4.3	(0.2)
941 ADMITTING	12.2	15.0	14.8	13.6	0.9	-	1.13	12.1	(0.6)
942 COMMUNICATION	2.7	3.5	3.3	2.9	(9.3)	-	0.47	14.4	2.2
943 CENTRAL SCHEDULING	3.6	3.8	3.9	3.5	0.8	-	0.36	2.8	0.1
948 NEW OTHO	0.9	-	-	-	(3.6)	-	-	3.4	(0.2)
949 DENKER	2.7	3.0	3.0	2.9	1.9	-	0.10	0.0	(0.9)
950 OLIVER	2.8	2.0	2.1	2.1	(0.6)	0.04	-	2.8	0.1
952 NEW PULMONOLOGIST	1.8	-	-	-	(2.8)	-	-	2.4	(0.4)
953 STEWART	2.3	1.0	1.0	1.0	(0.8)	-	-	0.0	(1.8)
954 WHEELER	2.7	1.0	1.0	1.0	(1.3)	-	-	1.0	(1.2)
956 KATTAN	3.2	1.0	1.0	1.0	(1.7)	-	-	1.1	(1.6)
957 STARLA LETTE	1.8	1.0	1.0	1.0	(2.2)	-	-	1.2	(2.0)
958 VERONESE	-	-	-	-	(1.8)	-	-	1.1	(0.7)
959 GREWAL	2.7	1.0	1.0	1.0	1.0	-	-	0.0	0.0
960 SANDERS	1.8	1.0	0.9	1.0	(1.7)	0.10	-	1.1	(1.6)
961 DANSIE	2.3	1.0	0.6	1.0	(0.8)	0.45	-	1.0	(0.8)
962 BOWERS	1.8	0.6	0.5	0.6	(1.7)	0.10	-	1.0	(1.2)
963 LONG	2.7	0.9	0.9	-	(1.8)	-	0.90	0.6	(1.2)
964 JAKE JOHNSON	1.8	1.0	0.9	-	(2.7)	-	0.88	0.9	(1.8)
966 OCC MED	0.9	1.1	0.9	1.1	(0.7)	0.16	-	0.9	(0.9)
967 PA PALINEK	1.4	1.0	1.0	0.9	(0.0)	-	0.10	1.0	0.1
969 PAWAR	1.8	2.0	2.0	2.1	0.7	0.06	-	0.5	(0.9)
970 CROFTS	2.3	1.0	0.9	1.0	(0.8)	0.10	-	1.8	0.0
971 WAMSUTTER CLINIC	0.9	1.5	1.9	1.6	(0.7)	-	0.33	1.0	(1.3)
972 FARSON CLINIC	-	-	-	-	(0.9)	-	-	1.8	0.8
973 LAURIDSEN	0.9	0.8	0.9	0.9	0.9	-	-	0.0	0.0
974 SMG ADMIN/BILLING	12.3	38.8	38.7	39.1	38.2	0.42	-	0.8	(0.1)
976 LEHMAN	1.8	0.9	0.8	1.0	(11.3)	0.23	-	32.8	20.5
978 HOSPITALIST	3.8	2.6	1.4	1.6	(0.2)	0.20	-	0.7	(1.1)
980 JENSEN	0.9	1.0	0.9	1.0	(2.8)	0.10	-	3.4	(0.4)
981 CROFT	0.9	1.0	1.0	0.5	(0.4)	-	0.50	0.8	(0.1)
982 CHRISTENSEN	1.0	1.0	1.0	1.0	0.1	-	-	0.9	(0.0)
986 HANSON	2.7	1.0	1.0	1.0	-	-	-	1.1	0.1
988 CURRY	1.8	1.5	1.4	1.7	(1.1)	0.32	-	1.1	(1.6)
990 NEW PEDIATRICIAN	-	-	-	-	(1.8)	-	-	0.3	(1.5)
991 JAMIAS	1.8	1.0	1.0	0.5	0.5	-	0.50	1.2	1.2
992 ASPER	0.9	1.0	0.8	1.0	(0.8)	0.20	-	0.0	(1.8)
993 LIU	1.8	1.0	1.0	1.0	0.1	-	-	1.0	0.1
994 DUCK	1.8	-	1.1	0.2	(1.6)	-	0.88	0.9	(0.9)
996 SARETTE	0.5	-	2.0	0.8	(1.1)	-	1.20	1.0	(0.8)
997 OUTSIDE CLINICS	0.46	0.1	-	-	(0.5)	-	-	0.7	0.1
TOTAL WORKED FTEs	422.9	432.1	419.2	421.9	(1.01)	2.73	-	414.7	(8.2)
CONTRACT FTEs (inc above)	2.3	8.7	6.0	7.5	5.22	1.49	-	6.0	3.7

OVERTIME HOURS

	Current OT			OT Dollars		YTD Hours
600 MEDICAL FLOOR	1.3	-	0.8	13.70	0.75	74.5
605 BEHAVIORAL HEALTH	72.8	8.0	12.3	285.32	4.25	1,685.8
610 OB FLOOR	1.0	-	-	-	-	122.3
611 NURSERY	2.5	-	7.3	353.87	7.25	66.8
612 LABOR & DELIVERY	-	1.3	-	-	-	7.3
615 OUTPATIENT SERVICES	-	-	-	-	-	2.3
620 ICU	0.3	18.5	-	-	-	52.3
630 OR	10.3	-	2.8	92.97	2.75	269.5
631 SAME DAY SURGERY	4.0	9.8	5.5	228.25	-	223.5
633 RECOVERY	12.3	-	-	-	-	53.8
634 CENTRAL STERILE	33.3	56.5	57.3	1,460.82	0.75	217.8
640 DIALYSIS	20.3	9.5	5.3	190.39	-	410.3
650 ER	82.5	94.3	73.5	3,360.89	-	1,080.0
651 TRAUMA	-	-	-	-	-	90.3
652 SANE	5.3	-	-	-	-	124.8
660 RADIATION ONC	-	-	0.5	10.89	0.50	22.5
661 MEDICAL ONC	0.5	0.8	0.5	18.62	-	18.3
700 LABORATORY	23.3	28.5	24.0	769.85	-	654.2
701 HISTOLOGY	4.0	5.3	1.0	29.00	-	54.0
702 BLOOD BANK	0.5	0.5	1.8	81.29	1.25	18.0
710 RADIOLOGY	3.5	1.3	7.0	252.84	5.75	91.0
711 MAMMOGRAPY	-	2.0	-	-	-	4.3
712 ULTRASOUND	5.8	2.8	1.5	87.84	-	75.3
713 NUC MED	1.3	-	4.8	280.40	4.75	36.5
714 CAT SCAN	0.8	-	0.3	8.53	0.25	23.3
715 MRI	1.3	-	0.3	14.61	0.25	12.5
716 PET SCAN	-	-	-	-	-	4.0
717 ECHOCARDIOGRAPHY	-	-	-	-	-	26.8
720 RESPIRATORY	12.0	5.3	-	-	-	32.0
721 SLEEP LAB	4.0	4.3	4.3	202.30	-	112.0
722 CARDIO	1.8	0.5	-	-	-	21.5
723 CARDIAC REHAB	-	-	-	-	-	-
730 PHYSICAL THERAPY	-	-	-	-	-	-
780 PATIENT ED	3.0	-	-	-	-	3.0
781 SOCIAL SERVICES	-	-	-	-	-	-
782 QUALITY & ACCREDIT	0.5	0.3	0.3	10.76	-	6.5
783 INFECTION CONTROL	0.8	-	-	-	-	36.0
784 COMPLIANCE	1.5	1.8	1.3	43.53	-	7.5
786 NURSING INFORMATICS	-	-	-	-	-	-
790 HEALTH INFORMATION	5.0	20.8	25.5	579.08	4.75	73.0
791 CASE MANAGEMENT	17.3	5.8	1.5	83.91	-	271.5
800 MAINTENANCE	9.8	2.5	-	-	-	161.8
801 HOUSEKEEPING	36.3	17.3	69.0	1,382.22	51.75	1,220.3
802 LAUNDRY	17.8	1.8	9.3	155.90	7.50	409.8

BUDGET	PPE	4/14/2019	4/28/2019	5/12/2019	Variance from Bud	LAST PAY PERIOD		YTD	from budget
						Increase	Decrease		
803	BIO MED	1.5	2.3	0.3	15.69	-	2.00	12.8	
810	SECURITY	13.8	12.0	3.5	119.56	-	8.50	393.3	
811	EMERGENCY MGMT	-	5.0	-	-	-	5.00	6.0	
850	PURCHASING	-	-	-	-	-	-	12.5	
855	CENTRAL SUPPLY	-	-	-	-	-	-	0.3	
870	DIETARY	77.0	57.5	76.0	1,646.22	18.50	-	1,383.3	
871	DIETICIANS	-	-	-	-	-	-	-	
900	ADMINISTRATION	-	-	-	-	-	-	-	
901	COMM SVC	-	-	-	-	-	-	-	
902	MED STAFF SVC	0.8	-	-	-	-	-	1.8	
903	MHSC FOUNDATION	-	-	-	-	-	-	1.0	
904	VOLUNTEER SRV	-	-	-	-	-	-	-	
905	NURSING ADMIN	1.0	-	3.3	231.46	3.25	-	160.8	
907	PHYSICIAN RECRUIT	-	-	-	-	-	-	-	
910	INFORMATION SYSTEMS	-	-	-	-	-	-	-	
920	HUMAN RESOURCES	0.3	0.8	-	-	-	0.75	4.8	
930	FISCAL SERVICES	0.3	-	0.3	7.07	0.25	-	1.8	
940	BUSINESS OFFICE	6.0	9.0	8.8	218.11	-	0.25	234.0	
941	ADMITTING	191.8	175.0	106.0	2,681.58	-	69.00	3,204.1	
942	COMMUNICATION	18.0	0.3	3.0	47.64	2.75	-	371.8	
943	CENTRAL SCHEDULING	3.0	6.3	2.3	47.94	-	4.00	35.5	
948	NEW ORTHO	-	-	-	-	-	-	-	
949	DENKER	0.9	0.6	-	-	-	0.62	13.7	
950	OLIVER	4.4	1.6	1.3	49.91	-	0.38	55.1	
952	NEW PULMONOLOGIST	-	-	-	-	-	-	1.3	
953	STEWART	-	-	-	-	-	-	10.3	
954	WHEELER	-	-	-	-	-	-	5.3	
956	KATTAN	-	-	-	-	-	-	4.3	
957	STARLA LETTE	-	-	-	-	-	-	0.8	
958	VERONESE	-	-	-	-	-	-	-	
959	GREWAL	-	-	-	-	-	-	1.3	
960	SANDERS	-	-	-	-	-	-	12.8	
961	DANSIE	-	-	-	-	-	-	21.5	
962	BOWERS	-	-	-	-	-	-	2.4	
963	LONG	-	-	-	-	-	-	0.3	
964	JAKE JOHNSON	-	-	-	-	-	-	3.5	
966	OCC MED	4.0	-	7.8	398.51	7.75	-	155.0	
967	PA PALINEK	-	-	-	-	-	-	32.0	
969	PAWAR	-	-	4.5	269.87	4.50	-	9.3	
970	CROFTS	-	-	-	-	-	-	0.5	
971	WAMSUTTER CLINIC	-	2.5	0.3	5.78	-	2.25	45.5	
972	FARSON CLINIC	-	-	-	-	-	-	2.0	
973	LAURIDSEN	-	-	-	-	-	-	-	
974	SMG ADMIN/BILLING	69.8	50.8	78.8	2,783.09	28.00	-	1,157.3	
976	PA LEHMAN	-	-	-	-	-	-	17.5	
978	HOSPITALIST	-	-	-	-	-	-	2.4	
980	JENSEN	-	-	-	-	-	-	-	
981	CROFT	-	-	-	-	-	-	-	
982	CHRISTENSEN	-	-	-	-	-	-	3.9	
986	HANSON	-	-	-	-	-	-	-	
988	CURRY	-	-	-	-	-	-	9.6	
990	NEW PEDIATRICIAN	-	-	-	-	-	-	5.3	
991	JAMIAS	-	-	-	-	-	-	-	
992	ASPER	-	-	-	-	-	-	-	
993	LIU	-	-	-	-	-	-	-	
994	DUCK	-	-	-	-	-	-	1.0	
996	SARETTE	-	-	-	-	-	-	1.0	
997	OUTSIDE CLINICS	-	-	-	-	-	-	-	

TOTAL OT HOURS	788.0	622.3	612.8	18,520	-	9.50	15,273.6
TOTAL OT FTEs	9.9	7.8	7.7	-	-	0.12	8.3
OT % WORKED HOURS	2.3%	1.9%	1.8%	-	-	0.0%	-

CONTRACT HOURS	BUDGET	PPE	4/14/2019	4/28/2019	5/12/2019	Current FTE	CHANGE FROM LAST PAY PERIOD		FTE YTD	Variance from budget
							Increase	Decrease		
600	MEDICAL FLOOR		-	-	-	-	-	-	-	-
605	BEHAVIORAL HEALTH		150.0	52.3	50.5	0.6	-	1.75	1.15	1.15
610	OB FLOOR	0.5	-	-	-	-	-	-	-	(0.50)
611	NURSERY		-	-	-	-	-	-	-	-
612	LABOR & DELIVERY		72.8	-	-	-	-	-	0.87	0.87
615	OUTPATIENT SERVICES		-	-	-	-	-	-	-	-
620	ICU		-	-	-	-	-	-	0.03	0.03
630	OR	1.0	152.0	162.2	133.3	1.7	-	28.92	1.85	0.85
631	SAME DAY SURGERY		-	-	-	-	-	-	-	-
633	RECOVERY		-	-	-	-	-	-	0.00	0.00
634	CENTRAL STERILE		-	-	60.8	0.8	60.75	-	0.03	0.03
640	DIALYSIS		-	-	-	-	-	-	-	-
650	ER	0.3	147.8	99.0	74.0	0.9	-	25.00	0.65	0.35
651	TRAUMA		-	-	-	-	-	-	-	-
652	SANE		-	-	-	-	-	-	-	-
660	RADIATION ONC		-	-	-	-	-	-	-	-
661	MEDICAL ONC		-	-	-	-	-	-	-	-
700	LABORATORY		-	-	-	-	-	-	-	-
701	HISTOLOGY		-	-	-	-	-	-	0.06	0.06
702	BLOOD BANK		-	-	-	-	-	-	-	-
710	RADIOLOGY		-	-	-	-	-	-	-	-
711	MAMMOGRPAHY		-	-	-	-	-	-	-	-
712	ULTRASOUND	0.5	88.8	82.5	163.8	2.0	81.25	-	0.84	0.34
713	NUC MED		-	-	-	-	-	-	-	-
714	CAT SCAN		-	-	-	-	-	-	-	-
715	MRI		-	-	-	-	-	-	-	-
716	PET SCAN		-	-	-	-	-	-	-	-
717	ECHOCARDIOGRAPHY		83.3	86.3	119.5	1.5	33.25	-	0.25	-
720	RESPIRATORY	-	-	-	-	-	-	-	0.22	0.22
721	SLEEP LAB		-	-	-	-	-	-	-	-
722	CARDIO		-	-	-	-	-	-	-	-

BUDGET	PPE	4/14/2019	4/28/2019	5/12/2019	Variance from Bud	LAST PAY PERIOD		YTD	from budget
						Increase	Decrease		
723	CARDIAC REHAB	-	-	-	-	-	-	-	-
730	PHYSICAL THERAPY	-	-	-	-	-	-	-	-
780	PATIENT ED	-	-	-	-	-	-	-	-
781	SOCIAL SERVICES	-	-	-	-	-	-	-	-
782	QUALITY & ACCREDIT	-	-	-	-	-	-	-	-
783	INFECTION CONTROL	-	-	-	-	-	-	-	-
784	ACCREDITATION	-	-	-	-	-	-	-	-
786	NURSING INFORMATICS	-	-	-	-	-	-	-	-
790	HEALTH INFORMATION	-	-	-	-	-	-	-	-
791	CASE MANAGEMENT	-	-	-	-	-	-	-	-
800	MAINTENANCE	-	-	-	-	-	-	-	-
801	HOUSEKEEPING	-	-	-	-	-	-	-	-
802	LAUNDRY	-	-	-	-	-	-	-	-
803	BIO MED	-	-	-	-	-	-	-	-
810	SECURITY	-	-	-	-	-	-	-	-
811	EMERGENCY MGMT	-	-	-	-	-	-	-	-
850	PURCHASING	-	-	-	-	-	-	-	-
855	CENTRAL SUPPLY	-	-	-	-	-	-	-	-
870	DIETARY	-	-	-	-	-	-	-	-
871	DIETICIANS	-	-	-	-	-	-	-	-
900	ADMINISTRATION	-	-	-	-	-	-	-	-
901	COMM SVC	-	-	-	-	-	-	-	-
902	MED STAFF SVC	-	-	-	-	-	-	-	-
903	MHSC FOUNDATION	-	-	-	-	-	-	-	-
904	VOLUNTEER SRV	-	-	-	-	-	-	-	-
905	NURSING ADMIN	-	-	-	-	-	-	-	-
907	PHYSICIAN RECRUIT	-	-	-	-	-	-	-	-
910	INFORMATION SYSTEMS	-	-	-	-	-	-	-	-
920	HUMAN RESOURCES	-	-	-	-	-	-	-	-
930	FISCAL SERVICES	-	-	-	-	-	-	-	-
940	BUSINESS OFFICE	-	-	-	-	-	-	-	-
941	ADMITTING	-	-	-	-	-	-	-	-
942	COMMUNICATION	-	-	-	-	-	-	-	-
943	CENTRAL SCHEDULING	-	-	-	-	-	-	-	-
948	NEW ORTHO	-	-	-	-	-	-	-	-
949	DENKER	-	-	-	-	-	-	-	-
950	OLIVER	-	-	-	-	-	-	-	-
952	NEW PULMONOLOGIST	-	-	-	-	-	-	-	-
953	STEWART	-	-	-	-	-	-	-	-
954	WHEELER	-	-	-	-	-	-	-	-
956	KATTAN	-	-	-	-	-	-	-	-
957	STARLA LETTE	-	-	-	-	-	-	-	-
958	VERONESE	-	-	-	-	-	-	-	-
959	GREWAL	-	-	-	-	-	-	-	-
960	SANDERS PA	-	-	-	-	-	-	-	-
961	DANSIE	-	-	-	-	-	-	-	-
962	BOWERS	-	-	-	-	-	-	-	-
963	LONG	-	-	-	-	-	-	-	-
964	JAKE JOHNSON	-	-	-	-	-	-	-	-
966	OCC MED	-	-	-	-	-	-	-	-
967	PA PALINEK	-	-	-	-	-	-	-	-
969	PAWAR	-	-	-	-	-	-	-	-
970	CROFTS	-	-	-	-	-	-	-	-
971	WAMSUTTER CLINIC	-	-	-	-	-	-	-	-
972	FARSON CLINIC	-	-	-	-	-	-	-	-
973	LAURIDSEN	-	-	-	-	-	-	-	-
974	SMG ADMIN/BILLING	-	-	-	-	-	-	-	-
978	HOSPITALIST	-	-	-	-	-	-	-	-
980	JENSEN	-	-	-	-	-	-	-	-
981	CROFT	-	-	-	-	-	-	-	-
982	CHRISTENSEN	-	-	-	-	-	-	-	-
986	NICHOLAS	-	-	-	-	-	-	-	-
988	CURRY	-	-	-	-	-	-	-	-
990	NEW PEDIATRICIAN	-	-	-	-	-	-	-	-
991	JAMIAS	-	-	-	-	-	-	-	-
992	ASPER	-	-	-	-	-	-	-	-
993	LIU	-	-	-	-	-	-	-	-
994	DUCK	-	-	-	-	-	-	-	-
996	SARETTE	-	-	-	-	-	-	-	-
997	OUTSIDE CLINICS	-	-	-	-	-	-	-	-

TOTAL CONTRACT HOURS		694.5	482.2	601.8		119.6	-		
TOTAL CONTRACT FTEs	2.3	8.7	6.0	7.5	5.2	1.5	-	6.0	3.7
CONTRACT % WORKED HOURS		2.0%	1.4%	1.8%		0.3%	0.0%		

Paid FTEs (Excluding Contract)

					Budget Variance					
600	MEDICAL FLOOR	24.5	24.8	19.6	23.3	(1.2)	3.69	-	21.9	(2.6)
605	BEHAVIORAL HEALTH	7.2	7.4	4.5	6.3	(0.9)	1.77	-	6.7	(0.5)
610	OB FLOOR	4.8	5.4	5.4	5.7	0.9	0.26	-	6.0	1.2
611	NURSERY	7.2	7.2	7.3	6.9	(0.3)	-	0.34	6.8	(0.4)
612	LABOR & DELIVERY	4.9	4.8	4.6	4.7	(0.2)	0.13	-	3.6	(1.3)
615	OUTPATIENT SERVICES	0.9	1.7	1.4	1.7	0.8	0.23	-	1.6	0.7
620	ICU	12.5	10.8	10.8	10.5	(2.0)	-	0.27	10.9	(1.6)
630	OR	11.1	9.2	9.5	9.3	(1.8)	-	0.14	10.8	(0.3)
631	SAME DAY SURGERY	6.8	5.3	5.4	5.8	(1.0)	0.33	-	5.8	(1.0)
633	RECOVERY	2.8	3.7	3.8	2.9	0.1	-	0.86	3.4	0.6
634	CENTRAL STERILE	3.0	2.9	3.8	3.6	0.6	-	0.22	3.0	(0.0)
640	DIALYSIS	7.0	9.1	8.9	8.8	1.8	-	0.05	7.9	0.9
650	ER	21.2	21.0	23.0	21.2	0.0	-	1.81	21.6	0.4
651	TRAUMA	1.3	1.5	1.0	1.4	0.1	0.41	-	1.8	0.5
652	SANE	0.9	1.2	1.5	1.0	0.1	-	0.43	1.2	0.3
660	RADIATION ONC	6.6	7.1	6.9	6.6	0.0	-	0.30	6.9	0.3

	PPE BUDGET	4/14/2019	4/28/2019	5/12/2019	Variance from Bud	LAST PAY PERIOD		YTD	from budget
						Increase	Decrease		
661 MEDICAL ONC	6.0	6.1	6.1	5.8	(0.2)	-	0.27	6.0	(0.0)
700 LABORATORY	31.1	29.7	28.6	30.7	(0.4)	2.17	-	29.9	(1.2)
701 HISTOLOGY	2.0	1.9	2.0	1.9	(0.1)	-	0.08	2.0	(0.0)
702 BLOOD BANK	1.0	1.1	1.1	1.0	0.0	-	0.09	1.1	0.1
710 RADIOLOGY	9.7	8.6	8.9	8.6	(1.1)	-	0.32	8.9	(0.8)
711 MAMMOGRPAHY	1.6	1.1	1.4	1.1	(0.5)	-	0.31	1.2	(0.4)
712 ULTRASOUND	2.8	3.1	2.9	4.3	1.6	1.43	-	3.1	0.3
713 NUC MED	1.6	2.1	1.9	2.3	0.7	0.40	-	1.7	0.1
714 CAT SCAN	4.7	4.3	4.4	4.7	(0.0)	0.27	-	4.5	(0.2)
715 MRI	1.3	1.2	1.1	1.2	(0.1)	0.07	-	1.2	(0.1)
716 PET SCAN	0.1	-	-	-	(0.1)	-	-	0.0	(0.1)
717 ECHOCARDIOGRAPHY	1.3	-	0.1	-	(1.3)	-	0.11	0.8	(0.4)
720 RESPIRATORY	6.0	7.2	5.2	5.2	(0.8)	-	0.03	6.4	0.4
721 SLEEP LAB	2.3	2.0	2.0	1.8	(0.5)	-	0.17	1.8	(0.5)
722 CARDIO	2.3	2.8	2.8	2.8	0.5	-	0.00	2.3	0.0
723 CARDIAC REHAB	2.4	2.3	2.3	2.3	(0.1)	-	-	2.3	(0.1)
730 PHYSICAL THERAPY	3.5	3.6	3.7	3.7	0.2	0.00	-	3.4	(0.1)
780 PATIENT ED	2.0	0.8	0.6	0.9	(1.1)	0.31	-	0.8	(1.2)
781 SOCIAL SERVICES	1.0	1.0	1.0	1.0	-	-	-	1.0	-
782 QUALITY & ACCREDIT	4.0	3.9	3.7	3.9	(0.1)	0.22	-	4.2	0.2
783 INFECTION CONTROL	2.0	1.7	0.9	0.9	(1.1)	0.04	-	1.8	(0.2)
784 COMPLIANCE	3.0	3.0	3.0	3.0	0.0	-	-	2.8	(0.2)
786 NURSING INFORMATICS	3.0	3.0	3.0	3.0	-	-	-	3.0	0.0
790 HEALTH INFORMATION	12.6	12.0	13.0	13.1	0.5	0.18	-	12.9	0.3
791 CASE MANAGEMENT	5.3	5.2	4.4	4.1	(1.2)	-	0.29	5.2	(0.1)
800 MAINTENANCE	11.7	12.0	12.0	11.7	(0.0)	-	0.37	11.6	(0.1)
801 HOUSEKEEPING	23.5	25.1	25.3	25.0	1.5	-	0.28	23.6	0.1
802 LAUNDRY	6.5	6.6	6.6	6.6	0.1	0.03	-	6.4	(0.1)
803 BIO MED	2.0	1.0	1.1	1.2	(0.8)	0.03	-	1.0	(1.0)
810 SECURITY	8.3	8.2	8.0	8.0	(0.3)	-	0.02	8.1	(0.2)
811 EMERGENCY MGMT	0.1	0.2	0.8	0.2	0.1	-	0.56	0.1	0.0
850 PURCHASING	5.0	5.0	5.0	5.0	-	-	-	5.0	0.0
855 CENTRAL SUPPLY	3.0	3.0	3.0	3.0	-	-	-	3.0	0.0
870 DIETARY	17.6	16.3	17.7	18.7	1.1	1.02	-	17.2	(0.4)
871 DIETICIANS	1.5	2.0	2.0	2.0	0.5	-	-	1.6	0.1
900 ADMINISTRATION	6.0	6.0	6.0	6.0	-	-	-	6.0	-
901 COMM SVC	1.0	1.0	1.0	1.0	-	-	-	1.0	-
902 MED STAFF SVC	2.5	2.8	2.8	2.8	0.3	-	-	2.6	0.1
903 MHSC FOUNDATION	1.3	1.5	1.5	1.5	0.2	0.01	-	1.2	(0.1)
904 VOLUNTEER SRV	1.0	1.0	1.0	1.0	-	-	-	1.0	-
905 NURSING ADMIN	4.3	3.8	3.8	4.0	(0.3)	0.22	-	4.1	(0.2)
907 PHYSICIAN RECRUIT	1.0	1.0	1.0	1.0	-	-	-	1.0	-
910 INFORMATION SYSTEMS	8.0	9.0	7.6	7.0	(1.0)	-	0.62	7.9	(0.1)
920 HUMAN RESOURCES	4.6	4.8	4.8	4.9	0.3	0.10	-	4.5	(0.1)
930 FISCAL SERVICES	5.0	4.8	4.8	4.8	(0.2)	0.02	-	4.8	(0.2)
940 BUSINESS OFFICE	14.0	13.8	13.7	13.7	(0.3)	0.02	-	13.5	(0.5)
941 ADMITTING	13.4	16.1	16.2	15.2	1.8	-	0.93	15.3	1.9
942 COMMUNICATION	3.0	3.5	3.3	2.9	(0.1)	-	0.44	2.9	(0.1)
943 CENTRAL SCHEDULING	4.0	4.0	4.1	4.0	0.0	-	0.05	3.8	(0.2)
948 NEW ORTHO	1.0	-	-	-	(1.0)	-	-	0.0	(1.0)
949 DENKER	3.0	3.0	3.0	3.0	0.0	0.01	-	3.1	0.1
950 OLIVER	3.1	2.2	2.3	2.3	(0.8)	-	0.06	2.7	(0.4)
952 NEW PULMONOLOGIST	2.0	-	-	-	(2.0)	-	-	0.0	(2.0)
953 STEWART	2.5	1.0	1.0	1.0	(1.5)	-	-	1.1	(1.4)
954 WHEELER	3.0	1.0	1.0	1.0	(2.0)	-	-	1.2	(1.8)
956 KATTAN	3.5	1.0	1.0	1.0	(2.5)	-	-	1.2	(2.3)
957 STARLA LETTE	2.0	1.0	1.0	1.0	(1.0)	-	-	1.1	(0.9)
958 VERONESE	-	-	-	-	-	-	-	0.1	-
959 GREWAL	3.0	1.0	1.0	1.0	(2.0)	-	-	1.2	(1.8)
960 SANDERS PA	2.0	1.0	1.0	1.0	(1.0)	-	-	1.2	(0.8)
961 DANSIE	2.5	1.0	0.9	1.0	(1.5)	0.13	-	1.1	(1.4)
962 BOWERS	2.0	0.7	0.7	0.6	(1.5)	-	0.10	0.8	(1.2)
963 LONG	3.0	0.9	0.9	1.0	(2.0)	0.10	-	1.0	(2.0)
964 JAKE JOHNSON	2.0	1.0	1.0	1.0	(1.0)	-	-	1.0	(1.0)
966 OCC MED	1.0	1.1	1.0	1.1	0.1	0.10	-	1.1	0.1
967 PA PALINEK	1.5	1.0	1.0	0.9	(0.6)	-	0.10	0.5	(1.0)
969 PAWAR	2.0	2.0	2.0	2.1	0.1	0.06	-	2.0	0.0
970 CROFTS	2.5	1.0	1.0	1.0	(1.5)	-	-	1.1	(1.4)
971 WAMSUTTER CLINIC	1.0	1.5	1.9	1.7	0.7	-	0.28	1.8	0.8
972 FARSON CLINIC	-	-	-	-	-	-	-	0.0	-
973 LAURIDSEN	1.0	1.0	0.9	0.9	(0.1)	-	-	0.9	(0.1)
974 SMG ADMIN/BILLING	13.5	41.0	40.7	41.4	27.9	0.78	-	35.5	22.0
976 LEHMAN	2.0	0.9	0.8	1.0	(1.0)	0.23	-	0.9	(1.1)
978 HOSPITALIST	4.2	2.6	1.4	1.6	(2.6)	0.20	-	3.4	(0.8)
980 JENSEN	1.0	1.0	1.0	1.0	-	-	-	0.9	(0.1)
981 CROFT	1.0	1.0	1.0	1.0	-	-	-	1.0	-
982 CHRISTENSEN	3.0	1.0	1.0	1.0	(2.0)	-	-	1.2	(1.8)
986 HANSON	1.0	1.0	1.0	1.0	-	-	-	0.3	(0.7)
988 CURRY	2.0	1.5	1.4	1.7	(0.3)	0.32	-	0.3	(1.7)
990 NEW PEDIATRICIAN	-	-	-	-	-	-	-	1.4	1.4
991 JAMIAS	2.0	1.0	1.0	1.0	(1.0)	-	-	0.0	(2.0)
992 ASPER	1.0	1.0	1.0	1.0	-	-	-	1.1	0.1
993 LIU	2.0	1.0	1.0	1.0	(1.0)	-	-	1.1	(0.9)
994 DUCK	2.0	-	1.1	0.2	(1.8)	-	0.88	1.0	(1.0)
996 SARETTE	0.6	-	2.0	0.8	0.2	-	1.20	0.7	0.1
997 OUTSIDE CLINICS	0.5	0.1	-	-	(0.5)	-	-	1.0	0.5
TOTAL Paid FTEs (no Contr	462.9	459.3	451.2	454.5		3.3	-	449.6	(13.3)

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Ten months ending April 30, 2019

PAYOR MIX DATA

HOSPITAL	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	15.91%	16.83%	18.37%
Blue Cross	23.06%	22.16%	23.66%
Medicaid	8.64%	8.86%	9.99%
Medicare	40.22%	40.80%	36.77%
Self Pay	9.18%	8.61%	9.42%
Other	2.99%	2.73%	1.79%
TOTAL	100%	100%	100%

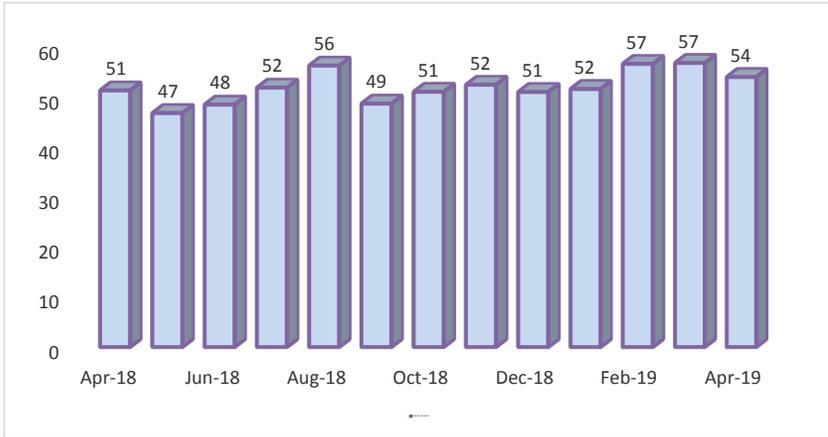
CLINIC	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	29.02%	27.07%	28.94%
Blue Cross	29.13%	28.88%	30.49%
Medicaid	14.07%	12.87%	14.70%
Medicare	22.57%	25.03%	19.07%
Self Pay	4.91%	5.77%	6.18%
Other	0.29%	0.39%	0.62%
TOTAL	100%	100%	100%

ORTHO CLINIC	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	53.36%	42.83%	39.50%
Blue Cross	13.68%	21.61%	27.91%
Medicaid	4.77%	3.63%	6.32%
Medicare	22.02%	26.85%	23.02%
Self Pay	5.87%	4.02%	2.71%
Other	0.29%	1.05%	0.54%
TOTAL	100%	100%	100%

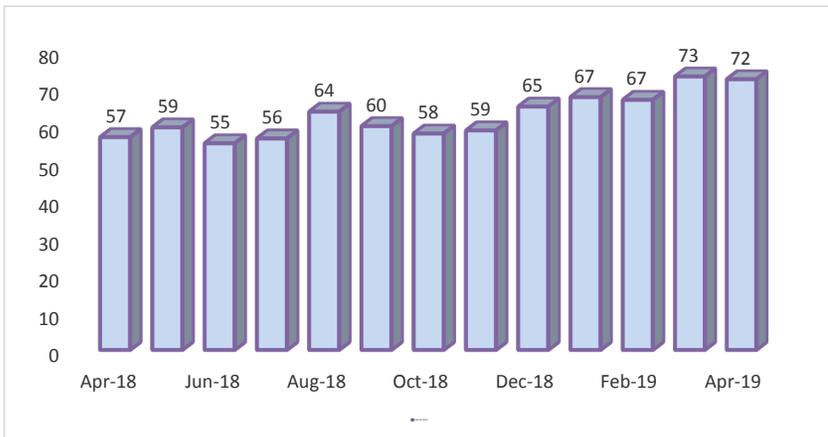
COMBINED	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	17.72%	18.12%	19.86%
Blue Cross	23.58%	22.77%	24.39%
Medicaid	9.16%	9.16%	10.34%
Medicare	38.16%	39.17%	34.80%
Self Pay	8.70%	8.29%	8.96%
Other	2.68%	2.49%	1.65%
TOTAL	100%	100%	100%

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
DAYS IN A/R
04/30/19**

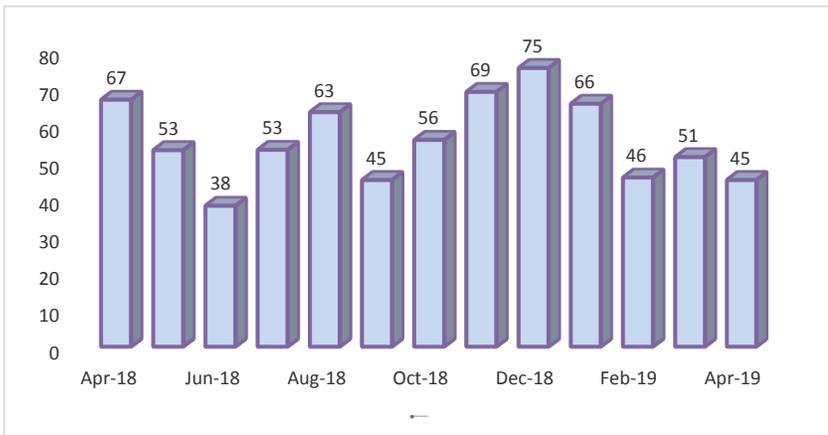
	HOSPITAL A/R DAYS
Apr-18	51
May-18	47
Jun-18	48
Jul-18	52
Aug-18	56
Sep-18	49
Oct-18	51
Nov-18	52
Dec-18	51
Jan-19	52
Feb-19	57
Mar-19	57
Apr-19	54



	CLINIC A/R DAYS
Apr-18	57
May-18	59
Jun-18	55
Jul-18	56
Aug-18	64
Sep-18	60
Oct-18	58
Nov-18	59
Dec-18	65
Jan-19	67
Feb-19	67
Mar-19	73
Apr-19	72



	ORTHO A/R DAYS
Apr-18	67
May-18	53
Jun-18	38
Jul-18	53
Aug-18	63
Sep-18	45
Oct-18	56
Nov-18	69
Dec-18	75
Jan-19	66
Feb-19	46
Mar-19	51
Apr-19	45



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

FY 2019

BARY J WALKER	\$3,000.00
CROWLEY FLECK ATTORNEYS	\$8,495.00
DRAY, DYEKMAN, REED & HEALEY PC	\$12,055.16
SETTLEMENTS	\$100,656.81
PHILLIPS LAW, LLC	\$82,419.88
KING & SPALDING, LLP	\$7,094.09
Total FYTD 2019	\$213,720.94

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR APRIL 2019**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	691	7,799,630.25
CAPITAL EQUIPMENT (PLANT FUND)	9	359,293.31
CONSTRUCTION IN PROGRESS (BUILDING FUND)	3	114,638.48
PAYROLL APRIL 1, 2019	N/A	1,363,891.76
PAYROLL APRIL 14, 2019	N/A	1,325,847.46
PAYROLL APRIL 28, 2019	N/A	1,305,710.07
TOTAL CASH OUTFLOW	<hr/> <hr/>	<hr/> <hr/> \$8,273,562.04
CASH COLLECTIONS		\$7,957,510.45
INCREASE/DECREASE IN CASH		\$ (316,051.59)

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2019**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002181	7/19/2018	CHEETAH MEDICAL, INC	18,675.00	CARDIAC MONITORING SYS		
002182	7/19/2018	HITACHI HEALTHCARE AMERICAS COI	30,574.00	MERGE UNITY		
002183	7/19/2018	LOOKING GLASS SYSTEMS, LLC	29,375.00	ARIA-LOOKING GLASS SOFTWARE		
002184	7/19/2018	WAXIE SANITARY SUPPLY	7,023.40	FLOOR SCRUBBER		
002185	7/25/2018	MARK COSTELLO COMPANY	8,985.00	AUTOCLAVE CARTS		
002186	7/25/2018	SIEMENS MEDICAL SOLUTIONS USA	8,618.80	CT SCANNER		
002187	7/25/2018	MERGE HEALTHCARE SOLUTIONS, INC	21,772.83	RADIFORCE COLOR MONITORS		
002187	7/25/2018	MERGE HEALTHCARE SOLUTIONS, INC	8,931.26	MERGE UNITY		
JULY TOTALS					133,955.29	133,955.29

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002188	8/1/2018	ACCURATE ENTERPRISED	12,020.50	SPRINKLER SYSTEM/COLLEGE DRIVE		
AUGUST TOTALS					12,020.50	145,975.79

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002191	9/27/2018	CODALE ELECTRIC SUPPLY, INC	3,887.50	PARKING LOT LIGHTS		
002189	9/6/2018	CDW GOVERNMENT LLC	9,043.11	ARIA		
002190	9/27/2018	ACCURATE ENTERPRISES(ANNA M RAI	12,020.50	SPRINKLER SYSTEM/COLLEGE DRIVE		
SEPTEMBER TOTALS					24,951.11	170,926.90

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002192	10/3/2018	CODALE ELECTRIC SUPPLY, INC	2,250.76	PARKING LOT LIGHTS		
002193	10/3/2018	LOOKING GLASS SYSTEMS, LLC	2,054.66	ARIA		
002194	10/12/2018	ROCKY MOUNTAIN POWERSPORTS & /	6,986.80	CAN AM 4 WHEELER		
002195	10/17/2018	CDW GOVERNMENT LLC	1,020.16	ARIA		
002196	10/17/2018	KARL STORZ ENDOSCOPY-AMERICA	30,043.18	FLEXIBLE VIDEO SCOPE		
002197	10/24/2018	CDW GOVERNMENT LLC	438.20	ARIA		
002198	10/24/2018	EDGEWAVE, INC	24,959.00	IPRISM INTERNET FILTER		
002199	10/24/2018	QUADRAMED CORPORATION	117,150.00	QUADRAMED UPGRADE		
002200	10/31/2018	CDW GOVERNMENT LLC	1,039.90	ARIA		
002201	10/31/2018	MARK COSTELLO COMPANY	9,619.00	AUTOCLAVE CARTS		
OCTOBER TOTALS					195,561.66	366,488.56

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002202	11/7/2018	DELL COMPUTER CORPORATION	55,637.84	DESKTOP COMPUTERS		
002203	11/7/2018	MNJ TECHNOLOGIES DIRECT, INC	16,985.30	WAN BANDWIDTH UPGRADE		
002204	11/14/2018	CDW GOVERNMENT LLC	32,652.00	LAPTOPS		
002205	11/28/2018	HEALTHCARESOURCE HR, INC.	84,653.00	HEALTHCARE SOURCE HR		
002206	11/28/2018	VENTURE TECHNOLOGIES (ISC, INC)	150,202.66	VIRTUAL SERVER UPGRAGE		
002207	11/28/2018	MITCHELL ACOUSTICS, INC	4,548.95	MEDICAL IMAGING CBILING TILES		
002208	11/28/2018	NEXTGEN HEALTHCARE,INC.	12,000.00	MIRTH CONNECT INTERFACE ENGINE		
NOVEMBER TOTALS					356,679.75	723,168.31

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002209	12/5/2018	OWENS & MENOR 90005430	11,002.40	WALL MOUNTED OTOSCOPES		
002210	12/12/2018	NEXTGEN HEALTHCARE,INC.	4,000.00	MIRTH CONNECT INTERFACE ENGINE		
002211	12/19/2018	FISHER HEALTHCARE	6,614.70	CELL WASHER		
002211	12/19/2018	FISHER HEALTHCARE	5,914.94	-30 DEGREE FREEZER		
002212	12/19/2018	VENTURE TECHNOLOGIES (ISC, INC)	5,640.00	VIRTUAL SERVER UPGRADE		
002213	12/19/2018	PHILIPS HEALTHCARE	11,529.61	TRILOGY TRANSPORT SYSTEM		
002214	12/19/2018	SDFI-TELEMEDICINE LLC	25,500.00	SANE EVIDENCE CAMERA		
002215	12/19/2018	UNLIMITED TECHNOLOGY SYSTEMS, I	4,926.00	CENTRICITY SOFTWARE UPDATE		
DECEMBER TOTALS					75,127.65	798,295.96

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002216	1/3/2019	FISHER HEALTHCARE	808.94	CELL WASHER		
002217	1/9/2019	FISHER HEALTHCARE	185.01	-30 DEGREE FREEZER		
002218	1/9/2019	QUADRAMED CORPORATION	58,575.00	QUADRAMED UPGRADE		
002219	1/9/2019	OLYMPUS AMERICA INC	10,304.73	PERCUTANEOUS NEPHROLOGY SYSTEM		
002220	1/17/2019	KARL STORZ ENDOSCOPY-AMERICA	15,313.58	PEDIATRIC FOREIGN BODY REMOVAL		
002221	1/23/2019	UNLIMITED TECHNOLOGY SYSTEMS, I	4,926.00	CENTRICITY SOFTWARE UPDATE		
002222	1/30/2019	KONICA MINOLTA MEDICAL IMAGING	27,891.00	DR BRIDGE PROGRAM		
JANUARY TOTALS					118,004.26	916,300.22

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002223	2/7/2019	OLYMPUS AMERICA INC	1,016.49	QUADRAMED UPGRADE		
002224	2/27/2019	QUADRAMED CORPORATION	917.73	QUADRAMED UPGRADE		
FEBRUARY TOTALS					1,934.22	918,234.44

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002225	3/14/2019	STERIS CORPORATION	111,574.21	STERIS V-PRO MAX STERILIZER		
002226	3/14/2019	SURGICAL DIRECT	6,058.49	AUTOCLAVE CYTOSCOPE		
002227	3/21/2019	SURGICAL DIRECT	6,057.99	AUTOCLAVE CYTOSCOPE		
MARCH TOTALS					123,690.69	1,041,925.13

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002228	4/4/2019	VAUGHNS PLUMBING & HEATING	2,401.43	WALK-IN COOLER AND FREEZER WITH/RENOVATION		
002229	4/4/2019	WERNLI, INC.	59,255.00	WALK-IN COOLER AND FREEZER WITH/RENOVATION		
002230	4/11/2019	VENTURE TECHNOLOGIES (ISC, INC)	82,732.50	REPLACE CORE SWITCHES		
002231	4/11/2019	OLYMPUS AMERICA INC	2,970.88	ENDOSCOPIC SYSTEM		
002232	4/11/2019	STRYKER ENDOSCOPY	13,598.91	STRYKER 32" 4K SURGICAL MONITOR		
002233	4/18/2019	BARD ACCESS SYSTEMS	35,125.00	VISION ULTRASOUND		
002234	4/18/2019	QUADRAMED CORPORATION	910.28	QUADRAMED ELECTRONIC UPGRADE		
002235	4/25/2019	OLYMPUS AMERICA INC	16,556.61	ENDOSCOPIC SYSTEM		
002236	4/25/2019	GE MEDICAL SYSTEMS INFO TECH	145,742.70	MUSE CARDIOLOGY IS		
APRIL TOTALS					359,293.31	1,401,218.44

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2019**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
000999	7/19/2018	INSULATION INC.	1,115.48	ASBESTOS SURBEY - MOB		
001000	7/19/2018	PLAN ONE/ARCHITECTS	1,743.00	MHSC DUCT RENOVATION		
W/T	7/17/2018	WF DEBT SERVICES	110,584.76	WF DEBT SERVICES		
JULY TOTALS					113,443.24	113,443.24

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001001	8/9/2018	PLAN ONE/ARCHITECTS	622.50	MHSC DUCT RENOVATION		
W/T	8/15/2018	WF DEBT SERVICES	110,584.76	WF DEBT SERVICES		
AUGUST TOTALS					111,207.26	224,650.50

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001002	9/6/2018	PLAN ONE/ARCHITECTS	622.50	MHSC DUCT RENOVATION		
W/T	9/14/2018	WF DEBT SERVICES	109,765.48	WF DEBT SERVICES		
SEPTEMBER TOTALS					110,387.98	335,038.48

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001003	10/3/2018	WESTERN ENGINEERS	7,804.21	MHSC DUCT RENOVATION		
001004	10/10/2018	PLAN ONE/ARCHITECTS	1,245.00	MHSC DUCT RENOVATION		
001005	10/3/2018	WESTERN ENGINEERS	2,612.50	MHSC DUCT RENOVATION		
W/T	10/12/2018	WF DEBT SERVICES	109,765.48	WF DEBT SERVICES		
OCTOBER TOTALS					121,427.19	456,465.67

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001006	11/7/2018	PLAN ONE/ARCHITECTS	1,245.00	MHSC DUCT RENOVATION		
001007	11/14/2018	A. PLEASANT CONSTRUCTION, INC	127,773.00	MHSC DUCT RENOVATION		
W/T	11/13/2018	WF DEBT SERVICES	109,765.48	WF DEBT SERVICES		
NOVEMBER TOTALS					238,783.48	695,249.15

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001008	12/5/2018	A. PLEASANT CONSTRUCTION, INC	122,643.00	MHSC DUCT RENOVATION		
001009	12/12/2018	A. PLEASANT CONSTRUCTION, INC	64,032.80	CT REPLACEMENT		
001010	12/19/2018	PLAN ONE/ARCHITECTS	2,407.50	DUCT RENO/PRIVATE CHEMO ROOM		
001011	12/19/2018	SHADOW MOUNTAIN WATER CO, '	1,500.00	MHSC DUCT RENOVATION		
W/T	12/17/2018	WF DEBT SERVICES	109,765.48	WF DEBT SERVICE		
DECEMBER TOTALS					300,348.78	995,597.93

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001012	1/3/2019	WESTERN ENGINEERS & GEOLOGI	2,006.00	RETAINING WALL		
001013	1/9/2019	PLAN ONE/ARCHITECTS	3,727.50	DUCT RENO/PRIVATE CHEMO ROOM		
W/T	1/18/2019	WF DEBT SERVICES	109,765.48	WF DEBT SERVICE		
JANUARY TOTALS					115,498.98	1,111,096.91

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001014	2/7/2019	A. PLEASANT CONSTRUCTION, INC	27,824.00	MHSC DUCT RENOVATION		
001015	2/21/2019	WESTERN ENGINEERS & GEOLOGI	1,020.00	RETAINING WALL		
001016	2/27/2019	PLAN ONE/ARCHITECTS	2,270.16	DUCT RENO/CT REPLACEMENT		
W/T	2/15/2019	WELLS FARGO	109,765.48	WF DEBT SERVICE		
FEBRUARY TOTALS					140,879.64	1,251,976.55

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001017	3/21/2019	PARADISE FLOORING & DESIGN IN	755.00	KITCHEN RENO		
W/T	3/18/2019	WELLS FARGO	108,210.68	WF DEBT SERVICE		
MARCH TOTALS					108,965.68	1,360,942.23

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001018	4/18/2019	STATE FIRE DC SPECIALTIES (INTE	4,927.80	RE-DO SPRINKLER HEADS		
001019	4/25/2019	DANIEL DORMAN	1,500.00	FREEZER AREA FLOOR PREP		
W/T	4/16/2019	WELLS FARGO	108,210.68	WF DEBT SERVICE		
APRIL TOTALS					114,638.48	1,475,580.71

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS

4/30/19

Amount	Description
26,865.30	Advertising Total
5,287.27	Billing Services Total
12,456.58	Blood Services Total
30,150.00	Building Lease Total
2,337.99	Cellular Telephone Total
46,364.69	Collection Agency Total
12,404.70	Computer Equipment Total
496.46	Consulting Fees Total
346,489.83	Contract Maintenance Total
97,203.23	Contract Personnel Total
294.66	Courier Services Total
27,315.15	Dental Insurance Total
6,661.91	Dialysis Supplies Total
2,204.00	Education & Travel Total
1,545.50	Employee Recruitment Total
6,418.57	Employee Vision Plan Total
104,590.74	Equipment Lease Total
46,877.73	Food Total
1,311.00	Foundation Other Expenses Total
7,721.88	Freight Total
770.46	Fuel Total
1,921.87	Garbage Collection Total
489,604.55	Group Health Total
315.34	Guest Relation Total
274,709.95	Hospital Supplies Total
33,482.78	Insurance Premiums Total
9,735.21	Insurance Refund Total
10.00	Internet Services Total
70,265.85	Laboratory Services Total
101,738.20	Laboratory Supplies Total
617.05	Laundry Supplies Total
16,392.76	Legal Fees Total
2,267.04	Linen Total
116,475.69	Locum Tenens Total
51,948.00	Maintenance & Repair Total
15,964.69	Maintenance Supplies Total
775.00	Marketing & Promotional Supplies Total
1,013.75	Med Surg Supplies Total
2,510.88	MHSC Foundation Total
1,204.07	Minor Equipment Total
637.00	Monthly Pest Control Total
9,496.30	Non Medical Supplies Total
13,611.97	Office Supplies Total
6,677.96	Other Employee Benefits Total
50.00	Other Expenses Total
1,376.00	Other Medical Surgical Supplies Total
412.52	Other Non Medical Surgical Supplies Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

Check Number	Date	Vendor Check Name	Amount	Description
162298	4/11/2019	PIO.COM, INC	1,117.20	Advertising
162322	4/11/2019	SWEETWATER NOW, LLC	900.00	Advertising
162327	4/11/2019	THE RADIO NETWORK	2,916.65	Advertising
162466	4/25/2019	BIGHORN DESIGN STUDIO, LLC	83.00	Advertising
162467	4/25/2019	BIG THICKET BROADCASTING	4,880.00	Advertising
162469	4/25/2019	BRIDGER VALLEY PIONEER	1,000.00	Advertising
162519	4/25/2019	KEMMERER GAZETTE	1,150.00	Advertising
162550	4/25/2019	PINEDALE ROUNDUP	950.00	Advertising
162569	4/25/2019	SUBLETTE EXAMINER	1,488.50	Advertising
162573	4/25/2019	SWEETWATER NOW, LLC	1,850.00	Advertising
EFT00000004744	4/11/2019	LAMAR ADVERTISING	2,764.00	Advertising
EFT00000004747	4/11/2019	ROCKET MINER	6,543.01	Advertising
EFT00000004749	4/11/2019	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT00000004788	4/25/2019	GREEN RIVER STAR	905.00	Advertising
EFT00000004794	4/25/2019	ROCKET MINER	37.94	Advertising
162251	4/11/2019	EXPRESS MEDICAID BILLING SERV	927.17	Billing Services
162439	4/18/2019	TRUE COMMERCE, INC	110.10	Billing Services
162553	4/25/2019	RECONDO TECHNOLOGY, INC	4,250.00	Billing Services
162337	4/11/2019	VITALANT	12,456.58	Blood Services
162488	4/25/2019	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
162496	4/25/2019	BIG SANDY CLINIC	2,200.00	Building Lease
162510	4/25/2019	HILLTOP PROPERTIES, LLC	24,450.00	Building Lease
162335	4/11/2019	VERIZON WIRELESS, LLC	2,337.99	Cellular Telephone
162443	4/18/2019	WAKEFIELD & ASSOCIATES, INC.	46,364.69	Collection Agency
162111	4/4/2019	CDW GOVERNMENT LLC	3,800.00	Computer Equipment
162359	4/18/2019	CDW GOVERNMENT LLC	5,700.00	Computer Equipment
162368	4/18/2019	DELL COMPUTER CORPORATION	2,466.50	Computer Equipment
162474	4/25/2019	CDW GOVERNMENT LLC	438.20	Computer Equipment
162202	4/4/2019	WOODARD & CURRAN INC.	496.46	Consulting Fees
162116	4/4/2019	CLINICAL COMPUTER SYSTEM INC.	53,949.00	Contract Maintenance
162138	4/4/2019	HEALTHSTREAM INC.	1,263.86	Contract Maintenance
162162	4/4/2019	MICRO-TEL	2,834.00	Contract Maintenance
162210	4/11/2019	ABILITY NETWORK INC	733.00	Contract Maintenance
162220	4/11/2019	AMERICAN TELEMEDICINE CONNECT CONSORTIUM, INC.	4,309.84	Contract Maintenance
162235	4/11/2019	CHANGE HEALTHCARE SOLUTIONS, LLC	11,993.32	Contract Maintenance
162239	4/11/2019	COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES	375.00	Contract Maintenance
162254	4/11/2019	FLEXENTIAL CORP.	8,858.04	Contract Maintenance
162262	4/11/2019	HENRY SCHEIN PRACTICE SOLUTIONS	841.50	Contract Maintenance
162267	4/11/2019	INTOUCH HEALTH	9,050.00	Contract Maintenance
162269	4/11/2019	ISI WATER CHEMISTRIES	2,315.00	Contract Maintenance
162300	4/11/2019	PROVIDER ADVANTAGE NW INC	1,140.00	Contract Maintenance
162334	4/11/2019	VARIAN MEDICAL SYSTEMS, INC	184,272.00	Contract Maintenance
162339	4/11/2019	SENCORP WHITE, INC	4,839.25	Contract Maintenance
162345	4/18/2019	ACCRUENT LLC	3,438.14	Contract Maintenance
162383	4/18/2019	HEALTHCARE SOLUTIONS OF NC	1,024.00	Contract Maintenance
162388	4/18/2019	ISC, INC dba VENTURE TECHNOLOGIES	608.04	Contract Maintenance
162395	4/18/2019	MCKESSON HEALTH SOLUTIONS	69.12	Contract Maintenance
162406	4/18/2019	NEXTGEN HEALTHCARE, INC.	587.00	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162411	4/18/2019	PHILIPS HEALTHCARE	1,401.21	Contract Maintenance
162425	4/18/2019	SOUTHWESTERN BIOMEDICAL ELECT.	950.00	Contract Maintenance
162527	4/25/2019	MCKESSON HEALTH SOLUTIONS	4,685.00	Contract Maintenance
162545	4/25/2019	OPTIMIS CORP	200.00	Contract Maintenance
162548	4/25/2019	PHILIPS HEALTHCARE	3,231.87	Contract Maintenance
162551	4/25/2019	QUADRAMED	1,590.72	Contract Maintenance
162554	4/25/2019	REMI CORPORATION	2,739.79	Contract Maintenance
162559	4/25/2019	SIEMENS MEDICAL SOLUTIONS USA	8,973.00	Contract Maintenance
162561	4/25/2019	SOUTHWESTERN BIOMEDICAL ELECT.	275.00	Contract Maintenance
EFT000000004714	4/4/2019	ARRENDALE ASSOCIATES, INC	1,200.00	Contract Maintenance
EFT000000004732	4/4/2019	STATE FIRE DC SPECIALTIES	1,630.00	Contract Maintenance
EFT000000004735	4/11/2019	ARRENDALE ASSOCIATES, INC	1,200.00	Contract Maintenance
EFT000000004740	4/11/2019	COLORADO DOCUMENT SECURITY	2,308.00	Contract Maintenance
EFT000000004775	4/18/2019	STATE FIRE DC SPECIALTIES	11,003.40	Contract Maintenance
EFT000000004796	4/25/2019	STATE FIRE DC SPECIALTIES	150.00	Contract Maintenance
EFT000000004797	4/25/2019	T-SYSTEM, INC	8,249.33	Contract Maintenance
WWT	4/4/2019	ZENITH	128.40	Contract Maintenance
WWT	4/19/2019	CARE CLOUD	349.00	Contract Maintenance
WWT	4/22/2019	GATEWAY EDI	3,725.00	Contract Maintenance
162132	4/4/2019	FOCUSONE SOLUTIONS LLC	19,598.09	Contract Personnel
162250	4/11/2019	ELWOOD STAFFING SERVICES, INC	10,136.59	Contract Personnel
162255	4/11/2019	FOCUSONE SOLUTIONS LLC	19,145.87	Contract Personnel
162376	4/18/2019	FOCUSONE SOLUTIONS LLC	16,891.74	Contract Personnel
162497	4/25/2019	ELWOOD STAFFING SERVICES, INC	5,953.80	Contract Personnel
162504	4/25/2019	FOCUSONE SOLUTIONS LLC	25,477.14	Contract Personnel
162571	4/25/2019	SUSAN K CROFUTT	294.66	Courier Services
162125	4/4/2019	DELTA DENTAL	1,542.80	Dental Insurance
162245	4/11/2019	DELTA DENTAL	24,237.15	Dental Insurance
162490	4/25/2019	DELTA DENTAL	1,535.20	Dental Insurance
162134	4/4/2019	FRESENIUS USA MANUFACTURING	415.65	Dialysis Supplies
162256	4/11/2019	FRESENIUS USA MANUFACTURING	2,321.21	Dialysis Supplies
162261	4/11/2019	HENRY SCHEIN INC	26.49	Dialysis Supplies
162377	4/18/2019	FRESENIUS USA MANUFACTURING	3,704.24	Dialysis Supplies
162508	4/25/2019	HENRY SCHEIN INC	194.32	Dialysis Supplies
162423	4/18/2019	SKILL PATH SEMINARS	849.00	Education & Travel
162509	4/25/2019	HFMA	425.00	Education & Travel
EFT000000004727	4/4/2019	R.S. CHAMBER OF COMMERCE	30.00	Education & Travel
EFT000000004777	4/18/2019	WESTERN WYOMING COLLEGE	900.00	Education & Travel
EFT000000004743	4/11/2019	INSIGHT INVESTIGATIONS, INC	825.50	Employee Recruitment
EFT000000004751	4/11/2019	SST TESTING +, INC.	720.00	Employee Recruitment
162336	4/11/2019	VISION SERVICE PLAN - WY	6,418.57	Employee Vision Plan
162135	4/4/2019	GE HEALTHCARE FINANCIAL SERVICES	22,661.09	Equipment Lease
162199	4/4/2019	US BANK EQUIPMENT FINANCE	565.50	Equipment Lease
162237	4/11/2019	CISCO SYSTEMS CAPITAL CORP	16,131.08	Equipment Lease
162297	4/11/2019	PITNEY BOWES GLOBAL FINANCIAL SERVICES, LLC	1,149.48	Equipment Lease
162313	4/11/2019	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
162333	4/11/2019	US BANK EQUIPMENT FINANCE	778.27	Equipment Lease
162363	4/18/2019	COPIER & SUPPLY COMPANY	279.66	Equipment Lease
162422	4/18/2019	SHADOW MOUNTAIN WATER CO ,WY	27.00	Equipment Lease

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162442	4/18/2019	US BANK EQUIPMENT FINANCE	901.70	Equipment Lease
162473	4/25/2019	CAREFUSION SOLUTIONS, LLC	20,524.00	Equipment Lease
162486	4/25/2019	COPIER & SUPPLY COMPANY	10,538.81	Equipment Lease
162513	4/25/2019	HP FINANCIAL SERVICES	292.36	Equipment Lease
162558	4/25/2019	SHADOW MOUNTAIN WATER CO , WY	422.18	Equipment Lease
162583	4/25/2019	US BANK EQUIPMENT FINANCE	870.12	Equipment Lease
EFT000000004752	4/11/2019	TIMEPAYMENT CORP	2,002.74	Equipment Lease
W/T	4/8/2019	SIEMENS EDI	9,017.12	Equipment Lease
162129	4/4/2019	F B MCFADDEN WHOLESALE	5,227.39	Food
162149	4/4/2019	LLORENS PHARMACEUTICAL INTERNATIONAL DIVISION INC	341.10	Food
162155	4/4/2019	MEADOW GOLD DAIRY	1,398.09	Food
162165	4/4/2019	NICHOLAS & CO INC	6,595.40	Food
162192	4/4/2019	SYSCO INTERMOUNTAIN FOOD	5,563.75	Food
162201	4/4/2019	WESTERN WYOMING BEVERAGES INC	1,284.75	Food
162252	4/11/2019	F B MCFADDEN WHOLESALE	3,014.32	Food
162281	4/11/2019	LLORENS PHARMACEUTICAL INTERNATIONAL DIVISION INC	200.41	Food
162372	4/18/2019	F B MCFADDEN WHOLESALE	1,879.53	Food
162397	4/18/2019	MEADOW GOLD DAIRY	541.33	Food
162407	4/18/2019	NICHOLAS & CO INC	2,551.91	Food
162435	4/18/2019	SYSCO INTERMOUNTAIN FOOD	403.46	Food
162445	4/18/2019	WESTERN WYOMING BEVERAGES INC	696.90	Food
162500	4/25/2019	F B MCFADDEN WHOLESALE	2,576.89	Food
162529	4/25/2019	MEADOW GOLD DAIRY	957.13	Food
162543	4/25/2019	NICHOLAS & CO INC	7,884.04	Food
162575	4/25/2019	SYSCO INTERMOUNTAIN FOOD	1,574.99	Food
162589	4/25/2019	WESTERN WYOMING BEVERAGES INC	1,596.24	Food
EFT000000004718	4/4/2019	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	520.75	Food
EFT000000004719	4/4/2019	FARMER BROS CO	956.65	Food
EFT000000004764	4/18/2019	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	246.25	Food
EFT000000004767	4/18/2019	FARMER BROS CO	463.20	Food
EFT000000004786	4/25/2019	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	403.25	Food
162505	4/25/2019	GENTLE TOUCH DRY CLEANING	1,311.00	Foundation Other Expenses
162130	4/4/2019	FED EX	145.11	Freight
162373	4/18/2019	FED EX	25.50	Freight
162501	4/25/2019	FED EX	47.24	Freight
162580	4/25/2019	TRIOSE, INC	7,504.03	Freight
162304	4/11/2019	RED HORSE OIL COMPANIES INC	770.46	Fuel
162191	4/4/2019	SWEETWATER COUNTY SOLID WASTE	15.00	Garbage Collection
162319	4/11/2019	SWEETWATER COUNTY SOLID WASTE	15.00	Garbage Collection
EFT000000004754	4/11/2019	WWS - ROCK SPRINGS	1,891.87	Garbage Collection
W/T	4/5/2019	FURTHER FLEX 4/3/19	1,131.12	Group Health
W/T	4/19/2019	FURTHER FLEX 4/17/19	1,515.79	Group Health
W/T	4/12/2019	FURTHER FLEX 4/10/19	2,049.57	Group Health
W/T	4/17/2019	UUHP 4/16/19	2,156.41	Group Health
W/T	4/26/2019	FURTHER FLEX 4/24/19	2,540.31	Group Health
W/T	4/24/2019	UUHP 4/23/19	3,280.70	Group Health
W/T	4/4/2019	UUHP 4/3/19	3,963.42	Group Health
W/T	4/15/2019	UUHP 4/10/19	6,759.62	Group Health
W/T	4/19/2019	BLUE CROSS BLUE SHIELD	128,031.67	Group Health

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

WT	4/19/2019	BLUE CROSS BLUE SHIELD	166,727.61	Group Health
WT	4/5/2019	BLUE CROSS BLUE SHIELD	171,448.33	Group Health
162280	4/11/2019	LINCARE INC	315.34	Guest Relation
162092	4/4/2019	ABBOTT LABORATORIES	43.50	Hospital Supplies
162093	4/4/2019	AESCULAP INC	414.44	Hospital Supplies
162097	4/4/2019	APPLIED MEDICAL	204.00	Hospital Supplies
162099	4/4/2019	ARTHREX INC.	690.00	Hospital Supplies
162101	4/4/2019	BARD PERIPHERIAL VASCULAR INC	960.00	Hospital Supplies
162102	4/4/2019	BAYER HEALTHCARE LLC	1,856.82	Hospital Supplies
162104	4/4/2019	BECTON DICKINSON	1,038.00	Hospital Supplies
162105	4/4/2019	BIOMET SPORTS MEDICINE	240.00	Hospital Supplies
162107	4/4/2019	BOSTON SCIENTIFIC CORP	392.04	Hospital Supplies
162110	4/4/2019	CARDINAL HEALTH/V. MUELLER	185.08	Hospital Supplies
162121	4/4/2019	COOK MEDICAL INCORPORATED	2,893.30	Hospital Supplies
162122	4/4/2019	C.R. BARD, INC.	126.72	Hospital Supplies
162126	4/4/2019	EDGE PHARMACEUTICALS, LLC	292.86	Hospital Supplies
162140	4/4/2019	HILL-ROM	365.18	Hospital Supplies
162141	4/4/2019	HOLOGIC, INC.	4,193.00	Hospital Supplies
162145	4/4/2019	J & J HEALTH CARE SYSTEMS INC	2,226.41	Hospital Supplies
162152	4/4/2019	MARKET LAB, INC	131.77	Hospital Supplies
162154	4/4/2019	MCKESSON MEDICAL-SURGICAL	4,085.00	Hospital Supplies
162166	4/4/2019	OLYMPUS AMERICA INC	145.84	Hospital Supplies
162167	4/4/2019	OWENS & MINOR 90005430	13,806.95	Hospital Supplies
162168	4/4/2019	PERFORMANCE HEALTH SUPPLY INC	243.38	Hospital Supplies
162175	4/4/2019	ABBOTT NUTRITION	137.76	Hospital Supplies
162177	4/4/2019	SPACELABS MEDICAL	79.32	Hospital Supplies
162183	4/4/2019	STERIS CORPORATION	1,742.73	Hospital Supplies
162187	4/4/2019	LEICA BIOSYSTEMS RICHMOND	299.09	Hospital Supplies
162193	4/4/2019	TELEFLEX MEDICAL INC.	169.00	Hospital Supplies
162195	4/4/2019	TRI-ANIM HEALTH SERVICES INC	2,571.88	Hospital Supplies
162200	4/4/2019	WAXIE SANITARY SUPPLY	6,094.56	Hospital Supplies
162212	4/11/2019	AESCULAP INC	174.64	Hospital Supplies
162222	4/11/2019	APPLIED MEDICAL	108.00	Hospital Supplies
162223	4/11/2019	ARROW INTERNATIONAL, INC.	1,450.00	Hospital Supplies
162227	4/11/2019	B BRAUN MEDICAL INC.	2,477.44	Hospital Supplies
162228	4/11/2019	BECTON DICKINSON	1,003.83	Hospital Supplies
162240	4/11/2019	COOK MEDICAL INCORPORATED	3,930.58	Hospital Supplies
162242	4/11/2019	C.R. BARD, INC.	284.16	Hospital Supplies
162248	4/11/2019	DIAGNOSTIGA STAGO INC	237.04	Hospital Supplies
162249	4/11/2019	EDGE PHARMACEUTICALS, LLC	180.21	Hospital Supplies
162257	4/11/2019	BAXTER HEALTHCARE CORP	2,604.93	Hospital Supplies
162258	4/11/2019	GENERAL HOSPITAL SUPPLY CORPORATION	737.00	Hospital Supplies
162260	4/11/2019	HEALTHCARE LOGISTICS INC	94.10	Hospital Supplies
162263	4/11/2019	HILL-ROM	589.45	Hospital Supplies
162270	4/11/2019	J & J HEALTH CARE SYSTEMS INC	1,815.00	Hospital Supplies
162275	4/11/2019	KARL STORZ ENDOSCOPY-AMERICA	9,994.95	Hospital Supplies
162283	4/11/2019	MARKET LAB, INC	73.95	Hospital Supplies
162284	4/11/2019	MEAD JOHNSON NUTRITION	281.16	Hospital Supplies
162286	4/11/2019	MEDTRONIC, USA	35,997.00	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162287	4/11/2019	MEDTRONIC USA INC	488.00	Hospital Supplies
162290	4/11/2019	MICROTEK MEDICAL INC.	305.28	Hospital Supplies
162293	4/11/2019	OLYMPUS AMERICA INC	398.07	Hospital Supplies
162294	4/11/2019	OWENS & MINOR 90005430	26,970.04	Hospital Supplies
162296	4/11/2019	PERFORMANCE HEALTH SUPPLY INC	62.09	Hospital Supplies
162305	4/11/2019	RESPIRONICS	89.00	Hospital Supplies
162311	4/11/2019	ABBOTT NUTRITION	64.96	Hospital Supplies
162315	4/11/2019	STERIS CORPORATION	1,056.83	Hospital Supplies
162318	4/11/2019	LEICA BIOSYSTEMS RICHMOND	278.69	Hospital Supplies
162326	4/11/2019	TELEFLEX MEDICAL INC.	36.84	Hospital Supplies
162338	4/11/2019	WAXIE SANITARY SUPPLY	541.03	Hospital Supplies
162344	4/18/2019	ABBOTT LABORATORIES	1,437.37	Hospital Supplies
162350	4/18/2019	APPLIED MEDICAL	6,260.00	Hospital Supplies
162351	4/18/2019	BARD PERIPHERAL VASCULAR INC	1,044.00	Hospital Supplies
162352	4/18/2019	BAYER HEALTHCARE LLC	1,856.82	Hospital Supplies
162353	4/18/2019	B BRAUN MEDICAL INC.	2,115.20	Hospital Supplies
162356	4/18/2019	BOSTON SCIENTIFIC CORP	1,139.84	Hospital Supplies
162362	4/18/2019	COOK MEDICAL INCORPORATED	4,904.66	Hospital Supplies
162369	4/18/2019	EDGE PHARMACEUTICALS, LLC	874.45	Hospital Supplies
162370	4/18/2019	EXPAND-A-BAND,LLC	140.00	Hospital Supplies
162378	4/18/2019	BAXTER HEALTHCARE CORP	2,224.33	Hospital Supplies
162382	4/18/2019	HEALTHCARE LOGISTICS INC	144.65	Hospital Supplies
162384	4/18/2019	HOLOGIC, INC.	7,310.00	Hospital Supplies
162386	4/18/2019	HULL ANESTHESIA INC	92.50	Hospital Supplies
162396	4/18/2019	MCKESSON MEDICAL-SURGICAL	2,179.59	Hospital Supplies
162400	4/18/2019	MEDTRONIC, USA	13,630.00	Hospital Supplies
162408	4/18/2019	OLYMPUS AMERICA INC	10,073.14	Hospital Supplies
162409	4/18/2019	OWENS & MINOR 90005430	21,716.70	Hospital Supplies
162415	4/18/2019	RESMED CORP	340.00	Hospital Supplies
162416	4/18/2019	RESPIRONICS	225.00	Hospital Supplies
162421	4/18/2019	ABBOTT NUTRITION	19.70	Hospital Supplies
162426	4/18/2019	SPACELABS MEDICAL	624.90	Hospital Supplies
162431	4/18/2019	STERIS CORPORATION	5,467.45	Hospital Supplies
162436	4/18/2019	TELEFLEX MEDICAL INC.	1,031.13	Hospital Supplies
162438	4/18/2019	TRI-ANIM HEALTH SERVICES INC	623.71	Hospital Supplies
162444	4/18/2019	WAXIE SANITARY SUPPLY	505.02	Hospital Supplies
162455	4/25/2019	AESCULAP INC	101.63	Hospital Supplies
162460	4/25/2019	APPLIED MEDICAL	1,488.00	Hospital Supplies
162461	4/25/2019	AQUACAST LINER	552.00	Hospital Supplies
162464	4/25/2019	B BRAUN MEDICAL INC.	676.00	Hospital Supplies
162468	4/25/2019	BOSTON SCIENTIFIC CORP	768.40	Hospital Supplies
162472	4/25/2019	CARDINAL HEALTH/V. MUELLER	341.59	Hospital Supplies
162476	4/25/2019	GI SUPPLY, INC	389.75	Hospital Supplies
162482	4/25/2019	CONMED CORPORATION	124.45	Hospital Supplies
162484	4/25/2019	COOK MEDICAL INC.	208.00	Hospital Supplies
162485	4/25/2019	COOK MEDICAL INCORPORATED	1,310.20	Hospital Supplies
162487	4/25/2019	C.R. BARD, INC.	166.90	Hospital Supplies
162511	4/25/2019	HOLOGIC, INC.	201.00	Hospital Supplies
162524	4/25/2019	MARKET LAB, INC	186.48	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162528	4/25/2019	MCKESSON MEDICAL-SURGICAL	219.40	Hospital Supplies
162530	4/25/2019	MEDELA INC	654.22	Hospital Supplies
162534	4/25/2019	MEDTRONIC USA INC	272.00	Hospital Supplies
162538	4/25/2019	MINDRAY DS USA, INC.	85.80	Hospital Supplies
162539	4/25/2019	M V A P MEDICAL SUPPLIES, INC.	310.10	Hospital Supplies
162544	4/25/2019	OLYMPUS AMERICA INC	135.41	Hospital Supplies
162546	4/25/2019	OWENS & MINOR 90005430	22,969.67	Hospital Supplies
162547	4/25/2019	PERFORMANCE HEALTH SUPPLY INC	71.30	Hospital Supplies
162562	4/25/2019	SPACELABS MEDICAL	79.32	Hospital Supplies
162567	4/25/2019	STERIS CORPORATION	588.28	Hospital Supplies
162570	4/25/2019	LEICA BIOSYSTEMS RICHMOND	1,014.99	Hospital Supplies
162579	4/25/2019	TRI-ANIM HEALTH SERVICES INC	375.42	Hospital Supplies
162584	4/25/2019	UTAH MEDICAL PRODUCTS INC	64.26	Hospital Supplies
162587	4/25/2019	WAXIE SANITARY SUPPLY	5,574.05	Hospital Supplies
EFT000000004715	4/4/2019	BIONIX RADIATION THERAPY	212.93	Hospital Supplies
EFT000000004716	4/4/2019	BREG INC	508.64	Hospital Supplies
EFT000000004717	4/4/2019	BSN MEDICAL INC	491.04	Hospital Supplies
EFT000000004720	4/4/2019	HARDY DIAGNOSTICS	727.19	Hospital Supplies
EFT000000004723	4/4/2019	MARSHALL INDUSTRIES	249.90	Hospital Supplies
EFT000000004736	4/11/2019	BAXTER HEALTHCARE CORP/IV	3,542.52	Hospital Supplies
EFT000000004737	4/11/2019	BREG INC	359.27	Hospital Supplies
EFT000000004738	4/11/2019	BSN MEDICAL INC	44.12	Hospital Supplies
EFT000000004739	4/11/2019	CLINICAL CHOICE	146.79	Hospital Supplies
EFT000000004742	4/11/2019	HARDY DIAGNOSTICS	762.52	Hospital Supplies
EFT000000004758	4/18/2019	BEEKLEY CORPORATION	160.00	Hospital Supplies
EFT000000004761	4/18/2019	BREG INC	61.60	Hospital Supplies
EFT000000004762	4/18/2019	BSN MEDICAL INC	154.99	Hospital Supplies
EFT000000004766	4/18/2019	DJ ORTHOPEDICS, LLC	7.20	Hospital Supplies
EFT000000004769	4/18/2019	HARDY DIAGNOSTICS	749.08	Hospital Supplies
EFT000000004776	4/18/2019	STRYKER INSTRUMENTS	762.03	Hospital Supplies
EFT000000004778	4/18/2019	ZOLL MEDICAL CORPORATION	30.75	Hospital Supplies
EFT000000004784	4/25/2019	BREG INC	364.08	Hospital Supplies
EFT000000004785	4/25/2019	BSN MEDICAL INC	186.49	Hospital Supplies
EFT000000004789	4/25/2019	HARDY DIAGNOSTICS	2,104.28	Hospital Supplies
EFT000000004790	4/25/2019	JIN PRO CORPORATION	222.85	Hospital Supplies
REMIT00000000000004	4/25/2019	STRYKER MEDICAL	0.00	Hospital Supplies
162332	4/11/2019	PROVIDENT LIFE & ACCIDENT	3,558.65	Insurance Premiums
162441	4/18/2019	PROVIDENT LIFE & ACCIDENT	26,583.99	Insurance Premiums
162582	4/25/2019	PROVIDENT LIFE & ACCIDENT	3,340.14	Insurance Premiums
162229	4/11/2019	INSURANCE REFUND	390.00	Insurance Refund
162448	4/18/2019	INSURANCE REFUND	4,792.75	Insurance Refund
162449	4/18/2019	INSURANCE REFUND	969.00	Insurance Refund
162450	4/18/2019	INSURANCE REFUND	26.88	Insurance Refund
162451	4/18/2019	INSURANCE REFUND	108.64	Insurance Refund
162452	4/18/2019	INSURANCE REFUND	308.75	Insurance Refund
162453	4/18/2019	INSURANCE REFUND	221.30	Insurance Refund
162593	4/25/2019	INSURANCE REFUND	190.22	Insurance Refund
162594	4/25/2019	INSURANCE REFUND	161.36	Insurance Refund
162606	4/25/2019	INSURANCE REFUND	747.81	Insurance Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162607	4/25/2019	INSURANCE REFUND	591.81	Insurance Refund
162609	4/25/2019	INSURANCE REFUND	211.36	Insurance Refund
162610	4/25/2019	INSURANCE REFUND	211.36	Insurance Refund
162640	4/25/2019	INSURANCE REFUND	169.09	Insurance Refund
162647	4/25/2019	INSURANCE REFUND	161.36	Insurance Refund
162671	4/25/2019	INSURANCE REFUND	374.59	Insurance Refund
162673	4/25/2019	INSURANCE REFUND	98.93	Insurance Refund
162340	4/11/2019	WYOMING.COM	10.00	Internet Services
162095	4/4/2019	ALLERMETRIX INC	1,134.00	Laboratory Services
162347	4/18/2019	ALLERMETRIX INC	987.00	Laboratory Services
162459	4/25/2019	AMERICAN ASSOCIATION OF BIOANALYSTS	941.00	Laboratory Services
162526	4/25/2019	MAYO COLLABORATIVE SERVICES, INC.	311.40	Laboratory Services
162535	4/25/2019	METABOLIC NEWBORN SCREENING	6,248.00	Laboratory Services
EFT000000004781	4/25/2019	ARUP LABORATORIES, INC.	60,644.45	Laboratory Services
162103	4/4/2019	BECKMAN COULTER, INC	1,399.55	Laboratory Supplies
162109	4/4/2019	CARDINAL HEALTH	8,691.94	Laboratory Supplies
162113	4/4/2019	CEPHEID	4,275.80	Laboratory Supplies
162131	4/4/2019	FISHER HEALTHCARE	13,114.78	Laboratory Supplies
162144	4/4/2019	PLATINUM CODE	195.09	Laboratory Supplies
162156	4/4/2019	MEDIVATORS REPROCESSING SYSTEM	204.00	Laboratory Supplies
162185	4/4/2019	STRECK LABORATORIES INC	249.74	Laboratory Supplies
162221	4/11/2019	ANAEROBE SYSTEMS	35.25	Laboratory Supplies
162234	4/11/2019	CEPHEID	1,098.50	Laboratory Supplies
162253	4/11/2019	FISHER HEALTHCARE	10,595.89	Laboratory Supplies
162330	4/11/2019	TYPENEX MEDICAL, LLC	190.00	Laboratory Supplies
162354	4/18/2019	BECKMAN COULTER, INC	699.37	Laboratory Supplies
162360	4/18/2019	CEPHEID	415.00	Laboratory Supplies
162375	4/18/2019	FISHER HEALTHCARE	3,455.84	Laboratory Supplies
162387	4/18/2019	PLATINUM CODE	281.69	Laboratory Supplies
162391	4/18/2019	KENTEC MEDICAL INC	1,860.02	Laboratory Supplies
162398	4/18/2019	MEDIVATORS REPROCESSING SYSTEM	89.00	Laboratory Supplies
162417	4/18/2019	RICHARD-ALLAN SCIENTIFIC CO	552.24	Laboratory Supplies
162465	4/25/2019	BECKMAN COULTER, INC	17.31	Laboratory Supplies
162470	4/25/2019	CANCER DIAGNOSTICS, INC	85.20	Laboratory Supplies
162471	4/25/2019	CARDINAL HEALTH	24,390.95	Laboratory Supplies
162475	4/25/2019	CEPHEID	1,028.50	Laboratory Supplies
162503	4/25/2019	FISHER HEALTHCARE	19,887.12	Laboratory Supplies
162532	4/25/2019	MEDIVATORS REPROCESSING SYSTEM	102.00	Laboratory Supplies
162566	4/25/2019	STATLAB MEDICAL PRODUCTS, INC	915.49	Laboratory Supplies
162586	4/25/2019	VITALANT	1,681.93	Laboratory Supplies
EFT000000004722	4/4/2019	INTER-MOUNTAIN LABORATORIES	237.00	Laboratory Supplies
EFT000000004725	4/4/2019	ORTHO-CLINICAL DIAGNOSTICS INC	220.50	Laboratory Supplies
EFT000000004745	4/11/2019	ORTHO-CLINICAL DIAGNOSTICS INC	535.10	Laboratory Supplies
EFT000000004760	4/18/2019	BIO-RAD LABORATORIES	833.48	Laboratory Supplies
EFT000000004780	4/25/2019	AMERICAN PROFICIENCY INSTITUTE	268.00	Laboratory Supplies
EFT000000004783	4/25/2019	BIO-RAD LABORATORIES	2,560.00	Laboratory Supplies
EFT000000004792	4/25/2019	ORTHO-CLINICAL DIAGNOSTICS INC	1,571.92	Laboratory Supplies
EFT000000004724	4/4/2019	MARTIN-RAY LAUNDRY SYSTEMS	617.05	Laundry Supplies
162549	4/25/2019	PHILLIPS LAW, LLC	16,392.76	Legal Fees

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162127	4/4/2019	ENCOMPASS GROUP, LLC	2,267.04	Linen
162481	4/25/2019	COMPHEALTH,INC.	116,475.69	Locum Tenens
162091	4/4/2019	AAMI	250.00	Maintenance & Repair
162106	4/4/2019	BOBCAT OF CASPER	155.58	Maintenance & Repair
162115	4/4/2019	CLARK'S QUALITY ROOFING, INC	654.00	Maintenance & Repair
162119	4/4/2019	CONTEC SUPPLY	1,956.02	Maintenance & Repair
162123	4/4/2019	DANIEL DORMAN PAINTING	6,800.00	Maintenance & Repair
162148	4/4/2019	LIGHTING MAINTENANCE & SERVICE, INC	799.01	Maintenance & Repair
162182	4/4/2019	STEALTH TECHNOLOGIES C.S.	108.00	Maintenance & Repair
162209	4/11/2019	A & B HOME IMPROVEMENTS	1,200.00	Maintenance & Repair
162218	4/11/2019	AMERIOWATER	186.61	Maintenance & Repair
162243	4/11/2019	CUMMINS ROCKY MOUNTAIN, LLC	3,444.00	Maintenance & Repair
162271	4/11/2019	JC JACOBS CARPET ONE	1,211.25	Maintenance & Repair
162272	4/11/2019	JIM'S UPHOLSTERY	6,410.00	Maintenance & Repair
162320	4/11/2019	SWEETWATER PLUMBING & HEATING	217.35	Maintenance & Repair
162430	4/18/2019	STEALTH TECHNOLOGIES C.S.	806.96	Maintenance & Repair
162447	4/18/2019	WYOMING TRUCKS AND CARS INC	362.75	Maintenance & Repair
162454	4/25/2019	A & B HOME IMPROVEMENTS	4,233.00	Maintenance & Repair
162462	4/25/2019	ARBON EQUIPMENT CORP.	14,545.24	Maintenance & Repair
162514	4/25/2019	INDEPENDENT TEST & BALANCE	1,200.00	Maintenance & Repair
EFT000000004726	4/4/2019	PARTSSOURCE	869.66	Maintenance & Repair
EFT000000004728	4/4/2019	SERVCO	4,226.25	Maintenance & Repair
EFT000000004763	4/18/2019	CARRIER COMMERCIAL SERVICE	277.42	Maintenance & Repair
EFT000000004771	4/18/2019	PARTSSOURCE	1,060.16	Maintenance & Repair
EFT000000004793	4/25/2019	PARTSSOURCE	974.74	Maintenance & Repair
162100	4/4/2019	BARD ACCESS SYSTEMS	426.42	Maintenance Supplies
162117	4/4/2019	CODALE ELECTRIC SUPPLY, INC	958.39	Maintenance Supplies
162137	4/4/2019	GRAINGER	12.40	Maintenance Supplies
162142	4/4/2019	HOME DEPOT	585.76	Maintenance Supplies
162164	4/4/2019	MORGAN VALLEY POLARIS	86.63	Maintenance Supplies
162170	4/4/2019	RMI	388.08	Maintenance Supplies
162226	4/11/2019	BATTERY SYSTEMS	61.68	Maintenance Supplies
162238	4/11/2019	CODALE ELECTRIC SUPPLY, INC	11.74	Maintenance Supplies
162259	4/11/2019	GRAINGER	287.68	Maintenance Supplies
162264	4/11/2019	HOME DEPOT	300.18	Maintenance Supplies
162307	4/11/2019	RMI	69.34	Maintenance Supplies
162361	4/18/2019	CODALE ELECTRIC SUPPLY, INC	855.23	Maintenance Supplies
162379	4/18/2019	GRAINGER	136.80	Maintenance Supplies
162385	4/18/2019	HOME DEPOT	1,118.30	Maintenance Supplies
162418	4/18/2019	RMI	251.39	Maintenance Supplies
162479	4/25/2019	CODALE ELECTRIC SUPPLY, INC	864.35	Maintenance Supplies
162492	4/25/2019	DIRECT SUPPLY	329.00	Maintenance Supplies
162506	4/25/2019	GRAINGER	63.80	Maintenance Supplies
162512	4/25/2019	HOME DEPOT	303.37	Maintenance Supplies
162518	4/25/2019	JC JACOBS CARPET ONE	256.80	Maintenance Supplies
EFT000000004712	4/4/2019	ACE HARDWARE	147.80	Maintenance Supplies
EFT000000004721	4/4/2019	HOMAX OIL SALES	62.95	Maintenance Supplies
EFT000000004729	4/4/2019	SHERWIN WILLIAMS CO	120.24	Maintenance Supplies
EFT000000004734	4/11/2019	ALPINE PURE SOFT WATER	434.70	Maintenance Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

EFT000000004748	4/11/2019	ROCK SPRINGS WINNELSON CO	270.82	Maintenance Supplies
EFT000000004753	4/11/2019	ULINE, INC	547.00	Maintenance Supplies
EFT000000004755	4/18/2019	ACE HARDWARE	14.99	Maintenance Supplies
EFT000000004757	4/18/2019	ALPINE PURE SOFT WATER	676.20	Maintenance Supplies
EFT000000004759	4/18/2019	BENNETT'S	3,942.10	Maintenance Supplies
EFT000000004774	4/18/2019	SHERWIN WILLIAMS CO	135.12	Maintenance Supplies
EFT000000004782	4/25/2019	BENNETT'S	1,285.93	Maintenance Supplies
EFT000000004798	4/25/2019	ULINE, INC	959.50	Maintenance Supplies
162301	4/11/2019	PURPLE LIZARDS, LLC	775.00	Marketing & Promotional Supplies
162098	4/4/2019	ARMSTRONG MEDICAL INDUSTRIES	300.00	Med Surg Supplies
162139	4/4/2019	HERAEUS MEDICAL	213.75	Med Surg Supplies
162188	4/4/2019	SURGICAL PRODUCT SOLUTIONS	500.00	Med Surg Supplies
162160	4/4/2019	MHSC-FOUNDATION	865.44	MHSC Foundation
162289	4/11/2019	MHSC-FOUNDATION	750.00	MHSC Foundation
162403	4/18/2019	MHSC-FOUNDATION	895.44	MHSC Foundation
162120	4/4/2019	CONTROL SOLUTIONS, INC	755.00	Minor Equipment
162483	4/25/2019	CONNECTIONS	449.07	Minor Equipment
162194	4/4/2019	TERMINIX OF WYOMING	237.00	Monthly Pest Control
162577	4/25/2019	TERMINIX OF WYOMING	400.00	Monthly Pest Control
162133	4/4/2019	FOLLETT CORPORATION	505.02	Non Medical Supplies
162136	4/4/2019	GLOBAL EQUIPMENT COMPANY	407.80	Non Medical Supplies
162157	4/4/2019	MEDLINE INDUSTRIES INC	1,160.31	Non Medical Supplies
162213	4/11/2019	ALADDIN TEMP-RITE LLC	61.00	Non Medical Supplies
162285	4/11/2019	MEDLINE INDUSTRIES INC	927.15	Non Medical Supplies
162321	4/11/2019	SWEETWATER TROPHIES	199.63	Non Medical Supplies
162399	4/18/2019	MEDLINE INDUSTRIES INC	3,305.47	Non Medical Supplies
162531	4/25/2019	MEDIBADGE INC	190.09	Non Medical Supplies
162533	4/25/2019	MEDLINE INDUSTRIES INC	2,330.10	Non Medical Supplies
EFT000000004773	4/18/2019	POSITIVE PROMOTIONS	409.73	Non Medical Supplies
162179	4/4/2019	STANDARD REGISTER COMPANY	86.10	Office Supplies
162180	4/4/2019	STAPLES BUSINESS ADVANTAGE	4,774.66	Office Supplies
162314	4/11/2019	STAPLES BUSINESS ADVANTAGE	1,307.89	Office Supplies
162427	4/18/2019	STANDARD REGISTER COMPANY	187.20	Office Supplies
162428	4/18/2019	STAPLES BUSINESS ADVANTAGE	544.83	Office Supplies
162563	4/25/2019	STANDARD REGISTER COMPANY	458.12	Office Supplies
162564	4/25/2019	STAPLES BUSINESS ADVANTAGE	4,252.93	Office Supplies
EFT000000004731	4/4/2019	SMYTH PRINTING	1,715.40	Office Supplies
EFT000000004795	4/25/2019	SMYTH PRINTING	284.84	Office Supplies
162150	4/4/2019	MANDY'S CHOCOLATE COVERED STRAWBERRIES	360.00	Other Employee Benefits
162196	4/4/2019	TURN UP THE VOLUME DJ SERVICES	350.00	Other Employee Benefits
162273	4/11/2019	JOY'S FLOWERS & GIFTS	57.96	Other Employee Benefits
162592	4/25/2019	YOUNG AT HEART SENIOR CITIZENS CENTER	5,910.00	Other Employee Benefits
162536	4/25/2019	MHSC MEDICAL STAFF	50.00	Other Expenses
162158	4/4/2019	MERCURY MEDICAL	198.83	Other Medical Surgical Supplies
162172	4/4/2019	ROCK SPRINGS IV. CENTER	64.28	Other Medical Surgical Supplies
162288	4/11/2019	MERCURY MEDICAL	212.18	Other Medical Surgical Supplies
162402	4/18/2019	MERCURY MEDICAL	178.71	Other Medical Surgical Supplies
162456	4/25/2019	MIA DERM	624.00	Other Medical Surgical Supplies
EFT000000004730	4/4/2019	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	98.00	Other Medical Surgical Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162216	4/11/2019	ALTA MEDICAL SPECIALTIES	412.52	Other Non Medical Surgical Supplies
162114	4/4/2019	CJ SIGNS	20.00	Other Purchased Services
162147	4/4/2019	QUICK RESPONSE TAXI	10.00	Other Purchased Services
162247	4/11/2019	DEXPRO DYNAMICS LLC	48.75	Other Purchased Services
162279	4/11/2019	QUICK RESPONSE TAXI	10.00	Other Purchased Services
162331	4/11/2019	UNITED AUDIT SYSTEMS, INC.	1,160.00	Other Purchased Services
162393	4/18/2019	QUICK RESPONSE TAXI	10.00	Other Purchased Services
162522	4/25/2019	QUICK RESPONSE TAXI	10.00	Other Purchased Services
EFT000000004713	4/4/2019	AIRGAS INTERMOUNTAIN INC	435.60	Oxygen Rental
EFT000000004733	4/11/2019	AIRGAS INTERMOUNTAIN INC	569.31	Oxygen Rental
EFT000000004756	4/18/2019	AIRGAS INTERMOUNTAIN INC	617.77	Oxygen Rental
EFT000000004779	4/25/2019	AIRGAS INTERMOUNTAIN INC	791.83	Oxygen Rental
162204	4/4/2019	PATIENT REFUND	90.00	Patient Refund
162595	4/25/2019	PATIENT REFUND	10.00	Patient Refund
162596	4/25/2019	PATIENT REFUND	25.00	Patient Refund
162597	4/25/2019	PATIENT REFUND	16.49	Patient Refund
162598	4/25/2019	PATIENT REFUND	42.09	Patient Refund
162599	4/25/2019	PATIENT REFUND	14.90	Patient Refund
162600	4/25/2019	PATIENT REFUND	25.00	Patient Refund
162601	4/25/2019	PATIENT REFUND	30.00	Patient Refund
162602	4/25/2019	PATIENT REFUND	30.00	Patient Refund
162603	4/25/2019	PATIENT REFUND	30.00	Patient Refund
162604	4/25/2019	PATIENT REFUND	33.05	Patient Refund
162605	4/25/2019	PATIENT REFUND	40.00	Patient Refund
162608	4/25/2019	PATIENT REFUND	135.06	Patient Refund
162611	4/25/2019	PATIENT REFUND	15.00	Patient Refund
162612	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162613	4/25/2019	PATIENT REFUND	29.00	Patient Refund
162614	4/25/2019	PATIENT REFUND	40.00	Patient Refund
162615	4/25/2019	PATIENT REFUND	25.00	Patient Refund
162616	4/25/2019	PATIENT REFUND	178.85	Patient Refund
162617	4/25/2019	PATIENT REFUND	11.73	Patient Refund
162618	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162619	4/25/2019	PATIENT REFUND	51.00	Patient Refund
162620	4/25/2019	PATIENT REFUND	30.00	Patient Refund
162621	4/25/2019	PATIENT REFUND	30.00	Patient Refund
162622	4/25/2019	PATIENT REFUND	105.00	Patient Refund
162623	4/25/2019	PATIENT REFUND	102.60	Patient Refund
162624	4/25/2019	PATIENT REFUND	14.77	Patient Refund
162625	4/25/2019	PATIENT REFUND	25.00	Patient Refund
162626	4/25/2019	PATIENT REFUND	15.00	Patient Refund
162627	4/25/2019	PATIENT REFUND	19.83	Patient Refund
162628	4/25/2019	PATIENT REFUND	677.75	Patient Refund
162629	4/25/2019	PATIENT REFUND	30.00	Patient Refund
162630	4/25/2019	PATIENT REFUND	40.00	Patient Refund
162631	4/25/2019	PATIENT REFUND	91.00	Patient Refund
162632	4/25/2019	PATIENT REFUND	20.80	Patient Refund
162633	4/25/2019	PATIENT REFUND	65.00	Patient Refund
162634	4/25/2019	PATIENT REFUND	80.00	Patient Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162635	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162636	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162637	4/25/2019	PATIENT REFUND	35.00	Patient Refund
162638	4/25/2019	PATIENT REFUND	35.00	Patient Refund
162639	4/25/2019	PATIENT REFUND	14.54	Patient Refund
162641	4/25/2019	PATIENT REFUND	25.00	Patient Refund
162642	4/25/2019	PATIENT REFUND	25.00	Patient Refund
162643	4/25/2019	PATIENT REFUND	5.00	Patient Refund
162644	4/25/2019	PATIENT REFUND	10.00	Patient Refund
162645	4/25/2019	PATIENT REFUND	8.89	Patient Refund
162646	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162648	4/25/2019	PATIENT REFUND	10.00	Patient Refund
162649	4/25/2019	PATIENT REFUND	14.77	Patient Refund
162650	4/25/2019	PATIENT REFUND	40.00	Patient Refund
162651	4/25/2019	PATIENT REFUND	50.00	Patient Refund
162652	4/25/2019	PATIENT REFUND	46.00	Patient Refund
162653	4/25/2019	PATIENT REFUND	5.00	Patient Refund
162654	4/25/2019	PATIENT REFUND	50.00	Patient Refund
162655	4/25/2019	PATIENT REFUND	25.00	Patient Refund
162656	4/25/2019	PATIENT REFUND	185.05	Patient Refund
162657	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162658	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162659	4/25/2019	PATIENT REFUND	78.98	Patient Refund
162660	4/25/2019	PATIENT REFUND	35.00	Patient Refund
162661	4/25/2019	PATIENT REFUND	32.12	Patient Refund
162662	4/25/2019	PATIENT REFUND	18.48	Patient Refund
162663	4/25/2019	PATIENT REFUND	98.72	Patient Refund
162664	4/25/2019	PATIENT REFUND	21.80	Patient Refund
162665	4/25/2019	PATIENT REFUND	50.00	Patient Refund
162666	4/25/2019	PATIENT REFUND	40.00	Patient Refund
162667	4/25/2019	PATIENT REFUND	11.27	Patient Refund
162668	4/25/2019	PATIENT REFUND	20.00	Patient Refund
162669	4/25/2019	PATIENT REFUND	25.95	Patient Refund
162670	4/25/2019	PATIENT REFUND	82.08	Patient Refund
162672	4/25/2019	PATIENT REFUND	27.30	Patient Refund
162197	4/4/2019	UNITED WAY OF SWEETWATER COUNTY	389.92	Payroll Deduction
162440	4/18/2019	UNITED WAY OF SWEETWATER COUNTY	399.92	Payroll Deduction
162128	4/4/2019	FAMILY SUPPORT REGISTRY	496.14	Payroll Garnishment
162181	4/4/2019	STATE OF WYOMING DFS/CSES	1,797.12	Payroll Garnishment
162371	4/18/2019	FAMILY SUPPORT REGISTRY	496.14	Payroll Garnishment
162429	4/18/2019	STATE OF WYOMING DFS/CSES	1,797.12	Payroll Garnishment
162433	4/18/2019	SWEETWATER CIRCUIT COURT	557.28	Payroll Garnishment
WT	4/4/2019	PAYROLL 7	1,400,000.00	Payroll Transfer
WT	4/18/2019	PAYROLL 8	1,400,000.00	Payroll Transfer
WT	4/30/2019	PAYROLL 9	1,300,000.00	Payroll Transfer
162161	4/4/2019	MHSC - PETTY CASH	100.00	Petty Cash
162537	4/25/2019	MHSC - PETTY CASH	48.25	Petty Cash
162232	4/11/2019	CARDINAL HEALTH PHARMACY MGMT	12,796.26	Pharmacy Management
162358	4/18/2019	CARDINAL HEALTH PHARMACY MGMT	709,207.02	Pharmacy Management

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162457	4/25/2019	DR. ALICIA GRAY	3,000.00	Physician Recruitment
162178	4/4/2019	SPECIALTY INCENTIVES, INC.	2,335.32	Physician Retention
162173	4/4/2019	ROCK SPRINGS FAMILY PRACTICE	5,769.23	Physician Services
162174	4/4/2019	ROCK SPRINGS MY PLACE, LLC	1,101.60	Physician Services
162198	4/4/2019	UNIVERSITY OF UTAH	3,343.57	Physician Services
162203	4/4/2019	WYOMING PATHOLOGY	59,640.00	Physician Services
162211	4/11/2019	ADVANCED MEDICAL IMAGING, LLC	32,380.00	Physician Services
162419	4/18/2019	ROCK SPRINGS FAMILY PRACTICE	5,769.23	Physician Services
162523	4/25/2019	LOCUM TENENS.COM	37,606.48	Physician Services
162557	4/25/2019	ROCK SPRINGS MY PLACE, LLC	1,618.40	Physician Services
162581	4/25/2019	UNIVERSITY OF UTAH HEALTH CARE	88,366.67	Physician Services
162491	4/25/2019	DEPARTMENT OF EDUCATION	3,861.44	Physician Student Loan
162493	4/25/2019	DISCOVER STUDENT LOANS	519.64	Physician Student Loan
162495	4/25/2019	DRB EDUCATION FINANCE	5,833.33	Physician Student Loan
162502	4/25/2019	FEDLOAN SERVICING	11,712.49	Physician Student Loan
162507	4/25/2019	GREAT LAKES	11,225.00	Physician Student Loan
162517	4/25/2019	DR. JACQUES DENKER	6,498.33	Physician Student Loan
162540	4/25/2019	NAVIENT	5,869.25	Physician Student Loan
162541	4/25/2019	NAVIENT	1,500.00	Physician Student Loan
162542	4/25/2019	NELNET LOAN SERVICES, INC	719.89	Physician Student Loan
162588	4/25/2019	WELLS FARGO EDUCATION FINANCIAL SERVICES	3,341.63	Physician Student Loan
162207	4/9/2019	POSTMASTER	710.00	Postage
162208	4/9/2019	POSTMASTER	235.00	Postage
162555	4/25/2019	RESERVE ACCOUNT	5,000.00	Postage
162276	4/11/2019	KONICA MINOLTA MEDICAL IMAGING USA, INC	3,360.00	Professional Service
162291	4/11/2019	MILE HIGH MOBILE PET	23,700.00	Professional Service
162292	4/11/2019	MOUNTAIN STATES MEDICAL PHYSICS	7,060.63	Professional Service
162392	4/18/2019	KONICA MINOLTA MEDICAL IMAGING USA, INC	162.00	Professional Service
162410	4/18/2019	P3 CONSULTING LLC	945.00	Professional Service
162478	4/25/2019	CLEANIQUE PROFESSIONAL SERVICES	4,100.00	Professional Service
162499	4/25/2019	CE BROKER	261.60	Professional Service
162585	4/25/2019	VERISYS INC.	56.00	Professional Service
162591	4/25/2019	WYOMING DEPARTMENT OF HEALTH	232.00	Professional Service
EFT000000004799	4/25/2019	WESTERN STAR COMMUNICATIONS	815.40	Professional Service
162265	4/11/2019	UNITED STATES TREASURY	4,818.72	Q4 941 Taxes
162414	4/18/2019	RADIATION DETECTION COMPANY	86.75	Radiation Monitoring
162366	4/18/2019	CURIUM US LLC	861.70	Radioactive Material
162159	4/4/2019	MERRY X-RAY	497.16	Radiology Film
162108	4/4/2019	BRACCO DIAGNOSTICS INC	582.75	Radiology Material
162230	4/11/2019	BRACCO DIAGNOSTICS INC	1,005.96	Radiology Material
162357	4/18/2019	BRACCO DIAGNOSTICS INC	507.76	Radiology Material
162516	4/25/2019	INTERMOUNTAIN RADIOPHARMACY - UNIVERSITY OF UTAH	2,540.00	Radiology Material
EFT000000004746	4/11/2019	PHARMALUCENCE, INC	298.00	Radiology Material
EFT000000004768	4/18/2019	GE HEALTHCARE INC	4,632.30	Radiology Material
EFT000000004770	4/18/2019	LANTHEUS MEDICAL IMAGING, INC	12,391.19	Radiology Material
EFT000000004772	4/18/2019	PHARMALUCENCE, INC	2,285.00	Radiology Material
EFT000000004791	4/25/2019	LANTHEUS MEDICAL IMAGING, INC	972.50	Radiology Material
162124	4/4/2019	DR. DAVID DANSIE	878.00	Reimbursement - CME
162463	4/25/2019	DR. BANU SYMINGTON	266.12	Reimbursement - CME

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

162480	4/25/2019	DR. CODY CHRISTENSEN	5,000.00	Reimbursement - CME
162525	4/25/2019	MARK SANDERS	5,000.00	Reimbursement - CME
162096	4/4/2019	ANGEL BENNETT	183.60	Reimbursement - Education & Travel
162151	4/4/2019	MARIANNA TOLHURST	129.00	Reimbursement - Education & Travel
162153	4/4/2019	MARY TYLER	39.78	Reimbursement - Education & Travel
162171	4/4/2019	ROB FAIR	214.20	Reimbursement - Education & Travel
162189	4/4/2019	SUZAN CAMPBELL	264.66	Reimbursement - Education & Travel
162217	4/11/2019	AMBER TYHURST	35.70	Reimbursement - Education & Travel
162231	4/11/2019	BRIANNA RICHARDS	46.52	Reimbursement - Education & Travel
162268	4/11/2019	IRENE RICHARDSON	342.72	Reimbursement - Education & Travel
162274	4/11/2019	KARI QUICKENDEN	188.70	Reimbursement - Education & Travel
162277	4/11/2019	KRISTY NIELSON	192.10	Reimbursement - Education & Travel
162278	4/11/2019	LARRY D. MACY	750.00	Reimbursement - Education & Travel
162295	4/11/2019	PATTY O'LEXY	121.89	Reimbursement - Education & Travel
162303	4/11/2019	RAMONA K BEACH	4.28	Reimbursement - Education & Travel
162306	4/11/2019	RICH TYLER	222.30	Reimbursement - Education & Travel
162308	4/11/2019	ROB FAIR	107.10	Reimbursement - Education & Travel
162312	4/11/2019	SAMANTHA WHITE	22.44	Reimbursement - Education & Travel
162316	4/11/2019	STEVIE NOSICH	728.85	Reimbursement - Education & Travel
162325	4/11/2019	TAMMIE HENDERSON	27.54	Reimbursement - Education & Travel
162328	4/11/2019	TIFFANY URANKER	132.64	Reimbursement - Education & Travel
162329	4/11/2019	TONI PINKHAM	237.84	Reimbursement - Education & Travel
162342	4/11/2019	STEVIE NOSICH	348.24	Reimbursement - Education & Travel
162349	4/18/2019	ANEDA HAZELETT	14.28	Reimbursement - Education & Travel
162355	4/18/2019	BETHANY BETTOLO	1,035.74	Reimbursement - Education & Travel
162367	4/18/2019	DEB SUTTON	175.28	Reimbursement - Education & Travel
162389	4/18/2019	ISRAEL STEWART, DO	279.53	Reimbursement - Education & Travel
162394	4/18/2019	LESLIE TAYLOR	270.00	Reimbursement - Education & Travel
162401	4/18/2019	MEGAN GILBERT	2,893.56	Reimbursement - Education & Travel
162477	4/25/2019	CINDY NELSON	196.68	Reimbursement - Education & Travel
162489	4/25/2019	DAVID BELTRAN	75.00	Reimbursement - Education & Travel
162498	4/25/2019	EVA WASSEEN	285.20	Reimbursement - Education & Travel
162520	4/25/2019	KRISTY NIELSON	271.75	Reimbursement - Education & Travel
162556	4/25/2019	ROB FAIR	285.60	Reimbursement - Education & Travel
162576	4/25/2019	TAMI LOVE	180.54	Reimbursement - Education & Travel
162578	4/25/2019	TONIA GAILEY	125.00	Reimbursement - Education & Travel
162343	4/11/2019	AMY MAGANA	62.90	Reimbursement - Food
162390	4/18/2019	JAMES HORAN	33.00	Reimbursement - License
162146	4/4/2019	KATIE ARMSTRONG	250.00	Reimbursement - Other Employee Benefits
162282	4/11/2019	MARIANNE SANDERS	50.00	Reimbursement - Other Employee Benefits
162246	4/11/2019	DESERIEE PADILLA	11.21	Reimbursement - Other Purchased Services
162205	4/4/2019	TRENTON PFEIFER	283.72	Reimbursement - Payroll
162206	4/4/2019	TAWNIA DOTY	182.71	Reimbursement - Payroll
162364	4/18/2019	COURTNEY HARRIS	443.97	Reimbursement - Payroll
162437	4/18/2019	TRENTON PFEIFER	240.44	Reimbursement - Payroll
162241	4/11/2019	COURTNEY HARRIS	174.39	Reimbursement - Payroll
WWT	4/3/2019	ABG 3/21/19	153,319.68	Retirement
WWT	4/15/2019	ABG 4/4/19	164,251.88	Retirement
162565	4/25/2019	STATE OF WYO.DEPT.OF REVENUE	1,180.13	Sales Tax Payment

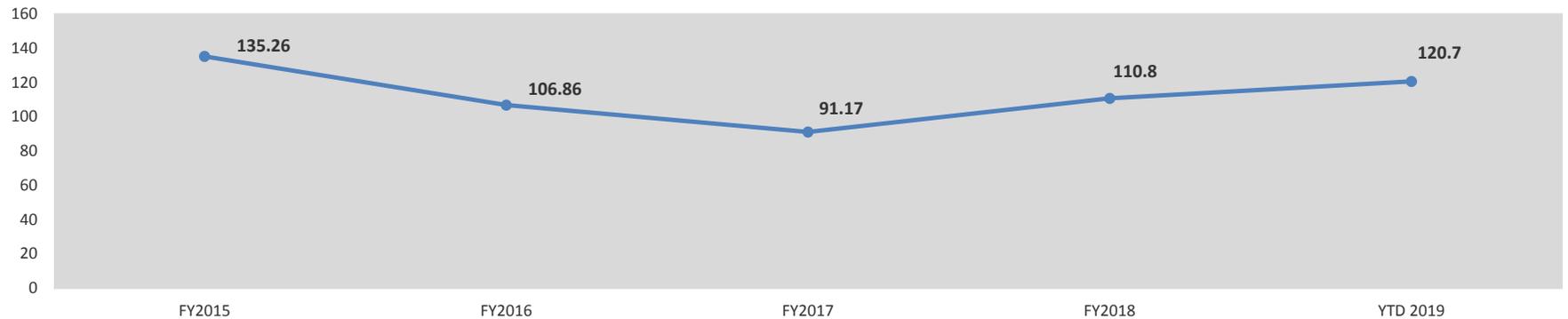
MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
4/30/19

W/T	4/24/2019	HUNTINGTON BANK	10,000.00	Settlement
162219	4/11/2019	AMERICAN LEGION TOM WHITMORE POST 28	200.00	Sponsorship
162244	4/11/2019	DEER TRAIL ASSISTED LIVING	700.00	Sponsorship
162266	4/11/2019	INTERNATIONAL DAYS, INC	1,000.00	Sponsorship
162310	4/11/2019	ROCK SPRINGS RENEWAL FUND	200.00	Sponsorship
162348	4/18/2019	AMERICAN CANCER SOCIETY	300.00	Sponsorship
162380	4/18/2019	GREEN RIVER HIGH SCHOOL	200.00	Sponsorship
162381	4/18/2019	GREEN RIVER ARTS COUNCIL COMM CHEST	100.00	Sponsorship
162572	4/25/2019	SWEETWATER EVENTS COMPLEX	6,000.00	Sponsorship
EFT000000004750	4/11/2019	R.S. CHAMBER OF COMMERCE	500.00	Sponsorship
162163	4/4/2019	MOBILE INSTRUMENT SERVICE	3,948.47	Surgery Equipment
162404	4/18/2019	MOBILE INSTRUMENT SERVICE	573.30	Surgery Equipment
162094	4/4/2019	ALI MED INC	104.29	Surgery Supplies
162118	4/4/2019	CONMED LINVATEC	294.55	Surgery Supplies
162143	4/4/2019	INTEGRA SURGICAL	101.81	Surgery Supplies
162176	4/4/2019	SMITH & NEPHEW ENDOSCOPY INC	1,400.54	Surgery Supplies
162186	4/4/2019	STRYKER ENDOSCOPY	1,105.85	Surgery Supplies
162214	4/11/2019	ALI MED INC	58.44	Surgery Supplies
162317	4/11/2019	STRYKER ENDOSCOPY	1,764.36	Surgery Supplies
162323	4/11/2019	SYNTHESE LTD	6,922.96	Surgery Supplies
162341	4/11/2019	ZIMMER BIOMET	5,437.00	Surgery Supplies
162346	4/18/2019	ALI MED INC	198.59	Surgery Supplies
162365	4/18/2019	COVDIEN SALES LLC, DBA GIVEN IMAGING	250.00	Surgery Supplies
162405	4/18/2019	NANOSONICS, INC	768.00	Surgery Supplies
162424	4/18/2019	SMITH & NEPHEW ENDOSCOPY INC	3,098.50	Surgery Supplies
162432	4/18/2019	STRYKER ENDOSCOPY	1,350.68	Surgery Supplies
162434	4/18/2019	SYNTHESE LTD	21,212.40	Surgery Supplies
162458	4/25/2019	ALI MED INC	334.76	Surgery Supplies
162560	4/25/2019	SMITH & NEPHEW ENDOSCOPY INC	3,504.28	Surgery Supplies
162574	4/25/2019	SYNTHESE LTD	443.52	Surgery Supplies
EFT000000004741	4/11/2019	COOPER SURGICAL	125.86	Surgery Supplies
EFT000000004765	4/18/2019	COOPER SURGICAL	801.08	Surgery Supplies
EFT000000004787	4/25/2019	COOPER SURGICAL	312.91	Surgery Supplies
162299	4/11/2019	PROFESSIONAL RESEARCH CONSULTANTS	2,730.00	Surveys
162515	4/25/2019	INSYNC	6.80	Translation Services
162521	4/25/2019	LANGUAGE LINE SERVICES	77.87	Translation Services
162112	4/4/2019	CSG,LLC	784.93	Trascription Services
162233	4/11/2019	CSG,LLC	2,398.74	Trascription Services
162169	4/4/2019	QUARTERMASTER	251.18	Uniforms
162236	4/11/2019	CHOTA OUTFITTERS, LLC	131.90	Uniforms
162215	4/11/2019	ALL WEST COMMUNICATIONS	3,978.05	Utilities
162224	4/11/2019	AT&T	6,159.80	Utilities
162225	4/11/2019	AT&T	84.44	Utilities
162302	4/11/2019	CENTURY LINK	3,388.99	Utilities
162309	4/11/2019	ROCK SPRINGS MUNICIPAL UTILITY	12,458.45	Utilities
162412	4/18/2019	DOMINION ENERGY WYOMING	21,255.88	Utilities
162413	4/18/2019	CENTURY LINK	328.94	Utilities
162420	4/18/2019	ROCKY MOUNTAIN POWER	35,202.72	Utilities
162494	4/25/2019	DISH NETWORK LLC	65.48	Utilities

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
INVESTMENT SUMMARY AND CASH ON HAND REPORT
04/30/19**

	FINANCIAL INSTITUTION	TYPE	INTEREST RATE	6/30/2015	6/30/2016	6/30/2017	6/30/2018	3/31/2019
	BANK OF WEST	Money Market	0.300%					321
	UINTA BANK	Money Market	2.510%					1,006,628
	KEYBANK	US Govt Bonds	1.488%					7,121,057
	MBS	US Govt Bonds, CD's	2.330%					5,842,751
	WELLS FARGO	CD's	3.080%					1,524,066
	WYOSTAR - Board Funded Depreciation	US Govt Bonds	2.305%					2,313,540
	WYOSTAR - Boice Fund	US Govt Bonds	2.410%					41
	WYOSTAR - Lifeline Fund	US Govt Bonds	2.410%					108,672
TOTAL				21,459,601	17,950,252	16,986,416	17,079,273	17,917,075
	Operating Cash							6,232,390
	Plant and Building Cash							16,560
	Foundation Unrestricted Cash							2,603,905
	TOTAL FOR "DAYS CASH ON HAND"							26,769,930

DAYS OF CASH ON HAND



**Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending April 30, 2019**

Vouchers Submitted by MHSC at agreed discounted rate	
July 2018	\$25,263.47
August 2018	\$19,080.15
September 2018	\$16,565.76
October 2018	\$22,530.05
November 2018	\$17,397.84
January 2019	\$37,526.68
February 2019	\$34,636.91
April 2019	\$28,531.67
County Requested Total Vouchers Submitted	\$201,532.53
Total Vouchers Submitted FY 2019	\$201,532.53
Less: Total Approved by County and Received by MHSC FY 2019	\$173,000.86
Total Vouchers Pending Approval by County	\$28,531.67

FY19 Title 25 Fund Budget from Sweetwater County	\$338,580.00
Funds Received From Sweetwater County	\$173,000.86
FY19 Title 25 Fund Budget Remaining	\$165,579.14
Total Budgeted Vouchers Pending Submittal to County	\$0.00

FY19 Maintenance Fund Budget from Sweetwater County	\$1,063,752.00
County Maintenance FY19 - July	\$13,120.28
County Maintenance FY19 - August	\$48,851.71
County Maintenance FY19 - September	\$21,866.14
County Maintenance FY19 - October	\$24,844.65
County Maintenance FY19 - November	\$23,729.06
County Maintenance FY19 - December	\$59,200.07
County Maintenance FY19 - January	\$105,830.84
Retaining Wall FY19 - February	\$298,609.30
	\$596,052.05
FY19 Maintenance Fund Budget Remaining	\$467,699.95

BUILDING AND GROUNDS COMMITTEE
Memorial Hospital of Sweetwater County
5/21/2019

Voting Board Committee Members Present: Ed Tardoni, Barbara Sowada

Voting Staff Committee Members Present: Jim Horan, Tami Love

Non-Voting Committee Members Present: Gerry Johnston

Invited Guests: Leslie Taylor

Minutes taken by: Jim Horan

Location: Classroom 1

Time Started: 3:30PM

TOPIC	DISCUSSION	RESPONSIBLE	ACTION	TIMELINE
Review Minutes	None	E. Tardoni	Approved	None
Maintenance Metric #1, Number of open W/O?	162	J. Horan	Continue to report each month. Send metric to committee members as soon as possible.	Report each meeting
Maintenance Metric #2. Number of open W/O > 30 days?	> 30 days = 134 ≤ 30 days = 28	J. Horan	Continue to report each month. Send metric to committee members as soon as possible.	Report each meeting
Maintenance Metric #3. Amount of OT for the month?	Slight amount for call-back	J. Horan	Continue to report each month	Report each meeting
Maintenance Metric #4. Over/ under budget for the month?	Close to budget	J. Horan	Continue to report each month	Report each meeting
Laundry upgrade	Clean laundry room to be created within existing laundry area.	J. Horan	Expect to start in late summer	Review next Meeting
Itemized Maintenance projects.	1. Collapsing retaining wall. Change order for concrete pad instead of asphalt by auxiliary oxygen connection. 2. HVAC Coil Replacement	J. Horan	1. Project slightly delayed (change order/ weather) Completion early June. 2. Completed with no issues.	1. Review next meeting. 2. Noted
Utility systems upgrades	Conference-phone conversation with ST&B regarding progress. Suggested presentation before full Board. Time TBD.	J. Horan	E. Tardoni to determine Board's pleasure regarding Engineer presentation to full board. E. Tardoni to notify J. Horan who will orchestrate with ST&B.	Review next meeting.
LED parking lot lighting	Light fixtures have arrived. Installation to be completed May 27-30	J. Horan	Noted	Review next meeting
PP presentation	Photos of various projects	J. Horan	Noted	None
Time Adjourned: 4:30P				
Next Meeting: May 21, 2019 3:30P-4:30P				
Respectfully Submitted: Jim Horan				

Finance and Audit Committee

IT report

May 2019

Rich Tyler

1. Continuing work on auditing software implementation. This project will be ongoing for a while as we continue to add all of our software packages to the auditing software.
2. Continuing working with the Cancer Center team and Pharmacy team to implement the new Looking Glass software. Also working to implement Varian Aria for the medical oncology department. Possible go-live in June 2019.
3. Continuing to work with the state of Wyoming HIE (Health Information Exchange). We are still testing out interfaces, and working on getting the correct formatting of the data.
4. Continuing to work on printer consolidation project to reduce costs.
5. Continuing work on the new Muse software project. The vendor is currently working on the configuration of their software. We continue to test interface messages between Muse and our other hospital systems. Estimated go-live is July 2019.
6. Currently working with the Utah HIE (Health Information Exchange) to upgrade our DIRECT send messaging system we use to send clinical documents to other health facilities securely. This project is still ongoing as we work with Quadramed to modify how we currently send DIRECT messages.
7. On 5/7 at 10pm we had a network wide scheduled outage to replace our core network switches. The outage went well, and lasted under 60 minutes.
8. On 5/14 we had another network wide scheduled outage to finish configuration of our core network switches. The outage lasted for approximately 90 minutes. We currently do not have any other network outages scheduled for the near future.
9. On 5/13 MHSC senior leadership and IT staff had a phone conference with the U of U Epic Connect Team to ask questions regarding their Epic Connect product. No decisions were made, but a lot of information was obtained.

IT News / Topics:

1. A recent study finds that the leading factor to predict EHR user satisfaction among clinicians is the quality of system training they received. The study concluded healthcare organizations should consider increasing their EHR and IT education and support they extend to providers. Additionally, clinicians should “adopt EHR technology expertise as a core competency of their profession”.
2. A recent study found that 63% of insured adults who visited a healthcare provider in the past 12 months had not used a patient portal during the preceding year. Additionally, 40 percent of patients in the study reported not being offered access to a patient portal. The top reason patients had for not using a portal are:
 - a. Prefer to speak directly to physician 70%
 - b. No need to use the portal 57%
 - c. No online medical record 42%
 - d. No internet access 25%
 - e. Privacy concerns 22%
3. Artificial Intelligence continues to grow and make headlines. Google is developing a deep learning model that can detect early-stage lung cancer in CT scans up to a year before a trained radiologist’s diagnosis. Also a recent article was released explaining how another AI project could predict the development of breast cancer up to five years in advance. There was another article released mentioning AI analysis can identify internalizing disorders such as anxiety and depression in audio records of children.

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

To: Finance Committee
From: Irene Richardson, CEO

May 11, 2019

NARRATIVE TO FY 2020 BUDGET

BUDGET OVERVIEW. The budget for FY 2020 is designed to realize steady financial improvement for Memorial Hospital of Sweetwater County (MHSC) over the next year. Administration's goal is to provide the highest quality care to the residents of Sweetwater County, while still maintaining positive cash flow in order to reinvest back into the facility. The FY 2020 budget reflects many initiatives and many goals that were set forth in the 2018-2021 Strategic Plan.

EXECUTIVE FINANCIAL SUMMARY. The financial performance goals for the FY 2020 Budget were created by using the Standard & Poor's benchmarks for BBB- rated hospitals as the standard for our key performance indicators. Our overall goal is to improve our S&P credit rating as part of our strategic plan.

The budget process began in January and was completed the second week of May. Administration worked diligently to create realistic and attainable financial goals, and the FY 2020 Budget reflects this work. This budget represents an improvement in the Financial Strength Index to 2.71, which is an improvement from 1.15 in FY 2018 and (2.15) in FY 2017. The index is calculated by using days of cash on hand, operating margin, accumulated depreciation and salary and benefit expense as a percentage of net patient revenue. A score of greater than 3.0 represents excellent financial strength.

ASSUMPTIONS. The assumptions for the FY 2020 Budget followed a conservative approach to revenue and volume. We have experienced some growth in outpatient services; however conservatively, we are only budgeting at current volumes. We have seen an increase in our inpatient volume as well, over the last several months, but our inpatient revenue fluctuates seasonally; therefore, we are budgeting and current projections.

- **REVENUE.** The FY 2020 Budget includes a recommendation for a 5% aggregate increase in gross revenue, which translates to a 2.58% increase in net revenue. The 5% recommendation is in line with what has been approved historically, and the 2.58% net effect allows us to cover the cost of inflation.
- **REDUCTIONS OF REVENUE.** We have experienced a change in our payer mix in the past year. Over the last year, we have seen an increase in our Medicare revenue of 5.4%. This increase has resulted in an increase in our reductions of revenue of 1%. Based on the FY 2020 revenue budget, the 1% increase in reductions of revenue will negatively impact the bottom line by \$1.7 million dollars.

- **SUPPLIES & MAINTENANCE.** The budget reflects and an increase in supply expense for IV solutions and supplies, which are chargeable items, and this was also incorporated into the revenue. The budget also includes an increase in maintenance contracts due to the warranty expiring on the CT, the addition of new software maintenance costs and the typical increase in existing maintenance contracts.
- **DAILY CASH EXPENSE.** This budget reflects an increase in daily cash expense due to the items mentioned above; however, the appropriate revenue has also been built into the budget. The budgeted daily cash expense is \$229,700. It is important to note that the average daily cash expense over the last three months has been \$225,470. Even with this increase in daily cash expense, we are still able to generate a positive operating margin, and our days of cash on hand have also increased. We have worked hard to become more efficient and steer our expenses to service lines that produce the best return on investment. Starting back in 2016, we tried to decrease the daily cash expense because the revenue was not adequately compensating for it. We have turned that trend around and we are starting to generate and collect the appropriate revenue in order to have a positive operating margin, and therefore, positive cash flow.

STATEMENT OF REVENUE AND EXPENSE. The bottom line from operations for the FY 2020 Budget is a gain of \$1,653,600, compared to a FYE 2019 projected gain of \$1,513,654. This is also compared to a loss of \$87,659 in FY 2018 and a loss of \$8,071,389 in FY 2017. This yields a 1.79% Operating Margin compared to 1.72% for the FYE 2019 projection. The FY 2020 Budget for the Total Net Surplus is \$2,107,766. This represents a Total Profit Margin of 2.29% compared with 2.80% for the FYE 2019 projection.

- **REVENUE.** The FY 2020 Budget represents an overall increase in charges of 5%. Historically, we have been very conservative regarding rate increases and the FY 2020 Budget remains consistent in that approach. Administration feels it is prudent to moderately increase charges in order to sustain expected inflationary increases. Despite the increase in Medicare revenue, due to our favorable payer mix we are still being reimbursed well, and expect that trend to continue with a modest overall 5% increase in the FY 2020 Budget. The FY 2020 Budget also includes increased revenue in the employed physician clinic that is reflective of the potential hiring of an orthopedic surgeon and increased revenue for the mid-level providers who have recently joined us.
- **REDUCTIONS OF REVENUE.** The budget reflects the increase in reduction of revenue of 48.7%, compared to 46.9% for FY 2019. Again, the increase in reduction of revenue is due to the increase in Medicare volume. The 1% increase in reductions of revenue negatively impacts the bottom line by \$1.7 million dollars.

- **OTHER OPERATING REVENUE.** The budget also reflects the support from the county for Title 25 and the county maintenance funding. County funding for routine maintenance support of \$700,456 is included in Other Operating Revenue, and the amount of \$1,450,000 for the Board Designated Capital Fund is included in Other Non-Operating Revenue.
- **EXPENSES.** The FY 2020 Budget includes the addition of several new FTEs. Included in the salary and wage budget are FTEs for an orthopedic surgeon, a hospitalist, a pathologist and a mid-level provider. It also includes increases in FTEs in several departments where the volume has increased. There are also vacant positions included in the budget. There were several requests for new FTEs during the budgetary process. In an effort to remain prudent, Administration carefully scrutinized every request and only granted approval in areas where the department was operating at or below their benchmark for productivity. As we have done in the past, even though the FTEs are included in the budget, we will analyze every request for new FTEs and vacant positions for necessity, and encourage leadership to be more efficient if possible, and to try to utilize existing staff in more effective and productive ways. We will continue with our objective to maintain salary costs while analyzing each request for a position. The budget also includes a 1.5% increase for staff to be placed in the appropriate salary range for their positions. This increase excludes contracted employees.

BALANCE SHEET. The balance sheet continues to be strong. We retired the Series 2013B bonds in FY 2019 and only the Series 2013A remain. As part of the strategic plan, we are preparing a project for consideration for the Special Purpose Tax ballot in the Fall of 2020.

Operating Cash is budgeted at \$14,000,000. The FY 2020 Budget includes capital expenditures of \$3,000,000, which remains consistent with the prior year. The capital expenditures are expected to be funded through cash flow from operations. The budgeted days of cash on hand will be 136 days at 6/30/20. Our days of cash on hand goal is to budget at the S&P benchmark for BBB- rated hospitals. The budget of 136 days exceeds the S&P benchmark for both the BB+ and BBB- rated hospitals, which are 91 days and 129 days, respectively. The Days in Receivables for the FY 2020 Budget is 49.8, which is down from the current level.

Over the next several years, with the assistance from the County for maintenance funding, we are hoping to complete several maintenance projects that have been deferred in the past. We are planning on starting and completing the central plant upgrade in FY 2020.

STATISTICS. The goal for the strategic plan is to increase our volume by improving access to care and possibly increasing services based on the community health needs assessment. These initiatives are in progress and we continue to work on projects in order to increase the volume. Conservatively, the FY 2020 budget does not reflect a volume increase; therefore, volume is budgeted at the current FY 2019 projection. We remain cautiously optimistic that we may experience an increase in volume; however, the budget remains conservative.

STATEMENT OF CASH FLOW. The FY 2020 Budget includes a net increase in cash of \$3,576,170. The statement also reflects the fact that we will expend the funds for the central plant upgrade in FY 2020. Again, these are county supported funds and are included in a restricted board designated fund.

FULL TIME EQUIVALENT EMPLOYEES (FTEs). The budget reflects an increase in FTEs. We have worked hard over the last several years to right size the staff and increase productivity with the existing staff. There are some departments who have seen an increase in volume and most of them are profitable service lines. We feel that by increasing the staff in those areas, although salary and wage expense may increase, we will continue to see a positive effect on the bottom line. We have worked diligently to reduce our agency staffing and our locum physician staffing. The opposite effect of decreasing those line items in the budget is an increase in FTEs. We have also been able to hire additional support staff who help our providers be more efficient and productive, which has also had a positive effect on the bottom line.

KEY FINANCIAL RATIOS. The goal of the FY 2020 Budget is to meet or exceed the S&P BBB- benchmark for profitability, liquidity and leverage ratios. Administration is working diligently to improve our financial performance in order to improve our credit rating. We are confident that this budget will guide us in achieving that goal.

OUTLOOK FOR FY 2020 – As mentioned above, the FY 2020 Budget includes a moderate 5% rate increase with no volume increase. The strategic goal for FY 2020 is to meet or exceed the Standard & Poor's benchmark for BBB- rated hospitals by increasing services, becoming more efficient and productive and maintaining expenses in order to optimize our cash flow. Our goal is to be cost effective, yet continue to provide the best quality patient care. We must remain diligent in capturing all charges, maintaining good cash collection policies and being prudent with all expenses. It is the goal of Administration to adhere to this Budget, as it will be a tool that will allow us to grow, enhance services and achieve our financial initiatives for the future.



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

Operating Budget and Capital Budget

for the Fiscal Year Ending

June 30, 2020

RECOMMENDATION: RATE 5%, WAGE ADJUSTMENTS 1.5%

Prepared and Submitted for Board Approval by:

TAMI LOVE

CFO

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20**

TABLE OF CONTENTS

BUDGET ASSUMPTIONS	PAGE 2
EXECUTIVE SUMMARY	PAGE 6
STATEMENT OF OPERATIONS	PAGE 7
BALANCE SHEET - ASSETS	PAGE 8
BALANCE SHEET - LIABILITIES AND NET ASSETS	PAGE 9
KEY OPERATING STATISTICS	PAGE 10
STATEMENT OF CASH FLOWS	PAGE 12
FULL TIME EQUIVALENT EMPLOYEES (FTE'S)	PAGE 13
FINANCIAL RATIOS AND BENCHMARKS	PAGE 14
CAPITAL BUDGET REQUESTS	PAGE 15



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20**

1) PATIENT DAYS:

BUDGETED AT FY 2019 PROJECTION : 5,426
 FY 2018 PATIENT DAYS: 5,067
 FY 2017 PATIENT DAYS: 7,029
 FY 2016 PATIENT DAYS: 7,381

2) DISCHARGES:

BUDGETED AT FY 2019 PROJECTION : 2,051
 FY 2018 DISCHARGES: 2,086
 FY 2017 DISCHARGES: 2,484
 FY 2016 DISCHARGES: 2,633

3) LENGTH OF STAY:

BUDGETED AT FY 2019 PROJECTION : 2.9
 FY 2018 LOS: 2.6
 FY 2017 LOS: 3.2
 FY 2016 LOS: 3.2

4) EMERGENCY DEPARTMENT VISITS:

BUDGETED AT FY 2019 PROJECTION: 16,273
 FY 2018 ACTUAL VISITS: 16,361
 FY 2017 ACTUAL VISITS: 16,583
 FY 2016 ACTUAL VISITS: 16,673

5) SURGICAL PROCEDURES:

BUDGETED AT FY 2019 PROJECTION: 1,946
 FY 2018 ACTUAL PROCEDURES: 2,081
 FY 2017 ACTUAL PROCEDURES: 2,198
 FY 2016 ACTUAL PROCEDURES: 2,200

6) OUTPATIENT VISITS:

BUDGETED AT FY 2019 PROJECTION: 85,406
 FY 2018 ACTUAL VISITS: 76,842
 FY 2017 ACTUAL VISITS: 82,497
 FY 2016 ACTUAL VISITS: 82,218

7) CLINIC VISITS

BUDGETED AT FY 2019 PROJECTION PLUS ADJUSTED FOR FULL YEAR OF NEW PROVIDERS: 57,185
 FY 2018 ACTUAL VISITS: 53,543
 FY 2017 ACTUAL VISITS: 59,329
 FY 2016 ACTUAL VISITS: 75,169

8) GROSS REVENUE:

1.2% INCREASE FOR NEW SERVICES AND ADJUSTED FOR FULL YEAR NEW PROVIDERS
 PATHOLOGY
 ORTHOPEDICS
 AESTHETICS
 MIDLEVELS - NP & PA

5% AGGREGATE RATE INCREASE
 4% ROOM RATE INCREASE

FY19 RATE INCREASE: 2%
 FY18 RATE INCREASE: 5%
 FY17 RATE INCREASE: 5%
 FY16 RATE INCREASE: 4%
 FY15 RATE INCREASE: 5%

Page 388 of 424

9) PAYER MIX - INPATIENT AND OUTPATIENT:

SELF PAY 8.2% - Decreased .7% from prior year
 MEDICARE 40.2% - Increased 5.4% from prior year
 MEDICAID 9.2% - Decreased 1.2% from prior year
 BLUE CROSS 22.7% - Decreased 1.7% from prior year
 PRIVATE INSURANCE 18.2% - Decreased 1.7% from prior year

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20**

10) CONTRACTUAL ALLOWANCES:

MEDICAL ASSISTANCE BUDGETED AT 1%
BAD DEBT BUDGETED AT 6.5%
TOTAL DEDUCTIONS OF REVENUE ARE BUDGETED AT 48.7%

REDUCTION OF REVENUE FY15: 42.4%
REDUCTION OF REVENUE FY16: 43.1%
REDUCTION OF REVENUE FY17: 46.5%
REDUCTION OF REVENUE FY18: 46.5%

REDUCTION OF REVENUE BUDGET FY19: 46.9%
REDUCTION OF REVENUE ACTUAL FY19: 48.2%

1% INCREASE IN REDUCTION OF REVENUE = \$1,739,000

COUNTY BUDGET REQUEST: TITLE 25 SUBSIDY \$477,360

11) OTHER OPERATING REVENUE:

COUNTY BUDGET REQUEST: TOTAL MAINTENANCE FUND \$2,150,456
ROUTINE MAINTENANCE & PROPERTY PREMIUM: \$700,456
BOARD DESIGNATED CAPITAL FUND: \$1,450,000

OCCUPATION MEDICINE CONTRACTS
FOUNDATION UNRESTRICTED FUNDS
CAFETERIA SALES
COLLECTION AGENCY INTEREST

12) SALARY AND WAGE

BUDGET INCLUDES WAGE ADJUSTMENT FOR EMPLOYEES, EXCLUDES PROVIDERS: \$499,916 INCLUDING INCREASE IN BENEFITS

CURRENT FTEs: 457.3 FOR PAY PERIOD ENDING 04/28/19

FY 2020 BUDGETED FTEs: 488.4

NEW PHYSICIANS/PROVIDERS:

ORTHOPEDIC
HOSPITALIST
PATHOLOGIST
MIDLEVELS - PA/NP

NEW DEPARTMENT REQUESTS:

CANCER CENTER	LABOR & DELIVERY
LABORATORY	MED/SURG UNIT
QUALITY	BEHAVIOR HEALTH
DIALYSIS	PATIENT NAVIGATOR

VACANT POSITIONS: 16.1 FTEs

13) CONTRACT LABOR:

BEHAVIOR HEALTH - \$24,000 DECREASE FROM FY19
ICU - \$225,000 FULL YEAR
SURGERY - \$300,000 FULL YEAR
EMERGENCY ROOM - \$109,000 HALF YEAR
ULTRASOUND - \$86,000 HALF YEAR
ECHOCARDIOGRAPHY - \$86,000 HALF YEAR
INFECTION CONTROL - \$135,000 FULL YEAR

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20**

14) OTHER PURCHASED SERVICES:

CONSULTING FEES:

HUNTSMAN CANCER CENTER CONSULTING: \$125,000

STRATEGIC PLANNING INITIATIVES: \$149,000

LEAN

PLANETREE

CHNA

EMPLOYEE ENGAGEMENT SURVEY

LEGAL FEES: \$250,000

15) OTHER PHYSICIAN FEES:

DECREASE IN PATHOLOGY WITH NEW HIRE

DECREASE IN HOSPITALIST WITH NEW HIRE

DECREASE IN RADIOLOGY PER CONTRACT

NEW RADIATION ONCOLOGY - GAMMA WEST

16) SUPPLIES:

BUDGETING 67% INCREASE IN IV SOLUTIONS & SUPPLIES - NEW CONTRACT

INCLUDES INFLATIONARY INCREASES PER INTALERE GPO CONTRACT

~1% ENVIRONMENTAL SERVICES (CLEANING SUPPLIES, LINEN, SOAP)

~3.8% FOOD

~1.5% LABORATORY SUPPLIES

~<1% MEDICAL SUPPLIES

~2% OFFICE SUPPLIES - 4% PAPER

~ 8% PHARMACY DRUGS

~ <1% MAINTENANCE SUPPLIES

17) CONTRACT MAINTENANCE & REPAIRS

NEW ANNUAL CONTRACTS

INTERNET

INTRANET

HEALTHCARE SOURCE

MEDICAL STAFF SOFTWARE

VOIP SYSTEM

MUSE SYSTEM

CAT SCAN

AVERAGE 3% ANNUAL INCREASE ON EXISTING EMR SUPPORT CONTRACTS

18) LICENSE AND TAXES:

HUNTSMAN CANCER CENTER: \$50,000

19) EDUCATION & TRAVEL:

EMPLOYEE TUITION REIMBURSEMENT: \$16,000

20) PHYSICIAN RECRUITMENT:

PEDIATRICS

ORTHOPEDICS

RADIATION ONCOLOGY

PULMONOLOGY

INCLUDES: MOVING EXPENSES

LIVING EXPENSES 6 MONTHS EACH

RECRUITMENT PLACEMENT FEES

STUDENT LOANS

CONTINUING EDUCATION

SIGN ON BONUS

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20**

21) CAPITAL BUDGET:

FY 2020 CAPITAL BUDGET RECOMMENDATION: \$3,000,000
FY 2020 TOTAL CAPITAL BUDGET REQUESTS: \$ 13,573,108
INCLUDES MAINTENANCE PROJECTS & EQUIPMENT: \$8,348,318

22) DAYS CASH ON HAND:

FY 2020 BUDGET: 136
CURRENT DAYS OF CASH ON HAND: 115
FY 2019 PROJECTION: 138
FY 2019 ACTUAL: 110.80
BB+ BENCHMARK: 91.3
BBB- BENCHMARK: 129

23) DAILY CASH EXPENSE:

FY 2020 BUDGET: 229,700
FY 2019 PROJECTION: \$217,500
FY 2018 ACTUAL: \$220,915
FY 2017 ACTUAL: \$236,795
FY 2016 ACTUAL: \$222,398

24) ACCOUNTS RECEIVABLE:

DAYS IN A/R BUDGETED AT : 49.8
FY 2019 PROJECTION: 52.43
FY 2018 ACTUAL: 50.46
BB+ BENCHMARK: 52.40
BBB- BENCHMARK: 51.80

25) OPERATING MARGIN:

FY 2020 BUDGET: 1.79%
FY 2019 PROJECTION: 1.72%
FY 2018 ACTUAL: **-.10%**
BB+ BENCHMARK: .10%
BBB- BENCHMARK: .30%

26) TOTAL MARGIN:

FY 2020 BUDGET: 2.29%
FY 2019 PROJECTION: 2.80%
FY 2018 ACTUAL: 2.75%
BB+ BENCHMARK: .80%
BBB- BENCHMARK: 1.00%

27) AVERAGE AGE OF PLANT:

FY 2020 BUDGET: 13.7
FY 2019 PROJECTION: 11.3
FY2018 ACTUAL: 9.2
BB+ BENCHMARK: 13.10
BBB- BENCHMARK: 11.50

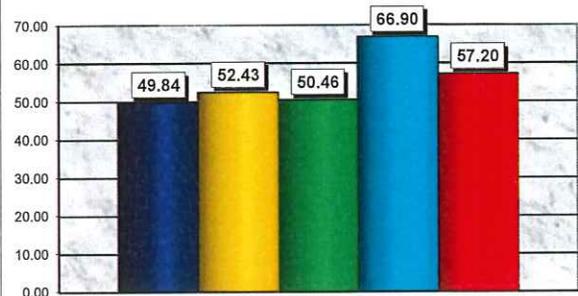
EXECUTIVE FINANCIAL SUMMARY

Budget for the Year Ending 06/30/20

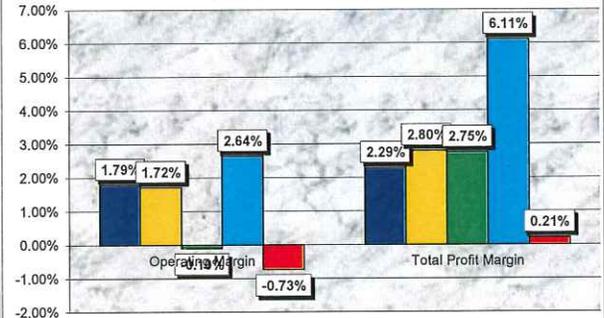
BALANCE SHEET

	Budget 6/30/2020	Projected 6/30/2019
ASSETS		
Current Assets	\$32,250,000	\$29,250,000
Assets Whose Use is Limited	20,295,000	22,015,000
Property, Plant and Equipment (Net)	61,844,326	63,018,700
Other Assets	222,000	234,800
Total Unrestricted Assets	114,611,326	114,518,500
Restricted Assets	500,000	346,000
Total Assets	\$115,111,326	\$114,864,500
LIABILITIES AND NET ASSETS		
Current Liabilities	\$7,697,300	\$7,975,600
Long-Term Debt	26,492,700	26,214,400
Other Long-Term Liabilities	182,700	480,570
Total Liabilities	34,372,700	34,670,570
Net Assets	80,738,626	80,193,930
Total Liabilities and Net Assets	\$115,111,326	\$114,864,500

NET DAYS IN ACCOUNTS RECEIVABLE



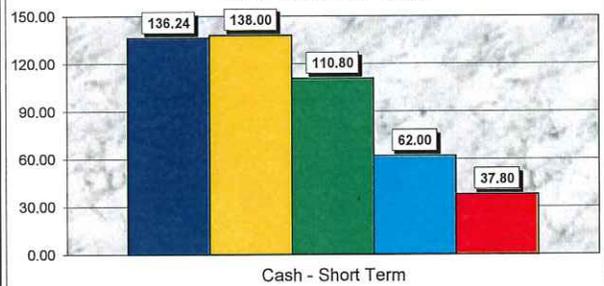
HOSPITAL MARGINS



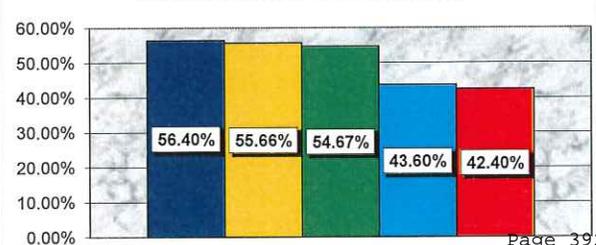
STATEMENT OF REVENUE AND EXPENSES - YTD

	Budget 6/30/2020	Projected 6/30/2019
Revenue:		
Gross Patient Revenues	\$174,891,919	\$164,757,387
Deductions From Revenue	(85,172,365)	(79,478,260)
Net Patient Revenues	89,719,554	85,279,127
Other Operating Revenue	2,452,598	2,896,686
Total Operating Revenues	92,172,152	88,175,813
Expenses:		
Salaries, Benefits & Contract Labor	51,050,630	48,238,575
Purchased Services & Physician Fees	8,582,390	8,040,439
Supply Expenses	14,118,822	13,378,573
Other Operating Expenses	10,092,336	9,731,405
Bad Debt Expense	0	0
Depreciation & Interest Expense	6,674,374	7,273,167
Total Expenses	90,518,552	86,662,159
NET OPERATING SURPLUS	1,653,600	1,513,654
Non-Operating Revenue/(Expenses)	454,166	959,497
TOTAL NET SURPLUS	\$2,107,766	\$2,473,151

DAYS CASH ON HAND



SALARY AND BENEFIT EXPENSE AS A PERCENTAGE OF NET REVENUE



KEY STATISTICS AND RATIOS - YTD

	Budget 6/30/2020	Projected 6/30/2019
Total Acute Patient Days	4,708	4,708
Average Acute Length of Stay	2.9	2.9
Total Emergency Room Visits	16,273	16,273
Outpatient Visits	85,406	85,406
Total Surgeries	1,946	1,946
Net Revenue Change from Prior Year	4.53%	1.22%
EBIDA	9.04%	10.16%
Days Expense in Accounts Payable	30.02	
	Budget 6/30/2020	Projected 6/30/2019
Total Worked FTE's	438.83	402.59
Total Paid FTE's	482.23	451.25
Total Contract Labor	6.20	6.03

■ Budget for Fiscal Year End	6/30/2020
■ Projected	6/30/2019
■ Prior Fiscal Year End	6/30/2018
■ WYOMING	All Hospitals
■ National Hospital Benchmark	Rural

FINANCIAL STRENGTH INDEX -	2.71
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 06/30/20

	Budget 06/30/20	Projected 06/30/19	Budget 06/30/19	Actual 06/30/18	Actual 06/30/17
Gross Patient Revenue					
Inpatient Revenue	\$38,336,580	\$36,713,623	\$35,312,721	\$34,175,110	\$44,091,168
Outpatient Revenue	118,622,645	111,776,922	112,216,333	107,307,650	94,000,248
Clinic Revenue	15,297,812	14,211,800	14,734,332	13,972,715	14,391,319
Specialty Clinic - Ortho Revenue	2,634,882	2,055,042	2,721,331	2,293,788	3,768,748
Total Gross Patient Revenue	<u>174,891,919</u>	<u>164,757,387</u>	<u>164,984,717</u>	<u>157,749,263</u>	<u>156,251,483</u>
Deductions From Revenue					
Discounts and Allowances	(72,055,471)	(66,767,030)	(66,818,811)	(62,156,442)	(60,408,324)
Bad Debt Expense (Governmental Providers Only)	(11,367,975)	(10,666,559)	(8,549,236)	(9,004,156)	(9,745,478)
Medical Assistance	(1,748,919)	(2,044,671)	(2,049,847)	(2,218,712)	(2,512,230)
Total Deductions From Revenue	<u>(85,172,365)</u>	<u>(79,478,260)</u>	<u>(77,417,894)</u>	<u>(73,379,310)</u>	<u>(72,666,032)</u>
Net Patient Revenue	<u>89,719,554</u>	<u>85,279,127</u>	<u>87,566,823</u>	<u>84,369,953</u>	<u>83,585,451</u>
Other Operating Revenue	<u>2,452,598</u>	<u>2,896,686</u>	<u>2,840,078</u>	<u>2,739,634</u>	<u>2,251,404</u>
Total Operating Revenue	<u>92,172,152</u>	<u>88,175,813</u>	<u>90,406,901</u>	<u>87,109,587</u>	<u>85,836,855</u>
Operating Expenses					
Salaries and Wages	39,969,594	37,943,006	39,322,517	37,359,892	41,499,641
Fringe Benefits	10,062,864	9,322,999	9,906,897	9,875,453	9,670,458
Contract Labor	1,018,172	972,570	819,634	1,432,609	2,400,566
Physicians Fees	3,792,061	3,722,610	2,940,204	3,084,279	2,992,684
Purchased Services	4,790,329	4,317,829	4,919,830	5,154,203	6,124,654
Supply Expense	14,118,822	13,378,573	13,812,112	12,811,145	12,360,280
Utilities	1,128,947	1,103,974	1,147,628	1,119,148	1,156,012
Repairs and Maintenance	5,065,614	4,680,404	4,640,159	4,421,777	4,208,060
Insurance Expense	625,718	805,151	737,100	738,768	935,449
All Other Operating Expenses	2,425,381	2,152,332	2,177,878	2,297,931	2,637,435
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0
Leases and Rentals	846,676	989,544	865,979	837,070	1,098,467
Depreciation and Amortization	6,674,374	7,273,167	7,398,886	8,064,970	8,824,538
Interest Expense (Non-Governmental Providers)	0	0	0	0	0
Total Operating Expenses	<u>90,518,552</u>	<u>86,662,159</u>	<u>88,688,824</u>	<u>87,197,246</u>	<u>93,908,244</u>
Net Operating Surplus/(Loss)	1,653,600	1,513,654	1,718,077	(87,659)	(8,071,389)
Non-Operating Revenue:					
Investment Income	160,000	107,904	122,819	162,873	157,846
Tax Subsidies (Except for GO Bond Subsidies)	0	191,879	0	3,614,005	3,210,607
Interest Expense (Governmental Providers Only)	(1,365,882)	(1,300,961)	(1,365,882)	(1,501,858)	(1,365,880)
Other Non-Operating Revenue/(Expenses)	1,660,048	1,960,675	210,048	209,434	(1,556,203)
Total Non Operating Revenue/(Expense)	<u>454,166</u>	<u>959,497</u>	<u>(1,033,015)</u>	<u>2,484,453</u>	<u>446,370</u>
Total Net Surplus/(Loss)	\$2,107,766	\$2,473,151	\$685,062	\$2,396,794	(\$7,625,019)
Operating Margin	1.79%	1.72%	1.90%	-0.10%	-9.40%
Total Profit Margin	2.29%	2.80%	0.76%	2.75%	-8.88%
EBIDA	9.04%	10.16%	10.08%	12.78%	4.45%
Cash Flow Margin	9.53%	11.03%	8.94%	11.53%	1.35%

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20

	ASSETS			
	Budget 6/30/2020	Projected 6/30/2019	Actual 6/30/2018	Actual 6/30/2017
Current Assets				
Cash and Cash Equivalents	14,000,000	\$11,000,000	\$14,404,653	\$11,368,899
Gross Patient Accounts Receivable	23,500,000	23,500,000	21,199,648	19,972,096
Less: Bad Debt and Allowance Reserves	(11,250,000)	(11,250,000)	(9,770,080)	(9,329,712)
Net Patient Accounts Receivable	12,250,000	12,250,000	11,429,568	10,642,384
Interest Receivable	0	0	0	0
Other Receivables	1,200,000	1,200,000	1,957,332	1,750,578
Inventories	2,800,000	2,800,000	2,829,223	2,664,302
Prepaid Expenses	2,000,000	2,000,000	2,365,112	2,004,625
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	32,250,000	29,250,000	32,985,887	28,430,788
Assets Whose Use is Limited				
Cash	15,000	15,000	12,573	328,882
Investments	0	0	0	0
Bond Reserve/Debt Retirement Fund	0	0	0	0
Trustee Held Funds - Project	3,000,000	3,000,000	3,034,341	3,017,205
Trustee Held Funds - SPT	0	0	3,452,951	3,013,114
Board Designated Funds	2,980,000	4,700,000	1,300,000	1,300,000
Other Limited Use Assets	14,300,000	14,300,000	8,303,935	8,253,433
Total Limited Use Assets	20,295,000	22,015,000	16,103,800	15,912,634
Property, Plant, and Equipment				
Land and Land Improvements	2,958,700	2,958,700	2,928,057	2,928,057
Building and Building Improvements	41,000,000	38,000,000	38,041,246	38,027,734
Equipment	113,300,000	110,300,000	108,303,077	105,824,759
Construction In Progress	500,000	1,000,000	1,010,882	483,257
Capitalized Interest	0	0	0	0
Gross Property, Plant, and Equipment	157,758,700	152,258,700	150,283,261	147,263,807
Less: Accumulated Depreciation	(95,914,374)	(89,240,000)	(82,058,661)	(74,110,859)
Net Property, Plant, and Equipment	61,844,326	63,018,700	68,224,600	73,152,948
Other Assets				
Unamortized Loan Costs	222,000	234,800	247,062	259,415
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	222,000	234,800	247,062	259,415
TOTAL UNRESTRICTED ASSETS	114,611,326	114,518,500	117,561,349	117,755,785
Restricted Assets	500,000	346,000	426,203	75,515
TOTAL ASSETS	\$115,111,326	\$114,864,500	\$117,987,552	\$117,831,300

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20

	<u>LIABILITIES AND FUND BALANCE</u>			
	<u>Budget</u> <u>6/30/2020</u>	<u>Projected</u> <u>6/30/2019</u>	<u>Actual</u> <u>6/30/2018</u>	<u>Actual</u> <u>6/30/2017</u>
Current Liabilities				
Accounts Payable	\$3,400,000	\$3,400,000	\$4,934,966	\$4,177,438
Notes and Loans Payable	0	0	0	0
Accrued Payroll	1,500,000	1,500,000	910,902	1,026,503
Accrued Payroll Taxes	0	0	0	0
Accrued Benefits	2,100,000	2,100,000	1,702,057	2,001,046
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	1,810,631	1,585,000
Current Portion of LTD (Leases)	297,300	575,600	0	0
Other Current Liabilities	400,000	400,000	432,632	411,236
Total Current Liabilities	<u>7,697,300</u>	<u>7,975,600</u>	<u>9,791,188</u>	<u>9,201,223</u>
Long Term Debt				
Bonds/Mortgages Payable	26,790,000	26,790,000	29,726,614	32,323,726
Leases Payable	0	0	0	0
Less: Current Portion Of Long Term Debt	(297,300)	(575,600)	(1,810,631)	(1,585,000)
Total Long Term Debt (Net of Current)	<u>26,492,700</u>	<u>26,214,400</u>	<u>27,915,983</u>	<u>30,738,726</u>
Other Long Term Liabilities				
Deferred Revenue	0	0	0	0
Accrued Pension Expense (Net of Current)	0	0	0	0
Other	182,700	480,570	1,070,720	1,122,980
Total Other Long Term Liabilities	<u>182,700</u>	<u>480,570</u>	<u>1,070,720</u>	<u>1,122,980</u>
TOTAL LIABILITIES	<u>34,372,700</u>	<u>34,670,570</u>	<u>38,777,891</u>	<u>41,062,929</u>
Net Assets:				
Unrestricted Fund Balance	76,171,741	75,261,660	74,388,532	81,992,893
Temporarily Restricted Fund Balance	1,959,119	1,959,119	1,959,119	1,959,119
Restricted Fund Balance	500,000	500,000	465,216	441,378
Net Revenue/(Expenses)	2,107,766	2,473,151	2,396,794	(7,625,000)
TOTAL NET ASSETS	<u>80,738,626</u>	<u>80,193,930</u>	<u>79,209,661</u>	<u>76,768,371</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$115,111,326</u>	<u>\$114,864,500</u>	<u>\$117,987,552</u>	<u>\$117,831,300</u>

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20**

STATISTICS	Budget 06/30/20	Projected 06/30/19	Budget 06/30/19	Actual 06/30/18	Actual 06/30/17
Discharges					
Acute	1,603	1,603	1,616	1,605	1,972
Total Adult Discharges	1,603	1,603	1,616	1,605	1,972
Newborn	448	448	497	481	512
Total Discharges	<u>2,051</u>	<u>2,051</u>	<u>2,113</u>	<u>2,086</u>	<u>2,484</u>
Patient Days:					
Acute	4,708	4,708	4,301	4,234	6,216
Total Adult Patient Days	4,708	4,708	4,301	4,234	6,216
Newborn	719	719	865	833	813
Total Patient Days	<u>5,426</u>	<u>5,426</u>	<u>5,166</u>	<u>5,067</u>	<u>7,029</u>
Average Length of Stay (ALOS)					
Acute	2.9	2.9	2.7	2.6	3.2
Total Adult ALOS	2.9	2.9	2.7	2.6	3.2
Newborn ALOS	1.6	1.6	1.7	1.7	1.6
Average Daily Census (ADC)					
Acute	12.9	12.9	11.8	11.6	17.0
Total Adult ADC	12.9	12.9	11.8	11.6	17.0
Newborn	2.0	2.0	2.4	2.3	2.2
Emergency Room Statistics					
ER Visits - Admitted	1,731	1,731	1,666	1,669	1,806
ER Visits - Discharged	14,543	14,543	14,696	14,692	14,777
ER - Urgent Care Visits	0	0	0	0	0
Total ER Visits	16,273	16,273	16,362	16,361	16,583
% of ER Visits Admitted	10.63%	10.63%	10.18%	10.20%	10.89%
ER Admissions as a % of Total	108.11%	108.11%	103.29%	103.92%	91.44%
Productivity Statistics:					
FTE's - Worked	438.83	402.59	425.02	398.44	429.54
FTE's - Paid	482.23	451.25	461.98	442.62	472.35
Contract Labor	6.20	6.03	2.25	8.58	14.51
Case Mix Index -Medicare	1.3523	1.3523	1.3000	1.2976	1.4563
Case Mix Index - All payers	0.7756	0.7756	0.8700	0.8767	0.8607
Outpatient Statistics:					
Total Outpatients Visits	85,406	85,406	77,329	76,842	82,497
Observation Bed Days	1,436	1,436	1,297	1,313	1,207
Clinic Visits - Primary Care	51,271	48,771	48,719	48,590	52,546
Clinic Visits - Specialty Clinics	5,914	4,914	4,885	4,953	6,783
IP Surgeries	309	309	355	351	426
OP Surgeries	1,637	1,637	1,663	1,730	1,772

Budgeted Key Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Budget for the Year Ending 06/30/20

STATISTICS	Budget 06/30/20	Projected 06/30/19	Budget 06/30/19	Actual 06/30/18	Actual 06/30/17
Ancillary Statistics:					
Laboratory:					
Inpatient	86,871	86,871	89,575	90,499	111,711
Outpatient	401,636	401,636	394,814	393,374	359,619
Radiology					
Inpatient	1,833	1,833	2,099	2,047	3,291
Outpatient	28,345	28,345	28,264	28,458	27,214
Rehab Services (PT, OT, Speech)					
Inpatient	1,401	1,401	1,219	1,178	2,193
Outpatient	6,131	6,131	5,978	6,012	8,227
Cardiac Rehab					
Inpatient	0	0	0	0	0
Outpatient	3,338	3,338	4,205	4,115	5,093
Respiratory Therapy					
Inpatient	16,256	16,256	16,110	15,673	21,517
Outpatient	4,752	4,752	5,574	5,829	6,214
Cardiology					
Inpatient	663	663	587	578	816
Outpatient	5,481	5,481	6,018	5,642	6,334

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20

	CASH FLOW	
	Budget 6/30/2020	Projected 6/30/2019
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$1,653,600	\$1,513,654
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	6,674,374	7,181,339
(Increase)/Decrease in Net Patient Accounts Receivable	0	(820,432)
(Increase)/Decrease in Other Receivables	0	757,332
(Increase)/Decrease in Inventories	0	29,223
(Increase)/Decrease in Pre-Paid Expenses	0	365,112
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	0	(1,534,966)
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	0	987,041
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	0	(32,632)
Net Cash Provided by Operating Activities:	8,327,974	8,445,670
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(5,500,000)	(1,975,439)
(Increase)/Decrease in Limited Use Cash and Investments	1,720,000	(5,911,200)
(Increase)/Decrease in Other Limited Use Assets	0	0
(Increase)/Decrease in Other Assets	(141,200)	92,465
Net Cash Used by Investing Activities	(3,921,200)	(7,794,174)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	278,300	(3,512,214)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	0	0
Net Cash Used for Financing Activities	278,300	(3,512,214)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(1,108,904)	(529,385)
Net Increase/(Decrease) in Cash	3,576,170	(3,390,103)
Cash, Beginning of Period	11,014,550	14,404,653
Cash, End of Period	\$14,590,720	\$11,014,550

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget for the Year Ending 06/30/20**

	Budget 6/30/2020	Projected 6/30/2019	Budget 6/30/2019	Actual 6/30/2018	Actual 6/30/2017
600 Medical/Surgical Nursing/OP Svcs	27.8	21.1	25.4	23.4	25.2
605 Behavioral Health	9.1	4.5	7.2	5.7	7.5
610 OB/Delivery/Nursery/LDRP	19.3	17.3	17.4	17.6	17.4
620 Intensive Care Unit	11.9	10.8	12.5	12.6	13.4
630 Surgical Services	20.8	18.7	21.9	20.6	22.2
633 Recovery Room	2.1	3.8	2.8	2.8	3.0
640 Dialysis	9.0	8.9	7.0	4.8	3.2
650 Emergency Department	22.4	23.0	23.7	24.5	24.7
660 Oncology Services	12.0	12.0	12.6	10.9	11.6
700 Laboratory	37.1	32.6	34.1	32.5	31.0
710 Radiology Diagnostic	8.2	8.9	9.8	9.2	9.4
711 Mammography	1.6	1.4	1.6	1.1	1.6
712 Ultrasound/Echo	4.5	2.9	4.5	3.3	3.9
713 Nuclear Medicine/PET	2.0	1.9	1.7	1.8	2.0
714 CT Scan	4.9	4.4	4.7	4.7	4.9
715 MRI	1.3	1.1	1.3	1.3	1.3
720 Respiratory Therapy	6.6	5.3	6.0	5.5	6.2
722 EKG and Sleep Lab	4.2	4.8	4.6	4.3	3.8
723 Cardiac Rehab	2.5	2.3	2.4	2.3	2.8
730 Physical Therapy	3.7	3.7	3.5	3.5	4.4
782 Quality/Compliance/Inf Cntrl	10.0	7.6	9.0	8.0	7.0
781 Social Worker	1.0	1.0	1.0	1.0	1.0
786 Nursing Informatics	3.0	3.0	3.0	3.0	3.0
790 Health Information Management	13.7	13.0	12.6	12.6	12.4
791 Case Management/Care Transition	4.3	4.4	5.3	4.3	5.0
800 Plant Operations/BioMed	12.7	13.2	13.7	11.7	13.9
801 Housekeeping	26.0	25.3	23.5	23.3	23.1
802 Laundry and Linen	6.5	6.6	6.5	6.3	6.8
810 Security/Emer. Mgmt	7.2	7.3	8.3	7.8	7.7
850 Materials Management	8.0	8.0	8.0	8.0	7.1
870 Dietary, Dieticians	18.9	19.7	19.1	18.1	18.6
901 Marketing	1.0	1.0	1.0	1.0	0.9
900 Administration	6.0	6.0	6.0	5.8	7.8
905 Nursing Administration	4.3	3.8	4.3	5.2	5.7
910 Information Systems	7.0	7.6	8.0	7.3	7.2
920 Human Resources	4.8	4.8	4.6	4.5	5.1
930 General Accounting	5.0	4.8	5.0	4.6	4.9
940 Patient Accounting	14.0	13.7	14.0	14.3	13.0
941 Admitting and Outpatient Registration	13.3	16.2	13.4	14.6	14.5
942 Communications	3.0	3.4	3.0	2.8	2.8
943 Central Scheduling	4.0	4.1	4.0	3.9	3.9
950 Orthopedic Clinic (no physician)	3.2	3.3	4.1	4.7	9.1
974 Primary Care Clinic (no physician)	52.3	47.9	41.9	36.5	44.7
All Other (Educ, MedStf, Volunteer, Found, Phys Rec)	7.0	6.2	7.8	7.2	8.0
Sub-Total	447.2	421.0	431.7	408.8	432.3
Physicians/PAs/Nurse Practitioners	35.0	28.9	30.3	33.8	40.1
TOTALS	482.2	449.9	462.0	442.6	472.4

Contract Labor					
Emergency Room	0.5	1.2	0.3	2.8	3.3
Med/Surg	0.0	0.0	0.0	0.0	2.3
OB/Delivery/Nursery/LDRP	0.0	0.0	0.5	0.5	0.8
Special Care Unit (ICU)	1.0	0.0	0.0	0.5	1.8
Surgical Services	1.0	2.0	1.0	2.8	3.5
Ultrasound	1.0	2.1	0.5	1.0	0.5
Laboratory	0.1	0.1	0.0	0.0	0.7
Behavioral Health	1.0	1.3	0.0	0.4	0.0
Infection Control	1.0	0.0	0.0	0.0	0.0
EKG and Sleep Lab	0.0	0.4	0.0	0.1	0.6
Oncology Services	0.0	0.0	0.0	0.1	0.1
Dialysis	0.0	0.0	0.0	0.4	0.5
Maintenance	0.1	0.0	0.0	0.0	0.1
IT	0.5	0.0	0.0	0.0	0.0
Physical Therapy	0.0	0.0	0.0	0.0	0.4
Sub-Total	6.2	7.1	2.3	8.6	14.5

Total Employed FTEs and Contract Labor	488.4	457.0	464.2	451.2	486.9
---	--------------	--------------	--------------	--------------	--------------

Key Financial Ratios

PAGE 14

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY Budget for the Year Ending 06/30/20

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Budget 6/30/2020	Projected 6/30/2019	Actual 06/30/18	BB+ Credit Rating Current	BBB- Credit Rating Median	WYOMING All Hospitals (See Note 1)	National Rural <\$90M Net Rev (See Note 2)
Profitability:								
Operating Margin	↑	1.79%	1.72%	-0.10%	0.10%	0.30%	2.64%	-0.73%
Total Profit Margin	↑	2.29%	2.80%	2.75%	0.80%	1.00%	6.11%	0.21%
Inpatient Gross Revenue Percentage		24.02%	24.39%	23.77%			36.90%	28.70%
Outpatient Gross Revenue Percentage		75.98%	75.61%	76.23%			64.10%	71.70%
Liquidity:								
Days Cash, All Sources	↑	136.24	138.00	110.80	91.30	**129	62.00	37.80
Net Days in Accounts Receivable	↓	49.84	52.43	50.46	52.40	51.80	66.90	57.20
Capital Structure:								
Average Age of Plant (Annualized)	↓	13.37	11.28	9.19	15.10	11.20	9.50	12.40
Long Term Debt to Capitalization	↓	24.71%	24.64%	26.06%	48.20%	41.60%	16.80%	10.00%
Debt Service Coverage Ratio	↑	4.27	3.58	3.31	1.80	**2.3	N/A	2.64
Productivity and Efficiency:								
Including Providers								
Paid FTE's per Adjusted Occupied Bed	↓	8.30	7.90	8.43			6.60	4.63
Salary Expense per Paid FTE		\$84,996	\$86,240	\$87,643			\$62,436	\$48,150
Excluding Providers								
Paid FTE's per Adjusted Occupied Bed	↓	7.71	7.40	7.86			6.60	4.63
Salary Expense per Paid FTE		\$58,604	\$58,473	\$54,467			\$62,436	\$48,150
Salary and Benefits as a % of Total Operating Expense		56.40%	55.66%	54.67%			43.60%	42.40%
Total Net Revenue per FTE	↑	\$191,137	\$195,403	\$196,804			\$132,369	\$109,053
Employee Benefits %		25.18%	24.57%	26.43%			22.98%	29.27%
Supply Expense Per Adj. Discharge - CMI Adj.	↓	\$1,930	\$1,860	\$1,729			\$1,270	\$713
Inventory Ratio	↑	32.92	31.49	30.79			52.24	49.04
Other Ratios:								
Gross Days in Accounts Receivable	↓	49.04	52.06	50.05				
Net Revenue per Adjusted Discharge	↑	\$ 12,602	\$ 12,256	\$11,758				
Operating Expenses per Adj. Discharge	↓	\$ 12,376	\$ 12,045	\$11,770				

**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.

Page 400 of 424

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Budget For The Year Ending 6/30/2020**

Department	Requested Item	Number of Units	Unit Cost	Capital Budget	6/30/2021	6/30/2022	6/30/2023
BLOOD BANK	BLOOD BANK -20 FREEZER	1	\$11,355	\$11,355			
BLOOD BANK	BLOOD BANK REFRIGERATOR	1	\$19,188	\$19,188			
BLOOD BANK	BLOOD BANK SYSTEM	1	\$128,870	\$128,870			
BLOOD BANK	VISION AUTOMATED BLOOD BANK SYSTEM	1	\$113,500	\$113,500			
BLOOD BANK	BLOOD BANK -80 FREEZER	1	\$11,559	\$11,559			
CARDIAC & PULMONARY REHAB	PHYSIOMIL REHABILITATION TREADMILL	1	\$5,812	\$5,812			\$6,149
CARDIOVASCULAR	ECG MACHINE	1	\$23,529	\$23,529			
CARDIOVASCULAR	HOLTER MONITOR	1	\$49,975	\$49,975			
COMMUNITY SERVICES	WEBSITE REDESIGN AND HOST SERVICES	1	\$25,000	\$25,000			
DIETARY	DIET OFFICE ROOM SERVICE SOFTWARE/HARDWARE	1	\$94,600	\$94,600			
DIETARY	REFRIGERATION UNIT FOR COOKS LINE	1	\$12,889	\$12,889			
DIETARY	CONVEYOR BELT DISHWASHER	1	\$47,000	\$47,000			
DIETARY	FLOOR FILL	1	\$10,000	\$10,000			
DIETARY	STEAMERS	1	\$24,483				\$24,483
FACILITIES	ENGINEERING FOR AMBULANCE BAY DRAINS	1	\$17,000	\$17,000			
FACILITIES	PRE-ENGINEERED STEEL STORAGE BUILDING	1	\$105,000	\$105,000			
FACILITIES	REMOVE ASBESTOS FLOORING ON B-LEVEL AND REPLACE WITH VCT	1	\$80,000	\$80,000			
FACILITIES	RESOLVE NON COMPLIANT BULK O2 SYSTEMS	1	\$180,000	\$180,000			
FACILITIES	NUTRITIONAL SERVICES DISH MACHINE REPLACEMENT	1	\$30,000	\$30,000			
FACILITIES	NEW EXTERIOR SIGN/1200 COLLEGE DRIVE	1	\$26,000	\$26,000			
FACILITIES	ENGINEERING FOR EMERGENCY POWER FOR FACILITY	1	\$135,000	\$135,000			
FACILITIES	NEW UNDERGROUND STORAGE TANK FOR 96 HR BACKUP	1	\$400,000	\$400,000			
FACILITIES	ENGINEERING FOR BLDG FIRE SUPPRESSION	1	\$15,000	\$15,000			
FACILITIES	RESOLVE AIR PRESSURE ISSUE FOR LAB	1	\$215,000	\$215,000			
FACILITIES	VENTRAC 3400Y LAWN TRACTOR	1	\$48,000	\$48,000			
FACILITIES	PARKING LOT REVISIONS TO 1200 COLLEGE DR	1	\$344,000	\$344,000			
FACILITIES	NEW PLOW TRUCK	1	\$62,000	\$62,000			
FACILITIES	ROOF FALL PROTECTION	1	\$291,000	\$291,000			
FACILITIES	SHREDDER SYSTEM FOR AUTOCLAVED WASTE	1	\$340,318	\$340,318			
FACILITIES	TUNNELL ASSESSEMENT	1	\$15,000	\$15,000			
FACILITIES	ENGINEERING TO COVER WINDOW WELLS	1	\$10,000	\$10,000			
FACILITIES	REMODEL RAD ROOM 2 & 3	1	\$410,000	\$410,000			
FACILITIES	REMODEL RAD ROOM 4	1	\$375,000	\$375,000			
FACILITIES	REPLACE S1 HVAC UNIT	1	\$1,850,000	\$1,850,000			
FACILITIES	REPLACE S3 HVAC UNIT	1	\$2,300,000	\$2,300,000			
FACILITIES	REPLACE S6 HVAC UNIT	1	\$1,100,000	\$1,100,000			
FISCAL	GP UPGRADE	1	\$30,000	\$30,000			
FISCAL	KRONOS UPGRADE	1	\$21,820	\$21,820			
FISCAL	TIME CLOCK UPGRADE	1	\$9,500	\$9,500			
HIM	CENICAL DOCUMENTATION IMPROVEMENT SOFTWARE	1	\$127,000	\$127,000			
HIM	CDI SOFTWARE INTERFACE TO QCPR	1	\$25,000	\$25,000			

6/30/2020

6/30/2021

6/30/2022

6/30/2023

Department	Requested Item	Number of Units	Unit Cost	Capital Budget	Capital Budget	Capital Budget	Capital Budget
HISTOLOGY	AUTOMATED GLASS COVERS/SLIPPER	1	\$62,773	\$62,773			
HISTOLOGY	THIN PREP CYTO	1	\$49,000	\$49,000			
HISTOLOGY	GROSSING STATION	1	\$42,028		\$42,028		
HISTOLOGY	STAINER AND COVERS/SLIPPER	1	\$103,115		\$103,115		
HISTOLOGY	MICTOTOME	1	\$15,184		\$15,184		
HOUSEKEEPING	PRIVACY CURTAINS FOR ER AREA	1	\$8,919	\$8,919			
HOUSEKEEPING	PRIVACY CURTAINS FOR MEDICAL FLOOR AREA	1	\$16,000	\$16,000			
HUMAN RESOURCES	INTRANET DESIGN AND HOST SERVICES	1	\$29,475	\$29,475			
IT	LAPTOPS	50	\$2,000	\$100,000	\$100,000		\$100,000
IT	DESKTOP WORKSTATIONS WITH MONITORS	100	\$1,000	\$100,000	\$100,000		\$100,000
IT	UPGRADE AUDIO/VISUAL HARDWARE FOR HOSP CLASSROOMS	1	\$80,000	\$80,000			
IT	DATA BACKUP EXPANSION HARDWARE	1	\$100,000	\$100,000			
IT	REPLACE ALL NETWORK SWITCHES	1	\$550,000	\$550,000			
IT	PURCHASE AN EMAIL ARCHIVE HARDWARE SOLUTION	1	\$60,000	\$60,000			
IT	FIREWALL REPLACEMENT	1	\$100,000	\$100,000			
IT	UPGRADE QPCR	1	\$40,000	\$40,000	\$50,000		\$50,000
IT	VIRTUAL SERVER HARDWARE FOR EXPANSION	1	\$200,000	\$200,000	\$200,000		\$200,000
IT	REPLACE WIRELESS NETWORK	1	\$100,000	\$100,000	\$100,000		\$100,000
IT	QLIKSOFT TEXTING SOFTWARE	1	\$35,000	\$35,000			
LABORATORY	CENTRIFUGE	2	\$6,175	\$12,349			
LABORATORY	CLINITEK ADVANTUS AUTO URINALYSIS	1	\$17,249	\$17,249			
LABORATORY	BESIDE GLUCOSE MONITORS	12	\$2,527	\$30,320			
LABORATORY	PLATELET POOR PLASMA CENTRIFUGE	1	\$5,141	\$5,141			
LABORATORY	STAGO COMPACT MAX	1	\$42,250	\$42,250			
LABORATORY	CLINITEK AUWI AUTOMATED URINALYSIS	1	\$130,195	\$130,195			
LABORATORY	BIOFIRE FILMARRAY MODULES	2	\$45,000	\$45,000			
LABORATORY	FLUORESCENT MICROSCOPE	1	\$15,873	\$15,873			
LABORATORY	FREEZER -30	1	\$5,947	\$5,947			
LABORATORY	MICRO REFRIGERATOR	1	\$5,056	\$5,056			
LABORATORY	PHOENIX M50/BD BRUKER MALDI BIOTYPHER	1	\$293,500	\$293,500			
LABORATORY	BLOOD GAS ANALYZER	1	\$36,541	\$36,541			\$36,541
LABORATORY	BD AFFIRM VPIII	1	\$13,000	\$13,000			\$13,000
LABORATORY	AUTOMATED SED RATE ANALYZER	1	\$13,000	\$13,000			\$13,000
LABORATORY	CHEMISTRY ANALYZERS	2	\$300,000	\$300,000			\$300,000
LABORATORY	MAIN LAB MICROSCOPE	1	\$8,158	\$8,158			\$8,158
LABORATORY	MAIN LAB REFRIGERATORS	2	\$17,226	\$17,226			\$17,226
LABORATORY	MICROBIOLOGY INCUBATOR	1	\$5,212	\$5,212			\$5,212
LABORATORY	OSOMETER	1	\$29,733	\$29,733			\$29,733
LABORATORY	CEPHEID MOLECULAR TESTING PLATFORM	1	\$80,000	\$80,000			\$80,000
MEDICAL IMAGING-ECHO	ECHO TABLE	1	\$6,725	\$6,725			
MEDICAL IMAGING-MAMMO	ASPEN BREAST REPORTING SYSTEM	1	\$27,225	\$27,225			
MEDICAL IMAGING-MAMMO	EIZO-RADIFORM MAMMOGRAPHY MONITORS	1	\$20,799	\$20,799			
MEDICAL IMAGING-MAMMO	HOLOGIC 3D MAMMOGRAPHY	1	\$419,660	\$419,660			
MEDICAL IMAGING-MAMMO	CADSTREAM SOFTWARE, BREAST APP FOR MRI	1	\$33,370	\$33,370			\$33,370
MEDICAL IMAGING-MRI	ENDORECTAL MRI COIL	1	\$31,500	\$31,500			
MEDICAL IMAGING-NUC MED	SYMBIA INTEVO BOLD NUC MED CAMERA W/CT	1	\$928,308	\$928,308			
MEDICAL IMAGING-PET	PET TRAILER	1	\$539,000	\$539,000			\$539,000
MEDICAL IMAGING-RADIOLOGY	MM ENCORE SINGLE LICENSE - DELL PC HARDWARE	1	\$38,500	\$38,500			
MEDICAL IMAGING-RADIOLOGY	MERGE UNITY SPEECH RECOGNITION	1	\$6,500	\$6,500			
MEDICAL IMAGING-RADIOLOGY	DELL PRECISION 5820 COMP TOWERS/MONITORS	2	\$4,096	\$8,192			

Department	Requested Item	Number of Units	Unit Cost	Capital Budget	Capital Budget	Capital Budget	Capital Budget
MEDICAL IMAGING-RADIOLOGY	PACS SOFTWARE UPGRADE	1	\$53,650	\$53,650			
MEDICAL IMAGING-RADIOLOGY	LUMINOS AGILE MAX X-RAY SYSTEM	1	\$538,409		\$538,409		
MEDICAL IMAGING-RADIOLOGY	YSIO MAC-DIGITAL X-RAY SYSTEM	1	\$389,868		\$389,868		
MEDICAL IMAGING-RADIOLOGY	INTERVENTIONAL SUITE	1	\$1,275,000		\$1,275,000		
MEDICAL IMAGING-RADIOLOGY	HOLOGIC HORIZON-W DXA SCANNER	1	\$57,155		\$57,155		
MEDICAL IMAGING-RADIOLOGY	CS7 SIMPLE CHECK SW LIC DR	1	\$5,440		\$5,440		
MED STAFF SERVICES	WEB BASED CREDENTIALING SYSTEM/PROVIDER ENROLLMENT SOFTWARE	1	\$44,900	\$44,900			
MED/SURG	BARIATRIC BED FOR OVER 350 POUNDS	1	\$5,000	\$5,000			
OB	REMOVE TUBS AND REPLACE WITH SHOWERS	3	\$28,615	\$85,845			
PHARMACY	IV COMPOUNDING HOOD	1	\$11,500	\$11,500			
PHARMACY	REFRIGERATOR	1	\$6,100	\$6,100			
PHYSICAL THERAPY	TRACTION TABLE	1	\$11,900	\$11,900			
PURCHASING	HYBRENT SOFTWARE	1	\$15,000	\$15,000			
RADIATION ONCOLOGY	PATIENT PORTAL FOR ARIA	1	\$55,000	\$55,000			
RADIATION ONCOLOGY	IMAGIN QA SOFTWARE FOR COMPLIANCE WITH TG-142	1	\$20,000	\$20,000			
RADIATION ONCOLOGY	BRACHYTHERAPY UROLOGY EQUIPMENT	1	\$300,000	\$300,000			
RADIATION ONCOLOGY	RAD ONC CT (FMV)	1	\$180,000	\$180,000			
RESPIRATORY	AEROPEN PRO X CONTROLLER	1	\$1,745	\$1,745			
RESPIRATORY	TRILOGY 202 VENTILATOR	1	\$11,697	\$11,697			
RESPIRATORY	BIPAP	1	\$25,980	\$25,980			
RESPIRATORY	BEST AIRWAY CLEARANCE SYSTEM	1	\$9,100	\$9,100			
RESPIRATORY	PURITAN 980 VENTILATOR/CO2 MONITORING AND UPGRADE	1	\$47,842	\$47,842			
SECURITY	UPDATE INET/SECURITY SYSTEM	1	\$37,788	\$37,788			
SLEEP LAB	ALICE LOFLO CAPNOGRAPHY SENSOR FOR ALICE PSG	1	\$2,795	\$2,795			
SURGERY	ENT NAVIGATION SYSTEM	1	\$148,753	\$148,753			
SURGERY	CHOLEDOCOSCOPES	1	\$15,560	\$15,560			
SURGERY	SYNTHESE LARGE EXTERNAL FIXATION SET	1	\$58,623	\$58,623			
SURGERY	OLYMPUS SHOCKPULSE LITHOTRIPSY SYSTEM	1	\$47,465	\$47,465			
SURGERY	SURGERY SCHEDULING SOFTWARE	1	\$10,995	\$10,995			
SURGERY	MINI C-ARM X-RAY MACHINE	1	\$94,696	\$94,696			
				\$13,573,108	\$3,956,136	\$1,002,870	\$400,000

B&G Chair Report to the Board for May 2019

Maintenance Metrics

Nothing of note to report with respect to metrics. Variation remains within normal parameters.

Retaining Wall Project

The contractor is in the field and the project is currently approaching completion.

Parking Lot Lighting Replacement

This project is replacing lot lighting with more efficient and brighter LED based lighting. Weather has allowed rapid progress to be made on this improvement project. Considerable energy saving will be realized.

Central Plant Upgrade Project

The engineers updated the committee by phone. A piping demolition drawing, new piping drawing and a cooling tower elevation were available for inspection. Six additional drawings will soon be available that will show the steps (phases) that will be used in construction.

A project presentation to the full board was discussed. The engineer feels it would be an appropriate time to do so. This will have to be scheduled with the board.

The bore hole that was drilled for geotech purposes revealed higher than normal moisture levels at the fifteen foot level. The geotech report is not yet available, and samples have been sent to the lab for chemical analysis. This work is necessary to insure cooling tower foundations are located in stable ground.

An additional bore hole may be required to define the situation but that work is not a high cost item.

Next B&G Committee Meeting

The next meeting will be held on June 18, 2019.

Board Compliance Committee

Minutes

May 29, 2019

Present: Barbara Sowada, Ed Tardoni, Irene Richardson, Clayton Radakovich

Barbara Sowada called the meeting to order at 2:09 pm

Minutes and agenda were approved as written.

The following items were discussed:

1. Old Business

- a. Code of Conduct Update: E. Tardoni stated that the position of the Board is that the individual gift clause in the Code of Conduct was unacceptable as written. It has been sent to the HR committee for re-writes on that portion of the policy. C. Radakovich stated that the verbiage came directly from the Federal Sentencing Guidelines, but that there was a way to accommodate all parties involved. The committee decided to allow the policy to go from HR Committee directly to the Board.
- b. Risk Assessment Update: C. Radakovich provided a methodology and legend for the risk assessment as our facility understands the process. One completed section of the risk assessment was presented to the committee with rationale for scoring by C. Radakovich. More updates will continue as the risk assessment is completed.
- c. Fair Warning Update: C. Radakovich provided an update on the implementation of Fair Warning software. Flags are currently being provided by the program out of Quadramed accesses. The number of flags is likely to increase as more software systems are integrated. The flags are resulting in investigations that will be presented at future meetings.

2. New Business

- a. May Compliance Report: HIPAA remains the most prevalent topic of investigation. Human error and inappropriate access to records are the most frequent causes of violations at this point.
- b. OSHA Survey: C. Radakovich presented on the outcome of the OSHA survey regarding the laundry area. There was one citation that is currently ranked as "Other than serious". We are still waiting on the final determination from OSHA which is expected to arrive some time before the end of June. E. Tardoni discussed his methodology during his own data collection in the laundry area and the report he provided to hospital staff.

Next Meeting: Wednesday – June 26, 2019 at 1:00 pm

Meeting was adjourned at 3:09 pm

Submitted by Clayton Radakovich



Wednesday - May 29, 2019 Compliance Committee Meeting

MHSC CEO Office

Meeting Book - Wednesday - May 29, 2019 Compliance Committee Meeting

Compliance Committee Agenda-May 2019

2:05	Call to Order	B Sowada
2:10	Approve Agenda	B Sowada
2:15	Approve Minutes of April 24, 2019	B Sowada
	April Compliance Committee Minutes.pdf	
2:20	Old Business	
	Code of Conduct Update	C Radakovich
	Code of Conduct-Draft-3-22-19.pdf	
	Risk Assessment Update	C Radakovich
	Risk Assessment Methodology.docx	
	Compliance Risk Assessment.pdf	
	Fair Warning Update	C Radakovich
2:35	New Business	
	May Compliance Report	C Radakovich
	Compliance Report May 2019.docx	
	OSHA Survey Update	C Radakovich
3:00	Adjourn	B Sowada

Board Compliance Committee
Minutes
April 24, 2019

Present: Barbara Sowada, Ed Tardoni, Irene Richardson, Suzan Campbell, and Clayton Radakovich

Barbara Sowada called the meeting to order at 1:09 pm.

Minutes and agenda were approved as written.

The following items were discussed:

1. Old Business
 - a. Code of Conduct Update: The request for approval of the final draft is on the May 1 Board meeting agenda.
 - b. Risk Assessment Update: C. Radakovich reviewed the information. He said he would create a legend to clarify information. He said all items on the assessment were selected by our facility. A scoring system has been created utilizing information from the American Healthcare Internal Audit Organization and the Healthcare Compliance Organization. The plan is to monitor and update online. The Committee is looking at risks that might happen. If we know something is broken, we fix it in real-time. The assessment will evaluate risk failure. E. Tardoni said we need to stress the importance of actively looking for any issues. The Committee reviewed one of four sections being worked on the staff compliance group.
2. New Business
 - a. March Compliance Report: C. Radakovich said Fair Warning is a watchdog program attached to all of our private personal health information sites that monitors access. Communication and education continues to help our staff be successful in protecting information.
 - b. EMTALA Survey: C. Radakovich reported the Wyoming Department of Health was onsite following a compliant. We actively audit EMTALA in-house. The surveyors reported they like the documentation we have created. We will receive the survey results at the conclusion of the review. They did not express any concerns while onsite.
 - c. EMTALA Fact Sheet: C. Radakovich included information in the meeting packet for review.

Next Meeting: Wednesday – May 22, 2019 at 2:00 PM (*one hour later than regularly scheduled*)

Meeting was adjourned at 2:00 pm.

Submitted by Cindy Nelson



Approved: N/A
 Review Due: N/A
 Document Area: Corporate Compliance
 Reg. Standard:

Code of Conduct

STATEMENT OF PURPOSE

It is the policy of Memorial Hospital of Sweetwater County (MHSC) that all of the business be conducted according to high ethical standards, including compliance with applicable laws, rules, and regulations. This Code of Conduct (henceforth referred to as Code) is integral to the MHSC Compliance Plan and the provision of care and services that is consistent with the mission and vision of MHSC. This Code applies to any and all members of the workforce operating for or within MHSC. This includes employees, providers, volunteers and contractors.

TEXT

I. General

- A. The underlying principles of these standards are based on common sense, courtesy, ethical and legal conduct that are essential to govern the business of MHSC.
- B. It is important that the entire workforce understand these standards and abide by them daily.

II. PRINCIPLE 1 - Legal Compliance: We will strive to ensure all activity by or on behalf of the organization is in compliance with applicable laws.

- A. Employees and subcontractors are expected to follow these guidelines for compliance with applicable laws. Knowledge (first or second hand) or suspicion of any violation of any law, regulation or rule must be reported to the Compliance Hotline (307 ~ 362 ~ 5291) or other appropriate staff.
 MHSC employees:
 1. Will not solicit, receive or offer to give anything of value to anyone in exchange for referral of patients.
 2. Will not accept bribes or kickbacks of any kind intended to induce referrals.
 3. Will not make false statements or representations to any person or entity in order to gain or retain participation in a federal program or to obtain payment for any service.
 4. Will submit claims for reimbursement accurately and only for services rendered.
 5. Will not enter into any agreements with competitors to share or fix prices.
 6. Will maintain complete and accurate medical records to support all medical decisions.
 7. Will collect all applicable co-payments and deductibles in accordance with acceptable business practices.

8. Will store, dispense and transport all drugs and biologicals in accordance with accepted guidelines.
9. Will adhere to sound environmental and safety practices, including the proper handling of medical or hazardous waste.
10. Will respect our obligations as individuals and as health care providers, and neither express nor imply a promise of performance which we cannot reasonably expect to fulfill.
11. Will assure that all practices of write-offs, discounts, or forgiveness of debt are based solely on justifiable business practices and conform to federal and state statutes.

III. PRINCIPLE 2 - Quality of Care: We are committed to providing the highest quality of care and delivering services in an ethical manner. MHSC employees:

- A. Will treat patients with dignity, respect, and compassion at all times.
- B. Will provide high quality care to patients without regard to race, creed, age, gender, religion, national origin, or disability.
- C. Will honor the rights afforded to patients, advocates and family to receive education in a manner that is understandable and to provide informed consent for care.
- D. Will honor the right of patients, or their legal designees, to participate in decision making regarding their care, including refusing treatment to the extent permitted by law and being informed of the consequences of such action.

IV. PRINCIPLE 3 - Confidentiality: We shall strive to maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards. MHSC employees:

- A. Will protect the confidentiality of patient information in accordance with all applicable laws and regulations.(Such as HIPAA)
- B. Will refrain from revealing any personal or confidential information concerning patients or members unless supported by legitimate business or patient care purposes.
- C. Information pertaining to our competitive position or business strategies, payment and reimbursement information, and information relating to negotiations with the workforce or third parties should be protected and shared only with those having a need to know such information in order to perform their job responsibilities.
- D. Will hold all investigatory information, data, and reports collected and/or made in connection with compliance issues in the highest confidence and not disclose such information outside of the confines of the activities of the Compliance Work Team or Compliance Committee of the Board of Trustees, except as is otherwise required by applicable law.
- E. Will ensure that information received in confidence is not used for personal gain and divulge no such information with the intent of giving or receiving an unfair advantage in a personal business transaction.

V. PRINCIPLE 4 - Valuing The MHSC Workforce: We value our workforce and are committed to their protection and success.

- A. MHSC shall afford all people equal employment and advancement opportunities without regard to age, gender, race, creed, national origin, religion, or disability.
- B. No form of harassment or discrimination will be permitted.

- C. We shall treat each other with respect, dignity, and fairness.
- D. Sexual harassment, sexual advances, request for sexual favors or other verbal or physical conduct of a sexual nature that would create a hostile working environment are absolutely prohibited.
- E. We shall exhibit acceptable behaviors that enhance the quality with which we meet the mission of MHSC. Such behaviors include but are not limited to, those that help to promote quality in the work place, integrity, innovation, diversity in the work place and teamwork.
- F. We shall refrain from displaying inappropriate behaviors in the work place. Inappropriate behaviors are those that are disruptive to the work environment and interpersonal relationships and surroundings.

VI. PRINCIPLE 5 - Conflicts of Interest: We shall avoid conflicts or the appearance of conflicts of interest between our private interest and the fulfillment of our duties.

- A. No employee may represent MHSC in any transaction in which he or she or a member of their immediate family has a personal interest.
- B. We shall not disclose or use confidential, special or inside information of or about MHSC for personal profit or advantage.
- C. MHSC workforce shall disclose all potentially conflicting activities in the annual Conflict of Interest disclosure statement.
- D. We shall avoid any real or potential conflicts of interest and disclose, to the fullest extent possible, any significant proprietary or financial interest in any organization with which MHSC does business.

VII. PRINCIPLE 6 - Business Relationships: Business relationships with third parties shall be free from offers or solicitation of gifts or other inducements in exchange for influence or business.

- A. We will not *solicit* tips, personal gratuities or gifts from patients or vendors.
- B. We will not accept gifts, favors, services, entertainment or other things of value to the extent that decision-making of MHSC might be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of influencing the decision making process of any purchaser, supplier, customer, government official or other person by MHSC is absolutely prohibited.
- C. Employees may retain gifts from vendors that will not influence decision making which have a nominal value of less than \$50 per gift and \$300 per year in the aggregate. If there is any concern whether a gift should be accepted, the Compliance Department should be consulted.
- D. We shall recognize that character is the greatest personal asset in business and give it major consideration in the selection of individuals and companies with whom we do business.
- E. We shall take no action which would otherwise be suspect merely because it appears to be customary in a particular location or particular area of business activity.

VIII. PRINCIPLE 7 - Protection of Assets/Research: All employees will strive to preserve and protect the organization's assets by making prudent and effective use of MHSC resources and properly and accurately reporting its financial condition.

- A. MHSC has established control standards and procedures to ensure that assets are protected and properly used and that financial records and reports are accurate and reliable.
- B. All financial reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction.

- C. All employees are expected to refrain from converting assets of the organization to personal use.
- D. All property and business of the organization shall be conducted in the manner designed to further the organization's interest rather than the personal interest of an individual.
- E. Employees are prohibited from the unauthorized use or taking of equipment, supplies, materials or services.
- F. We shall collect and report scientific research validly and accurately, consistent with the Belmont report provisions.

IX. Responsibility and Enforcement

- A. All employees must abide by the principles set forth in this Code.
- B. Failure to abide by the principles set forth in this Code may lead to corrective action.
- C. Any suspected violation of this Code must be reported to the Compliance Officer, the Compliance Hotline, or other authorized reporting mechanism without the fear of retaliation.
- D. Reports of suspected violations may be made anonymously.
- E. All employees must understand that actions will be taken to uphold and enforce these standards.
- F. This standards set for in this Code are integral to the facility compliance program.
- G. This Code will be read and acknowledged in writing upon hire and annually.
- H. Employee acknowledgements shall be maintained in the employee file housed in Human Resource Department.
- I.

REFERENCES

Attachments:

No Attachments

Risk Assessment Methodology

Assessing compliance risks is primarily done on a two factor basis. The two factors are Impact, and Vulnerability. When assessing these factors, it is important to keep in mind our current control mechanisms and not controls that could be in place in the future. These controls can take the form of audits, education, chart reviews and the like. We must also keep in mind that we are assessing a compliance risk, which differs from patient safety and others in that we are assessing the damage to continuity of business. You'll notice that most of the risks don't address direct patient contact, but rather indirectly affect patients by loss of business continuity.

Impact

The impact factor is an estimation on the "damage" that would be done to our facility. It is usually given a numerical score (i.e. 1-Low to 5-High). Three impacts are often assessed for each risk.

1. Financial – Direct monetary such as a fine or lawsuit
2. Ability to Operate – Halting of business, or drastic required change by federal entity
3. Reputation – Indirect monetary due to loss of business and PR loss

Vulnerability

Vulnerability is an estimation about our sophistication of our control mechanisms. You can ask yourself, "Do we have something set up to catch that before it occurs?" It is important to be honest about our current state so that we can work to create controls where none truly exist. Vulnerability is commonly assessed in four areas for each risk.

1. Control process – presence and maturity
2. Previous compliance risk
3. Third party stakeholders (Commonly referred to as contract vendors or community partners that perform essential services for our organization.)
4. Existing compliance activity/resources.

Possible Risks to Be Assessed

The following is a list of possible risks to assess for our institution. We in no way need to assess every risk, nor only ones on this list. However, it does provide you with a comprehensive list of possible topics.

1. **Compliance Program**
 - a. Compliance Plan – (OIG/DOJ)
 - b. Employee Policies – (OIG/DOJ)
 - c. Ethics Committee – (OIG/DOJ)
 - d. Communication/Reporting – (OIG/DOJ)
 - e. Staff and Board Education – (OIG/DOJ)

2. Revenue

- a. Medicare Part B – Outpatient Cardiac and Pulmonary Rehab Billing – (OIG Work Plan)
- b. Severe Malnutrition Coding and Billing – (OIG Work Plan)
- c. DRG and Home Health Use – (OIG Work Plan)
- d. Denials by Department – (CMS)
- e. Payor Mix by Department – (CMS)
- f. OP-only Procedures – (OIG Work Plan)
- g. Replacement of Implanted Devices – (OIG Work Plan)
- h. Charge Master (CDM) Review – (OIG Work Plan)
- i. Professional Service Billing – (OIG Work Plan)
- j. Internal Audit Capacity – (AHIA)
- k. Return of Overpayment– (OIG Work Plan)

3. Contract Management

- a. Physician Contract Agreements – (OIG)
- b. Clinical Contracted Services – (CMS/OIG)
- c. Contract Database – (Internal)

4. Surveys/Independent Feedback

- a. PRC/HCAHPS Scores – (CMS)
- b. Employee Feedback – (HCCA)
- c. Senior Leader Identified Issues – (ASHRM)

5. Event Metrics/PI Monitoring

- a. Opioid Use – (CMS/OIG)
- b. Patient Safety Program – (CMS/TJC)
- c. Compliance Event Reporting – (OIG)
- d. Patient Grievances – (CMS)
- e. Staff Turnover by Department
- f. Sick Time/absenteeism by Department
- g. Percentage of Traveler to Clinical Staff
- h. Joint Commission CQM

6. Financial Metrics

- a. Budget Variance by Department
- b. SOX Act 404 Internal Controls Audit
- c. Overtime by Department
- d. Liquid Assets by Department
- e. Percentage of Contract Staff to Employed Staff
- f. Coding Training and Education

7. Technology Information

- a. Business Continuity and Disaster Recovery
- b. Biomedical Equipment
- c. E-Commerce Customer Protection
- d. HIPAA Privacy and Security Regulations
- e. New Software Implementation

8. Insurance and Lawsuit Claims

- a. Workers Compensation Claims
- b. Medical Malpractice Claims
- c. Other Lawsuits/Claims

9. Specific Compliance/Regulatory Risks

- a. Recovery Audit Contractor Audit Readiness – (CMS)
- b. EMTALA – (OIG/DOJ)
- c. Anti-Kickback Law – (OIG/DOJ)
- d. Stark Law – (OIG/DOJ)
- e. Joint Commission/CMS Standards
- f. Emerging Risks

Risk Identified By:	Impact				Vulnerability					Total Pre-Audit Score	
	Financial	Ability to Operate	Reputation	Pre-Audit Section Score	Process/Control Maturity	Known Previous Compliance Risk	Third Party Stakeholders	Existing Compliance Activity/Resources	Pre-Audit Section Score		
Revenue Cycle											
Medicare Part B - Outpatient Cardiac and Pulmonary Rehab	OIG Work Plan	2	2	2	6	1	3	1	5	10	60
Severe Malnutrition	OIG Work Plan	4	2	1	7	4	4	2	4	14	98
DRG and Home Health	OIG Work Plan	0	0	0	0	0	0	0	0	0	0
Denial of Claims/Department		5	3	3	11	3	4	4	2	13	143
Payor Mix/Department		3	3	1	7	1	1	4	1	7	49
OP procedures in IP Encounters	OIG Work Plan	2	1	1	4	1	1	1	1	4	16
Replacement of Implanted Device	OIG Work Plan	1	1	1	3	1	1	1	1	4	12
Charge Master (CDM) Review	Internal	3	1	3	7	1	1	2	1	5	35
Utilization by DRG and CPT		4	2	1	7	3	3	3	2	11	77
Professional Service Billing		5	3	5	13	4	4	5	3	16	208
Return of Overpayment	OIG Work Plan	3	2	4	9	3	1	1	2	7	63

Sections are scored on a risk score of 1 (Low Risk) to 5 (High Risk)

Impact Section - If we were to fail at adequately controlling this item, how bad could the fallout be?

Vulnerability Section - Given the current state of processes, how good are our control mechanisms in the various areas?

Compliance Report – May 2019

Investigations

Number	Status	Outcome
2019-01 HIPAA	Complete	No findings, system correction in place
2019-02 HIPAA	Complete	Finding present, System solution in place
2019-03 HIPAA	Complete	Corrective action completed
2019-04 HIPAA	Complete	Findings present, correction action completed.
2019-05 HIPAA	Complete	Finding present, no system solution possible
2019-06 HIPAA	Complete	Finding present, corrective action completed
2019-07 HIPAA	Complete	No finding present, no action necessary
2019-08 HIPAA FW	Complete	Finding present, corrective action completed

Hotline Calls

No hotline calls in April.

Audits

No new audits until after risk assessment completion.

Patterns and Trends

HIPAA related cases remain the most prevalent. Human error is the most prevalent cause of breach. Fair Warning has begun to produce security reports, and is likely to result in more investigations.

Contract Check List

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

1. Name of Contract: **SweetwaterNow**
2. Purpose of contract, including scope and description: **Billboard advertising is the 1920x600 pixel spot at the top of the SweetwaterNow page. In addition to this spot, we've negotiated for 4 free first-run sponsored content stories saving \$1,000. (First runs of a story cost \$250; second run and thereafter are \$100 each) MHSC also sponsors the birth notices section at \$500 per month.**
3. Effective Date: **July 1, 2019**
4. Expiration Date: **June 31, 2020**
5. Rights of renewal and termination yes month to month after initial year. **Conditions of Agreement: The person signing this contract warrants that he/she has full authority to sign on behalf of the Advertiser. The Advertiser warrants that he/she has the right to use any trademark request and agrees to hold Website harmless from any liability and/or claims and will pay all expenses incurred in the defense thereof, arising out of the publication of any trademark or tradename in accordance with this contract. Advertiser has the right to terminate this contract by written notice to SweetwaterNow within 60 days of termination date. Is this auto-renew? NO**
6. Monetary cost of the contract and is the cost included in the department budget? **Total is \$2,900 x 12 + \$34,800. Includes Added value of \$1,000 for 4 sponsored content; births sponsor at \$500 per month; and billboard ad of \$3,000/mo at 20% off for \$2,400/mo. Budgeted? YES**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NOT ADDRESSED**

8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **NO**
10. Is this contract appropriate for other bids? **NO**
11. Is County Attorney review required? **NO**



Advertising Agreement

Business Name/Advertiser: Memorial Hospital of Sweetwater County

Contact Person: Deb Sutton

Billing Email: dsutton@sweetwatermemorial.com

SPONSORED CONTENT

On-the-Now: () Job/Recruitment: () "5 for 4": () How many re-runs? ()

BANNER ADVERTISING/PROMOTIONAL

Billboard Ad: Leaderboard: Homepage Infeed: Other Promotion: Births _____

Half Page: Medium Rectangle: Other: How many months? (6) (12) Other: _____

NOTES:

- * 4 sponsored content articles (added value of \$1000)
- * Births \$500/ mo
- * Billboard Ad \$3000/mo 20% off \$2400/mo

Payment Terms: In Full Monthly [2,900.00] Flight Date(s): July 1st 2019 - June 31st 2020

Other: _____

Advertising: Advertiser agrees to purchase advertising on SweetwaterNOW (the Website) in accordance to terms listed on this contract. Invoicing will be on the first of each month for banner and sponsorship advertising and at the time of posting for job/recruitment, real estate, or 'On-the-Now' content. Invoicing is done prior to advertising month and has NET 30 terms. Advertiser's advertisement or post shall be removed from the Website if payment is not received within ten (10) days of the date payment is due. Prior to appearing on the Website, a proof of the ad/post will be emailed to the Advertiser for approval. Changes after initial approval subject to fees. Graphic design rate is \$65/hr. Photos or ad design may not be reproduced without permission from Website.

Conditions of Agreement: The person signing this contract warrants that he/she has full authority to sign on behalf of the Advertiser. The Advertiser warrants that he/she has the right to use any trademark request and agrees to hold Website harmless from any liability and/or claims and will pay all expenses incurred in the defense thereof, arising out of the publication of any trademark or tradename in accordance with this contract. Advertiser has the right to terminate this contract by written notice to SweetwaterNOW within 60 days of termination date.

Limitation of Liability: The Website cannot and does not warrant the accuracy of the information provided by the Advertiser. Omission or error in advertisement shall result in adjustment of charges to the Advertiser. In no case, however, shall SweetwaterNOW's liability exceed the total charge for services. The Advertiser acknowledges that the Website cannot guarantee advertising results and that no promise of such results have been made.

If Collection is Necessary: Advertiser agrees to pay all collection fees. All discounts on this contract become null and void. The highest published rate, on the rate sheet, for the product(s) agreed upon in this agreement will be charged and outstanding balances are subject to a 15% service charge.

Payment terms: Full payment required for all job/recruitment, real estate, and 'On-the-NOW posts at time of invoice (NET 30)

* Long-term banner advertising and sponsorship can be paid monthly or in full. Discount may be applied and will be left to the discretion of SweetwaterNOW management.

Amount of Agreement \$43,000

-\$8,200

Total Due \$34,800

Chelsea Luke

Signature of SweetwaterNOW Account Manager

5/21/2019

Date Signed

Signature of Advertiser or representative of Advertiser

Please print name and title

Invoiced

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: **Wolters Kluwer subscription agreement for Lippincott Learning**
2. Purpose of contract, including scope and description: **Lippincott Learning is a new and separate component of Lippincott resources that allows nurses, respiratory therapists and physical therapists in-the-moment access to certification reviews, journals, orientation curricula, courses, and exams for new learning and remediation. According to our Lippincott representatives, we are receiving Lippincott Learning at a reduced prices as we have been loyal Lippincott customers. In the past, we had been subscribing to Lippincott Advisor. In comparing Lippincott Advisor to Lippincott Learning, I believe Lippincott Learning will offer greater professional development for the clinicians in the nursing, respiratory therapy and physical therapy disciplines. Lippincott Learning will be replacing Lippincott Advisor at this time.**

Lippincott resources are endorsed by The Joint Commission. This relationship is described on the Joint Commission Resources website.

Lippincott Learning expands beyond nursing and into Respiratory Therapy and Physical Therapy disciplines. Lippincott representatives have shared that Lippincott Learning is actively expanding into other clinical disciplines such as Lab and Nutrition, making this an exceptional resource for multiple clinical disciplines in our organization.

3. Effective Date: **July 6, 2019**
4. Expiration Date: **July 5, 2022**

5. Termination provisions: **can terminate only after notice of breach is provided to breach party and they are given an opportunity to cure.** Is this auto-renew? **no**

6. Monetary cost of the contract: **annual license fee for subscription to Lippincott learning: Year one \$17,820.00 Year two \$18,044.00 and year three \$19,090.00**

Budgeted? **Yes**

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **New York state, home of company with nationwide presence.**

8. Any confidentiality provisions? **Yes Section 10 master subscription agreement**

9. Indemnification clause present? **Yes section 9 of master subscription agreement**

10. Is this contract appropriate for other bids? **No**

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

Contract Check List

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

1. Name of Contract: **Wolters Kluwer subscription agreement for Lippincott Procedures**
2. Purpose of contract, including scope and description: **Lippincott Procedures has been used by MHSC for the past decade as the nursing resource / database for clinical hands-on evidence-based practices. Lippincott has created and published nursing resources for more than half a century. Lippincott updates the over 2000 clinical procedures annually at a minimum and more often as research changes clinical practice(s). Use of the Lippincott online database replaces the team of PhD researchers that would be needed to create and maintain evidence-based clinical practices at the organizational level. The Joint Commission endorses the Lippincott database. The Joint Commission works with Lippincott by advising Lippincott leadership of new standards and Lippincott advises the Joint Commission of current evidence-based clinical practices. This relationship is described on the Joint Commission Resources website.**

Lippincott has expanded beyond nursing and also publishes evidence-based clinical procedures for Respiratory Therapy and Physical Therapy, making this an exceptional resource for multiple clinical disciplines in our organization.

The other similar vendor in the country is Mosby. A change to Mosby would involve the purchase of additional IT systems, re-education all clinical employees in Nursing, Respiratory Therapy and Physical Therapy and revision of all the approvals made in the Lippincott system. A change to another vendor would take a team of clinicians months to possibly years of work for no true benefits.

3. Effective Date: **July 6, 2019**

4. Expiration Date: **July 5, 2022**

5. Termination provisions: **can terminate only after notice of breach is provided to breach party and they are given an opportunity to cure.** Is this auto-renew? **no**

6. Monetary cost of the contract: **annual license fee for subscription to Lippincott Procedures: Year one \$14,850.00 Year two \$15,360.00 and year three \$15,908.00**

Budgeted? **Yes**

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **New York state, home of company with nationwide presence.**

8. Any confidentiality provisions? **Yes Section 10 master subscription agreement**

9. Indemnification clause present? **Yes section 9 of master subscription agreement**

10. Is this contract appropriate for other bids? **No**

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