

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

May 5, 2021

2:00 p.m.

Dial: 301-715-8592

Meeting ID: 876 0394 9909

Password: 913019

AGENDA

- | | | |
|------|---|---|
| I. | Call to Order | Taylor Jones |
| | A. Roll Call | |
| | B. Pledge of Allegiance | |
| | C. Our Mission and Vision | Richard Mathey |
| | D. Mission Moment | Irene Richardson, <i>Chief Executive Officer</i> |
| II. | Agenda <i>(For Action)</i> | Taylor Jones |
| III. | Minutes <i>(For Action)</i> | Taylor Jones |
| IV. | Community Communication | Taylor Jones |
| V. | Old Business | Taylor Jones |
| | A. COVID-19 Preparation and Recovery | |
| | 1. Incident Command Team Update | Kim White, <i>Director of Emergency Services</i> |
| | B. Employee Policy <i>(from the Human Resources Committee)</i> | Ed Tardoni |
| | 1. Termination and Appeals | |
| | 2. Introductory Period | |
| | 3. Telecommuting <i>(For Action)</i> | |
| | C. Board Bylaws <i>(For Action)</i> | Barbara Sowada |
| | D. Plan for Providing Patient Care Services and Scopes of Care <i>(For Action)</i> | Kari Quickenden,
<i>Chief Clinical Officer</i> |
| | E. Medical Staff Leadership Direct Consultation with the Board Policy <i>(For Action)</i> | Kara Jackson, <i>Director of Quality, Accreditation, Patient Safety</i> |
| | F. Public Records Policy <i>(For Action)</i> | Suzan Campbell, <i>In House Counsel</i> |
| | G. Rules of Practice Governing Hearings | Taylor Jones |
| | H. Medical Staff Bylaws | Dr. Jacques Denker, <i>Medical Staff President</i> |
| VI. | New Business (Review and Questions/Comments) | Taylor Jones |
| | A. Emergency Operations Plan | David Beltran, <i>Security and Emergency Management Director</i> |
| | B. Board Self-Assessment | Barbara Sowada |
| | C. Medical Staff Leadership Quality Report | Dr. Jacques Denker |
| VII. | Chief Executive Officer Report | Irene Richardson |

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VIII. Committee Reports

- | | |
|---|----------------|
| A. Quality Committee | Marty Kelsey |
| B. Human Resources Committee | Ed Tardoni |
| C. Finance & Audit Committee | Ed Tardoni |
| 1. Capital Expenditure Requests <i>(For Action)</i> | |
| 2. Bad Debt <i>(For Action)</i> | |
| April Committee Meeting Information | |
| D. Building & Grounds Committee | Marty Kelsey |
| E. Foundation Board | Taylor Jones |
| F. Compliance Committee | Ed Tardoni |
| G. Governance Committee | Barbara Sowada |
| H. Executive Oversight and Compensation Committee | Taylor Jones |
| I. Joint Conference Committee | Taylor Jones |

IX. Contract Review

Suzan Campbell

- | | |
|---|--|
| A. Contract Consent Agenda <i>(For Action)</i> | |
| 1. Fibertech | |
| 2. Wolters Kluwer for UpToDate Subscription Service | |
| B. Contracts Approved by CEO since Last Board Meeting <i>(For Your Information)</i> | |
| 1. Amendment to Press Ganey Master Service Agreement | |
| 2. ConnectAmerica | |
| 3. Martin Ray | |

- | | |
|--|--------------------|
| X. Medical Staff Report | Dr. Jacques Denker |
| XI. Good of the Order | Taylor Jones |
| XII. Executive Session (W.S. §16-4-405(a)(ix)) | Taylor Jones |
| XIII. Action Following Executive Session | Taylor Jones |
| XIV. Adjourn | Taylor Jones |



Memorial Hospital

OF SWEETWATER COUNTY

OUR MISSION

*Compassionate care for
every life we touch.*

OUR VISION

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

OUR VALUES

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

OUR STRATEGIES

Patient Experience

Quality & Safety

Workplace Experience

Growth, Opportunity & Community

Financial Stewardship

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

April 7, 2021

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

CALL TO ORDER

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

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

Pledge of Allegiance

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

Our Mission and Vision

Dr. Sowada read aloud the mission and vision statements.

Mission Moment

Ms. Richardson said she is very proud of our staff. Two years ago, we partnered with Planetree and we are pleased with that experience. Today is World Health Day focusing on building a fairer, healthier world. Throughout the month we get e-mails from staff, physicians, and patients. Ms. Richardson said we wish we could share them all. She read aloud an e-mail from an employee in Central Scheduling where she shared a patient experience story related to the culture of the Hospital and said she is happy to be associated with MHSC.

APPROVAL OF AGENDA

The motion to approve the agenda with requested additions by Mr. Tardoni of “for action” where applicable was made by Mr. Mathey; second by Mr. Kelsey. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the February 3, 2021, regular meeting with a correction by Dr. Sowada of “things” to “thinks” on page 5, and the minutes of the February 8, 2021, special meeting, February 9, 2021, emergency meeting, February 11, 2021, special meeting, February 24, 2021 special meeting, and March 30, 2021, special meeting as presented was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

COVID-19 Preparation and Recovery - Incident Command Team Update

Ms. Kim White, Incident Commander and Director of Emergency Services, reported numbers are holding steady. We have seen a decrease in Covid admissions. Personal protective equipment numbers are holding steady. Dr. Jean Stachon and the State announced we have two variants in Wyoming. We are helping Public Health by hosting a drive-thru vaccine clinic Friday and Saturday, April 9 and 10, from 2-7 PM. Ms. White said we have made a change to our visitor policy. Each patient is now allowed two visitors. The visitors must be over 18 and screened. The swabbing station hours have changed to Monday – Saturday from 9 AM to 2 PM. Ms. White reported we are maintaining the mandatory mask policy in our facility to protect everyone in the facility.

Termination and Appeals Policy, Introductory Period

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

Political Activity

Mr. Tardoni said the Political Activity Policy is ready for consideration and passage by the Board. The motion to approve the policy as presented was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Communication Systems

Mr. Tardoni said the policy recognizes the nature of our devices. The policy was reviewed by I.T. and is ready for a vote by the Board. The motion to approve the policy as presented was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Rules of Practice Governing Hearings

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

Medical Staff Rules and Regulations

The motion to approve the medical staff rules and regulations was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

Medical Staff Bylaws

Ms. Kerry Downs, Medical Staff Services Director, reviewed the requests to approve changes to the new medical staff bylaws and existing medical staff bylaws related to a physician member of credentials who was then elected as a medical staff officer. There was agreement the physician should not be able to vote if in both positions. Ms. Downs said the changes are essentially the same as existing and new but felt it was appropriate to make the change to both even though the new bylaws are not approved yet.

Proposed Changes to Existing Bylaws: The motion to approve the changes to the existing medical staff bylaws as requested was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Proposed Changes to New Bylaws: The motion to approve the changes to the new medical staff bylaws as requested was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

NEW BUSINESS

Board Bylaws

Dr. Sowada reminded everyone The Joint Commission recommends reviewing the board bylaws every 5 years. The last review was in 2017 so we are within our time. She said the bylaws must fit with Wyoming statutes. Dr. Sowada thanked Mr. Mathey, Ms. Richardson, Ms. Marianne Sanders-Physician Recruitment and Retention Manager, and Ms. Suzan Campbell-In House Legal Counsel, for their work. She said there are two comment balloons with the decision to be left to the Board: 1) number of years an officer can hold office, 2) number needed to approve changes. Mr. Jones and Mr. Kelsey said they felt a quorum of the Board should be the choice.

Telecommuting

Mr. Tardoni said the policy defines the difference between a job constantly remote vs. occasionally working from home. When the political activity issue was discussed at the last meeting there were some concerns regarding telecommuting so some language has been added to this policy. Mr. Tardoni asked for comments to be sent via e-mail to Mr. Tardoni and Ms. Campbell.

Plan for Providing Patient Care Services and Scopes of Care

Ms. Kari Quickenden, Chief Clinical Officer, said we bring this annually for review and approval due to The Joint Commission requirements. She reported Ms. Robin Fife, Clinical Administration Assistant, helps with this every year to gather the information. There were some minor changes. The Plan was last approved by the Board in June 2020. Mr. Tardoni noted some changes that still needed to be made and said he didn't think it had to come back under "New Business" again; just bring the changes back to the Board for action.

Medical Staff Leadership Direct Consultation with the Board Policy

Ms. Kara Jackson, Director of Quality, Accreditation and Patient Safety, said this was brought forward from the report provided by our quality consultant. The Medical Executive Committee

and Joint Conference Committee have given their approval. Following discussion, Ms. Jackson said she would add the terminology both the Board and the Medical Staff can request. Dr. Sowada recommends the first sentence say the Board of Trustees so we should be specific. Mr. Kelsey said the title should reflect the Board of Trustees, too.

FOIA Public Records

Ms. Campbell said we had a policy that did not have the appropriate forms so she completed an update. The forms are now available online. She said it is more standardized and easier for people to access.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson gave an update on the strategic plan. In the area of patient experience, we continue to train staff on person-centered workshops with the goal of 100% completion by June 30, 2021. We have trained over 500 people. We have started our communicating with empathy workshops. We are receiving good feedback. Ms. Richardson said we plan to finish those workshops by the end of the year. In the area of quality, we are still waiting for The Joint Commission to visit. They were due to visit by this past August. Covid has delayed their arrival. While we are waiting and preparing, we continue to round. Ms. Richardson reported we are working on quality measures. We are waiting for the final star rating. In the area of community and growth, we held a health fair March 5 and 6. Ms. Richardson thanked Ms. Lena Warren, Community Outreach Director, the Lab, and all the staff involved. We feel serving our community is our role. We continue to manage our construction projects. Ms. Richardson has a new format for her leadership meetings based on the committees of the Board. She is meeting with the senior leaders weekly to review key information. Ms. Richardson said we continue finetuning the Newhouse Project and developing the communication plan. Ms. Richardson will conduct a Town Hall on April 28 at 3 PM via Zoom. We are nearing the end of the 2018-2021 strategic plan. We are working on the next three-year plan and looking for dates to talk about it. We continue to work on the Cerner implementation. Go Live is still planned for October 2021. Ms. Richardson thanked everyone involved. Budget meetings are scheduled this week and next week. She thanked department leaders for being prepared to discuss their budgets in detail. The budget will be ready for the Board to approve at the June meeting. iPro is very informational and encouraged the Trustees to visit the site and get started. We continue to manage and limit in-person travel. We are doing all we can virtually. The Governance Institute is offering both virtual and in-person conferences for April and October. Ms. Richardson encouraged people to visit for drive-thru vaccine clinic April 9 and 10 and said we have 500 doses available. Ms. Richardson thanked the Board for their support, as well as the Commissioners, staff, and physicians for taking such good care of our patients. Mr. Jones thanked Ms. Richardson for her report.

COMMITTEE REPORTS

Mr. Jones said if anything needs to be brought forward, please discuss it at this time.

Quality Committee

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

Human Resources Committee

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

Finance and Audit Committee

Capital Expenditure Requests: The motion to approve capital expenditure request FY21-60 for \$74,500 for an automated blood analysis system for the Lab was made by Mr. Tardoni; second by Mr. Jones. Mr. Tardoni said this is a budgeted item and CARES Act eligible. The motion carried. The motion to approve capital expenditure request FY21-61 for \$54,5000 for an automated urinalysis system for the Lab was made by Mr. Tardoni; second by Mr. Jones. Mr. Tardoni said this is a budgeted item and CARES Act eligible. Motion carried. The motion to approve capital expenditure request FY21-62 for \$181,359.20 for the normal cycle replacement of desktop computers and laptop monitors was made by Mr. Tardoni; second by Mr. Jones. Mr. Tardoni said this is budgeted and will be paid with MHSC funds. Motion carried. The motion to approve capital expenditure request FY21-63 for \$519,278.83 for replacement of electrical routing switches throughout the Hospital was made by Mr. Tardoni; second by Mr. Jones. Mr. Tardoni said this is budgeted but coming in over budget and will be paid with MHSC funds. Motion carried. The motion to approve capital expenditure request FY21-64 for \$905,461 for air flow control systems in ducts around the Hospital was made by Mr. Tardoni; second by Mr. Jones. Mr. Tardoni said this would be paid by County maintenance funds with the balance remaining paid by MHSC funds. Motion carried. The motion to approve capital expenditure request FY21-65 for \$234,899.73 for limited supply transport monitors was made by Mr. Tardoni; second by Mr. Jones. Mr. Tardoni said this is non-budgeted and will be paid by MHSC funds. Motion carried.

Bad Debt: The motion to approve the net potential bad debt of \$1,088,233.43 as presented by Mr. Ron Cheese, Director of Patient Financial Services, was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

Building & Grounds Committee

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

Foundation

Mr. Jones said we are adding a Foundation Board member and it will be the last one for a little while. We are working on the gift giving committee and looking at the possibility of a golf tournament.

Compliance Committee

Mr. Tardoni said the compliance effort has been affected by Covid. Roadblocks are removed and the audits are being done. He said information is in the packet.

Governance Committee

Dr. Sowada said she did not have anything to add to the information in the packet.

Executive Oversight and Compensation Committee

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

Joint Conference Committee

Mr. Jones said there is nothing to report.

CONTRACT REVIEW

Contracts Approved by CEO since Last Board Meeting

There were no comments.

MEDICAL STAFF REPORT

Dr. Denker thanked the Board for their approvals earlier in the meeting. He said the General Medical Staff met the previous night and focused on the star rating and CMS measures. He said Ms. Richardson led the discussion and Ms. Jackson gave a great presentation. Dr. Denker said the Medical Staff are open to any criticism and suggestions. They want to do a good job. Mr. Jones thanked Dr. Denker for his report.

GOOD OF THE ORDER

Dr. Sowada echoed Ms. Richardson's comments on iPro. She said it is like having a Board encyclopedia at your fingertips. There is good information for Board members. Each topic is 10-30 minutes long and is concise, up-to-date, and easy to access.

Commissioner Smith said the Commissioners took action the previous day on appointment to fill Mr. Mathey's seat on the Board. Ms. Kandi Pendleton is the recommendation and can start working and training but cannot be appointed by statute until June. Mr. Jones said we appreciate the commissioners doing that. Mr. Jones said there is a lot to being a Board member at the Hospital. We appreciate Mr. Mathey's suggestion to select as early as possible and acceptance by the Board of County Commissioners of that request. Mr. Jones said there was a great list of people interested and we know Ms. Pendleton will do a great job.

EXECUTIVE SESSION

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

RECONVENE INTO REGULAR SESSION

At 5:05 PM, the motion to leave executive session and return to regular session was made by Dr. Sowada; second by Mr. Mathey. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

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

Credentials Committee Recommendations from March 9, 2021

1. Reappointment to Active Staff (2 years)
 - Dr. Jacques Denker, Orthopaedic Surgery
 - Dr. Brytton Long, Family Medicine
 - Dr. David Dansie, Family Medicine
 - Dr. Jeffery Wheeler, OB/GYN
2. Reappointment to Consulting Staff (2 years)
 - Dr. Lillian Khor, Cardiovascular Disease (U of U)
 - Dr. Frank Rembert, Tele Radiology (VRC)
3. Reappointment to AHP Staff (2 years)
 - Brian Barton, Physician Assistant Family Medicine

The motion to authorize the CEO to execute contracts with doctors as discussed in executive session was made by Mr. Mathey; second by Dr. Sowada. Motion carried.

The motion to deny the claim presented in executive session was made by Mr. Mathey; second by Mr. Kelsey. Motion carried.

ADJOURNMENT

Mr. Jones thanked everyone. There being no further business to discuss, the meeting adjourned at 5:07 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

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

April 26, 2021

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on April 26, 2021, at 5:00 PM with Mr. Taylor Jones, President, presiding.

CALL TO ORDER

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

Officially present: Ms. Irene Richardson, Chief Executive Officer; Ms. Tami Love, Chief Financial Officer.

Guests: Mr. Will Wheatley – Plan One, Mr. Jake Blevins – ST&B Engineering.

APPROVE CHANGE ORDER TO HVAC AND MEDICAL IMAGING PROJECTS

Ms. Richardson said with our HVAC and S1 project, and the Medical Imaging project, we ran in to some issues with the building that is over 40 years old that results in some change order requests. When Mr. Blevins and Mr. Wheatley presented information to Ms. Tami Love and Ms. Richardson, we reviewed and asked for more detail so we made sure we were satisfied with the request and the presentation. Ms. Richardson reported we had some good conversations, decided we are satisfied with the explanations, and took the request to the Building and Grounds Committee. Mr. Kelsey and Dr. Sowada did an excellent job of reviewing line item by line item and in great detail. Mr. Blevins and Mr. Wheatley did a great job of explaining everything. Mr. Kelsey asked if the items were wants vs. needs and determined they were really needs. The Committee looked at the dollar amounts and at what would come out of CARES Act funds and what will come out of our own funds. Ms. Richardson said she recommends and the Building and Ground Committee recommends moving the change order request forward to the full Board with a do-pass recommendation. Mr. Tardoni said given the impact of Covid and the restrictions placed on us by governmental entities, there are things we have had to do fast. After the Covid time constraints are out of the way, he said we need to look back at where we are today. Mr. Tardoni said he feels the scope changes are justified. He said a caution to us when we get out of this enforced schedule put upon us by governmental entities, we may not be so liberal.

The motion to approve Change Order Number 3 to the contract between the Hospital and Groathouse in the amount of \$571,034 as outlined in the documents received was made by Mr. Kelsey; second by Dr. Sowada. Motion carried.

ADJOURNMENT

Mr. Jones thanked everyone for their time and for meeting on short notice. There being no further business to discuss, the meeting adjourned at 5:09 PM.

Mr. Taylor Jones, President

Attest:

Mr. Marty Kelsey, Secretary

DRAFT



Approved: N/A
 Review Due: N/A
 Document Area: *Employee Policies*
 Reg. Standards:

EMPLOYEE POLICIES-TELECOMMUTING

STATEMENT OF PURPOSE

An MHSC employee who successfully completes the process to become a telecommuter will perform his or her job duties from a “workspace”. For purpose of telecommuting, the term “workspace” is defined as the immediate area in which the computer is located.

The employee agrees that once he/she is a telecommuter, he/she remains subject to the terms and conditions of MHSC employment pursuant to MHSC employee policies, job descriptions, procedures, guidelines, and instruction.

A telecommuting employee is eligible for the same benefits, insurance and worker’s compensation coverage as other MHSC employees. All benefits and subject to change by MHSC. Eligibility for workers compensation is determined through the worker’s compensation application process. Contact employee health or HR for information.

Telework -temporary or occasional work from home. Telework is not telecommuting.

- I. **Employees may work from home on an occasional basis only and only if pre-approved by their supervisor. If the employee's supervisor does not pre-approve the employee working from home and the employee chooses to work home without such approval, the employee's supervisor will enter PTO for the day the employee worked at home. Working from home is not the same as telecommuting and should only be used occasionally and not as a remote/telecommuting arrangement.**

TEXT

I. **Employees wishing to telecommute:**

- A. Will apply to be a telecommuter through the Human Resource Department.
- B. If the application is approved by HR and the appropriate supervisor, the employee will be required to sign the Agreement to show his/her understanding of the terms and conditions of the MHSC Telecommuting Agreement.

II. **Application**

- A. Employees who desire to be a telecommuter shall complete a *Telecommuting Application* and submit it to the HR Department. HR will process this application as any other employment application.

- B. Employees who are allowed to telecommute will be subject to a the same introductory period length and conditions as other employees. (See Employee Policies-Introductory Period).

III. **Agreement**

- A. Employees who are approved for telecommute shall sign and abide by a *Telecommuting Agreement*. The agreement may require modification to fit individual telecommute-site circumstances. A copy of the Agreement will be retained in the employee's personnel file.
- B. Unless otherwise stated in the agreement, the supervisor, the HR Department, Senior Leadership or the employee may discontinue the arrangement, generally giving at least one-week notice. The parties may negotiate a longer notice to provide for a smooth transition.

IV. **General Provisions**

- A. **Communication.** While telecommuting, the employee must be reachable by telephone, fax, pager, or e-mail during agreed-upon work hours. The employee and supervisor shall agree on expected turnaround time and the medium for responses.
- B. **Conditions of Employment.** The telecommuter's conditions of employment shall remain the same as for non-telecommuting employees; wages, benefits and leave accrual will remain unchanged.
- C. **Equipment.** The telecommuter will provide his/her own workspace furniture, laptop computer and equipment. MHSC will provide VPN software for installation on the telecommuter's personal computer. This will allow remote access to the hospital's intranet. Any software provided by MHSC shall not be duplicated.
- D. **Work Space.** The telecommuter may hold business visits or meetings with professional colleagues or the public by electronic means (ZOOM, Microsoft Teams, etc) but may not have in person meetings or in-person business visits at the workspace. Meetings with other MHSC staff at the workspace will not be permitted unless approved in advance by the employee's supervisor.
- E. **Hours of Work.** The telecommuter will have specific available hours and telephone accessibility with the department and supervisor. The agreed upon work schedule shall comply with FLSA regulations. Overtime work for a non-exempt employee must be pre-approved by the supervisor. Unapproved overtime work will lead to corrective action against the telecommuter. Excessive unavailability of the telecommuter will lead to corrective action as per Exempt or Non-Exempt Employee Policies.
- F. **Incidental Costs.** Unless otherwise stated in the Telecommute Agreement, all incidental costs of telecommuting, such as residential utility costs, Internet costs, phone costs or cleaning services, are the responsibility of the telecommuter.
- G. **Inclement weather.** If there is an emergency at the workspace, such as a power outage, the telecommuter will notify his/her supervisor as soon as possible. The telecommuter may be reassigned to the Hospital or an alternate work-site.
- H. **Intellectual Property.** Products, documents, and records developed while telecommuting are the property of MHSC and will not be shared with others at the workspace. This includes any software provided to the employee such as VPN, or HIPAA compliant software.
- I. **Network.** MHSC will provide instructions on the installation and use of VPN software to allow secure connectivity to MHSC.
- J. **Performance & Evaluations.** The supervisor and telecommuter will formulate objectives, expected results, and job duty evaluation the same as is required for all MHSC employees. The supervisor will monitor and evaluate performance by relying more heavily on work results rather than direct

observation. The supervisor and telecommuting employee will meet, either by phone or in person, at regular intervals to review the employee's work performance.

- K. **Policies.** All MHSC policies, rules and practices shall apply to the telecommuter including all employee policies, HIPAA, confidentiality, IT policies and computer usage policies. Failure to follow MHSC policies, rules and procedures may result in termination of the telecommuting arrangement and/or disciplinary action. Of utmost importance is compliance with MHSC confidentiality and HIPAA policies and requirements.
- L. **Political Activity- The Hospital's Political Activity Employee Policy applies to employees who are telecommuters and corrective action will be pursued if a telecommuting employee uses Hospital equipment or Hospital software for political activity or in some other manner violates the Political Activity Policy while telecommuting.**
- M. **Retention of Data.** Products, documents, data and records that are used, developed, or revised while telecommuting shall be retained/maintained on MHSC equipment only and not the employee's personal computer.
- N. **Security.** Security of records, files and other documents shall be maintained by the telecommuter at the same level as expected in the hospital. Confidential and PHI data shall not be shared with anyone in any format. Sharing of PHI with anyone other than those with approved access will result in immediate corrective action.

Approved: HR Committee 2/20, Senior Leadership 2/20

REFERENCES

Attachments

[803058 - TELECOMMUTING Application 3.pdf](#)

Cover Letter Regarding Revision of Board of Trustees Bylaws

Background The last time the Board Bylaws were revised was 2017. This revision was approved at the Board meeting of August 1, 2017. This revision can be found in the Board portal under Documents-Library-Bylaws. Because it's recommended that Bylaws are reviewed and revised every three to five years, the Governance Committee, with the assistance of Suzan Campbell and Marianne Sanders, revised the 2017 Bylaws. The intent was to bring the Bylaws up to date and assure they comply with Wyoming State statutes and regulatory requirements.

These revised Bylaws were presented for a "first read" to the Board at the April, 2021, Board of Trustees meeting. At the April meeting, it was decided that any amendment or revision to the Bylaws requires a majority vote of the full board. Other comments and concerns were to be submitted to the Governance Committee prior to the May meeting.

Current Status

1. We have received comments from Marty:

Executive Sessions

As you may know, the Wyoming Legislature amended Wyoming Statute 16-4-405 this year to add the following provision in Executive Sessions: "To consider, discuss and conduct safety and security planning that, if disclosed, would pose a threat to the safety of life or property."

I suggest that for our By-Laws we add this as "H" and move the current "H" to "I". [In Bylaws, under Executive Session state statute reference added in green. P 7.](#)

Chapter XIII Amendments and Alterations

At the meeting, we briefly discussed this matter. The proposed wording, (which Barbara brought up for discussion) provides that a "majority of a quorum" can amend the By-Laws. As worded, this means that, conceivably, only two Board members can effect changes to the By-Laws.

Earlier in the By-Laws, it states that: "No action of the Board shall be valid unless such action has been approved by a quorum of the Board."

So my two (closely related) questions are legal ones for Geoff: (1) Under Wyoming law, can a majority of a "minimum" quorum act to pass a motion? (2) As it is stated above in the By-Laws, "approved by a quorum of the Board"...does this mean that for a minimum quorum (in our case 3 trustees)...the motion must be approved by all 3 trustees of the minimum quorum present at a meeting? [Rewording of the Bylaws to show that a majority vote of the board is needed to amend or revise Bylaws is in green on p 16.](#)

2. Questions the Governance Committee, placed as comment balloons, that are still outstanding include. Page numbers for the comment balloons are cited for easy reference.
 - a. Appointment term, i.e. can trustees who are appointed to complete someone else's term can then succeed themselves for two additional terms? p 2.
 - b. Does the language for P p 5 reflect the Board's wishes?
 - c. Should a Trustee shall hold the same office for more than three (3) consecutive terms, or more than two (2) consecutive terms? p 8.
 - d. To approve an action item, does this require a majority of the full board of the majority of a quorum? p 9

Recommendation Richard Mathey, Chairperson of the Governance Committee, will facilitate discussion regarding the above outstanding questions and other questions coming before the Board, as well as the revised Bylaws in general, with the expectation that all questions will be answered and the Bylaws passed either during the May or June meeting.

Memorial Hospital of Sweetwater County

Board of Trustees

Bylaws

CHAPTER I: DEFINITIONS

Section 1. Authority

Memorial Hospital of Sweetwater County (Hospital) was established pursuant to Wyoming Statutes Sections 1-18-101 *et seq.* (2009). Accordingly, it is a county public hospital that operates and acts exclusively for tax-exempt purposes.

Section 2. Definitions

- A. The ANNUAL MEETING is the first Wednesday in July.
- B. The BOARD OF TRUSTEES (Board) of Memorial Hospital of Sweetwater County (Hospital) is as defined in Chapter III, Section 1, of these Bylaws.
- C. The BOARD OF COUNTY COMMISSIONERS (Commissioners) shall mean the board of duly qualified elected officials in Sweetwater County, Wyoming as provided in Wyo. Stat. § 18-3-501 (2009) that has the authority and duty to appoint members of the Board of the Hospital according to Wyo. Stat. § 18-8-102 (2009).
- D. The CHIEF EXECUTIVE OFFICER (CEO) is as defined in Chapter V, Section 1, of these Bylaws.
- E. The FISCAL YEAR commences on July 1 and concludes on June 30 of the following calendar year.
- F. The HOSPITAL shall mean Memorial Hospital of Sweetwater County and all services and facilities operated under its license.
- G. The MEDICAL STAFF refers to licensed practitioners who attend to patients in the Hospital. Members include physicians and non-physician providers.
- H. A TRUSTEE is a member of the Board.

CHAPTER II: LEGAL STRUCTURE

Section 1. Legal Structure

The Board is appointed by the Commissioners and is constituted as a body corporate and with perpetual existence with the duty to erect, manage, operate and control the Hospital pursuant to Wyo. Stat. §§ 18-8-101 *et seq.* (2009).

Section 2. Overall Statements

The Board has the authority and duty to approve mission, values and vision statements, and the strategic plans for the Hospital, as well as to provide oversight of the CEO.

CHAPTER III: GOVERNING BODY

Section 1. Appointment and Term

A non-partisan board of at least five (5) and no more than eleven (11) residents of Sweetwater County shall be appointed by the Commissioners as provided in Wyo. Stat. §§ 18-8-102, 18-8-104 (2009). Hospital employees cannot be appointed to the Board. Wyo. Stat. § 18-8-102 (2009). The Board shall always consist of an odd number of Trustees.

Trustees are appointed for a five (5) year term. The term shall begin on the first Monday of July and end on the first Monday of July of the fifth year. Trustees may be eligible for reappointment by the Commissioners to succeed themselves for one (1) additional term. Trustees who are appointed to fill a vacancy are eligible to succeed themselves for two (2) additional terms.

The Board, as the Hospital's governing body, has the sole legal responsibility for the conduct of the Hospital as an institution. No individual member of the Board is personally liable for any actions, inactions, omissions, or procedures of the Board. Wyo. Stat. § 18-8-104 (2009).

Section 2. Resignation

A Trustee may resign at any time by giving written notice of such resignation to the Commissioners and a copy to the President of the Board. The resignation shall be effective when stated, or if not stated, upon presentation to the President of the Board. Any vacancies shall be filled by appointments made by the Commissioners.

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

Section 3. Removal

A Trustee may be removed from the Board by the Commissioners. The Board may recommend the removal of a disruptive Board member.

Section 4. Seal

The Board shall have a seal on which shall be engraved the name of the Hospital. This seal shall be kept by the Hospital's CEO and used in authentication of acts of the Board and the Hospital when such authentication is required or necessary.

Section 5. Policies

The Board shall create and establish such Board policies as it shall deem necessary and appropriate. The Board shall also create and approve a process for the review of Hospital wide policies over which the Board has oversight obligations.

Section 6. Meeting Records

The minutes of all Board meetings shall be available for public inspection at the Hospital's administrative office and on the Hospital's website, in accordance with applicable laws.

Section 7. Powers and General Duties of the Board of Trustees

The Wyoming Statutes, providing for the creation of memorial hospitals (Wyo. Stat. §§ 18-8-101 *et seq.* 2009), vest in the Board the sole duty to erect, manage and control the Hospital and all property, affairs, and funds received for the benefit of the Hospital. Accordingly, the Board shall have the power and authority to do and perform all acts, functions, and things necessary, proper, and consistent with these Bylaws, Laws of the United States, and the Laws of the State of Wyoming to affect the purposes for which the Hospital has been created.

Consistent therewith, the powers and duties of the Board, as the governing body, shall generally include, but shall not be limited to, the following:

- A. Organizing itself as provided in these Bylaws (See Chapter IV)
- B. Monitoring compliance with federal, state and local laws
- C. Providing direction and exercising general oversight over the affairs of the Hospital to ensure fulfillment of its mission

- D. Monitoring that all applicable accreditations and licenses are obtained and maintained as are appropriate and necessary to effectuate the Hospital's purpose
- E. Providing for the establishment of a duly licensed and qualified Medical Staff to carry out the Hospital's obligations and objectives for the care of the sick and infirm of the Hospital (See Chapter VII)
- F. Overseeing the ongoing implementation, maintenance, and monitoring of the standards of safe, quality, and efficient medical care in accordance with all applicable laws and accrediting bodies
- G. Appointing and fixing compensation and terms of office for a properly qualified CEO, who shall be responsible to the Board for managing the Hospital and who shall carry out the delegated authority of the Board. Consistent with such appointment, the Board shall periodically review and evaluate the performance of such officer
- H. Reviewing and approving an annual operating and annual and long-term capital budgets for the Hospital. The budget shall be for the Hospital's fiscal year, which commences on July 1 and concludes June 30 of the following calendar year. The budget shall be presented to the Commissioners in June, prior to commencement of the fiscal year
- I. Monitoring that the Hospital maintains a uniform system of accounting in accordance with generally accepted accounting principles and federal hospital regulations
- J. Retaining an independent auditor consistent with applicable laws and best practices to examine the Hospital's financial statements and provide a written report that contains an opinion as to whether the financial statements are fairly stated and comply in all material respects to the applicable audit standards
- K. Monitoring that the Hospital has an overall institutional plan that meets the conditions of the Medicare Conditions of Participation
- L. Receiving and owning personal property, and such real property as is authorized by Wyoming Statutes
- M. Making, altering, revoking, amending, executing and enforcing such Bylaws of the Hospital and the Medical Staff as the Board determines will promote the Hospital's best interest in accordance with the laws and the Hospital's mission
- N. Retaining independent counsel
- O. Having a policy and procedure for the approval and oversight of contracts entered into by the Hospital that assures 1) the maintenance of a data base that includes the nature, scope and length of term for each contract and 2) that prior to entering into any contract or affiliation agreement that must be approved by the Commissioners, the Board obtains the Commissioners' approval

- P. Having a policy and procedure for the approval and oversight of clinical service contracts that assures 1) the maintenance of a data base that includes the nature, scope and length of term for each contract, 2) evidence of physician involvement in the selection of the contractor, and 3) an annual evaluation showing the contractor meets quality standards
- Q. Procuring and entering into contracts for adequate and prudent insurance necessary and desirable for the conduct and operation of the Hospital
- R. Making provision for a Hospital Auxiliary and a non-profit Foundation, as the needs may arise. The Board shall require that Bylaws be established and shall approve such Bylaws, and any amendments thereof, for the Auxiliary and Foundation
- S. Reporting to and making recommendations to the Commissioners as necessary and appropriate, including the submission of the Hospital's annual budget as required
- T. Periodically reviewing and approving a general employee wage/compensation plan to assure an adequate work force
- U. Monitoring that all Board members understand and fulfill their responsibilities as Trustees of the Hospital, and providing for periodic evaluation of the Board's performance. New members of the Board shall participate in a Hospital Trustee orientation program and all members are encouraged to participate in available education programs
- V. Complying with state statutes for conducting open (public) meetings
- W. Providing for a systematic and effective mechanism for communication among the Medical Staff, the Board, and the CEO
- X. Assessing the health care needs of the community, the services provided by the Hospital, and the number of practitioners providing those services. In that regard, the Board retains the authority to restrict or expand the services offered by the Hospital, to restrict or expand the number of employed, licensed practitioners providing services in a given specialty based on its evaluation, and to determine that an exclusive contract is or is not necessary for a specific specialty or service
- Y. Considering, and if appropriate, establishing rules of conduct and behavior for the members of the Medical Staff, and procedures for monitoring compliance with such rules
- Z. Considering, and if appropriate, establishing through Board policy, such economic conflict of interest requirements for membership on the Hospital Medical Staff as deemed to be in the best interest of the Hospital
- AA. As the Hospital's governing body, having the sole legal responsibility for the conduct of the Hospital as an institution. No individual member of the Board is personally liable for any action or procedure of the board

CHAPTER IV: ORGANIZATION OF THE BOARD OF TRUSTEES

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

Section 1. Meetings

Any assembly of at least a quorum of the Board that has been called by proper authority for the purpose of discussion, deliberation, presentation of information, or taking action regarding public business is a public meeting, open to the public at all times, except as otherwise provided.

- A. Regular meetings of the Board shall be held on Hospital premises on the first Wednesday of each month, unless the Board sets the regular meeting for an upcoming month on a different date and/or location. The annual meeting of the Hospital governing body shall be the July meeting. The September Board meeting shall be in Green River. Any meeting that is not a regular meeting is a special meeting.
- B. Special meetings may be called by the presiding officer of the Board by giving verbal, electronic, or written notice of the meeting to each member of the governing body and to each newspaper of general circulation, radio, and television station requesting the notice. The notice shall specify the time and place of the special meeting and the business to be transacted and shall be issued at least eight (8) hours prior to the commencement of the meeting. No other business, other than noticed, shall be considered at a special meeting.
- C. Notice of special meetings and changes to the time or place of regular meetings shall be announced during the course of regular meetings and/or given to persons who have requested notice, as well as each newspaper of general circulation, radio and television stations in Sweetwater County. A request for notice shall be in writing and on file with Hospital. The request for notice may be made for all future meetings for which notice is required.
- D. The Board may recess any regular or special meeting to a place and time specified in an order of recess. A copy of the order of recess shall be conspicuously posted on or near the door of the place where the meeting or recessed meeting was held. In the case of a digital meeting, a digital notice will be sent to all participants, as well as to persons who have requested notice.
- E. The Board may hold an emergency meeting on matters of serious, immediate concern to take temporary action without notice. Reasonable efforts shall be made to offer public notice. All action at an emergency meeting is of a temporary nature, and in order to become permanent shall be reconsidered and acted upon at an open, public meeting within forty-eight (48) hours, excluding weekends and holidays, unless the event constituting the emergency continues to exist after forty-eight (48) hours. In such case the Board may reconsider and act upon the temporary action at the next regularly scheduled meeting of the agency, but in no event later than thirty (30) days from the date of the emergency action. Wyo. Stat. § 16-4-404(d) (2009).
- F. The Board may hold executive sessions, not open to the public, as provided for by law.

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

- G. All meetings of the Board shall comply with the Wyoming Open Meetings Act, Wyo. Stat. §§ 16-4-401 to 16-4-407 (2009).
- H. Any member of the Board who attends, or remains at a meeting, knowing the meeting is in violation of the Wyoming Public Meetings Act Wyo. Stat. §§ 16-4-401 through 16-4-410 (2009) shall be liable under Wyo. Stat. § 16-4-408 (2009), unless minutes were taken during the meeting and the parts thereof recording the member's objections are made public or at the next regular public meeting the member objects to the meeting where the violation occurred and ask that the objection be recorded in the minutes.
- I. Day-to-day administrative activities of the Hospital shall not be subject to the above notice requirements.

Section 2. Executive Session

The Board may hold executive sessions not open to the public under the following circumstances:

- A. With the attorney general, county attorney, district attorney, city attorney, sheriff, chief of police or their respective deputies, or other officers of the law, to consider matters posing a threat to the security of public or private property, or a threat to the public's right of access, [Wyo. Stat. § 16-4-405](#).
- B. To consider the appointment, employment, right to practice or dismissal of a public officer, professional person or employee, or to hear complaints or charges brought against an employee, professional person or officer, unless the employee, professional person or officer requests a public hearing. The Board may exclude from any public or private hearing during the examination of a witness, any or all other witnesses in the matter being investigated. Following the hearing or executive session, the Board may deliberate on its decision in executive session.
- C. To consider matters concerning litigation to which the Board is a party or proposed litigation to which the Board may be a party.
- D. To consider the selection of a site or the purchase of real estate when the publicity regarding the consideration would cause a likelihood of an increase in price.
- E. To consider the acceptance of gifts, donations and bequests that the donor has requested in writing be kept confidential.
- F. To consider or receive any information classified as confidential or proprietary by law.
- G. To consider accepting or tendering offers concerning wages, salaries, benefits and terms of employment during all negotiations.
- H. To consider any other matter authorized by law to be considered in an executive session.

Minutes shall be maintained of any executive session. These minutes shall show time, members present, and subjects considered. No action shall be taken in executive session. Any actions taken in connection with executive session shall be taken in the regular session and recorded in the minutes of the regular session. Except for those parts of minutes of an executive session reflecting a members' objection to the executive session as being a violation of this act, minutes and proceedings of executive session shall be confidential and produced only in response to a valid court order.

Section 3. Officers

Officers elected are President, Vice-President, Secretary, and Treasurer. Any Board member may be considered eligible to be an officer of the Board. Board officers shall be elected at the July meeting of the Board. Officers' terms are from the annual meeting to annual meeting of the following year. No Trustee shall hold the same office for more than three (3) consecutive terms. When completing another officer's term, the Trustee is still eligible for three (3) consecutive terms.

Section 4. Duties of Officers

- A. The President shall prepare the agenda for all meetings of the Board in consultation with the CEO. The President shall call and preside at all meetings of the Board. With the exception of the Finance & Audit Committee, the President shall appoint all members of the Board's standing committees who are not designated in the committee charters. With the exception of the chairperson of the Finance & Audit Committee, who is the Treasurer, the President shall also appoint the chairperson of each standing committee and is an *ex officio* member of all board committees. The President shall act for the Board as a whole only with the Board's authorization.
- B. The Vice President shall, in the absence of the President, or in the event of his/her death, inability, or refusal to act, perform the duties of President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice President shall also perform such executive duties as may be delegated to him/her by the President of the Board.
- C. The Secretary, or his/her designee, shall act as secretary of the Board and shall act as custodian of all records and reports of the Board. The Secretary's designee shall be responsible for recording and keeping all minutes and transactions of all Board meetings.
- D. The Treasurer shall be the chair of the Finance & Audit Committee; have signing authority on behalf of the Board for financial matters; ensure audited financial statements are

presented to the Board on an annual basis; and manage, with the Finance & Audit Committee, the Board's review of, and action related to, the Board's financial responsibilities.

Section 5. Quorum

A quorum of the Board consists of a majority of the Trustees in attendance at the time the meeting is called to order. No action of the Board shall be valid unless such action has been approved by a quorum of the Board. Proxy voting shall not be permitted. Any Trustee may participate in any meeting of the Board or Board committee by means of digital technology whereby all members participating in such meeting can hear one another for the entire discussion of the matter(s) to be voted upon. Such participation shall constitute attendance in person for all purposes, including but not limited to establishing a quorum.

Section 6. Conflict of Interest

The Board shall adopt and maintain a comprehensive Conflict of Interest Policy. Upon taking the Oath of Office, each Trustee shall be required to agree in writing to adhere to the terms of the policy and to annually affirm in writing his/her agreement to adhere to the policy. The Board shall have the right to adjudicate any alleged violations of the policy and determine the disciplinary or corrective measures required. The Board will also report any violations and subsequent disciplinary or corrective measures to the Commissioners.

Section 7. Voting

- A. Each Trustee shall be entitled to one vote on any matter properly submitted to the Board for vote. Voting shall be in person or by digital technology, and there shall be no voting by proxy.
- B. If a Trustee has a conflict of interest, he/she may not participate in the discussion nor vote on the issue for which he/she has declared a conflict.
- C. The President of the Board shall not be required to vote except when necessary in case of a tie vote. The President shall, however, have the privilege to vote when he/she so desires.
- D. If any Trustee(s) in the minority on any question wishes to present a written explanation of his/her position to the Secretary, such explanation shall be filed with the permanent records of the Board.

Section 8. Committees

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

- A. All committee meetings will be held on the Hospital premises, unless otherwise indicated in the call.
- B. Minutes from standing committee meetings will be provided to the Board at the Board meeting following the committee meeting.
- C. Committees may be standing committees or special committees.
- D. Standing committee members shall be appointed by the President. Two Trustees shall be appointed to each standing committee. Their tenure will run from annual meeting to the following annual meeting, or until a successor is named, whichever last occurs. Standing committees of the Board shall be Building & Grounds, Compliance, Executive Oversight and Compensation, Finance & Audit, Governance, Human Resources, Joint Conference, and Quality. The charge of all standing Committees will be stated in the committee charters as adopted by the Board.
- E. Special committees will be appointed by the President on the approval of the Board for such special tasks as circumstances warrant. The special committees shall limit their activities to the accomplishment of the task for which they were created or appointed and shall have no power to act except as specifically conferred by the Board. Special committees shall be dissolved upon completion of their task.

CHAPTER V: HOSPITAL CHIEF EXECUTIVE OFFICER

Section 1. Appointment

The CEO shall be appointed by the Board and be responsible only to the Board and shall be given the necessary authority and be held responsible for the administration of the Hospital in all its activities, subject only to these bylaws and such policies as may be adopted and such orders as may be issued by the Board. The CEO is responsible for investigating and resolving all complaints and allegations concerning the conduct of the Hospital and its staff, and the Board is responsible for investigating and resolving all reported complaints and allegations concerning the conduct of the CEO.

Section 2. Authority

Within the framework of broad objectives and policies developed and approved by the Board, the CEO shall plan, direct, coordinate and evaluate all activities of the Hospital. The CEO shall report to the Board at its regular monthly meeting. Official communication with the Board between regular monthly meetings shall be through the President of the Board. This shall not be interpreted to prohibit a Board member and the CEO from communicating directly with each other.

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

Section 3. Duties

The CEO is charged with fulfilling the duties as stated in his/her job description and with performing these duties in accordance with his/her employment agreement and in full compliance with the Hospital Bylaws.

CHAPTER VI: FISCAL CONTROL

Section 1. Guidelines and Audits

- A. The Chart of Accounts for Hospitals prescribed by the American Hospital Association, with modification as needed, the laws of the State of Wyoming, and Generally Accepted Accounting Principles shall be followed in recording and accounting for financial transactions of the Hospital.
- B. The Board shall review and approve an annual budget for the operation of the Hospital in a format acceptable to the Director of the Wyoming Department of Audit. The budget shall require that 1) businesslike methods are employed in the expenditure of and accounting for all monies, 2) a long-term capital expenditure plan is included and 3) the implementation of the plan is monitored. The annual budget shall be presented to the Commissioners in June, prior to the beginning of the new fiscal year.
- C. The financial records and financial procedures of the Hospital shall be audited annually by an independent, certified public accountant and/or firm. Prior to the audit, Trustees who are members of the Finance & Audit Committee may meet with the auditors, independent of management, to review annual audit and associated management letter. The results of this annual audit shall be presented to the Finance & Audit Committee and to the Board at the meetings immediately following the completion of the audit report.

Section 2. Execution of Instruments

- A. Unless otherwise specifically determined by the Board, or required by law, formal contracts of the Hospital, promissory notes, deeds of trust, mortgages or other evidences of indebtedness of the Hospital shall be executed, signed or endorsed by the CEO or other officers of the Hospital as provided in Board policy.
- B. There are certain transactions of the Board that require the Commissioners approval as stated in the Wyo. Stat. §§ 18-8-108 and 18-8-301 (2009).

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

- C. The CEO has the authority to endorse checks made to the Hospital for deposit in any of its duly authorized depositories, without countersignature. This authority may be delegated by the CEO to other officer(s) of the Hospital to whom the Board, by policy, has approved such power.
- D. All checks, drafts, or other orders for payment of money, notes or other evidences of indebtedness, issued in the name of or payable to the Hospital, shall be signed or endorsed by the CEO or other officer(s) to whom the Board, by policy, has approved such power.

Chapter VII-MEDICAL STAFF

Section 1. Establishment of Medical Staff

The Board, by this Chapter VII, and by approving the Bylaws of the Medical Staff, which are incorporated into these Bylaws by this reference, hereby establishes and sets forth the organizational structure of the Medical Staff and its relationship to the Board and to the Hospital administration.

In the event of any conflict between the provisions of these Bylaws and the Medical Staff Bylaws, the provisions of these Bylaws shall supersede any conflicting provisions of the Medical Staff Bylaws provided, however, that every effort shall be made to interpret these Bylaws and the Medical Staff Bylaws as being consistent with one another. In the event of any such conflict, it shall be referred to the Joint Conference Committee.

The relationship between the Medical Staff and the Hospital is the following:

- A. The Medical Staff makes recommendations to the Board regarding privileges and credentials, which the Board considers in accepting credentials and granting privileges.
- B. Hospital privileges are in the nature of a license to use the Hospital facilities for the treatment of patients.
- C. The Medical Staff is an advisor to the Board concerning the clinical quality and safety of patient care.
- D. The Medical Staff Bylaws serve as a framework for self-governance of Medical Staff activities, but do not suggest that the Medical Staff is a separate entity; the Medical Staff is a part of the Hospital.

Section 2. Responsibilities of the Medical Staff

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

- A. The Board shall ensure that the Medical Staff is organized into a responsible administrative unit. The Medical Staff shall adopt Bylaws subject to Chapter 7, Section 3, of these Bylaws. The Medical Staff shall periodically review its Bylaws, Rules and Regulations, and policies to ensure consistency with current standards of care; consistency with Hospital policies; compliance with the requirements of The Joint Commission and Centers for Medicare and Medicaid; and compliance with applicable laws and regulations. Acting in its role as advisor to the Board in matters requiring clinical expertise, the Medical Staff shall be responsible for making recommendations to the Board concerning initial staff appointments, reappointments and the granting, termination, curtailment or revision of clinical privileges for Medical Staff members. The Medical Staff shall be responsible for the submission of regular reports on the review processes carried out by the Medical Staff in accordance with the requirements of the Medical Staff Bylaws, Rules and Regulations.
- B. The Board shall approve the Medical Staff's Bylaws and act on recommendations concerning Medical Staff appointments, reappointments, terminations of appointments, and the granting, termination, curtailment or revision of clinical privileges within the time specified in the Medical Staff Bylaws.

Section 3. Medical Staff Bylaws

The Medical Staff Bylaws shall set forth the Medical Staff's organization and government, including mechanisms for the following: appointment and reappointment; the granting, termination, curtailment and revision of clinical privileges; liaison between the Board and the Medical Staff; and the quality assurance/improvement, peer review and other responsibilities of the Medical Staff as required by The Joint Commission, the Centers for Medicare and Medicaid, and applicable laws.

The Medical Staff Bylaws shall be drafted and adopted by the Medical Staff and then presented to the Board for approval. The ultimate authority to adopt or amend the Medical Staff Bylaws shall be vested in the Board.

Section 4. Medical Staff Communication with the Board of Directors and Hospital Administration

There shall be effective and systematic liaison and communication between the Board, the Medical Staff, and the Hospital administration. The primary means of collaboration and communication shall be the Joint Conference Committee. In addition, the Medical Staff shall

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

participate in the regular Board meetings by the attendance of the Chief of Staff. All members of the Medical Staff are welcome at all Board meetings.

Section 5. Medical Staff Recommendations

The Medical Staff, as provided in the Medical Staff Bylaws, shall make recommendations to the Board for the Board's approval, which shall include recommendations pertaining to the following:

- A. The structure of the Medical Staff
- B. The mechanism used to review credentials and to delineate individual clinical privileges
- C. Individual Medical Staff membership
- D. Specific delineated clinical privileges for each individual exercising such privileges
- E. The organization of the quality and safety activities of the Medical Staff and the Hospital as well as the mechanisms used to conduct, evaluate, and revise such activities
- F. Clinical service contracts, as well as mechanisms to monitor and evaluate the quality and safety of the deliverables to be provided under said contracts
- G. The mechanism by which membership on the Medical Staff and clinical privileges may be suspended, curtailed or terminated
- H. The mechanism for fair hearings

Section 6. Liability Insurance

Members of the Medical Staff shall annually provide written proof of liability insurance (malpractice insurance) for an amount to be determined by the Board. Furthermore, each member of the Medical Staff shall notify the Hospital within two (2) business days of receiving notification of cancellation of liability insurance. Noncompliance with this requirement is cause for immediate revocation of staff membership and clinical privileges.

CHAPTER VIII: DISCRIMINATION

Nondiscrimination Policy

No discrimination because of sex, race, creed, religion, national origin, disability, age, ancestry, pregnancy, gender identity, or sexual orientation shall be allowed in the admission and treatment of patients, appointments or privileges of Medical Staff members, employment of personnel, or the conduct of other business of the Hospital.

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

CHAPTER IX: PUBLIC STATEMENTS AND PRONOUNCEMENTS

Official Positions

The Board acts as a body. Policy and statement of official positions shall be made only after Trustees' concurrence as indicated by a majority vote. All such statements shall be issued by the President through the office of the CEO.

CHAPTER X: GIFTS AND BEQUESTS

Acceptance Policy

The Board may receive, through the Foundation, the donations of real estate, money or other property in the aid of the establishment of the Hospital or for the construction of additions or provision of equipment, furniture, or facilities. The Board shall permit any donor furnishing the means for the construction of any individual portion of the Hospital, or for equipping and especially endowing any service or room therein, to name the same in memory of any person chosen by the donor and shall observe the conditions accompanying every gift that is not in violation of Wyoming Law and is consistent with the proper management and objectives of the Hospital. The Board may consult with the Hospital's Foundation prior to the receipt of such donations.

CHAPTER XI: VOLUNTEER GROUPS

Section 1. Purpose

All volunteer groups, such as the Sweetwater County Memorial Hospital Auxiliary Inc., shall serve without remuneration, with their prime purpose being the support and betterment of the Hospital and its services.

Section 2. Governance

All volunteer groups are authorized to establish a mechanism for governing themselves. Subject to the approval of the Board, all volunteer groups may, for governance purposes, adopt Bylaws, rules, regulations, policies, and procedures. None of these governance mechanisms shall supersede or take priority over these Bylaws.

Section 3. Reports

Actions of volunteer groups shall be subject to review by the Board through the CEO and through an annual report of their activities.

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

Chapter XII INDEMNIFICATION AND INSURANCE

Indemnification and Directors and Officers Insurance

The Hospital shall indemnify a Trustee who was wholly successful, on the merits or otherwise, in the defense of any proceeding to which the Trustee was a party because he/she is or was a Trustee against reasonable expenses actually incurred by the Trustee in connection with a proceeding. The Hospital shall also advance expenses to the Trustee as outlined in Wyo. Stat. §17-19-853 (2009).

The Hospital shall purchase and maintain directors and officers insurance on behalf of an individual who is or was a Trustee, officer, employee, or agent of the Hospital against liability asserted against or incurred by him/her in that capacity or arising from his/her status as a Trustee, officer, employee, or agent of the Hospital whether or not the Hospital would have power to indemnify the person against same liability. Wyo. Stat. §17-19-857 (2009).

CHAPTER XIII: AMENDMENTS AND ALTERATIONS

Section 1. Requirements

Amendments and alterations to the Bylaws shall require a majority vote of a quorum of the Trustees present at any regular or special meeting, provided the proposals for changes have been furnished in writing to each Trustee at least five (5) days prior to the meeting.

Amendments and alterations to the Bylaws shall require a majority vote of the full Board present at any regular or special meeting, provided the proposals for change have been furnished in writing to each Trustee at least five (5) days prior to the meeting.

Section 2. Effective Date

These Bylaws become effective immediately upon their acceptance and adoption and supersede all previously adopted Bylaws.

ACCEPTANCE AND ADOPTION

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021

The foregoing Bylaws of Memorial Hospital of Sweetwater County Board of Trustees are hereby accepted and adopted as of this ____ day of August, 2018.

Revised 2004; 2005; 2007; 2010
2017; 08/01/2018
XX/XX/2021



Approved: N/A
Review Due: 1 year after approval
Document Area: *Administration*
Reg. Standards: *TJC LD 01.03.01 EP 3, TJC LD.04.03.01, TJC LD.04.03.07*

Plan for Providing Patient Care Services and Scopes of Care

STATEMENT OF PURPOSE:

Memorial Hospital of Sweetwater County (MHSC) provides care to patients in a variety of settings and service lines. As a community-based hospital affiliated with the University of Utah, our focus is that of patient- and family-centered care. The health of the citizens of Sweetwater County is our legacy.

Patient care services provided at MHSC are based on its mission and vision, as well as on the needs of the community it serves.

- **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.

Accreditations:

- The Joint Commission (TJC)
- American Academy of Sleep Medicine
- American College of Radiology

The plan for providing patient care takes into consideration:

1. The areas of the organization in which care is provided to patients and its defined scope of service
2. The mechanisms used in each area to identify patient care needs
3. The needs of the population(s) served and how decisions are guided by care provided directly or through referral, consultation, contractual arrangements or other agreements
4. The process used for assessing and acting on staffing variances
5. The plan for improving the quality and safety of patient care in each area.

The organization's plan is approved by the organization's Board of Trustees and its leadership team.

Planning and ongoing evaluation for patient care services is part of the organization's strategic plan as determined by the Board of Trustees and the Chief Executive Officer. Specific strategies have action plans and time frames that define how patient care services will be implemented, maintained or provided. Planning processes for such strategies take into consideration community needs, internal and external valid data resources, the ability to provide a service, internal and external customer and community surveys, medical

staff and other provider input, networking with community/state/national agencies, market research, healthcare research, and professional organizations that guide evidence-based practice.

Data monitored for ongoing strategic decision-making includes, but is not limited to:

1. Quality improvement data and outcome measure results
2. Patient safety events, including root cause analyses (RCA)
3. Staffing variances and cause and effect relationships to evaluate the impact on patient care
4. Customer satisfaction scores to monitor for trends related to the impact of staffing
5. Recruitment and retention data of human resources
6. Acuity of patients and the correlation to events or dissatisfaction
7. Effect of fiscal and budgetary parameters on ability to provide patient care
8. Ability to recruit staff and develop them to the necessary standard established
9. Impact of new technology including electronic medical records (EMR), information systems and the effectiveness of such systems.

PLAN FOR PATIENT SERVICES

- I. MHSC is licensed as a 99-bed acute care, non-profit community hospital with a multi-specialty physician/provider clinic. Founded in July of 1890, the MHSC continues to extend services to persons as far as north as Big Piney, Wyoming, as far west as Utah, as far east as Rawlins, Wyoming, as far south as Utah and Colorado border areas, and any person in need who passes through Sweetwater County. Patient- and family-centered care is promoted through therapeutic relationships, compassionate care and the use of evidence-based practice. Essential services provided by MHSC include, but are not limited to:
 - Anesthesia services
 - Cardiac and pulmonary rehabilitation
 - Cardiopulmonary care
 - Cardiac stress testing
 - Sleep lab
 - Care management
 - Care transition
 - Case management
 - Chronic care management
 - Clinical documentation improvement
 - Chronic hemodialysis and peritoneal dialysis
 - Diagnostic imaging
 - Cat Scan
 - Mammography
 - MRI
 - Nuclear medicine

- Ultrasound

- Dietary and nutritional service
- Emergency and trauma care
- Endoscopy
- Infection prevention and control services
- Medical records/information technology
- Nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, and end stage chronic dialysis
- Oncology, including outpatient chemotherapy administration and radiation oncology/pathology/histopathology, clinical laboratory and transfusion services
- Pharmaceutical
- Physical rehabilitation, occupational therapy, and speech therapy
- Provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, Occupational medicine, pulmonology, nephrology, **neurology, urology and ear/nose and throat and a walk-in clinic**
- Quality improvement
- Social work
- Telemedicine - stroke and burn
- Volunteers.

II. **Services not available** at the MHSC include acute cardiology and cardiac surgery, acute intensive burn care, neurosurgery, transplantation of major organs, pediatric cancer services, and infectious disease as an advanced specialty. The organization does not have skilled long-term care or inpatient rehabilitation beds.

III. MHSC is affiliated with the following organizations:

- University of Utah
- Huntsman Cancer Center
- Shriners Hospital for Children
- Wyoming Hospital Association
- University of Utah Health & Huntsman Cancer Institute
- Western Wyoming Community College
- University of Wyoming
- Other academic institutions - MHSC partners with a number of other colleges and universities throughout the region whenever possible to educate and train students in a variety of healthcare disciplines.
- WWAMI Regional Medical Education Program

IV. Patient services provided by contracted organizations include:

- Emergency medicine

- Pharmacy services
- Radiologist services
- Sterilizer support and maintenance

V. Contractual arrangements for extension of care include:

- Reference laboratories
- Hospice and end of life care
- Home health agencies
- Organ and tissue donation

VI. Data related to services in calendar year **2020:**

Campus Size	Hospital = 188,470 square feet, Medical Office Building = 77,392 square feet, Specialty Clinic = 14,797 square feet, Central Plant = 19,781 square feet, Paving area = 378,865 square feet and Total lot area = 1,472, 289 square feet or 33.8 acres
Licensed Beds	99
Staffed Beds	58
Employees	550
Full-time employee equivalent (FTE)	454.78
FTEs/ Occupied Bed	8.36
Average patient length of stay (LOS)	2.5
Average Daily Inpatient Census	12.90
Inpatient Discharges	1861
Births	410
Non-ED Outpatient Visits	86,909
ED Visits	14,876

ED Visits Admitted	1,513
Inpatient Surgeries	295
Outpatient Surgeries	1,485
Medical Office Building Clinic Visits	54,815

- VII. Located on the I-80 corridor, MHSC provides trauma care as an essential service and is an Area Trauma Center as designated by the State of Wyoming.
- VIII. As an important part of clinical care the hospital serves as a clinical practice site for schools of nursing (Western Wyoming Community College and University of Wyoming being the majority), and schools of medicine (Wyoming, Montana, Alaska and Idaho educational program).
- IX. Care provided to the patient are determined by the types and availability of services offered within the organization. If the service cannot be provided, patients can be transferred via fixed-wing air ambulance and helicopter service or ground transportation. Consultation via telephone with Wyoming, Utah, Colorado and other major medical centers takes place as needed. During times in which weather does not permit safe transportation patients will be stabilized to the best of the organization's ability to provide emergency care. MHSC does not use a process in which emergency medical services (EMS) are requested and used to divert patients to other health care facilities. Rather, patients are brought to the hospital where solutions for care are investigated. MHSC has an emergency plan for patient surge that is activated when immediate problem solving is not successful.
- X. Patients with the same diagnosis and health care needs can be expected to receive the same standard and level of care throughout the organization. Each patient care area has a scope of service describing the focus of care, capacity of the area, staffing for the area, triage of patients from the area and competencies of staff. Outcomes are measured and monitored through quality improvement processes.
- XI. The medical staff of the organization is a key partner in the success of patient care outcomes. The role of the medical staff is defined in the organizational Medical Staff Bylaws. As partners in care the medical staff is to be actively engaged in the patient care and quality work of the organization. The structure through which this is accomplished is defined in the Bylaws. The medical staff is actively involved in the process of policy development and approval, service improvement through customer relations scores, quality improvement processes, governance through committees and representation, communication through daily mechanisms, information management through electronic medical records (EMR), and oversight of care through peer review and utilization management.

INFRASTRUCTURE

I. PROFESSIONAL PATIENT CARE STAFF

- Professional practice at MHSC is defined in accordance with state licensure laws, applicable Federal and State regulations, standards as established by MHSC and the use of evidence-based practice.

- Professional staff qualifications are listed per specific job description.
- Professional staff members who provide patient care receive an annual performance review based on specific job descriptions and job standards. Each staff member must demonstrate beginning and ongoing competency and education. Self-directed lifelong learning is an expectation. Attainment of advanced and terminal degrees and national certifications in one's area of expertise is desired and encouraged.

II. PATIENT CARE STANDARDS

- Each patient care area is responsible for establishing patient care standards that are evidence-based and congruent with current standard of practice and care.
- Evidence-based resources are available 24 hours per day through electronic means.

III. PATIENT CARE OUTCOMES

- Patient outcomes are described in the mission and vision of the organization and throughout a variety of patient care standards. Patient and family centered care is the care delivery model that is essential to the success of patient outcomes.
- Further patient care outcomes are defined in the Quality Assurance Performance Improvement (QAPI) and Safety Plan, and in the Utilization Review plan.

IV. PATIENT CARE QUALITY AND PATIENT SAFETY PLAN

- Refer to Performance Improvement and Patient Safety (PIPS) Plan.

V. ORGANIZATIONAL STRUCTURE

- The organization structure is defined in the organizational chart. Responsibility incurred in each position within the organizational chart is defined with job descriptions.

VI. SERVICE AVAILABILITY

- Each patient area defines service availability specific to the patient care area, which is found under each scope of service outlined in this document. Medical Staff Bylaws define medical care coverage and rules.

VII. FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY

- MHSC plans for patient care needs and services through an annual budgeting process, program development planning, capital equipment needs and monthly review of financial resources to meet patient needs. If there are urgent census fluctuations demanding more resources, the areas have plans to respond to those needs. External resources may be considered to achieve safe staffing levels that take into account the current number of staff, staff qualifications, experience, and education.
- Census trends are evaluated annually. Numbers of staff on-boarded and staff turnover are reviewed. MHSC data trends are compared against industry trends, reimbursement changes, factors that could affect patient volumes, lengths of stay trends, patient day utilization including average number of admits and discharges daily, acuity of patients and service demands of patients as well as other important factors affecting the delivery of patient care. Each director plans for changes and includes anticipated changes in the budget planning process. The annual budget is finalized through the Board Finance and Audit Committee and is approved by the Board of Trustees.

VIII. STAFF EDUCATION

- MHSC maintains specific policies and standards on orientation, competency and annual education. Each clinical area is responsible for outlining education needs and how the education needs will be met. Education needs are re-evaluated annually and then periodically as needed. The Wright Competency Model is used, which is also the competency model preferred by The Joint Commission.
- MHSC maintains resources available to all staff on a variety of educational topics through on-line resources such as Lippincott, NetLearning, UpToDate, and Ovid. Education is also available through the University of Utah with offerings such as Grand Rounds from various disciplines, STABLE, Neonatal Resuscitation Program (NPR), and similar offerings. The Education Department, a collaboration between Nursing and Human Resources, is MHSC's contact for educational resources.
- Course certifications through the American Heart Association include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS) are required for specific departments and employees. Additionally, Trauma Nurse Core Course (TNCC) is required for all Emergency Department nurses.

IX. PATIENT RIGHTS AND RESPONSIBILITIES

- See all documents and policies on Patient Rights and Responsibilities.

X. FAIR BILLING PRACTICE

- MHSC will invoice patients or third parties only for services actually rendered to patients. Patient Financial Services will provide assistance to patients who seek to understand billing costs relative to their care. Any questions or objections to patient bills or insurance coverage related to care delivered will be reviewed and addressed through the patient complaint process.

XI. CONTRACTED SERVICES

- For information regarding MHSC contract management, see the Contracts Management Policy. A full list of contracted services can be obtained from General Legal Counsel.

GOVERNANCE

I. BOARD OF TRUSTEES

- The hospital Board of Trustees' role is to serve as the governing body of the hospital.
- Board of Trustee (BOT) meetings open to the public occur the first Wednesday of every month from 2:00 - 5:00 PM. Board members serve on several other committees that meet at various times, dates and hours of the day.
- The BOT is responsible for oversight of the hospital.
- The BOT responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing safe, quality care, overseeing the organization's financial well-being, staying educated in health care industry news and best practices, and being a representative of the organization in the community.
- The BOT is not involved in the day-to-day operations of the hospital. The daily operation of the hospital is Senior Leaderships' responsibility.

- The Board of Trustees consists of five (5) members who are citizens of Sweetwater County and appointed by the Sweetwater County Commissioners.
- A County Commission liaison attends monthly Board of Trustee meetings and other meetings attended by Board of Trustee members whenever possible.
- **CONTRACTED SERVICES**
 - Legal services
- **AFFILIATIONS OR SOURCES OF REFERENCE**
 - American Hospital Association (AHA)
 - Wyoming Hospital Association (WHA)

II. SENIOR LEADERSHIP

- The role of Senior Leadership is to provide overall leadership and management of the hospital, including the development of strategies related to the delivery of patient care. The plan for the provision of patient care is enacted through the planning, evaluating, directing, coordinating and implementing the services of the organization to meet or exceed the needs of the patient.
- Senior Leadership consists of the Chief Executive Officer, Chief Financial Officer, Chief Clinical Officer, Chief Nursing Officer, and Chief Medical Officer.
- One (1) Executive Administrative Assistant to the Chief Executive Officer and one (1) Administrative Assistant for the Chief Financial Officer, Chief Clinical Officer and Chief Nursing Officer work to ensure that functions within the executive offices are carried out and flow smoothly.
- Administration office hours are from 8:00 AM - 5:00 PM Monday - Friday, with the exception of holidays. However, a member of Senior Leadership serves as Administrator On-Call on a rotating basis to ensure at least one senior leader is available by telephone, in person or email 24 hours a day, 7 days per week, 365 days per year.
- Senior Leadership is accountable for the quality of care, safety and satisfaction of all patients and staff served at the MHSC. Members of Senior Leadership interact with patients and citizens of Sweetwater Country through direct and indirect communication. Members of Senior Leadership with a clinical background may assist in direct patient care during times of crisis or extreme clinical staff shortages.
- The MHSC contracts with numerous services in order to provide health care services to all persons needing care at the MHSC. The Board of Trustees, Chief Executive Officer and General Legal Counsel are responsible for reviewing, updating and maintaining all contracts, memorandum of understanding and other agreements with contracted services.
- **AFFILIATIONS OR SOURCES OF REFERENCE**
 - American Hospital Association (AHA)
 - Wyoming Hospital Association (WHA)
 - American Nurses Association (ANA)
 - American Organization of Nurse Leaders (AONL)

III. LEADERSHIP TEAM

- Each clinical and non-clinical area has a director or manager who is responsible for departmental functional activities, operations, quality and patient experience and patient safety initiatives, and for managing the resources of the department to meet the needs of the patient.

SCOPES OF SERVICE

Scopes of Service will be specific to area within the organization and will include:

1. **Definition of Service:** Definition of service and how it supports patient care needs
2. **Hours / Days of the Week of Service**
3. **Types of Services:** Types of services provided and if the service directly serves patients the types and/or ages of patient served. This may also include the types of services or patients not served.
4. **Contracted Services**
5. **Staffing:** Staff, Staffing Patterns or Staffing Types and Numbers
6. **Affiliations or Sources of Reference**

SCOPE OF SERVICE: ADMITTING

DEFINITION OF SERVICE

- The Admitting Department is comprised of Admitting, Emergency Department Admitting, Medical Imaging Admitting, Central Scheduling and the Communications departments. Admitting is a non-clinical department that performs the initial greeting, registration and admitting of all patients to our facility.
- Excellent customer service is provided by professionally, courteously, and accurately registering each patient into the system and opening an accurate medical record. Additionally, required are consents for treatment and an Assignment of Benefits along with consents to submit billing to the patient's insurance carrier or entitlement program from each patient. Each patient's insurance card and driver's license are scanned into the patient's medical record, if they are available. Excellent customer service is provided in an effort to identify and take care of the patient's basic needs and answer any questions that patients might have about their visit prior to assisting patients with directions of where they need to go for their hospital services.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 5:30 p.m., and on weekends from 9:00 a.m. until 2:00 p.m., except on holidays.
- The Medical Imaging Admitting area is staffed Monday through Friday from 6:30 a.m. until 5:00 p.m., except holidays.
- However, all services are also able to be admitted in the Emergency Department admitting area 24 hours per day 7 days per week.
- The Communications department is staffed from 6:30 a.m. until 9:00 p.m. Monday through Friday and from 8:00 a.m. until 9:00 p.m. on weekends and holidays.

TYPES OF SERVICES

- Initial welcoming of patient's and visitors to our facility.
- Arranges for the accurate, efficient, and orderly scheduling and registration of patients into inpatient,

outpatient, and ancillary departments of our facility.

- Ensure that accurate, comprehensive demographic information is acquired and keyed into the hospital's database.
- Available to answer any questions patients might have and works to ensure that the patient's registration is an exceptional experience.

CONTRACTED SERVICES

- Companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification:
 - Change Healthcare
 - Waystar
 - Provider Advantage

STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 7:00 a.m. - 5:30 p.m., Monday through Friday in addition to laboratory coverage on weekends from 9:00 a.m. until 2:00 p.m., along with 24/7 coverage in the Emergency Department.
- The staff includes a Patient Access Manager, Patient Access Specialists, Lead Pre-Admissions Registrar, Pre-Admissions Registrars, and Operator/Receptionists.
- All personnel report directly to the Director of Patient Financial Services.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

SCOPE OF SERVICE: ANESTHESIA

DEFINITION OF SERVICE:

- Chief of Surgery with collaboration of Anesthesiology is responsible for all anesthesia standards of care and practice. All types of non-flammable agents may be provided by an Anesthesiologist where deemed appropriate and necessary. All anesthesia is provided by credentialed anesthesia providers.
- Types of anesthesia services provided are:
 - General
 - Inhalational
 - Major conduction block, caudal, epidural, spinal
 - Local with or without intravenous analgesia and monitored anesthesia care
 - Pain control
 - Airway management
 - Intravenous regional blocks
 - Major vascular access placement
- Approved anesthesia locations are:
 - OR-all types (5 suites and endoscopy)
 - OB-all types (1 Suite and labor and delivery)
 - ED-topical, local, nerve block, intravenous sedation
 - Radiology-local and moderate sedation.

HOURS / DAYS OF THE WEEK OF SERVICE

- Anesthesia is provided Monday through Friday during regularly scheduled Surgical Services Department hours.
- Emergency Anesthesia is provided as needed per patient population 24 hour 7 days a week, including holidays and weekends throughout the facility.

TYPES OF SERVICES

- General anesthesia, Monitored Anesthesia Care (MAC), regional, spinal, epidural, and local.
- Ages served are both adult and pediatrics. Neonates are served post-delivery and during emergencies only.

CONTRACTED SERVICES

- None

STAFFING

- Based upon the needs of the patient population at least one Anesthesiologist will maintain at least a 1:1 patient care ratio during invasive procedures.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Board of Anesthesiologists
- American Society of Anesthesiologists

SCOPE OF SERVICE: CARDIAC/PULMONARY REHABILITATION

DEFINITION OF SERVICE

- Cardiac and Pulmonary Rehabilitation department is located on the ground level of the Medical Office Building. The department includes a patient exercise area, education area and waiting area.
- The primary purpose of Cardiac and Pulmonary Rehabilitation is to decrease mortality and recurrent morbidity after cardiac and pulmonary events through patient-centered care and education. The goal is to decrease symptoms, improve quality of life, increase exercise tolerance, decrease utilization of extended medical services, and increase independence for activities of daily living.

HOURS / DAYS OF THE WEEK OF SERVICE

Monday through Friday, 8:00 a.m. - 4:30 p.m., except holidays.

TYPES OF SERVICES

- Phase II: Cardiac Rehabilitation/Secondary Prevention and Pulmonary Rehabilitation provide adult outpatient and family centered interdisciplinary care including but not limited to assessment, exercise prescription, monitored and supervised progressive exercise program and interdisciplinary education. Outcomes are managed and reported to meet the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) requirements.
- Phase III: Unmonitored exercise sessions that are paid for directly by the participant after completing Phase II. These are provided on a monthly basis. Continuing education and support are provided by the staff.
- Objectives of the service are to ensure proper care and support of patients suffering from Cardiovascular and Pulmonary Disease, ensure the educational development of the patients and their family, so as to promote an understanding of Cardiovascular and Pulmonary disease and related risk factors, provide a

complete Phase II Cardiac and Pulmonary Rehabilitation Program, and permit the staff to carry out its works under favorable conditions.

CONTRACTED SERVICES

- None

STAFFING

- The department is assigned a Medical Director and Department Director with the following responsibilities:
 1. The Medical Director will direct the medical administrative activities of the Cardiac/Pulmonary Rehabilitation Service and will provide medical consultation.
 2. The Department Director will oversee operational activities of the Cardiac/Pulmonary Rehabilitation Service and provide direction to staff.
- The staffing for the department is determined but not limited by the following:
 1. Patient volume.
 2. Staff competencies.
 3. Operational budget.
 4. Scheduling staff to meet core and nonproductive needs.
- Staff may consist of Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) certified RN, Exercise Specialist, Physical Therapist and other certified staff members.

AFFILIATIONS OR SOURCES OF REFERENCE

- Guidelines for Cardiac Rehabilitation Programs, 6th ed. (2021). American association of Cardiovascular and Pulmonary Rehabilitation
- Guidelines for Pulmonary Rehabilitation Programs, 5th ed. (2020). American association of Cardiovascular and Pulmonary Rehabilitation

SCOPE OF SERVICE: CARDIOPULMONARY

DEFINITION OF SERVICE:

- MHSC operates a fully functional Cardiopulmonary Services Department. The combining of Respiratory Care, Cardiovascular, and Sleep Lab allow for an interdisciplinary approach to the provision of patient care. Patient care is provided to inpatients and outpatients. Cardiopulmonary services provide optimum assistance to nurses and physicians in maintaining preventive and restorative health needs for patients. Cardiopulmonary Services staff provides quality, conscientious, cost effective, and competent care with respect for life and dignity at every stage of the human experience.

HOURS / DAYS OF THE WEEK OF SERVICE

- Services will be provided twenty-four (24) hours a day 7 days per week.

TYPES OF SERVICES

- The patient population served by Cardiopulmonary Services consists of newborn, pediatric, adolescent, adult and geriatric patients requiring cardiac and respiratory care, services, treatment or testing to maintain optimum physiological maintenance of cardiac and respiratory systems.
- Patient care services provided by the department, through an order of a physician or under formal

hospital protocols or guidelines.

- **Services of the Cardiopulmonary Department will include, but are not limited to:**

- Cardiac:

1. Stress testing – Cardiolite, Lexiscan/Cardiolite, Stress Echocardiogram, Plain Stress Echocardiogram, and Plain Stress
2. Holter Monitor recording and scanning
3. Electrocardiograms (ECG)
4. Event monitors (3-30 Days)

- Respiratory

1. All forms of mechanical ventilation (excluding that provided by anesthesiologist during surgical procedures) including:
 - a. Conventional ventilation in all forms and modes
 - b. Assist physicians with endotracheal intubation and extubation performed outside the surgical suite
 - c. Reposition and stabilize endotracheal tubes
 - d. Tracheostomy care, including changing tracheostomy tubes, and assist with decannulation procedures
 - e. Non-invasive ventilation including BiPap and CPAP
2. All forms of airway clearance techniques including:
 - a. Positive Expiratory Pressure (PEP) therapy
 - b. Chest Physiotherapy (CPT)
 - c. Autogenic Drainage
 - d. Assisted Cough
 - e. Therapy Vest
3. Medications are administered by respiratory therapists via the following routes:
 - a. Small and large volume nebulizers
 - b. Metered dose inhalers (MDI)
 - c. Small particle aerosol generators (SPAG)
 - d. Direct instillation via endotracheal tubes or tracheostomy routinely or during emergency resuscitation procedures under direct supervision of a physician
4. Qualified and trained respiratory therapists can perform:
 - a. Nasotracheal, nasopharyngeal and oral suctioning, as well as suctioning of all forms of artificial airways
 - b. Placement of nasopharyngeal and oral airways
 - c. Assist with respiratory emergencies and performing CPR as a member of the code team.
 - d. Set-up, monitor and change all oxygen and aerosol therapy equipment and supplies for inpatients
 - e. Manually ventilate patients when required

- f. Accompany patients requiring assisted ventilation during hospital transports.
 - g. Assessments of respiratory status of patients with recommendations to physicians for the care plan.
 - h. Administration of medical gases, including medical air, medical oxygen, helium/oxygen mixtures, and nitric oxide.
 - i. Administration of high flow Oxygen therapy
 - j. Perform non-invasive Oxygen exchange assessments.
 - k. Directed cough with various devices
5. Diagnostic Services
- a. Complete assessment of respiratory status
 - b. Measurement of pulmonary mechanics
 - c. Capnography & end-tidal monitoring
 - d. Pulse oximetry
 - e. Arterial/capillary blood gas drawing
 - f. Point of care (POC) blood gas analysis
 - g. Exercise testing for evaluation of hypoxemia and/or hypoxia
 - h. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
 - i. Assist physicians with bronchoscopy procedures
 - j. Electroencephalogram (EEG) procedures
6. Sleep Lab
- a. Polysomnography. Reports contract to off-site pulmonologist.
 - b. PAP titration studies
 - c. Oxygen titration studies
 - d. Home Sleep Apnea Testing (HSAT)
 - e. Nocturnal Oxygen studies
7. Support Services
- a. Training of nurses and physicians in applied respiratory care
 - b. Monitoring, updating, stocking, and maintaining records on code carts
 - c. Ordering and maintaining inventory of oxygen and aerosol therapy equipment and supplies
 - d. Stocking of respiratory supplies and equipment
 - e. Collaborate with biomedical engineering to maintain preventive maintenance records on equipment
8. Education
- a. The hospital serves as a clinical teaching facility for students from Western Wyoming Community College and Independence University. MHSC has formal agreements with both schools and department staff members may be asked to serve as clinical mentors.

CONTRACTED SERVICES

- University of Utah - Read Holter Monitor Studies and occasionally ECGs
- Biotel & ZioSuite - Holter/Event Monitors
- Siemens - EPOC Blood Gas Analyzer
- Cardiology - William Marcus Brann
- Sleep Specialist - sleep study reports

STAFFING

- There is at least one (1) licensed therapist on shift at all times to assist patients and physicians with procedures, treatments, ventilator care and any other emergencies requiring his/her assistance. Availability of therapists on various shifts meet the needs of our patients. There shall be at least one credentialed staff member in-house 24 hours per day 7 days per week. Daily patient volume is assessed and staffing adjustments are made as necessary.

AFFILIATIONS OR SOURCES OF REFERENCE

- Clinical Practice Guidelines of the American Association for Respiratory Care (AARC)
- American Thoracic Society (ATS) and European Respiratory Society (ERS)
- American Academy of Sleep Medicine (AASM)
- American Association of Respiratory Care (AARC) & National Board of Respiratory Care (NBRC)
- American College of Cardiology (ACC)

SCOPE OF SERVICE: CARE TRANSITION

DEFINITION OF SERVICE

- Transitions of care, also known as care transition, occurs when a patient is transferred to a different setting or level of care. Care transitions can occur when the patient moves to a different unit within the hospital, when a patient moves to a rehabilitation or skilled nursing facility, or when a patient is discharged back home. Among older patients or those with complex conditions, research shows that care transitions that are not managed well can be associated with adverse events, poorer outcomes, and higher overall costs. Lack of well managed care transitions can also lead to an increase in potentially preventable hospital readmissions. The most important factor in successful care transition is communication during the hand-off process.

HOURS / DAYS OF THE WEEK OF SERVICE

- Basic hours of operation are Monday through Friday, with typical hours of 8:00 a.m. - 4:30 p.m. There is no coverage on holidays.

TYPES OF SERVICES

- All ages throughout the life span are served through Care Transition, with the majority of those served are 65 years of age and older.
- The Care Transition nurse is a member of the Case Management Department. The Care Transition nurse visits patients in the hospital setting and then through home visits and to provider appointments as needed to provide the following:
 - Teach disease specific information:
 - Medication management
 - Use of equipment

- Disease process
- Provide patients with specialized, written material, information and self-management skills
- Prepare patient and caregivers to identify and respond quickly to worsening symptoms
- Assist patient and caregivers to create/update personal health record
- Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life
- Teach patients about how to communicate with healthcare providers
- Coach patient and/or caregivers regarding the importance of follow up with their primary care providers
- Target patients transitioning from hospital to home who are at high risk for poor outcomes
- Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care
- Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals
- Identify and address patient priority risk factors and symptoms
- Promote consensus on the plan of care between patients and members of the care team
- Prevent breakdowns in care from hospital to home by having same clinician involved across these sites, inasmuch as possible
- Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.

CONTRACTED SERVICE

- None

STAFFING

- 1 FTE Care Transition Registered Nurse.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Case Management Association (ACMA)
- American Nurses Association (ANA)
- National Transitions of Care Coalition (NTCC)
- University of Wyoming Rural Health ECHO Care Transition
- Care Coordination and Transition Management (CCTM)

SCOPE OF SERVICE: CASE MANAGEMENT

DEFINITION OF SERVICE

- Patients at MHSC benefit from individualized Case Management Services for inpatients or outpatients as needed, including ED patients. Case Managers bridge the clinical and financial aspects of health care. Discharge planning, utilization management, and coordination of care are key focus areas of this department.
- The Case Manager works with the patient, family, and the clinical team to set priorities for coordination of care, planning for anticipated needs at discharge, and insurance authorization. Specific services may include but are not limited to:
 - Level of care determination in conjunction with the attending physician
 - Insurance precertification and continued stay approvals
 - Acute rehabilitation, extended care and long-term acute care and assisted living facility placement
 - Home Health Care, Hospice, outpatient therapy and durable medical equipment arrangements

- Providing social support and resources for patients who have complex social needs to provide resources related to prescription vouchers, travel assistance, etc.

HOURS / DAYS OF THE WEEK OF SERVICE

- Case Management providers full time service Monday - Friday with hours typically that of 8:00 a.m. - 5:00 p.m., though the Case Managers work variable hours to meet the needs of patients and families. There is no holiday coverage.

TYPES OF SERVICES

- Case findings are determined through use of census reports and the MIDAS work list each business day. Each patient's record will be accessed and patients interviewed by a Case Manager to assess discharge needs to ensure a safe discharge. Communication with medical staff, nursing staff and interdisciplinary staff to develop plans of care and promote patient centered care amongst the team is the foundation of Case Management.
- Referrals for all Discharge Planning and Case Management services are accepted from physicians, hospital personnel, patients, families, outside agencies and other health care professionals as appropriate. The Case Managers work closely with interdisciplinary teams to develop a holistic plan of care for the patient.
- Case Managers work with patients who are experiencing complex social needs related to diagnosis, support, adjustment and resources.
- Case Managers are not qualified to assist in treatment modalities including crisis intervention, situational counseling, or psychosocial assessments for patients who have complex psychosocial needs.

CONTRACTED SERVICES

- Interqual for determination of patient criteria of admittance

STAFFING

- Case Manager Registered Nurses: 4 full time (1 which serves as Supervisor), 1 PRN and 1 Care Transition/Case Manager cross-trained on as needed basis.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Case Management Association (ACMA)
- American Nurses Association (ANA)

SCOPE OF SERVICE: CLINIC DOCUMENTATION IMPROVEMENT

DEFINITION OF SERVICE

- Clinical Documentation Improvement services translates a patient's clinical status into coded data. Coded data is then translated into quality reporting, physician report cards, reimbursement, public health data, and disease tracking and trending. A Clinical Documentation Improvement (CDI) Specialist is a registered nurse who manages, assesses, and reviews a patient's medical records to ensure that all the information documented reflects the patient's severity of illness, clinical treatment, and the accuracy of documentation.

HOURS / DAYS OF THE WEEK OF SERVICE

- Hours vary between 8:00 a.m. - 5:00 p.m., Monday - Friday but are flexible to match inpatient hospital

census.

TYPES OF SERVICES

- CDI specialists perform concurrent reviews of medical records, validate diagnosis codes, identify missing diagnosis, and query physicians and other health care providers for more specifics so documentation accurately reflects the patient's severity of illness.

CONTRACTED SERVICES

- United Auditing Services Part time 20 hours - Remote CDI specialist

STAFFING

- One (1) CDI nurse reviews inpatient charts on a part-time basis as part of the Health Information Management Services Department. Outpatient chart review by CDI nurses is new to the health care industry thus an evolving function within the CDI role.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)
- Association of Clinical Documentation Improvement Specialists (ACDIS)

SCOPE OF SERVICE: CLINICAL INFORMATICS

DEFINITION OF SERVICE

- Clinical Informatics is a specialty that integrates nursing and clinical science, computer science and information science to manage and communicate data, information, and knowledge about information systems. The Clinical informatics specialist is focused on safety and quality outcomes as driven by information systems. Clinical informatics specialists are responsible for conceptually using systems to gather data and provide a system of evidence-based care, evaluating use of resources and accessibility for measuring and documenting patient outcomes. Clinical informatics addresses systems for their ability to access data, measure responses, facilitate patient care and enhance patient workflow.
- The MHSC Informatics Department is here to help everyone use the electronic medical record in a way that makes workflow and processes more efficient and effective. By working together, in teams, and using evidence-based electronic medical record (EMR) practices, we impact patient outcomes in a meaningful and favorable way.

HOURS/DAYS OF THE WEEK OF SERVICE:

- The typical hours of service are from 7:00 a.m. - 5:00 p.m., Monday - Friday, excluding holidays. The department is flexible with hours and occasionally works night, weekends and holidays.
- The department also provides 24/7/365 phone support.

TYPES OF SERVICES

- Maintain and support the informatics component of the hospital EMR system. This includes, but is not limited to, eMDs, QCPR and T- system software.
- Abstract accurate data for use in determining patient outcomes.
- Education relating to using the EMR.

STAFFING

- The Clinical Informatics department is staffed by three (3) Clinical Informatics Specialists and one (1) Clinical Systems Analyst

CONTRACTED SERVICES

- eMDs
- Quadramed
- T-Systems

AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)
- American Nursing Informatics Association (ANIA)
- American Nurses Association (ANA)
- Healthcare Information and Management Systems Society (HIMSS)

SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT (CCM)

DEFINITION OF SERVICE

- The CCM service is extensive, including structured recording of patient health information, maintaining a comprehensive electronic care plan, managing transitions of care and other care management services, and coordinating and sharing patient health information timely within and outside the practice.

HOURS / DAYS OF THE WEEK OF SERVICE

- The CCM is typically available 8:00 a.m. - 4:30 p.m., Monday through Friday excluding holidays. After hour phone calls are to be sent to the house supervisor on shift.

TYPES OF SERVICES

- All ages throughout the life span are served who have at least two chronic conditions and consent to services, with the majority of those served are 65 years of age and older.
- The chronic care nurse provides CCM services which are typically provided outside of face-to-face patient visits through phone calls, and electronic health record patient portal messages as needed to provide the following:
 - Teach disease specific information:
 1. Medication management
 2. Use of equipment
 3. Disease process
 4. Provide patients with specialized, written material, information and self-management skills
 5. Prepare patient and caregivers to identify and respond quickly to worsening symptoms.
 - Assist patient and caregivers to create/update personal health record.
 - Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life.
 1. Teach patients about how to communicate with healthcare providers.
 2. Coach patient and/or caregivers regarding the importance of follow up with their primary care providers.

- Support patients with chronic diseases to achieve health goals.
- Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care.
- Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals.
- Identify and address patient priority risk factors and symptoms.
- Promote consensus on the plan of care between patients and members of the care team.
- Prevent breakdowns in care when patients have a PCP and multiple specialty care providers.
- Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.
- Focus on characteristics of advanced primary care, such as a continuous relationship with the patient, and the patient with a designated member of the care team.

CONTRACTED SERVICES

- None

STAFFING

- 1 registered nurse and 1 medical assistant

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: COMMUNITY OUTREACH & VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

- Community Outreach is responsible for facilitating access to healthcare, creating awareness campaigns and education through community partnerships.
- Volunteer/Auxiliary Services provide volunteers who assist in daily activities throughout the facility providing focused assistance to departments as needed.
- Volunteers may assist in patient care and no-patient care areas.
- Volunteers may also assist in large hospital events, including but not limited to health fairs and Foundation events.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday excluding holidays. Mail route and Comfort Cart are staffed with 1-2 volunteers daily. Gift shop is staffed with volunteers Monday through Friday working variable hours between 8:00 a.m. and 5 p.m.

TYPES OF SERVICES

- Build mutually beneficial partnerships between employers, community-based organizations and the populations we serve.
- Foster stakeholder and community partnerships to improve the health of the community.
- Create awareness campaigns and education through health events, employer sponsored events, presentations, social media, traditional news outlets, and other venues to reach our community members.
- Develop and implement effective employee wellness campaigns in partnership with local employers.
- Responsible for planning and implementing policies under Marketing and Community Outreach, working

closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.

- Provide mail service, flower delivery, Comfort Cart, Gift Shop, Chaplain Services, and assistance to departments such as filing, laminating and clerical duties.

CONTRACTED SERVICES

- None

STAFFING

- Community Outreach & Volunteer Services Director
- Volunteers
- Chaplains are provided on an on call basis

AFFILIATIONS OR SOURCES OF REFERENCE

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SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

- The MHSC Dialysis Unit provides chronic hemodialysis and peritoneal dialysis care to patients in an outpatient setting. The eight (8) chair unit is located on the third floor of the Medical Office Building adjacent to the hospital.
- Chronic hemodialysis is offered to patients in Sweetwater County and the surrounding area who are experiencing end-stage renal disease (ESRD). The age range of the population served is 16 years of age and above. Acute dialysis is not offered at MHSC at this time. Patients in need of acute dialysis are transferred to a facility with acute dialysis care services.
- The primary goal of the chronic hemodialysis and peritoneal dialysis are to adjust and/or restore the health, and functional status of patients with ESRD or kidney disease to improve quality of life to the greatest extent possible. In an effort to meet the needs of these patients, their families and significant others, a holistic and multidisciplinary approach is used, involving social, medical, economic, spiritual, nutritional, educational and psychological aspects of care.
- In addition to hemodialysis, peritoneal dialysis is a treatment modality of choice offered at the MHSC Dialysis Unit when appropriate. Patients are educated to, and assisted with the further exploration and possible change to this modality by dialysis staff of MHSC.
- Arrangements for those interested in kidney transplant are made with the kidney transplant programs of the University of Colorado Medical center in Denver, Colorado, the University of Utah in Salt Lake City Utah, or Intermountain Health Hospitals in Salt Lake City Utah.
- An additional goal of staff in the MHSC Dialysis Unit is to provide education for the care of patients receiving hemodialysis or peritoneal dialysis or who are experiencing chronic renal disease to other health care professionals within the MHSC and any other interested community individuals, groups, or educational institutions. Care for patients requiring chronic hemodialysis or peritoneal dialysis augments the medical and nursing care provided by at the MHSC.

HOURS / DAYS OF THE WEEK OF SERVICE

- The MHSC Dialysis Unit hours of operation for hemodialysis are 5:30 a.m. - 6:00 p.m., Monday through Saturday. Holiday coverage is provided according to the patients' needs. Three shifts of patients are treated each day, starting the first shift of patient's at 6:00 a.m. and sending the last patient's home

around 5:00 or 6:00 pm.

- Hours for peritoneal dialysis are typically Monday through Friday, 8:00 a.m. – 5:00 p.m. Peritoneal dialysis nursing staff carry an on-call phone 24/7 to field calls from patients on peritoneal dialysis who have questions or concerns.
- Operational hours for the unit may change in accordance to patient census and staffing changes. All patients will be informed in writing of any change in operational hours and/or days. Any changes in patient schedules will result in the patients being informed verbally and in writing no less than 24 hours prior to the patient's time of treatment. Every effort is made to schedule treatment time that is convenient to the patient.

TYPES OF SERVICES

- The patient population is under the care of a nephrologist, who also serves as the medical director of the unit. The chronic patients that are receiving treatment are patients of the nephrologist. Other patients who may be traveling through or are moving into the area may have their charts reviewed and then be accepted for treatment by the nephrologist.
- Peritoneal dialysis is offered to patients who meet the Centers for Medicare & Medicaid Services (CMS) criteria for peritoneal dialysis. The MHSC Peritoneal Dialysis program achieved full certification by the Wyoming Department of Health in December 2019.

CONTRACTED SERVICES

- B-Braun-annual contract for maintenance on the dialysis machines, water purification system and supplies.
- Fresenius USA for dialysate and dialyzers.

STAFFING

- During the hours of operation the hemodialysis unit is covered by two staff members, either a combination of registered nurse and one patient care technician or two registered nurses. One nurse covers the peritoneal dialysis service with two additional staff members cross-trained to allow additional nursing care coverage to patients on peritoneal dialysis. The unit nursing director oversees the day to day operations and care of patients. Each dialysis patient is visited monthly by a registered dietitian and receives a monthly visit from a social worker. Once a quarter the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide service to them.

AFFILIATIONS OR SOURCES OF REFERENCE

- End Stage Renal Disease Network #15: <http://www.esrdnet15.org/>
- <http://www.fistularfirst.org/Home.aspx>
- Dialysis Facility Reports
- <http://www.dialysisreports.org/>
- American Nephrology Nurses Association

SCOPE OF SERVICE: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

- The Education Department is an interdisciplinary collaboration between the Nursing Services Department and Human Resources Department.
- The Human Resources Department collaborates with the Education department staff to conduct hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded

and individualized orientation for newly hired nurses. Services include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, coordination of American Heart Association courses to meet compliance, conducting competency assessments and assisting in the development of competencies throughout the organization, conducting preceptor training and evaluating the effectiveness of educational activities.

- A nursing professional facilitates and oversees all nursing education in the organization and reports to the Chief Nursing Officer.
- Human Resources staff share education duties and work with all other departments in the organization to meet the learning needs of employees in non-nursing departments.
- The Education department staff and the staff in Human Resources facilitates lifelong learning and professional development activities with the goal of personal and professional growth, competency, and proficiency for all employees at MHSC. Professionals facilitating nursing education use knowledge and skills in educational theory, and application thereof, career development, leadership, curriculum, and program management to assist employees in providing safe, evidence-based and exceptional patient care.
- The Education Department, a collaboration between Nursing and Human Resources, is MHSC's contact for educational resources.
- The Education department maintains resources available to all staff on a variety of educational topics through on-line resources such as Lippincott, NetLearning, UpToDate, and Ovid. Education is also available through the University of Utah with offerings such as Grand Rounds from various disciplines, STABLE, and Tele ICU courses.
- Course certifications through the American Heart Association include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS) are required for specific departments and employees. Additionally, Trauma Nurse Core Course (TNCC) and Neonatal Resuscitation Program (NRP) are required for specific departments and employees.
- Learning needs of employees in all departments guide meaningful continuing education opportunities necessary, and pertinent to position description.
- Continuing education opportunities include mandatory education needed to meet the requirements of regulatory agencies.
- The nurse educator and Human Resources staff disseminates information and educational/learning opportunities to employees who may not otherwise know such opportunities exist, thus expanding growth in knowledge, critical thinking and looking at issues from multiple perspectives.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Human Resource staff facilitating non-nursing education have standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as needed basis.
- The nurse educator facilitating nursing education has flexible hours that include weekends, but are typically 8:00 a.m. - 4:30 p.m., Monday through Friday. Hours of availability of the nurse educator are flexible dependent on the learning needs of Nursing Services employees who work in an organization that functions twenty-four hours a day, seven days a week.

TYPE OF SERVICE PROVIDED

- Education staff conducts hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded and individualized orientation for newly hired nurses. Services provided by the staff facilitating education include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, coordination of American Heart Association courses to meet compliance, conducting competency assessments and

assisting in the development of competencies throughout the organization, writing and assisting in the writing of grants, conducting preceptor training, and evaluating the effectiveness of educational activities. The nurse educator provides career and academic counseling and guidance to those seeking careers in the nursing profession.

- The MHSC philosophy fosters professional development and self-directed learning and believes that those with the most appropriate expertise are those best to conduct department-specific orientation and training on the use of the electronic medical record. The nurse educator and others in the organization with the appropriate experience serve as a resource whenever needed. The nurse educator routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning. Currently, continuing education units courses are not offered through MHSC but are offered through the Lippincott Learning system, the NetLearning system and a plethora of easily accessible outside resources.

CONTRACTED SERVICES

- Lippincott
- OVID
- Up To Date
- NetLearning through HealthCareSource
- American Association of Critical Care Nurses (AACN)

STAFFING

- The Education Department consists of a Nurse Education Supervisor and Education Assistant who report to the Chief Nursing Officer, and as well as the Human Resource staff who share education responsibilities and report to the Director of Human Resources.

AFFILIATIONS OR SOURCES OF REFERENCE

- The nurse educator and Chief Nursing Office have developed relationships with educators at the University of Utah, Primary Children's Hospital in Salt Lake City, Utah, University of Wyoming, and Western Wyoming Community College. These affiliations have led to opportunities to be involved in certain educational activities provided by these organizations.
 - American Association of Nurses in Professional Development (ANPD)
 - American Nurses Association (ANA)
 - Revolutionizing Nursing Education in Wyoming (ReNEW)

SCOPE OF SERVICE: EMERGENCY DEPARTMENT

DEFINITION OF SERVICE

- The Emergency Department (ED) is a full service, ambulance receiving department that provides emergency services including but not limited to the following:
 - Assessment and prioritizing with triage for all the emergency situations: abdominal, cardiovascular, dental, ENT, environmental, genitourinary, gynecological, neurological, obstetrical, ocular, orthopedic, psychiatric, respiratory, substance abuse, toxicological, and trauma
 - Stabilization and care for all patients with transfer by ground/air to tertiary and specialty care centers as needed
 - Sexual Assault Nurse Examiner (SANE) program
 - The health status of patients ranges from minor illness or injury to acute and/or critically ill or injured.

HOURS / DAYS OF THE WEEK OF SERVICE

- The ED is open 24 hours per day, 365 days per year, and 7 days a week.

TYPES OF SERVICES

- Emergency services without acute hemodialysis, interventional cardiology, neurosurgery and interventional radiology.
- Access to tele-stroke services.
- The ED is designated as an Area Trauma Hospital by the State of Wyoming which correlates to a Level III trauma designation by the American College of Surgeons.
- The department consists of 22 private patient rooms, including 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.

CONTRACTED SERVICES

- University of Utah Emergency Department Physicians

STAFFING

- The ED is staffed by board certified emergency physicians 24/7, and provides physician overlap coverage from 11:00 a.m. - 11:00 p.m.
- Registered nurses (RN) staff the unit by census and acuity trends and work 12 hours shifts that are staggered throughout the day to meet volume demands. Shifts are typically 7:00 a.m.- 7:00 p.m., 10:00 a.m. - 10:00 p.m., and 7:00 p.m. - 7:00 a.m.
- Additional support staff include nursing unit secretaries, ED technicians, EMTs, and certified nursing assistants (CNA) with varying hours and coverage.
- The ED has access to other physician specialties that fulfill call availability to the department including, but not limited to; hospitalist care, pediatrics, orthopedics, general surgery, urology, and obstetrics.

AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah
- Air Med Flight Services
- Emergency Nurses Association (ENA)
- American Nurses Association (ANA)

SCOPE OF SERVICE: ENVIRONMENTAL SERVICES

DEFINITION OF SERVICE

- The Environmental Services Department is responsible for the hygienic and aesthetic cleanliness of the hospital's internal physical environment. The Department's objectives are to ensure that the services provided by the department are effective in maintaining a hygienic and aesthetically pleasing environment for patient care, also to identify problems in, and opportunities to improve the quality and cost-effectiveness of these services.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Environmental Services Department offers services daily, 7 days per week, including holidays.
- The hours of operation are as follows:
 - Housekeeping Services 6:00 a.m. - 11:00 p.m.
 - Laundry Services 5:00 a.m. - 2:00 p.m.
 - Laundry and linen deliveries to patient care areas after 2:00pm will be handled by the Housekeeping

personnel.

TYPES OF SERVICES

- In carrying out its mission, the Environmental Services Department performs the following functions:
- Routinely cleans patient care and non-patient care areas of the internal hospital environment in accordance with schedules appropriate to each area.
 - Cleans inpatient occupied rooms during a patient stay if over a 24-hour period
 - Cleans inpatient rooms after patients have been discharged, and prepares them for the admission of new patients
 - Provides an adequate supply of clean laundry and linens, that are free from infectious contaminants to the hospital and the external outpatient clinic
 - Routinely cleans outpatient and clinic areas of the external hospital environment, including leased spaces, in accordance with schedules appropriate to each area.
- The Environmental Services Department offers support and assistance to clinical staff in the event of emergent situations.
- As well as its routine services, the Environmental Services Department will respond to urgent requests for cleaning services on the hospital campus needed for reasons of health, safety, or patient care.

CONTRACTED SERVICES

- Fibertech Window Cleaning
- Martin Ray Laundry Equipment Services

STAFFING

- Urgent, non-urgent and routine services are provided between the hours of 6:00 a.m. and 11:00 p.m., 7 days a week.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Society for Healthcare Engineering (ASHE)
- Centers for Disease Control and Prevention (CDC)
- American Operating Room Nurses (AORN)
- Healthcare Infection Control Practices Advisory Committee (HICPAC)

SCOPE OF SERVICE: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICE:

- Facility Support Services (FSS) is responsible for maintaining the physical health and condition of the hospital, the Medical Office Building, physical plant buildings (including the power house, emergency diesel generator building, and other associated out buildings on campus) plus several off-site facilities. In addition, the Bio-Medical Department is part of FSS and its personnel report to the FSS Director.

HOURS / DAYS OF THE WEEK OF SERVICE

- FSS personnel are available 24 hours a day.
- FSS working hours are typically Monday-Friday from 6:30 a.m. - 9:00 p.m. Saturday, Sunday and holiday hours vary. Typically, on weekends and holidays the on-call staff member will work 10 hours during the day and evening. FSS personnel are assigned on-call for after-hours emergencies or when the shop is not otherwise staffed.

TYPES OF SERVICES

- FSS provides preventative maintenance, responds to trouble calls or maintenance requests, operates and maintains the boiler plants, HVAC equipment, and emergency generators.
- FSS is responsible for proper handling and disposal of medical waste generated by patient care functions.
- FSS maintains or manages contracts for the maintenance of life safety equipment and systems. FSS provides project management support for remodels and special projects as assigned. Through the Bio-Medical department, FSS manages service contracts and coordinates or affects the repairs to biomedical equipment.
- FSS subcontracts certain technical repairs and inspections. These include boiler overhauls, emergency generator repairs and load testing, fire alarm and monitoring system inspection and repairs, central plant water chemistry support, pest control, medical gas system certification and asbestos abatement.

CONTRACTED SERVICES

- Original Equipment Manufacturer (OEM) or other professional services are contracted on the basis of bids, time and material contracts or annual/multiyear contract basis to perform repair, services and maintenance on select systems and components. This is especially true where certifications or advanced training beyond what is typical of in-house personnel or where special tools and equipment are required and the cost of this equipment or training is not cost effective as an in-house service.

STAFFING

- Typically an FSS staff-member is on site for approximately 14.5 hours on week days and 10 hours on weekends. When FSS personnel are not on site, a designated member of FSS Department is on call and available, thereby assuring FSS coverage 24/7. The PBX operator and House Supervisors are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to PBX operators and House Supervisors. The PBX operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX operator and House Supervisor.
- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.

AFFILIATIONS OR SOURCES OF REFERENCE:

- FSS personnel have affiliations, licensing, certification or memberships with the following organizations:
 - National Fire Protection Association (NFPA)
 - American Society of Healthcare Engineers (ASHE)
 - Wyoming Department of Fire Prevention and Electrical Safety
 - Wyoming Department of Environmental Quality (Wyoming DEQ)
 - Wyoming Society of Healthcare Engineers (WSHE)
 - American Medical Association (AMA)

SCOPE OF SERVICE: FISCAL SERVICES

DEFINITION OF SERVICE

- Fiscal Services is a non-clinical department that provides the following services: Payroll, Accounts Payable, Fixed Assets, Budgeting, General Ledger, and Financial and Statistical reporting. Fiscal Services personnel are non-clinical and do not provide direct patient care. Fiscal Services work in a

collaborative effort to provide all other hospital departments with financial and reporting assistance.

HOURS / DAYS OF THE WEEK OF SERVICE

- Fiscal Services personnel are available 7:00 am - 4:30 pm, Monday through Friday, except holidays.

TYPES OF SERVICES

- Services provided include Payroll, Accounts Payable, Fixed Assets, Budgeting, General Ledger and Financial and Statistical reporting.

CONTRACTED SERVICES

- None

STAFFING

- Staff includes the Controller, Staff Accountant, Accounting Clerk, Payroll Clerk, and Accounts Payable Clerk.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF SERVICE

- The Health Information Management Department is responsible for patient information management as applied to health and health care. It is the practice of acquiring, analyzing and protecting digital and traditional medical information vital to providing quality patient care.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Health Information Management Department is staffed as follows:
 - **Medical Records Department Access:**
 - Monday through Friday, 6:30 a.m. - 4:30 p.m.
 - Saturday and Sunday – Closed
 - Holidays Recognized by Hospital – Closed
 - **General Medical Transcription**
 - Monday through Thursday – 5:00 a.m. - 11:00 p.m., and Friday from 5:00 a.m. - 10:00 p.m.
 - All weekends and holidays covered for minimal hours per day, depending on dictation back log. H&Ps and any dictations dictated are done within required turnaround time frames.
 - On-call for any after-hours transfer summaries that need done STAT, unless other arrangements are made in advance.
 - **Health Information Management Director**
 - Monday through Friday, 7:00 a.m. - 3:30 p.m.
 - Saturday and Sunday, or after hours, available by cell phone

TYPES OF SERVICES

- All patients – Information faxed to continuing care facilities per request
- Previous patients – We copy charts per patient requests as they walk in or call
- Birth certificate completion and submission to State of Wyoming

- Completing Affidavit Acknowledging Paternity and Affidavit Denying Paternity document with single parents
- Collecting paper chart documentation from all patient care areas in the hospital
- Analyzing and verifying that patient documentation (including orders for admission) are in the correct chart and the documentation is complete
- Scanning paper documents into electronic medical record into the correct section and attaching to the appropriate patient's record
- Verifying that physicians have completed necessary documentation in each patient's chart
- Notifying physician of deficient or delinquent information in patient records
- Locating and accessing microfilm records for patient care
- Identifying and pulling old records from shelf to be microfilmed/archived electronically
- Verifying that appropriate orders are documented before coding chart
- Verifying appropriate ICD-9 codes to correspond with patient's diagnosis
- Verifying CPT or procedure codes are correct for the patient's procedures
- Verifying inpatient data has correct codes before being submitted to Medicare
- Coding and abstracting charts in a timely manner to allow days in AR to be minimal
- Provide Health Information to requesting physicians from outside clinics or hospitals
- Faxing information to other health care providers for continuing patient care
- Transcribing general medical, surgical reports, obstetrical reports, pediatric and Oliver clinic notes.
- Identifying and submitting all cancer cases diagnosed at our hospital to the State of Wyoming
- Locating and copying records for attorneys and patients
- Bill for records copied and submitted to attorneys and patients (usually taken care of by our vendor)
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed
- Maintaining personal health information
- Notifying physicians to complete outstanding dictations or authenticate incomplete patient records
- A notary is located in our office. We will notarize any legal documents for the convenience of patients and staff members
- Working with case managers to improve physician documentation
- Work closely with admission staff to ensure proper identification of patients
- In conjunction with Information Technology, merge together duplicate medical records on the same patient
- In conjunction with Compliance Officer, responsible for policies regarding personal health information
- Locating Advanced Directives for patient, when not present in most recent record.

CONTRACTED SERVICES

- United Auditing Services (external chart review and back-up coding)
- Arrendale and Associates (contracted to transcribe backlogs and for dictation and transcription software)
- Care Consultants Better Solutions (release of information for legal charts)
- Fair Warning (managed privacy services)
- Copier and Supply (copy/fax)

STAFFING

- 1 - Health Information Management Director
- 1 - HIM Supervisor
- 1 - Inpatient coders
- 3 - Outpatient coders

- 1 - General medical transcriptionists (2 PT)
- 5 - Health Information Management Technicians (4 FT, 1 PT, 1 PRN)

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Healthcare Documentation Integrity (AHDl)
- American Health Information Management Association (AHIMA)
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)

SCOPE OF SERVICE: HUMAN RESOURCES

DEFINITION OF SERVICE

- Recruits, hires, and orients new employees, with exception of providers.
- Manages employee benefits, including compensation, health insurance, unemployment and workers' compensation.
- Conducts hospital orientation, in collaboration with the Education department for all new hires, with the exception of licensed independent practitioners/providers.
- Works closely with departments and staff to identify and mentor existing staff into advanced training, experiences and leadership opportunities, both formal and informal, in an effort to create depth of experience and aptitude within our workforce.
- Facilitates lifelong learning and professional development activities with the goal of personal and professional growth, competency and proficiency for all employees at MHSC, including clinical and non-clinical departments.
- Staff in the Human Resources Department provide career and academic counseling and guidance.
- Maintains relationships between employees and leadership by promoting communication and fairness within the organization.
- Interprets and enforces employment and labor laws and regulations.
- Together, through recruitment and retention efforts that focus on the development of a workforce that is competent in knowledge, skill, aptitude and attitude, MHSC continues to be progressive and proactive in taking on the challenges of an ever-changing health care world.
- Maintains and manages MHSC Corrals Intranet website at <https://sweetwater.interactgo.com/>

HOURS / DAYS OF THE WEEK OF SERVICE

- Human Resource staff is available 7:30 a.m. - 4:00 p.m., Monday through Friday, except holidays.

TYPES OF SERVICES

- Services provided include recruitment, orientation, benefits administration including mental health services provided to all employees, management and maintenance of employee information, leadership training, compensation analysis and management, policy deployment and interpretation, performance management support and assistance.

CONTRACTED SERVICES

- Focus One Staffing Services for contract personnel
- CompHealth for the recruitment of therapist positions
- ComPsych through Unum for the provision of Employee Assistance Program
- Alliance Benefit Group (ABG) for Retirement Benefits
- Arthur J. Gallagher for the Administration of Health/Dental/Vision/Disability and Life insurances

STAFFING

- The Human Resource Department is staffed by a Director of Human Resources, a Human Resource Specialist in Benefits, a Human Resource Generalist, and a Human Resource Administrative Assistant.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Society for Healthcare Human Resource Administration(ASHHRA)
- Employers Council - Compensation, Employment Law
- Society for Human Resource Management (SHRM)
- Human Resources Certification Institute (HRCI)
- High Desert Human Resources (HDHRA) -SHRM Regional Affiliate
- Wyoming Hospital Association (WHA)
- Compensation Data Exchange (CompuData)

SCOPE OF SERVICE: INFECTION PREVENTION & EMPLOYEE HEALTH

DEFINITION OF THE SERVICE

- The Infection Prevention (IP) & Employee Health (EH) Department is responsible for monitoring the hospital, employees, and patients for any infectious processes or potential infectious process. This department also collects and reports information regarding infectious processes to regulatory agencies as required. The IP & EH department are also involved with new construction/remodels to assure all infection control processes and regulatory requirements are followed. Family Practice physicians and providers who offer occupational health services works in conjunction with Infection Prevention to regulate and provide education regarding immunizations for preventable communicable diseases, blood borne pathogen prevention, and follow-up when applicable or noted by CMS, local and state public health, TJC and OSHA.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Infection Prevention & Employee Health Department operates from 8:00 a.m. - 4:30 p.m., Monday through Friday, no holidays. Available after hours as needed.

TYPES OF SERVICES

- IP&EH provides monitoring and investigation of any infectious diseases, whether occurring in patients or employees; assures that hospital policies regarding infections are correctly followed; evaluates for compliance with immunizations; and instructs all new employees, students, licensed independent practitioners, volunteers and contracted personnel on infection prevention techniques.
- IP&EH is also responsible for reducing the risk for the transmission of infections in the health care environment for patients, personnel and visitors.
- Other functions include serving as the institution's liaison to regulatory agencies and health departments regarding incidence reporting and other communications concerning communicable diseases and conditions as needed. Hospital acquired infection performance improvement, and emergency management and disaster preparedness are also included in the scope of service.
- IP&EH ensures that a sanitary environment is present to avoid sources and transmission of infections and communicable diseases. The entire campus, departments and all services are included. Construction activities are carefully monitored to ensure a safe and sanitary environment by the IC department.
- This department does not provide on-site Infectious Disease Physician or services of an Infectious

Disease physician, except for phone consultation through the affiliation of the University of Utah.

CONTRACTED SERVICES

- An infectious disease MD can be contacted by telephone for consults.
- In addition the Wyoming State Department of Health is available to consult.

STAFFING

- Two RNs staff this department who are licensed in the State of Wyoming.
- A qualified physician licensed in the State of Wyoming acts as the Medical Director.

AFFILIATIONS OR SOURCES OF REFERENCE

- Centers for Disease Control and Prevention (CDC)
- The Joint Commission (TJC)
- Chinese Medical Association (CMA)
- Association of Professionals in Infection Control and Epidemiology (APIC)
- Association of Occupational Health Professionals in Health Care (AOHP)
- Healthcare Infection Control Practices Advisory Council (HICPAC)
- Occupational Safety and Health Administration (OSHA)
- National Institute for Occupational Safety and Health (NIOSH)
- American Association of Operating Room Nurses (AORN)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Society of Healthcare Engineering (ASHE)
- Department of Health (DOH)
- American National Standards Institute (ANSI)
- American Institute of Architects (AIA)
- Facilities Guideline Institute
- Wyoming Department of Health (WDOH)
- Sweetwater County Public Health

SCOPE OF SERVICE: INFORMATION TECHNOLOGY SERVICES

DEFINITION OF SERVICES

- Information Technology Services (IT) provides MHSC with all its computer, printer, network security, and application needs. IT provides each department in the hospital with computer hardware and software support, networking and security support as well as applications support..
- ITs role in the hospital is to provide the entire organization with the necessary hardware and software in order for them to care for the patients. Those items include:
 - Hospital desktop computers and laptops
 - Bar code scanners
 - Printers
 - Label Printers
 - Core networks including wired and wireless
 - Internet connectivity
 - Application support

HOURS / DAYS OF THE WEEK OF SERVICE

- The IT Department is staffed Monday-Friday excluding holidays. The department does provide 24/7/365 phone support.
- The typical hours of service are from 7:00 am - 5:00 pm.
- The department is flexible with hours and occasionally works night, weekends and holidays.

TYPES OF SERVICES

- The IT department provides hardware and software supports to all hospital employees and related services of the organization.
- The IT department does not provide IS support to personal equipment of employees or patients.
- Contact for the department is through the Help Desk at ext. 8425 or by email at helpdesk@sweetwatermemorial.com

CONTRACTED SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The IT department consists of the following job titles:
 - IT Director
 - Senior Systems Administrator
 - Systems Administrator
 - Senior Network Administrator
 - Help Desk Analysts

AFFILIATION OR SOURCES OF REFERENCE

- Health Information Management Systems Society (HIMSS)
- College of Healthcare Information Management Executives (CHIME)
- Utah Health Information Network (UHIN)
- Utah Health Information Exchange (CHIE)

SCOPE OF SERVICE: INTENSIVE CARE UNIT - Level I & II

DEFINITION OF SERVICE

Intensive Care Unit (ICU) Level I cares for patients with severe and life-threatening severe illnesses and injuries that require constant, close monitoring and support from specialized equipment and medications in order to ensure normal bodily functions.

Intensive Care Unit Level II / Step-down Unit - is an intermediary step between ICU and the Med/Surg floor. These patients still need a high level of skilled nursing care and surveillance but are more stable.

HOURS / DAYS OF THE WEEK OF SERVICE

- Seven days a week, 24 hours per day, 365 days a year. The unit is only closed when no patients are present. Staff remains available per on call standards to open the unit should patient care needs arise requiring ICU trained nursing staff.

TYPES OF SERVICES

- ICU Level I

- Has a maximum capacity of 4 critical beds located in private rooms. The patient population is predominantly adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms have bedside monitors with central monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO2, respiratory rate, and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has 3 oxygen outlets, compressed air, and 2 suction outlets. Other equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.
- ICU Level II / Step-down Unit
 - Has a capacity of six acute care/step down beds located in private rooms, one of which has a negative pressure relationship. The population is predominately adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the ICU, Medical/Surgical Unit, Obstetrical Services, or from PACU, or admitted directly from physicians' offices. All Step-down rooms have bedside monitors with central monitoring and recording. There is the capability of monitoring of cardiac rhythms, blood pressure, SpO2, and respiratory rate. Each patient head wall has oxygen outlets, compressed air, and suction outlets. Other equipment available includes volumetric pumps, PCA pumps, enteric feeding pumps, BiPAP, and Vapotherm.
- Both units are physically located in the same department.
- In the event of a higher census in other areas, either the step-down or intensive care unit may take non-ICU patients as overflow for patient care needs, care and treatment.

CONTRACTED SERVICES

- University of Utah Tele-ICU

STAFFING

- The staff on this unit includes a Unit Director, Clinical Coordinator, Registered Nurses and Certified Nursing Assistants.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitians, laboratory, respiratory therapy, case managers, physicians, and behavioral health counselors.
- Each 12-hour shift is staffed with two RNs as a baseline with shifts starting at 6:00 a.m. or 6:00 p.m. respectfully. Depending on the census and acuity there may be a CNA from 6:00 a.m. - 6:00 p.m.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Critical Care Nurses (AACN)
- American Nurses Association (ANA)
- American Heart Association (AHA)

SCOPE OF SERVICE: LABORATORY & PATHOLOGY

DEFINITION OF SERVICE

- The Clinical Laboratory provides inpatient and outpatient laboratory services that include clinical laboratory, transfusion/blood bank, and histopathology.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday - Friday

7:00 a.m. - 9:30 p.m. and Saturday - Sunday 9:00 a.m. - 2:00 p.m.

TYPES OF SERVICES

- The Laboratory provides service to all ages of clients. Services provided includes, but are not limited to:
 - Clinical Laboratory
 - General chemistry
 - Special chemistry
 - Therapeutic drug testing
 - Microbiology
 - Bacteriology
 - Parasitology by PCR
 - Acid fast smears
 - Urinalysis
 - Hematology
 - Coagulation
 - Immunology
 - Drug screens
 - Serology and molecular testing
 - Transfusion/blood bank services
 - Prenatal screening
 - Cord blood workup
 - ABO, Rh
 - Antibody screens
 - Antibody identification
 - Compatibility testing
 - Blood products
 - Packed RBC units
 - Frozen plasma
 - Platelets-by special order
 - Histopathology
 - Non-gynecology cytology
 - Complete histology
 - Special stains
 - Frozen sections
 - Testing not provided in house by MHSC Laboratory will be sent to a reputable and licensed reference laboratory.

CONTRACTED SERVICES

- Vitalant – provides blood and blood products
- ARUP Laboratories

STAFFING

- The Laboratory is staffed with a Medical Director/Pathologist who oversees the Laboratory's Clinical Laboratory Improvement Amendments (CLIA) license and all laboratory testing. The Medical Director may perform the roles of the Technical Consultant and Technical Supervisor, but may delegate, in writing, to qualified personnel duties to the Technical Supervisor, Technical Consultant, and/or General Supervisor.

- Director, Coordinator, Medical Technologists/Medical Laboratory Scientists, Medical Laboratory Technicians and Lab Assistants/Phlebotomists

AFFILIATIONS OR SOURCES OF REFERENCE

- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- American Society of Clinical Pathologists (ASCP)
- American Association of Blood Banks (AABB)
- Food and Drug Administration (FDA)
- The Joint Commission (TJC)
- Mayo Laboratories
- Colorado Public Health
- Wyoming Public Health
- Integrated Oncology
- Oncotype Dx
- Labcorp
- Prometheus
- Quest Diagnostics
- Vitalant

SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

DEFINITION OF SERVICE

- Marketing & Public Relations is a non-clinical department in charge of marketing and promotion of Memorial Hospital of Sweetwater County, all of its Specialty Clinics, service lines, providers and employees, and programs. It deals directly with media and advertising companies. The department performs duties pertaining to the marketing and promotion of a positive public image for MHSC, its Specialty Clinics, service lines, providers and employees, and programs. It directs overall marketing functions for the entire organization including all publicity, advertising, marketing, promotion activities, and material for the press and public.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

TYPES OF SERVICES

- Creating, implementing and measuring the success of a comprehensive marketing, communications and public relations program that includes communications and public relations activities and materials including publication, media relations, and community relations.
- Development of an annual department budget to cover advertising, sponsorship requests, digital needs, promotional materials, etc. for Memorial Hospital of Sweetwater County, its Specialty Clinics and its service lines.
- In charge of all branding – including use of logo(s) – for Memorial Hospital of Sweetwater County, its Specialty Clinics, service lines, medical staff, employees, and programs.
- Responsible for creating, editing and designing physical layout of print and digital advertising and marketing materials including all brochures, rack cards, fliers, pamphlets, etc. for anything distributed internally or externally for the entire organization.
- Responsible for planning and implementing all publicity, advertising, marketing, and promotion activities

and material that represents the organization to the press and public.

- Responsible for planning and implementing policies under Marketing and Community Outreach, working closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.
- Establishes, maintains and monitors all official social media accounts including Facebook, Twitter, Instagram, Snapchat, etc.
- Designs, implements and maintains hospital website at <https://sweetwatermemorial.com>

CONTRACTED SERVICES

- Advertising contracts – annual and short-term – including radio, digital, outdoor, television and other services that fall under the category of hospital marketing.

STAFFING

- Staff consists of the Marketing & Public Relations Director, who also serves as the hospital's lead Public Information Officer and chief spokesperson to the media.

AFFILIATIONS OR SOURCES OF REFERENCE

- Maintains MHSC's membership in the Wyoming Press Association.

SCOPE OF SERVICE: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

- Materials Management is a non-clinical department comprised of two divisions: Purchasing and Central Supply. The department procures and distributes all medical and non-medical product needed by the entire hospital, with the exception of pharmaceuticals.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Purchasing Office is available Monday through Friday 6:00 a.m. - 4:30 p.m., no holidays.
- The Central Supply department is available Monday through Friday 6:30 a.m. - 5:00 p.m., no holidays.

TYPES OF SERVICES

- The Purchasing office is responsible for all the buying functions for the procurement of all supplies and equipment for the hospital. This service is located in the basement of the hospital. Shipping and receiving is also part of this division and located in the basement next to the loading dock. The function of this area is to ship and receive all supplies and shipments to and from the hospital.
- The Central Supply division of Materials Management is responsible for the distribution and replenishment of medical supplies throughout the entire hospital. This department is located in the basement of the hospital next to the loading dock..
- Both divisions work in a collaborative manner to ensure all necessary supplies are available in a timely manner to all departments of the hospital.

CONTRACTED SERVICES

- Intalere

STAFFING

- The staff includes a Director, 3 Buyers, Receiving Clerk, and Central Supply Aides.

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

- The Medical Imaging Department includes the following modalities; general radiology, dual energy x-ray absorptiometry (DEXA), mammography, computerized tomography (CT) scanning, diagnostic ultrasound, magnetic resonance imaging (MRI), nuclear medicine and radiographic procedures, which constitute the majority of the daily procedural load. Positron emission tomography (PET) scanning is offered through a contractual service.
- Services related or concomitant to imaging include quality assurance monitoring and evaluation, quality control - including protecting patients and staff from harmful radiation, image interpretation, dictation, transcription, record filing/management, patient billing, marketing, equipment purchasing and continuing education.
- Fluoroscopic procedures for in-patients requested after hours will be performed on an emergent basis only, after direct physician consultation with the radiologist on-call.
- Patients of all ages, race, sex and financial status are served. Range of treatment comprises diagnostic procedures, invasive/intraoperative and noninvasive techniques and radiation, with or without the use of contrast media.

HOURS / DAYS OF THE WEEK OF SERVICE

- The normal operating hours for:
 - Diagnostic Radiology section of the Medical Imaging Department are 24 hours per day, seven days a week.
 - Out-patient Ultrasound are Monday through Friday. There will be an Ultrasound technologist available for ultrasound emergencies seven days a week.
 - Out-patient MRI are Monday through Friday. There will be an MRI technologist available for MRI emergent studies seven days a week.
 - Out-patient CT are Monday - Friday. There is a CT Technologist available for CT emergencies seven days a week.
 - PET/CT services are available every other Friday.
- After routine hours of the Imaging Services Department, a technologist is on duty to cover all Imaging Services Department general radiology procedures. The technologist is to be contacted by the hospital Nursing Supervisor/Charge Nurse on duty for any and all emergencies, external and internal disasters, etc. The technologist is directly responsible to the Director of Medical Imaging at all times.

TYPES OF SERVICES

- Diagnostic radiology (X-ray):
 - The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
 - There is a registered and licensed radiologic technologist on duty at all times.
 - Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
 - After hours fluoroscopic procedures, will be performed on an emergent basis only and after direct physician consultation with the radiologist on call.
- Ultrasound:
 - The normal operating hours for Ultrasound are 7:00 am-5:30 pm, Monday through Friday.

- Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
- There will be an Ultrasound technologist on call for Ultrasound emergencies from 5:30 pm until 7:00 am Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
 - The normal operating hours for Nuclear Medicine are 7:00 am - 3:30 pm, Monday through Friday. There is no evening, night or weekend coverage available.
 - Due to the specialized nature of Nuclear Medicine these procedures will be performed after normal operating hours for emergencies, and only after direct physician consultation with the radiologist on-call.
- CT:
 1. The normal operating hours for outpatient CT are 7:30 am – 4:00 pm.
 2. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, and after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
 - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 4:00 p.m.
 - Due to the specialized nature of MRI and the limited number of time slots available, emergencies or add-on scans must be approved by a radiologist.
 - There will be an MRI technologist on-call for MRI emergencies from 5:00 pm until 6:30 am Monday through Friday and all day Saturday and Sunday.
- PET Scanning
 - PET Services are provided through a mobile service.
 - The normal operating hours for the PET scanner are every Friday beginning at 8:00 a.m.
 - Due to the specialized nature of the PET/CT exam, scheduling for this exam will cease at noon the day preceding the exam. The mobile service company reserves the right to ask that the PET exam be rescheduled in the event only one patient is scheduled for any day of contracted service.
- Radiologist Consultation
 - A radiologist is available for consultation 24/7 per the physician call schedule.
 - Imaging studies are read daily.
 - In the event there is a "critical" finding the radiologist will call the report to the requesting physician.
- Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

CONTRACTED SERVICES

- PET/CT services are provided through Mile High Mobile PET, LLC. Mile High Mobile PET provides the PET/CT scanning services unit, personnel to operate the unit, and the radioisotope ("FDG") required to perform each PET scan. The scanning unit is made available to MHSC every other Friday.
- Advanced Medical Imaging-professional medical services in the specialty of radiology

STAFFING

- Diagnostic Radiology is staffed 24 hours per day with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming. The techs are scheduled on staggered shifts to allow for more coverage during peak hours.
- Mammography is staffed with two technologists Monday through Friday. No after-hours coverage is provided. Technologists are registered by the American Registry of Radiologic Technologists and certified

by the State of Wyoming.

- Ultrasound is staffed with 3 to 4 technologists from 7:00 a.m. - 5:30 p.m. Monday through Friday. One technologist is scheduled for after hours and weekend stand-by to cover emergent procedures. Ultrasound technologists must be registered in Ultrasound by the American Registry for Diagnostic Medical Sonography (ARDMS) or American Registry of radiologic Technologists (ARRT).
- Nuclear Medicine is staffed with two technologists Monday through Friday. There is no weekend or after-hours coverage. Technologists are registered by the American Registry of Radiologic Technologists, and/or the Nuclear Medicine Technology Certification Board and must be certified by the State of Wyoming.
- CT is staffed 24 hours per day. Technologists are registered by the American Registry of Radiologic Technologists and must be certified by the State of Wyoming.
- MRI is generally staffed 6:30 a.m. - 5:00 p.m. Monday through Friday. One technologist is scheduled for after hours and weekend stand-by to cover emergent procedures. Technologists are registered by the American Registry of Radiologic Technologists.

AFFILIATIONS OR SOURCES OF REFERENCE

- The Mammography program is accredited through the American College of Radiology.
- The Ultrasound program is accredited through the American College of Radiology.
- The CT program is accredited through the American College of Radiology.

SCOPE OF SERVICE: MEDICAL ONCOLOGY

DEFINITION OF SERVICE

- Medical Oncology is a branch of medicine that involves the prevention, diagnosis and treatment of cancer. Treatment may involve chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other medical specialists. Care is provided by a multidisciplinary patient navigation team of a dietitian, social worker, care coordinator, and financial navigator.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Oncology and Hematology Department is open Monday through Thursday, 8:00 a.m. - 5:00 p.m., Friday 8:00 a.m. to 2:30 p.m., except on holidays.

TYPES OF SERVICES

- In the Medical Oncology and Hematology Clinic medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition of the patient. Patients may be discharged home, started on a treatment plan, admitted to the hospital, or referred to another physician.
- In the Medical Oncology and Hematology infusion area, patients may receive chemotherapy, biotherapy, adjunctive treatments such as zoledronic acid or denosumab, transfusions, iron infusions, education and patient navigation team services. Our care team focuses on symptom management and triage to help patients get through treatment as smoothly as possible.
- Diagnostic bone marrow aspirates and biopsies may be performed as necessary.

CONTRACTED SERVICES

- None

STAFFING

- The clinic area is staffed by a medical assistant, a receptionist, a clinical coordinator, a nurse practitioner and a medical oncologist/hematologist physician who is also the Medical Director.
- The chemotherapy infusion area is covered daily by 2 chemotherapy certified nurses.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Cancer Society (ACS)
- Oncology Nurses Society (ONS)
- American Society of Clinical Oncology (ASCO)
- Affiliate of Huntsman Cancer Institute-University of Utah

SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- The Medical/Surgical Unit is a 35 bed unit with private and semi-private rooms. This unit provides care for patients requiring observational and inpatient care for medical or surgical needs.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitian, laboratory, respiratory therapy, case managers, physicians and counseling.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical/Surgical Units is open 24 hours a day, 7 days a week, 365 days a year.

TYPES OF SERVICES PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED

- Patients cared for range from pediatric to geriatric age groups with medical, social, psychiatric and surgical diagnoses. Surgical procedures involve general and specialty procedures including but not limited to, orthopedic, ENT, gynecologic, urologic and cosmetic. The Medical Surgical Unit also provides after hours and weekend coverage for outpatient infusions as necessary outside of normal operating hours for Same Day Surgery.
- Monday through Friday, excluding holidays, an interdisciplinary team provides care which can include physical therapy, speech therapy, occupational therapy, dietitian, and case managers. Every day of the year, the interdisciplinary team includes the aforementioned services and also includes physicians, respiratory therapy, counseling services contracted through Southwest Counseling Services, laboratory, and radiology.

CONTRACTED SERVICES

- None

STAFFING

- The staff on the unit includes a Unit director, one Clinical Coordinator, Registered Nurses, Certified Nursing Assistants, and Nursing Unit Secretaries.
- The typical staffing standard is 1 RN to 5 patients. Each shift is staffed by a charge nurse or Clinical Coordinator, RNs and 1-2 CNAs. Staffing adjustments are made according to census and acuity. Typical shifts are 7:00 a.m. - 7:00 p.m. and 7:00 p.m. to 7:00 a.m. CNA 12-hour shifts start at 6:00 a.m, and 6:00 p.m.
- Student nurses rotate through this unit for clinical practicum training. Students in other disciplines also participate in multidisciplinary training with appropriate preceptors in their specialty in this unit.

AFFILIATIONS OR SOURCES OF REFERENCE

- Academy of Medical Surgical Nurses (AMSN), <http://www.amsn.org>
- American Nurses Association (ANA)

SCOPE OF SERVICE: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

- The MHSC Medical Staff Services Office (MSSO) is responsible for coordination and oversight of the Medical Staff Services Department. The MSSO develops, manages, performs, and directly supports governance, and credentialing and privileging activities related to Medical Staff, Nurse Practitioners and Physician Assistants at Memorial Hospital.
- Provides overall support to Medical Staff leaders; serves as a liaison between Medical Staff and the Senior Leadership Team, and communicates information from medical staff through the Medical Executive Committee and the Governing Board.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Staff Services Office is open Monday through Friday, 8:00 a.m. - 5:00 p.m., with the exception of holidays.

TYPES OF SERVICES PROVIDED/ NOT PROVIDED/AGES OF PATIENTS SERVED

- Supports the MHSC organized medical staff leadership and committees by providing expert consultation and assists in ensuring leaders and members adhere to the MHSC Medical Staff Bylaws, Rules and Regulations, and all pertinent policies.
- Ensure current compliance with all state, federal, health plan, and non-federal national regulations and requirements.
- Ensures that all medical staff and allied health professional (AHP) members are properly vetted according to the requirements of the Medical Staff Bylaws, The Joint Commission, State of Wyoming, Centers for Medicare and Medicaid Services (CMS), and other regulatory requirements by providing primary-source and accurate verification services.
- Facilitates and supports the Ongoing Professional Practice Evaluation (OPPE), and Focused Professional Practice Evaluation (FPPE) programs of the medical staff, AHP staff and mental health providers. Works with the Quality & Accreditation Department to ensure medical staff quality assurance and improvement.
- Maintains and/or supervises the maintenance of required medical staff documentation and credentialing database.
- Coordinates and manages the Medical Staff Department, committees, subcommittees, and general staff meetings. Ensures all department and committee recommendations and correspondence are channeled from one committee/department to another.
- Arranges for and schedules locum tenens physicians to provide adequate call coverage, arranges housing.
- Oversees completion of provider billing paperwork for Medicare, Medicaid, Blue Cross, and other entities.
- Oversees hospital owned apartment complex and townhouses, coordinates scheduling, maintenance, and cleaning schedules.
- Compiles and distributes monthly emergency on-call schedule.
- Oversees, schedules, and conducts physician orientation.
- Assists the CEO with physician contracts.
- Assists the CEO and Human Resources with J1/H1B waiver requirements.

CONTRACTED SERVICES

- There are no contracted services directly related to the services of the Medical Staff Services Office. Locum physicians/providers are contracted on an as needed basis through various companies.

STAFFING

- Staff includes the director of Medical Staff Services, the credentialing clerk and a provider enrollment clerk.

AFFILIATIONS OR SOURCES OF REFERENCE

- Affiliation with the Wyoming Association of Medical Staff Services, and the National Association of Medical Staff Services

SCOPE OF SERVICE: NUTRITION SERVICES DEPARTMENT

DEFINITION OF SERVICE

- . The Nutrition Service staff is dedicated to serving the patients, staff, and community well-balanced nutritious meals.

HOURS / DAYS OF THE WEEK OF SERVICE

- In room dining for patients is available from 7:00 a.m. - 7:00 p.m., Monday through Sunday, 365 days a year. The Cafeteria hours are Monday through Sunday: Breakfast 8:00 a.m. - 10:30a.m.; Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:30 p.m.

TYPES OF SERVICES

- Both inpatients and outpatients are given a room service menu and have the opportunity to select their menu according to their diet prescription.
- The hospital cafeteria is open to all employees and visitors. Employees receive a 35% discount on all meal items.
- The Executive Chef, and kitchen staff, prepares a wide range of dishes each week. The cafeteria also offers an all-you-care to eat salad bar, daily, to satisfy almost any demand.
- Visitors are welcome to order room service while visiting patients, and are also welcome to utilize the cafeteria for meal service.
- The Nutrition Services Department also caters the meetings of MHSC as well as community events on, and off, property.
- MHSC offers two full time Registered Dietitians for inpatient and outpatient services based on the needs of the patient.
- The dietitians are responsible for the nutritional care of all Dialysis unit and Cancer Center patients.
- Dietitians assess inpatient and outpatient nutritional needs, develop and implement nutrition care plans and advise people on what to eat in order to achieve specific health related goals.
- Dietitians are part of the community Diabetic Education program.
- Dietitians are on the Head-Start advisory board for community nutrition.

CONTRACTED SERVICES

- Hobart Services – Dishwasher
- DFM – Register System
- Western Wyoming Beverage
- Coca Cola Bottling

STAFFING

- Executive Chef
- 2 full time Registered Dietitians, Monday through Friday
- 1 PRN Registered Dietitian available for evening appointments
- Dietary support staff

AFFILIATIONS OR SOURCES OF REFERENCE

- Nutrition Care Manual (NCM)
- American Diabetes Association (ADA)
- Academy of Nutrition and Dietetics
- National Association of Nutrition Professionals (NANP)
- Community Nursing - Diabetes Self-Management Education

SCOPE OF SERVICE: OBSTETRICAL SERVICES

DEFINITION OF SERVICE

- The Obstetrical Department (OB) provides a securely locked badge-access only unit. The unit is comprised of 3 labor & delivery room (LDR) suites, 5 private postpartum rooms, a Level II A Nursery that accommodates nine well-newborn beds, a special care nursery that accommodates two sick-newborn beds, a procedural/isolation room for newborns, 1 surgical suite, and a two bay Post-Anesthesia Care Unit (PACU).
- The OB Department provides outpatient, observational, and inpatient services to pregnant patients, postpartum patients, and newborns up to twenty-eight days of age. The OB staff coordinates care with the Surgical Services Department to meet the needs of patients who require Cesarean section delivery or postpartum tubal ligations.
- The unit uses a multidisciplinary approach of care that includes services of case management, dietitians, laboratory, respiratory therapy, radiology, anesthesia providers and physicians.

HOURS / DAYS OF THE WEEK OF SERVICE

- Unit is open 24 hours a day, 7 days a week, 365 days a year.

TYPES OF SERVICES

- Populations served include adolescent and adults who are of childbearing age and neonates 0 to 28 days of age.
- **Obstetrical Observational/Antepartum Services:**
 - Obstetrical Triage Services
 - Non-Stress Test
 - External Fetal Monitoring
 - Oxytocin Challenge Test
 - External Version
 - Premature Labor Management
 - Subcutaneous, Oral, and IV tocolytics
 - Betamethasone injections (Intramuscular)
 - Fetal Fibronectin Testing
 - Ultrasound evaluation
 - IV Therapy, Hydration

- ROM (rupture of membranes) Plus Testing
- Hyperemesis Gravidarum
- Pyelonephritis
- Preeclampsia
- **Intrapartum**
 - Low-Risk Pregnancies
 - Stabilization/Transport of High-Risk Pregnancies
 - Labor and Delivery Care
 - > 35 Weeks Gestation
 - External/Internal Fetal Monitoring
 - Wireless External Fetal Monitoring
 - Cesarean Section Delivery
 - Gestational Diabetes
 - Preeclampsia, Eclampsia, HELLP Syndrome
 - Spontaneous rupture of membranes (SROM) and artificial rupture of membranes (AROM)
 - IV Therapy, Hydration
 - Fetal Demise
 - Induction and Augmentation of labor
 - Amnioinfusion
 - Epidural Services
 - Intrauterine Growth Restriction
 - Nitrous oxide administration
- **Postpartum**
 - Couplet Care
 - Postpartum Care
 - Up to 6 weeks postpartum
 - Post-op cesarean section care
 - Postpartum tubal ligation
 - Preeclampsia, Eclampsia, HELLP
 - Post-op Gynecology
- **Nursery**
 - Couplet Care
 - Newborn Care
 - > 35 Weeks Gestation
 - Safe Haven Nursery
 - Level II A Nursery and Special Care Nursery
 - Stabilization/Transportation of the High-Risk Newborn
 1. High-Flow Oxygenation
 2. Sepsis
 3. Respiratory Distress Syndrome (RDS)
 4. Continuous Positive Airway Pressure (CPAP)
 5. Ventilation Support
 6. Surfactant administration
 - IV Therapy
 - Glucose Management

- Transient Tachypnea of the Newborn (TTN)
- Oxygen Support
- Premie Feeder and Grower
- Phototherapy
- Large for gestational age (LGA), small for gestational age (SGA) newborns
- Circumcisions up to 12 weeks of age
- Newborn Hearing Screen
- Newborn Genetic Screening
- Back transport to Level I/Special Care Nursery
- Breastfeeding Support (Certified Lactation Counselors)

CONTRACTED SERVICES

- Marshall Industries (Infant Security System)
- OBIX (Fetal Monitoring System)

STAFFING

- The Director of OB has 24/7 responsibility for the day to day operations of the unit with assistance of the Clinical Coordinator. Staffing is comprised of Registered Nurses, Certified Nursing Assistances, and Unit Secretaries.
- Staffing for the OB Department follows AWHONN Perinatal Nursing Staffing Guidelines ensuring safe patient care for antepartum, intrapartum, postpartum and newborn patients. At a minimum, 2 RNs are staffed at all times.

AFFILIATIONS OR SOURCES OF REFERENCE

- Neonatal Resuscitation Program (NRP) Certification
- American Women's Health, Obstetrics and Neonatal Nursing (AWHONN)
- American Nurses Association (ANA)
- American Association of Pediatrics Neonatal S.T.A.B.L.E program

SCOPE OF SERVICE: OUTPATIENT SERVICES

DEFINITION OF SERVICE

- Outpatient Services provides for the patients who require infusions of medications, treatments, transfusions, or wound care that doesn't require a hospital stay.
- Outpatient Services operates out of the Medical/Surgical department with one designated patient room, and accesses additional patient rooms as needed.

HOURS / DAYS OF THE WEEK OF SERVICE

- Typically, Monday through Friday excluding holidays, 8:00 a.m. - 5:00 p.m., but alternate arrangements can be made for after hours and weekends.

TYPES OF SERVICES

- Services for a diverse patient population includes:
 - blood disorders
 - intravenous antibiotics
 - medication injections
 - central line care

- hydration therapy
- antibiotic therapy
- therapeutic phlebotomy
- blood transfusions
- wound care

CONTRACTED SERVICES

- None

STAFFING

- 1 registered nurse with support from hospital-wide nursing staff

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

- Patient Financial Services (PFS) is a non-clinical department that performs the following services: preparation and submission of claims to insurance carriers, entitlement programs, and patient guarantors.
- PFS ensures the accuracy of patient charges, including answering any questions that patients might have in reference to services and the associated charges. PFS works to ensure the accuracy of insurance carrier payable benefits and coverage. We work to expedite payment from all payers in addition to working with patients to retire their debt with us and ensure an accurate accounting of patient accounts.
- PFS works closely with indigent patients who are unable to pay their debt for services rendered.
- PFS attempts to qualify indigent patients for our Medical Assistance program and sets up payment arrangements.
- PFS works to acquire free and replacement drugs, copay assistance, assistance with Medicare, Medicaid, and ACA applications in an effort to reduce financial toxicity for our patients that are uninsured or under insured.

HOURS / DAYS OF THE WEEK OF SERVICE

- The PFS department is open from 8:00 a.m. - 4:30 p.m., Monday through Friday, except holidays, and by appointment.

TYPES OF SERVICES

- Services provided include charge master preparation, charge capture, claim preparation, claim submission, claim follow-up and appeal, account collection, statement and letter preparation, payment plan assistance, Medical Assistance education and application, acquire assistance for our uninsured or under insured patients, and patient accounting.

CONTRACTED SERVICES

- Contracted services include electronic transactions through Change Healthcare, Waystar and Ability Network: statement and correspondence preparation and mailing through Instamed, out-of-state Medicaid collections through Express Medicaid Billing Service, and patient collections through Wakefield and Associates..

STAFFING

- Staff includes director of Patient Financial Services, Patient Accounts Representative and Financial Assistant, Cashier/Collection Clerk, Cash Poster/Collection Clerk, Collection Specialist, Collection Clerk Pre-Admit Registrar, Lead patient Navigator and Financial Representative, Patient Navigator and Financial Representative, and Collection Clerks.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Finance Management Association (HFMA)

SCOPE OF SERVICE: PHARMACY SERVICES

DEFINITION OF SERVICE

- The Pharmacy Department is responsible for providing safe and effective medication therapy.
- The scope of pharmacy services is provided in accordance with laws, rules, regulations, and recognized standards and practice guidelines.
- The Pharmacy Department is responsible for systems that control the procurement and distribution of medications, ensuring that patients receive right medication, in right dose, at right time.

HOURS / DAYS OF THE WEEK OF SERVICE

- On-site pharmacy services are provided 06:30 a.m. - 8:30 p.m. Monday through Friday, 7:00 a.m. - 5:00 p.m. weekends and 7:00 a.m. - 3:00 p.m. on holidays.
- After hours, a pharmacist is available on call and remote order entry is provided.

TYPES OF SERVICES

- Pharmaceutical care is provided to patients through monitoring of patient medication therapy, provision of drug information to professional staff, and patient medication education. Specific services include:
 1. Oversight of medication management including establishing policies and practices concerning planning, selection, storage, ordering, dispensing, administering, monitoring, and evaluating to promote safe use
 2. Identifying high-alert drugs (including insulin, anticoagulants, concentrated electrolytes, neuromuscular blockers and others designated by the organization)
 3. Identifying hazardous drugs and implementing policies for safe handling of these agents
 4. Procurement of medications from suppliers approved by the hospital's purchasing organization
 5. Review of medication orders
 6. Evaluation of potential drug interactions
 7. Packaging, labeling, and dispensing all medications, chemicals, and other pharmaceutical preparations to patient care areas consistent with current recommended practices
 8. Provision of a unit-dose drug distribution system
 9. Compounding sterile preparations to meet federal and state requirements
 10. Inspection of all areas where medications are stored, dispensed, or administered
 11. Assessment of patient's medication therapy for potential problems such as adverse drug reactions, drug interactions, inappropriate dose or dosing interval, or allergy
 12. Assessment of drug therapy for renal impaired patients
 13. Ensure rational and appropriate antibiotic therapy based on culture sensitivity results

14. Participation in patient medication education through counseling selected inpatients and appropriate medication use prior to discharge and participation in selected outpatient education
 15. Monitors, reports, and assesses adverse drug events
 16. Monitors medication usage and identifying opportunities for improvement in cooperation with the Pharmacy and Therapeutics Committee
 17. Participation in in-service education programs for professional and nonprofessional staff of the hospital
- Medication therapy is reviewed by a pharmacist at the time of order entry for inpatients. Medication therapy management includes monitoring and intervention protocols designed to promote positive patient outcomes. Monitoring includes but is not limited to:
 1. Therapeutic dose monitoring of aminoglycosides and vancomycin
 2. IV to PO Conversions
 3. Adverse drug reaction monitoring
 4. Creatinine clearance estimation/renal dosing
 5. Antibiotic streamlining
 6. TPN electrolyte monitoring
 7. Medication use evaluation
 - Medication therapies targeted for specific monitoring include those that are high volume, potentially problem prone, and/or possess a narrow therapeutic index.
 - The Department of Pharmacy is committed to supporting the hospital's mission and goals. This includes but is not limited to: budgetary and financial responsibility, active participation in multi-disciplinary task forces and committees, and participation in education programs.
 - Important functions are identified by hospital leaders as those that have the greatest impact on patient care. Those processes which are high-volume, high risk, or problem prone are the aspects of care given the highest priority for monitoring and evaluation.
 - The Pharmacy, in collaboration with other departments, addresses the following important functions and processes:
 1. Infection prevention and control
 2. Management of information
 3. Management of human resources
 4. Management of environment of care
 5. Improving organization performance education
 6. Patient rights and organizational ethics
 - The Director of Pharmacy is a co-chair on the Pharmacy and Therapeutics (P&T) Committee. Committee activities include:
 1. Developing medication-related policies and procedures
 2. Developing policies for therapeutic interchange
 3. Developing and maintaining a formulary system and approving a formulary (list of medications) acceptable for use in the facility
 4. Defining and reviewing significant adverse drug events (medication errors, adverse drug events,

incompatibilities)

5. Participating in activities relating to the review and evaluation of medication usage
 6. Participating, as necessary, in establishing standards and protocols for the use of investigational drugs and medications in clinical trials
 7. Communicating decisions to the medical, pharmacy, and patient care area staff
- The Department of Pharmacy provides drug information and education to patient care providers via newsletters, in-service education programs, IV administration guidelines, flow rate charts, and patient medication specific information.
 - Pharmacy provides education and information to the medical staff via presentations at medical committees, newsletters, the clinical pharmacy intervention program, the antibiogram, and patient/ medication specific information as requested.
 - The Pharmacy participates in the organization-wide Performance Improvement and Patient Safety (PIPS) Program.

CONTRACTED SERVICES

- Pharmacy management is provided by Cardinal Health Pharmacy Solutions.
- After hours remote order management is provided by Cardinal Health Rx e-source.
- Automated distribution cabinets and service is provided by BD Carefusion.

STAFFING

- Pharmacy staff includes: Director of Pharmacy, staff Pharmacists, certified pharmacy technicians, and technicians in training

AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards

SCOPE OF SERVICE: PROVIDER PRACTICES

DEFINITION OF SERVICE

- A clinic or office setting is intended as the primary means of establishing a physician/patient relationship. Care provided in a clinic is the first line of defense with diagnosis and treatment of sickness, injury, pain or abnormality. Promotion of wellness and the prevention of illness is a primary focus. Chronic conditions are diagnoses, monitored and managed.
- The Medical and Specialty Clinics are multi-specialty physicians' offices. The practice areas include providers in Family Practice, Pediatrics, Internal Medicine, Nephrology, Obstetrics/Gynecology, Orthopedics, Urology, General Surgery, ENT, Neurology, Pulmonology, Occupational Medicine and Walk-in Clinic.

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients are seen by appointment.
- Office hours vary in Clinics, Monday through Friday between 8:00 a.m. to 6:00 p.m. or 11:00 a.m. to 7:00 p.m. The offices are closed on holidays.
- Appointments can be made for acute conditions within 24 hours, in most cases.
- New patients are accepted regardless of type of insurance and self-pay is accepted. Patients can be referred or self-referred.

TYPES OF SERVICES

- The clinic provides comprehensive medical services, including but not limited to, medication management, injections, immunizations, well child checks, primary care, disease process management and education, employment and DOT physicals, audiology services, allergy testing, flu shot clinics, minor invasive office procedures, preventive health maintenance assessments and services, ordering of diagnostic tests, and ordering of preventative health services and patient education to patients throughout the lifespan. Services are provided to people of all ages, from newborn to geriatrics.
- Medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition of the patient. Patients may be discharged home, be admitted to the hospital, or referred to another physician.
- Primary care providers provide services to the Wamsutter community area.
- Primary care and occupational medicine services are provided at the Jim Bridger Power Plant, Solvay and Tata in Sweetwater County.
- Procedural sedation is not performed in the clinic.
- These services are provided in keeping with the philosophy, mission, vision, values of MHSC; the philosophy of the Department of Nursing Service; and in compliance with the standards of nursing practice, and all pertinent MHSC hospital policies and procedures.

CONTRACTED SERVICES

- None

STAFFING

- The medical staff is supported by senior leadership, registered nurses, licensed professional nurses, medical assistants, reception and billing staff.

AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah
- Each physician, physician assistant and nurse practitioner in the Sweetwater Medical Clinic uses the evidence-based standards and guidelines of their specialty.
- Wyoming State Board of Nursing regulates the collaborative relationship between nurses and medical assistants.
- Wyoming Board of Medicine regulates the relationship between physicians and physicians' assistants and physicians and medical assistants.

SCOPE OF SERVICE: QUALITY, ACCREDITATION & PATIENT SAFETY DEPARTMENT

DEFINITION OF SERVICE

- The Quality, Accreditation & Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement impacting patient outcomes and effective delivery of services in acute care and outpatient settings. The department also provides direction, coordination, and facilitation of patient safety through the development of processes that promote and support a strong culture of safety, as well as effective management of identified risks and prevention of adverse events. Every department and service organization – wide is involved in quality improvement and patient safety work. The scope of services provided assure the integration of services

along the health care continuum. We are dedicated to providing support and assistance in a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday- 8:00 a.m. to 5:00 p.m., except holidays.

TYPES OF SERVICES

- The Quality, Accreditation & Safety Department functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety (PIPS) Plan. The Quality, Accreditation & Safety Department proactively monitors and works collaboratively to improve system issues that arise in providing health care services to patients. Services provided impact all patients, visitors, advocates, and employees, through a multi-disciplinary, systematic approach. The scope of the organizational quality program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided throughout the hospital.
- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all departments/services and disciplines of the facility in an effort to improve outcomes. A summary of the significant findings is reported at the Medical Executive Committee and the Quality Committee of the Board for further review, evaluation and action, as indicated.
- The Quality, Accreditation & Safety Department maintains Joint Commission accreditation through facilitation of continuous improvement in providing evidence based care, and by ensuring organizational functions that are essential to providing safe, high quality care are in place.
- MHSC Leadership supports continuous performance improvement through:
 - Professional development
 - Efforts towards quality and safety goals
 - Encouraging and engaging all employees in quality improvement initiatives

CONTRACTED SERVICES

- Clinical quality data requiring vendor submission
- Press Ganey
- The Joint Commission (TJC)
- Advanced Medical Reviews

AFFILIATIONS OR SOURCES OF REFERENCE

- National Quality Forum (NQF)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- Hospital Improvement and Innovation Network/Health Research and Educational Trust (HIIN/HRET)
- Hospital Quality Improvement Contractor (HQIC)
- The Joint Commission (TJC)
- Centers for Disease Control and Prevention (CDC)
- National Association for Healthcare Quality (NAHQ)
- University of Utah Health Care- Value Affiliate Network (UUHC)
- American Nurses Association (ANA)
- American Society for Quality (ASQ)

- Mountain Pacific Quality Health - Quality Improvement Organization (MPQH)
- Press Ganey

SCOPE OF SERVICE: RADIATION ONCOLOGY

DEFINITION OF SERVICE

- Radiation therapy uses targeted energy to kill cancer cells, shrink tumors, and provide relief of certain cancer-related symptoms. Our highly trained staff is experienced in delivering prescribed radiation doses to tumors with precision. By focusing the radiation directly on the tumor, and limiting the amount of radiation to non-cancerous cells, the risk of common side effects associated with radiation treatments is minimized. Depending on specific cancer and needs, radiation may also be combined with other treatments, such as chemotherapy. As patients receive radiation treatments, any side-effects experienced are treated to keep patients and their family as comfortable as possible.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Radiation Oncology Department is open Monday through Friday, 8:00 a.m. - 4:30 p.m., except on holidays.
- Treatments will be given outside of normal office hours **only** in an emergency situation.

TYPES OF SERVICES

- External beam radiation therapy serves mostly adult patients, or those not requiring intubation or anesthesia for treatment. We prefer to refer pediatric patients to a pediatric hospital.
- Radiation therapy uses high energy x-rays to damage the tumor cells, thereby preventing them from dividing, growing and spreading. During radiation therapy, normal cells are damaged as well. However, normal cells are able to repair this damage better. In order to give normal cells time to heal and to reduce side effects, treatments are typically given in small daily doses, five days a week, Monday through Friday, for a period of time prescribed by the radiation oncologist. During external radiation a beam of radiation is directed at the treatment site from outside the body. This is typically done using a machine called a linear accelerator.
- We offer advanced treatments, including: IMRT, RapidArc, Breath-hold, and Stereotactic Body Radiotherapy (SBRT)-which uses high dosing of very localized and focused radiation to ablate tumors.
- We are in the process of developing a Stereotactic Radiosurgery (SRS) program to treat brain metastases with very focal/effective radiotherapy.
- We also treat benign medical conditions.
- We use state-of-the-art equipment, including: Large bore CT scanner with 4D capability, Varian linear accelerator with on-board imaging and gating, Protura robotic couch that improves delivery of radiation to within millimeter accuracy.

CONTRACTED SERVICES

- Physics support is provided by Mountain States Medical Physics

STAFFING

- Radiation Oncology is fully staffed from 8:00 a.m. - 4:30 p.m., Monday through Friday. Staff to Patient ratio: A minimum of two (2) radiation therapists per day on the treatment machine, as recommended by the American Society of Radiologic Technologists (ASRT).
- The department is staffed with a receptionist, a nurse, two radiation therapists, a dosimetrist/director, a physicist, a clinical trials facilitator, a nurse practitioner and a radiation oncologist.

AFFILIATIONS OR SOURCES OF REFERENCE

- The Cancer Center is affiliated with the University of Utah and The Huntsman Cancer Center.
- American Society for Radiation Oncology (ASTRO)
- Oncology Nurses Society (ONS)
- American Nurses Association (ANA)

SCOPE OF SERVICE: REHABILITATION DEPARTMENT

DEFINITION OF SERVICE

This clinical department provides physical, occupational, and speech therapy to inpatients and outpatients. to hasten the rehabilitation of disabled, injured, frail or diseased patients.

- Cooperate with physicians by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- Promotes an environment that strives for optimum care to the patient through:
 - Knowledgeable, pleasant, cheerful, concerned and progressive personnel,
 - Updated and safe equipment,
 - And a neat department.
- Schedule treatments at a time most convenient to the patient and to the therapist
- Maintains the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- Provision of in-service and/or continuing education to share and increase therapists' knowledge and expertise as health care providers.
- Documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- Assessment our services enabling positive change.

HOURS / DAYS OF THE WEEK OF SERVICE

The department is staffed from 8:00 a.m. - 5:00 p.m., Monday through Friday, except for holidays or as altered secondary to patient's needs. Weekend coverage and after hours staffing is provided by a licensed therapist as arranged by the patient, physician, and director.

- Licensed Physical Therapists provide outpatient and inpatient services from 8:00 a.m. - 5:00 p.m., Monday through Friday.
- Licensed Speech Therapist provide services 9:00 a.m. - 2:30 p.m., Monday through Thursday.
- Licensed Occupational Therapist provided on PRN basis - we do not have any OT available at this time.
- Each therapist's personal hours may be changed in accordance with the patient and department's needs as approved by department head.

TYPES OF SERVICES

- Physical therapy, speech therapy, and occupational therapy provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not have aquatic therapy available.
 - Treatment occurs in the hospital facilities, and/or in the patient's home
 - Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities,

and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties

- **Physical Therapy Services**

- Provision of modalities and treatments such as hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin, Phonophoresis - with 1% hydrocortisone cream, Iontophoresis - with Dexamethasone and/or Lidocaine, and Hydrotherapy
- Provision of physical assessment, therapeutic exercise, proprioceptive neuromuscular facilitation, gait training - with appropriate assistive devices, functional development training, balance and coordination, therapeutic massage, joint and soft tissue mobilization
- Fit for custom made support stocking, prefabricated braces, and orthotics
- Rehabilitative application and use of therapeutic equipment
- Provision wound care

- **Speech Therapy Service**

- Assessment, diagnostic, treatment, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency
- Services for people who cannot produce speech sounds or cannot produce them clearly
 - Speech rhythm and fluency problems
 - Voice disorders
 - Problems understanding and producing language
 - Communication skills improvement
 - Cognitive communication impairments, such as attention, memory, and problem-solving disorders
- Assessment and treatment patient with swallowing difficulties
- Development of individualized plan of care, tailored to each patient's needs
 - Educate patients on how to make sounds, improve their voices, or increase their oral or written language skills to communicate more effectively
 - Education of individuals on how to strengthen muscles or use compensatory strategies to swallow without choking or inhaling food or liquid
 - Speech-language pathologists help patients develop, or recover, reliable communication and swallowing skills so patients can fulfill their educational, vocational, and social roles
- Counseling of individuals and their families concerning communication disorders and how to cope with the stress and misunderstanding that often accompany them
 - Work with family members to recognize and change behavior patterns that impede communication and treatment.
 - Show them communication-enhancing techniques to use at home

Occupational Therapy Services (Not available at this time)

- *Provision of modalities and treatments such as: Hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin*
- *Provision of functional, cognitive and visual perceptual assessment and treatment, therapeutic exercise, proprioceptive neuromuscular facilitation, activities of daily living with appropriate adaptive devices, functional development training, gross and fine motor function, therapeutic massage, joint and soft tissue mobilization*
- *Fit for custom made or prefabricated upper extremity braces, splints and orthotics*

CONTRACTED SERVICES

- None

STAFFING

- Personnel for the Rehabilitation department includes 2 full-time, one acting as the director of the department, and a full-time secretary.
- Part-time speech therapist.
- Medical Director
- Occupational therapist services (not available at this time).

AFFILIATIONS OR SOURCES OF REFERENCE

- American Physical Therapy Association (APTA)
- American Speech-Language-Hearing Association (ASHA)
- American Occupational Therapy Association (AOTA)

SCOPE OF SERVICE: RISK MANAGEMENT & COMPLIANCE

DEFINITION OF SERVICE

- The Risk Management & Compliance Department provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care. The department works with both clinical and non-clinical departments within the facility. The department also works with any and all regulatory bodies that govern the operation of health facilities and business function. Staff in the Risk Management & Compliance Department are responsible for:
 - Compliance and Regulatory Oversight
 - Risk Management Program Oversight
 - Patient, Staff and Environmental Safety
 - Guest Relations
 - Occurrence Reporting

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays

TYPES OF SERVICES

- **Compliance**
 - This department ensures that staff in the facility follow any and all regulations governing the function of MHSC. The goal is to stay current with new regulations as they become available, and prepare the facility for regulatory surveys of any kind. This is done through compliance monitoring, and proactive survey preparation within the various departments.
- **Risk Management**
 - Risk Management services are under the direction and support of Senior Leadership, medical staff, administrative and other health care providers throughout the organization. The designated officer is notified immediately of any significant occurrences to patients, visitors, volunteers or personnel which have the potential for serious harm or impact. Appropriate documentation of unusual occurrences is performed within a 24-hour time frame of the occurrence.
 - Educational support is provided to all personnel and volunteers to ensure the provision and respect of patient rights. Assuring patient rights is the responsibility of all hospital personnel, members of the medical staff and volunteers. Resolution and appeal processes of patient complaints are accessed

through the Director of Risk Management & Compliance.

- **Patient, Staff and Environmental Safety**

- Patient and environmental safety initiatives allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and death. This department utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the facility QAPI and Safety Plan. All staff members aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

- **Guest Relations**

- Guest relation services provide for patient advocacy, complaint management, and crisis intervention and ethics consultation in a non-judgmental, non-defensive, harassment free manner. Consumers are provided with access to health care information and resources in a safe environment of care. Services include a centralized system for addressing patient and guest concerns, complaints and grievances, the provision of information related to MHSC policies, procedures and services as well as a compassionate advocate within the health care system and community. The Guest Relations Specialist facilitates the resolution of complaints and grievances per CMS/Joint commission requirements, and hospital policy.

CONTRACTED SERVICES

- MIDAS
- MSDS Online
- Soleran-eMeditrack
- The Joint Commission (TJC)
- Advanced Medical Reviews

STAFFING

- Oversight by Infection Prevention, Risk & Compliance Director
- Compliance auditor

AFFILIATIONS OR SOURCES OF REFERENCE

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- National Fire Protection Association (NFPA)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- National Database of Nursing Quality Indicators (NDNQI)
- Wyoming Department of Health (WDOH)
- United States Department of Health and Human Services (DHHS)

SCOPE OF SERVICE: SECURITY DEPARTMENT

DEFINITION OF SERVICE

- General conduct and responsibilities include taking the appropriate action to:
 - **Protect life and property**
 - To provide services which contribute to the preservation of life, the protection of property, and safety of the hospital.

- **Preserve the Peace. Prevent crime. Detect criminal activity**
 - To prevent crime through aggressive patrol which limits the opportunity for a crime to occur. We have a continuing education program through the International Association of Hospital Safety and Security. All Officers are required to complete self-directed training pertaining to security training on multiple levels. The officers provide staff education to reduce the likelihood of them becoming victims.
- **Detect violation of the law.**
 - The Security Department remains vigilant regarding all laws under its jurisdiction. This is done in the following manner:
 1. Location and reporting of all safety violations
 2. Maintaining awareness of equipment theft
 3. Insuring all vehicles are parked in proper areas
 4. Ensuring proper identification is present on persons and vehicles at all times
- **Compliance to ethical standards**
 - To ensure the integrity and adherence to professional standards of the department by receiving and investigating all complaints against departmental personnel of alleged misconduct or misuse of force.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Security Department of MHSC provides service to all employees, patients and families on a 24-hour / 7 days a week schedule.

TYPES OF SERVICES

- Security Officers provide many services. These services include but are not limited to:
 - Providing a safe secure environment for all persons coming and going from our campus.
 - Patrol the entire campus including our exterior buildings and clinic on a routine basis
 - Traffic control of entire facility
 - Managing of the security access system
 - Managing of the key system
 - Assist ambulance services, flight crews, county coroner's office, and local law enforcement agencies
 - Monitor the CCTV system
 - Controlling and restraining combative patients
 - Removal of the deceased
 - Repair and service locks
 - Customer service as needed
 - Responds to all emergencies including and not limited to Critical Response, trauma level one and two
 - Assist when needed with Title 25 Patients
 - Oversees and collaborates with the behavioral health coordinator with monitoring of behavioral health patients
- Behavioral Health
 - Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.

- In the absence of social workers, the behavioral health coordinator assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.
- The behavioral health coordinator notifies all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.

STAFFING

- The director of security is responsible for any and all actions of the department. The security supervisor assists the director and accepts departmental responsibility in the absence of the director. Additional staff include security officers and one emergency management deputy.
- Behavioral health staff consists of 1 coordinator, and nine on-call monitors that assist with behavioral health issues, and report to the Director of Security.

AFFILIATIONS OR SOURCES OF REFERENCE

- International Association of Hospital Safety and Security (IAHSS)
- Managing of Aggressive Behaviors training (MOAB)

SCOPE OF SERVICE: SURGICAL SERVICES DEPARTMENT

DEFINITION OF SERVICE

- The Surgical Services Department of MHSC provides services for surgical care including diagnostic, operative, and treatment for procedures and immediate care for post-operative cases on a 24-hour basis, including weekends and holidays. The Surgical Services Departments consist of Same Day Surgery (SDS) for both pre and post-operative care, Pre-Anesthesia Testing (PAT), the Operating Suites (OR), Post Anesthesia Care Unit (PACU) and Central Sterile Processing (CST).
- Surgical Services consist of but are not limited to: urology, OB/GYN, general, plastic, orthopedics, ENT, pediatric dentistry, podiatry, endoscopy and anesthesia.
- Surgical Services is located on the hospital's main level with easy access to Medical Imaging and the Emergency Department. It contains 12 Same Day Surgery rooms, 4-bed recovery room, 4 operating rooms, an endoscopy room, and minor procedure room. An Obstetric operating suite is located in the Obstetrics Department. All operating rooms have an anesthesia machine with pulse oximetry, CO2 monitoring, and a module to monitor EKG, arterial blood pressure, and central venous pressure. Air, oxygen, nitrous oxide, and vacuum are piped in.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Surgical Services Department is covered 24-hours a day, seven days a week including holidays. Elective scheduled cases are done Monday through Friday with normal business hours of 5:30 am to 4:30pm.
- Routine sterile processing hours are from 6:00 a.m. to 6:30 p.m., Monday through Friday, with weekend and holiday coverage from 6:00 a.m. to 10:00 a.m., and on call availability 10:00 a.m. to 10:00 p.m.

TYPES OF SERVICES

- The patient population served by the Surgical Services Department consists of the newborn, pediatric, adolescent, adult and geriatric patients requiring or seeking surgical intervention to maintain or restore an optimum level of wellness.
- The Surgical Services Department provides a safe and comfortable environment for both patients and personnel in order to provide optimum assistance to the surgeons in meeting the emergency, preventative

and restorative health needs of the patients. The Surgical Services staff provides safe, high quality, and cost-effective care with respect for life and dignity.

- Procedures performed in the Surgical Services Department include general, ENT, pediatric dental, limited vascular, urological, orthopedic, pain management, diagnostic and treatment endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.
- PICC line placement is also performed in the Surgical Services Department.
- Procedures not performed are thoracic, organ transplant, neurology, spine, and ophthalmology.
- The patient's physical, psychological and social needs are assessed initially upon admission. Intra-operatively and postoperatively, the patient is continually reassessed; modifications to that plan of care are based on reassessment of the patient. In the immediate postoperative phase, the patient is under the direct supervision of the anesthesiologist who maintains responsibility for the needs of the patient until the patient has been appropriately discharged from the PACU. Disposition of the patient from the PACU is based on the complexity of the patient's care needs. This decision is made collaboratively between the anesthesiologist and surgeon, with information related from clinical data provide by the PACU staff. Upon discharge from PACU phase 1, the patient is under the direct supervision of the surgeon who maintains responsibility for the needs of the patient until the patient has been appropriately discharged home or care is transferred to the hospitalist for inpatients.

CONTRACTED SERVICES

- Wyoming Urological for Extracorporeal Shock Wave Lithotripsy (ESWL) for urological procedures

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

- The basic staffing plan for each operating suite is at least one Registered Nurse, a scrub nurse/ tech. Additional circulator and/or scrub tech will be added to the case based on the patient's complexity and/or complexity of the instrumentation and care needs required of the specific procedure. There is a nursing unit secretary.
- The PACU is staffed with at least 2 RN, with at least 1 of those RNs being PACU trained to care for the patient. Additional supplemental RN staff is provided based on the patient's acuity and assessment of the patient's needs.
- Ambulatory Care Unit for both pre/post procedure is staffed on a 1:3 patient ratio and a nursing unit secretary that can assist as a certified nursing assistant.
- Central Sterile has 3.5 sterile processing technicians who work staggered shifts to accommodate instrumentation processing needs for MHSC Department of Surgery, Nursing Units, and Clinics.
- Biomedical Engineering and volunteer services are used as needed.
- Surgeons and anesthesiologists who provide care through the Surgical Services Department follow medical staff bylaws, rules and regulations

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Operating Room Nurses (AORN)
- American Society of Peri-anesthesia Services (ASPAN)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Association of Moderate Sedation Nurses (AAMSN)
- American Academy of Ambulatory Care Nurses (AAACN)
- American Nurses Association (ANA)
- The Association of Operating Room Nurses (AORN), American Society of PeriAnesthesia Nurses (ASPAN), Association for Advancement of Medical Instrumentation (AAMI), Center for Disease Control and Prevention (CDC), and public health department standards are references used in the formulation

and review of policies, procedures and standards of practice in the Surgical Services Department, as well as collaborative input from the knowledge and expertise of the surgical staff. To assist in meeting patient core needs, support is readily available from most equipment and instrument manufacturers.

Reviewed and Approved:

MHSC Board of Trustees:

Attachments

No Attachments

Approval Signatures

Approver	Date
Ann Clevenger: CNO	pending
Irene Richardson: CEO	03/2021
Tami Love: CFO	03/2021
Kari Quickenden: Chief Clinical Officer	03/2021
Ann Clevenger: CNO	03/2021



Approved: N/A
Review Due: 2 years after approval
Document Area: Medical Staff
Reg. Standards: CMS Appedix A 482.12(a) (10), A-0053

Medical Staff Leadership Direct Consultation with the Hospital Board of Trustees

STATEMENT OF PURPOSE:

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

SCOPE:

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

DEFINITIONS:

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

POLICY:

- Approach**
 - Direct consultation will be with the Board, at least twice yearly, at the monthly board meetings.
- Medical Staff Leader Designee**
 - In accordance with CMS, the Board may determine if the Medical Staff leader must make the designation in writing when he/she chooses to designate another individual to make the periodic consultations or whether the leader of the Medical Staff may make informal, ad hoc designation; and if advance notice of a designation is required.
 - The Memorial Hospital of Sweetwater County Board has determined:
 - the designation may be informal and adhoc; and
 - the Board requires no advance notice.
- Frequency of Periodic Consultation**
 - The Medical Staff leader or designee is required to meet at least twice during the fiscal year.

- The Board may increase the number of consultations based upon the scope and complexity of the hospital services offered, specific patient populations served by the hospital, and any issues of patient safety and quality of care that the hospital's quality assessment and performance improvement program might periodically identify as needing the attention of the Board in consultation with it's Medical Staff.
- The Medical Staff leader may also increase the number of consultations with the Board based upon the criteria listed above.
- **Required Elements of the Consultation**
 - The required consultation must include discussion of matters related to the quality of medical care provided to patients of the hospital.
- **Board Responsiveness**
 - The Board is expected to be responsive to any periodic and/or urgent requests from the leader of the Medical Staff or designee for timely consultation on issues regarding the quality of medical care provided to patients of the hospital.
- **Documentation**
 - Consultation with the Medical Staff leader or designee will be documented in minutes, including attendees and the matters discussed.

REFERENCES

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

Reviewed and Approved:

MEC 02/23/2021

Quality Committee of the Board: 03/10/2021

MHSC Board of Trustees:

Attachments

No Attachments

Approval Signatures

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

Approver	Date
Ann Clevenger: CNO	02/2021

COPY



Approved: N/A
Review Due: 3 years after approval
Document Area: General - Housewide
Reg. Standards: TJC RC.01.05.01, Wyoming Statute§16-4-204(e)

Public Records Release

STATEMENT OF PURPOSE

To define the responsibility of the Custodian of Records to process requests for copies of public records of Memorial Hospital of Sweetwater County (MHSC), pursuant to the *Wyoming Public Records Act as revised*. For purposes of this policy, the Custodian of Records is a member of the leadership team or a designated employee of the Hospital who is responsible for the maintenance, care, and keeping of Hospital public records — regardless of whether or not those records are in that individual's actual, personal custody or control. **The process to request copies of patient medical records is a separate process and not part of this policy.**

- Custodian of Hospital Public Records: Executive Assistant to the CEO

DEFINITIONS

1. Public Records: any information in a physical form created, accepted, or obtained by a governmental entity in furtherance of its official function and transaction of public business which is not privileged or confidential by law. This includes any written communication or other information, whether in paper, electronic, or other physical form, received by a governmental entity in furtherance of the transaction of public business of the state or agency, institution or political subdivision of the state. W.S. 16-4-201
2. Governmental entity: State of Wyoming, an agency, political subdivision or state institution of Wyoming. Political subdivisions defined to include every county, city and county, city, incorporated and unincorporated town, school district and special district within the state. W.S. 16-4-201

PROCESS

1. Requests for copies of Hospital "Public Records"
 - A. A person making a request for access to a public record of the Hospital for inspection, copying, or other lawful purposes, shall make the request on the Public Records Release Request Form.
 - B. Prior to release of the records the Custodian of Records shall determine whether or not the public record requested to be released is subject to denial of the right to inspection under terms of the *Wyoming Public Records Act*. A requesting person who is denied access to a public record may request a written statement of the grounds for the denial.
 - C. Once it is determined that the records may be released he/she shall provide the records requested immediately if a record is readily available and it will not affect the Hospital's ability to discharge its other duties.

- D. If the records are not immediately available the Custodian has thirty (30) days to complete the request.
- E. Charges for providing copies of public records will be based on the most current rate schedule for MHSC, to be periodically identified as an exhibit to this policy. Current rate schedules may be obtained from the Hospital's Administration Office.
- F. If a public record exists primarily or solely in an electronic format, the requesting person shall be so notified. All electronic inspection and copying will be subject to the reasonable cost of producing a copy of the public record which may include the costs of producing a copy of the public record and the cost of constructing the record, including the cost of programming and computer-service time. Electronic records will be provided in alternative formats unless doing so is impractical or impossible.
- G. Wyoming law does not require MHSC to compile data, extract data, or create a new document to comply with an electronic-record request if doing so impairs the Hospital's ability to discharge its duties. Further, MHSC is not required by Wyoming law to allow inspection or copying of a record in its electronic format if doing so would jeopardize or compromise the security or integrity of the original record or of any proprietary software in which it is maintained.

NOTE: This policy is adopted in accordance with *Wyo. Stat. §16-4-204(e)*.

Rate Schedule of Charges for Provision of Public Records

Effective April 14, 2008

- \$0.50 per page for document requests readily retrievable and not exceeding a maximum of 50 pages in total.
- \$0.50 per page plus an hourly rate of \$31.75 per hour for document requests exceeding 50 pages in total.
- Retrieval fee of \$30.00 for any documents stored off site or archived in any format.

References

***Wyo. Stat. §16-4-204(e)*.**

Formerly: SPP 1015 Public Records Release Policy

Approval: Board of Trustees / /

Attachments

[802801 - Public Records Invoice.xls](#)

Approval Signatures

Approver	Date
Ann Clevenger: CNO	pending



Public Records Request Form

Date: _____

I am requesting Memorial Hospital of Sweetwater County provide the following information in accordance with Wyoming State Statue § 16-4-204(e):

PART I: I hereby request to: ☐ Inspect ☐ Copy the following records (fee required):

(please be specific and include names, dates, keywords and the name of the record) Attach additional sheet if necessary.

PART II: If the request is for Copy, what document format do you request? ☐ Paper ☐ Electronic

If paper format what delivery method do you request? ☐ Pick up ☐ US Mail ☐ Fax

If electronic format what delivery method do you request? ☐ Email ☐ Disk

Name of individual requesting information:
Mailing Address (required if US mail delivery is requested):
Phone Number (optional):
Fax Number (required if fax delivery is requested):
Email Address (required if email delivery is requested):

Document Costs:

\$0.50 per page for document requests readily retrievable and not exceeding a maximum of 50 pages in total.

\$0.50 per page plus an hourly rate of \$31.75 per hour for document requests exceeding 50 pages in total.

Retrieval fee of \$30.00 for any documents stored off site or archived in any format.

Memorial Hospital of Sweetwater County
1200 College Drive – Rock Springs, WY 82901
307-362-3711 (Phone) 307-352-8180 (Fax)
cnelson@sweetwatermemorial.com



Date	Invoice #

102/250



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

Emergency Operations Plan (EOP)

STATEMENT OF PURPOSE

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

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

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

EMERGENCY RESPONSE PLANS (links)

In Alphabetical order:

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

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

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

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

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

EMERGENCY OPERATIONS PLAN (EOP)

I. RESPONSIBILITIES

A. Leadership

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

B. Emergency Program Managers

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

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

C. **The Emergency Management Committee**

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

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

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

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

A. **HAZARD VULNERABILITY ANALYSIS**

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

B. **COMMUNITY INVOLVEMENT**

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

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

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

- Local emergency management meetings
- State emergency management meetings

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

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

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

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

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

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

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

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

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

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

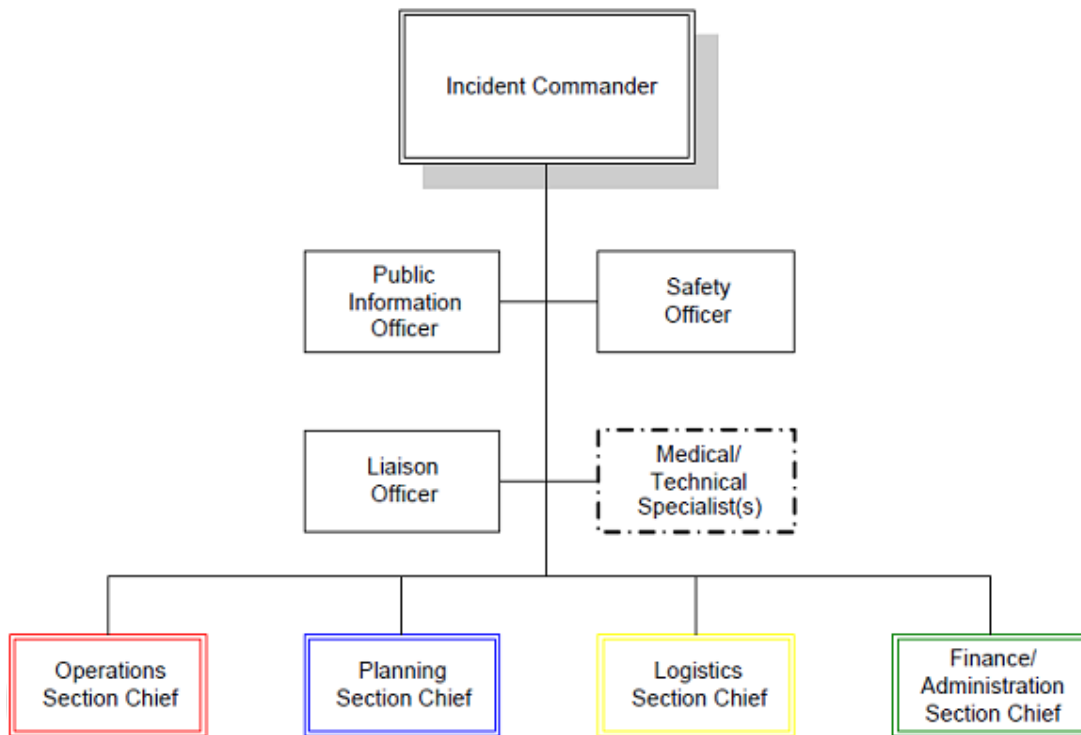
E. Hospital Incident Command System (HICS)

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

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

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

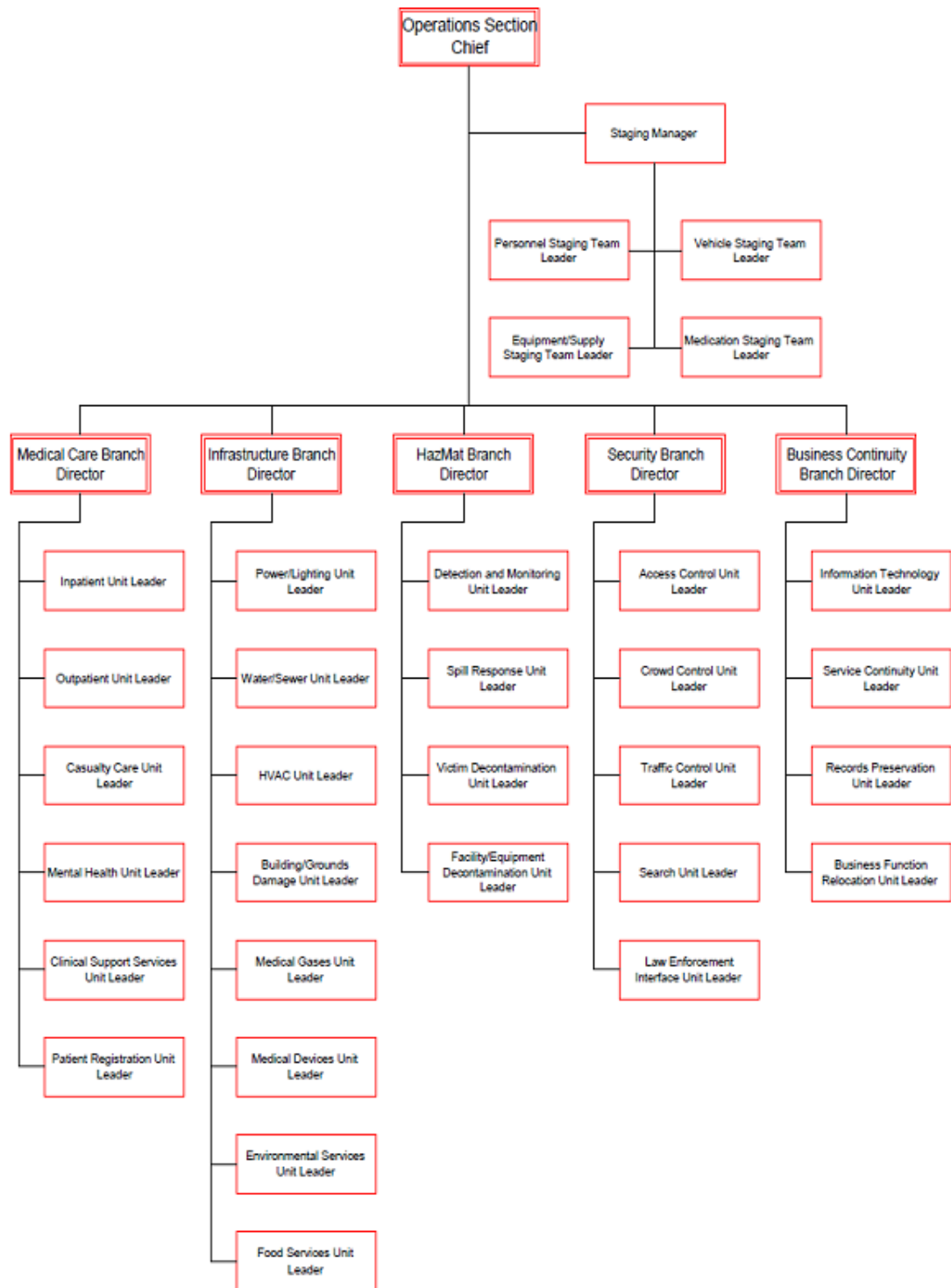
Command Staff



F. Operations Section

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

Operations Staff

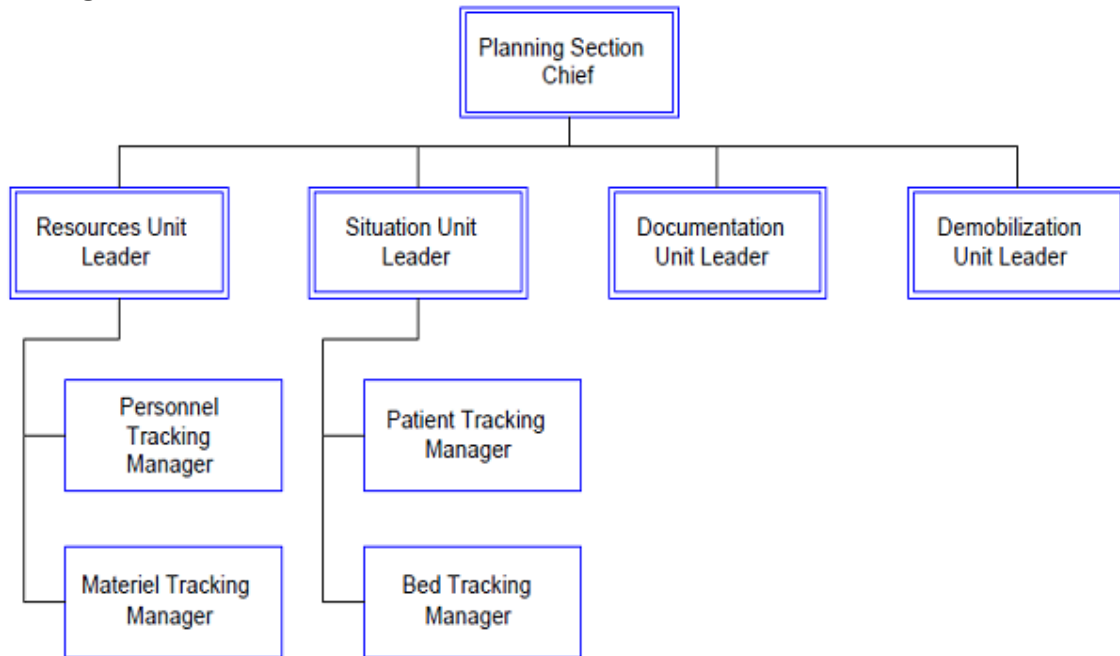


G. Planning Section

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

Commander and the other General Staff positions.

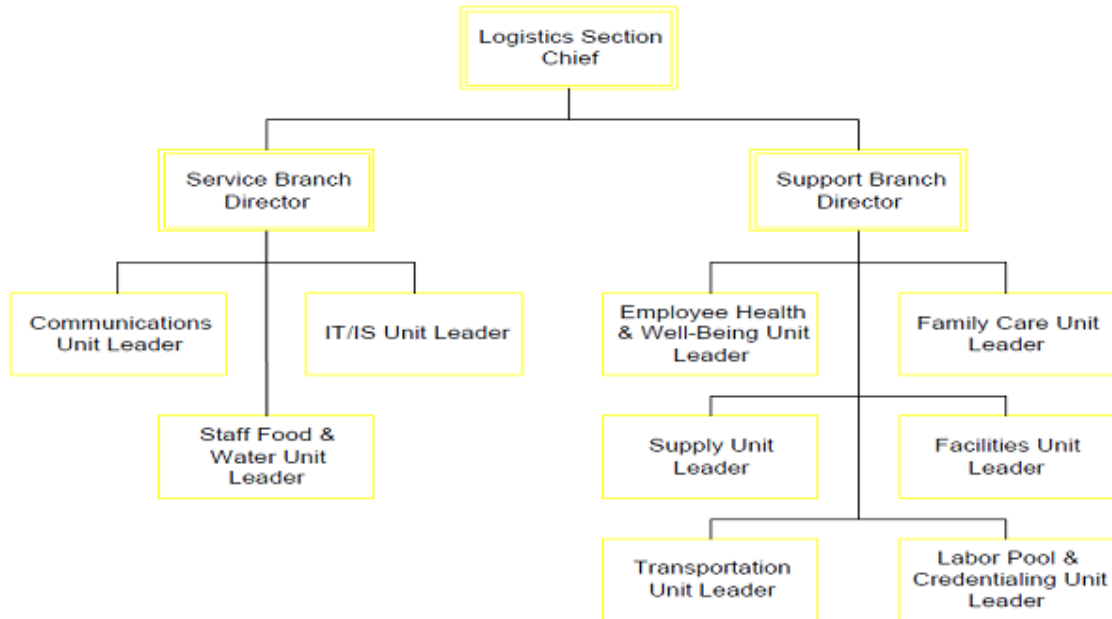
Planning Section



H. Logistics Section

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

Logistics Section

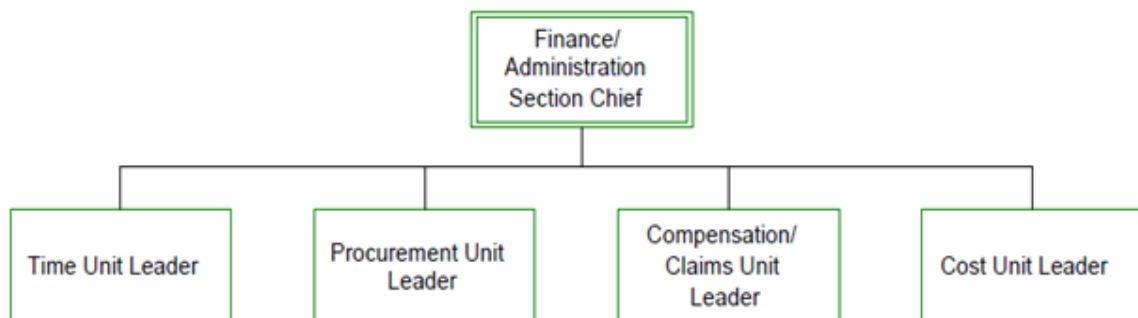


I. Finance Section

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

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

Finance Section



III. INVENTORY & MONITORING OF ASSETS &

RESOURCES

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

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

IV. EMERGENCY OPERATIONS PLAN – EM.02.01.01

A. Response

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

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

C. Staff Response

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

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

D. Departmental Response

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

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

E. SUSTAINABILITY

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

F. RECOVERY PROCEDURES

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

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

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

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

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

G. PLAN INITIATION AND TERMINATION

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

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

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

V. INCIDENT PHASES

A. Phase I

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

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

B. Phase II

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

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

C. Phase III

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

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

VI. ALTERNATE CARE SITES

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

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

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

VII. COMMUNICATION MANAGEMENT – EM.02.02.01

A. INTERNAL & STAFF NOTIFICATION LEVELS

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

- Hostage Situation
- Active Shooter
- Physical Altercation

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

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

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

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

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

B. EMERGENCY RESPONSE PLANS-CODES

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

C. NOTIFICATION & COMMUNICATION WITH EXTERNAL AUTHORITIES

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

D. COMMUNICATION WITH FAMILY

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

E. COMMUNICATION WITH MEDIA

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

F. COMMUNICATION WITH PURVEYORS

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

G. COMMUNICATION WITH OTHER HEALTHCARE ORGANIZATIONS

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

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

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

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

- 3.

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

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

H. COMMUNICATION WITH ALTERNATE CARE SITE

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

I. BACKUP COMMUNICATIONS

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

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

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

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

VIII. RESOURCE AND ASSET MANAGEMENT - EM

02.02.03

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

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

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

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

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

B. SHARING OF RESOURCES

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

C. MONITORING RESOURCES AND ASSETS

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

IX. SECURITY AND SAFETY MANAGEMENT – EM.02.02.05

A. SECURITY WITH COMMUNITY

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

B. ACCESS & EGRESS CONTROL

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

C. TRAFFIC CONTROL

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

management of traffic on the grounds of facility.

X. STAFF MANAGEMENT – EM.02.02.07

A. ROLES AND RESPONSIBILITIES

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

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

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

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

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

B. MANAGING STAFF SUPPORT ACTIVITIES

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

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

C. MANAGING STAFF FAMILY SUPPORT ACTIVITIES

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

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

1. Child Care Center:

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

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

2. Elder Care:

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

3. Pet Care:

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

D. TRAINING AND IDENTIFICATION OF STAFF

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

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

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

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

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

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

A. **TRIAGE AND CASUALTY LOCATIONS**

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

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

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

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

B. PATIENT CARE AND DOCUMENTATION

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

C. CLINICAL ACTIVITIES

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

D. EVACUATION ACTIVITIES

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

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

E. PERSONAL HYGIENE AND SANITATION REQUIREMENTS

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

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

F. MENTAL HEALTH SERVICES

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

G. MORTUARY SERVICES

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

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

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

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

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

LICENSED VOLUNTEERS – EM.02.02.13-15

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

XIV. SPECIAL NEEDS/VULNERABLE PATIENTS DURING EMERGENT TIMES RESPONSE

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

Approvals:

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

MEC 2/23/21

Attachments

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

Approval Signatures

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



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Document Area: [Emergency Operations](#)
Reg. Standards: [TJC EM.02.01.01](#), [TJC EM.03.01.01](#), [TJC EM.03.01.03](#)

2020 Evaluation of Emergency Preparedness Plan

STATEMENT OF PURPOSE

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

Joint Commission Standard

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

Emergency Operations Plan

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

Evaluation of Emergency Operation Plan

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

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

Approvals:

MEC 2/23/21

Attachments

No Attachments

Approval Signatures

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

COPY

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...April Quality Committee Meeting
Date: April 26, 2021

Kara Jackson discussed the Board Reporting Calendar. It should come to the Quality Committee in May for review and approval.

Still no dates for the Joint Commission Survey. It will last about 2.5 days. Staff says they are ready. Some hospitals in Wyoming have undergone the Survey thus far in 2021.

Dr. Quickenden discussed the Star Rating situation. Staff is working cooperatively and very hard to address the germane issues. Dr. Sowada asked questions regarding target dates and responsibility designations. The dashboard should eventually show progress on addressing the issues.

Norene Hove gave an update regarding C. diff. Some recent discoveries about the prevalence of C. diff in the county will affect ratio reporting. Staff is working to review all C. diff cases and otherwise address the infection issue. This is an important marker for MHSC and more information will be forthcoming in the future.

Kara Jackson reviewed the PIPS (Performance Improvement and Patient Safety) Plan which needs to be updated and reviewed annually. The Quality consultant provided staff input for Plan improvement and her recommendations are being incorporated. Several changes to the existing plan are being made. The plan is to have staff bring the PIPS plan back to the Quality Committee for approval in May.

David Beltran reviewed the Emergency Operations Plan with the Committee. The plan is very thorough and comprehensive. Heretofore, the Plan has not been presented to the Board of Trustees for approval. The Quality consultant, Mella, informed staff that it needs to be brought to the Board of Trustees for review and approval every two years. The Committee approved a motion to approve the Plan and forward it to the Board of Trustees for consideration at the May meeting of the Board.

Dr. Poyer gave the Medical Staff update. Currently, there are no COVID-19 patients in the hospital. Discussion took place regarding physician involvement and engagement in patient care. Sepsis and C. diff issues will be given close scrutiny.

Board members can refer to the draft Quality minutes in the packet for further information.

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

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

Guests: David Beltran (Director Security), Taylor Jones (Board Member)

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

Non-voting Members: Kalpana Pokhrel

Chair: Mr. Marty Kelsey

Approval of Agenda & Minutes

Mr. Kelsey presented the Agenda for approval, Dr. Sowada motioned to approve, Ms. Richardson seconded. Motion was approved. Mr. Kelsey then presented the March 10, Minutes for approval. Dr. Sowada motioned to approve, Dr. Quickenden seconded the motion. Motion was approved.

Mission Moment

Dr. Quickenden shared a recent experience that Tracie Soller, Director of Medical Imaging shared in regard to two (2) of her MRI technologists; Bobby and Jerry. Ms. Soller received a phone call from the patient's wife, who said how gracious, kind and helpful they were, and said they displayed excellent patient care.

Old Business

Ms. Jackson addressed the Board Reporting Calendar, noting that Dr. Quickenden, Ms. Richardson and herself met a few weeks ago and completed the majority of the calendar. They will meet one more time to ensure they have it ready to go, then they will forward to Dr. Sowada and Mr. Kelsey for review, with the plan to bring to the Quality Committee next month for approval.

Dr. Quickenden gave an update on The Joint Commission Survey – We are still waiting! Dr. Quickenden noted that several facilities in the state (Cheyenne, Laramie and Jackson) have recently been surveyed. We continue to round and ensure we are prepared. Dr. Quickenden also outlined the survey process: check the website, provide a scribe, accompany surveyors, pull charts and records. It will be 2 ½ days long.....we are ready!

Dr. Quickenden next updated the committee on Star Rating process – we are working on incorporating our communication plan, and doing concurrent review of cases to ensure we are coding appropriately. There is a lot of hard work happening, it is very multidisciplinary, and we

are seeing everyone very engaged in the improvement. She further noted we should soon see those results on the dashboard. Dr. Sowada complimented everyone on their hard work! She also questioned if target dates had been set. Dr. Quickenden stated most but not all have set dates, although all that information has not yet been included in the report, but would be going forward. Dr. Poyer noted that from the Provider standpoint they are working cohesively with the Nursing staff, and looking both monthly and quarterly at data to ensure it continues to improve. Dr. Sowada further questioned designating ownership of specific measures by Medical Staff. The Quality Team noted that had been discussed, and they went back and forth on including names and in the end did include positions, in case those positions were influx. Dr. Sowada noted it is a good way to both engage and recognize.

Ms. Hove began the review of the PIPS Update with disclosure of a discovery that one of the *Clostridioides difficile* (C.diff) cases reported should not have been, but this lead to another discovery that one Lab system is not routing properly to the Infection Preventionist queue. What we learned was there were more cases in our community, which alters our standard infection ratio, which in turn allows us a higher prevalence rate in our community. Currently Ms. Hove and Ms. Sara Roth (Infection Preventionist from Tuft Medical) are manually reviewing cases. Our goal will always be zero (0) cases of hospital acquired C. diff.

The remainder of the PIPS report was noted to be high level information that was appreciated, if not completely understood. Dr. Sowada did request that completion/success dates be added to the report.

New Business

Ms. Jackson presented the Performance Improvement and Patient Safety (PIPS) Plan. This is updated and reviewed yearly. When Mella was here she gave suggestions for improvement, which we utilized and made extensive changes. Additionally, we purchased a program from the Joint Commission called PolicySource, which provides sample policies for comparison to our policies, helping us visualize any gaps.

Changes to the Plan:

- Removed Safety data (moved to Patient Safety Plan)
- Added documentation and presentation with the PIPS tools
- Expanded committee members to include more leadership
- Reorganized data section for a better flow
- Added a Communication plan appendices
- Data Reliability and Validity
- Benchmark, Target Goal and Stretch Goals

A cushion of time was allowed for discussion and/or changes to be brought back to the PIPS Committee, so in turn it could be brought back to the May Quality Committee for approval. Dr. Quickenden thanked the Quality Team on their hard work. Mr. Kelsey urged any questions or remarks be directed to Ms. Jackson or Dr. Quickenden soon, so they can make the changes to bring back next month.

Mr. Beltran presented the Emergency Operations Plan (EOP), with some new updates:

- Waiver 1135,
- Quick links within the plan,
- and Delegation of Authority.

Mr. Beltran reviewed how we review and utilize the plan, including new education that is available for Command staff. Mr. Beltran further reviewed, with highlights, each section of the EOP, including the change to "plain language" usage to identify Codes. Dr. Quickenden noted this plan was identified by Mella as needing Board review and approval every 2 years. Dr. Quickenden also noted The Joint Commission has always been very complimentary of our plan and that David does a really great job with this. Mr. Kelsey requested a motion to approve both plans for inclusion and approval in the May Board of Trustees meeting; Dr. Sowada motioned to approve the plan and forward to the Board for due pass, Ms. Richardson seconded. Motion passed.

Medical Staff Update

Dr. Poyer gave the Medical Staff update in the absence of Dr. Karn. We currently have no COVID-19 patients in the hospital, we continue to have weekly physician update meetings to discuss COVID-19 and plans, we continue to assess our ability to improve patient satisfaction scores, we meet with the Hospitalist, ED physicians, Gen Med, Medicine Department and Surgery to discuss physician involvement and engagement in the overall improvement of patient care and outcomes. We continue to look for areas of improvement, with creation of subgroups for Sepsis and C.diff. We continue with Joint Commission readiness.

Informational Items for Review/Discussion

Mr. Kelsey Presented the Informational Items for Review and requested any pullouts for discussion. Dr. Quickenden requested pulling out the Star Rating dashboard, outlining upcoming meetings and projects as we work through the process. On May 3rd and 4th the Quality Team will have a virtual visit with Press Ganey, with plans for education on HCHAPS for improvements and interventions. Dr. Sowada questioned could we turn this rating around within 1 year – the committee unanimously agreed that a 1 year turn around is the GOAL!

Mr. Kelsey had a question on the Risk and Grievance dashboard, specifically the Medication Error numbers that don't seem to add up. Dr. Quickenden stated she was unsure of those numbers and would have to discuss with Ms. Hove Infection Preventionist and Corey Worden Quality Analyst and bring back an explanation next month.

From the Director – bimonthly

No updates this month.

Meeting Adjourned

The meeting adjourned at 9:45 am

Next Meeting

May 19, 2021 at 08:15 am via ZOOM.

Respectfully Submitted,

Robin Fife, Recording Secretary

Patient Safety & Accreditation Summary

Quality Committee of the Board

April 2021

Patient Safety

The Patient Safety Committee continues to progress. The committee and its members have reviewed several patient safety issues and are actively working on solutions. HCAHPS questions concerning the Patient's Perception of Safety and Quality of Care, Treatment, and Services were reviewed and will be taken to PFAC for further input. The committee continues to thoroughly review and discuss data that will be reported into the committee. Topics and associated indicators have been decided upon. The continuation of the discussion involves defining roles and responsibilities for data collection, analysis, and presentation for improvement, as well as the frequency of reporting. A Patient Safety Dashboard, along with several associated dashboards, are being developed to facilitate data entry and analysis. Action planning for Culture of Safety Survey is underway. A timeline for implementation of several phases of the Action Plan has been developed, including plans for a Good Catch Campaign to be implemented house wide in May. This action plan will address the improvement opportunity of Reporting of Patient Safety Events identified from the results of the Culture of Safety Survey. The Patient Safety Committee has additional patient safety issues on the April agenda to discuss. The Infection Prevention Plan Annual Evaluation is also due to be discussed at the April meeting.

Accreditation

We remain in our Joint Commission triennial survey window and an on-site survey will likely occur soon, however this is also dependent upon the COVID 19 situation in Sweetwater County. CSR Committee continues to meet weekly in order to prepare. There are some standards that need work to come into compliance and this work is underway. "Joint Points" continue to be shared with the hospital and clinics and serve as great reminders and reinforcement of standards. We continue to round to departments to help them prepare for survey.

HR CHAIR REPORT TO THE BOARD FOR APRIL 2021

Ed Tardoni

The Human Resources Committee met in a Zoom format in April. Board member Marty Kelsey was invited to the meeting in anticipation of a Board member absence.

HR DATA FOR THE MONTH

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

POLICY ACTIVITY

TELECOMMUTING POLICY (sent to the Board with a do pass recommendation)

This policy appeared under new business in the April Board packet. **It will appear in the May Board Packet under old business and be listed for action.**

COMMITTEE DISCUSSIONS

PTO

The members of the committee discussed implications surrounding the fact that some contract employees do not acquire PTO. A potential policy for submission to the Board was analyzed. The group concluded the matter is best handled as a contract issue rather than as a specialized policy.

COMMITTEE DOCUMENTATION AND REPORTS

The chair noted the record requirements for Committee documents. The timely issuance of the monthly HR report, policies for Board consideration, and the chair input to the Board packet was reviewed. Efforts will be made to avoid last minute submissions of these documents.

NEXT MEETING

The next meeting of the HR Committee will occur May 17, 2021 at 3:00 P.M most likely by Zoom

Human Resources Committee Meeting
Monday, April 19th, 2021
3:00 PM – Zoom meeting
AGENDA

Old Business

- I. Approval of minutes
- II. Turnover Report - Amber
- III. Open Positions –Amy
- IV. Employee policies– Suzan
 - a. Parental Leave Policy

New Business

- V. Committee member reports, other discussion(s) – as needed
- VI. Determination of Next Meeting Date (Auto-Scheduled for 05/17/21)

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting – Minutes Draft
Monday – April 19, 2021
Zoom

Trustee Members Attending by Zoom: Barbara Sowada & Ed Tardoni

Trustee Guest Attending by Zoom: **Marty Kelsey**

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

Guests by Zoom: **Amy Lucy, Cindy Nelson, Kari Quickenden, Ann Clevenger**

Ed called the meeting to order. He said Marty was invited to participate in Barbara's anticipated absence. Barbara's plans changed so Marty will be joining as a guest at about 3:20 PM. Rather than complete a formal roll call, Ed noted by observation on the computer screen that all on the committee were in attendance.

Ed said he would move "Employee Policies" on the agenda to the end of the meeting to give Marty time to join and participate in the discussion. The motion to approve the agenda as modified was made by Barbara, second by Irene. Motion carried.

OLD BUSINESS

I. **APPROVAL OF MINUTES:**

Ed noted some minor typo and spacing problems. The motion to approve the March 15, 2021, minutes as presented was made by Barbara, second by Irene. Motion carried.

II. **TURNOVER REPORT:**

Amber said the overall numbers are in the packet. No turnover information is included for the Clinic because for the past 2 months there have been no changes. Amber said we are sitting at 17% turnover. Approximately 23-26% is the average nationally. Ed said he tends to watch the service area population. We had a drop before Covid hit. He asked how many of our separations involve a spouse moving out of area and they are moving also. Amber said we saw a lot of that in 2020. Irene said she thinks that has plateaued.

III. **OPEN POSITIONS:**

Amy said we have 25 openings with 19 being FT, 3 PRN, and 3 PT. We have increased ads for targeted positions. The Patient Access Specialist is the updated title for admitting and reception. Amber said the job title was changed to be consistent in the industry.

IV. **EMPLOYEE POLICIES:**

a. **Parental Leave Policy** – Suzan said she is reviewing paid leave policies and procedures. She will keep the committee updated.

NEW BUSINESS

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

Ed said the Board set up requirements for the committees and information needs to be in certain places. We need to meet the requirements. What the public sees is very confusing if there are multiple copies of information out there. He said his general thoughts about compliance is if something is approved by the Committee, it goes to the Board in "New." If it goes ahead by the Board, it goes in "Old." The same thing with minutes. Ed said we are interested in the current minutes. If we can do those things with the motivation to avoid confusion with the Board and the public, that would be appreciated. He said if we refer to the policy on what should appear where, then we won't be beating anyone on the head and won't be confused.

VI. DETERMINATION OF NEXT MEETING DATE:

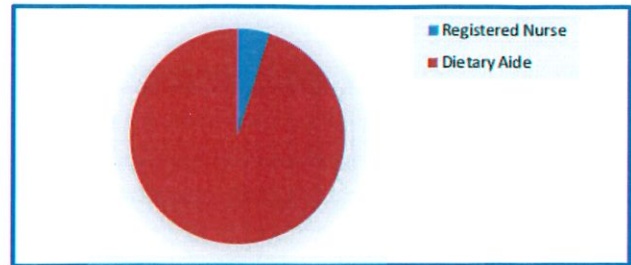
The next meeting is scheduled May 17 at 3:00 PM.

Ed thanked everyone for participating. The meeting adjourned at 3:48 PM.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
2021 Overall Turnover Data (As of 3/31/2021)

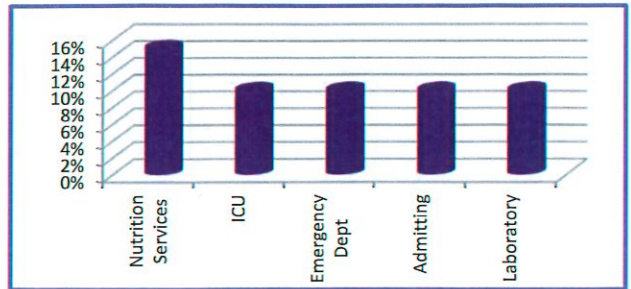
Top Position(s) / Turnover

	2021	%
Registered Nurse	3	2%
Dietary Aide	3	33%



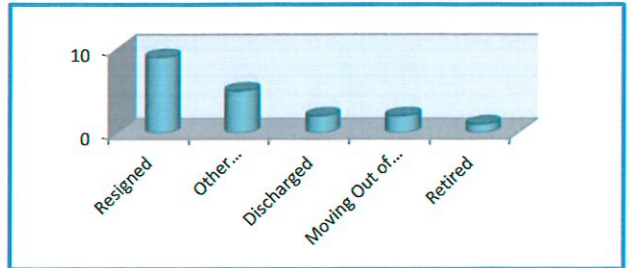
Top Department(s) / Turnover

	2021	%
Nutrition Services	3	15%
ICU	2	10%
Emergency Dept	2	10%
Admitting	2	10%
Laboratory	2	10%



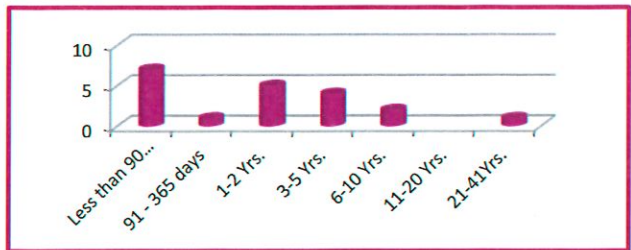
Top Reasons / Turnover

	2021	%
Resigned	9	45%
Other Employment	5	25%
Discharged	2	10%
Moving Out of Area/Relocation	2	10%
Retired	1	5%



Length of Service

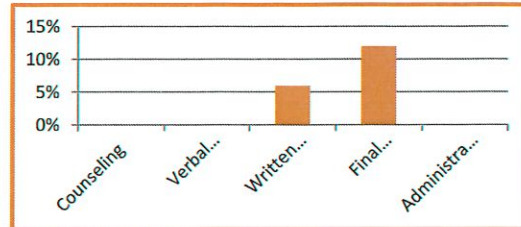
	2021	%
Less than 90 days	7	35%
91 - 365 days	1	5%
1-2 Yrs.	5	25%
3-5 Yrs.	4	20%
6-10 Yrs.	2	10%
11-20 Yrs.		0%
21-41 Yrs.	1	5%
Total	20	



Corrective Action

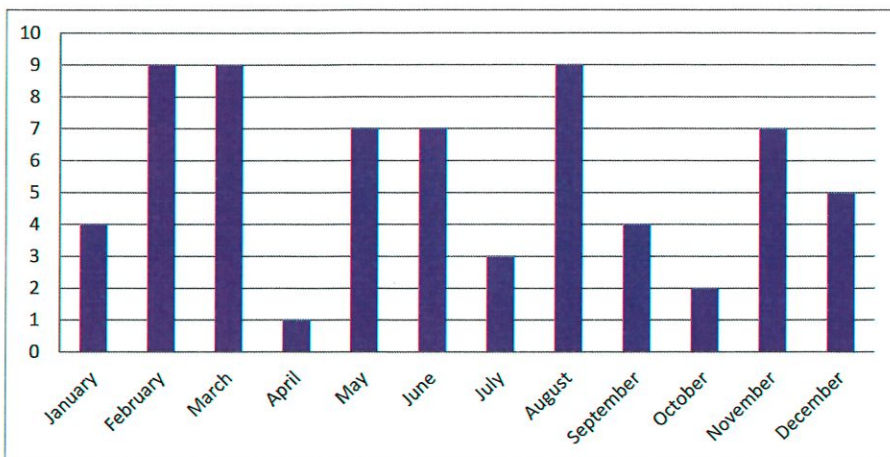
Counseling
 Verbal Warning
 Written Warning
 Final Written Warning
 Administrative Leave

% Discharged



2021 Separations - Hospital Wide

	Separations	New Employees	556
January	8	10	558
February	12	2	548
March	3	7	552
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total	23	19	



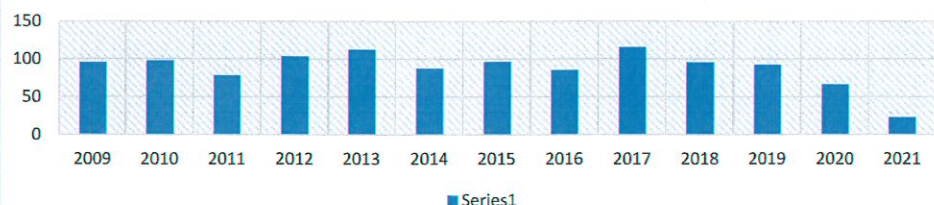
	Separations
Involuntary	2
Voluntary	18
Total	20

	Classifications
RN	3
Classified	17
Total	20

Overall Turnover

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

Overall Turnover 2021



Requisition Number	Job Title	Schedule	Shift	Department
Clinical				
2723	Med. Imaging Aide	Regular Part Time	Variable	MEDICAL IMAGING
2676	Med. LabTech	Regular Full Time	Variable	LABORATORY
2677	Med. LabTech	Regular Full Time	Variable	LABORATORY
2649	Med. Tech	Regular Full Time	Variable	LABORATORY
2689	Med. Tech	Regular Full Time	Variable	LABORATORY
2674	Nurse Practitioner	Regular Full Time	Variable	CLINIC
2648	Rad. Tech. I (ARRT)	PRN	Variable	MEDICAL IMAGING
2743	Reg. Resp. Therapist	Regular Part Time	Variable	RESPIRATORY THERAPY
2744	SLP Lab T-Gist/Rpsgt	Regular Full Time	Nights	SLEEP LAB
2587	Ultrasound Tech.	Regular Full Time	Days	ECHOCARDIOGRAPHY
2680	Ultrasound Tech.	Regular Full Time	Variable	ULTRASOUND
Non-Clinical				
2736	Clinical Admin Asst/Billing Su	Regular Full Time	Days	CLINIC
2609	Collections Clerk	Regular Full Time	Days	PATIENT FINANCIAL SERVICES
2750	Collections Clerk	Regular Full Time	Days	PATIENT FINANCIAL SERVICES
2374	Cook	Regular Full Time	Variable	NUTRITION SERVICES
2746	Dietary Aide	Regular Full Time	Variable	NUTRITION SERVICES
2733	Director Information Svcs	Regular Full Time	Days	INFORMATION TECHNOLOGY
2735	EVS Technician	Regular Part Time	Variable	HOUSEKEEPING

Filters

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

2367	Help Desk Analyst/PC Tech	Regular Full Time	Days	INFORMATION TECHNOLOGY
2751	Patient Access Specialist I	PRN	Variable	Patient Access Specialist I
Nursing				
2749	Registered Nurse	Regular Full Time	Days	ICU
2747	Registered Nurse	Regular Full Time	Nights	MED/SURG
2740	Registered Nurse	Regular Full Time	Nights	MED/SURG
2721	Registered Nurse	PRN	Variable	EMERGENCY DEPARTMENT
2761	Clinical Coordinator	Regular Full Time	Days	POST PARTUM

Filters

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

F&A COMMITTEE CHAIR REPORT TO THE BOARD APRIL 2021

Chair – Ed Tardoni

The Finance and Audit Committee met in a Zoom format this month. Barbara Sowada sat in for Taylor Jones. All other voting members of the committee were present.

F&A DATA FOR THE MONTH

The usual F&A reports are included in the Board packet.

CAPITAL EXPENDITURES FOR BOARD CONSIDERATION.

The committee, by unanimous vote recommends do pass for \$63,510.14 in capital purchases. As follows:

FY 21-67 \$36,725.75

Non-Budget Item

This item was requested by Alan Wills and Alisha Mackie of Surgical Services. It is for an instrument used to differentiate parts of the thyroid during surgery.

FY 21-69 \$26,784.39

Non-Budget Item

This item was requested by Mary Fischer and Jim Horan. It is a replacement for a heat exchanger that supplies hot water to the lab. Mr. Horan explained that this is an end of service life situation for this water heater.

General Discussion

Board members will most likely note that the bad debt submitted for approval this month is substantially lower than the past few months.

Reimbursement Improvement Program

The magnitude of bad debt has been a hospital staff and board concern. Ron Cheese presented a preliminary standalone report on the Reimbursement Improvement Program for inclusion in board packets. The report was reviewed and additions requested by the committee. This report will aide board member understanding of bad debt and document progress in the area.

NEXT MEETING

There will be two F&A Committee meetings in May. The usual meeting will be on Wednesday, May 26, at 1400 hours. An F&A Committee budget review meeting will also be held. As of this writing May 17th or May 18th is under consideration – time to be determined. Both meetings most likely in Zoom format,

Capital Request Summary

Capital Request #

FY21-67

Name of Capital Request:

PTeye System Thyroid locator

Requestor/Department:

Alan Willis, Alisha Mackie/Surgical Services

Sole Source Purchase: Yes or No

Reason: Medtronic is the sole source vendor for this device

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	Medtronic	Minneapolis, MN	\$36,725.75
2.			
3.			

Recommendation:

Medtronic - \$36,725.75



# Assigned: FY 21 - 107	
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: Surgical Services	Submitted by: Alan R. Willis
Date: April 1, 2021	
Provide a detailed description of the capital expenditure requested: PTeye System/Thyroid Locator	
Preferred Vendor: Medtronic	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$
2. Equipment	\$ 36,725.75
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8)	\$ 36,725.75
Does the requested item:	
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fit into existing space?	Explain:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Attach to a new service?	Explain:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Require physical plan modifications?	Electrical
If yes, list to the right:	HVAC
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety
	Plumbing
	Infrastructure (I/S cabling, software, etc.)
Annualized impact on operations (if applicable):	
Increases/Decreases	Budgeted Item:
Projected Annual Procedures (NEW not existing)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Revenue per procedure	# of bids obtained? <u>1</u> <input checked="" type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: Medtronic is the sole source vendor of this device.
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: Alan R. Willis	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

J. Clarys CNO 4-7-2021
 [Signature] 4-7-2021
 [Signature] 4-13-21

OTHER CONSIDERATIONS

The PTeye system uses a console and probe to help identify parathyroid tissue during a resection of thyroid or parathyroid procedure. It can often be difficult to identify parathyroid tissue with the naked eye which often results in sending multiple frozen tissue samples down to pathology for testing to ensure the "margins" of the tissue for removal are completely dissected and excised which increases time in the OR and often decreases quality outcomes for the procedures who do not utilize this new technology/tool to assist.

After recently trialing the PTeye system, Dr. Liu said "...it allowed me to...in real time confirm parathyroid tissue..." which prevented him from having to send multiple samples down to pathology for confirmation and he added "...the PTeye allowed me to save a lot of time in the OR that day..."

"...Last week after the MEC meeting, Dr. Pawar (nephrologist) approached me about the need for surgical equipment for ENT to perform a parathyroidectomy. He said he has a few patients requiring this procedure and we cannot perform it, because we do not have the equipment. They are currently being referred to Evanston..." (Kari Quickenden)

Alan R. Willis Digitally signed by Alan R. Willis
Date: 2021.04.01 12:54:15 -06'00'

Submitted by: Signature

April 1, 2021

Date



Further Together

Tel: 800-874-5797

FAX: 800-678-3995

Quotation: Schedule A

Quote No: 166003-0001137323-0
Quote Date: March 31, 2021
Quote Good Through: May 14, 2021

Memorial Hospital of Sweetwater
Po Box 1359
Rock Springs, WY 82901-5868

Cust No: 0001137323
Phone No:
E-Mail:
Area Manager: Garrett Miencier
Rep Phone No:
Rep E-Mail: garrett.m.mencier@medtronic.com

ATTENTION
Title:

Medtronic Product no.	Medtronic Product Description	UOM	QTY	Unit Price	Extended Price
PT102	PTeye Basic bundle	EA	1	\$ 36,160.00	\$ 36,160.00
PTEYE	PTeye Console	EA	1	Included	
PTEYE-2	PTeye Foot pedal	EA	1	Included	
PTEYE-3	PTeye Power supply	EA	1	Included	
PTEYE-4	PTeye Power cord 125 V (US)	EA	1	Included	
PTEYE-1	PTeye Probe	EA	1	\$ 565.75	\$ 565.75
				Total	\$ 36,725.75

Quote does not include Tax or Freight

Capital Request Summary

Capital Request #

FY21-69

Name of Capital Request:

Domestic Hot Water Heat Exchanger

Requestor/Department:

Jim Horan/Facilities

Sole Source Purchase: Yes or No

Reason: only available from select dealers

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

Quotes/Bids/ Proposals received:

	Vendor	City	Amount
1.	Winnelson	Rock Springs, WY	\$26,784.34
2.			
3.			

Recommendation:

Winnelson - \$26,784.34



# Assigned: FY 2021 - 69	
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: Jim Horan
Date: 3/22/21	
Provide a detailed description of the capital expenditure requested: Domestic Hot Water Heat Exchanger for 140 degree hot water.	
Preferred Vendor: Winnelson	
Total estimated cost of project (Check all required components and list related expense)	
1. Renovation	\$ 26,784.34
2. Equipment	\$
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ 26,784.34	
Does the requested item:	
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Fit into existing space?	Explain:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Attach to a new service?	Explain:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Require physical plan modifications?	Electrical
If yes, list to the right:	HVAC
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Safety
	Plumbing
	Infrastructure (I/S cabling, software, etc.)
Annualized impact on operations (if applicable):	
Increases/Decreases	
Projected Annual Procedures (NEW not existing)	
Revenue per procedure	\$
Projected gross revenue	\$
Projected net revenue	\$
Projected Additional FTE's	
Salaries	\$
Benefits	\$
Maintenance	\$
Supplies	\$
Total Annual Expenses	\$
Net Income/(loss) from new service	\$
Budgeted Item:	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
# of bids obtained? 1	
<input checked="" type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason: sole source to keep uniformity of parts and to minimize service issues that arise from multiple diverse products of the same item	
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 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

4-8-2021
 4-13-21

OTHER CONSIDERATIONS

Replacement for one of our 140 degree hot water heat exchangers (HX). Issues with our domestic hot water system has led us to discover the failure of this HX. A necessary component to maintaining hot water throughout the hospital.

The replacement HX is a specialty item because it is steam-to-water not water-to-water "Flo-rite" only sells to select dealers straight from the factory. Because of its specialty nature, we were not able to find any others that could purchase from the factory.

We are buying this HX from a "sole source" in order to keep uniformity of parts and to minimize service issues that arise from multiple diverse products of the same item.

Submitted by: Signature

Date



P O BOX 2127
 1000 ELK ST
 ROCK SPRINGS, WY 82902
 PHONE (307) 382-5730
 FAX (307) 362-3914

Quoted To Customer
SWEETWATER MEMORIAL HOSPITAL 1200 COLLEGE DR ROCK SPRINGS, WY 82901-5868
Phone (307) 362-3711 Fax (307) 362-8391

Job Name
Complete Heat Exchanger

Quote No.	Date	Page
0011751	3/19/21	1
Expiration Date		4/18/21
Revised Date		3/19/21
Bid Due Date		3/19/21

Quoted By
Pete Frullo pafullo@winnelson.com (307) 382-5730


Customer	Payment Terms	Quoted To	Salesperson	FOB
000120	2% 10TH NET 30	Trent Mckenzie	PETE FRULLO	S

Line	Qty	Description	Unit Price	UOM	Extended Price
1.0	1	ARMSTRONG 665 FLO-RITE-TEMP DOMESTIC WATER HEATER INCLUDES AIR VENT AND STEAM TRAP. SPECIFY OUTLET TEMP:<160F OR> DELIVERY: 2-3 WEEKS TO SHIP ARO + TRANSIT TIME FOB: FACTORY THREE RIVERS,MI	26784.3400		26784.34

1. This quotation is itemized for information only. Although effort has been made to include all materials needed, this is not necessarily a complete list.
2. This quotation is for immediate acceptance and applies to this proposal only.
3. Prices are subject to change without notice, and also subject to all Federal, State, City and/or other local taxes that may apply.
4. We are not responsible for damages resulting from strikes, accidents, and delays by carrier or causes beyond our control.
5. This quotation is not to be considered a contract and we reserve the right to retract this quotation at any time for any reason.
6. F.O.B. Shipping Point.
7. Fabricated or specialty items are subject to manufacturer's acceptance and return policies.

Tax Area Id	Net Sales	26,784.34
510370150	Freight	.00
	Tax	.00
	Quotation Total	26,784.34

MEMO: May 4, 2021

TO: Board of Trustees 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: April, 2021 Potential Bad Debt Eligible for Board Certification

Hospital Potential Bad Debt Eligible for Board Certification

Hospital Potential Bad Debt	\$1,266,199.19	
Payment Plan Bad Debt	<u>\$ 94,512.09</u>	
		\$ 1,360,711.28

Clinic Potential Bad Debt Eligible for Board Certification

Medical Clinic Potential Bad Debt	\$ 70,206.43	
Orthopedic Clinic Potential Bad Debt	\$ 0.00	
Oral and Maxillofacial	<u>\$ 0.00</u>	
Clinic Bad Debt		<u>\$ 70,206.43</u>
Total Potential Bad Debt		\$ 1,430,917.71

Hospital Certified Bad Debt Recoveries for April 30, 2021

Recoveries Collection Agency	\$ - 347,867.80	
Recoveries Payment Plans	<u>\$ - 66,369.41</u>	
Hospital Bad Debt Recoveries		<u>\$ -414,237.21</u>

Clinic Certified Bad Debt Recoveries for April 30, 2021

Medical Clinic Recoveries	\$ - 13,983.96	
Orthopedic Clinic Recoveries	<u>\$ - 5,412.55</u>	
Clinic Bad debt Recoveries		<u>\$ - 19,396.51</u>

Net Bad Debt Less Recoveries		\$ 997,283.99
------------------------------	--	---------------

Hospital / Clinic Accounts Returned		<u>\$- 521,152.15</u>
-------------------------------------	--	-----------------------

Net Potential Bad Debt		<u>\$ 476,131.84</u>
------------------------	--	----------------------

Misc. Information

Largest Account	\$ 51,761.72
ER Accounts	\$571,482.98
Inpatient Accounts	\$372,439.89
Surgery Accounts	\$ 5,468.93
Cancer Center	\$ 23,411.86

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

Wednesday~ April 28, 2021

2:00 p.m.

Teleconference

Voting Members:

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

Non-Voting Members:

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

Guests:

Jeff Smith, Commission	Leslie Taylor	James Horan
Alisha Mackie	Allen Willis	

- | | | |
|------|--|------------|
| I. | Call Meeting to Order | Ed Tardoni |
| II. | Approve March 31, 2021 Meeting Minutes | Ed Tardoni |
| III. | Capital Requests FY 21 | |
| IV. | Financial Report | |
| | A. Monthly Financial Statements & Statistical Data | |
| | 1. Narratives | Tami Love |
| | 2. Financial Information | Tami Love |
| | B. Other Business | |
| | 1. Preliminary Bad Debt | Ron Cheese |
| V. | Old Business | |
| | A. Self -Pay Plan Update | Ron Cheese |
| VI. | New Business | |
| | A. Finance Budget Workshop | Ron Cheese |
| | B. Financial Forum Discussion | Ed Tardoni |
| VII. | Adjournment | Ed Tardoni |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Finance & Audit Committee Meeting
April 28, 2021

Voting Members Present: Mr. Ed Tardoni, *Trustee-Chairman*
Dr. Barbara Sowada, *Trustee*
Ms. Irene Richardson, *CEO*
Ms. Tami Love, *CFO*
Ms. Jan Layne, *Controller*

Voting Members Absent: Mr. Taylor Jones *Trustee*

Non-Voting Members Present: Ms. Ann Clevenger, *CNO*
Ms. Angel Bennett, *Director of Materials*
Dr. Kari Quickenden, *CCO*
Mr. Ron Cheese, *Director of Patient Financial Services*

Non-Voting Members Absent: Dr. Augusto Jamias
Dr. Lawrence Lauridsen

Guests: Mr. Jim Horan, *Facilities Director*
Ms. Leslie Taylor, *Clinic Director*

Call Meeting to Order

Mr. Tardoni called the meeting to order via teleconference at 2:00 PM.

Agenda

A motion to approve the agenda was made by Ms. Love; second by Ms. Richardson. Motion carried.

Approve Meeting Minutes

A motion to approve the meeting minutes of March 31, 2021 was made by Ms. Love; second by Ms. Richardson. Motion carried.

Capital Requests

The first capital item up for approval was FY21-67 for the Thyroid locator. There were not any questions on this capital request. Mr. Tardoni said that this equipment seems like a necessary purchase. This was not a budgeted item. The motion to submit to the Board was made by Dr. Sowada; second by Ms. Richardson. Motion carried.

FY21-62 was a request for a Hot Water Heat Exchanger. Mr. Tardoni asked what the failure was on this exchanger. Mr. Horan said this exchanger was rotted out on the inside. He said it has just reached its end of life. Mr. Horan said they received a second quote after this capital request was submitted. The amount of this capital request will be lower when sent to the board for

approval. A motion to submit to the Board was made by Dr. Sowada; second by Ms. Richardson. Motion carried.

Financial Report

Monthly Finance Statements & Statistical Data

Ms. Love reviewed the narrative for March. March had an operating gain of \$396,326 compared to budgeted loss of \$369,326. The YTD total net gain is \$2,056,204. The revenue was up by \$3 million from last month. We are still exceeding the AR goals for accounts over 90 days. Net AR days are down 2 days. We had a record high collection month in March with \$8.8 million collected. Days of cash on hand increased 14 days to 211. This increased because we received the SLIB funds in March.

We have reconciled \$9.2 million of CARES funds. We did not make an entry for the first quarter of 2021 because of the high revenue in March. We have approximately \$2.3-2.6 million left to reconcile by the end of the fiscal year.

Mr. Tardoni noted while reviewing the financial information in the packet he did not see anything alarming. He asked if he was correct. Ms. Richardson agreed. She said you will see variances based on timing. For example, the high collection month was partly due to having 5 Mondays in the month. Mondays are when we receive our large BCBS vouchers.

Mr. Cheese said that the preliminary bad debt for March is \$910,336.56. The final bad debt amount will be presented to the Board for approval.

Old Business

Self-Pay Plan

Mr. Cheese presented a draft report on the self-pay plan. He included numbers for the 20% self-pay discounts, the new 50% hardship program, total self-pay payments, total self-pay revenue, medical assistance, payment plans and savings from the patient navigation program. Dr. Sowada asked if we could add the number of accounts to this report. She asked if many people take advantage of the 20% self-pay discount. Mr. Cheese said this has been very successful in getting money in the door quicker. She also asked what criteria was needed to qualify for the hardship plan. Mr. Cheese explained the service not covered has to be pure self-pay. He said they first will see if the patient qualifies for medical assistance before looking at the hardship plan. Dr. Sowada also asked if anyone had seen the information out from CMS on a grant for patient navigators. Ms. Richardson said that she had seen the article and they are currently working to see if we qualify for that grant. Mr. Tardoni asked if it would be possible to flowchart this information. He would also like everyone to think of indicators of performance. He said so much is impacted by our current economy and population changes. Dr. Sowada suggested the number of people turned over to collections could be a good indicator. Mr.

Tardoni said that he was satisfied with the report and it should be included in the monthly finance packet.

New Business

Financial Forum Discussion

Ms. Love said we would like to schedule the Finance Budget Workshop the week of May 17th. She will send out an email to see if May 17th or May 18th would work best and then schedule the meeting.

The next F&A meeting will be held May 26th at 2pm.

Mr. Tardoni adjourned the meeting at 3:08 PM.

Submitted by Jan Layne

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

NARRATIVE TO MARCH 2021 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for March was a gain of \$365,296, compared to a loss of \$369,326 in the budget. This yields a 4.14% operating margin for the month compared to -5.16% in the budget. The YTD net operating loss is \$2,334,949, compared to a loss of \$3,450,512 in the budget. This represents a YTD operating margin of -3.36% compared with -5.36% in the budget.

The total net gain for March is \$2,056,204, compared to a loss of \$376,873 in the budget. The YTD total net gain is \$5,186,887, compared to a loss of \$3,518,443 in the budget. This represents a YTD profit margin of 7.47% compared to -5.47% in the budget.

REVENUE. Revenue for the month was up \$3 million from last month, at \$16,998,714, over budget by \$2,791,282. Inpatient revenue was over budget by \$453,510, hospital outpatient revenue was over budget by \$2,113,902 and the Clinic was over budget by \$223,870. For March we saw a 19.6% increase in gross revenue compared to budget and a 18.5% increase from prior year.

Annual Debt Service Coverage came in at 5.92. Days of Cash on Hand are 211 in March, up fourteen days from last month. Daily cash expense is \$241,000 year to date, increased due to the continued months of higher expenses.

REDUCTION OF REVENUE. Deductions from revenue are 48.7% in March, under budget. Year to date reduction of revenue is 51.8%, also under budget. Total collections for the month came in very high in March at \$8,779,574.

Net days in AR are down two days at 39 days. We continue to exceed the goals for AR greater than 90 days for all Payers.

EXPENSES. Total expenses in March were \$8,456,839, over budget by \$933,294. Expenses are over budget by \$3,934,826 year-to-date. COVID related expenses were \$257,000 in March and are \$2,916,000 year to date. The following line items were over budget:

Salary and Wage – Paid hours are also over budget in March due to the higher volumes and the continued need for COVID related positions such as additional ICU nurses, extra Hospitalist coverage, door monitors and laboratory staff.

Benefits – Group Health, FICA and Retirement are all over budget for March.

Contract Labor – There are currently contract labor positions in Behavioral Health, Labor & Delivery, Surgery, Emergency Room, Ultrasound, Physical

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

Supplies – Drugs, Lab supplies, Patient chargeables, Med/Surg supplies were over budget due to increased volumes. Minor equipment and Maintenance supplies were also over budget in March.

Repairs and Maintenance – Contract maintenance is over budget in March.

PROVIDER CLINIC. Revenue for the Clinic in March also came in high, at \$1,793,147, over budget by \$223,870. Net patient revenue for the Clinic is \$964,777, over budget by \$99,456. The bottom line for the Clinic in March was a loss of \$559,703 compared to a loss of \$570,375 in the budget. Deductions from revenue for the Clinic were booked at 46.2% for March. Volume at the Clinics are 5,190 visits in March.

Total expenses for the month were \$1,583,583, over budget by \$80,100. The majority of the expenses consist of Salaries and Benefits; at 82.8% of total expenses year-to-date. Salary and wage, Benefits and Purchased services were over budget for March.

OUTLOOK FOR APRIL. Gross patient revenue is projecting lower in April at \$14.8 million. Compared to last April, Births and Inpatient surgeries are down but most other services have increased volumes, including Laboratory, Imaging, ER visits and Outpatient surgeries.

Collections for April are projecting to another high month, close to \$7.8 million. Projections for April payer mix show an increase in Medicaid, Commercial and Government and a decrease in Medicare and Blue Cross. Self pay is projecting similar to March. We expect deductions of revenue to stay lower with the favorable shift in payer mix. Expenses should trend down in April with lower volumes and a shorter month resulting in a loss in April of around \$200 - \$300K.

CARES Act – In March we received the balance of the SLIB grants for the construction projects and proning beds, \$1,816,000 and funds from the County for the SLIB grants they sponsored on our behalf.

We have reconciled \$9.2 million for CY2020 of the total \$11.6 million in CARES Act funds received. The reporting timeline has been delayed by HHS but we have been able to register on the reporting portal. With the higher revenue months, through March we still have \$2.6 million in CARES Act funds to reconcile. The S1 and HVAC construction projects will use up most of these funds but we are still looking at other expenses to use the balance by June 30.

Through March, we have had additional operating expenses related to COVID-19 of \$2,916,500. These expenses are used to reconcile our CARES Act funds but they are included in our total expenses. The offset of these expenses is accounted for under non-operating revenue. Year to date through March, we have posted \$7,989,828 to Non-Operating Revenue. This amount includes funds received from SLIB and the reconciled funds from our CARES Act monies for operating and capital expenses and lost revenue.



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

Unaudited Financial Statements

for

Nine months ended March 31, 2021

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

Table of Contents

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 1

ROCK SPRINGS, WY

Nine months ended March 31, 2021

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

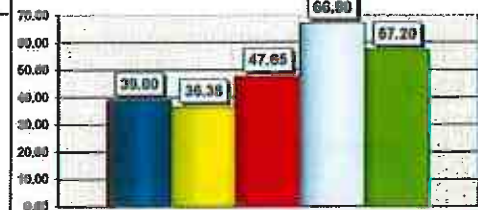
PAGE 2

Nine months ended March 31, 2021

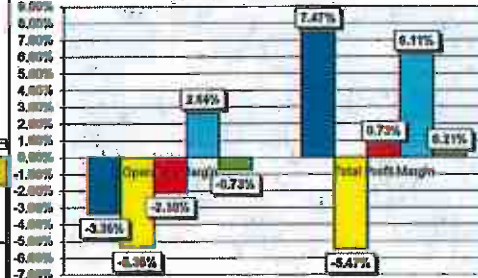
BALANCE SHEET

	YTD 3/31/2021	Prior FYE 6/30/2020
ASSETS		
Current Assets	\$29,958,414	\$29,710,616
Assets Whose Use is Limited	41,626,392	41,885,879
Property, Plant & Equipment (Net)	65,901,968	62,796,433
Other Assets	213,091	222,356
Total Unrestricted Assets	137,699,865	134,616,283
Restricted Assets	562,492	354,288
Total Assets	\$138,262,357	\$134,969,571
LIABILITIES AND NET ASSETS		
Current Liabilities	\$9,472,955	\$8,393,554
Long-Term Debt	27,757,191	27,800,498
Other Long-Term Liabilities	10,043,580	13,181,959
Total Liabilities	47,273,705	49,376,010
Net Assets	90,988,652	85,593,560
Total Liabilities and Net Assets	\$138,262,357	\$134,969,571

NET DAYS IN ACCOUNTS RECEIVABLE



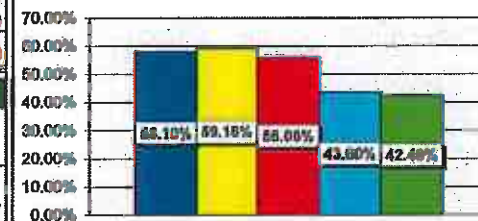
HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



STATEMENT OF REVENUE AND EXPENSES - YTD

	03/31/21 ACTUAL	03/31/21 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$16,998,714	\$14,207,432	\$140,045,340	\$126,707,699
Deductions From Revenue	(8,277,496)	(7,319,758)	(72,588,832)	(66,082,793)
Net Patient Revenues	8,721,218	6,887,676	67,456,508	60,614,906
Other Operating Revenue	100,917	286,543	1,971,341	3,762,555
Total Operating Revenues	8,822,136	7,154,219	69,427,849	64,377,461
Expenses:				
Salaries, Benefits & Contract Labor	5,008,679	4,192,727	41,694,234	38,101,422
Purchased Serv. & Physician Fees	588,843	620,897	5,967,491	5,910,485
Supply Expenses	1,365,819	1,191,972	11,221,472	10,792,667
Other Operating Expenses	914,823	942,674	7,753,508	7,846,101
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	578,675	575,275	5,126,094	5,177,297
Total Expenses	8,456,839	7,623,545	71,762,798	67,827,973
NET OPERATING SURPLUS	365,296	(369,326)	(2,334,949)	(3,450,512)
Non-Operating Revenue/(Exp.)	1,690,908	(7,548)	7,521,836	(67,930)
TOTAL NET SURPLUS	\$2,056,204	(\$376,873)	\$5,186,887	(\$3,518,443)

KEY STATISTICS AND RATIOS

	03/31/21 ACTUAL	03/31/21 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	337	285	3,218	2,711
Average Acute Length of Stay	3.2	2.8	3.1	2.7
Total Emergency Room Visits	1,060	1,129	9,653	10,709
Outpatient Visits	9,241	6,381	81,499	63,124
Total Surgeries	164	104	1,381	1,275
Total Worked FTE's	459.71	437.01	440.59	437.01
Total Paid FTE's	504.38	479.80	485.32	479.80
Net Revenue Change from Prior Yr	18.98%	-3.52%	1.39%	-5.99%
EBIDA - 12 Month Rolling Average			3.23%	2.66%
Current Ratio			3.16	
Days Expense in Accounts Payable			28.70	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	03/31/21
Budget	06/30/20
Prior Fiscal Year End	All Hospitals
WYOMING	Rural
< \$50M Net Rev.	

FINANCIAL STRENGTH INDEX - 4.04

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 4

ROCK SPRINGS, WY

Nine months ended March 31, 2021

	Current Month 3/31/2021	Prior Month 2/28/2021	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2020
Current Assets					
Cash and Cash Equivalents	\$13,286,037	\$9,539,029	\$3,747,008	39.28%	\$12,052,717
Gross Patient Accounts Receivable	23,703,653	24,145,145	(441,492)	-1.83%	22,601,743
Less: Bad Debt and Allowance Reserves	(13,615,418)	(13,933,756)	318,338	2.28%	(12,704,325)
Net Patient Accounts Receivable	10,088,235	10,211,389	(123,154)	-1.21%	9,897,418
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,572,492	1,992,242	(419,750)	-21.07%	2,416,525
Inventories	3,377,685	3,378,425	(741)	-0.02%	3,208,539
Prepaid Expenses	1,633,965	1,947,153	(313,188)	-16.08%	2,135,417
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	29,958,414	27,068,238	2,890,176	10.68%	29,710,616
Assets Whose Use is Limited					
Cash	32,132	8,045	24,086	299.38%	23,688
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	2,681,162	3,239,454	(558,292)	-17.23%	3,030,616
Trustee Held Funds - SPT	27,501	26,514	987	3.72%	14,345
Board Designated Funds	21,537,789	21,533,869	3,920	0.02%	23,843,068
Other Limited Use Assets	17,347,809	17,347,377	432	0.00%	14,974,161
Total Limited Use Assets	41,626,392	42,155,260	(528,868)	-1.25%	41,885,879
Property, Plant, and Equipment					
Land and Land Improvements	3,568,746	3,568,746	0	0.00%	3,527,687
Building and Building Improvements	38,815,872	38,815,872	0	0.00%	38,771,352
Equipment	113,876,923	114,056,082	(179,158)	-0.16%	110,464,497
Construction In Progress	7,459,484	7,171,529	287,955	4.02%	2,957,578
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	163,721,025	163,612,229	108,796	0.07%	155,721,114
Less: Accumulated Depreciation	(97,819,057)	(97,448,762)	(378,295)	-0.39%	(92,924,681)
Net Property, Plant, and Equipment	65,901,968	66,171,467	(269,499)	-0.41%	62,796,433
Other Assets					
Unamortized Loan Costs	213,091	214,120	(1,029)	-0.48%	222,356
Other	0	0	0	0.00%	0
Total Other Assets	213,091	214,120	(1,029)	-0.48%	222,356
TOTAL UNRESTRICTED ASSETS	137,699,865	135,609,086	2,090,779	1.54%	134,615,283
Restricted Assets	562,492	565,952	(3,461)	-0.61%	354,288
TOTAL ASSETS	\$138,262,357	\$136,175,038	\$2,087,319	1.53%	\$134,969,571

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2021

PAGE 5

	LIABILITIES AND FUND BALANCE				
	Current Month 3/31/2021	Prior Month 2/28/2021	Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2020
Current Liabilities					
Accounts Payable	\$3,953,167	\$3,796,677	(\$156,490)	-4.12%	\$3,776,951
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,224,792	1,846,213	(378,578)	-20.51%	1,377,654
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,874,810	2,789,719	(85,091)	-3.05%	2,483,630
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	308,044	308,044	0	0.00%	308,044
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	112,142	670,459	558,317	83.27%	447,275
Total Current Liabilities	9,472,955	9,411,112	(61,843)	-0.66%	8,393,554
Long Term Debt					
Bonds/Mortgages Payable	28,065,235	28,070,047	4,812	0.02%	28,108,542
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	308,044	308,044	0	0.00%	308,044
Total Long Term Debt (Net of Current)	27,757,191	27,762,003	4,812	0.02%	27,800,498
Other Long Term Liabilities					
Deferred Revenue	9,808,090	9,808,090	0	0.00%	12,716,487
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	235,470	257,926	22,456	8.71%	465,472
Total Other Long Term Liabilities	10,043,560	10,066,016	22,456	0.22%	13,181,959
TOTAL LIABILITIES	47,273,705	47,239,130	(34,575)	-0.07%	49,376,010
Net Assets:					
Unrestricted Fund Balance	83,284,026	83,284,026	0	0.00%	78,299,323
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	558,619	562,080	3,461	0.62%	350,415
Net Revenue/(Expenses)	5,186,887	3,130,683	N/A	N/A	4,984,703
TOTAL NET ASSETS	90,988,652	88,935,908	(2,052,744)	-2.31%	85,593,560
TOTAL LIABILITIES AND NET ASSETS	\$138,262,357	\$136,175,038	(\$2,087,319)	-1.53%	\$134,969,571

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Nine months ended March 31, 2021

PAGE 3

📈 📊 - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 3/31/2021	Budget 6/30/2021	EB+ Credit Rating	EBB- Credit Rating	Prior Fiscal Year End 06/30/20	WYOMING All Hospitals (See Note 1)	National Rural < \$60M Net Rev. (See Note 2)
Profitability:								
Operating Margin	📈	-3.38%	1.90%	0.10%	0.30%	-2.10%	2.64%	-0.73%
Total Profit Margin	📈	7.47%	0.76%	0.80%	1.00%	0.73%	6.11%	0.21%
Liquidity:								
Days Cash, All Sources **	📈	211.52	129.76	91.30	129.00	218.17	62.00	37.80
Net Days in Accounts Receivable	📈	39.00	50.02	52.40	51.80	47.65	66.90	57.20
Capital Structure:								
Average Age of Plant (Annualized)	📈	14.81	12.58	15.10	11.20	14.33	9.50	12.40
Long Term Debt to Capitalization	📈	23.88%	25.75%	48.20%	41.60%	26.04%	16.80%	10.00%
Debt Service Coverage Ratio **	📈	5.92	3.97	1.80	2.30	3.42	N/A	2.64
Productivity and Efficiency:								
Paid FTE's per Adjusted Occupied Bed	📈	8.62	8.43			8.38	6.60	4.63
Salary Expense per Paid FTE		\$80,706	\$86,892			\$87,488	\$62,436	\$48,150
Salary and Benefits as a % of Total Operating Exp		58.10%	56.43%			56.06%	43.60%	42.40%

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

Note 2 - 2017 Igenix report (2016 median data), for all U. S. hospitals that match this type and size.

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

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2021

PAGE 6

	CURRENT MONTH				Prior Year 03/31/20
	Actual 03/31/21	Budget 03/31/21	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,193,036	\$2,739,527	\$453,510	16.55%	\$2,777,538
Outpatient Revenue	12,012,531	9,898,628	2,113,903	21.36%	10,336,977
Clinic Revenue	1,451,105	1,303,564	147,541	11.32%	984,201
Specialty Clinic Revenue	342,042	285,713	76,329	28.73%	244,806
Total Gross Patient Revenue	16,998,714	14,207,432	2,791,282	19.65%	14,343,521
Deductions From Revenue					
Discounts and Allowances	(7,053,702)	(6,212,674)	(841,028)	-13.54%	(6,081,666)
Bad Debt Expense (Governmental Providers Only)	(1,095,531)	(945,335)	(150,196)	-15.89%	(813,846)
Medical Assistance	(128,263)	(161,747)	33,484	20.70%	(264,093)
Total Deductions From Revenue	(8,277,496)	(7,319,756)	(957,740)	-13.08%	(7,158,605)
Net Patient Revenue	8,721,218	6,887,676	1,833,542	26.62%	7,183,916
Other Operating Revenue	100,917	266,543	(165,626)	-62.14%	231,037
Total Operating Revenue	8,822,136	7,154,219	1,667,916	23.31%	7,414,953
Operating Expenses					
Salaries and Wages	3,666,312	3,275,866	(390,446)	-11.92%	3,411,912
Fringe Benefits	1,111,599	895,676	(215,923)	-24.11%	933,298
Contract Labor	230,768	21,186	(209,582)	-989.27%	49,063
Physicians Fees	205,531	242,464	36,933	15.23%	366,453
Purchased Services	383,312	378,433	(4,880)	-1.29%	485,887
Supply Expense	1,365,819	1,191,972	(173,847)	-14.58%	1,321,818
Utilities	89,246	95,639	6,393	6.68%	84,093
Repairs and Maintenance	500,362	488,321	(12,041)	-2.47%	446,244
Insurance Expense	44,011	43,848	(163)	-0.37%	54,964
All Other Operating Expenses	215,184	252,338	37,154	14.72%	208,356
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	66,020	62,528	(3,492)	-5.58%	66,908
Depreciation and Amortization	578,675	575,275	(3,400)	-0.59%	552,321
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	8,456,839	7,523,545	(933,294)	-12.40%	7,981,317
Net Operating Surplus/(Loss)	365,296	(369,326)	734,622	-198.91%	(566,364)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	17,587	23,667	(6,079)	-25.69%	21,491
Tax Subsidies (Except for GO Bond Subsidies)	987	0	987	0.00%	(446)
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(112,617)	(101,800)	10,718	-10.52%	(106,292)
Other Non-Operating Revenue/(Expenses)	1,784,952	70,685	1,714,266	2425.21%	91,220
Total Non Operating Revenue/(Expense)	1,690,908	(7,548)	1,698,456	-22502.57%	7,003
Total Net Surplus/(Loss)	\$2,056,204	(\$376,873)	\$2,433,078	-645.60%	(\$559,361)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$2,056,204	(\$376,873)	\$2,433,078	-645.60%	(\$559,361)
Operating Margin	4.14%	-5.16%			-7.64%
Total Profit Margin	23.31%	-5.27%			-7.54%
EBIDA	10.71%	2.88%			-0.19%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 7

ROCK SPRINGS, WY

Nine months ended March 31, 2021

	YEAR-TO-DATE				Prior Year 03/31/20
	Actual 03/31/21	Budget 03/31/21	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$29,204,255	\$24,678,345	\$4,525,911	18.34%	\$26,260,848
Outpatient Revenue	95,712,525	89,107,011	6,605,513	7.41%	94,786,297
Clinic Revenue	12,379,260	10,524,660	1,854,600	17.62%	10,825,459
Specialty Clinic Revenue	2,749,300	2,397,682	351,617	14.66%	2,213,661
Total Gross Patient Revenue	140,045,340	126,707,699	13,337,641	10.53%	134,086,264
Deductions From Revenue					
Discounts and Allowances	(61,026,269)	(55,530,316)	(5,495,953)	-9.90%	(57,652,044)
Bad Debt Expense (Governmental Providers Only)	(9,732,362)	(8,508,043)	(1,224,349)	-14.39%	(7,967,167)
Medical Assistance	(1,830,201)	(2,054,464)	224,263	10.92%	(1,998,255)
Total Deductions From Revenue	(72,588,832)	(66,092,793)	(6,496,039)	-9.83%	(67,617,465)
Net Patient Revenue	67,456,508	60,614,906	6,841,602	11.29%	66,468,799
Other Operating Revenue	1,971,341	3,762,555	(1,791,213)	-47.61%	2,008,251
Total Operating Revenue	69,427,849	64,377,461	5,050,388	7.84%	68,477,050
Operating Expenses					
Salaries and Wages	32,159,537	29,111,969	(3,047,568)	-10.47%	29,384,759
Fringe Benefits	8,648,042	8,778,782	130,740	1.49%	8,317,597
Contract Labor	866,654	210,671	(655,983)	-320.87%	798,634
Physicians Fees	2,420,309	2,168,678	(251,632)	-11.60%	3,217,376
Purchased Services	3,547,182	3,741,808	194,626	5.20%	3,700,033
Supply Expense	11,221,472	10,792,667	(428,805)	-3.97%	10,797,109
Utilities	830,737	878,333	47,596	5.42%	858,269
Repairs and Maintenance	4,447,821	4,243,241	(204,580)	-4.82%	3,936,605
Insurance Expense	359,653	392,980	33,328	8.48%	495,849
All Other Operating Expenses	1,556,427	1,768,967	212,540	12.01%	1,568,822
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	558,871	562,580	3,709	0.66%	676,357
Depreciation and Amortization	5,126,094	5,177,297	51,204	0.99%	5,045,969
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	71,762,793	67,827,973	(3,934,820)	-5.80%	68,797,380
Net Operating Surplus/(Loss)	(2,334,944)	(3,450,512)	1,115,563	-32.33%	(320,330)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	161,841	213,000	(51,159)	-24.02%	212,764
Tax Subsidies (Except for GO Bond Subsidies)	13,156	0	13,156	0.00%	13,626
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(967,110)	(917,097)	(50,013)	7.63%	(920,489)
Other Non-Operating Revenue/(Expense)	8,333,950	636,167	7,697,783	1210.03%	784,325
Total Non Operating Revenue/(Expense)	7,521,836	(67,930)	7,589,767	-11172.85%	90,226
Total Net Surplus/(Loss)	\$5,186,887	(\$3,518,443)	\$8,705,330	-247.42%	(\$230,104)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$5,186,887	(\$3,518,443)	\$8,705,330	-247.42%	(\$230,104)
Operating Margin	-3.36%	-5.36%			-0.47%
Total Profit Margin	7.47%	-5.47%			-0.34%
EBIDA	4.04%	2.68%			6.92%

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

PAGE 8

	Actual 3/31/2021	Actual 2/29/2021	Actual 1/31/2021	Actual 12/31/2020	Actual 11/30/2020	Actual 10/31/2020	Actual 9/30/2020
Gross Patient Revenue							
Inpatient Revenue	\$3,193,036	\$2,690,883	\$3,645,930	\$3,807,334	\$3,541,154	\$3,015,926	\$3,085,821
Inpatient Psych/Rehab Revenue							
Outpatient Revenue	\$12,012,531	\$9,644,427	\$9,967,382	\$10,454,974	\$9,719,339	\$10,836,342	\$10,137,542
Clinic Revenue	\$1,461,105	\$1,300,086	\$1,410,642	\$1,374,626	\$1,444,083	\$1,435,042	\$1,284,797
Specialty Clinic Revenue	\$342,042	\$281,294	\$311,512	\$321,541	\$326,942	\$234,817	\$351,223
Total Gross Patient Revenue	\$16,998,714	\$13,916,690	\$15,335,466	\$15,958,475	\$15,031,529	\$15,522,127	\$14,849,182
Deductions From Revenue							
Discounts and Allowances	\$7,053,782	\$5,912,790	\$6,661,915	\$6,937,293	\$7,026,788	\$6,210,334	\$7,325,918
Bad Debt Expense (Governmental Providers Only)	\$1,095,531	\$1,109,741	\$1,215,379	\$1,274,182	\$1,254,957	\$1,223,363	\$933,320
Charity Care	\$126,263	\$541,439	\$149,120	\$184,529	\$189,029	\$417,497	\$109,311
Total Deductions From Revenue	8,275,576	7,563,970	8,026,414	8,395,904	8,470,774	7,851,193	8,368,550
Net Patient Revenue	\$8,723,138	\$6,352,720	\$7,309,052	\$7,562,571	\$6,560,755	\$7,670,934	\$6,480,632
Other Operating Revenue	100,517	158,845	554,961	188,310	182,630	170,863	219,213
Total Operating Revenue	8,823,655	6,511,565	7,864,013	7,750,881	6,743,385	7,841,797	6,699,845
Operating Expenses							
Salaries and Wages	\$3,666,312	\$3,296,343	\$3,506,906	\$4,565,329	\$3,597,187	\$3,500,184	\$3,478,745
Fringe Benefits	\$1,111,599	\$1,017,103	\$1,163,370	\$1,020,056	\$823,626	\$914,880	\$843,750
Contract Labor	\$230,788	\$153,689	\$188,407	\$104,684	\$55,423	\$29,617	\$67,570
Physicians Fees	\$205,531	\$304,497	\$327,846	\$282,199	\$291,773	\$307,891	\$218,084
Purchased Services	\$383,312	\$348,634	\$424,314	\$384,462	\$362,052	\$388,321	\$434,094
Supply Expense	\$1,365,819	\$807,588	\$1,412,781	\$1,284,207	\$1,067,336	\$1,185,557	\$1,318,278
Utilities	\$89,246	\$93,512	\$72,884	\$108,284	\$109,620	\$79,481	\$92,626
Repairs and Maintenance	\$500,382	\$518,310	\$624,934	\$444,569	\$469,905	\$594,480	\$499,765
Insurance Expense	\$44,011	\$44,228	\$42,444	\$42,449	\$42,449	\$44,878	\$41,335
All Other Operating Expenses	\$215,184	\$172,795	\$174,606	\$228,087	\$154,600	\$113,212	\$211,975
Bad Debt Expense (Non-Governmental Providers)							
Leases and Rentals	\$86,020	\$70,289	\$62,335	\$81,256	\$43,670	\$49,816	\$80,042
Depreciation and Amortization	\$578,675	\$583,627	\$582,176	\$582,723	\$573,895	\$557,511	\$557,542
Interest Expense (Non-Governmental Providers)							
Total Operating Expenses	\$8,486,839	\$7,682,816	\$8,551,984	\$9,097,696	\$7,661,415	\$7,773,019	\$7,821,786
Net Operating Surplus/(Loss)	\$336,816	(171,251)	\$312,031	(1,346,815)	(918,030)	\$76,878	(1,121,941)
Non-Operating Revenue:							
Contributions							
Investment Income	17,587	11,312	12,079	13,946	28,597	20,919	20,496
Tax Subsidies (Except for GO Bond Subsidies)							
Tax Subsidies for GO Bonds	987	163	(2,572)	70,360	0	176	3,162
Interest Expense (Governmental Providers Only)	(112,817)	(107,805)	(100,012)	(117,295)	(197,808)	(197,810)	(114,157)
Other Non-Operating Revenue/(Expenses)	1,784,952	758,617	161,686	3,828,513	49,939	942,821	301,908
Total Non-Operating Revenue/(Expenses)	\$1,690,709	\$662,287	\$67,179	\$3,835,524	(69,272)	\$665,907	\$210,359
Total Net Surplus/(Loss)	\$2,027,565	\$471,032	\$379,210	\$2,484,739	(1,027,307)	\$1,437,705	(911,582)
Change in Unrealized Gains/(Losses) on Investments							
Increases/(Decrease in Unrestricted Net Assets)	\$2,027,565	\$471,032	\$379,210	\$2,484,739	(1,027,307)	\$1,437,705	(911,582)
Operating Margin	4.14%	-2.68%	-8.75%	-13.03%	-12.83%	0.89%	-16.75%
Total Profit Margin	23.31%	6.36%	-7.99%	34.82%	-13.96%	11.70%	-13.81%
EBIDA	10.76%	5.20%	-1.34%	-5.79%	-4.06%	7.99%	-8.42%

Actual 8/31/2020	Actual 7/31/2020	Actual 6/30/2020	Actual 5/31/2020	Actual 4/30/2020	Actual 3/31/2020
\$2,058,389	\$3,258,010	\$2,823,872	\$2,883,837	\$2,794,519	\$2,777,538
\$11,339,456	\$11,800,532	\$9,853,690	\$8,485,713	\$8,104,900	\$10,336,977
\$1,333,361	\$1,365,508	\$1,291,506	\$1,116,816	\$1,146,806	\$984,201
\$165,452	\$414,478	\$281,911	\$314,858	\$298,932	\$244,808
\$15,798,628	\$16,838,529	\$14,350,879	\$12,781,224	\$12,334,856	\$14,343,521
\$7,239,901	\$7,857,728	\$5,980,628	\$5,188,139	\$5,585,960	\$8,081,888
\$1,042,887	\$583,202	\$1,101,340	\$1,258,071	\$1,158,759	\$813,846
\$28,185	\$84,822	\$194,709	\$55,091	\$87,459	\$264,093
8,309,774	8,525,752	7,266,676	6,497,301	6,811,278	7,159,605
\$7,487,854	\$8,110,777	\$7,094,203	\$6,283,923	\$5,523,578	\$7,183,916
207,595	220,295	(1,616,588)	1,848,148	2,076,862	231,937
7,696,369	8,330,982	5,477,615	7,339,871	7,598,040	7,414,953
\$3,333,426	\$3,283,128	\$3,165,695	\$3,315,414	\$3,148,885	\$3,411,912
\$889,487	\$894,212	\$854,214	\$888,042	\$820,895	\$933,298
\$43,538	\$66,158	\$10,676	\$26,138	\$48,078	\$49,083
\$203,217	\$281,292	\$334,673	\$318,372	\$336,295	\$368,453
\$395,888	\$448,385	\$503,888	\$385,944	\$361,428	\$488,887
\$1,318,845	\$1,242,081	\$1,138,393	\$1,008,570	\$1,158,918	\$1,321,818
\$81,449	\$103,746	\$88,251	\$102,274	\$88,337	\$94,083
\$365,930	\$399,685	\$426,585	\$462,934	\$444,786	\$446,244
\$41,794	\$19,283	\$44,527	\$43,428	\$47,455	\$54,864
\$145,065	\$140,883	\$211,887	\$81,828	\$148,189	\$208,356
\$62,114	\$63,328	\$49,303	\$49,189	\$64,204	\$66,908
\$553,903	\$555,640	\$586,459	\$548,931	\$549,855	\$552,321
\$7,412,435	\$7,484,869	\$7,398,671	\$7,237,868	\$7,319,789	\$7,981,317
\$262,924	\$846,174	(\$1,917,955)	\$93,915	\$280,080	(\$566,384)
21,540	16,365	35,221	175,009	18,515	21,491
574	564	(1,088)	851	968	(416)
(107,818)	(187,818)	(223,170)	(100,543)	(99,489)	(105,292)
291,819	33,908	2,594,222	18,804	1,422	\$1,220
\$295,917	(\$64,983)	\$2,407,286	\$85,921	(\$78,584)	\$7,403
\$488,842	\$791,181	\$488,251	\$178,936	\$201,476	(\$559,361)
\$488,842	\$791,181	\$488,251	\$178,936	\$201,476	(\$559,361)
3.68%	10.10%	-35.01%	1.27%	3.69%	-7.64%
6.35%	9.66%	8.93%	2.44%	2.85%	-7.54%
10.87%	16.83%	-24.64%	8.73%	10.82%	-0.19%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 10

ROCK SPRINGS, WY

Nine months ended March 31, 2021

	CASH FLOW	
	Current Month 3/31/2021	Current Year-To-Date 3/31/2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$2,056,204	\$5,186,887
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	578,675	5,126,094
(Increase)/Decrease in Net Patient Accounts Receivable	123,154	(190,817)
(Increase)/Decrease in Other Receivables	419,750	844,033
(Increase)/Decrease in Inventories	741	(169,146)
(Increase)/Decrease in Pre-Paid Expenses	313,188	501,452
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	156,490	176,216
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	463,670	1,238,318
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	(558,317)	(335,133)
Net Cash Provided by Operating Activities:	3,553,554	12,377,903
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(309,176)	(8,231,629)
(Increase)/Decrease in Limited Use Cash and Investments	552,954	267,930
(Increase)/Decrease in Other Limited Use Assets	(24,086)	(8,443)
(Increase)/Decrease in Other Assets	1,029	9,265
Net Cash Used by Investing Activities	220,721	(7,962,877)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(4,812)	(43,307)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(22,456)	(3,138,399)
Net Cash Used for Financing Activities	(27,268)	(3,181,706)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(0)	0
Net Increase/(Decrease) in Cash	3,747,008	1,233,320
Cash, Beginning of Period	9,539,029	12,052,717
Cash, End of Period	\$13,286,037	\$13,286,037

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 11

ROCK SPRINGS, WY

Nine months ended March 31, 2021

Current Month				Year-To-Date				
Actual 03/31/21	Budget 03/31/21	Positive/ (Negative) Variance	Prior Year 03/31/20	STATISTICS	Actual 03/31/21	Budget 03/31/21	Positive/ (Negative) Variance	Prior Year 03/31/20
Discharges								
105	101	4	112	Acute	1,023	996	27	1,107
105	101	4	112	Total Adult Discharges	1,023	996	27	1,107
30	32	(2)	36	Newborn	292	299	(7)	332
135	133	2	148	Total Discharges	1,315	1,295	20	1,439
Patient Days:								
337	285	52	317	Acute	3,218	2,711	507	3,012
337	285	52	317	Total Adult Patient Days	3,218	2,711	507	3,012
52	53	(1)	59	Newborn	437	493	(56)	548
389	338	51	376	Total Patient Days	3,655	3,204	451	3,560
Average Length of Stay (ALOS)								
3.2	2.8	0.4	2.8	Acute	3.1	2.7	0.4	2.7
3.2	2.8	0.4	2.8	Total Adult ALOS	3.1	2.7	0.4	2.7
1.7	1.6	0.1	1.6	Newborn ALOS	1.5	1.7	(0.2)	1.7
Average Daily Census (ADC)								
10.9	9.2	1.7	10.2	Acute	11.7	9.9	1.9	11.0
10.9	9.2	1.7	10.2	Total Adult ADC	11.7	9.9	1.9	11.0
1.7	1.7	(0.0)	1.9	Newborn	1.6	1.8	(0.2)	2.0
Emergency Room Statistics								
118	101	17	112	ER Visits - Admitted	1,052	1,074	(22)	1,193
942	1,028	(86)	1,142	ER Visits - Discharged	8,601	9,635	(1,034)	10,706
1,060	1,129	(69)	1,254	Total ER Visits	9,653	10,709	(1,056)	11,899
11.13%	8.93%		8.93%	% of ER Visits Admitted	10.90%	10.03%		10.03%
112.38%	100.00%		100.00%	ER Admissions as a % of Total	102.83%	107.77%		107.77%
Outpatient Statistics:								
9,241	6,381	2,860	7,080	Total Outpatients Visits	81,499	63,124	18,375	70,138
124	89	35	99	Observation Bed Days	893	942	(49)	1,047
4,584	5,311	(727)	3,870	Clinic Visits - Primary Care	37,105	46,598	(9,493)	37,217
606	545	61	511	Clinic Visits - Specialty Clinics	4,733	4,917	(184)	4,623
27	12	15	13	IP Surgeries	219	205	14	228
137	92	45	102	OP Surgeries	1,162	1,070	92	1,189
Productivity Statistics:								
459.71	437.01	22.70	445.34	FTE's - Worked	440.59	437.01	3.58	432.55
504.38	479.80	24.58	480.86	FTE's - Paid	485.32	479.80	5.52	475.14
1.6034	0.8800	0.72	0.9778	Case Mix Index - Medicare	1.5242	1.0827	0.44	1.3242
1.2884	0.8800	0.41	1.0927	Case Mix Index - All payers	1.2177	1.0827	0.14	0.9687

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 12

ROCK SPRINGS, WY

03/31/21

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	46.13	52.11
Net Days in Accounts Receivable	39.00	47.65
Number of Gross Days in Unbilled Revenue	2.91	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	30.59%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.75%	1.14%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	1.31%	1.62%
Bad Debts as a % of Gross Patient Revenue - Current Month	6.44%	6.65%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.95%	6.71%
Collections as a Percentage of Net Revenue - Current Month	100.67%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	98.69%	100% or >
Percentage of Blue Cross Receivable > 90 Days	-1.55%	< 10%
Percentage of Insurance Receivable > 90 Days	5.92%	< 15%
Percentage of Medicaid Receivable > 90 Days	7.42%	< 20%
Percentage of Medicare Receivable > 60 Days	1.07%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Nine months ended March 31, 2021

PAGE 13

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.
Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month Amount	%	Year-to-Date Amount	%
Gross Patient Revenue	2,791,282	19.65%	13,337,641	10.53%

Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include Clinic visits and ER visits
Average Daily Census is 10.9 in March which is over budget by 1.7

Deductions from Revenue	(957,748)	-13.88%	(6,496,039)	-9.83%
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Deductions from revenue are over budget for March and over budget year to date.
They are currently booked at 48.7% for March and 51.8% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.

Bad Debt Expense	(150,198)	-15.89%	(1,224,349)	-14.39%
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Bad debt expense is booked at 6.4% for March and 6.9% year to date.

Charity Care	33,484	20.70%	224,263	10.92%
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Charity care yields a high degree of variability month over month and is dependent on patient needs.
Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.

Other Operating Revenue	(165,626)	-62.14%	(1,791,213)	-47.61%
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Other Operating Revenue is under budget for the month and is under budget year to date.
This is due to the CARES funds budgeted here, but now has to be reported in non-operating.

Salaries and Wages	(398,446)	-11.92%	(3,047,568)	-10.47%
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Salary and Wages are over budget and remain over budget year to date.

Paid FTEs are over budget by 24.5 FTEs for the month and over 5.5 FTEs year to date.

Fringe Benefits	(215,823)	-24.11%	130,740	1.49%
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Fringe benefits are over budget in March and remain under budget year to date.

Contract Labor	(209,582)	-989.27%	(675,983)	-320.87%
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Contract labor is over budget for March and over budget year to date.
Behavioral Health L&D, Ultrasound, OR, ER, Physical therapy, Respiratory and Emergency Mgmt are over budget.

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 14

ROCK SPRINGS, WYOMING

Nine months ended March 31, 2021

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Physician Fees	36,933	15.23%	(251,632)	-11.60%
Physician fees under overbudget in March and over budget year to date. Histology, Hospitalists and Emergency Mgmt are over budget in March.				
Purchased Services	(4,880)	-1.28%	194,626	5.20%
Purchased services are over budget for March and under budget year to date. Expenses over budget are advertising, legal and bank fees and dept mgmt service				
Supply Expense	(173,847)	-14.58%	(428,805)	-3.97%
Supplies are over budget for March and over budget year to date. Line items over budget include Lab supplies, chargeables, med supplies, drugs and minor equipment				
Repairs & Maintenance	(12,041)	-2.47%	(204,580)	-4.82%
Repairs and Maintenance are over budget for March and over budget year to date.				
All Other Operating Expenses	37,154	14.72%	212,540	12.01%
This expense is under budget in March and under budget year to date. Other expenses over budget are Physician recruitment and freight				
Leases and Rentals	(3,492)	-5.56%	3,709	0.66%
This expense is over budget for March and is under budget year to date.				
Depreciation and Amortization	(3,400)	-0.59%	51,204	0.99%
Depreciation is over budget for March and is under budget year to date.				
BALANCE SHEET				
Cash and Cash Equivalents	\$3,747,008	39.28%		
Cash increased in March. Cash collections for March were \$8.7 million. Days Cash on Hand increased to 211 days.				
Gross Patient Accounts Receivable	(5441,492)	-1.83%		
This receivable decreased in March.				

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 15

ROCK SPRINGS, WYOMING

Nine months ended March 31, 2021

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	318,338	2.28%		
Bad Debt and Allowances decreased.				
Other Receivables	(419,759)	-21.07%		
Other Receivables decreased in March due to county and occ med invoices.				
Prepaid Expenses	(313,188)	-16.08%		
Prepaid expenses decreased due to the normal activity in this account.				
Limited Use Assets	(528,868)	-1.25%		
These assets decreased due to the debt service payment				
Plant Property and Equipment	(269,499)	-0.41%		
The decrease in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	(156,490)	-4.12%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	(378,578)	-30.51%		
This liability increased in March. The payroll accrual for March was 17 days.				
Accrued Benefits	(85,091)	-3.05%		
This liability increased in March with the normal accrual and usage of PTO.				
Other Current Liabilities	558,317	83.27%		
This liability decreased due to the payment on the bonds				
Other Long Term Liabilities	22,456	0.22%		
This liability decreased due lease payments.				
Total Net Assets	(2,052,744)	-2.31%		
The net gain from operations for March is \$365,296				



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

Nine months ended March 31, 2021

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

Table of Contents

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 1

ROCK SPRINGS, WY

Nine months ended March 31, 2021

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
 Nine months ended March 31, 2021

PAGE 2

- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

	Month to Date 3/31/2021	Year to Date 3/31/2021	Prior Fiscal Year End 06/30/20	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-54.66%	-58.60%	-68.15%	-36.58%
Total Profit Margin	-54.66%	-58.60%	-68.15%	-36.58%
Contractual Allowance %	46.20%	46.02%	46.02%	
Liquidity:				
Net Days in Accounts Receivable	27.00	30.28	50.83	39.58
Gross Days in Accounts Receivable	37.08	40.54	54.32	72.82
Productivity and Efficiency:				
Patient Visits Per Day	147.87	135.42	132.42	
Total Net Revenue per FTE	N/A	\$147,596	\$141,843	
Salary Expense per Paid FTE	N/A	\$165,980	\$162,294	
Salary and Benefits as a % of Net Revenue	132.69%	131.35%	134.65%	91.26%
Employee Benefits %	18.94%	16.80%	17.69%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Nine months ended March 31, 2021

PAGE 3

CURRENT MONTH

	Actual 03/31/21	Budget 03/31/21	Positive (Negative) Variance	Percentage Variance	Prior Year 03/31/20
Gross Patient Revenue					
Clinic Revenue	1,451,105	1,303,564	147,541	11.32%	984,201
Specialty Clinic Revenue	342,042	265,713	76,329	28.73%	244,806
Total Gross Patient Revenue	1,793,147	1,569,278	223,870	14.27%	1,229,007
Deductions From Revenue					
Discounts and Allowances	(828,370)	(703,957)	(124,414)	-17.67%	(556,603)
Total Deductions From Revenue	(828,370)	(703,957)	(124,414)	-17.67%	(556,603)
Net Patient Revenue	964,777	865,321	99,456	11.49%	672,404
Other Operating Revenue	59,103	67,787	(8,684)	-12.81%	43,725
Total Operating Revenue	1,023,880	933,108	90,772	9.73%	716,129
Operating Expenses					
Salaries and Wages	1,142,213	1,038,764	(103,449)	-9.96%	1,031,014
Fringe Benefits	216,355	171,495	(44,860)	-26.16%	216,704
Contract Labor	0	0	0	0.00%	0
Physicians Fees	30,939	86,067	55,127	64.05%	160,415
Purchased Services	15,397	10,883	(4,514)	-44.40%	13,433
Supply Expense	18,548	19,284	736	3.82%	25,468
Utilities	1,875	1,747	(128)	-7.34%	1,818
Repairs and Maintenance	18,493	23,245	4,752	20.44%	23,881
Insurance Expense	13,611	19,343	5,731	29.63%	17,874
All Other Operating Expenses	105,518	112,896	7,377	6.53%	96,350
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,450	3,352	(98)	-2.93%	4,976
Depreciation and Amortization	17,183	16,628	(554)	-3.33%	21,436
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,583,583	1,503,483	(80,100)	-5.33%	1,613,368
Net Operating Surplus/(Loss)	(559,703)	(570,375)	10,672	-1.87%	(897,239)
Total Net Surplus/(Loss)	(559,703)	(570,375)	\$10,672	-1.87%	(897,239)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/Decrease in Unrestricted Net Assets	(559,703)	(570,375)	\$10,672	-1.87%	(897,239)
Operating Margin	-54.66%	-61.13%			-125.29%
Total Profit Margin	-54.66%	-61.13%			-125.29%
EBIDA	-52.99%	-59.34%			-122.30%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 4

ROCK SPRINGS, WY

Nine months ended March 31, 2021

YEAR-TO-DATE

	Actual 03/31/21	Budget 03/31/21	Positive (Negative) Variance	Percentage Variance	Prior Year 03/31/20
Gross Patient Revenue					
Clinic Revenue	12,379,260	10,524,660	1,854,600	17.62%	10,825,459
Specialty Clinic Revenue	2,749,300	2,397,682	351,617	14.66%	2,213,660
Total Gross Patient Revenue	15,128,560	12,922,342	2,206,217	17.07%	13,039,119
Deductions From Revenue					
Discounts and Allowances	(6,962,636)	(6,925,409)	(1,037,227)	-17.50%	(5,955,745)
Total Deductions From Revenue	(6,962,636)	(6,925,409)	(1,037,227)	-17.50%	(5,955,745)
Net Patient Revenue	8,165,924	6,996,934	1,168,990	16.71%	7,083,374
Other Operating Revenue	631,448	610,087	21,361	3.50%	588,178
Total Operating Revenue	8,797,372	7,607,020	1,190,351	15.65%	7,671,552
Operating Expenses					
Salaries and Wages	9,893,158	9,080,467	(812,691)	-8.95%	8,821,386
Fringe Benefits	1,662,327	1,824,406	162,078	8.88%	1,559,981
Contract Labor	0	0	0	0.00%	0
Physicians Fees	829,240	774,600	(54,640)	-7.05%	1,018,038
Purchased Services	118,024	93,954	(24,069)	-25.62%	94,239
Supply Expense	132,166	170,631	38,465	22.54%	185,506
Utilities	12,123	15,725	3,601	22.90%	11,937
Repairs and Maintenance	178,714	209,237	30,523	14.59%	196,401
Insurance Expense	118,390	172,432	54,042	31.34%	167,074
All Other Operating Expenses	815,719	741,555	(74,164)	-10.00%	721,679
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	28,280	28,637	357	1.25%	42,762
Depreciation and Amortization	164,617	158,799	(5,818)	-3.66%	195,785
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	13,952,759	13,270,443	(682,316)	-5.14%	13,014,788
Net Operating Surplus/(Loss)	(5,155,387)	(5,663,423)	508,036	-8.97%	(5,343,236)
Total Net Surplus/(Loss)	(5,155,387)	(5,663,423)	508,036	-8.97%	(5,343,236)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(5,155,387)	(5,663,423)	508,036	-8.97%	(5,343,236)
Operating Margin	-58.80%	-74.45%			-69.65%
Total Profit Margin	-58.80%	-74.45%			-69.65%
EBDA	-56.73%	-72.36%			-67.10%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

PAGE 5

	Actual 3/31/2021	Actual 2/28/2021	Actual 1/31/2021	Actual 12/31/2020	Actual 11/30/2020
Gross Patient Revenue					
Clinic Revenue	\$1,451,106	\$1,300,086	\$1,410,642	\$1,374,626	\$1,444,089
Specialty Clinic Revenue	\$342,042	\$281,294	\$311,512	\$321,541	\$326,942
Total Gross Patient Revenue	\$1,793,147	\$1,581,380	\$1,722,154	\$1,696,166	\$1,771,035
Deductions From Revenue					
Discounts and Allowances	\$828,370	\$758,645	\$836,394	\$741,684	\$787,893
Total Deductions From Revenue	828,370	758,645	836,394	741,684	787,893
Net Patient Revenue	\$964,777	\$822,735	\$885,759	\$954,482	\$983,142
Other Operating Revenue	\$59,103	\$65,776	\$70,558	\$67,749	\$70,839
Total Operating Revenue	1,023,880	888,510	956,317	1,022,231	1,053,982
Operating Expenses					
Salaries and Wages	\$1,142,213	\$1,104,879	\$1,132,930	\$1,137,133	\$1,211,751
Fringe Benefits	\$216,355	\$240,814	\$263,026	\$168,182	\$149,894
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$30,939	\$93,378	\$76,208	\$140,601	\$122,268
Purchased Services	\$16,397	\$13,204	\$16,024	\$12,233	\$12,766
Supply Expense	\$18,548	\$17,037	\$14,961	\$12,388	\$12,806
Utilities	\$1,875	\$1,836	\$1,810	\$594	\$2,122
Repairs and Maintenance	\$18,493	\$18,542	\$17,488	\$19,895	\$20,740
Insurance Expense	\$13,611	\$13,611	\$13,611	\$13,611	\$13,611
All Other Operating Expenses	\$105,518	\$95,431	\$91,548	\$109,020	\$82,354
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$3,450	\$3,319	\$3,032	\$2,398	\$3,671
Depreciation and Amortization	\$17,183	\$18,273	\$18,273	\$18,641	\$18,641
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,583,583	\$1,620,324	\$1,647,571	\$1,634,705	\$1,650,804
Net Operating Surplus/(Loss)	(\$559,703)	(\$731,814)	(\$691,254)	(\$612,474)	(\$596,823)
Total Net Surplus/(Loss)	(\$559,703)	(\$731,814)	(\$691,254)	(\$612,474)	(\$596,823)
Change in Unrealized Gains/(Losses) on Investr	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$559,703)	(\$731,814)	(\$691,254)	(\$612,474)	(\$596,823)
Operating Margin	-54.66%	-82.36%	-72.26%	-59.92%	-56.63%
Total Profit Margin	-54.66%	-82.36%	-72.26%	-59.92%	-56.63%
EBIDA	-52.99%	-80.31%	-70.37%	-58.09%	-54.86%

Actual 10/31/2020	Actual 9/30/2020	Actual 8/31/2020	Actual 7/31/2020	Actual 6/30/2020	Actual 5/31/2020	Actual 4/30/2020	Actual 3/30/2020
\$1,435,042	\$1,264,797	\$1,333,361	\$1,365,508	\$1,291,506	\$1,116,816	\$1,146,806	\$984,201
\$234,817	\$351,223	\$165,452	\$414,478	\$281,911	\$314,858	\$288,932	\$244,806
\$1,669,859	\$1,616,020	\$1,498,813	\$1,779,986	\$1,573,417	\$1,431,674	\$1,435,737	\$1,229,007
\$765,733	\$741,674	\$703,186	\$799,056	\$736,720	\$637,461	\$713,510	\$556,603
765,733	741,674	703,186	799,056	736,720	637,461	713,510	556,603
\$904,126	\$874,346	\$795,627	\$980,930	\$836,697	\$794,213	\$722,227	\$672,404
\$74,395	\$75,030	\$75,344	\$72,653	\$77,628	\$66,375	\$32,189	\$43,725
978,521	949,376	870,971	1,053,583	914,325	860,588	754,416	716,129
\$1,086,489	\$1,086,987	\$984,249	\$1,006,668	\$983,977	\$979,724	\$886,494	\$1,031,014
\$164,048	\$149,004	\$144,807	\$166,187	\$170,996	\$162,005	\$171,434	\$216,704
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$145,489	\$79,510	\$64,083	\$76,774	\$125,801	\$119,793	\$141,189	\$160,415
\$14,882	\$15,580	\$8,196	\$10,752	\$9,098	\$10,144	\$8,138	\$13,433
\$13,359	\$15,225	\$9,216	\$18,937	\$10,722	\$10,730	\$7,125	\$25,468
\$972	\$647	\$979	\$1,288	\$1,861	\$1,804	\$1,803	\$1,818
\$18,512	\$18,458	\$25,877	\$20,741	\$24,187	\$26,489	\$23,772	\$23,881
\$13,294	\$13,294	\$11,873	\$11,873	\$11,873	\$17,874	\$17,874	\$17,874
\$103,980	\$88,010	\$62,041	\$77,807	\$45,948	\$33,551	\$47,268	\$98,350
\$3,239	\$2,177	\$3,652	\$3,141	\$3,083	\$2,405	\$2,476	\$4,976
\$18,214	\$18,290	\$18,615	\$18,488	\$18,487	\$18,488	\$21,166	\$21,436
\$1,582,457	\$1,487,181	\$1,333,588	\$1,412,545	\$1,406,033	\$1,403,007	\$1,328,709	\$1,613,368
(\$603,935)	(\$537,805)	(\$462,618)	(\$358,863)	(\$491,708)	(\$542,419)	(\$574,293)	(\$897,239)
0	0	0	0	0	0	0	0
(\$603,935)	(\$537,805)	(\$462,618)	(\$358,863)	(\$491,708)	(\$542,419)	(\$574,293)	(\$897,239)
-61.72%	-56.65%	-53.12%	-34.07%	-53.76%	-63.03%	-76.12%	-125.29%
-61.72%	-56.65%	-53.12%	-34.07%	-53.76%	-63.03%	-76.12%	-125.29%
-59.86%	-54.72%	-50.98%	-32.32%	-51.76%	-60.88%	-73.32%	-122.30%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 7

ROCK SPRINGS, WY

Nine months ended March 31, 2021

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative) Variance	Prior Year		Actual	Budget	Positive/ (Negative) Variance	Prior Year
03/31/21	03/31/21		03/31/20		03/31/21	03/31/21		03/31/20
Outpatient Statistics:								
4,584	5,311	(727)	3,870	Clinic Visits - Primary Care	37,105	46,598	(9,493)	37,217
806	545	61	511	Clinic Visits - Specialty Clinics	4,733	4,917	(184)	4,623
Productivity Statistics:								
62.21	70.76	(8.55)	71.83	FTE's - Worked	72.84	70.76	2.08	69.06
68.27	77.76	(9.49)	77.46	FTE's - Paid	79.40	77.76	1.64	75.77

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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	523	8,456,957.98
CAPITAL EQUIPMENT (PLANT FUND)	3	206,016.17
CONSTRUCTION IN PROGRESS (BUILDING FUND)	8	505,886.87
PAYROLL MARCH 04, 2021	N/A	1,526,715.48
PAYROLL MARCH 18, 2021	N/A	1,572,441.84
TOTAL CASH OUTFLOW		<u>\$9,168,861.02</u>
CASH COLLECTIONS		8,779,576.59
INCREASE/DECREASE IN CASH		-\$389,284.43

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2021**

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	8/6/2020	MOPEC INC	6,568.97	BODY TRAYS-MORGUE		
002347	8/6/2020	MAGNUM MOBILE SPECIALTY VEHICL	91,770.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002348	8/14/2020	CONVERGEONE, INC.	8,194.80	CISCO VOIP PHONE LICENSES (30)		
002348	8/14/2020	CONVERGEONE, INC.	19,029.00	REPLACE WIRELESS NETWORK		
002349	8/14/2020	NANOSONICS, INC	10,625.00	TROPHON FOR UROLOGY		
002350	8/14/2020	P3 CONSULTING LLC	15,000.00	DYNAMICS GP UPGRADE		
002351	8/18/2020	CONMED LINVATEC	7,810.80	CONMED POWER SYSTEM		
002352	8/18/2020	INNOVATION WIRELESS	685.00	SYNCHRONIZED CLOCKS		
002353	8/27/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE		
AUGUST TOTALS					169,900.75	314,152.98

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002346	9/11/2020	MOPEC INC	8,400.00	WORKSTATIONS AND MONITORS (20)		
002347	9/11/2020	MAGNUM MOBILE SPECIALTY VEHICL	10,980.00	BEDSIDE GLUCOSE MONITORS		
002348	9/17/2020	CONVERGEONE, INC.	430.86	LONG CYSTOSCOPY RESECTION TRAY		
002348	9/25/2020	CONVERGEONE, INC.	61,337.50	MOBILE LAB, CLINIC SWABBING STATION - 26 FOOT - SLU		
SEPTEMBER TOTALS					81,148.36	395,301.34

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002358	10/12/2020	INNOVATION WIRELESS	896.30	SYNCHRONIZED CLOCKS		
002359	10/14/2020	CUMMINS ROCKY MOUNTAIN, LLC	20,260.68	GENERATOR INTERFACE TOUCH MONITOR		
002360	10/14/2020	STRYKER ENDOSCOPY	43,303.76	CO2 CONDITIONING INSUFFLATOR KIT (3)		
002361	10/22/2020	OLYMPUS AMERICA INC.-LIFESCIENCE	10,217.18	MICROSCOPE - WALK-IN		
002362	10/22/2020	VARIAN MEDICAL SYSTEMS, INC	30,867.00	STEREOTACTIC CONE SYSTEM		
002367	10/28/2020	CARDINAL HEALTH/V.MUELLER	78,000.00	CHEMISTRY ANALYZER - WALK-IN		
002368	10/28/2020	CARDINAL HEALTH/V.MUELLER	366,000.00	VITROS XT 7600 ANALYZER (2)		
002369	10/28/2020	SKYTRON	73,377.69	SKYTRON MODEL 2200 DISINFECTION ROBOT (2)		
002370	10/28/2020	SKYTRON	103,328.64	SKYTRON MODEL 3200 DISINFECTION ROBOT		
OCTOBER TOTALS					726,251.25	1,121,552.59

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002371	11/2/2020	SYNTHES LTD	11,598.50	LCP MINI FRAG SYSTEM		
002372	11/5/2020	CEPHEID	183,530.98	CEPHEID GENEXPERT MOLECULAR TESTING PLATFORM		
002373	11/5/2020	CERNER CORPORATION	99,193.32	CERNER		
002375	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICL	170,430.00	MOBILE LAB, CLINIC, SWABBING STATION - 37 FT		
002376	11/5/2020	MAGNUM MOBILE SPECIALTY VEHICL	114,762.50	MOBILE LAB, CLINIC, SWABBING STATION - 26 FT		
002377	11/12/2020	CACHE VALLEY ELECTRIC CO.	17,938.25	BOILER HOUSE FIBER OPTIC		
002378	11/12/2020	CERNER CORPORATION	104,421.95	CERNER		
002379	11/12/2020	CHAVEZ CONCRETE	10,050.00	CONCRETE - ED ENTRANCE AND 3000 COLLEGE		
002380	11/12/2020	KRONOS INCORPORATED	6,030.00	KRONOS UPGRADE		
002381	11/18/2020	BIOFIRE DIAGNOSTICS, LLC	45,000.00	BIOFIRE TORCH SYSTEM MODULE (2)		
002382	11/18/2020	CERNER CORPORATION	104,421.95	CERNER		
002383	11/18/2020	FISHER HEALTHCARE	7,519.87	URINE CHEMISTRY ANALYZER - WALK-IN		
002384	11/25/2020	DELL COMPUTER CORPORATION	25,000.00	LAPTOPS (25)		
002385	11/25/2020	LUMENIS, INC.	200,900.01	LUMINES MOSES PULSED HOLMIUM LASER		
002386	11/25/2020	NATUS MEDICAL INC	36,606.00	BMG 951		
NOVEMBER TOTALS					#####	2,259,035.92

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002391	12/1/2020	SYSMEX AMERICA INC.	79,883.31	SYSMEX UN 2000 ANALYZER - WALK-IN		
002392	12/1/2020	SYSMEX AMERICA INC.	12,291.00	SYSMEX UN 2000 WAGON		
002393	12/2/2020	CARDINAL HEALTH/V.MUELLER	48,451.00	BD PHOENIX M50 SYSTEM INSTRUMENT		
002394	12/2/2020	CARDINAL HEALTH/V.MUELLER	244,250.00	BD BRUKER MALDI SIRIUS		
002395	12/9/2020	PHILIPS HEALTHCARE	15,892.22	PHILIPS V60 PLUS VENTILATOR		
002396	12/10/2020	SKYTIRON	73,378.78	DISINFECTANT ROBOT		
002397	12/10/2020	CERNER CORPORATION	106,234.00	CERNER		
002398	12/10/2020	QUALITY BUILDERS, INC.	5,000.00	REPLACEMENT GROUNDS BUILDING		
002399	12/14/2020	MCKESSON MEDICAL-SURGICAL	77,367.00	HEMATOLOGY ANALYZER SYSMEX XN 1000 - WALK-IN		
002400	12/14/2020	QUALITY BUILDERS, INC.	17,483.00	REPLACE CONCRETE		
002401	12/17/2020	FISHER HEALTHCARE	219.70	THERMOFISHER REFRIGERATOR		
002402	12/17/2020	NATUS MEDICAL INC	47,851.40	NATUS EEG MACHINE		
002403	12/23/2020	CERNER CORPORATION	104,421.95	CERNER		
DECEMBER TOTALS					832,723.36	3,091,759.28

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002412	2/10/2021	VAPOTHERM INC.	31,285.00	VAPOTHERM DEVICES		
002413	2/18/2021	VERATHON MEDICAL	7,095.00	VERATHON BLADDER SCANNER		
002414	2/18/2021	ROBERT I MERRILL COMPANY	6,193.00	PHARMACY DOORS		
002415	2/25/2021	CERNER CORPORATION	104,421.95	CERNER CORPORATION		
002416	2/25/2021	DATEX-OHMEIDA, INC.	7,412.50	WIRELESS FETAL MONITOR SYSTEM		
002417	2/25/2021	FISHER HEALTHCARE	10,112.85	-80 DEGREE FREEZER		
002418	2/25/2021	L&S FENCING (Lotus Shanon, Sr.)	13,526.28	CHAIN LINK FENCE AROUND COOLING TOWER		
FEBRUARY TOTALS					180,046.58	3,397,134.32

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

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

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

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

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

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

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001078	12/2/2020	ST+B ENGINEERING (SPACEK TI	63,750.45	HVAC UPGRADE		
001079	12/2/2020	ST+B ENGINEERING (SPACEK TI	7,906.88	HVAC UPGRADE		
001080	12/2/2020	GROATHOUSE CONSTRUCTION,	141,553.00	HVAC UPGRADE		
001081	12/3/2020	B H INC.	115,884.92	CENTRAL PLANT UPGRADE		
001082	12/18/2020	PLAN ONE/ARCHITECTS	30,406.25	HVAC UPGRADE		
001083	12/14/2020	GROATHOUSE CONSTRUCTION,	1,779,859.00	HVAC UPGRADE		
W/T	12/31/2020	WELLS FARGO	111,613.90	WF DEBT SERVICE		
DECEMBER TOTALS					2,250,974.40	4,215,729.07

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

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

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

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

Amount	Description
21,673.90	Advertising Total
3,035.76	Billing Services Total
5,466.93	Blood Total
10,400.00	Building Lease Total
3,207.33	Cellular Telephone Total
37,842.67	Collection Agency Total
28,181.63	Computer Equipment Total
93,398.46	Consulting Fees Total
259,463.02	Contract Maintenance Total
147,440.19	Contract Personnel Total
612.00	Courier Services Total
6,052.82	Credit Card Payment Total
36,835.18	Dental Insurance Total
26,735.84	Dialysis Supplies Total
1,736.84	Education & Travel Total
146.00	Education Material Total
1,182.39	Employee Recruitment Total
32,980.63	Equipment Lease Total
30,279.71	Food Total
2,371.44	Freight Total
811.19	Fuel Total
2,342.55	Garbage Collection Total
704,800.54	Group Health Total
280,517.67	Hospital Supplies Total
6,215.00	Implant Supplies Total
26,148.55	Insurance Premiums Total
149.72	Insurance Refund Total
10.00	Internet Services Total
70,162.16	Laboratory Services Total
150,714.61	Laboratory Supplies Total
453.88	Laundry Supplies Total
360.00	Legal Fees Total
2,410.92	Life Insurance Total
344.16	Linen Total
3,100.00	Lithotripsy Services Total
118,743.53	Locum Tenens Total
33,795.90	Maintenance & Repair Total
16,780.46	Maintenance Supplies Total
925.00	Marketing & Promotional Supplies Total
1,250.00	Memberships Total
2,576.44	MHSC Foundation Total
4,228.86	Minor Equipment Total
237.00	Monthly Pest Control Total
7,188.49	Non Medical Supplies Total
9,646.50	Office Supplies Total
1,970.00	Other Employee Benefits Total
5,463.41	Other Medical Surgical Supplies Total

[illegible][illegible]

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

Check Number	Date	Vendor Check Name	Amount	Description
177535	3/11/2021	ROCKET MINER	1,000.00	Advertising
177545	3/11/2021	THE RADIO NETWORK	3,166.65	Advertising
177443	3/4/2021	PILOT BUTTE BROADCASTING	650.00	Advertising
177445	3/4/2021	ROYAL FLUSH ADVERTISING	2,754.00	Advertising
177671	3/25/2021	BIG THICKET BROADCASTING	3,189.00	Advertising
177776	3/25/2021	SUBLETTE EXAMINER	259.25	Advertising
177778	3/25/2021	SWEETWATER NOW, LLC	3,700.00	Advertising
177751	3/25/2021	PINEDALE ROUNDUP	1,200.00	Advertising
177756	3/25/2021	RAWLINS DAILY TIMES	453.00	Advertising
EFT000000006563	3/4/2021	LAMAR ADVERTISING	2,400.00	Advertising
EFT000000006565	3/4/2021	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	560.00	Advertising
EFT000000006576	3/11/2021	GREEN RIVER STAR	1,200.00	Advertising
EFT000000006578	3/11/2021	LAMAR ADVERTISING	700.00	Advertising
EFT000000006592	3/18/2021	GREEN RIVER STAR	42.00	Advertising
EFT000000006594	3/18/2021	LAMAR ADVERTISING	400.00	Advertising
177406	3/4/2021	EXPRESS MEDICAID BILLING SERV	2,929.41	Billing Services
177651	3/18/2021	TRUE COMMERCE, INC	106.35	Billing Services
177794	3/25/2021	VITALANT	5,466.93	Blood
177693	3/25/2021	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
177712	3/25/2021	HILLTOP PROPERTIES, LLC	6,900.00	Building Lease
177467	3/4/2021	VERIZON WIRELESS, LLC	3,207.33	Cellular Telephone
177468	3/4/2021	WAKEFIELD & ASSOCIATES, INC.	37,547.17	Collection Agency
177582	3/18/2021	COLLECTION PROFESSIONALS, INC	295.50	Collection Agency
177390	3/4/2021	CDW GOVERNMENT LLC	12,538.18	Computer Equipment
177496	3/11/2021	CDW GOVERNMENT LLC	144.68	Computer Equipment
177497	3/11/2021	DELL COMPUTER CORPORATION	520.00	Computer Equipment
177578	3/18/2021	CDW GOVERNMENT LLC	14,102.37	Computer Equipment
177679	3/25/2021	CDW GOVERNMENT LLC	876.40	Computer Equipment
177786	3/25/2021	UNIVERSITY OF UTAH (UUNIC OUTREACH)	93,398.46	Consulting Fees
177384	3/4/2021	BISCOM	5,667.00	Contract Maintenance
177509	3/11/2021	GREENSHADES SOFTWARE	1,146.45	Contract Maintenance
177424	3/4/2021	MCKESSON HEALTH SOLUTIONS	1,464.91	Contract Maintenance
177433	3/4/2021	MICRO-TEL	3,743.00	Contract Maintenance
177438	3/4/2021	NUANCE COMMUNICATIONS, INC	208.33	Contract Maintenance
177525	3/11/2021	OTIS ELEVATOR COMPANY	3,101.00	Contract Maintenance
177529	3/11/2021	PHILIPS HEALTHCARE	1,133.00	Contract Maintenance
177450	3/4/2021	SIEMENS MEDICAL SOLUTIONS USA	25,097.10	Contract Maintenance
177463	3/4/2021	T-SYSTEM, INC	34,176.37	Contract Maintenance
177474	3/4/2021	CHESTNUT LIGHTING	17,691.00	Contract Maintenance
177491	3/11/2021	CLOUDLI COMMUNICATIONS INC.	78.98	Contract Maintenance
177512	3/11/2021	IVANTI, INC.	18,163.65	Contract Maintenance
177523	3/11/2021	NEXTGEN HEALTHCARE, INC.	587.00	Contract Maintenance
177449	3/4/2021	SCORPION HEALTHCARE LLC	2,849.00	Contract Maintenance
177470	3/4/2021	WAYSTAR HEALTH	4,462.50	Contract Maintenance
177583	3/18/2021	CONDUENT BUSINESS SERVICES, LLC	750.00	Contract Maintenance
177608	3/18/2021	HENRY SCHEIN PRACTICE SOLUTIONS	420.00	Contract Maintenance
177620	3/18/2021	MCKESSON HEALTH SOLUTIONS	24.72	Contract Maintenance
177633	3/18/2021	PROVIDER ADVANTAGE NW INC	1,140.00	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

177640	3/18/2021	SIEMENS MEDICAL SOLUTIONS USA	9,543.33	Contract Maintenance
177585	3/18/2021	CONVERGEONE, INC.	8,436.88	Contract Maintenance
177611	3/18/2021	ICONTRACTS	401.00	Contract Maintenance
177606	3/18/2021	IPROTEAN	8,000.00	Contract Maintenance
177639	3/18/2021	SECHRIST TECHNOLOGY GROUP	1,024.00	Contract Maintenance
177653	3/18/2021	UNITED AUDIT SYSTEMS, INC.	1,457.50	Contract Maintenance
177657	3/18/2021	WAYSTAR HEALTH	8,925.00	Contract Maintenance
177658	3/18/2021	WYODATA SECURITY INC.	1,795.00	Contract Maintenance
177686	3/25/2021	CONDUENT BUSINESS SERVICES, LLC	2,250.00	Contract Maintenance
177707	3/25/2021	GE HEALTHCARE	23,125.58	Contract Maintenance
177727	3/25/2021	MCKESSON HEALTH SOLUTIONS	1,770.86	Contract Maintenance
177744	3/25/2021	NUANCE COMMUNICATIONS, INC	105.00	Contract Maintenance
177750	3/25/2021	PHILIPS HEALTHCARE	1,737.87	Contract Maintenance
177757	3/25/2021	REMI CORPORATION	2,730.90	Contract Maintenance
177764	3/25/2021	SIEMENS MEDICAL SOLUTIONS USA	10,950.08	Contract Maintenance
177768	3/25/2021	SOUTHWESTERN BIOMEDICAL ELECT.	1,785.00	Contract Maintenance
177783	3/25/2021	TRACTMANAGER INC	1,004.85	Contract Maintenance
177703	3/25/2021	FIRST FINANCIAL HOLDINGS, LLC	7,248.00	Contract Maintenance
177716	3/25/2021	ISI WATER CHEMISTRIES	2,315.00	Contract Maintenance
177762	3/25/2021	SCORPION HEALTHCARE LLC	4,891.10	Contract Maintenance
177766	3/25/2021	SOLERAN INC	5,400.00	Contract Maintenance
177799	3/25/2021	WYODATA SECURITY INC.	1,935.00	Contract Maintenance
177682	3/25/2021	CLOUDLI COMMUNICATIONS INC.	73.63	Contract Maintenance
EFT000000006571	3/11/2021	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
EFT000000006595	3/18/2021	MERGE HEALTHCARE SOLUTIONS, INC	10,837.50	Contract Maintenance
EFT000000006599	3/18/2021	STATE FIRE DC SPECIALTIES	2,202.50	Contract Maintenance
EFT000000006613	3/25/2021	STATE FIRE DC SPECIALTIES	248.04	Contract Maintenance
W/T	3/9/2021	SIEMENS EDI	9,017.12	Contract Maintenance
W/T	3/17/2021	CLINIC PHREESIA FEE	5,976.65	Contract Maintenance
W/T	3/4/2021	ZENITH	350.35	Contract Maintenance
W/T	3/18/2021	CARE CLOUD	349.00	Contract Maintenance
W/T	3/26/2021	OPTIMIS	200.00	Contract Maintenance
W/T	3/15/2021	DEPARTMENT OF WORKFORCE SERVICES	28.06	Contract Maintenance
W/T	3/17/2021	ORTHO PHREESIA FEE	9.20	Contract Maintenance
177397	3/4/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
177493	3/11/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
177403	3/4/2021	ELWOOD STAFFING SERVICES, INC	3,396.61	Contract Personnel
177409	3/4/2021	FOCUSONE SOLUTIONS LLC	17,508.50	Contract Personnel
177503	3/11/2021	FOCUSONE SOLUTIONS LLC	21,665.25	Contract Personnel
177413	3/4/2021	JIM LANE	3,317.88	Contract Personnel
177448	3/4/2021	SARAH ROTH	180.00	Contract Personnel
177536	3/11/2021	SARAH ROTH	360.00	Contract Personnel
177453	3/4/2021	SOLJANT HEALTH	5,280.00	Contract Personnel
177586	3/18/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
177596	3/18/2021	ELWOOD STAFFING SERVICES, INC	2,952.77	Contract Personnel
177601	3/18/2021	FOCUSONE SOLUTIONS LLC	21,407.43	Contract Personnel
177643	3/18/2021	SOLJANT HEALTH	5,280.00	Contract Personnel
177690	3/25/2021	CORE MEDICAL GROUP	8,350.00	Contract Personnel
177697	3/25/2021	ELWOOD STAFFING SERVICES, INC	8,998.60	Contract Personnel

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

177705	3/25/2021	FOCUSONE SOLUTIONS LLC	18,429.07	Contract Personnel
177761	3/25/2021	SARAH ROTH	180.00	Contract Personnel
177767	3/25/2021	SOLJANT HEALTH	5,082.00	Contract Personnel
177746	3/25/2021	PACKAGERUNNER LOGISTICS LLC	612.00	Courier Services
W/T	3/30/2021	UMB BANK PAYMENT	3,035.43	Credit Card Payment
W/T	3/2/2021	UMB BANK PAYMENT	3,017.39	Credit Card Payment
177593	3/18/2021	DELTA DENTAL	36,835.18	Dental Insurance
177411	3/4/2021	HENRY SCHEIN INC	1,658.11	Dialysis Supplies
177504	3/11/2021	FRESENIUS USA MARKETING, INC.	4,656.72	Dialysis Supplies
177602	3/18/2021	FRESENIUS USA MARKETING, INC.	11,984.93	Dialysis Supplies
177711	3/25/2021	HENRY SCHEIN INC	617.32	Dialysis Supplies
177706	3/25/2021	FRESENIUS USA MARKETING, INC.	7,220.81	Dialysis Supplies
EFT000000006562	3/4/2021	HENRY SCHEIN INC	414.79	Dialysis Supplies
EFT000000006610	3/25/2021	HENRY SCHEIN INC	183.16	Dialysis Supplies
177607	3/18/2021	HEALTHCARESOURCE HR, INC.	1,226.00	Education & Travel
177638	3/18/2021	SAFETY COMPLIANCE MANAGEMENT, INC.	510.84	Education & Travel
EFT000000006564	3/4/2021	MY EDUCATIONAL RESOURCES	146.00	Education Material
177612	3/18/2021	INSIGHT INVESTIGATIONS, INC	692.39	Employee Recruitment
EFT000000006567	3/4/2021	SST TESTING +, INC.	490.00	Employee Recruitment
177396	3/4/2021	COPIER & SUPPLY COMPANY	7,321.86	Equipment Lease
177505	3/11/2021	GE HEALTHCARE FINANCIAL SERVICES	10,692.03	Equipment Lease
177537	3/11/2021	SHADOW MOUNTAIN WATER CO, WY	757.95	Equipment Lease
177548	3/11/2021	US BANK EQUIPMENT FINANCE	414.53	Equipment Lease
177654	3/18/2021	US BANK EQUIPMENT FINANCE	1,730.31	Equipment Lease
177689	3/25/2021	COPIER & SUPPLY COMPANY	9,554.73	Equipment Lease
177763	3/25/2021	SHADOW MOUNTAIN WATER CO, WY	93.00	Equipment Lease
EFT000000006614	3/25/2021	TIMEPAYMENT CORP	2,416.22	Equipment Lease
177407	3/4/2021	F B MCFADDEN WHOLESALE	1,668.30	Food
177500	3/11/2021	F B MCFADDEN WHOLESALE	1,199.82	Food
177524	3/11/2021	NICHOLAS & CO INC	5,107.54	Food
177458	3/4/2021	SYSKO INTERMOUNTAIN FOOD	1,072.55	Food
177543	3/11/2021	SYSKO INTERMOUNTAIN FOOD	2,486.75	Food
177552	3/11/2021	WESTERN WYOMING BEVERAGES INC	1,251.65	Food
177400	3/4/2021	DFA DAIRY BRANDS CORP., LLC	189.96	Food
177496	3/11/2021	DFA DAIRY BRANDS CORP., LLC	278.52	Food
177597	3/18/2021	F B MCFADDEN WHOLESALE	1,808.67	Food
177592	3/18/2021	DFA DAIRY BRANDS CORP., LLC	123.10	Food
177701	3/25/2021	F B MCFADDEN WHOLESALE	2,647.22	Food
177743	3/25/2021	NICHOLAS & CO INC	7,960.04	Food
177780	3/25/2021	SYSKO INTERMOUNTAIN FOOD	2,514.93	Food
177797	3/25/2021	WESTERN WYOMING BEVERAGES INC	891.34	Food
177695	3/25/2021	DFA DAIRY BRANDS CORP., LLC	280.32	Food
EFT000000006575	3/11/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	467.50	Food
EFT000000006607	3/25/2021	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	251.50	Food
177501	3/11/2021	FED EX	25.31	Freight
177548	3/11/2021	UPS STORE	2,315.00	Freight
177598	3/18/2021	FED EX	31.13	Freight
177532	3/11/2021	RED HORSE OIL COMPANIES INC	811.19	Fuel
EFT000000006585	3/11/2021	WWS - ROCK SPRINGS	2,342.55	Garbage Collection

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

W/T	3/5/2021	BCBS 2/26/21	250,747.00	Group Health
W/T	3/11/2021	BCBS 3/5/21	200,803.10	Group Health
W/T	3/19/2021	BCBS 3/12/21	124,093.68	Group Health
W/T	3/26/2021	BCBS 3/19/21	102,110.19	Group Health
W/T	3/5/2021	FURTHER FLEX 3/3/21	5,611.90	Group Health
W/T	3/22/2021	TRIZETTO FEES	5,319.30	Group Health
W/T	3/19/2021	FURTHER FLEX 3/17/21	3,409.08	Group Health
W/T	3/12/2021	FURTHER FLEX 3/10/21	2,220.32	Group Health
W/T	3/26/2021	FURTHER FLEX 3/24/21	1,510.47	Group Health
W/T	3/24/2021	FURTHER FLEX ADMIN FEE	175.50	Group Health
177374	3/4/2021	AESCULAP INC	719.67	Hospital Supplies
177376	3/4/2021	ALLEN MEDICAL SYSTEMS INC	418.00	Hospital Supplies
177379	3/4/2021	APPLIED MEDICAL	96.00	Hospital Supplies
177477	3/11/2021	APPLIED MEDICAL	432.00	Hospital Supplies
177380	3/4/2021	AQUACAST LINER	368.00	Hospital Supplies
177383	3/4/2021	B BRAUN MEDICAL INC.	28,325.00	Hospital Supplies
177481	3/11/2021	BARD PERIPHERAL VASCULAR INC	1,044.00	Hospital Supplies
177382	3/4/2021	BAYER HEALTHCARE LLC	2,404.49	Hospital Supplies
177386	3/4/2021	BOSTON SCIENTIFIC CORP	14,271.57	Hospital Supplies
177484	3/11/2021	BOSTON SCIENTIFIC CORP	385.86	Hospital Supplies
177389	3/4/2021	CARDINAL HEALTH/V. MUELLER	40,691.90	Hospital Supplies
177487	3/11/2021	CARDINAL HEALTH/V. MUELLER	30,196.75	Hospital Supplies
177492	3/11/2021	COOK MEDICAL INC.	533.40	Hospital Supplies
177401	3/4/2021	DIAGNOSTICA STAGO INC	2,934.68	Hospital Supplies
177498	3/11/2021	DI ORTHOPEDICS, LLC	122.54	Hospital Supplies
177506	3/11/2021	GENERAL HOSPITAL SUPPLY CORPORATION	517.00	Hospital Supplies
177510	3/11/2021	HEALTHCARE LOGISTICS INC	281.83	Hospital Supplies
177417	3/4/2021	KARL STORZ ENDOSCOPY-AMERICA	802.36	Hospital Supplies
177418	3/4/2021	KCI USA	632.25	Hospital Supplies
177437	3/4/2021	M V A P MEDICAL SUPPLIES, INC.	51.70	Hospital Supplies
177423	3/4/2021	MARKET LAB, INC	278.82	Hospital Supplies
177517	3/11/2021	MARKET LAB, INC	4,991.95	Hospital Supplies
177428	3/4/2021	MEDTRONIC, USA	482.00	Hospital Supplies
177434	3/4/2021	MINDRAY DS USA, INC.	274.56	Hospital Supplies
177439	3/4/2021	OLYMPUS AMERICA INC	855.30	Hospital Supplies
177526	3/11/2021	OWENS & MINOR 90005430	19,920.91	Hospital Supplies
177442	3/4/2021	PERFORMANCE HEALTH SUPPLY INC	186.00	Hospital Supplies
177540	3/11/2021	STENIS CORPORATION	4,513.80	Hospital Supplies
177462	3/4/2021	TRI-ANIM HEALTH SERVICES INC	419.21	Hospital Supplies
177547	3/11/2021	TRI-ANIM HEALTH SERVICES INC	1,354.38	Hospital Supplies
177466	3/4/2021	UTAH MEDICAL PRODUCTS INC	567.12	Hospital Supplies
177469	3/4/2021	WAXIE SANITARY SUPPLY	332.00	Hospital Supplies
177402	3/4/2021	EDGE PHARMACEUTICALS, LLC	2,510.22	Hospital Supplies
177452	3/4/2021	SIMMS FISHING PRODUCTS, LLC	1,057.91	Hospital Supplies
177563	3/18/2021	AESCULAP INC	1,464.09	Hospital Supplies
177565	3/18/2021	APPLIED MEDICAL	1,776.00	Hospital Supplies
177567	3/18/2021	ARTHREX INC.	850.00	Hospital Supplies
177570	3/18/2021	B BRAUN MEDICAL INC.	1,105.44	Hospital Supplies
177568	3/18/2021	BAXTER HEALTHCARE CORP/IV	2,944.20	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

177569	3/18/2021	BAYER HEALTHCARE LLC	2,094.68	Hospital Supplies
177573	3/18/2021	BOSTON SCIENTIFIC CORP	5,415.25	Hospital Supplies
177589	3/18/2021	C R BARD INC	572.97	Hospital Supplies
177588	3/18/2021	C.R. BARD, INC.	61.00	Hospital Supplies
177594	3/18/2021	DIAGNOSTICA STAGO INC	453.35	Hospital Supplies
177603	3/18/2021	GENERAL HOSPITAL SUPPLY CORPORATION	517.00	Hospital Supplies
177647	3/18/2021	LEICA BIOSYSTEMS RICHMOND	1,246.51	Hospital Supplies
177617	3/18/2021	MARK COSTELLO COMPANY	1,582.58	Hospital Supplies
177618	3/18/2021	MARKET LAB, INC	277.48	Hospital Supplies
177621	3/18/2021	MCKESSON MEDICAL-SURGICAL	1,294.65	Hospital Supplies
177627	3/18/2021	OWENS & MINOR 90005430	24,233.40	Hospital Supplies
177630	3/18/2021	PERFORMANCE HEALTH SUPPLY INC	160.49	Hospital Supplies
177636	3/18/2021	RADIOMETER AMERICA INC	3,030.01	Hospital Supplies
177645	3/18/2021	STERIS CORPORATION	3,721.12	Hospital Supplies
177650	3/18/2021	TRI-ANIM HEALTH SERVICES INC	697.88	Hospital Supplies
177655	3/18/2021	UTAH MEDICAL PRODUCTS INC	567.12	Hospital Supplies
177656	3/18/2021	WAXIE SANITARY SUPPLY	1,006.48	Hospital Supplies
177595	3/18/2021	EDGE PHARMACEUTICALS, LLC	622.88	Hospital Supplies
177667	3/25/2021	APPLIED MEDICAL	336.00	Hospital Supplies
177670	3/25/2021	B BRAUN MEDICAL INC.	1,825.44	Hospital Supplies
177669	3/25/2021	BAXTER HEALTHCARE CORP/IV	420.84	Hospital Supplies
177672	3/25/2021	BIOMET SPORTS MEDICINE	2,000.00	Hospital Supplies
177674	3/25/2021	BOSTON SCIENTIFIC CORP	2,020.56	Hospital Supplies
177692	3/25/2021	C R BARD INC	767.90	Hospital Supplies
177677	3/25/2021	CARDINAL HEALTH/V. MUELLER	4,352.75	Hospital Supplies
177678	3/25/2021	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
177683	3/25/2021	COASTAL LIFE SYSTEMS, INC.	304.59	Hospital Supplies
177687	3/25/2021	CONE INSTRUMENTS	226.67	Hospital Supplies
177688	3/25/2021	COOK MEDICAL INCORPORATED	1,445.28	Hospital Supplies
177721	3/25/2021	KCI USA	1,499.56	Hospital Supplies
177740	3/25/2021	M V A P MEDICAL SUPPLIES, INC.	68.35	Hospital Supplies
177726	3/25/2021	MARKET LAB, INC	304.95	Hospital Supplies
177728	3/25/2021	MCKESSON MEDICAL-SURGICAL	1,093.95	Hospital Supplies
177738	3/25/2021	MICROTEK MEDICAL INC.	429.18	Hospital Supplies
177741	3/25/2021	NEOTECH PRODUCTS, INC	169.50	Hospital Supplies
177745	3/25/2021	OLYMPUS AMERICA INC	11,008.00	Hospital Supplies
177749	3/25/2021	PERFORMANCE HEALTH SUPPLY INC	150.05	Hospital Supplies
177755	3/25/2021	RADIOMETER AMERICA INC	1,925.93	Hospital Supplies
177769	3/25/2021	SPACELABS MEDICAL	113.81	Hospital Supplies
177773	3/25/2021	STENS CORPORATION	5,349.42	Hospital Supplies
177784	3/25/2021	TRI-ANIM HEALTH SERVICES INC	831.56	Hospital Supplies
177790	3/25/2021	UTAH MEDICAL PRODUCTS INC	236.64	Hospital Supplies
177791	3/25/2021	VERATHON INC.	1,407.00	Hospital Supplies
177729	3/25/2021	MEDELA LLC	124.43	Hospital Supplies
EFT000000006558	3/4/2021	BREG INC	161.94	Hospital Supplies
EFT000000006559	3/4/2021	BSN MEDICAL INC	161.64	Hospital Supplies
EFT000000006561	3/4/2021	HARDY DIAGNOSTICS	1,050.17	Hospital Supplies
EFT000000006572	3/11/2021	BIODEX MEDICAL SYSTEMS INC	1,323.30	Hospital Supplies
EFT000000006574	3/11/2021	BREG INC	314.99	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

EFT000000006577	3/11/2021	HARDY DIAGNOSTICS	337.86	Hospital Supplies
EFT000000006598	3/18/2021	BREG INC	337.92	Hospital Supplies
EFT000000006599	3/18/2021	CLINICAL CHOICE	48.93	Hospital Supplies
EFT000000006598	3/18/2021	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	3,570.00	Hospital Supplies
EFT000000006600	3/18/2021	STRYKER INSTRUMENTS	502.10	Hospital Supplies
EFT000000006601	3/18/2021	ZOLL MEDICAL CORPORATION	30.71	Hospital Supplies
EFT000000006604	3/25/2021	BEEKLEY CORPORATION	332.00	Hospital Supplies
EFT000000006606	3/25/2021	BREG INC	808.60	Hospital Supplies
EFT000000006609	3/25/2021	HARDY DIAGNOSTICS	159.48	Hospital Supplies
EFT000000006612	3/25/2021	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	10,200.77	Hospital Supplies
EFT000000006616	3/25/2021	ZOLL MEDICAL CORPORATION	1,200.24	Hospital Supplies
177381	3/4/2021	ARMSTRONG MEDICAL INDUSTRIES	150.00	Hospital Supplies
177581	3/18/2021	CIVCO RADIOTHERAPY	450.00	Hospital Supplies
177781	3/25/2021	TELEFLEX LLC	705.00	Hospital Supplies
EFT000000006593	3/18/2021	LABORIE MEDICAL TECHNOLOGIES CORP	311.82	Hospital Supplies
177461	3/4/2021	TREACE MEDICAL CONCEPTS, INC.	6,215.00	Implant Supplies
177465	3/4/2021	PROVIDENT LIFE & ACCIDENT	14,903.03	Insurance Premiums
177787	3/25/2021	PROVIDENT LIFE & ACCIDENT	11,245.52	Insurance Premiums
177803	3/25/2021	INSURANCE REFUND	149.72	Insurance Refund
177471	3/4/2021	WYOMING.COM	10.00	Internet Services
177430	3/4/2021	METABOLIC NEWBORN SCREENING	1,550.00	Laboratory Services
177551	3/11/2021	VITALANT	1,496.00	Laboratory Services
177619	3/18/2021	MAYO COLLABORATIVE SERVICES, INC.	1,385.30	Laboratory Services
177623	3/18/2021	METABOLIC NEWBORN SCREENING	5,127.64	Laboratory Services
177665	3/25/2021	AMERICAN ASSOCIATION OF BIOANALYSTS	358.00	Laboratory Services
177735	3/25/2021	METABOLIC NEWBORN SCREENING	3,877.64	Laboratory Services
EFT000000006603	3/25/2021	ANUP LABORATORIES, INC.	56,367.58	Laboratory Services
177378	3/4/2021	ANAEROBE SYSTEMS	37.60	Laboratory Supplies
177476	3/11/2021	ANAEROBE SYSTEMS	78.10	Laboratory Supplies
177388	3/4/2021	CARDINAL HEALTH	57,197.68	Laboratory Supplies
177486	3/11/2021	CARDINAL HEALTH	2,164.09	Laboratory Supplies
177391	3/4/2021	CEPHID	1,933.72	Laboratory Supplies
177489	3/11/2021	CEPHID	1,006.92	Laboratory Supplies
177408	3/4/2021	FISHER HEALTHCARE	5,205.11	Laboratory Supplies
177502	3/11/2021	FISHER HEALTHCARE	12,874.84	Laboratory Supplies
177426	3/4/2021	MEDIVATORS REPROCESSING SYSTEM	450.26	Laboratory Supplies
177451	3/4/2021	SIGMA-ALDRICH INC	95.32	Laboratory Supplies
177455	3/4/2021	STRECK LABORATORIES INC	288.94	Laboratory Supplies
177571	3/18/2021	BECKMAN COULTER, INC	129.38	Laboratory Supplies
177575	3/18/2021	CANCER DIAGNOSTICS, INC	74.15	Laboratory Supplies
177576	3/18/2021	CARDINAL HEALTH	1,162.25	Laboratory Supplies
177579	3/18/2021	CEPHID	2,013.84	Laboratory Supplies
177600	3/18/2021	FISHER HEALTHCARE	5,510.36	Laboratory Supplies
177652	3/18/2021	TYFENEX MEDICAL, LLC	547.49	Laboratory Supplies
177631	3/18/2021	PIPETTE.COM	380.00	Laboratory Supplies
177666	3/25/2021	ANAEROBE SYSTEMS	37.05	Laboratory Supplies
177676	3/25/2021	CARDINAL HEALTH	27,263.64	Laboratory Supplies
177704	3/25/2021	FISHER HEALTHCARE	26,561.88	Laboratory Supplies
177724	3/25/2021	LIFELOC TECHNOLOGIES	100.00	Laboratory Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

177730	3/25/2021	MEDIVATORS REPROCESSING SYSTEM	108.19	Laboratory Supplies
177733	3/25/2021	MERCEDES MEDICAL	47.81	Laboratory Supplies
177715	3/25/2021	PLATINUM CODE	366.00	Laboratory Supplies
177754	3/25/2021	R&D SYSTEMS INC	72.85	Laboratory Supplies
177774	3/25/2021	STRECK LABORATORIES INC	269.11	Laboratory Supplies
EFT000000006573	3/11/2021	BIO-RAD LABORATORIES	1,565.99	Laboratory Supplies
EFT000000006580	3/11/2021	ORTHO-CLINICAL DIAGNOSTICS INC	506.08	Laboratory Supplies
EFT000000006581	3/11/2021	PDC HEALTHCARE	52.84	Laboratory Supplies
EFT000000006605	3/25/2021	BIO-RAD LABORATORIES	2,583.12	Laboratory Supplies
EFT000000006579	3/11/2021	MARTIN-RAY LAUNDRY SYSTEMS	453.88	Laundry Supplies
177590	3/18/2021	CROWLEY FLECK ATTORNEYS	90.00	Legal Fees
177668	3/25/2021	BARRY J. WALKER	270.00	Legal Fees
177742	3/25/2021	NEW YORK LIFE INSURANCE COMPANY	2,410.92	Life Insurance
177770	3/25/2021	STANDARD TEXTILE	344.16	Linen
177659	3/18/2021	WYOMING UROLOGICAL SERVICES, LP	3,100.00	Lithotripsy Services
177393	3/4/2021	COMPHEALTH, INC.	34,548.00	Locum Tenens
177414	3/4/2021	JHHR MEDICAL ASSOCIATES	13,995.12	Locum Tenens
177460	3/4/2021	TETON PATHOLOGY	30,734.40	Locum Tenens
177685	3/25/2021	COMPHEALTH, INC.	5,668.06	Locum Tenens
177795	3/25/2021	WEATHERBY LOCUMS, INC	458.39	Locum Tenens
177725	3/25/2021	LOCUM TENENS.COM	33,339.56	Locum Tenens
177483	3/11/2021	BOBCAT OF CASPER	1,678.45	Maintenance & Repair
177441	3/4/2021	PARTSSOURCE	120.38	Maintenance & Repair
177528	3/11/2021	PARTSSOURCE	1,212.01	Maintenance & Repair
177456	3/4/2021	SWEETWATER PLUMBING & HEATING	141.20	Maintenance & Repair
177542	3/11/2021	SWEETWATER PLUMBING & HEATING	279.45	Maintenance & Repair
177546	3/11/2021	THE WINDOW AND DOOR STORE, INC	988.00	Maintenance & Repair
177550	3/11/2021	UTAH CONTROLS INC	890.00	Maintenance & Repair
177394	3/4/2021	CONTROL SOLUTIONS, INC	64.00	Maintenance & Repair
177495	3/11/2021	DANIEL DORMAN PAINTING	1,530.08	Maintenance & Repair
177591	3/18/2021	CUMMINS ROCKY MOUNTAIN, LLC	3,022.70	Maintenance & Repair
177628	3/18/2021	PACIFIC STEEL HIDES FURS RECYC	61.81	Maintenance & Repair
177623	3/18/2021	PARTSSOURCE	4,476.19	Maintenance & Repair
177566	3/18/2021	ARMSTRONG MEDICAL INDUSTRIES	100.00	Maintenance & Repair
177747	3/25/2021	PARTSSOURCE	428.21	Maintenance & Repair
177789	3/25/2021	UTAH CONTROLS INC	52.50	Maintenance & Repair
177796	3/25/2021	WESTERN PEAKS CALIBRATION	2,140.00	Maintenance & Repair
177699	3/25/2021	ENTRY SYSTEMS INC.	400.00	Maintenance & Repair
177732	3/25/2021	MED ONE EQUIPMENT SERVICES LLC	4,760.00	Maintenance & Repair
EFT000000006583	3/11/2021	SERVCO	4,950.00	Maintenance & Repair
EFT000000006597	3/18/2021	SERVCO	6,500.00	Maintenance & Repair
177377	3/4/2021	ALPINE PURE SOFT WATER	676.20	Maintenance Supplies
177480	3/11/2021	BARD ACCESS SYSTEMS	959.07	Maintenance Supplies
177385	3/4/2021	BLOEDORN LUMBER	1,714.00	Maintenance Supplies
177382	3/4/2021	CODALE ELECTRIC SUPPLY, INC	1,738.79	Maintenance Supplies
177410	3/4/2021	GRAINGER	77.32	Maintenance Supplies
177507	3/11/2021	GRAINGER	628.90	Maintenance Supplies
177511	3/11/2021	HOME DEPOT	196.78	Maintenance Supplies
177522	3/11/2021	NAPA AUTO PARTS	266.70	Maintenance Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

177404	3/4/2021	ENTRY SYSTEMS INC.	112.00	Maintenance Supplies
177604	3/18/2021	GRAINGER	173.39	Maintenance Supplies
177610	3/18/2021	HOME DEPOT	419.19	Maintenance Supplies
177613	3/18/2021	INSULATION INC.	5,032.00	Maintenance Supplies
177684	3/25/2021	CODALE ELECTRIC SUPPLY, INC	159.50	Maintenance Supplies
177708	3/25/2021	GRAINGER	450.14	Maintenance Supplies
177713	3/25/2021	HOME DEPOT	641.24	Maintenance Supplies
177681	3/25/2021	MSC INDUSTRIAL SUPPLY CO	166.82	Maintenance Supplies
177785	3/25/2021	UNIPOWER	1,165.36	Maintenance Supplies
EFT000000006568	3/4/2021	ULINE, INC	69.50	Maintenance Supplies
EFT000000006569	3/11/2021	ACE HARDWARE	178.80	Maintenance Supplies
EFT000000006582	3/11/2021	ROCK SPRINGS WINNELSON CO	547.34	Maintenance Supplies
EFT000000006587	3/18/2021	BENNETT'S	1,197.30	Maintenance Supplies
EFT000000006596	3/18/2021	ROCK SPRINGS WINNELSON CO	98.62	Maintenance Supplies
EFT000000006615	3/25/2021	ULINE, INC	111.50	Maintenance Supplies
177753	3/25/2021	PURPLE LIZARDS, LLC	925.00	Marketing & Promotional Supplies
177605	3/18/2021	GREEN RIVER CHAMBER OF COMMERCE	1,000.00	Memberships
177553	3/11/2021	WYOMING PRESS ASSOCIATION	125.00	Memberships
EFT000000006611	3/25/2021	R.S. CHAMBER OF COMMERCE	125.00	Memberships
177431	3/4/2021	MHSC-FOUNDATION	1,295.72	MHSC Foundation
177624	3/18/2021	MHSC-FOUNDATION	1,280.72	MHSC Foundation
177518	3/11/2021	MAXAIR (BIO-MEDICAL DEVICES INTERNATIONAL, INC.)	4,228.86	Minor Equipment
177544	3/11/2021	TERMINIX OF WYOMING	237.00	Monthly Pest Control
177427	3/4/2021	MEDLINE INDUSTRIES INC	2,121.55	Non Medical Supplies
177519	3/11/2021	MEDLINE INDUSTRIES INC	797.38	Non Medical Supplies
177440	3/4/2021	OPTUM360 LLC	263.96	Non Medical Supplies
177622	3/18/2021	MEDLINE INDUSTRIES INC	1,462.64	Non Medical Supplies
177625	3/18/2021	MODEL SERVICE INC.	1,314.54	Non Medical Supplies
177641	3/18/2021	SMILEMAKERS	288.36	Non Medical Supplies
177731	3/25/2021	MEDLINE INDUSTRIES INC	940.04	Non Medical Supplies
177538	3/11/2021	STAPLES BUSINESS ADVANTAGE	95.53	Office Supplies
177508	3/11/2021	GRAPHIC PRODUCTS, INC.	2,452.63	Office Supplies
177644	3/18/2021	STAPLES BUSINESS ADVANTAGE	834.26	Office Supplies
177688	3/25/2021	ENCOMPASS GROUP, LLC	2,370.48	Office Supplies
177771	3/25/2021	STAPLES BUSINESS ADVANTAGE	9.16	Office Supplies
177710	3/25/2021	HD SUPPLY FACILITIES MAINTENANCE, LTD	371.69	Office Supplies
EFT000000006566	3/4/2021	SMYTH PRINTING	1,452.50	Office Supplies
EFT000000006584	3/11/2021	SMYTH PRINTING	2,060.25	Office Supplies
177472	3/4/2021	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
177482	3/11/2021	BECTON DICKINSON	1,639.80	Other Medical Surgical Supplies
177499	3/11/2021	EQUASHIELD LLC	581.32	Other Medical Surgical Supplies
177521	3/11/2021	NANOSONICS, INC	536.25	Other Medical Surgical Supplies
177564	3/18/2021	ALTA MEDICAL SPECIALTIES	359.14	Other Medical Surgical Supplies
177572	3/18/2021	BECTON DICKINSON	314.40	Other Medical Surgical Supplies
177626	3/18/2021	NANOSONICS, INC	223.50	Other Medical Surgical Supplies
177649	3/18/2021	TELEFLEX LLC	1,809.00	Other Medical Surgical Supplies
177664	3/25/2021	ALTA MEDICAL SPECIALTIES	387.90	Other Non Medical Surgical Supplies
177421	3/4/2021	QUICK RESPONSE TAXI	117.00	Other Purchased Services
177615	3/18/2021	QUICK RESPONSE TAXI	99.00	Other Purchased Services

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

177680	3/25/2021	CJ SIGNS	180.00	Other Purchased Services
177723	3/25/2021	QUICK RESPONSE TAXI	75.00	Other Purchased Services
EFT000000006557	3/4/2021	AIRGAS INTERMOUNTAIN INC	8,458.78	Oxygen Rental
EFT000000006570	3/11/2021	AIRGAS INTERMOUNTAIN INC	12,606.71	Oxygen Rental
EFT000000006586	3/18/2021	AIRGAS INTERMOUNTAIN INC	161.37	Oxygen Rental
EFT000000006602	3/25/2021	AIRGAS INTERMOUNTAIN INC	623.29	Oxygen Rental
177662	3/18/2021	PATIENT REFUND	1,110.87	Patient Refund
177801	3/25/2021	PATIENT REFUND	103.13	Patient Refund
177802	3/25/2021	PATIENT REFUND	1,305.72	Patient Refund
177371	3/2/2021	UNITED WAY OF SWEETWATER COUNTY	156.75	Payroll Deduction
177561	3/16/2021	UNITED WAY OF SWEETWATER COUNTY	166.75	Payroll Deduction
177367	3/2/2021	FAMILY SUPPORT REGISTRY	403.84	Payroll Garnishment
177368	3/2/2021	STATE OF WYOMING DFS/CSES	2,559.84	Payroll Garnishment
177365	3/2/2021	CIRCUIT COURT 3RD JUDICIAL-GR	102.20	Payroll Garnishment
177366	3/2/2021	DAVID G. PEAKE	3,484.62	Payroll Garnishment
177369	3/2/2021	SWEETWATER CIRCUIT COURT-RS	292.95	Payroll Garnishment
177370	3/2/2021	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
177557	3/16/2021	FAMILY SUPPORT REGISTRY	403.84	Payroll Garnishment
177558	3/16/2021	STATE OF WYOMING DFS/CSES	2,559.84	Payroll Garnishment
177555	3/16/2021	CIRCUIT COURT 3RD JUDICIAL-GR	112.78	Payroll Garnishment
177556	3/16/2021	DAVID G. PEAKE	3,484.62	Payroll Garnishment
177559	3/16/2021	SWEETWATER CIRCUIT COURT-RS	186.67	Payroll Garnishment
177560	3/16/2021	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	3/1/2021	PAYROLL 5	1,600,000.00	Payroll Transfer
W/T	3/16/2021	PAYROLL 6	1,600,000.00	Payroll Transfer
W/T	3/29/2021	PAYROLL 7	1,600,000.00	Payroll Transfer
177520	3/11/2021	MHSC - PETTY CASH	6.00	Petty Cash
177577	3/18/2021	CARDINAL HEALTH PHARMACY MGMT	557,243.20	Pharmacy Management
177372	3/4/2021	DR. ABEER MAJID SALAMA	313.59	Physician Recruitment
177609	3/18/2021	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	218.00	Physician Recruitment
177514	3/11/2021	JOCELYN PALINEK	15,000.00	Physician Retention
177373	3/4/2021	ADVANCED MEDICAL IMAGING, LLC	17,796.50	Physician Services
177422	3/4/2021	LOICUM TENENS.COM	53,628.11	Physician Services
177464	3/4/2021	UNIVERSITY OF UTAH	5,906.48	Physician Services
177415	3/4/2021	JOHN A. ILIYA, M.D.	14,700.00	Physician Services
177562	3/18/2021	ADVANCED MEDICAL IMAGING, LLC	400.00	Physician Services
177782	3/25/2021	THE SLEEP SPECIALISTS	8,175.00	Physician Services
177798	3/25/2021	DR. W. MARCUS BRANN	1,188.00	Physician Services
177696	3/25/2021	DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
177702	3/25/2021	FEDLOAN SERVICING	20,625.00	Physician Student Loan
177709	3/25/2021	GREAT LAKES	1,666.67	Physician Student Loan
177788	3/25/2021	US DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
177718	3/25/2021	DR. JACQUES DENKER	6,498.33	Physician Student Loan
177632	3/18/2021	POSTMASTER	985.00	Postage
177405	3/4/2021	CE BROKER	293.58	Professional Service
177490	3/11/2021	CLEANIQUE PROFESSIONAL SERVICES	4,150.00	Professional Service
177425	3/4/2021	MEDICAL PHYSICS CONSULTANTS, INC	450.00	Professional Service
177527	3/11/2021	P3 CONSULTING LLC	67,649.14	Professional Service
177436	3/4/2021	MOUNTAIN STATES MEDICAL PHYSICS	7,237.15	Professional Service

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
3/31/21

177700	3/25/2021	CE BROKER	271.94	Professional Service
177792	3/25/2021	VERISYS INC.	20.00	Professional Service
177793	3/25/2021	VERTIV SERVICES, INC.	12,749.10	Professional Service
177444	3/4/2021	RADIATION DETECTION COMPANY	645.75	Radiation Monitoring
177734	3/25/2021	MERRY X-RAY	282.92	Radiology Film
177387	3/4/2021	BRACCO DIAGNOSTICS INC	397.96	Radiology Material
177485	3/11/2021	BRACCO DIAGNOSTICS INC	596.94	Radiology Material
177420	3/4/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
177515	3/11/2021	LANTHEUS MEDICAL IMAGING, INC	3,463.33	Radiology Material
177398	3/4/2021	CURIUM US LLC	381.74	Radiology Material
177574	3/18/2021	BRACCO DIAGNOSTICS INC	3,686.53	Radiology Material
177675	3/25/2021	BRACCO DIAGNOSTICS INC	812.19	Radiology Material
177714	3/25/2021	INTERMOUNTAIN RADIOPHARMACY - UNIVERSITY OF UTAH	1,503.00	Radiology Material
177722	3/25/2021	LANTHEUS MEDICAL IMAGING, INC	3,147.86	Radiology Material
EFT000000006591	3/18/2021	GE HEALTHCARE INC	1,889.17	Radiology Material
EFT000000006608	3/25/2021	GE HEALTHCARE INC	768.56	Radiology Material
177399	3/4/2021	DR. DAVID LIU	888.00	Reimbursement - CME
177412	3/4/2021	ISRAEL STEWART, DO	913.85	Reimbursement - CME
177429	3/4/2021	MELISSA JEWELL	183.74	Reimbursement - CME
177454	3/4/2021	STEVEN CROFT, M.D.	3,847.00	Reimbursement - CME
177459	3/4/2021	TAMARA WALKER, FNP	4,648.00	Reimbursement - CME
177760	3/25/2021	DR SAMER KATTAN	335.00	Reimbursement - CME
177694	3/25/2021	DR. DAVID DANSIE	1,594.06	Reimbursement - CME
177717	3/25/2021	DR. JACOB JOHNSON	4,750.00	Reimbursement - CME
177719	3/25/2021	DR. JEFFREY WHEELER	210.00	Reimbursement - CME
177765	3/25/2021	DR. SIGSBEE DUCK	50.00	Reimbursement - CME
177772	3/25/2021	STARLA LEETE	1,242.97	Reimbursement - CME
177416	3/4/2021	DR. JONATHAN SCHWARTZ	2,595.72	Reimbursement - Education & Travel
177513	3/11/2021	JACQUELYN LINDSEY	395.00	Reimbursement - Education & Travel
177419	3/4/2021	KELLY SUGIHARA	383.57	Reimbursement - Education & Travel
177516	3/11/2021	MARIANNE SANDERS	50.33	Reimbursement - Education & Travel
177533	3/11/2021	ROB FAIR	395.76	Reimbursement - Education & Travel
177614	3/18/2021	KELLY SUGIHARA	123.89	Reimbursement - Education & Travel
177720	3/25/2021	DR. JONATHAN SCHWARTZ	2,769.14	Reimbursement - Education & Travel
177737	3/25/2021	DR. MICHAEL NEYMAN	5,708.94	Reimbursement - Education & Travel
177758	3/25/2021	ROB FAIR	363.12	Reimbursement - Education & Travel
177777	3/25/2021	SUZAN CAMPBELL	188.39	Reimbursement - Office Supplies
177447	3/4/2021	SARAH WAGNER	273.33	Reimbursement - Payroll Deduction
177616	3/18/2021	MARIANNE SANDERS	1,258.73	Reimbursement - Physician Recruitment
W/T	3/29/2021	ABIG 3/4/21	183,754.32	Retirement
W/T	3/16/2021	ABIG 3/4/21	176,779.32	Retirement
177539	3/11/2021	STATE OF WYO. DEPT. OF REVENUE	771.61	Sales Tax Payment
177432	3/4/2021	MHSC MEDICAL STAFF	8,141.00	Scholarship
177736	3/25/2021	MHSC MEDICAL STAFF	400.00	Scholarship
177673	3/25/2021	BOOKCLIFF SALES INC	16.78	Scrub Sale deductions
177446	3/4/2021	RSGSA	500.00	Sponsorship
177759	3/25/2021	ROCK SPRINGS RENEWAL FUND	1,500.00	Sponsorship
177748	3/25/2021	PEOPLE FOR KIDS	100.00	Sponsorship
177435	3/4/2021	MOBILE INSTRUMENT SERVICE	396.85	Surgery Equipment


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**Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending March 31, 2021**

Vouchers Submitted by MHSC at agreed discounted rate	
July 2020	\$0.00
August 2020	\$0.00
September 2020	\$120,210.45
October 2020	\$0.00
November 2020	\$7,705.78
December 2020	\$35,769.98
January 2021	\$17,891.77
February 2021	\$0.00
March 2021	\$0.00
 County Requested Total Vouchers Submitted	 <u>\$181,577.98</u>
Total Vouchers Submitted FY 21	\$181,577.98
Less: Total Approved by County and Received by MHSC FY 21	\$181,577.98
Total Vouchers Pending Approval by County	<u><u>\$0.00</u></u>

FY21 Title 25 Fund Budget from Sweetwater County	\$273,488.00
 Funds Received From Sweetwater County	 <u>\$181,577.98</u>
FY20 Title 25 Fund Budget Remaining	\$91,910.02
Total Budgeted Vouchers Pending Submittal to County	<u><u>\$0.00</u></u>

FY21 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY21- July	\$71,821.34
County Maintenance FY21- August	\$14,923.47
County Maintenance FY21-September	\$93,540.23
County Maintenance FY21- October	\$21,472.98
County Maintenance FY21- November	\$57,573.61
County Maintenance FY21-December	\$59,200.74
County Maintenance FY21-January	\$235,363.28
County Maintenance FY21-February	\$64,705.11
County Maintenance FY21-March	\$0.00
	<u>\$618,600.76</u>
FY21 Maintenance Fund Budget Remaining	<u><u>\$829,614.24</u></u>

MEMO: April 28, 2021
TO: Finance Committee 
FROM: Ronald L. Cheese – Director Patient Financial Services
SUBJECT: Preliminary April, 2021 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Hospital Accounts	\$ 1,285,614.00
Hospital Payment Plans	\$ 97,000.00
Medical Clinic Accounts	\$ 70,372.23
Ortho Clinic Accounts	\$ 00.00
Total Potential Bad Debt	\$ 1,452,986.23

Hospital Accounts Returned	\$ - 219,268.06	
Net Bad Debt Turned		\$1,233,718.17

Hospital Recoveries Collection Agency	\$ 250,000.00	
Hospital Recoveries Payment Plans	\$ 60,000.00	
Medical Clinic Recoveries	\$ 7,969.06	
Ortho Clinic Recoveries	\$ 5,412.55	
Total Bad Debt Recoveries		\$ 323,381.61

Net Bad Debt Less Recoveries		\$ 910,336.56
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MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...April Building and Grounds Committee Meeting
Date: April 27, 2021

Central Plant Expansion Project...no progress. Still withholding entire retainage. Contractor seemingly has little interest in bringing this project to a close anytime soon.

HVAC/UVG/S-1 Projects...Good progress; projected completion date to be provided next meeting; large change order to be discussed later in the meeting.

Medical Imaging Renovation Project...Similar to the HVAC/UVG/S-1 Projects; change order to be discussed later in the meeting.

Pharmacy Chemo Mixing Room Project...Staff determined it not necessary to bring in an industrial hygienist due to testing methods. Continuing concerns about possible safety issues. I asked about inclusion in the FY 2022 budget. Staff said it was possible.

Pharmacy Compounding Room Project...Project is almost completed.

Dr. Sulentic Office Project...All approvals have been secured. Project is ready to move forward.

Bulk Oxygen Project...Need to work with Air Gas to get new agreement in place. There will likely be a significant yearly cost increase. Significant work needs to be done on site to bring the facility up to an acceptable standard.

Building Automation System Project...this project is ready to proceed having received Board approval. Utility savings are anticipated upon project completion.

Tabled Projects...Power House Roofing, Waldner House work, and OB bathtubs conversion to showers...all on hold for now...funding will be provided in the FY 2022 budget.

Groathouse Change Order Request...staff is recommending approval of Changer Order No. 3 to the contract between Groathouse Construction, Inc. and the Hospital in the amount of \$571,034. This change order affects the HVAC/UVG project, the S-1 Project, and the Medical Imaging Remodel project. The details of the change order were presented by Jake and Will. A significant amount of time was spent going over every aspect of the change order. After discussion, the Committee voted to approve the change order request and seek a special Board meeting ASAP due to CARES Act funding requirements to review and approve same.

More detail can be obtained in the B & G meeting minutes.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

BUILDING & GROUNDS COMMITTEE AGENDA

Tuesday ~ April 20, 2021

3:30 p.m.

Zoom teleconference

Voting Board Committee Members:

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

Voting Staff Committee Members:

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

Non-voting Members:

Gerry Johnston, Facilities Supervisor
Stevie Nosich, Safety Coordinator

Guests:

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

1. Call Meeting to Order

Marty Kelsey

2. Approve Agenda

Marty Kelsey

3. Approve Minutes – March 16, 2021

Marty Kelsey

4. Maintenance Metrics

Jim Horan

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

5. Old Business

a. Project Review

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

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

b. Tabled projects

Jim Horan

- i. Replacement roofing for power house

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

6. New Business

Jim Horan

- a. HVAC/UVG/Medical Imaging Change Orders

7. Next meeting schedule

Marty Kelsey

- a. May18, 2021 Classroom 1 or Zoom; 3:30P – 4:30P

8. Adjournment

Marty Kelsey

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
April 20, 2021

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

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

Mr. Kelsey called the meeting to order.

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

Mr. Kelsey asked for a motion to approve the minutes from the March 16, 2021 meeting. Dr. Sowada made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

Maintenance Metrics

Mr. Horan said the metrics continue to remain pretty consistent. They have seen some overtime due to the spring snow removal.

Old Business – Project Review

Central Plant Expansion

Mr. Blevins said BHI is completing the punch list. We are still holding the full retainage. He will be onsite later in the week for a walkthrough of the punch list completions. The total retainage is approximately \$300,000. Mr. Kelsey said it is disconcerting to him regrading this contractor. Mr. Blevins agreed and does prefer the CMAR contracts for this reason.

HVAC/UVG Projects

Mr. Blevins, Mr. Wheatley and Groathouse just finished an OAC meeting and everything is moving right along. Everyone is staying on task with the new Imaging and S1 projects. The new air handler will be started up in the next couple weeks. The temporary unit is in place. Mr. Kelsey asked about the expected completion date. Mr. Blevins said the contractor is working with MHSC staff to address the functional challenges of “musical chairs” of each area getting completed. Mr. Wheatley says he will have the completion schedules ready to discuss at the next meeting.

Medical Imaging Renovation

Mr. Wheatley said this project ties with the rest of the current project. They are working on infection control and egress processes and the area has been gutted. He said the final package from the State was received by the City of Rock Springs today. He is going through submittals as received and things will start moving in the near future.

S1 Unit

Mr. Blevins said the permits are in place from HLS and City of RS. There was asbestos found and abatement has started. The temporary air handler will be started up next week so progress will start on the removal of the old unit and construction on the new.

Pharmacy Chemo Mixing Room

Mr. Horan said we did make the decision not to bring in an industrial hygienist. In discussions with the Director of Pharmacy, Kari Quickenden and the vendor, the testing they do would not meet the concerns we are having regarding the area. Mr. Kelsey asked if this project will be included in the FY2022 Construction project.

Pharmacy Compounding Room

Mr. Johnston said the project is almost done. They are waiting on balancers for a tab report. The final electrical inspection was done today. The partition walls have been removed so the area can be cleaned up.

Dr. Sulentic Office

Mr. Wheatley received the final signed documents from Ms. Richardson today. Dr. Sulentic and his team did confirm their reimbursement issues would be remedied with this project. Ms. Richardson has the email to support from Dr. Sulentic showing the decision to move forward.

Bulk Oxygen

Mr. Horan said this project will start ramping up in June or July. We can keep it tabled until then. Mr. Kelsey asked about the new contract. Mr. Horan said the new agreement has not been signed yet. We will be looking at it over the next few weeks. Any company supplying oxygen would have the same requirements.

Building Automation System

Mr. Horan thanked the Board for approving this project. He understands the concern from the Board regarding the sole source vendors but believes going with a known vendor is the best. Everything has been signed and all have been notified and we are waiting on a start date.

Tabled Projects

There are no new updates on the remaining tabled projects as most are on hold for the spring weather. Ms. Love mentioned these projects will also be included in the FY2022 Capital Budget.

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

New Business

Mr. Blevins reviewed the budget status report sent to the Committee prior to the meeting. He summarized the original project amount with contingency funds and the two prior approved change orders for Medical Imaging and S1 Unit which also included contingency funds. He explained the different categories including Fast Track, Scope Expansion, Scope Refinement and Unforeseen conditions. The changes were reviewed to see if contingency funds could be used or if a change order was needed. He wants to assure there are still sufficient contingency funds available for the remaining projects. Mr. Kelsey asked if these changes on the S1 Unit were due to the project being rushed and no fault of the contractor. Mr. Blevins agreed and said that was a fair statement. Mr. Wheatley described the additions in the Medical Imaging portion of the change order. They both confirmed there were no duplicate efforts or overlap from the original HVAC project. Mr. Kelsey asked why the noncompliant areas in the north corridor weren't included in the original project. Mr. Blevins said that area was not included in the first HVAC project. It was decided later to finish out the back hallway of Medical Imaging where the noncompliant areas were found and scope was added.

Mr. Horan thanked Mr. Blevins for the explanations. He said as the project grew we looked at the patient flow and patient care areas in Medical Imaging could benefit from this construction. It will be an almost complete renovation of the Imaging Suite. Dr. Sowada said it sounds like 90% of Imaging will have been updated by the end of this project. She also asked about the waiting areas. Ms. Love said we are also working with Staples to replace the waiting room furniture house wide. Mr. Kelsey asked about the impact of the change order on the financials and our priorities. Ms. Richardson thanked everyone for the detailed explanations. She said the HVAC and S1 Unit portions of the change order will be under our CARES Act funding and need to be completed by June 30. Ms. Richardson recommended we hold a special Board meeting to get this change order approved so we can keep on schedule. Mr. Blevins said the base contract is tracking on schedule to be finished by June 30. He will check on the schedule for the S1 Unit. Mr. Kelsey asked where this fits in as a priority of the hospital. Ms. Richardson said the deferred maintenance of the hospital, which includes the older Imaging suite is a priority. Mr. Kelsey and Dr. Sowada agreed on the recommendation of a special board meeting.

Mr. Kelsey asked how confident we are that the remaining contingency is sufficient. Mr. Blevins feels the contingency level will be appropriate with these changes. Mr. Wheatley said he also spoke to Groathouse regarding the contingency and all agree. Mr. Kelsey said he is a little concerned with contingency at only 5%. Dr. Sowada asked if all the surprises in Imaging and the S1 Unit have been identified and accounted for. Mr. Blevins said yes but there are some areas that have not been turned over to the contractor yet.

Mr. Kelsey made a motion to forward the proposed Change Order for \$571,034 to the Board at a special meeting with a do pass recommendation. Dr. Sowada seconded the motion. Ms. Richardson said she appreciates all of the conversation and their support on this priority. The motion passed. Mr. Kelsey asked her to work with Ms. Nelson and Mr. Jones in scheduling a special meeting. He also asked Ms. Richardson send a cover letter with her position attached to the ST&B memo as soon as possible to the Board members.

The next meeting will be held May 18 at 3:30 p.m.

The meeting adjourned at 4:57 p.m.

Submitted by Tami Love

DRAFT

COMPLIANCE COMMITTEE CHAIR REPORT TO THE BOARD APRIL 2021

Ed Tardoni

The Compliance Committee met in April in Zoom format. All voting members were present.

Board attention is directed to the following:

Update on status of risk assessment mitigation plan

Two years ago, MHSC staff completed a risk assessment that ranked identified risks. This work was completed by hospital wide working groups. A compliance plan was developed to mitigate the identified risks. A year ago, it was decided to continue with the compliance plan as there were still outstanding mitigation items. The Compliance package for this month includes an update on the plan. The majority of items have been completed. The Committee was informed that a new risk ranking task will be initiated in the September / October time frame of this year.

Audit report on Patient Grievance Policy compliance

A report on this completed audit was presented to the Committee and may be found in this month's packet. Board attention is directed to the description of the methodology utilized during the audit.

The ensuing discussion of the audit led to the conclusion that an improvement opportunity existed in the area of documentation on the part of the Grievance Committee. It is known that all patient grievances are reviewed by the Grievance Committee but the audit could only identify documentation on 50% of those reviews. The same documentation improvement exists for recording the resolution of grievances. The audit found good compliance but documentation of the resolutions was spread throughout many areas and had to be extensively researched.

Misc.

- Work on the revision of the Compliance and Risk Management Policy continues.
- The Fair Warnings report was reviewed. MHSC staff is looking at what is involved in replacing Fair Warnings with an application resident in Cerner known as PS2.

NEXT MEETING

The next meeting of the committee will be held May 27, 2021 at 1530 hours most likely by Zoom.



**Board Compliance Committee Meeting
Memorial Hospital of Sweetwater County
April 22nd, 2021**

Present via Zoom: Irene Richardson, Susan Campbell, Noreen Hove, Ed Tardoni, Marty Kelsey, April Prado

Minutes

The meeting was called to order at 3:40pm by Ed Tardoni.

A "Mission Moments" was on the agenda but one was not shared.

The April agenda was approved as written, Susan made the motion and Marty seconded it. The meeting minutes from February and March were presented. February was approved with Susan making the motion and Noreen making the second. March was also approved, Marty made the motion and Noreen made the second.

Old Business

- A. Review Compliance Work Plan and Updates-Noreen presented the Compliance Work Plan and noted that we would be getting a new plan in September. #1 Identify Compliance Risk Areas/Emerging Risks was stated to be complete. #2 Medical Malpractice Claim Submission-Susan reported that this was complete and had been added to our ins. policy. #3 Professional Services Billing-this is done but will carry over and be ongoing. #4 New Software Implementation-we will do this with Cerner and will carry over. It was noted that we have had no IT Director. #5 Coding Training and Education-this has been sent to our HIM Director to look at. #6 HIPAA Privacy and Security Regulations-We may be switching to PS2 but Noreen was unsure and will check on this. It was questioned if our current system, FairWarning, had been notified. #7 Denial Management-This has not been done and April will follow up with the parties involved. #8 Recovery Audit Contractor Readiness-Not completed. April will follow up with Tami to get this figured out. #9 Patient Grievances and Guest Relations-This has been completed and the newest audit was presented at this meeting. #10 Business Continuity and Disaster Recovery-Completed and sent to Finance #11 Anti-Kickback Law-Susan is working on this-it is included in the "Code of Conduct" policy. #12 Workers Compensation Claim Submission-Not complete. April will reach out to Amber to get this finished.

New Business

- A- Update on Compliance and Risk Management policy- Susan reported that earlier Ed and Marty had suggested that we look into an Enterprise Risk Management module. Susan stated that this policy was out on hold for a bit while we decided which way we were going to go. She continued that that decision has been made and this policy is back in motion.

Reports

January Fair Warning report-This report was submitted and reviewed by this board. It shows that we are below average for HIPAA violations. We had no reports that had to go to HR and no corrective actions. It was asked who in the hospital is taking care of these and it was stated that HIM and the HR Director were.

Grievances- Noreen shared that the Grievance Committee reviewed 6 cases in February and all were closed in a timely manner except one. She reported that we are following the process as defined in the

Grievance policy with regard to notification and communication with the grievant. There was 3 grievances in March and all were settled in a timely manner

Audits- The committee was given the audit report on "Grievances and Guest Relations" for review. April briefly explained the audit, its process and the results. She stated that documentation appeared to be the biggest downfall. Noreen reported that she would like to be at 100% in all of the audited areas 100% of the time. Ed noted that it is rare to be at 100% in everything. He continued that these audits should be viewed as opportunities for improvement-it shows us where we can improve. He continued that documentation would be an area of improvement. The MIDAS system was discussed and the lack of trained users. It was questioned if a new system would be in place soon. Synergi is a system that is currently being looked at and may be the replacement. Ed stated that we need to make sure we are doing what we say we are doing. Marty asked for clarification on what grievances are seen by the Grievance Committee. Noreen stated that all grievances go to the committee for review. Ed added that these audits are very important because they show us weak areas and essentially save us from something larger happening.

Adjournment

The meeting adjourned at 4:21p.m.

Next Meeting

May 27th, 2020 @3:30pm.

Respectfully Submitted,

April Prado, Recording Secretary

Agenda Board Compliance Committee
April 22, 2021
3:30 PM
Zoom

3:30 Call to order	E. Tardoni
3:35 Mission Moment	
3:45 Approve Agenda	E. Tardoni
3:50 Approve Minutes	E. Tardoni
4:00 Old Business	
A. Review Compliance Work Plan and Update.	N. Hove
4:15 New Business	
A. Update on Compliance and Risk Management policy	Susan Campbell
4:20 Reports	
March Fair Warning report	N. Hove
Reports	N. Hove
4:30 Adjourn	E. Tardoni



**Compliance Work Plan
FY 2020-2021**

**Prepared By:
Compliance Work Team
Updated 6/2020
Approved 6-24-2020 by Board Compliance Committee**

The following risks were identified by priority areas during the 2019 Compliance Risk Assessment. This assessment was performed by the Compliance Work Team, a multidisciplinary group dedicated to compliance with legal and regulatory compliance. What follows is the work plan for the calendar year 2020 that aims to address the largest compliance risk areas. This work plan may change throughout the year in response to previously unknown risks.

1. Identify Compliance Risk Areas/Emerging Risks

Risk Score – 210

Risk Choice – Mitigate

Mitigations:

Education – Educate staff members on reporting risks and the availability of the Compliance Hotline. This will be completed by Director of Compliance and Risk Management in conjunction with the Director of Human Resources. Task is due by December of 2020.

Education will be completed by the Director of Compliance and Risk Management in conjunction with the Safety Committee chair.

10/22/2020 update this will be included in orientation and annual education

Audits – Five probe audits will be completed in 2020-2021 by Compliance Auditor in various topics using the Compliance Manager audit format. One probe audit is to be completed each quarter, with a fifth one completed in any quarter of the year. Topics can be randomly selected, or be selected by the work group if concern is noted on any of the topics.

These audits will be presented to the Board Compliance Committee.

10/22/2020 2 have been completed,

Checklist – The work group and Compliance Committee will complete the Measuring Compliance Program Effectiveness guide by April 2020. Completion of this checklist will likely create further actions.

I am looking for the check list

10/22/2020 check list presented in 7-22-2020 meeting

2. Medical Malpractice Claim Submission

Risk Score – 210

Risk Choice – Accept/Mitigate

Mitigations:

Insurance risk audit is currently being performed by Applied Risk Solutions. The original plan was to audit the submission quarterly. After discussion with legal, the new plan is to

await the results of the risk audit and create a new workflow based on the results. Internal audits will be scheduled following this step.

I am working with Suzan on this.

Still working with Applied Risk Solutions.

3. Professional Services Billing

Risk Score – 208

Risk Choice – Mitigate

Mitigations:

Work Group Formation – The Revenue Cycle Team was created internally to monitor various aspects of revenue cycle. They have been tasked with forming a standardized process for appropriate professional services billing.

Process Formation – A standardized process for professional services billing is being created to ensure common practice among the various providers.

Audits – Once the process has been formed, audits will be scheduled quarterly to be performed by the Compliance Auditor.

This is a current audit.

10/22/2020 presented 9/24/2020

4. New Software Implementation

Risk Score – 195

Risk Choice – Mitigate

Mitigations:

Process Formation – The IT department will formulate a general process for the implementation of new software programs.

This is being done by Rich Tyler. I am waiting for his response.

10/22/2020 present at this meeting

Audits – Internal audits will be performed on each implementation of new software in 2020 by the established process.

This will begin with implementation of new software.

5. Coding Training and Education

Risk Score – 154

Risk Choice – Mitigate

Mitigations:

Process Formation – HIM Director has created a new education process for oncoming staff. Current staff has been educated to this new orientation plan.

Audits – One-time audits will be performed when a new employee is hired to this department. Turnover is low in the department which does not present many opportunities.

We should be able to do an audit in the near future.

10/22/2020 HIM to report 11/2020

4/21/2021 New HIM Director in place, will evaluate and reply in April meeting.

6. HIPAA Privacy and Security Regulations

Risk Score – 144

Risk Choice – Mitigate

Mitigations:

Education - Educate staff members HIPAA Privacy and Security Regulations at staff meetings. This will be completed by Director of Compliance and Risk Management in conjunction with the Director of Human Resources. Task is due by December of 2020.

This education will be incorporated into new hire as well as annual education.

Monitoring – Monitoring will continue via reporting and the FairWarning automated system. More systems are being added to FairWarning monitoring.

10/22/2020 Working with IT and HIM to streamline a process.

Audit – HIPAA Security Risk Audit is being performed by a third-party organization.

Actions will follow this audit.

This was put on hold because of COVID -19 and will resume as able. We are continuing to monitor through Fair warning as well as Healthicity for compliance. Health Information Management (HIM) is doing the investigations. The Director of Compliance and Risk management will meet at least monthly, (this can be done via telephone), to discuss potential HIPAA violations.

10/22/2020 This was accomplished I am waiting for an official report. We have two thirds of the report, this should be completed by next meeting.

4/21/2021 This report was completed and sent to Financial in November 2020. With the implementation of Cerner we are moving away from Fairwarning and using the system that is embedded in Cerner it is called PS2. There will be some learning curves and changes in the current process, but we will have HIPAA report each month provided by HIM. The investigation and employee remediation will remain the same should any violations occur.

7. Denial Management

Risk Score – 143

Risk Choice – Accept

Mitigations:

Audits – Quarterly audits are to be performed on the established Patient Financial Services process for monitoring denials. The audits will be due the last day of each quarter and will be performed by the Compliance Auditor.

This is currently being audited and will be presented to the Board Compliance Committee when completed.

10/22/2020 currently working on

8. Recovery Audit Contractor Readiness

Risk Score – 135

Risk Choice – Mitigate

Mitigations:

Process Formation – The Revenue Cycle Team has been tasked with creating a process for the efficient/accurate response to RAC audits.

Audit – Semi-annual audits will be performed on the process for RAC audit readiness. This will be contingent upon the presence of a RAC audit. The audits will be performed by the Compliance Auditor and be due at the last day of the second and fourth quarter. **This helps us to find out if we are prepared for RAC audit.**

10/22/2020 April will reach out to Tami to see what needs to be looked at.

9. Patient Grievances and Guest Relations

Risk Score – 132

Risk Choice – Accept

Mitigations:

Process Formation – New process/group was formulated in September of 2019 to facilitate more standardized and efficient resolution of patient grievances. **This process was revamped in January to accommodate transition to the new Director of Compliance and Risk/Management.**

Policy Update – Facility policy will be updated to reflect the new process.

Audits – Quarterly audits will be performed internally on this established process. The audits will be due by the last day of each quarter and be performed by a member of the work team.

Audits will be performed by the Compliance Auditor

10/22/2020 included in this meeting packet

10. Business Continuity and Disaster Recovery

Risk Score – 130

Risk Choice – Mitigate

Mitigations:

Audits – A third party HIPAA Security audit will be performed and report provided.

Testing – Penetration testing will be performed using a third party organization. Actions will likely follow this event.

This process was put on hold because of COVID-19 and will resume as soon as able. Current work within the different units are commencing to secure downtime procedures are effective in case any one of the EMR's are hijacked.

10/22/2020 Still on hold

4/21/2021 This is a part of the report sent to Finance in November 2020

11. Anti-Kickback Law

Risk Score – 126

Risk Choice – Mitigate

Mitigations:

Policy Update – The Code of Conduct will be updated to include behavior management standards as well as an expanded explanation of the Anti-Kickback requirements. This will be due by the last day of April 2020. Draft is to be completed by the Director of Compliance and Risk Management and approved by all appropriate committees.

Suzan has asked to work on this project.

4/21/2021 This will be included in the Code of Conduct Policy being worked on.

12. Workers Compensation Claim Submission

Risk Score – 121

Risk Choice – Accept

Mitigations

Audits – A semi-annual audit will be performed by the Compliance Auditor on this process. This will be contingent upon the presence of claims. These will be due on the last day of the second and fourth quarters.

10/22/2020 Due December

13. Patient Safety Program

Risk Score – 120

Risk Choice – Mitigate

Mitigations:

Committee Formation – The Safety Committee has been formed to take a comprehensive view of safety concerns. **This is an evolving committee and is moving forward.**
10/22/2020 Gabriell S. was chair of this committee and her last day is the 22nd. A request for replacement has been filed with HR and quality will continue with the culture of safety plan. This was presented on 10/21/2020 to the Quality Board.
4/21/2021 The Patient Safety Committee has been reformed and is moving forward under quality. Does this need to be reported on from here?

14. Stark Law – Education and Policy

Risk Score – 117

Risk Choice – Mitigate

Mitigations:

Process Formation – In-house counsel has been tasked with creating a standardized process for proactively addressing Stark concerns through policy, contracts, and education.

15. Contract Staff v. Employed Staff

Risk Score – 110

Risk Choice – Accept

Mitigations:

Audits – Semi-annual audits on the process for requesting/obtaining contract staff will be performed by the Internal Audit Specialist. These will be due on the last day of the first and third quarter.

An audit was performed for the physicians, “Compliance probe audit of the Credentialing Process for MHSC Practitioners, and was presented in the November 18, 2019 board packet.

The next audit will be done for employed vs. contract clinical staff, ie. Nursing, radiology, respiratory.

10/22/202 Quality has indicated this shall be done every two years.

Your Monthly Effectiveness Report

Learn more about your FairWarning solution and how to ensure **Memorial Hospital of Sweetwater County** is receiving the most value possible.

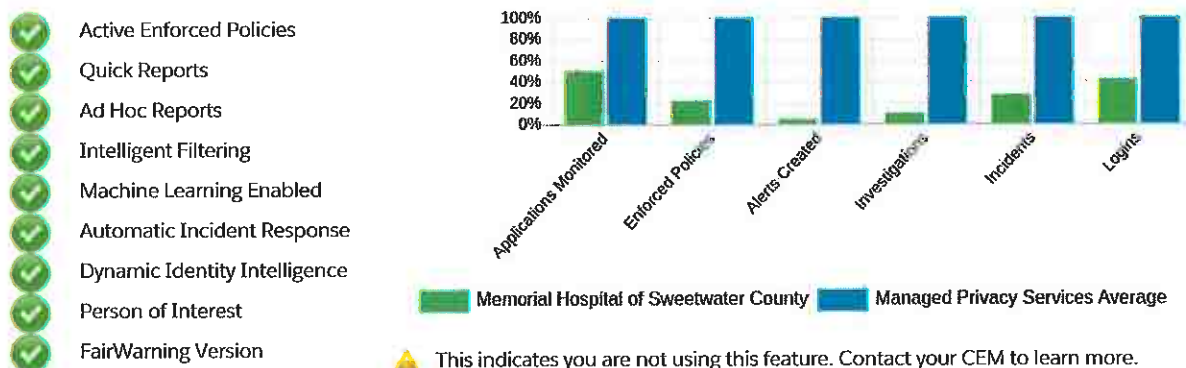
NEWS & UPDATES

FairWarning Ready Professional Training Program. The FairWarning Ready Certified Professionals training program includes advanced user training to set up proactive alerting, complete management of privacy related investigations, and governance and reporting to ensure effective patient privacy monitoring. Join us to hear from experts on patient privacy monitoring and healthcare privacy laws and regulations, including responding and reporting to government notices.

[Learn more here](#) .

Gain Monitoring Program Insights with the Latest Dashboard Experience. Join expert speakers from our Managed Privacy Services team for FairWarning's interactive customer training webinar, " Gain Monitoring Program Insights with the Latest Dashboard Experience ." During this best practice training session, we'll discuss the System Overview Dashboard including, System Progress, Quick Links, Recently Viewed, Alerts Overview, Investigations, and Alerts by Owner widgets. Contact your Customer Success Manager or Privacy Analyst to get registered or learn more.

YOUR USAGE AND ADOPTION SUMMARY



MONTHLY INVESTIGATION ACTIVITY

Your confirmed incidents

Indicates potential breach, policy violation or incident

Your investigation to incident ratio

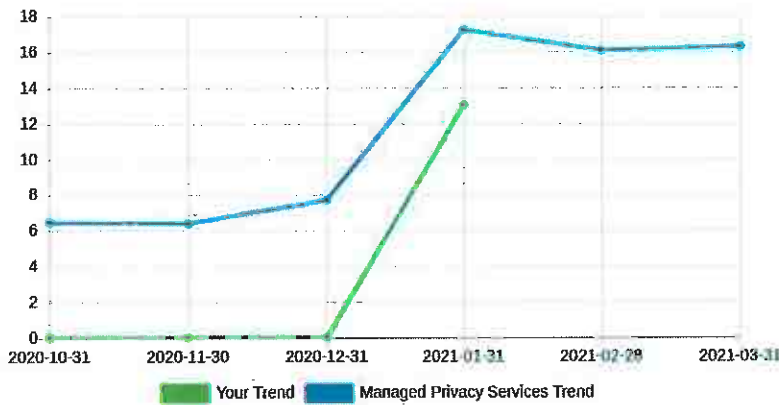
0%

The percentage of closed investigations that were incidents

Your open investigations

2
Number of open investigations created last month

Incident Trend

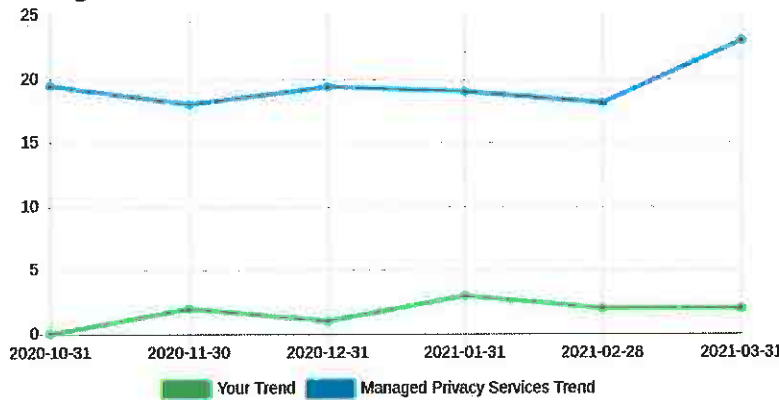


Your average of **3** incidents per month compares to the customer average of **11** per month.

✓ Great job! You are below our customer average.

Last 6-months

Investigation Trend



Your average of **2** investigations created per month compares to the customer average of **19** per month.

Last 6-months

MONTHLY ALERT ACTIVITY

Your active Enforced Policies

2

Total number of active policies monitoring for inappropriate access.
Customer average is **10**.

Your current alerts under review

2

Total number of created alerts this month that are under review.
Customer average is **9**.

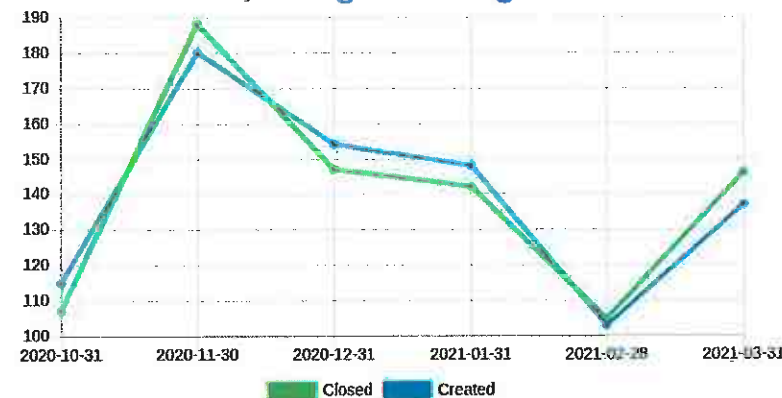
Your alerts closed with investigation

7

Total number of alerts that required an investigation.
Customer average is **24**.

Alerts Created vs. Closed Trend

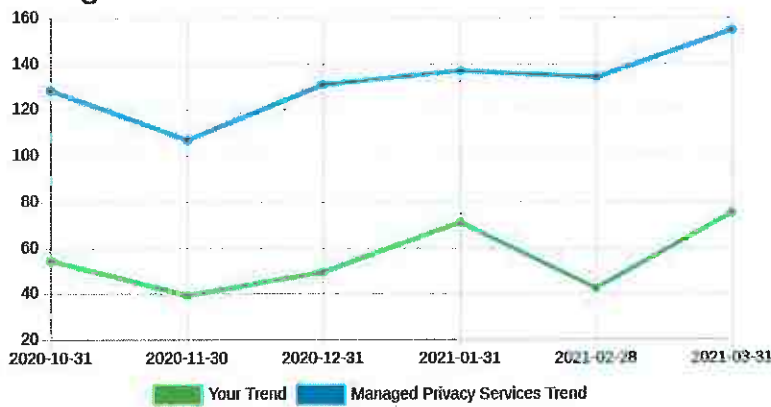
1% of alerts were closed by **Intelligent Filtering** this month



Your average closure of alerts created per month is **100%**.

Last 6-months

Total Login Trend



Your team's average logins per month is **55**. This compares to the customer average of **131** per month.

Last 6-months

USAGE

Your integrated applications

2

Computerized-Patient Record, eMD EHR

Your unused data source licenses

0

Represents the total number of purchased data source licenses remaining

Your storage usage

SaaS

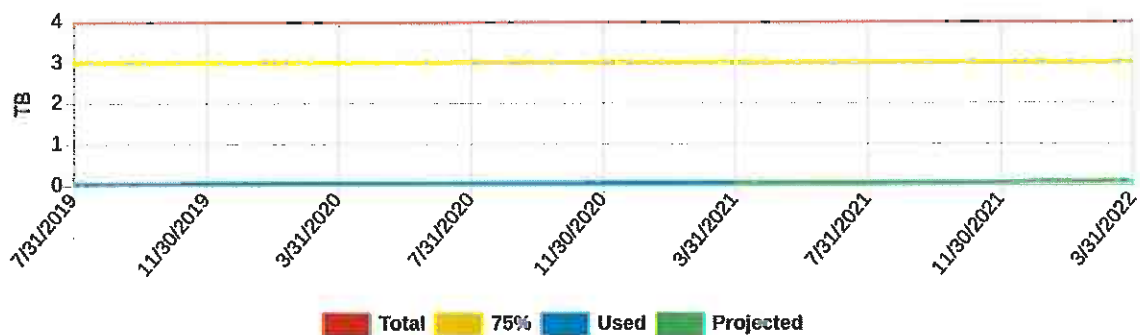
1%

0.05859375 of 4 TB

Your monthly storage growth

0 %

0.001 of 4 TB



TRAINING AND COMMUNITY ACTIVITY

Certified Users

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0 out of 8

0 available training voucher(s)

Master Certified Users

[Learn More](#)

0 out of 8

0 available training voucher(s)

Customer Council Member

Inactive

User Group Member

Inactive

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Reports for Board Compliance Committee 04/22/2021

1. The Grievance Committee resolved 6 cases in February all were closed in a timely manner except for 1 and we are following the process as defined in the Grievance policy with regards to notification and communication with the grievant. 3 Grievances in March all settled within a timely manner.
2. Audits by April Prado
 - a. Grievance Audit
 - b. Peer Review Audit

Memorial Hospital of Sweetwater County
Governance Committee Meeting
April 9, 2021
Zoom Meeting

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

Non-voting Members Present: Marianne Sanders

Call Meeting to Order

Richard Mathey called meeting to order at 2:00 pm.

Discussion

Agenda was created during the meeting.

Minutes March minutes had been previously approved by email

New Business

1. Richard initiated discussion regarding benefits of keeping a permanent record of meetings that are neither board or board committee meetings, but where hospital management and/or board members are in attendance, such as recent meetings regarding the disposition of the ambulance. It was agreed that such a record is beneficial; no plan to accomplish this was identified.

Old Business

1. Discussion regarding Board policies. Barbara provided two lists of board policies. The first was policies approved, or to be approved, by the board between May, 2017 and April, 2021. The second was a list of board policies we don't have but are recommended by The Governance Institute. (Both lists are attached.) Currently, board policies are not in any kind of standardized format and are intermingled with hospital policies in *policystat*, making it difficult to know what we (the board) have, why we have them, and when they were last reviewed.
2. Marianne had determined that a separate category for board policies can be provided in *policystat*. As well as having a board category, it was decided to use a red background for the banner heading for board policies, in contrast to hospital policies which have a green background. Using *policystat* provides one repository for board policies and standardizes policy format, making it easy for board policies to be retrieved. The *policystat* format also makes it easy to see revision date(s), required regulatory standard, and who signed off.
3. Marianne and Robin Fife will begin to move the board approved policies into *policystat*. One of the anticipated challenges will be finding the regulatory standards, where appropriate.

With no further business, the meeting was adjourned at 4:00 pm.

Next meeting is April 26th at 2:00 pm by Zoom.

Submitted by Barbara J. Sowada, Ph.D.

Board Policies Approved

*Guidelines for Negotiating NPP Agreements 3/21

*Guidelines for Negotiating Physician Contracts 3/21

Spending Authority and Matrix 10/17

*Executive Oversight 6/17

*Management's Duty to Disclose 6/17

Contract Review & Approval 9/17

Contracts Requiring Board Approval 12/17

Contract Management Policy 12/17

*Conflict of Interest 8/18

Board Agenda 12/18

Board E-mail Communication 12/18

Investment Policy 12/18

*Physician Credentialing tbd

Professional Practice Review Plan 1/20

Financial Hardship 5/20

Termination & Appeal tbd

Attendance of Board Committee Meetings 9/20

Maintenance of Board and Board Committee Meetings Minutes 10/20

Medical Staff Leadership Direct Consultation with the Board ??/21

Miscellaneous PolicyStat

Board Charters are now in policy stat.

Policies Needed (Perhaps) According to TGI

Board role in development/philanthropy

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

Annual Community Benefit Report

Board Compliance Plan (monitoring of MD employment, directorship, etc)

CEO Succession Plan

Audit

Financial Assistance and charity care

Prohibition of excessive collection efforts and reporting accounts to credit rating agencies

Loans to Trustees and Management

Annual Operating Budget

Emergency decision-making

Clinical Governance

Liability insurance

Competition and Conflict of Interest as pertains to physicians

Assuring new services meet quality and financial criteria

Auditing of physician credentialing process

Review of quality data

Memorial Hospital of Sweetwater County
Governance Committee Meeting
April 26, 2021
Zoom Meeting

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

Non-voting Members Present: Marianne Sanders and Suzan Campbell

Call Meeting to Order

Richard Mathey called meeting to order at 2:00 pm.

Discussion

Agenda was created during the meeting.

Minutes April 9, 2021, minutes had been previously approved by email

New Business

1. *Attendance of Board Committee Meetings* policy was reviewed in light of an email question from Taylor whether Board committee meetings are open to the public, thus allowing Kandi Pendleton board-member-in-training to attend committee meetings. According to state statute, with the exception of Quality meetings, Board committee meetings are open to the public, thus Kandi may attend committee meetings. According to Roger Angel's presentation on open meeting laws, standing committee meetings only have to be advertised annually, and committee meetings are open to all board members without triggering a quorum or requiring the meeting be open to the public. Because Kandi is considered a board-member-in-training, it was decided that she is eligible to attend Board committee meetings. It was also decided that this policy needs to be revised.

Old Business

1. Discussion regarding Board policies and *policystat*. Marianne, Cindy, and Robin are moving Board policies into *policystat*, the hospital's policy software program. The software allows for Board policies to be housed in their own category, separating them from hospital policies. *Policystat* standardizes the appearance and format of these policies, including allowing for dates of approval and revision, regs standards, and signature lines.

It was decided that Board policies will be "unlocked" in *policystat*. In other words, anyone who has access to the software can access Board policies.

There are 19 policies being moved into *policystat*. Their approval dates range from 2017 to now. Hence, many need to be reviewed and revised, which will be completed by June 30, 2021.

2. Discussion regarding revised Board Bylaws. To date only Marty has commented on the revision. Richard will facilitate the discussion regarding the revision at the May Board meeting.

With no further business, the meeting was adjourned at 2:45 pm.

Next meeting is May 7th at 2:00 pm by Zoom.

Submitted by Barbara J. Sowada, Ph.D.

Contract Check List

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

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

1. Name of Contract: **FIBERTECH**
2. Purpose of contract, including scope and description: **FIBERTECH provides exterior window cleaning for hospital, MOB and family practice buildings. They also clean exterior lights, vents, fans in the main entrance and ED entrance cleaning. FIBERTECH cleans every 4 months for some area and twice a year for others (see schedule).**
3. Effective Date: **July 1, 2021**
4. Expiration Date: **June 30, 2021**
5. Rights of renewal and termination: **FIBERTECH bills for services as they are provided so we could terminate anytime and would owe any unpaid invoices. Is this auto-renew? No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$29,660.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NA**
8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **NO**

10. Is this contract appropriate for other bids? **Corinna contacted local businesses that offer window-cleaning services and found that no other companies in the area will clean exterior windows all year so no other quotes were given.**

11. In-house Counsel Reviewed: **Yes**

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

FIBERTECH
391 E. Flaming Gorge Way
Green River, WY 82935
875-5057 Cell 307-203-9788

February 18, 2021

Memorial Hospital of Sweetwater County
P.O. Box 1359
Rock Springs, WY 82902

ATTENTION CORINNA ROGERS

Gentlemen:

Please accept this letter as **FIBERTECH's** contract for performing window-cleaning services at your facilities located at 1200 College Drive and 3000 College Drive for fiscal year July 1, 2021 through June 30, 2022.

The window cleaning scheduling and pricing will be as follows:

Front, Back, and Southwest Side exterior windows, including Dialysis and Ambulance; and MOB ground level exterior windows— scheduled in September 2021, January 2022, and May 2022	\$1,846 per cleaning
Emergency Room, Front Entrance, and MOB ground level exterior windows— scheduled in August 2021, October 2021, December 2021, February 2022, April 2022, and June 2022	2,055 per cleaning
Emergency Room and Front Entrance Skylights interior windows, including high dusting, light fixtures, and vent cleaning— scheduled in August 2021 and March 2022	1,287 per cleaning
All levels MOB building exterior windows— scheduled in July 2021, November 2021, and March 2022	2,226 per cleaning
3000 College Hill exterior windows— scheduled in July 2021, October 2021, January 2022, April 2022	260 per cleaning
Gift Shop and all interior Front Lobby windows— scheduled in October 2021, April 2022	750 per cleaning

Our total annual fee for these services will be \$29,660.

If this meets with your approval, please sign and return the enclosed copy. Thank you very much for the opportunity of serving you.

Very truly yours,

Marcus B. Petersen

Marcus B. Petersen
Owner, **FIBERTECH**

Signed

Date

Contract Check List

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

1. Name of Contracts: **Wolters Kluwer for UpToDate subscription service**
2. Purpose of contract, including scope and description: **UpToDate is a search engine for medical journals, articles and newest research. Doctor to doctor - peer reviewed practice guidelines used for patient decision -making. Benefit for our physicians. They really use it a lot. Report from Wolters Kluwer is that use is at 96% by our physicians. The annual cost is based on the number of providers. We are paying for 50 providers (7 more than last year as we are allowing ED physicians to access this year moving forward).**
3. Effective Date: **August 1, 2020**
4. Expiration Date: **1 year**
5. Rights of renewal and termination: **Yes with at least 30-day notice prior to expiration of the current term** Is this auto-renew? **Yes August 1**
6. Monetary cost of the contract and is the cost included in the department budget? **2020-2021 our subscriber number was 43 – this caused the additional annual cost to increase to \$22,823. Addition of 7 providers for 2021-22 has increased annual cost to \$26,175.00 TOTAL 2021-2022 ANNUAL COST \$26,175.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so? **Not changed to Wy. Massachusetts law as this is a Mass. Based Company that has contracts in all states.**
8. Any confidentiality provisions? **Yes as to intellectual property rights, product design and we will keep it confidential for 3 years after termination of the agreement. Not the agreement itself.**
9. Indemnification clause present? **No**

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

Contract No.: 00024123

AMENDMENT TO AGREEMENT

This Amendment to Agreement (this "Amendment") is made as of the date last set forth on the signature page hereto ("Amendment Effective Date") by and between UpToDate, Inc., with its principle business location at 230 3rd Avenue, Waltham, MA 02451 ("UpToDate"), and Memorial Hospital Of Sweetwater County, with its principle business location at 1200 College Dr, Rock Springs, Wyoming 82901-5868, United States, (the "Customer", and together with UpToDate, the "Parties").

RECITALS

- A. UpToDate and Customer are parties to that certain Agreement dated July 10, 2018, Contract No. 001-00-50763559, as modified by Contract No. 00012728 (collectively, the "Agreement"), pursuant to which Customer has subscribed for the *UpToDate Anywhere* license with the *UpToDate Advanced* add-on.
- B. UpToDate and Customer wish to amend the Agreement to extend the term of the Agreement in exchange for Customer's payment of the Subscription Fees (as defined below) as set forth in this Amendment, after which the normal automatic payments shall resume.
- C. Capitalized terms used but not defined in this Amendment shall have the meaning given to them in the Agreement.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. **Subscription Fees**. Customer shall pay to UpToDate the additional Subscription Fee of \$26,175.00 USD (plus tax where applicable) for the extension of the term of the Agreement (the "Term") by one year, in accordance with the terms applicable to fees set forth in the Agreement. The payment of the additional subscription Fee shall be paid within thirty (30) days of the Amendment Effective Date.
2. **Term**. The Term is hereby extended for one year, beginning August 1, 2021 and ending July 31, 2022.
3. **Confirmation of Your Information**. The statistics on which UpToDate based the additional Subscription Fee for the extension of the Term are as follows:

Institution	Inpatient Admissions	Clinicians
Sweetwater Medical Group		50
Memorial Hospital Of Sweetwater County	1,989	
Total	1,989	50

Customer represents and warrants that these statistics (the "Operating Statistics") are accurate and complete figures as of the execution date of this amendment.

The *Designated Sites* are deleted in their entirety and replaced as follows:

Sweetwater Medical Group
1180 College Dr
Rock Springs, Wyoming 82901
United States

Memorial Hospital Of Sweetwater County
1200 College Dr
Rock Springs, Wyoming 82901
United States

Family Internal & Occupational Medicine
Clinics
3000 College Dr
Rock Springs, Wyoming 82901
United States

The *IP Addresses* are deleted in their entirety and replaced as follows:

206.217.1.162 - 206.217.1.162

4. Except as explicitly amended or modified hereby, the terms of the Agreement shall remain in full force and effect.
5. This Amendment may be executed and delivered by fax or PDF file and in counterparts, each of which shall be deemed to be an original but both of which together shall constitute one and the same instrument.

In Witness Whereof, the Parties hereto have executed this Amendment as of the Amendment Effective Date.

UpToDate, Inc.

By: _____

Printed Name: _____

Title: _____

Date: _____

Memorial Hospital Of Sweetwater County

By: _____

Printed Name: _____

Title: _____

Date: _____

Contract No.: 001-00-50763559

July 10, 2018

Christine Radakovich
Memorial Hospital of Sweetwater County
1200 College Dr
Rock Springs, WY 82901-5868
United States

Dear Christine Radakovich,

This letter (the "Letter") and the attached Subscription and License Terms set forth in Exhibit A set out the terms and conditions on which UpToDate, Inc. ("UpToDate") will supply Memorial Hospital of Sweetwater County ("You" or "Your") with a subscription to *UpToDate Anywhere*, including the UpToDate® online database, software and user documentation ("UpToDate Anywhere"), and a subscription to the *UpToDate Advanced* add-on component ("UpToDate Advanced"). Your subscription will be for an initial 1 year term (the "Initial Term") commencing on August 1, 2018. UpToDate Anywhere and, only to the extent subscribed for and subject to a valid subscription hereunder, UpToDate Advanced, are referred to herein as the "Licensed Materials." After the Initial Term, Your subscription will be subject to renewal as set forth in "Term and Termination" below. Capitalized terms may be defined in this letter or in the attached Terms; together, the letter and the Terms are defined as the "Agreement".

Total Subscription Fees: The total annual Subscription Fees for an *UpToDate Anywhere* subscription with the *UpToDate Advanced* add-on materials is \$15,719.00 USD (plus tax where applicable). The total Subscription Fees must be paid within 30 days of the Start Date of this Agreement. This quote is valid for 60 days from the date of this Letter and is confidential.

UpToDate Anywhere Fees: The fee for Your *UpToDate Anywhere* subscription is \$14,669.00 USD. USD (plus tax where applicable).

UpToDate Advanced Fees: The fee for Your subscription to *UpToDate Advanced* is \$1,050.00 USD (plus tax where applicable).

License to Use the Licensed Materials: For the above Subscription Fees, UpToDate will grant Your Authorized Users access to use the Licensed Materials on the terms set forth in this Agreement. This subscription allows Your Authorized Users to Access the Licensed Materials as follows:

- While physically located at the Designated Site(s) via the IP Address(es) or Security agent(s) listed below;
- Via Your password authenticated system(s) as identified to UpToDate, which will in turn pass UpToDate a unique identifier; and
- Authorized Users have the option to establish a username and password with UpToDate. Once established, a username and password allows the Authorized User to Access Licensed Materials from any Internet-enabled device including desktop computers, laptops, and mobile devices such as the iPhone and Android devices; regardless of Authorized User's location, subject to Registration and Re-verification.

Confirmation of Your Information

The operating statistics on which UpToDate based the Subscription Fees are:

Institution	Inpatient Admissions	Clinicians
Memorial Hospital of Sweetwater County	1,989	3
Sweetwater Medical Group		27
Total	1,989	30

Designated Sites

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

Sweetwater Medical Group
1180 College Dr
Rock Springs, WY 82901
United States

IP Addresses

70.57.215.86 - 70.57.215.86
206.217.1.162 - 206.217.1.162
206.54.96.146 - 206.54.96.146
206.217.1.118 - 206.217.1.118

You represent and warrant that: (i) the operating statistics set forth above are accurate and complete figures; (ii) You have the technical capability to ensure that only Authorized Users may Access the Licensed Materials via the IP address(es) and/or UpToDate provided Security Agent(s) listed above; (iii) the IP Addresses above or UpToDate provided Security Agent(s) only provide Access to Authorized Users while Authorized Users are physically located at the Designated Site(s) and no other users will gain Access to the Licensed Materials through this subscription; and (iv) for the purposes of Registration and Re-verification the IP Addresses above or UpToDate provided Security Agent(s) are only accessible by Authorized Users.

Subscription Confirmation

To confirm Your acceptance of the terms in the Agreement, please sign this Letter in the space below and return it to us. Your subscription will be processed promptly and an executed copy will be returned to You.

We look forward to providing You with a subscription to the Licensed Materials. We are confident that Your clinicians will find the UpToDate Services to be practical and efficient tools with which to effectively manage clinical issues in practice.

Your account manager, Justin Schenker, will call you shortly to answer any questions that you might have and to discuss the next steps.

Again, thank you for your interest in UpToDate.

Sincerely,



7/10/2018 12:53 PM

Finance – Contract Administration
UpToDate, Inc.

Accepted and Agreed to this 11 day of July, 2018 on behalf of Memorial Hospital of Sweetwater County.

By: 

Printed Name: Irene Richardson

Title: CEO

Accepted and Agreed to this 19th day of July, 2018 on behalf of UpToDate, Inc.

By: 

Printed Name: Jeff Lamoureux

Title: Senior Contract Analyst
UpToDate, Inc.

EXHIBIT A

UpToDate Anywhere Subscription - UpToDate, Inc. Subscription and License Terms

1. Definitions

"Access": Viewing, searching or displaying any page of the Licensed Materials, whether such pages are viewed by means of connection to a network or from storage in any storage medium.

"Agreement": These Subscription and License Terms and the attached quotation letter.

"Authorized Users": Physician staff, faculty, residents, nurses, librarians and other staff and medical professionals who are employed by Your organization or who provide medical services to patients at Your organization's facilities, any student affiliated with Your organization, and, to the extent that Your organization includes a publicly accessible physical library, individuals otherwise entitled to use Your library facilities, subject to "Authorized Access" below.

"Registration": The process by which an Authorized User creates a username and password via the IP address(es) or UpToDate provided Security Agent(s).

"Re-verification": The process by which Authorized Users verify their registration credentials. Authorized Users are required to log-in, using their username and password, at least once every 90 days via the IP address(es) or UpToDate provided Security Agent(s). If in any 90-day period such log-in does not occur, the Authorized User's ability to Access Licensed Materials from outside the Designated Site(s) will be suspended. In the event of suspension, Authorized Users may automatically Re-verify by logging-in, using their username and password, via the IP address(es) or UpToDate provided Security Agent(s) any time thereafter during the Term to resume Access via username and password.

2. Grant of License

UpToDate, in consideration of payment of the applicable Subscription Fees (as set forth in the letter) and subject to the terms and conditions below, grants You a limited, revocable, non-exclusive, non-transferable license for Your Authorized Users to Access the Licensed Materials solely for the purpose of: (i) research and other scholarly activities; or (ii) providing diagnostic treatment or other medical services to patients, subject to the terms and conditions of this Agreement. You shall ensure that the Licensed Materials are Accessed only by Authorized Users affiliated with You for a purpose related to Your business.

In order to Access the Licensed Materials, Authorized Users must agree to the End User License Agreement (EULA). In the event of a conflict or discrepancy between the EULA and this Agreement, this Agreement shall take precedence.

3. Term and Termination

Access to the Licensed Materials will be provided to You for the Term (as defined below), unless earlier terminated in accordance with this Agreement.

Upon expiration of the Initial Term, this Agreement will automatically renew for successive twelve (12) month terms (each an "Additional Term," and together with the Initial Term, the "Term"), unless either party provides written notice of non-renewal at least thirty (30) days prior to expiration of the then-current Term. If You desire to increase or otherwise modify the Designated Site(s) or IP address(es), or if Your operating statistics increase in a manner that would cause your annual Subscription Fees to increase by 10% or more, You must provide written notice to UpToDate setting forth such modified IP address(es), Designated Site(s), and/or updated operating statistics (collectively, the "Renewal Addresses and Statistics") at least ninety (90) days prior to the expiration of the then-current Term. At least sixty (60) days prior to the expiration of the then-current Term, UpToDate will provide You with a written letter (the "Renewal Letter") setting forth a new Subscription Fee effective for the upcoming one (1) year Additional Term (the "Renewal Subscription Fee"), including any Renewal Addresses and Statistics approved by UpToDate (collectively with the Renewal Subscription Fee, the "Renewal Terms"). If You fail to provide written notice of non-renewal to UpToDate at least thirty (30) days prior to expiration of the then-current Term, You will be deemed to have accepted the terms set forth in the Renewal Letter, including the Renewal Terms, and such terms will supersede and replace the existing Subscription Fee and IP address(es), Designated Site(s), and/or operating statistics (as applicable) set forth in this Agreement and will be applicable for the upcoming one (1) year Additional Term. If You fail to provide written notice to UpToDate of any applicable Renewal Addresses and Statistics in accordance with the timeframe set forth above, UpToDate may, at any time after discovery of such failure by You, provide You with a written letter setting forth an updated Renewal Subscription Fee taking into account the updated Renewal Addresses and Statistics, and such Renewal Subscription Fee will be effective for, and apply retroactively to, any Additional Term(s) for which you failed to disclose such Renewal Addresses and Statistics. In such circumstances, UpToDate may invoice You and You will be responsible for paying any difference between the prior Subscription Fee and the Renewal Subscription Fee.

You have the right to terminate this Agreement if UpToDate materially breaches this Agreement and such breach is not cured within 30 days of UpToDate receiving written notice of such breach from You (the "Cure Period"). The end date of the Cure Period will become the effective date of termination and a pro-rated refund of

the Subscription Fees actually paid by You for any remaining months of the subscription, from the effective day of termination to the normal end-date of the subscription period, will be provided to You.

UpToDate may terminate this Agreement if You or Your Authorized Users materially breach this Agreement and such breach is not cured within the Cure Period (15 days in the case of non-payment).

Upon termination or expiration of Your subscription, Your subscription and associated rights shall expire, unless You have renewed Your annual subscription on UpToDate's then-current terms. At the request of UpToDate following termination or expiration of the subscription, You shall promptly return or destroy any Licensed Materials and copies thereof in Your possession.

4. Authorized Access

You acknowledge that the Licensed Materials are for the use of the Authorized Users. Access by Authorized Users is permitted so long as Access occurs: (i) in the confines of a Designated Site (as designated in the Letter); or (ii) via Your password authenticated system(s) as identified to UpToDate, which will in turn pass UpToDate a unique identifier; or (iii) from any location, provided such access occurs by means of the Authorized User entering his/her username and password. Use of the Licensed Materials by non-Authorized Users is expressly forbidden. Users of public libraries at the Designated Sites are only Authorized Users while physically present at the library.

5. Verified IP Addresses

You warrant that the IP address(es) provided by You to UpToDate and any UpToDate provided Security Agent(s) herein allow Access to the Licensed Materials by the aforementioned Authorized Users only and that no other users are provided Access through the IP address(es) and/or UpToDate provided Security Agent(s).

6. Audit

You agree that UpToDate may audit Your use of the Licensed Materials for compliance with these terms at any time, upon reasonable notice. In the event that such audit reveals any use of the Licensed Materials by You that is in violation of the terms of the Agreement, You shall reimburse UpToDate for all reasonable expenses related to such audit.

7. Fees and Payments

You will pay the agreed upon Subscription Fees within 30 days of the date of invoice. UpToDate reserves the right to suspend Access due to late payment, without limiting UpToDate's other rights and remedies including the right to terminate this Agreement. Access will remain suspended until such invoice is paid in full. No refund or credit will be issued for loss of Access during the period of suspension due to late payment.

8. Marketing Support

UpToDate will assist You in increasing usage of the Licensed Materials during the subscription period by providing informational materials for Your distribution to Authorized Users, subject to the terms and conditions of this Agreement. You grant the right to UpToDate to include Your name in UpToDate's list of subscribers.

9. Systems Performance

During the Term, the Licensed Materials will be updated by UpToDate. During this time, the online service may be unavailable for up to 2 hours per month, and users Accessing the Licensed Materials at this time will see a notice that UpToDate online is being updated. UpToDate may, in its sole discretion, provide more frequent updates and enhancements, if applicable, as and when they are released. Nothing in this Agreement obligates UpToDate to furnish more frequent updates or to create enhancements.

For online Access from a desktop (or laptop) computer, the Licensed Materials are validated for use with the current versions of the browsers and the technical specifications UpToDate supports. For a current list of those technical specifications please see: <http://www.upodate.com/help/manual/sysreq>.

The Licensed Materials are hosted by a Tier 1 service provider which guarantees that the site will be operational at least 99.5% of the time. However, technical failures, routine maintenance and transient Internet conditions may render the site temporarily unavailable.

Neither party shall be liable, or considered in default, under this Agreement for delays or failures of performance caused by circumstances beyond the party's reasonable control, provided each party immediately provides notice to the other and does everything reasonably possible to resume its performance.

10. User Access Restrictions

You may not allow or facilitate any Access to the Licensed Materials by any persons who are not Authorized Users. Access by persons who are not Authorized Users is prohibited no matter how such Access is obtained, including without limitation by use of modem, VPN, proxy server, LAN or web-based technology. You shall notify UpToDate promptly if you become aware of any Access to the Licensed Materials by users within Your organization who are not Authorized Users. You and Your registered Authorized Users may not transfer or share Access, usernames, or passwords with anyone. You shall not attempt to defeat or circumvent any system designed to protect Access to UpToDate.

11. Ownership

The Licensed Materials are the sole and exclusive property of UpToDate (or its parents, subsidiaries, affiliates, or designees) or its suppliers. You do not become the owner of the Licensed Materials,

but are entitled to use them according to the terms and conditions of this Agreement.

You have purchased the right to Access the Licensed Materials for a specific limited period of time, i.e., the subscription period. At the end of this period, Your license and associated rights, such as technical support, if any, expire automatically, unless You have renewed Your subscription on UpToDate then-current terms. The Agreement and Your license to use the Licensed Materials will also terminate if You fail to comply with any term or condition in this Agreement.

You acknowledge that the Licensed Materials include software which is proprietary and confidential to UpToDate, or its licensors; and all rights, title and interest therein or thereto, including without limitation, all patents, copyrights, trademarks and trade secrets remain in UpToDate or its licensors. You shall not, during the subscription period or thereafter, disclose, directly or indirectly, or take any other action, which would result in the unauthorized disclosure of any confidential or proprietary data whatsoever, including but not limited to, reproduction of data furnished by UpToDate.

12. Permitted Uses and Prohibitions

Copying, printing, distributing to third parties, or preparing derivative works of the Licensed Materials or any part thereof is strictly prohibited unless specifically authorized herein or in writing from UpToDate. Similarly, the Licensed Materials may not be included in other software or databases, reverse engineered, or modified. No part of the Licensed Materials may be hyperlinked, indexed, or otherwise utilized by automated software means, including: search engines, robots, spiders, crawlers, data mining tools, or any other software that aggregates access to, or the content of, the Licensed Materials. No part of the Licensed Materials may be copied for resale, nor may the Licensed Materials be posted or otherwise made available on Intranets, so-called federated sites, knowledge bases, searchable databases, public bulletin boards, web sites, Internet domains, or online chat rooms. The Licensed Materials may not be combined with other content in knowledge banks or through similar technologies. However, Your Authorized Users may occasionally print out individual articles for personal clinical, educational or research use and/or email individual articles to a colleague, provided that the articles printed and emailed by an individual Authorized User contain in aggregate only insubstantial portions of the Licensed Materials and include a source reference to UpToDate and its copyright notice. Under no circumstances may Authorized Users print or email large numbers of articles from the Licensed Materials. All rights to use the Licensed Materials are expressly stated herein, and UpToDate reserves all other rights. There is no implied right to use the Licensed Materials.

Your registered Authorized Users may not share or transfer usernames and passwords. Any sharing or transferring of usernames and passwords is a violation of this Agreement. Access to the Licensed Materials by non-Authorized Users is expressly forbidden.

In addition to its rights set forth in Section 3 (Term and Termination) but excluding "Re-verification" above, UpToDate reserves the right in its sole discretion to limit or suspend Your Authorized Users' Access to the Licensed Materials, by electronic self-help or other means and without notice, if UpToDate believes in good faith that any Authorized User has committed a breach of security or violated the terms of this Agreement.

13. Restriction against Transfer

You may not sublicense, assign, share, sell, rent, lease, or otherwise transfer this Agreement or the right to use the Licensed Materials.

14. Privacy / HIPAA

UpToDate does not collect any individually identifiable health information from You. UpToDate, Inc. is not a covered entity or business associate under the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-91), as amended.

UpToDate reserves the right to track and collect for its internal purposes personal information about Authorized Users of UpToDate, including without limitation: the URL that the user has come from (whether this URL is on its Website or not), the URL the user goes to next (whether this URL is on its Website or not), the Internet browser that is being used, the type of operating system used, the Authorized User's location, and the Authorized User's IP address. An Authorized User's IP address may be used for system administration purposes and to track a user's session, in order to give UpToDate an understanding as to which parts of its database Authorized Users are visiting. UpToDate may use such information for purposes including but not limited to improving the content of its database, marketing, advertising, reports to You, or research. UpToDate may send information and notices of new services to registered Authorized Users.

UpToDate reserves the right to release current or past user information, whether or not the information identifies a particular person, internally within UpToDate or to third parties for limited purposes in the event UpToDate believes that the Licensed Materials are being used in violation of this Agreement or to commit unlawful acts, and/or if UpToDate is required to disclose information to comply with applicable laws or regulations, or with a court or administrative order.

Except as stated in the above paragraph, UpToDate will not share with unaffiliated third parties information specific to Authorized Users or share information regarding specific IP addresses. UpToDate

is, however, free to disclose aggregate non-personal user information to third parties.

15. Access to Books and Records

To address the requirements of Section 952 of Public Law 96-499 (42 US Code 1395 (x)(V)(i)), UpToDate agrees that it will, until the expiration of four years after the furnishing of the services provided pursuant to this agreement, upon the written request of an appropriate federal official as defined by the statute, make available to the Secretary of Health and Human Services or the Comptroller General or to any of their duly authorized representatives, this Agreement, and those books, documents and records of UpToDate pertaining only to this Agreement as are necessary to verify the nature and extent of the services provided under this agreement and the charges levied, and payments made, for the services set forth in this Agreement. UpToDate will not carry out any services through a subcontract with another organization and the duties under this Agreement may not be assigned or delegated.

16. Use of Professional Judgment

The editors and authors of the Licensed Materials have conscientiously and carefully tried to create the identified diagnosis measures, treatment alternatives and drug dosages in the Licensed Materials that conform to the standards of professional practice that prevailed at the time of publication. However, standards and practices in medicine change as new data become available and the individual medical professional should consult a variety of sources. For this reason, only the most current release of the Licensed Materials should be consulted when information is sought. New updates are issued periodically; do not rely on older versions. In addition, when prescribing medications, the user is advised to check the product information sheet accompanying each drug to verify conditions of use and identify any changes in dosage schedule or contraindications, particularly if the agent to be administered is new, infrequently used or has a narrow therapeutic range.

The Licensed Materials describe basic principles of diagnosis and therapy. The information provided in the Licensed Materials is not intended to be used in an environment requiring fail-safe performance and is no substitute for individual patient assessment based upon the healthcare provider's examination of each patient and consideration of laboratory data and other factors unique to the patient. The Licensed Materials should be used as a tool to help the user reach diagnostic and treatment decisions, bearing in mind that individual and unique circumstances may lead the user to reach decisions not presented in the Licensed Materials. Furthermore, users should review the basis of any information provided by the Licensed Materials. The opinions expressed in the Licensed Materials are those of its authors and editors and may or may not represent the official position of any medical societies cooperating with, endorsing or recommending the Licensed Materials.

17. U.S. Government Limited Rights Notice

Any access to the Licensed Materials provided under contract to the U.S. Government is provided with limited rights. The Licensed Materials consist of data, as defined in 48 CFR 27.401 or 48 CFR 27.404-2(a), as applicable, and restricted computer software as defined in 48 CFR 27.401. The Licensed Materials may be reproduced and used by the U.S. Government, provided that they will not be used for or in connection with manufacturing and will not be disclosed outside of the U.S. Government or to any U.S. Government contractor, without the prior express written permission of UpToDate.

18. Limited Warranty

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19. Limitation of Liability

IN NO EVENT WILL UPTODATE OR ANY OTHER PARTY WHO HAS BEEN INVOLVED IN THE CREATION, PRODUCTION, PROMOTION OR MARKETING OF THE LICENSED MATERIALS OR PERFORMANCE

OF THIS AGREEMENT BE LIABLE FOR SPECIAL, INDIRECT, INCIDENTAL, RELIANCE OR CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF DATA OR PROFITS OR FOR INABILITY TO USE THE LICENSED MATERIALS, TO ANY PARTY EVEN IF UPTODATE OR SUCH OTHER PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. EXCEPT IN RELATION TO THE INDEMNITY PROVIDED AGAINST THIRD PARTY CLAIMS AS EXPRESSLY PROVIDED ABOVE, IN NO EVENT SHALL UPTODATE OR SUCH OTHER PARTY'S LIABILITY FOR ANY DAMAGES OR LOSS TO YOU OR ANY OTHER PARTY IN CONNECTION WITH THIS AGREEMENT EXCEED THE LICENSE FEE YOU PAID FOR THE LICENSED MATERIALS.

Some states do not allow limitations on how long an implied warranty lasts and some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation and exclusion may not apply to You. This warranty gives You specific legal rights, and You may also have other rights that vary from state to state.

20. Confidentiality

"Confidential Information" shall mean any information regarding either party's (the "Disclosing Party") intellectual property rights, product designs and plans, product development plans, release dates, strategies, pricing, and other marketing and technical information and other unpublished information provided to the other party ("Receiving Party"); and all other information which the Disclosing Party characterizes as confidential at the time of its disclosure either in writing or orally, except for information which the Receiving Party can demonstrate: (a) is previously rightfully known to the Receiving Party without restriction on disclosure; (b) is or becomes, from no act or failure to act on the Receiving Party's part, generally known in the relevant industry or public domain; (c) is disclosed to the Receiving Party by a third party as a matter of right and without restriction on disclosure; or (d) is independently developed by the Receiving Party without access to the Confidential Information. The Receiving Party shall at all times, both during the Term hereof and for a period of at least three years after termination of the Agreement, keep in confidence all such Confidential Information. The Receiving Party shall not disclose, disseminate or otherwise publish or communicate Confidential Information to any person, firm, corporation or other third party without the prior written consent of the Disclosing Party. The Receiving Party shall not use any Confidential Information other than in the course of the activities permitted hereunder. The Receiving Party shall only disclose Confidential Information to another employee or contractor who has a need to know such information and is subject to obligations of confidentiality substantially similar to those set forth herein. The Receiving Party shall notify the Disclosing Party in writing immediately upon discovery of any unauthorized use or disclosure of Confidential

Information or any other breach of this Agreement, and will cooperate with the Disclosing Party in every reasonable way to regain possession of Confidential Information and prevent any further unauthorized use. If the Receiving Party is legally compelled to disclose any of the Confidential Information, then, prior to such disclosure, the Receiving Party will: (i) immediately notify the Disclosing Party prior to such disclosure to allow the Disclosing Party an opportunity to contest the disclosure; (ii) assert the privileged and confidential nature of the Confidential Information; and (iii) cooperate fully with the Disclosing Party in protecting against any such disclosure and/or obtaining a protective order narrowing the scope of such disclosure and/or use of the Confidential Information. In the event such protection is not obtained, the Receiving Party shall disclose the Confidential Information only to the extent necessary to comply with the applicable legal requirements.

21. General

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts, USA, without regard to its principles of conflicts of law or the United Nations Convention on Contracts for the International Sale of Goods. Each party submits to the exclusive jurisdiction of the federal and state courts located in Boston, Massachusetts.

If any provision of this Agreement is determined to be invalid or unenforceable under any applicable law, it shall be deemed omitted and the remaining provisions shall continue in full force and effect. This Agreement may be modified only in writing executed by authorized representatives of You and UpToDate. Either party's waiver of any right shall not constitute waiver of that right in the future.

This Agreement constitutes the entire understanding between the parties with respect to the subject matter hereof, and all prior agreements, representations, statements, and undertakings, oral or written, are hereby expressly superseded and canceled.

If You use purchase orders in conjunction with this Agreement, then You agree that the following statement is hereby automatically made part of such purchase orders: "The terms and conditions set forth in the UpToDate Contract No.: 001-00-50763559 are made part of this purchase order and are in lieu of, and shall replace, all terms and conditions, express or implied, in this purchase order, including any renewals hereof."

In addition to any other provision of this Agreement that by their terms survive termination of this Agreement, the following provisions of this Agreement will survive expiration or termination of this Agreement: Sections 7, 11, 12, 14-16 and 18-21.

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: **AMENDMENT TO PRESS GANEY MASTER SERVICE AGREEMENT**
2. Purpose of contract, including scope and description: **We are adding the additional 18 providers to Press Ganey to ensure we are capturing our patients experience of their care within the clinics. The clinics are currently using the Phreesia survey, however they will no longer be using Phreesia once we move to Cerner. Original Attachment A from MSA is attached to show what is being amended.**
3. Effective Date: **October 1, 2021**
4. Expiration Date: **this amendment will run concurrent with the Master Service Agreement for all other terms and conditions not addressed in the amendment**
5. Termination provisions: **in the MSA** Is this auto-renew? **NA**
6. Monetary cost of the contract: **\$18,000.00 annual cost to add these 24 providers MSA is \$30,900.00 so new annual cost will be \$48,900.00**
Budgeted? **Yes**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed in the amendment**
8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **NO**
10. Is this contract appropriate for other bids? **NO**
11. Is County Attorney review required? **NO**

Contract Check List

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

1. Name of Contract: **CONNECTAMERICA**
2. Purpose of contract, including scope and description: **Wyoming Dept. of Health will be providing the clinic with free equipment and paying the connectivity fees for 12 months. The clinic will then give the equipment to patients to help monitor patient health at home. Equipment provided free of charge will be blood pressure cuffs, weight scales, pulse-ox devices and glucometers. The patient monitoring is a billable service and it will help Clinic keep track of patient's vitals on a regular basis. It will be used in Family Med, OB and possibly other clinics.**
We have reached out to Cerner to see how we can integrate into their system with the equipment and are working on that. We will have the use of this software for a year from the day we start.
3. Effective Date: **May 1, 2021**
4. Expiration Date: **April 30, 2022**
5. Termination provisions: **any reason with notice** Is this auto-renew?
Yes unless we provide written notice of termination 90 days before end of the term
6. Monetary cost of the contract: **No cost (equipment is provided free to charge)** Budgeted? **NA**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NO jurisdiction in Pennsylvania**
8. Any confidentiality provisions? **Only as to proprietary information**
9. Indemnification clause present? **Yes Section 7**

10. Is this contract appropriate for other bids? No

11. Is County Attorney review required? NO

Contract Check List

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

1. Name of Contract: **MARTIN RAY**
2. Purpose of contract, including scope and description: **Martin Ray provides preventative maintenance on hospital's laundry equipment.**
3. Effective Date: **July 1, 2021**
4. Expiration Date: **June 30, 2022**
5. Rights of renewal and termination: Either party may terminate at any time with or without cause with 30 days written notice. Is this auto-renew?
No
6. Monetary cost of the contract and is the cost included in the department budget? **\$12,800.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. Not addressed
8. Any confidentiality provisions? **NO**
9. Indemnification clause present? **NO**
10. Is this contract appropriate for other bids? **Corinna contacted the only other service provider she could find and they haven't responded this year to bid request.**
11. In-house Counsel Reviewed: Yes
12. Is County Attorney review required? **No**