

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
REGULAR MEETING OF THE BOARD OF TRUSTEES  
October 5, 2022  
2:00 p.m.  
Castle Rock Medical Center – Green River, WY**

**AGENDA**

- I. Call to Order Barbara Sowada
  - A. Roll Call
  - B. Pledge of Allegiance
  - C. [Our Mission and Vision](#) Kandi Pendleton
  - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. [Minutes](#) *(For Action)* Barbara Sowada
- IV. Community Communication Barbara Sowada
- V. Old Business Barbara Sowada
  - A. [Plan for Providing Patient Care Services and Scopes of Care](#) *(For Action)* Ann Marie Clevenger,  
*Chief Nursing Officer*
  - B. Think Tank Update Ed Tardoni
  - C. Outstanding – Not Ready for Board Consideration *(Placed on the agenda as a reminder of uncompleted business)*
    - 1. Professional Practice Review Plan
- VI. New Business *(Review and Questions/Comments)* Barbara Sowada
  - A. [Human Resources Committee Charter](#) *(For Review)* Kandi Pendleton
  - B. Credentials Committee Kerry Downs, *Medical Staff Services Director*
    - 1. [Physician Reappointment Application](#) *(For Review)*
    - 2. [Non-Physician Provider Initial Application](#) *(For Review)*
    - 3. [Non-Physician Provider Reappointment Application](#) *(For Review)*
  - C. [Utilization Management Plan](#) *(For Review)* Robin Jenkins, *Director of Care Management*
- VII. Chief Executive Officer Report Irene Richardson
- VIII. Committee Reports
  - A. [Quality Committee](#) Taylor Jones
  - B. [Human Resources Committee](#) Kandi Pendleton
  - C. [Finance & Audit Committee](#) Ed Tardoni
    - 1. [Capital Expenditure Request](#) *(For Action)*
    - 2. Bad Debt *(For Action)*
    - 3. [I.S. Report](#)
    - 4. [Finance & Audit Committee Meeting Information](#)
  - D. [Building & Grounds Committee](#) Marty Kelsey
  - E. Foundation Board Taylor Jones

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- |       |   |  |
|-------|---|--|
| F.    | <a href="#">Compliance Committee</a>  | Kandi Pendleton                                    |
| G.    | <a href="#">Governance Committee</a>  | Barbara Sowada                                     |
| H.    | Executive Oversight and Compensation Committee                                      | Barbara Sowada                                     |
| I.    | Joint Conference Committee  | Barbara Sowada                                     |
| IX.   | Contract Review   | Suzan Campbell, <i>In House Counsel</i>            |
|       | A. Contracts Approved by CEO since Last Board Meeting <i>(For Your Information)</i> |  |
|       | 1. <a href="#">MT States Medical Physics</a>  |  |
| X.    | Board Education   | Barbara Sowada                                     |
|       | A. Financial Turn Around During Existential Crisis (iProtean)                       |  |
|       | B. The Purpose Of A System Is What It Does Not What It Claims To Do (Forbes)        |  |
| XI.   | Medical Staff Report  | Dr. Brianne Crofts, <i>Medical Staff President</i> |
| XII.  | Good of the Order   | Barbara Sowada                                     |
| XIII. | Executive Session (W.S. §16-4-405(a)(ix))   | Barbara Sowada                                     |
| XIV.  | Action Following Executive Session  | Barbara Sowada                                     |
| XV.   | Adjourn   | Barbara Sowada                                     |



# Memorial Hospital

OF SWEETWATER COUNTY

## OUR MISSION

*Compassionate care for  
every life we touch.*

## OUR VISION

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

## OUR VALUES

*Be Kind*

*Be Respectful*

*Be Accountable*

*Work Collaboratively*

*Embrace Excellence*

## OUR STRATEGIES

*Patient Experience*

*Quality & Safety*

*Workplace Experience*

*Growth, Opportunity & Community*

*Financial Stewardship*

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

**September 14, 2022**

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on September 14, 2022, at 2:00 p.m. with Dr. Barbara Sowada, President, presiding.

**CALL TO ORDER**

Dr. Sowada welcomed everyone and called the meeting to order. She said we celebrate the transition from meeting on the computer to being face-to-face. Dr. Sowada led a discussion of the Trustees' least favorite and/or favorite thing about meeting online, and the benefits of meeting in person. She said Covid is somewhat behind us, and we are in a transition phase and looking forward to a new period. She noted how well the Hospital worked together to get through this time and expressed the Board's deepest thanks.

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

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Dr. Brianne Crofts, Medical Staff President.

**Pledge of Allegiance**

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

**Our Mission and Vision**

Dr. Sowada invited Ms. Richardson to read aloud the mission and vision statements.

**Mission Moment**

Ms. Richardson said she is proud of our representation at the recent Wyoming Hospital Association annual meeting. She said the group attended presentations and the awards banquet as a team, and said it was an opportunity to network.

Ms. Pendleton said she read three "raves" online on social media about the Hospital at the end of August and read the messages aloud.

**AGENDA**

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



## **APPROVAL OF MINUTES**

The motion to approve the minutes of the August 3, 2022, regular meeting as presented was made by Mr. Tardoni; second by Mr. Jones. Dr. Sowada requested a change under the professional practice review plan to replace “triggered” with “sentinel”. Mr. Tardoni rescinded his motion. The motion to approve the minutes of the August 3, 2022, regular meeting with the change as requested was made by Mr. Jones; second by Mr. Tardoni, Ms. Pendleton said she was not in attendance and abstained. The motion carried.

## **COMMUNITY COMMUNICATION**

There were no comments.

## **OLD BUSINESS**

### **Professional Practice Review Plan**

Ms. Kerry Downs, Medical Staff Services Director, said review is still in process. The Plan will be presented to the Peer Review Committee and the Medical Executive Committee. She said we hope to have it back sometime in October.

## **NEW BUSINESS**

### **Green River Meeting**

Dr. Sowada said the bylaws say the September meeting will be held in Green River. The Board agreed to meet in Green River for the October meeting.

### **Proposed Changes to Medical Staff Bylaws and Rules and Regulations**

Ms. Downs reviewed the changes and said they have been approved by the General Medical Staff. The motion to approve the changes as presented was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

### **Physician Initial Application**

Ms. Downs said with the changes to the bylaws approved in March and the credentials policy approval in August, we continue to bring everything in-line and consistent. The motion to approve the physician initial application as presented was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

### **Governance Charter**

Dr. Sowada said the rewritten and draft charters are in the packet. Mr. Kelsey reviewed the changes. The motion to approve the charter as presented was made by Mr. Jones; second by Ms. Pendleton. Motion carried.

## **Plan for Providing Patient Care Services and Scopes of Care**

Dr. Ann Marie Clevenger, Chief Nursing Officer, provided an overview. She said Ms. Robin Fife, Clinical Administrative Assistant, starts the process by sending the Plan out to leaders with a request for updates. Dr. Clevenger highlighted some of the changes. Dr. Sowada said there is a large amount of information provided and if someone reads it, they will know everything about the services the Hospital offers. Dr. Sowada thanked Ms. Fife for her work. Dr. Sowada asked for clarification of who is in charge if Ms. Richardson is out for an extended period of time. Ms. Richardson said we utilize an Administrator On Call (AOC) process and it is working well.

### **CHIEF EXECUTIVE OFFICER REPORT**

Ms. Richardson recognized Ms. Patty O'Lexey, Director of Education, for her nomination for the Wyoming Hospital Association Norman S. Holt nursing award. Dr. Clevenger read aloud the nomination letter she submitted. The audience gave a standing ovation to Ms. O'Lexey. Ms. O'Lexey thanked MHSC for allowing her to work here. Mr. Kelsey noted it was incredibly impressive what she has done above and beyond. Ms. Richardson provided a strategic plan update. She said 846 people have completed the person-centered care workshop and 446 people have completed the communicating with empathy workshop. The Patient and Family Advisory Council toured the Dialysis Department at their meeting August 29. They will meet again September 26 and tour the new outpatient infusion area. We continue focusing on our PIPS (Performance Improvement and Patient Safety) Plan initiatives including HCAHPS, sepsis, and medication errors. We will conduct a culture of safety survey in October. The Rock Springs Chamber of Commerce will host the Rock Star Awards event November 4. We have been nominated for the Outstanding Industry Award again this year. Ms. Richardson said we are in the process of conducting a workplace experience survey. We are continually working on adherence to the budget. The outlook nationwide is bleak. We are working very hard to turn our finances around. We are working with Cerner and focusing on charge capture for revenue. Our new system is a complete change from how we used to capture charges. CliftonLarsonAllen will be onsite in October to assist in the process. Ms. Richardson will conduct a Town Hall Meeting with staff at the end of October. We continue to work with Unidine for our culinary services. We probably won't hear anything on our State Land and Investment Board (SLIB) projects until October/November. They have received over 200 applications totaling over \$200M. We are watching for the economic impact analysis results from the Wyoming Hospital Association. Ms. Richardson reported the county fair was wonderful and she thanked the many volunteers from the Hospital who helped make it happen. She said the hospital picnic was a huge success and said our Human Resources Department work hard to help staff feel welcome and enjoy their experiences as employees. Casino Night is schedule September 17. Ms. Richardson said the Wyoming Hospital Association Board created strategic initiatives and they focus on finances, behavioral health, and workforce. Ms. Richardson will attend the American Hospital Association regional policy board meeting later in September. She thanked staff and physicians for the excellent job they do, and the Board and County Commissioners for their support.

## **COMMITTEE REPORTS**

### **Quality Committee**

Mr. Jones said the information is in the meeting packet. He said the comments Ms. Pendleton shared during the mission moment showed the impressive things happening in the different departments.

### **Human Resources Committee**

Ms. Pendleton reviewed some committee highlights and said the minutes are in the meeting packet.

### **Finance and Audit Committee**

Mr. Tardoni said his comments are in the meeting packet. Ms. Tami Love, Chief Financial Officer, reviewed financial highlights for the month. She said the year end is not completely audited yet as we are waiting to see what the auditors find in the charge capture review. Dr. Sowada asked if there are time limits on how far back we can go on charges. Ms. Love said different entities have different requirements. Mr. Tardoni said we are trying to replace contract travel staff with hired staff. Ms. Love said we are completely paid back on Medicare advance payments so we will start receiving payments from them again. We are getting proposals for someone to come in and help us work our accounts receivable accounts. Mr. Tardoni noted a report from the Director of IT to Finance and Audit. Ms. Love said we think things are leveling-off as we are coming into our typically busier months. She said the big push is getting our expenses down. Mr. Tardoni said we have a challenge, and we are working on it. Mr. Kelsey said we are in good hands with the staff members, and he said he knows we are doing our best and the efforts are appreciated.

***Bad Debt:*** The motion to approve the net potential bad debt of \$32,153.60 as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

### **Building and Grounds**

Mr. Kelsey said the information is in the meeting packet.

### **Foundation**

Ms. Tiffany Marshall, Foundation Executive Director, said the Foundation Board of Directors met in August and approved a new mission statement. She said officers were elected. They continue to work on their strategic plan. They have identified four pillars and targets within each area. Guardian Angel program recognition is coming soon. A Health and Human Services grant for \$500,000 was submitted to address plumbing issues in the Foundation Lab area. All proceeds from the upcoming Casino Night event will benefit our patient TV program to provide more options and improve their experience.

### **Compliance Committee**

Ms. Pendleton and Mr. Jones said the information is in the meeting packet.

## **Governance Committee**

Dr. Sowada said the information is in the meeting packet. She thanked everyone for approving the updated charter.

## **Executive Oversight and Compensation and Joint Conference Committee**

Dr. Sowada said the groups have not met.

Dr. Sowada said all the work being done and reported through the committees shows the dedication of the staff in getting things done for patients, which is our core responsibility, and for staff. She said we have a lot to be grateful for.

## **CONTRACT REVIEW**

### **Consent Agenda**

Ms. Suzan Campbell, In House Counsel, reviewed the agreement. Dr. Sowada asked if we have an estimate of the net benefit on our investment. Ms. Richardson said she can calculate and provide the information. The motion to approve the contract as presented was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

## **BOARD EDUCATION**

### **Frontline: The Healthcare Divide Season 2021 Episode 11**

The Trustees shared comments and highlights of the video. They agreed it was interesting and thought-provoking.

## **MEDICAL STAFF REPORT**

Dr. Crofts reported the Medical Staff met and proposed a bylaw change. Dr. Crofts thanked the Board for their approval of the change.

## **GOOD OF THE ORDER**

There were no comments.

## **EXECUTIVE SESSION**

The motion to go into executive session was made by Mr. Jones; second by Ms. Pendleton. Motion carried. Dr. Sowada said there would be a seven-minute break.

## **RECONVENE INTO REGULAR SESSION**

At 4:55 p.m., the motion to leave executive session and return to regular session was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

## **ACTION FOLLOWING EXECUTIVE SESSION**

### **Approval of Privileges**

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

#### **Credentials Committee Recommendations from August 9, 2022**

1. Initial Appointment to Associate Staff (1 year)
  - Dr. William Moore, OB/GYN
  - Dr. Theodore Hartridge, Emergency Medicine (U of U)
  - Dr. Hank Song, Emergency Medicine (U of U)
2. Initial Appointment to Non-Physician Provider Staff (1 year)
  - Shawn Rockey, Physician Assistant
3. Reappointment to Active Staff (2 years)
  - Dr. Israel Stewart, Internal Medicine
  - Dr. Sigsbee Duck, Otolaryngology
  - Dr. Jean Stachon, Public Health and Family Medicine
  - Dr. Joseph Oliver, Orthopaedic Surgery
4. Reappointment to Consulting Staff (2 years)
  - Dr. Joseph Horner, Tele Radiology
5. Reappointment to NPP Staff (2 years)
  - Jessica Nielson, Licensed Clinical Social Work (SWCS)

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

## **ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 4:56 p.m.

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary

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

**September 21, 2022**

The Board of Trustees of Memorial Hospital of Sweetwater County met in an emergency meeting via Zoom on September 21, 2022, at 8:00 a.m. with Dr. Barbara Sowada, President, presiding.

**CALL TO ORDER**

Dr. Sowada called the meeting to order. The following Trustees were present online: Mr. Taylor Jones, Ms. Kandi Pendleton, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Excused: Mr. Marty Kelsey.

Officially present: Ms. Irene Richardson, Chief Executive Officer.

Guests: Ms. Tami Love, Chief Financial Officer; Mr. Jim Horan, Director of Facilities and Security; Mr. Gerry Johnston, Project Manager and Maintenance Supervisor.

**DISCUSSION REGARDING REPAIRING THE TRANSITE WATER LINE**

Mr. Tardoni reviewed the project, capital expenditure request FY23-4, and emergency timing. The motion to approve the project and request for \$83,386 plus up to 10% contingency as discussed was made by Mr. Jones; second by Ms. Pendleton. Motion carried.

**ADJOURNMENT**

Dr. Sowada said there will be a special meeting to ratify the action taken at the emergency meeting. There being no further business to discuss, the meeting adjourned at 8:15 a.m.

Attest:

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Dr. Barbara Sowada, President

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Ms. Kandi Pendleton, Secretary

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

**September 22, 2022**

The Board of Trustees of Memorial Hospital of Sweetwater County met in a special meeting via Zoom on September 22, 2022, at 4:00 p.m. with Dr. Barbara Sowada, President, presiding.

**CALL TO ORDER**

Dr. Sowada 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: Ms. Kandi Pendleton.

Officially present: Ms. Irene Richardson, Chief Executive Officer.

**RATIFICATION OF ACTION TAKEN AT THE SEPTEMBER 21, 2022  
EMERGENCY MEETING**

Mr. Tardoni briefly reviewed the approved project. He said the total including the up to 10% contingency is \$91,725. The motion to ratify the action taken at the September 21, 2022, emergency meeting was made by Mr. Tardoni; second by Mr. Jones. Mr. Kelsey said he would abstain for the reason he was not in attendance and did not participate in taking action at the September 21 meeting. Motion carried.

**ADJOURNMENT**

There being no further business to discuss, the meeting adjourned at 4:06 p.m.

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary

## Plan for Providing Patient Care Services and Scopes of Care

The intent of this plan is to provide surveyors with an oversight of the Scope, Services and Care we provide, including the staff that provides this. This plan is now ready for your review and approval again. Leadership has each looked at their sections, most with no or minor changes only.

One slightly major change was how Risk Management was presented. Risk Management is not a “department” in itself, but more a broad term for a multifaceted group: Compliance, Emergency Management, Environmental Safety, Guest Relation, Occurrence Reporting, Patient & Staff Safety and Risk Management Program Oversight. Therefore, we moved Risk Management to within the Infrastructure. Some of these elements are their own entities, some are part of and oversighted by a specific department. All is oversighted by Senior Leadership.

In dividing up Risk Management, we realized pieces that are very much a part of our work day and disaster preparedness, that was not really expressed within this document. We obviously have policies that cover our responses for Emergency Management and Environmental Safety, but they were not spelled out in this plan. We have them now!

Admitting has a new name, with titles that are more specific to their duties. They are now Patient Access/Admissions, manned by Patient Access Specialists.

Case Management is more than just a “case” – they are a Care Management Team – which may include both Case Managers, and Care Transition Nurses.

The Education Department has been divided up a little differently, with HR taking over a bigger role with new employee education, in conjunction with the Education Department who continues their role with continuing education for staff.

Behavioral Health is still its own entity, but within and with the oversight of the Emergency Department, rather than Security.

A final draft version of the [Plan for Providing Patient Care Services and Scopes of Care](#) can be viewed and reviewed for your approval. Additionally, a draft version of the [Plan for Providing Patient Care Services and Scopes of Care with visible changes](#) has been provided.

My intention is to give you ample time to review this in advance of presenting to the Board in September. My hope is any questions you may have, have already been answered in my narrative above, and a possible Approval might be obtained in September. But, should you have additional questions, comments or corrections – Please don’t hesitate to reach out to me, so a corrected copy can be presented in September.

Thank you,  
Robin Fife  
Clinical Administrative Assistant  
[rfife@sweetwatermemorial.com](mailto:rfife@sweetwatermemorial.com)





Approved N/A  
Review Due N/A

Document Area Administration  
Reg. TJC LD  
Standards 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 2021:

<b>Campus Size</b>	<b>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</b>
<b>Licensed Beds</b>	<b>99</b>
<b>Staffed Beds</b>	<b>58</b>
<b>Employees</b>	<b>550</b>
<b>Full-time employee equivalent (FTE)</b>	<b>487.51</b>
<b>FTEs/Occupied Bed</b>	<b>8.61</b>
<b>Average patient length of stay (LOS)</b>	<b>2.7</b>
<b>Average Daily Inpatient Census</b>	<b>13</b>
<b>Inpatient Discharges</b>	<b>1768</b>
<b>Births</b>	<b>394</b>

<b>Non-ED Outpatient Visits</b>	<b>106,791</b>
<b>ED Visits</b>	<b>13,357</b>
<b>ED Visits Admitted</b>	<b>1,423</b>
<b>Inpatient Surgeries</b>	<b>278</b>
<b>Outpatient Surgeries</b>	<b>1,414</b>
<b>Medical Office Building Clinic Visits</b>	<b>56,660</b>

- 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. RISK MANAGEMENT**

- Risk Management provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care.
  - Compliance
  - Emergency Management
  - Environmental Safety
  - Guest Relations
  - Occurrence Reporting
  - Patient & Staff Safety
  - Risk Management Program Oversight
- 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 officers are notified 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 after investigation.

- 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.

## **XI. 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.

## **XII. 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 are open to the public and take place the first Wednesday of every month beginning at 2:00 PM. Hospital Board members also serve on standing board committees committees that meet at various times, dates and hours of the day.
- Board members are assigned to standing committees by the Board President.
- 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: 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, 6<sup>th</sup> ed. (2021). American association of Cardiovascular and Pulmonary Rehabilitation
- Guidelines for Pulmonary Rehabilitation Programs, 5<sup>th</sup> 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 Patient Testing:
    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 Care:
    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.
- 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 CoArc approved schools of respiratory therapy. 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 MANAGEMENT**

## **DEFINITION OF SERVICE**

- Patients at MHSC benefit from individualized Care 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**

- Care Management provides 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 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 Care Management.
- Referrals for all Discharge Planning and Care 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 an 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. - 12:00 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**

- None

#### **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 Clinical 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.
- Education relating to using the EMR.

#### **STAFFING**

- The Clinical Informatics department is staffed by three (3) Nursing Informatics Specialists and

one (1) Clinical Systems Analyst

#### **CONTRACTED SERVICES**

- Cerner Community Works
- Visonex

#### **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. On-call services provided everyday - after office hours, weekdays and weekends.

#### **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**

- 2 registered nurses

#### **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: COMPLIANCE**

## **DEFINITION OF SERVICE**

- The 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 Compliance Department are responsible for:
  - Compliance and Regulatory Oversight

## **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. This is done through compliance monitoring, and proactive survey/audit preparation throughout the Hospital.
- **Overseeing and monitoring the implementation and maintenance of the Compliance Program.**
  - Reporting on a regular basis to the Board of Trustees (no less than annually) on the progress of implementation and operation of the Compliance Program and assisting the CEO in establishing methods to reduce the Hospital's risk of fraud, abuse and waste.
  - Periodically reviewing and recommending changes to the Compliance Program in light of changes in the needs of the Hospital and changes in applicable statutes, regulations and government policies.
  - Reviewing, at least annually, the implementation and execution of the elements of this Compliance Program.
  - Developing, coordinating and participating in educational and training programs that focus on elements of the Compliance Program with the goal of ensuring that all appropriate Staff are knowledgeable about, and act in accordance with, this Compliance Program and all pertinent federal and state requirements.
  - Ensuring that independent contractors and all other non-Staff of the Hospital are aware of the requirements of this Compliance Program as it applies to and affects the services provided by such contractors and agents.
  - Ensuring that employees, independent contractors, and agents of the Hospital have not been excluded from participating in Medicare, Medicaid or any other federal or state health care program.
  - Ensuring that the Hospital does not employ or contract with any individual who has been convicted of a criminal offense related to health care within the previous five years, or who is listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in Medicare, Medicaid, or any other federal or state health care program.
  - Coordinating internal compliance review and monitoring activities.
  - In conjunction with supervisors and the Human Resources Department, investigating and acting on matters related to compliance, including design and coordination of internal investigations and making recommendations for any corrective action.

## **CONTRACTED SERVICES**

- Cerner P2 Sentinel HIPAA Compliance
- Code of Conduct

- FairWarning HIPAA Compliance program for legacy systems
- Red Flag Reporting

## **STAFFING**

- Oversight Compliance Officer
- Compliance auditor

## **AFFILIATIONS OR SOURCES OF REFERENCE**

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- OIG (Office of Inspector General)
- HIPAA
- STARK Act
- Anti-Kickback Act
- False Claims Act
- DHHS-OIG

# **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 to five staff members, a combination of registered nurses and patient care technicians. One nurse covers the peritoneal dialysis service with additional staff members cross-trained to allow 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 the multidisciplinary care team that includes the nephrologist, registered nurse, social worker, dietician, and patient financial navigator during multidisciplinary (MDR). Once a month the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide services 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 facilitates lifelong learning and professional development activities for personal and professional growth, competency, and proficiency for all employees at MHSC, including clinical and non-clinical departments.
- Professionals in the Education Department use knowledge and skills in educational theory and application, career development, leadership, curriculum, and program management to assist employees in providing safe and exceptional patient care.
- The learning needs of employees in all departments guide meaningful continuing education opportunities necessary and pertinent to the position description.
- Continuing education opportunities include mandatory education that is needed to meet the requirements of regulatory agencies. In addition, the Education Department disseminates information to employees that they may not otherwise know to exist, thus expanding learning opportunities, critical thinking, and looking at issues from multiple perspectives.

### HOURS / DAYS OF THE WEEK OF SERVICE

- The Education department has standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as-needed basis.
- The Education Department hours are typically 7:00 AM-4:30 PM, Monday through Friday.
- However, hours of availability in the Education Department are flexible, dependent on the learning needs of employees who work in an organization that functions twenty-four hours a day, seven days a week.

### TYPE OF SERVICE PROVIDED

- Services provided by the staff in the Education Department include, but are not limited to: teaching classes, organizing classes, and in-services, administering and managing the organization's learning management system, coordinating 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. Staff in the Education Department provides career and academic counseling and guidance. The Education Department develops individualized orientation plans for newly hired nurses, certified nursing assistants, and medical assistants.
- The Education Department allows individuals in specific departments and others with the most appropriate expertise to conduct department-specific orientation and training on using the electronic medical record. The Education Department serves as a resource whenever needed. The Education Department routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning.

Currently, continuing education courses are not offered through MHSC's Education Department but are available through the Healthcare Source Learning Management System. Lippincott Learning, and University of Utah Tele-ICU Courses.

### **CONTRACTED SERVICES**

- Lippincott
- Up To Date
- Healthcare Source
- American Association of Critical Care Nurses (AACN)
- University of Utah
- Relias

### **STAFFING**

- The Education Department reports to the Chief Nursing Officer and consists of the Director of Education and the Clinical Nurse Educator.
- The Education Department uses a self-directed orientation process. As a result, yearly competencies are developed to reflect the dynamic nature of the health care environment. See Job descriptions.

### **AFFILIATIONS OR SOURCES OF REFERENCE**

- The Education Department has developed relationships with educators at the University of Utah and Primary Children's Hospital in Salt Lake City, Utah, which have led to opportunities to be involved in certain educational activities provided by these larger organizations.
  - Other affiliations include but are not limited to the following:
  - American Nurses Association/ Wyoming Nursing Association
  - American Nurses in Professional Development
  - Infusion Nursing Society
  - Wyoming State Board of Nursing
  - The Joint Commission
  - Centers for Medicare and Medicaid
  - Occupational Safety and Health Administration

## **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.
- 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.

## **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: EMERGENCY MANAGEMENT**

#### **DEFINITION OF SERVICE**

- 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).

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- 24/7

#### **TYPES OF SERVICES**

- 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.

#### **CONTRACTED SERVICES**

- None

#### **STAFFING**

- Oversight by the Security Supervisor
- Emergency Management Coordinator

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- NIMS National Incident Management System

# 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.
- 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.

## 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.
- Environmental Safety, in conjunction with Patient and Staff Safety initiatives, allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and or even death. The FSS Director oversees and Facilitates the Environment of Care (EOC) Committee. This Committee's membership includes a cross-section of various hospital disciplines who work collaboratively. The Committee is tasked with managing risks in the environment and intervening in situations that pose a threat to people or property. It manages those risks by collecting a wide variety of information about EOC issues, conducting risk management activities, and then communicating the results of those activities. There is also an Environmental Safety Officer, tasked with actively supporting those listed functions. That officer utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the EOC Committee, and the facility Performance Improvement and Patient Safety Plan. All staff members in FSS aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

## **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. - 5:00 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 Facilities' department 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 10.5 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.
- Environmental Safety Officer

## **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)
- Occupational Safety and Health Administration (OSHA)

## 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, Senior Accountant, Accounting Clerk, Payroll Clerk, and Accounts Payable Clerk.

### AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

## SCOPE OF SERVICE: GUEST RELATIONS

### DEFINITION OF SERVICE

- Guest Relations provides 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.
- Resolution and appeal processes of patient complaints are accessed through the Director of Infection Prevention, Employee Health & Grievances.

### HOURS / DAYS OF THE WEEK OF SERVICE



- Monday through Friday during normal business hours, excluding holidays

## **TYPES OF SERVICES**

- 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.

## **CONTRACTED SERVICES**

- Synergi
- MSDS Online
- The Joint Commission (TJC)

## **STAFFING**

- Oversight by Director of Infection Prevention, Employee Health & Grievances

## **AFFILIATIONS OR SOURCES OF REFERENCE**

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- National Fire Protection Association (NFPA)
- Wyoming Department of Health (WDOH)
- Center for Medicare and Medicaid (CMS)

# **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
- **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
- 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
- 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)
- Care Consultants Better Solutions (release of information for legal charts)
- Copier and Supply (copy/fax)
- R1 RCM (back-up coding)

## **STAFFING**

- 1 - Health Information Management Director
- 1 - Inpatient coders
- 3 - Outpatient coders
- 5 - Health Information Management Technicians (5 FT)
- 3 - Pro-Fee Coders

## **AFFILIATIONS OR SOURCES OF REFERENCE**

- Association for Healthcare Documentation Integrity (AHDI)
- American Health Information Management Association (AHIMA)
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)
- American Academy of Professional Coders (AAPC)

# **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, a Human Resource Administrative Assistant and an HR 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](mailto: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 treat the underlying causes of the illness and ultimately restore or stabilize the patient's health status.

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 considered to have a less critical medical condition.

## **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 the following, but not limited to: 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 Level 1 status, 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. - 5:30 p.m. and Saturday - Sunday 9:00 a.m. - 2:00 p.m. Walk-in Clinic hours are Monday - Friday 7 a.m. - 7 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
    - Urinalysis
    - Hematology
    - Coagulation
    - Immunology

- Drug screens
- Serology and molecular testing
- Point of care (POC) blood gas analysis
- 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
- Summit Pathology

## **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**

- Accupath Diagnostic Laboratories

- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- CARIS MPI, INC, DBA CARIS Life Sciences
- Colorado Department of Public Health
- Foundation Medicine, INC
- Genomic Health
- Labone, LLC DBA, Quest Diagnostics
- Laboratory Corporation of America
- Mayo Clinic Laboratories
- Myriad Genomic Laboratories
- Natera Inc.
- Neogenomics Laboratories, INC
- Prometheus Laboratories, INC
- Quest Diagnostics Infectious Diseases
- Summit Pathology
- Vitalant
- Wyoming Public Health Laboratory
- American Society of Clinical Pathologists (ASCP)
- American Association of Blood Banks (AABB)
- Food and Drug Administration (FDA)
- The Joint Commission (TJC)

## **SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS**

### **DEFINITION OF SERVICE**

- Marketing & Public Relations is a non-clinical department in charge of marketing and promotion of the 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**

- Create, implement, and measure the success of a comprehensive marketing, communications and public relations programs that include communication 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.
- Oversees 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, as well as marketing materials including all brochures, rack cards, flyers, pamphlets, etc. for anything distributed internally or externally for a clinic, department or the entire organization.
- Oversees planning and implementation of all publicity, advertising, marketing, and promotional activities and material that represent the organization to the press and public.
- Responsible for planning and implementing policies under Marketing and Public Relations, working closely with the MHSC Community Outreach Director, MHSC Events Coordinator and Memorial Hospital Foundation Executive Director.
- Establishes, maintains and monitors all official social media accounts including Facebook, Twitter, Instagram, Snapchat, etc.
- Designs, updates information, and maintains hospital website at <https://sweetwatermemorial.com>

#### **CONTRACTED SERVICES**

- Advertising contracts – annual and short-term – including radio, print, local and national digital, outdoor billboards, 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.

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Hospital Association's Society for Healthcare Strategy & Market Development
- Wyoming Press Association
- Associated Press Style Guide/MHSC Style Guide

## **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**

- Vizient

## **STAFFING**

- The staff includes a Director, 3 Buyers, Receiving Clerk, Supply Chain Aide 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-7:30 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 7:30 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 5:00 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, treatment and post treatment follow up 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 while they are on active treatment with cancer. A medical oncologist also collaborates with hospice to provide end of life 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 denusomab, 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 34 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, dietician, 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 6:00 a.m. - 6:00 p.m. and 6:00 p.m. to 6:00 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. - 4:30 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 Non-Physician Providers (NPP) 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. - 6:00 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 order.
- The hospital cafeteria is open to all employees and visitors.
- The Executive Chef/Manager and Nutrition Services staff prepare a wide range of dishes daily. The cafeteria also offers a 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 staff may cater internal and external events or meetings.
- 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 Diabetes Self Management Education and Support (DSMES) program.

## **CONTRACTED SERVICES**

- Dining management services are provided by Unidine (excludes dietitians)
- Hobart Services – Dishwasher
- Shadow Mountain -water and coffee

## **STAFFING**

- Director of Dining Services
- Executive Chef/Manager
- Registered Dietitians
- Nutrition Services 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 - DSMES

# **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**

## **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 Outpatient Infusion Clinic located on the main floor of the hospital next to Medical Imaging.

## **HOURS / DAYS OF THE WEEK OF SERVICE**

- Typically, Monday through Friday excluding holidays, 8:30 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
  - monoclonal antibody therapy

## **CONTRACTED SERVICES**

- None

## **STAFFING**

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

## **AFFILIATIONS OR SOURCES OF REFERENCE**

- None

# **SCOPE OF SERVICE: PATIENT ACCESS/ADMISSIONS**

## **DEFINITION OF SERVICE**

- The Admitting Department is comprised of Admitting, Emergency Department Admitting, Medical Imaging Admitting, Clinic Reception, 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 Foundation Laboratory Admitting Department is staffed Monday through Friday from 7:00



- a.m. until 5:30 p.m., except holidays.
- The College Hill Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 7:00 p.m., except 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 Clinic Admitting areas are staffed from Monday through Friday from 8:00 a.m. until 5:00 p.m., except the Walk-in clinic is staffed Monday through Saturday from 7:00 a.m. until 7:00 p.m., except holidays.
- 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.
- The Central Scheduling Department is staffed Monday through Friday from 8:00 a.m. until 5:00 p.m., except 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:
  - Cerner

## **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. College Hill and Walk-in Clinic coverage between 7:00 a.m. – 7:00 p.m. Monday through Saturday. Clinic coverage between 8:00 a.m. – 6:00 p.m., Monday through Friday. 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: 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 diagnosed, monitored and managed.
- The Medical and Specialty Clinics are multi-specialty physicians' offices. The practice areas include providers in Family Medicine, 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 7:00 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 & RISK DEPARTMENT

## DEFINITION OF SERVICE

- The Quality, Accreditation, & Patient Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement of 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 department is 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, Patient Safety, and Risk 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, Patient Safety, and Risk 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.
- Patient and Staff Safety in conjunction with 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 Performance Improvement and Patient Safety Plan (PIPS). 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.



Occurrence reporting by all staff is advocated as a means to pro-actively resolve hazards, eliminate risks and improve patient and staff safety. Reporting supports learning, safety and improved care quality. The purpose is to identify safety hazards, adverse or sentinel events, accidents or injuries and good catches.

- 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
- MD Stat
- Synergi

## **STAFFING**

- Quality Department

## **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
- Kepro – Beneficiary and Family Centered Care Quality Improvement Organization
- Livanta - Beneficiary and Family Centered Care Quality Improvement Organization
- Constellation UMIA



- USI

## 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, Stereotactic Body Radiotherapy (SBRT) and Stereotactic Radiosurgery (SRS) -which use high dosing of very localized and focused radiation to ablate tumors.
- 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 social worker 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
- 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.
- Documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- Assessment of 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 PRN.
- 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 and speech 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.

- 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.
- PRN speech therapist.
- Medical Director

#### **AFFILIATIONS OR SOURCES OF REFERENCE**

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

## **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
  - Collaborates with the behavioral health coordinator with monitoring of behavioral health patients

## **STAFFING**

- The Supervisor of security is responsible for any and all actions of the department. Additional staff include security officers and one emergency management coordinator.
- 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: 5/5/2021

**Approval Signatures**

**Step Description**

**Approver**

**Date**





Approved N/A  
Review Due N/A

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## 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** 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** 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~~2021:

<b>Campus Size</b>	<b>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</b>
<b>Licensed Beds</b>	<b>99</b>
<b>Staffed Beds</b>	<b>58</b>
<b>Employees</b>	<b>550</b>
<b>Full-time employee equivalent (FTE)</b>	<del>454.78</del> <u>487.51</u>
<b>FTEs/Occupied Bed</b>	<del>8.36</del> <u>61</u>
<b>Average patient length of stay (LOS)</b>	<del>2.5</del> <u>7</u>
<b>Average Daily Inpatient Census</b>	<del>12.90</del> <u>13</u>
<b>Inpatient Discharges</b>	<del>1861</del> <u>1768</u>

<b>Births</b>	<b>410394</b>
<b>Non-ED Outpatient Visits</b>	<b>86,909106,791</b>
<b>ED Visits</b>	<b>14,87613,357</b>
<b>ED Visits Admitted</b>	<b>1,513423</b>
<b>Inpatient Surgeries</b>	<b>295278</b>
<b>Outpatient Surgeries</b>	<b>1,485414</b>
<b>Medical Office Building Clinic Visits</b>	<b>54,81556,660</b>

- 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. RISK MANAGEMENT**

- Risk Management provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care.
  - Compliance
  - Emergency Management
  - Environmental Safety
  - Guest Relations
  - Occurrence Reporting
  - Patient & Staff Safety
  - Risk Management Program Oversight
- 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 officers are notified 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 after investigation.

- 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.

## **XI. 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.

## **XII. 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 are open to the public ~~occur~~and take place the first Wednesday of every month ~~from beginning at~~ 2:00 ~~-5:00~~-PM. Hospital Board members also serve on ~~several other~~standing board committees committees that meet at various times, dates and hours of the day.
- Board members are assigned to standing committees by the Board President.
- 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, 6<sup>th</sup> ed. (2021). American association of Cardiovascular and Pulmonary Rehabilitation
- Guidelines for Pulmonary Rehabilitation Programs, 5<sup>th</sup> 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 Patient Testing:
    1. Stress testing – Cardiolute, 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 Care:

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~~ CoArc approved schools of respiratory therapy. 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~~ MANAGEMENT

## ~~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 **CaseCare** 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**

- **CaseCare** Management ~~providers~~**provides** 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 patients 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 **CaseCare** Management.
- Referrals for all Discharge Planning and **CaseCare** 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 ~~asan~~ 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~~12:00 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~~
- ~~None~~

## 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 Clinical 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~~Nursing Informatics Specialists and one (1) Clinical Systems Analyst

## CONTRACTED SERVICES

- ~~eMDs~~
- ~~Quadramed~~
- ~~T-Systems~~
- Cerner Community Works
- Visonex

## 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~~ On-call services provided everyday - after office hours, weekdays and weekends.

### 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

- ~~12~~ registered ~~nurse and 1 medical assistant~~ nurses

#### 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: COMPLIANCE**

#### **DEFINITION OF SERVICE**

- : The 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 Compliance Department are responsible for:
  - Compliance and Regulatory Oversight

#### **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. This is done through compliance monitoring, and proactive survey/audit preparation throughout the Hospital.



: Overseeing and monitoring the implementation and maintenance of the Compliance Program.

- Reporting on a regular basis to the Board of Trustees (no less than annually) on the progress of implementation and operation of the Compliance Program and assisting the CEO in establishing methods to reduce the Hospital's risk of fraud, abuse and waste.
- Periodically reviewing and recommending changes to the Compliance Program in light of changes in the needs of the Hospital and changes in applicable statutes, regulations and government policies.
- Reviewing, at least annually, the implementation and execution of the elements of this Compliance Program.
- Developing, coordinating and participating in educational and training programs that focus on elements of the Compliance Program with the goal of ensuring that all appropriate Staff are knowledgeable about, and act in accordance with, this Compliance Program and all pertinent federal and state requirements.
- Ensuring that independent contractors and all other non-Staff of the Hospital are aware of the requirements of this Compliance Program as it applies to and affects the services provided by such contractors and agents.
- Ensuring that employees, independent contractors, and agents of the Hospital have not been excluded from participating in Medicare, Medicaid or any other federal or state health care program.
- Ensuring that the Hospital does not employ or contract with any individual who has been convicted of a criminal offense related to health care within the previous five years, or who is listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in Medicare, Medicaid, or any other federal or state health care program.
- Coordinating internal compliance review and monitoring activities.
- In conjunction with supervisors and the Human Resources Department, investigating and acting on matters related to compliance, including design and coordination of internal investigations and making recommendations for any corrective action.

**CONTRACTED SERVICES**

- : Cerner P2 Sentinel HIPAA Compliance
- : Code of Conduct
- : FairWarning HIPAA Compliance program for legacy systems
- : Red Flag Reporting

**STAFFING**

- : Oversight Compliance Officer
- : Compliance auditor

**AFFILIATIONS OR SOURCES OF REFERENCE**

- : [The Joint Commission \(TJC\)](#)
- : [Occupational Safety and Health Administration \(OSHA\)](#)
- : [OIG \(Office of Inspector General\)](#)
- : [HIPAA](#)
- : [STARK Act](#)
- : [Anti-Kickback Act](#)
- : [False Claims Act](#)
- : [DHHS-OIG](#)

## 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 ~~to five~~ staff members, ~~either a combination of registered nurses and patient care technicians. One 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~~ ~~to~~-day operations and care of patients. Each dialysis patient is visited monthly by ~~a~~the multidisciplinary care team that includes the nephrologist, registered ~~dietitian and receives a monthly visit from a~~nurse, social worker, ~~dietician, and patient financial navigator during multidisciplinary (MDR).~~ Once a ~~quarter~~month the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide ~~service~~services 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~~ Department facilitates lifelong learning and professional development activities ~~with the goal of~~ for personal and professional growth, competency, and proficiency for all employees at MHSC, including clinical and non-clinical departments. 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.~~

- Professionals in the Education Department use knowledge and skills in educational theory and application, career development, leadership, curriculum, and program management to assist employees in providing safe and exceptional patient care.
- Learning The learning needs of employees in all departments guide meaningful continuing education opportunities necessary, and pertinent to the position description.
- Continuing education opportunities include mandatory education that is needed to meet the requirements of regulatory agencies. In addition, the Education Department disseminates information to employees that they may not otherwise known to exist, thus expanding learning opportunities, critical thinking, and looking at issues from multiple perspectives.

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 Education department has standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as -needed basis.
- The Education Department hours are typically 7:00 AM-4:30 PM, Monday through Friday.
- The nurse educator facilitating nursing education has However, hours of availability in the Education Department are flexible hours, dependent on the learning needs of employees who work in an organization 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

- Services provided by the staff in the 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 Department include, but are not limited to: teaching classes, organizing classes, and in-services, administering and managing the organization's learning management system, coordination of coordinating 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 Staff in the Education Department provides career and academic counseling and guidance to those seeking careers in the. The Education Department develops individualized orientation plans for newly hired nurses, certified nursing profession assistants, and medical assistants.
- The MHSC philosophy fosters professional development and self-directed learning and believes that those Education Department allows individuals in specific departments and others with the most appropriate expertise are those best to conduct department-specific orientation and training on the use of using the electronic medical record. The nurse educator and others in the organization with the appropriate experience serve Education Department serves as a resource whenever needed. The nurse educator Education Department 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's Education Department but are offered available through the Healthcare Source Learning Management System. Lippincott Learning system, the Net Learning system and a plethora of easily accessible outside resources and University of Utah Tele-ICU Courses.

## CONTRACTED SERVICES

- Lippincott

## OVID

- Up To Date
- ~~NetLearning through HealthCareSource~~[Healthcare Source](#)
- American Association of Critical Care Nurses (AACN)
- [University of Utah](#)
- [Relias](#)

## 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.~~
- The Education Department reports to the Chief Nursing Officer and consists of the Director of Education and the Clinical Nurse Educator.
- The Education Department uses a self-directed orientation process. As a result, yearly competencies are developed to reflect the dynamic nature of the health care environment. See Job descriptions.

## AFFILIATIONS OR SOURCES OF REFERENCE

- The ~~nurse educator and Chief Nursing Office have~~[Education Department has](#) developed relationships with educators at the University of Utah, ~~and~~ Primary Children's Hospital in Salt Lake City, Utah, ~~University of Wyoming, and Western Wyoming Community College. These affiliations~~[which](#) have led to opportunities to be involved in certain educational activities provided by these ~~larger~~ organizations.
  - ~~American Association of Nurses in Professional Development (ANPD)~~
  - ~~American Nurses Association (ANA)~~
  - ~~Revolutionizing Nursing Education in Wyoming (ReNEW)~~
  - Other affiliations include but are not limited to the following:
  - American Nurses Association/ Wyoming Nursing Association
  - American Nurses in Professional Development
  - Infusion Nursing Society
  - Wyoming State Board of Nursing
  - The Joint Commission
  - Centers for Medicare and Medicaid
  - Occupational Safety and Health Administration

## 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.
- 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.

## 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: EMERGENCY MANAGEMENT**

#### **DEFINITION OF SERVICE**

- : 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).

#### **HOURS / DAYS OF THE WEEK OF SERVICE**

- : 24/7

#### **TYPES OF SERVICES**

- : 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.

#### **CONTRACTED SERVICES**

- : None

#### **STAFFING**

- : Oversight by the Security Supervisor
- : Emergency Management Coordinator

#### **AFFILIATIONS OR SOURCES OF REFERENCE**



## 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.
- [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.](#)

### 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.
- Environmental Safety, in conjunction with Patient and Staff Safety initiatives, allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and or even death. The FSS Director oversees and Facilitates the Environment of Care (EOC) Committee. This Committee's membership includes a cross-section of various hospital disciplines who work collaboratively. The Committee is tasked with managing risks in the environment and intervening in situations that pose a threat to people or property. It manages those risks by collecting a wide variety of information about EOC issues, conducting risk management activities, and then communicating the results of those activities. There is also an Environmental Safety Officer, tasked with actively supporting those listed functions. That officer utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the EOC Committee, and the facility Performance Improvement and Patient Safety Plan. All staff members in FSS aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

## 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~~Facilities' department 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~~10.5 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.
- Environmental Safety Officer

## 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)
- Occupational Safety and Health Administration (OSHA)

## 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~~Senior Accountant, Accounting Clerk, Payroll Clerk, and Accounts Payable Clerk.

### AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

## SCOPE OF SERVICE: GUEST RELATIONS

### DEFINITION OF SERVICE

- Guest Relations provides 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.
- Resolution and appeal processes of patient complaints are accessed through the Director of Infection Prevention, Employee Health & Grievances.

### HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays

## **TYPES OF SERVICES**

- 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.

## **CONTRACTED SERVICES**

- Synergi
- MSDS Online
- The Joint Commission (TJC)

## **STAFFING**

- Oversight by Director of Infection Prevention, Employee Health & Grievances

## **AFFILIATIONS OR SOURCES OF REFERENCE**

- The Joint Commission (TJC)
- Occupational Safety and Health Administration (OSHA)
- National Fire Protection Association (NFPA)
- Wyoming Department of Health (WDOH)
- Center for Medicare and Medicaid (CMS)

# **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)
- R1 RCM (back-up coding)

#### 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~~5 FT, ~~1~~ PT, ~~1~~ PRN)
- 3 - Pro-Fee Coders

#### AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Healthcare Documentation Integrity (AHDI)



- American Health Information Management Association (AHIMA)
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)
- [American Academy of Professional Coders \(AAPC\)](#)

## 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 and an HR 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](mailto: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~~ treat the underlying causes of the illness and ultimately restore or stabilize the patient's health status.

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~~ considered to have a less critical medical condition.

#### 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 the following, but not limited to: 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 Level 1 status, 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. Walk-in Clinic hours are Monday - Friday 7 a.m. - 7 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
    - Point of care (POC) blood gas analysis
  - 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
- [Summit Pathology](#)

## 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~~
- [Accupath Diagnostic Laboratories](#)
- [ARUP Laboratories, Salt Lake City, UT - reference laboratory](#)
- [CARIS MPI, INC, DBA CARIS Life Sciences](#)
- [Colorado Department of Public Health](#)

- [Foundation Medicine, INC](#)
- [Genomic Health](#)
- [Labone, LLC DBA, Quest Diagnostics](#)
- [Laboratory Corporation of America](#)
- [Mayo Clinic Laboratories](#)
- [Myriad Genomic Laboratories](#)
- [Natera Inc.](#)
- [Neogenomics Laboratories, INC](#)
- [Prometheus Laboratories, INC](#)
- [Quest Diagnostics Infectious Diseases](#)
- [Summit Pathology](#)
- [Vitalant](#)
- [Wyoming Public Health Laboratory](#)[American Society of Clinical Pathologists \(ASCP\)](#)
- [American Association of Blood Banks \(AABB\)](#)
- [Food and Drug Administration \(FDA\)](#)
- [The Joint Commission \(TJC\)](#)

## SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

### DEFINITION OF SERVICE

- Marketing & Public Relations is a non-clinical department in charge of marketing and promotion of [the](#) 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~~[Create, implementing and measuring](#)~~implement, and measure~~ the success of a comprehensive marketing, communications and public relations ~~program~~[programs](#) that ~~includes communications~~[include communication](#) 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~~Oversees 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, as well as~~ marketing materials including all brochures, rack cards, ~~flyers~~flyers, pamphlets, etc. for anything distributed internally or externally for ~~a clinic, department or~~ the entire organization.
- ~~Responsible for~~Oversees planning and ~~implementing~~implementation of all publicity, advertising, marketing, and ~~promotion~~promotional activities and material that ~~represents~~represent the organization to the press and public.
- Responsible for planning and implementing policies under Marketing and Public Relations, working closely with the MHSC Community Outreach Director, ~~working closely with the MHSC Community Outreach Department, MHSC~~ Events Coordinator and Memorial Hospital Foundation Executive Director.
- Establishes, maintains and monitors all official social media accounts including Facebook, Twitter, Instagram, Snapchat, etc.
- Designs, ~~implements~~updates information, and maintains hospital website at ~~<https://sweetwatermemorial.com>~~ <https://sweetwatermemorial.com>

## CONTRACTED SERVICES

- Advertising contracts – annual and short-term – including radio, print, local and national digital, outdoor billboards, 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.~~
- American Hospital Association's Society for Healthcare Strategy & Market Development
- Wyoming Press Association
- Associated Press Style Guide/MHSC Style Guide

# 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~~
- Vizient

## STAFFING

- The staff includes a Director, 3 Buyers, Receiving Clerk, Supply Chain Aide 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 4:50 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 and post treatment follow up 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 while they are on active treatment with cancer. A medical oncologist also ~~gives supportive~~ collaborates with hospice to provide end of life 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 3534 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, dietician, 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. - 5:00:30 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~~ Non-Physician Providers (AHPNPP) 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. - 6:3000 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~~order.
- The hospital cafeteria is open to all employees and visitors. ~~Employees receive a 35% discount on all meal items.~~
- The Executive Chef, ~~and kitchen~~/Manager and Nutrition Services staff, ~~prepares~~prepare a wide range of dishes ~~each week~~daily. The cafeteria also offers ~~an all-you-care-to-eat~~a 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.~~The Nutrition Services staff may cater internal and external events or meetings.
- 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~~Diabetes Self Management Education and Support (DSMES) 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~~
- Dining management services are provided by Unidine (excludes dietitians)
- Hobart Services – Dishwasher
- Shadow Mountain -water and coffee

## STAFFING

- Director of Dining Services
- Executive Chef/Manager

- ~~2 full time~~ Registered Dietitians, ~~Monday through Friday~~  
1 PRN Registered Dietitian available for evening appointments
- ~~Dietary~~ **Nutrition Services** 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~~ **DSMES**

## 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.~~ Outpatient Services operates out of the Outpatient Infusion Clinic located on the main floor of the hospital next to Medical Imaging.

### HOURS / DAYS OF THE WEEK OF SERVICE

- Typically, Monday through Friday excluding holidays, 8:0030 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
  - monoclonal antibody therapy

### CONTRACTED SERVICES

- None

### STAFFING

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

### AFFILIATIONS OR SOURCES OF REFERENCE

- None

# **SCOPE OF SERVICE: PATIENT ACCESS/ADMISSIONS**

## **DEFINITION OF SERVICE**

- : The Admitting Department is comprised of Admitting, Emergency Department Admitting, Medical Imaging Admitting, Clinic Reception, 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 Foundation Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 5:30 p.m., except holidays.
- : The College Hill Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until 7:00 p.m., except 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 Clinic Admitting areas are staffed from Monday through Friday from 8:00 a.m. until 5:00 p.m., except the Walk-in clinic is staffed Monday through Saturday from 7:00 a.m. until 7:00 p.m., except holidays.
- : 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.
- : The Central Scheduling Department is staffed Monday through Friday from 8:00 a.m. until 5:00 p.m., except 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:
  - Cerner

## **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. College Hill and Walk-in Clinic coverage between 7:00 a.m. – 7:00 p.m. Monday through Saturday. Clinic coverage between 8:00 a.m. – 6:00 p.m., Monday through Friday. 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: 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 diagnosed, monitored and managed.
- The Medical and Specialty Clinics are multi-specialty physicians' offices. The practice areas include providers in Family PracticeMedicine, 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 7:00 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 & ~~PATIENT SAFETY~~RISK DEPARTMENT

#### DEFINITION OF SERVICE

- The Quality, Accreditation, & Patient Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement ~~impacting~~of 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~~ The department is 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, Patient Safety, and Risk 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 ~~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 & Patient Safety, and Risk 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.
- Patient and Staff Safety in conjunction with 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 Performance Improvement and Patient Safety Plan (PIPS). 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. Occurrence reporting by all staff is advocated as a means to pro-actively resolve hazards, eliminate risks and improve patient and staff safety. Reporting supports learning, safety and improved care quality. The purpose is to identify safety hazards, adverse or sentinel events, accidents or injuries and good catches.
- 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
- MD Stat
- Synergi

## STAFFING

- Quality Department

## 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
- [Kepro – Beneficiary and Family Centered Care Quality Improvement Organization](#)
- [Livanta - Beneficiary and Family Centered Care Quality Improvement Organization](#)
- [Constellation UMIA](#)
- [USI](#)

## 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) and Stereotactic Radiosurgery (SRS) -which ~~uses~~use 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~~social worker 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 of 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~~ PRN.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, and 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~~PRN 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~~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~~Supervisor of security is responsible for any and all actions of the department. ~~The Additional staff include security supervisor assists the director and accepts departmental responsibility in the absence of the director officers and one emergency management coordinator. 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: 5/5/2021

#### Approval Signatures

Step Description

Approver

Date

#### History

**Draft saved by Fife, Robin: Clinical Administrative Assistant** on 6/9/2022, 11:51AM EDT

**Draft saved by Quickenden, Kari: Chief Clinical Officer** on 6/9/2022, 7:10PM EDT

**Draft saved by Fife, Robin: Clinical Administrative Assistant** on 6/16/2022, 2:01PM EDT

**Draft saved by Quickenden, Kari: Chief Clinical Officer** on 6/16/2022, 2:53PM EDT

**Draft saved by Fife, Robin: Clinical Administrative Assistant** on 7/18/2022, 2:54PM EDT



# Board Charter: The Human Resources Committee

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**Category: Board Committees & Committee Charters**

**Title: Human Resources Committee**

**Original Adoption: June 14, 2010**

**Revision: September 6, 2017; April 1, 2020; February 2, 2022; September 19, 2022**

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## **Purpose:**

The purpose of the committee is to assist the Board in discharging its duties in respect to the oversight of the Hospital's Human Resources function including, but not limited to, compliance, classification, compensation (including total rewards), policies, employee relations and safety. The creation and maintenance of an organizational culture that fosters a productive, engaged and safe workforce is a primary goal of the Committee.

## **Authority:**

The committee has no expressed or implied power or authority.

## **Responsibilities:**

In fulfilling its charge, the Human Resources Committee is responsible for the following activities and functions:

- Reviews Human Resource policies for compliance with all employment laws and practices, makes recommendations to Senior Leadership as deemed desirable.
- Periodically, reviews the Hospital's employee classification plan and its compensation and benefits packages for market competitiveness of comparable positions and salaries, makes recommendations to Senior Leadership as deemed desirable.
- Reviews the employee satisfaction/engagement survey that is conducted every other year and monitors the implementations of improvement actions based on the survey(s).
- Monitors the monthly employment reports in light of industry standards and Hospital trends.

## **Composition:**

The committee shall consist of two (2) members of the Board, one of whom shall serve as chair, the Legal Executive/General Counsel, Chief Executive Officer and the Human Resources Director. These five (5) committee members shall be the voting members of the committee. Staff to this committee include support personnel from appropriate MHSC departments such as the Chief Nursing Officer, Chief Clinical Officer, Chief Financial Officer, Finance and HR, who will not have voting privileges.

**Meeting Schedule:**

The committee shall meet monthly, or as needed.

**Reports:**

The committee will regularly receive and review the following reports, and executive summaries will be reported to the Board:

- Comprehensive personnel turnover reports and including physician turnover
- Contract staff statistics by position
- Vacancy rates by position
- Unexpected sick leave rates and worker's compensation claims
- Employee engagement survey results when available
- Injury and accident statistics
- Workplace Violence statistics

# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR ADVANCEMENT/REAPPOINTMENT

### GENERAL INSTRUCTIONS:

Complete the remainder of the application in full. Print or type all responses. Attach additional sheets if there is insufficient space on this form to complete your responses.

### PLEASE INCLUDE

- ☐ Current copy of Federal DEA Certificate (Must have one for the state of Wyoming)
- ☐ Copy of Wyoming Controlled Substance Certificate
- ☐ Current Copy of Wyoming License and Any Licenses Held by You in Any Other States
- ☐ Current Copy of Malpractice Face Sheet or Certificate of Insurance
- ☐ CME Credits and Documentation of Attendance for Education  
Programs/Courses Since Your Last Reappointment/Appointment
- ☐ Signed CME Statement
- ☐ Delineation of Clinical Privileges Form (attached)
- ☐ Health Statement (attached)
- ☐ Copy of Valid Government Issue Picture ID (Driver's License or Passport)
- ☐ Reappointment Fee of \$50.00
- ☐ Documentation of Currently Required Immunizations (See Employee Health Requirements)
- ☐ Documentation of Current PPD or Chest X-Ray

### 1. DELINEATION OF CLINICAL PRIVILEGES RENEWAL:

Please review the attached copy of your current privileges and then complete the new privilege form. If you are requesting privileges not currently held by you, please attach documentation of further training and/or clinical experience. Sign and date the form and return it with the other items in the packet. Note: If you would like conscious/moderate sedation privileges, in addition to your specialty specific privileges, please notify the Medical Staff Services Office so they can send you the correct form.

### 2. APPLICATION:

Answer each of the questions on the application. Use another sheet if more space is needed. **Please include all addresses, phone numbers, and FAX numbers, where indicated. This is very important, and could delay processing of your application if correct information isn't provided.** Sign, date, and return the form and all requested information.

### 3. CONDITIONS OF AFFILIATION

Sign, date, and return the release form.

### 4. FEES

All appointment/reappointment fees and licensing fees are non-refundable.

### RETURN THE COMPLETED PACKET TO:

Janice Varley, Medical Staff Services Office  
Memorial Hospital of Sweetwater County  
1200 College Drive, P. O. Box 1359  
Rock Springs, Wyoming 82902  
Fax Number: 307-352-8502

IF ANY QUESTIONS CALL: 307-352-8129

## APPLICATION FOR ADVANCEMENT/REAPPOINTMENT/REINSTATEMENT

Name in Full (including title MD, DO, DDS, DPM, DC, etc.)

Date of Birth

Other Name(s) Used

Social Security #

NPI (Required)

Group Name (If applicable) and Address

Office Phone

Hosp. Ext.

Fax

Home Phone

Cell Phone

Home Address

E-mail Address

### FOREIGN LANGUAGES

LANGUAGE	SPEAK	READ	WRITE

**SIGN LANGUAGE:** Yes \_\_\_\_\_ No \_\_\_\_\_

### SPECIALTY BOARD CERTIFICATION

FIELD CERTIFIED IN OR ELIGIBLE FOR	CERTIFYING BOARD	DATE CERTIFIED	DATE RECERTIFIED	DATE EXPIRES	CAN TAKE EXAM UNTIL

If not certified, have you ever taken and failed the examination? Yes \_\_\_ No \_\_\_. If yes, please explain:

### OTHER CERTIFICATIONS (BLS, ACLS and/or other clinical certifications)

TYPE	CERTIFYING BOARD NAME	DATE CERTIFIED	EXPIRATION DATE

### LICENSURE

State	Type	Number	Date Issued	Expiration Date	Adverse Actions
Wyoming					

## HOSPITAL STAFF APPOINTMENTS

(Please indicate any new appointments, since your last advancement/appointment to the medical staff.)

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

## PROFESSIONAL REFERENCES

Name three Physicians who have personal knowledge of your current clinical abilities, ethical character, health status and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from hospital authorities. The named individuals must have acquired the requisite knowledge through recent observation of your professional practice over a reasonable period of time and preferably have a current affiliation with an acute care institution. At least one must be from a colleague in your specialty, or part of your referral base. The references may not be relatives or have any recently initiated, or impending, professional partnership/affiliation association with you. **All references must be from currently practicing, licensed physicians.**

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or Email (required) \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or Email (required) \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or Email (required) \_\_\_\_\_

**HEALTH STATUS** (If any of the following questions are answered in the affirmative, please provide full explanation below or on a separate sheet, including a description of any accommodations that could reasonably be made to facilitate your performance of such functions without risk of compromises.)

	YES	NO
Do you presently have a physical or mental health condition that currently affects, or that may reasonably be expected to progress within the next two years to the point of affecting, your ability to perform medical staff duties or the clinical privileges requested?		
Are you currently taking medication/under other therapy for a condition which could affect your ability to perform professional or medical staff duties if the medication/therapy were discontinued today?		
Have you at any time during the last five (5) years been hospitalized or received any other type of institutional care for any such condition/ problem that may affect your ability to perform medical staff duties or the clinical privileges requested?		

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## DISCIPLINARY ACTIONS

If the answer is "Yes" to any of the following questions, please provide complete details on a separate sheet of paper.

1.	<b>Professional License</b> a. Have proceedings ever been instituted to have your license to practice medicine limited, suspended, revoked, denied, restricted, or voluntarily withdrawn (examples: probationary conditions or disciplinary proceedings)? b. Have proceedings ever been instituted to have your DEA License or other controlled substance license denied, revoked, or suspended? c. Have you ever entered into a consent agreement or stipulation, or have you voluntarily surrendered your license pending a disciplinary action or investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<b>Hospital Privileges</b> a. Have any of your clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? b. Have you ever had privileges or medical staff membership involuntarily terminated here or at another facility? c. Have you ever been the subject of disciplinary proceedings at any hospital or health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	a. Have proceedings ever been instituted to have your specialty board certification denied, revoked, or suspended? b. Has your board certification ever expired because you did not comply with the maintenance of certification requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a. Have you ever been convicted or pleaded guilty or no contest to any felony? Is any such action pending? b. Have you ever been convicted of a misdemeanor involving the practice of medicine? Is any such action pending? c. Have you ever been convicted of moral turpitude in any jurisdiction within the last five (5) years? Is any such action pending? d. Have you ever been convicted of a felony involving violence or sexual abuse? Is any such action pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	a. Have you ever been investigated by or suspended, sanctioned, or restricted from participating in any private, federal or state health insurance program, HMO, PPO, provider network, or regulatory agency (e.g. Medicare/Medicaid)? b. Have you ever been listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities? c. Have you ever been or are you currently opted out of Medicare? If yes, please provide the dates you were opted out.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates: _____
6.	<b>Professional Liability</b> a. Have you ever practiced medicine without malpractice insurance? b. Have you ever been denied malpractice insurance or has your policy been canceled or denied renewal? c. Has your malpractice carrier ever excluded any specific procedures from your insurance coverage? d. Have you ever received notification alleging malpractice on your part through a letter from an attorney, Notice of Intent, Notice of Claim, Summons and Complaint, or otherwise? e. Have prior malpractice claims been resolved through private settlement negotiations, mediation, arbitration, court action, or otherwise? f. Have any professional liability suits been filed against you that are presently pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Attestation:

I hereby certify that the information in this application is true and complete and that it accurately discloses all matters requested. I understand that it is my ongoing duty to report any changes relating to information provided in this application. I understand that as a condition of consideration for appointment and continued appointment, any misstatement in, or omission from the application is grounds for MHSC to stop processing the application. If appointment has been granted prior to the discovery of a misstatement or omission, appointment and privileges may be deemed to be automatically relinquished. In either situation, there shall be no entitlement to a hearing or appeal, and applicant cannot reapply for Medical Staff membership for a period of five (5) years.

Applicant Name: (Please Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MALPRACTICE HISTORY

Have there ever been or are there currently pending any claims, settlements or judgments against you?

\_\_\_\_ Yes      \_\_\_\_ No

Date of Claim: \_\_\_\_\_ Amount of Claim: \_\_\_\_\_

Location of Claim (State, City, and Institution): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Civil Action #: \_\_\_\_\_ Status of Claim: \_\_\_\_\_

Personal Explanation of Claim: \_\_\_\_\_

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(Use an additional sheet if more room is needed.)

Please note that the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, health status, and other qualifications, and for resolving any doubts about such qualifications. It is the applicant's responsibility to provide external verification of your response (i.e., statement from an attorney, court records, etc.) You may choose to have your attorney complete the section above. Credentials Committee may request additional information to resolve any doubts.

**LIABILITY INSURANCE** (Include names of all carriers for last five years, including address, city, state and zip code, policy number and amount of coverage.)

CARRIER AND ADDRESS	POLICY NUMBER	AMOUNT	DATES OF COVERAGE

## CONDITIONS OF AFFILIATION

By applying for appointment to the Medical Staff of Memorial Hospital of Sweetwater County, my signature at the end of these Conditions of Affiliation signifies I hereby:

Signify my willingness to appear for interviews in regards to my application.

Authorize the Hospital to consult with members of Medical Staffs of other Hospitals with which I have been associated and with others who may have information bearing on my competence, character, health status and ethical qualifications, including otherwise privileged or confidential information, provided by third parties bearing on my credentials, and agreement that any information so provided shall not be required to be disclosed to me;

Consent to the Hospital's inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges I request, as well as my moral and ethical qualifications for Medical Staff membership.

Acknowledge that any Medical Staff committee, including but not limited to the Credentials Committee, may request any additional information it determines is needed to evaluate my qualifications, and that I agree to provide such requested information. Failure to submit such information shall be treated as an incomplete application. Failure to submit a completed application shall result in discontinuation of the application being processed, which shall not constitute denial of the application or give me the right to a fair hearing.

Release from liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice, in connection with evaluating my application, my credentials, and qualifications.

**Release from liability any and all individuals and organizations who provide information to the Hospital concerning my professional competence, ethics, character, health status, and other qualifications for Medical Staff appointment and clinical privileges including otherwise privileged or confidential information.**

Authorize third parties to release information, including otherwise privileged or confidential information, as well as reports, records, statements, recommendations, and other documents in their possession, bearing on my credentials to the Hospital and consent to the inspection and procurement by the Hospital of such information, records, and other documents.

Authorization to release information about me to other healthcare entities and their agents, who solicit such information for the purpose of evaluating my professional qualifications pursuant to my request for appointment, reappointment, or clinical privileges.

Authorization for the hospital to maintain information concerning my age, training, board certification, licensure, and other confidential information in a centralized Physician database for the purpose of making aggregate Physician information available for use by the Hospital.

Authorization to release confidential information, including peer review and/or quality assurance information, obtained from or about me to peer review committees of the Hospital for the purposes of reducing morbidity and mortality and for the improvement of patient care.

Consent to the reporting by the Hospital of information to the National Practitioner Data Bank, established pursuant to the Health Care Quality Improvement Act of 1986 which the Hospital believes in good faith is required by law to be reported.

Acknowledge that I have received, or been given access to, and read the Medical Staff Bylaws and Rules and Regulations relevant to the application process and generally to clinical practice at the Hospital's facilities, and agree to be bound by the terms thereof in all matters relating to staff membership and clinical privileges and to the consideration of my application for appointment to the staff and for clinical privileges.

Pledge to maintain an ethical practice, to provide for continuous care for my patients, and to refrain from delegating the responsibility for any aspect of the care of my patients to any practitioner not qualified to undertake that responsibility.

Agree to immediately inform the medical staff office of any change made or proposed in the status of my professional license or permit to practice, state or federal controlled substances registrations, professional liability insurance coverage, and membership/employment/faculty status or clinical privileges in other institutions/facilities/organizations, and on the status of current or initiation of new malpractice claims.

Acknowledge that I, as an applicant for staff membership and privileges, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications for membership and clinical privileges and for resolving any doubts about such qualifications.

Acknowledge that any material misstatements in, or omissions from, this application constitute cause for denial of appointment or cause for summary dismissal from the staff, regardless of when the misstatement or omission is discovered. By signing the application, I signify that I am responsible for the content of the application, even if it was filled out by someone else.

Agree that the foregoing provisions are in addition to any agreements, understandings, covenants, waivers, authorizations, or releases provided by law or contained in any application or request forms.

I give full permission for MHSC to research and collect licenses, certificates, insurance related matters, medical malpractice claims information, and peer reference information. I further give permission for MHSC to provide this information to Medicare, Medicaid, and other third-party payors in

the process of provider enrollment. This permission extends to and includes the current application and periodic checks as required by the payor.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc., as may reasonably be required to certify my continuing suitability for any work which I may encounter while an employee of MHSC. I further agree to hold MHSC harmless for the consequences of such examinations, screenings, tests, etc.

All information submitted by me in this application is true and complete to my best knowledge and belief. A copy of this original statement constitutes my written authorization and request to release any and all documentation relevant to this application. Said copy shall have the same force and effect as the signed original.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

(To be completed by employed physicians, only)

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application or for separating me from the services of MHSC, if I have become employed.

I authorize MHSC to investigate my work performance with my references and with my previous employers (*except as noted*), and to investigate other such records e.g., motor vehicle operator records, criminal records, school records, licensure records, etc.) pertinent to the job(s) for which I have applied. I hereby release from liability MHSC and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc. that may be required to certify my suitability for the work for which I have applied, and I release from liability MHSC and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to any reasonably required physical and/or alcohol drug screening will constitute voluntary withdrawal of my application for employment. I also understand that MHSC may refuse to hire me as a result of the examination, and I agree to hold MHSC harmless for such refusal.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc., as may reasonably be required to certify my continuing suitability for any work which I may encounter while an employee of MHSC. I further agree to hold MHSC harmless for the consequences of such examinations, screenings, tests, etc.

In consideration of my employment, I agree to conform to MHSC's rules and regulations, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either MHSC or myself. I understand that no supervisor or representative, other than the CEO or the Board of Trustees has any authority to enter into any agreement for employment for any specified time period, or to make any agreement contrary to this. Any agreement for employment for any specified time period must be in writing and signed, and I understand that the employee handbook does not constitute an employment contract.

I specifically authorize the transmission of this application and all supporting documentation, and all information collected during the credentialing process, to each and every component of the Entities in which I have sought Membership or Participation, and I further fully authorize the release of that documentation or information to any health plan, health insurer, hospital, medical staff, medical group or other health care entity that may seek it as part of an authorized credentialing or peer review process.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Memorial Hospital of Sweetwater County

## Continuing Medical Education Statement

As part of the credentialing process, each applicant to the Medical Staff must provide documentation of current continuing medical education. Please complete the statement below and return it to the Medical Staff Office as soon as possible to be included in your credentials file.

I hereby certify that I have obtained \_\_\_\_\_ hours of Category I and/or Category II Continuing Medical Education credits in the past three years.

\_\_\_\_\_ % of CME's related to privileges requested.

A **transcript** of the CME program titles, locations, and dates for the past three years is attached.

Name: \_\_\_\_\_  
(please print)

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

Memorial Hospital of Sweetwater County Physician CME Requirements include satisfactory completion of such continuing education requirements as may be imposed by law, applicable accreditation agencies, and as required by the Wyoming Board of Medicine to maintain licensure. Beginning their fourth year after renewal, reactivation, or reinstatement of licensure, Physicians must complete and provide documentation of CME. Documentation must be provided for 20 hours of CME per year, or at least sixty (60 hours) of CME within the previous three (3) years. Physicians who have a lifetime certification and are not participating in Maintenance of Certification must also provide CME documentation. Documentation must be provided for 20 hour of CME per year, or at least sixty (60) hours of CME within the previous three years.

# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## *Statement of Health*

☐ By my signature hereto, I represent that presently, and for five years prior to the date of my signature, I have not been diagnosed and/or treated as having any illness, condition or symptom relating to any physical or mental health condition that would currently impact in any manner upon my ability to either practice medicine in general, or perform any of the functions in particular that are set out in the position description/delineation of privileges for which I am applying.

OR

I have an impairment that:

☐ Affects my ability to perform the clinical privileges requested and for which I require special accommodation. Describe any needed accommodations: \_\_\_\_\_

☐ **Does not** affect my ability to perform the clinical privileges requested. No special accommodations are needed.

\_\_\_\_\_  
Applicant's Name (Printed or Typed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**This statement must be confirmed by either the director of your training program (provided they are a physician), chief of staff, or personal physician, as required by accrediting bodies.**

I hereby confirm that the provider identified above ☐ does ☐ does not currently have any physical and/or mental health condition that might impair his/her ability to care for patients.

Reasonable accommodation needed: \_\_\_\_\_

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Signature (Must be a physician (MD or DO) other than the applicant)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number



Dear Applicant,

Thank you for your interest in Memorial Hospital of Sweetwater County (MHSC). If you meet the Minimum Qualifications (below) then you are eligible to complete the attached application for medical staff membership and privileges. If you do not meet the Minimum Qualifications for Medical Staff membership and privileges, you are not eligible to apply and are not entitled to the procedural rights set forth in the Medical Staff bylaws.

We appreciate your interest in our organization. Thank you!

**Qualifications for Membership and Clinical Privileges**

1. Current unrestricted Wyoming license to practice medicine (or equivalent);
2. A record that is free from Medicare/Medicaid sanctions and is not on the Office of Inspector General (OIG) List of Excluded Individuals/Entities;
3. A record that is free of felony convictions or pleas of “guilty” or “no contest” or its equivalent; and a record that is free of misdemeanors involving the practice of medicine; and a record that is free of a conviction of moral turpitude in any jurisdiction within the last five (5) years; and a record that is free of felonies involving violence or sexual abuse for his or her lifetime;
4. Certification by the applicable specialty board for any clinical privileges applied for which he/she has applied, or be eligible for certification for such board; and
5. A current, valid, unrestricted drug enforcement administration (DEA) number (if applicable);
6. A current, valid, unrestricted Wyoming Controlled Substance Registration certificate (CSR) (if applicable); and
7. Proof of current, adequate professional liability coverage as determined by the Governing Board.
8. Information concerning previously successful or currently pending challenges to any licensure or registration (state or district, DEA) or the voluntary relinquishment of licensure or authority to practice;
9. Information concerning voluntary or involuntary termination of medical staff or similar membership, and concerning voluntary or involuntary limitation, reduction, or loss of clinical privileges, at all other medical facilities at which the individual has practiced.

After reviewing the above criteria, I certify that I am eligible to apply for initial appointment to the Memorial Hospital of Sweetwater County (MHSC) Medical Staff. I understand that as a condition of consideration for appointment and continued appointment, any misstatement in, or omission from the application is grounds for MHSC to stop processing the application. If appointment has been granted prior to the discovery of a misstatement or omission, appointment and privileges may be deemed to be automatically relinquished. In either situation, there shall be no entitlement to a hearing or appeal, and applicant cannot reapply for Medical Staff membership for a period of five (5) years.

Signature: \_\_\_\_\_

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

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

# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## INSTRUCTIONS FOR COMPLETION OF NON-PHYSICIAN PROVIDER APPLICATION

### GENERAL INSTRUCTIONS:

Complete the application in full. Print or type all responses. Attach additional sheets if there is insufficient space on this form to complete your responses.

#### PLEASE INCLUDE:

- ☐ Copy of Current Curriculum Vitae
- ☐ Current copy of Wyoming Professional License or Registration
- ☐ Copy of Diplomas
- ☐ Copy of Board Certification
- ☐ Delineation of Privileges Form (attached)
- ☐ Current copy of Malpractice face sheet or Certificate of Insurance
- ☐ DEA Certificate for Wyoming (if applicable)
- ☐ Wyoming Controlled Substance Certificate (if applicable)
- ☐ Signed and Dated Supervising Physician Form or Mentoring Physician Form (attached)
- ☐ Health Statement (attached)
- ☐ CME credits and documentation of attendance for education courses during the last three years
- ☐ Signed CME statement
- ☐ Copy of Valid Government Issued Picture ID
- ☐ Appointment Fee of \$100.00
- ☐ Documentation of Currently Required Immunizations (See Employee Health Requirements)
- ☐ Documentation of Current PPD or Chest X-Ray

1. **CLINICAL PRIVILEGES REQUEST:** Enclosed is a delineation of clinical privileges form. Please indicate the privileges you are requesting. Note: If you would like conscious/moderate sedation privileges, in addition to your specialty specific privileges, please notify the Medical Staff Services Office so they can send you the correct form.
2. **APPLICATION:** Answer each of the questions on the application. If any questions are answered yes, please provide detailed information. Use another sheet if more space is needed. **Please include all addresses, phone numbers, and FAX numbers, where indicated. This is very important, and could delay processing of your application if correct information isn't provided.**
3. **CONDITIONS OF AFFILIATION:** Review the Conditions of Affiliation and sign, date, and return all pages of the application.
4. **FEES:** All appointment/reappointment fees and licensing fees are non-refundable.

#### RETURN THE COMPLETED PACKET TO:

Janice Varley, Medical Staff Services Office  
Memorial Hospital of Sweetwater County  
1200 College Drive, P. O. Box 1359  
Rock Springs, Wyoming 82902  
Fax Number: 307-352-8502

IF ANY QUESTIONS CALL: 307-352-8129



## APPLICATION FOR INITIAL APPOINTMENT TO NON-PHYSICIAN PROVIDER STAFF

Name in Full (including title BS, MS, PHD, PA-C, FNP-C, etc.)

Gender Date of Birth Place of Birth (City and State or City/Country of Birth if not Born in the US)

Other Name(s) Used Social Security # NPI

Group Name (If applicable) and Primary Office Address

Phone Fax E-mail

Home Address City State Zip

Home Phone Cell Phone(s) Answering Service Other Phone(s)

In case of emergency, notify (Name, Address, Phone, Relationship)

### FOREIGN LANGUAGES

LANGUAGE	SPEAK	READ	WRITE

SIGN LANGUAGE: Yes \_\_\_\_\_ No \_\_\_\_\_

Wyoming License # \_\_\_\_\_ Issued \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_

Other Licensure # \_\_\_\_\_ Issued \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_

### SPECIALTY CERTIFICATION

FIELD CERTIFIED IN OR ELIGIBLE FOR	CERTIFYING BOARD	DATE CERTIFIED	DATE RECERTIFIED	DATE EXPIRES	CAN TAKE EXAM UNTIL

If not certified, have you ever taken and failed the examination? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please provide details on separate sheet of paper.

### OTHER CERTIFICATIONS (BLS, ACLS and/or other clinical certifications)

TYPE	CERTIFYING BOARD NAME	DATE CERTIFIED	EXPIRATION DATE

Memberships (Professional and Hospital): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EDUCATION:**

### Colleges, University or other Schools attended:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Last Name While Attending School (If different than name on application): \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Last Name While Attending School (If different than name on application): \_\_\_\_\_

## **MILITARY:**

Branch of Armed Forces: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Length of Service: \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Specify Any Special Training: \_\_\_\_\_

**PREVIOUS EXPERIENCE** (List most recent first):

Employer or Hospital Affiliation:

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required

Dates: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_  
Mo/Yr Mo/Yr

Duties: \_\_\_\_\_

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Employer or Hospital Affiliation:

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required

Dates: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_  
Mo/Yr Mo/Yr

Duties: \_\_\_\_\_

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Employer or Hospital Affiliation:

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required

Dates: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_  
Mo/Yr Mo/Yr

Duties: \_\_\_\_\_

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Employer or Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required

Dates: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_  
Mo/Yr Mo/Yr

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief narrative of your past practice including office, clinic, hospital, military, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Name three medical or healthcare professionals who have personal knowledge of your current clinical abilities, ethical character, health status and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from hospital authorities. The named individuals must have acquired the requisite knowledge through recent observation of your professional practice over a reasonable period of time and preferably have a current affiliation with an acute care institution. The references may not be relatives or have any recently initiated, or impending, professional partnership/affiliation association with you. **At least one reference must be from a physician. All references must have credentials equal to yours, or higher.**

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required
2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required
3. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or email \_\_\_\_\_  
Required

**HEALTH STATUS** (If any of the following questions are answered in the affirmative, please provide full explanation below or on a separate sheet, including a description of any accommodations that could reasonably be made to facilitate your performance of such functions without risk of compromises.)

	YES	NO
Do you presently have a physical or mental health condition that currently affects, or that may reasonably be expected to progress within the next two years to the point of affecting, your ability to perform medical staff duties or the clinical privileges requested?		
Are you currently taking medication/under other therapy for a condition which could affect your ability to perform professional or medical staff duties if the medication/therapy were discontinued today?		
Have you at any time during the last five (5) years been hospitalized or received any other type of institutional care for any such condition/ problem that may affect your ability to perform medical staff duties or the clinical privileges requested?		

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## DISCIPLINARY ACTIONS

If the answer is "Yes" to any of the following questions, please provide complete details on a separate sheet of paper.

1.	<b>Professional License</b> a. Have proceedings ever been instituted to have your license to practice medicine limited, suspended, revoked, denied, restricted, or voluntarily withdrawn (examples: probationary conditions or disciplinary proceedings)? b. Have proceedings ever been instituted to have your DEA License or other controlled substance license denied, revoked, or suspended? c. Have you ever entered into a consent agreement or stipulation, or have you voluntarily surrendered your license pending a disciplinary action or investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<b>Hospital Privileges</b> a. Have any of your clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? b. Have you ever had privileges or medical staff membership involuntarily terminated here or at another facility? c. Have you ever been the subject of disciplinary proceedings at any hospital or health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	a. Have proceedings ever been instituted to have your specialty board certification denied, revoked, or suspended? b. Has your board certification ever expired because you did not comply with the maintenance of certification requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a. Have you ever been convicted or pleaded guilty or no contest to any felony? Is any such action pending? b. Have you ever been convicted of a misdemeanor involving the practice of medicine? Is any such action pending? c. Have you ever been convicted of moral turpitude in any jurisdiction within the last five (5) years? Is any such action pending? d. Have you ever been convicted of a felony involving violence or sexual abuse? Is any such action pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	a. Have you ever been investigated by or suspended, sanctioned, or restricted from participating in any private, federal or state health insurance program, HMO, PPO, provider network, or regulatory agency (e.g. Medicare/Medicaid)? b. Have you ever been listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities? c. Have you ever been or are you currently opted out of Medicare? If yes, please provide the dates you were opted out.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates: _____
6.	<b>Professional Liability</b> a. Have you ever practiced medicine without malpractice insurance? b. Have you ever been denied malpractice insurance or has your policy been canceled or denied renewal? c. Has your malpractice carrier ever excluded any specific procedures from your insurance coverage? d. Have you ever received notification alleging malpractice on your part through a letter from an attorney, Notice of Intent, Notice of Claim, Summons and Complaint, or otherwise? e. Have prior malpractice claims been resolved through private settlement negotiations, mediation, arbitration, court action, or otherwise? f. Have any professional liability suits been filed against you that are presently pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Attestation:

I hereby certify that the information in this application is true and complete and that it accurately discloses all matters requested. I understand that it is my ongoing duty to report any changes relating to information provided in this application. I understand that as a condition of consideration for appointment and continued appointment, any misstatement in, or omission from the application is grounds for MHSC to stop processing the application. If appointment has been granted prior to the discovery of a misstatement or omission, appointment and privileges may be deemed to be automatically relinquished. In either situation, there shall be no entitlement to a hearing or appeal, and applicant cannot reapply for Medical Staff membership for a period of five (5) years.

Applicant Name: (Please Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MALPRACTICE HISTORY

Have there ever been or are there currently pending any claims, settlements or judgments against you?

\_\_\_\_ Yes      \_\_\_\_ No

Date of Claim: \_\_\_\_\_ Amount of Claim: \_\_\_\_\_

Location of Claim (State, City, and Institution): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Civil Action #: \_\_\_\_\_ Status of Claim: \_\_\_\_\_

Personal Explanation of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use an additional sheet if more room is needed.)

Please note that the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, health status, and other qualifications, and for resolving any doubts about such qualifications. It is the applicant's responsibility to provide external verification of your response (i.e., statement from an attorney, court records, etc.) You may choose to have your attorney complete the section above. Credentials Committee may request additional information to resolve any doubts.

**LIABILITY INSURANCE** (Include names of all carriers for last five years, including address, city, state and zip code, policy number and amount of coverage.)

CARRIER AND ADDRESS	POLICY NUMBER	AMOUNT	DATES OF COVERAGE



## CONDITIONS OF AFFILIATION

By applying for appointment to the Medical Staff of Memorial Hospital of Sweetwater County, my signature at the end of these Conditions of Affiliation signifies I hereby:

Signify my willingness to appear for interviews in regards to my application.

Authorize the Hospital to consult with members of Medical Staffs of other Hospitals with which I have been associated and with others who may have information bearing on my competence, character, health status and ethical qualifications, including otherwise privileged or confidential information, provided by third parties bearing on my credentials, and agreement that any information so provided shall not be required to be disclosed to me;

Consent to the Hospital's inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges I request, as well as my moral and ethical qualifications for Medical Staff membership.

Acknowledge that any Medical Staff committee, including but not limited to the Credentials Committee, may request any additional information it determines is needed to evaluate my qualifications, and that I agree to provide such requested information. Failure to submit such information shall be treated as an incomplete application. Failure to submit a completed application shall result in discontinuation of the application being processed, which shall not constitute denial of the application or give me the right to a fair hearing.

Release from liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice, in connection with evaluating my application, my credentials, and qualifications.

**Release from liability any and all individuals and organizations who provide information to the Hospital concerning my professional competence, ethics, character, health status, and other qualifications for Medical Staff appointment and clinical privileges including otherwise privileged or confidential information.**

Authorize third parties to release information, including otherwise privileged or confidential information, as well as reports, records, statements, recommendations, and other documents in their possession, bearing on my credentials to the Hospital and consent to the inspection and procurement by the Hospital of such information, records, and other documents.

Authorization to release information about me to other healthcare entities and their agents, who solicit such information for the purpose of evaluating my professional qualifications pursuant to my request for appointment, reappointment, or clinical privileges.

Authorization for the hospital to maintain information concerning my age, training, board certification, licensure, and other confidential information in a centralized practitioner database for the purpose of making aggregate practitioner information available for use by the Hospital.

Authorization to release confidential information, including peer review and/or quality assurance information, obtained from or about me to peer review committees of the Hospital for the purposes of reducing morbidity and mortality and for the improvement of patient care.

Consent to the reporting by the Hospital of information to the National Practitioner Data Bank, established pursuant to the Health Care Quality Improvement Act of 1986 which the Hospital believes in good faith is required by law to be reported.

Acknowledge that I have received, or been given access to, and read the Medical Staff Bylaws and Rules and Regulations relevant to the application process and generally to clinical practice at the Hospital's facilities, and agree to be bound by the terms thereof in all matters relating to staff membership and clinical privileges and to the consideration of my application for appointment to the staff and for clinical privileges.

Pledge to maintain an ethical practice, to provide for continuous care for my patients, and to refrain from delegating the responsibility for any aspect of the care of my patients to any practitioner not qualified to undertake that responsibility.

Agree to immediately inform the medical staff office of any change made or proposed in the status of my professional license or permit to practice, state or federal controlled substances registrations, professional liability insurance coverage, and membership/employment/faculty status or clinical privileges in other institutions/facilities/organizations, and on the status of current or initiation of new malpractice claims.

Acknowledge that I, as an applicant for staff membership and privileges, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications for membership and clinical privileges and for resolving any doubts about such qualifications.

Acknowledge that any material misstatements in, or omissions from, this application constitute cause for denial of appointment or cause for summary dismissal from the staff, regardless of when the misstatement or omission is discovered. By signing the application, I signify that I am responsible for the content of the application, even if it was filled out by someone else.

Agree that the foregoing provisions are in addition to any agreements, understandings, covenants, waivers, authorizations, or releases provided by law or contained in any application or request forms.

I give full permission for MHSC to research and collect licenses, certificates, insurance related matters, medical malpractice claims information, and peer reference information. I further give permission for MHSC to provide this information to Medicare, Medicaid, and other third-party payors in the process of provider enrollment. This permission extends to and includes the current application and periodic checks as required by the payor.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc., as may reasonably be required to certify my continuing suitability for any work which I may encounter while an employee of MHSC. I further agree to hold MHSC harmless for the consequences of such examinations, screenings, tests, etc.

All information submitted by me in this application is true and complete to my best knowledge and belief. A copy of this original statement constitutes my written authorization and request to release any and all documentation relevant to this application. Said copy shall have the same force and effect as the signed original.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Continuing Medical Education Statement

As part of the credentialing process, each applicant to the Medical Staff must provide documentation of current continuing medical education. Please complete the statement below and return it to the Medical Staff Office as soon as possible to be included in your credentials file.

I hereby certify that I have obtained \_\_\_\_\_ hours of Continuing Medical Education credits in the past two years.

\_\_\_\_\_ % of CME's related to privileges requested.

A list of the CME program titles, locations, and dates for the past two years is attached.\*

Name: \_\_\_\_\_  
(please print)

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

**Number of CME Hours must be entered above.**

\*Advance Practice Nurses – required by Wyoming Board of Nursing:

- Documentation of 3 hours continuing education for each license renewal period. This education should be related to the responsible prescribing of controlled substances or treatment of substance abuse disorders.
- The Wyoming Board of Nursing does not require additional continuing education documentation as long as the APRN has a current national certification as an APRN in the recognized role and population focus area. The APRN must maintain national certification in order to fulfill Memorial Hospital of Sweetwater County's CME requirements.
- Those recognized as an APRN in the State of Wyoming prior to January 1, 1999 who have maintained continuous licensure, but are not nationally certified shall submit documentation of 60 hours of CME, for the past 2 years, related to the APRN's recognized role and population focus area.

\*Genetic Counselors

- The State of Wyoming does not require a license for genetic counselors. However, the Utah Department of Commerce, Division of Occupational and Professional Licensing does license genetic counselors. Requirements of licensure include board certification. Memorial Hospital of Sweetwater County requires genetic counselors to be licensed in Utah and to comply with the requirements for board certification by their licensing body. These requirements include 50 hours of continuing education or recertification by examination.
- Genetic Counselors must maintain continual certification by the American Board of Genetic Counseling or American Board of Medical Genetics (within five years of completion of training.) This continual certification is proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

\*Mental Health Professionals – required by the Wyoming Mental Health Professions Licensing Board:

- 45 hours of continuing education during each license renewal period (every two years)

\*Psychologist – required by the Wyoming Psychology Licensing Board:

- 30 hours of continuing education during each license renewal period (every two years)

\* Physician Assistants – required to be board certified by NCCPA

- Because the NCCPA requires Physician Assistants to log 100 CME's every two years, the Wyoming Board of Medicine does not require additional documentation of CME's for PA's. However, all Physician Assistants must maintain continual certification by NCCPA as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

\*RN First Assist

- Because the Competency and Credentialing Institute (CCI) requires RNFA's to log CME's and contact hours in order to remain certified, the Wyoming Board of Nursing does not require additional documentation of CME's for RNFA's once certified. However, all RNFA's must maintain continual certification as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.
- Until the RNFA obtains board certification they will need to submit an average of 20 CME's per year. Once they obtain and maintain board certification, they will no longer need to submit CME documentation for reappointment.

# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## Statement of Health

☐ By my signature hereto, I represent that presently, and for five years prior to the date of my signature, I have not been diagnosed and/or treated as having any illness, condition or symptom relating to any physical or mental health condition that would currently impact in any manner upon my ability to either practice medicine in general, or perform any of the functions in particular that are set out in the position description/delineation of privileges for which I am applying.

OR

I have an impairment that:

☐ Affects my ability to perform the clinical privileges requested and for which I require special accommodation. Describe any needed accommodations: \_\_\_\_\_

\_\_\_\_\_

☐ **Does not** affect my ability to perform the clinical privileges requested. No special accommodations are needed.

\_\_\_\_\_  
Applicant's Name (Printed or Typed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**This statement must be confirmed by either the director of your training program (provided they are a physician), chief of staff, or personal physician, as required by accrediting bodies.**

I hereby confirm that the provider identified above ☐ does ☐ does not currently have any physical and/or mental health condition that might impair his/her ability to care for patients.

Reasonable accommodation needed: \_\_\_\_\_

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Signature (Must be a physician (MD or DO) other than the applicant)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## INSTRUCTIONS FOR COMPLETION OF NON-PHYSICIAN PROVIDER APPLICATION FOR REAPPOINTMENT

### GENERAL INSTRUCTIONS:

Complete the application in full. Print or type all responses. Attach additional sheets if there is insufficient space on this form to complete your responses.

### PLEASE INCLUDE:

- ☐ Current copy of Wyoming Professional License or Registration
- ☐ Delineation of Privileges Form (attached)
- ☐ Current Copy of Malpractice Face Sheet or Certificate of Insurance
- ☐ DEA Certificate for Wyoming (if applicable)
- ☐ Wyoming Controlled Substance Certificate (if applicable)
- ☐ Signed and Dated Supervising Physician Form or Mentoring Physician Form (attached)
- ☐ Health Statement (attached)
- ☐ CME Credits and Documentation of Attendance for Education Courses During the Last Three Years
- ☐ Signed CME statement
- ☐ Copy of Valid Government Issued Picture ID
- ☐ Re-appointment Fee of \$50.00
- ☐ Documentation of Currently Required Immunizations (See Employee Health Requirements)
- ☐ Documentation of Current PPD or Chest X-Ray

1. **CLINICAL PRIVILEGES REQUEST:** You must submit a new request for clinical privileges. Enclosed is a delineation of privileges form. If you are requesting privileges not currently held by you, please attach documentation of further training and/or clinical experience. Note: If you would like conscious/moderate sedation privileges, in addition to your specialty specific privileges, please notify the Medical Staff Services Office so they can send you the correct form.
2. **APPLICATION:** Answer each of the questions on the application. If any questions are answered yes, please provide detailed information. Use another sheet if more space is needed. **Please include all addresses, phone numbers, and FAX numbers, where indicated. This is very important, and could delay processing of your application if correct information isn't provided.**
3. **CONDITIONS OF AFFILIATION:** Review the Conditions of Affiliation and sign, date, and return all pages of the application.
4. **FEES:** All appointment/reappointment fees and licensing fees are non-refundable.

### RETURN THE COMPLETED PACKET TO:

Janice Varley, Medical Staff Services Office  
Memorial Hospital of Sweetwater County  
1200 College Drive, P. O. Box 1359  
Rock Springs, Wyoming 82902  
Fax Number: 307-352-8502  
jvarley@sweetwatermemorial.com

IF ANY QUESTIONS CALL: 307-352-8129

## APPLICATION FOR REAPPOINTMENT TO NON-PHYSICIAN PROVIDER STAFF

Name in Full (including title BS, MS, PHD, PA-C, FNP-C, etc.)

Gender Date of Birth Place of Birth (City and State or City/Country of Birth if not Born in the US)

Other Name(s) Used Social Security # NPI

Group Name (If applicable) and Primary Office Address

Phone Fax E-mail

Home Address City State Zip

Home Phone Cell Phone(s) Answering Service Other Phone(s)

In case of emergency, notify (Name, Address, Phone, Relationship)

### FOREIGN LANGUAGES

LANGUAGE	SPEAK	READ	WRITE

SIGN LANGUAGE: Yes \_\_\_\_\_ No \_\_\_\_\_

Wyoming License # \_\_\_\_\_ Issued \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_

Other Licensure # \_\_\_\_\_ Issued \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_

### SPECIALTY CERTIFICATION

FIELD CERTIFIED IN OR ELIGIBLE FOR	CERTIFYING BOARD	DATE CERTIFIED	DATE RECERTIFIED	DATE EXPIRES	CAN TAKE EXAM UNTIL

If not certified, have you ever taken and failed the examination? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, please provide details on separate sheet of paper.

### OTHER CERTIFICATIONS (BLS, ACLS and/or other clinical certifications)

TYPE	CERTIFYING BOARD NAME	DATE CERTIFIED	EXPIRATION DATE

## HOSPITAL STAFF APPOINTMENTS

(Please indicate any new appointments, since your last advancement/appointment to the medical staff.)

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status

\_\_\_\_\_  
Dates  
(Mo/Yr)—(Mo/Yr)

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax/E-mail/or Verifying Website

\_\_\_\_\_  
Department/ Chief

\_\_\_\_\_  
Staff Status



**PROFESSIONAL REFERENCES:** Name three medical or healthcare professionals who have personal knowledge of your current clinical abilities, ethical character, health status and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from hospital authorities. The named individuals must have acquired the requisite knowledge through recent observation of your professional practice over a reasonable period of time and preferably have a current affiliation with an acute care institution. The references may not be relatives or have any recently initiated, or impending, professional partnership/affiliation association with you. **At least one reference must be from a physician. All references must have credentials equal to yours, or higher.**

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or email (required) \_\_\_\_\_
2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or email (required) \_\_\_\_\_
3. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Specialty: \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax or email (required) \_\_\_\_\_

**HEALTH STATUS** (If any of the following questions are answered in the affirmative, please provide full explanation below or on a separate sheet, including a description of any accommodations that could reasonably be made to facilitate your performance of such functions without risk of compromises.)

	YES	NO
Do you presently have a physical or mental health condition that currently affects, or that may reasonably be expected to progress within the next two years to the point of affecting, your ability to perform medical staff duties or the clinical privileges requested?		
Are you currently taking medication/under other therapy for a condition which could affect your ability to perform professional or medical staff duties if the medication/therapy were discontinued today?		
Have you at any time during the last five (5) years been hospitalized or received any other type of institutional care for any such condition/ problem that may affect your ability to perform medical staff duties or the clinical privileges requested?		

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## DISCIPLINARY ACTIONS

If the answer is "Yes" to any of the following questions, please provide complete details on a separate sheet of paper.

1.	<b>Professional License</b> a. Have proceedings ever been instituted to have your license to practice medicine limited, suspended, revoked, denied, restricted, or voluntarily withdrawn (examples: probationary conditions or disciplinary proceedings)? b. Have proceedings ever been instituted to have your DEA License or other controlled substance license denied, revoked, or suspended? c. Have you ever entered into a consent agreement or stipulation, or have you voluntarily surrendered your license pending a disciplinary action or investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<b>Hospital Privileges</b> a. Have any of your clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? b. Have you ever had privileges or medical staff membership involuntarily terminated here or at another facility? c. Have you ever been the subject of disciplinary proceedings at any hospital or health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	a. Have proceedings ever been instituted to have your specialty board certification denied, revoked, or suspended? b. Has your board certification ever expired because you did not comply with the maintenance of certification requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a. Have you ever been convicted or pleaded guilty or no contest to any felony? Is any such action pending? b. Have you ever been convicted of a misdemeanor involving the practice of medicine? Is any such action pending? c. Have you ever been convicted of moral turpitude in any jurisdiction within the last five (5) years? Is any such action pending? d. Have you ever been convicted of a felony involving violence or sexual abuse? Is any such action pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	a. Have you ever been investigated by or suspended, sanctioned, or restricted from participating in any private, federal or state health insurance program, HMO, PPO, provider network, or regulatory agency (e.g. Medicare/Medicaid)? b. Have you ever been listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities? c. Have you ever been or are you currently opted out of Medicare? If yes, please provide the dates you were opted out.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates: _____
6.	<b>Professional Liability</b> a. Have you ever practiced medicine without malpractice insurance? b. Have you ever been denied malpractice insurance or has your policy been canceled or denied renewal? c. Has your malpractice carrier ever excluded any specific procedures from your insurance coverage? d. Have you ever received notification alleging malpractice on your part through a letter from an attorney, Notice of Intent, Notice of Claim, Summons and Complaint, or otherwise? e. Have prior malpractice claims been resolved through private settlement negotiations, mediation, arbitration, court action, or otherwise? f. Have any professional liability suits been filed against you that are presently pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

### Attestation:

I hereby certify that the information in this application is true and complete and that it accurately discloses all matters requested. I understand that it is my ongoing duty to report any changes relating to information provided in this application. I understand that as a condition of consideration for appointment and continued appointment, any misstatement in, or omission from the application is grounds for MHSC to stop processing the application. If appointment has been granted prior to the discovery of a misstatement or omission, appointment and privileges may be deemed to be automatically relinquished. In either situation, there shall be no entitlement to a hearing or appeal, and applicant cannot reapply for Medical Staff membership for a period of five (5) years.

Applicant Name: (Please Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MALPRACTICE HISTORY

Have there ever been or are there currently pending any claims, settlements or judgments against you?

\_\_\_\_ Yes      \_\_\_\_ No

Date of Claim: \_\_\_\_\_ Amount of Claim: \_\_\_\_\_

Location of Claim (State, City, and Institution): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Civil Action #: \_\_\_\_\_ Status of Claim: \_\_\_\_\_

Personal Explanation of Claim: \_\_\_\_\_

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(Use an additional sheet if more room is needed.)

Please note that the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, health status, and other qualifications, and for resolving any doubts about such qualifications. It is the applicant's responsibility to provide external verification of your response (i.e., statement from an attorney, court records, etc.) You may choose to have your attorney complete the section above. Credentials Committee may request additional information to resolve any doubts.

**LIABILITY INSURANCE** (Include names of all carriers for last five years, including address, city, state and zip code, policy number and amount of coverage.)

CARRIER AND ADDRESS	POLICY NUMBER	AMOUNT	DATES OF COVERAGE

## CONDITIONS OF AFFILIATION

By applying for appointment to the Medical Staff of Memorial Hospital of Sweetwater County, my signature at the end of these Conditions of Affiliation signifies I hereby:

Signify my willingness to appear for interviews in regards to my application.

Authorize the Hospital to consult with members of Medical Staffs of other Hospitals with which I have been associated and with others who may have information bearing on my competence, character, health status and ethical qualifications, including otherwise privileged or confidential information, provided by third parties bearing on my credentials, and agreement that any information so provided shall not be required to be disclosed to me;

Consent to the Hospital's inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges I request, as well as my moral and ethical qualifications for Medical Staff membership.

Acknowledge that any Medical Staff committee, including but not limited to the Credentials Committee, may request any additional information it determines is needed to evaluate my qualifications, and that I agree to provide such requested information. Failure to submit such information shall be treated as an incomplete application. Failure to submit a completed application shall result in discontinuation of the application being processed, which shall not constitute denial of the application or give me the right to a fair hearing.

Release from liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice, in connection with evaluating my application, my credentials, and qualifications.

**Release from liability any and all individuals and organizations who provide information to the Hospital concerning my professional competence, ethics, character, health status, and other qualifications for Medical Staff appointment and clinical privileges including otherwise privileged or confidential information.**

Authorize third parties to release information, including otherwise privileged or confidential information, as well as reports, records, statements, recommendations, and other documents in their possession, bearing on my credentials to the Hospital and consent to the inspection and procurement by the Hospital of such information, records, and other documents.

Authorization to release information about me to other healthcare entities and their agents, who solicit such information for the purpose of evaluating my professional qualifications pursuant to my request for appointment, reappointment, or clinical privileges.

Authorization for the hospital to maintain information concerning my age, training, board certification, licensure, and other confidential information in a centralized practitioner database for the purpose of making aggregate practitioner information available for use by the Hospital.

Authorization to release confidential information, including peer review and/or quality assurance information, obtained from or about me to peer review committees of the Hospital for the purposes of reducing morbidity and mortality and for the improvement of patient care.

Consent to the reporting by the Hospital of information to the National Practitioner Data Bank, established pursuant to the Health Care Quality Improvement Act of 1986 which the Hospital believes in good faith is required by law to be reported.

Acknowledge that I have received, or been given access to, and read the Medical Staff Bylaws and Rules and Regulations relevant to the application process and generally to clinical practice at the Hospital's facilities, and agree to be bound by the terms thereof in all matters relating to staff membership and clinical privileges and to the consideration of my application for appointment to the staff and for clinical privileges.

Pledge to maintain an ethical practice, to provide for continuous care for my patients, and to refrain from delegating the responsibility for any aspect of the care of my patients to any practitioner not qualified to undertake that responsibility.

Agree to immediately inform the medical staff office of any change made or proposed in the status of my professional license or permit to practice, state or federal controlled substances registrations, professional liability insurance coverage, and membership/employment/faculty status or clinical privileges in other institutions/facilities/organizations, and on the status of current or initiation of new malpractice claims.

Acknowledge that I, as an applicant for staff membership and privileges, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications for membership and clinical privileges and for resolving any doubts about such qualifications.

Acknowledge that any material misstatements in, or omissions from, this application constitute cause for denial of appointment or cause for summary dismissal from the staff, regardless of when the misstatement or omission is discovered. By signing the application, I signify that I am responsible for the content of the application, even if it was filled out by someone else.

Agree that the foregoing provisions are in addition to any agreements, understandings, covenants, waivers, authorizations, or releases provided by law or contained in any application or request forms.

I give full permission for MHSC to research and collect licenses, certificates, insurance related matters, medical malpractice claims information, and peer reference information. I further give permission for MHSC to provide this information to Medicare, Medicaid, and other third-party payors in the process of provider enrollment. This permission extends to and includes the current application and periodic checks as required by the payor.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc., as may reasonably be required to certify my continuing suitability for any work which I may encounter while an employee of MHSC. I further agree to hold MHSC harmless for the consequences of such examinations, screenings, tests, etc.

All information submitted by me in this application is true and complete to my best knowledge and belief. A copy of this original statement constitutes my written authorization and request to release any and all documentation relevant to this application. Said copy shall have the same force and effect as the signed original.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Continuing Medical Education Statement

As part of the credentialing process, each applicant to the Medical Staff must provide documentation of current continuing medical education. Please complete the statement below and return it to the Medical Staff Office as soon as possible to be included in your credentials file.

I hereby certify that I have obtained \_\_\_\_\_ hours of Continuing Medical Education credits in the past two years.

\_\_\_\_\_ % of CME's related to privileges requested.

A list of the CME program titles, locations, and dates for the past two years is attached.\*

Name: \_\_\_\_\_  
(please print)

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

**Number of CME Hours must be entered above.**

\*Advance Practice Nurses – required by Wyoming Board of Nursing:

- Documentation of 3 hours continuing education for each license renewal period. This education should be related to the responsible prescribing of controlled substances or treatment of substance abuse disorders.
- The Wyoming Board of Nursing does not require additional continuing education documentation as long as the APRN has a current national certification as an APRN in the recognized role and population focus area. The APRN must maintain national certification in order to fulfill Memorial Hospital of Sweetwater County's CME requirements.
- Those recognized as an APRN in the State of Wyoming prior to January 1, 1999 who have maintained continuous licensure, but are not nationally certified shall submit documentation of 60 hours of CME, for the past 2 years, related to the APRN's recognized role and population focus area.

\*Genetic Counselors

- The State of Wyoming does not require a license for genetic counselors. However, the Utah Department of Commerce, Division of Occupational and Professional Licensing does license genetic counselors. Requirements of licensure include board certification. Memorial Hospital of Sweetwater County requires genetic counselors to be licensed in Utah and to comply with the requirements for board certification by their licensing body. These requirements include 50 hours of continuing education or recertification by examination.
- Genetic Counselors must maintain continual certification by the American Board of Genetic Counseling or American Board of Medical Genetics (within five years of completion of training.) This continual certification is proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

\*Mental Health Professionals – required by the Wyoming Mental Health Professions Licensing Board:

- 45 hours of continuing education during each license renewal period (every two years)

\*Psychologist – required by the Wyoming Psychology Licensing Board:

- 30 hours of continuing education during each license renewal period (every two years)

\* Physician Assistants – required to be board certified by NCCPA

- Because the NCCPA requires Physician Assistants to log 100 CME's every two years, the Wyoming Board of Medicine does not require additional documentation of CME's for PA's. However, all Physician Assistants must maintain continual certification by NCCPA as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.

\*RN First Assist

- Because the Competency and Credentialing Institute (CCI) requires RNFA's to log CME's and contact hours in order to remain certified, the Wyoming Board of Nursing does not require additional documentation of CME's for RNFA's once certified. However, all RNFA's must maintain continual certification as proof of fulfillment of Memorial Hospital of Sweetwater County's CME requirements.
- Until the RNFA obtains board certification they will need to submit an average of 20 CME's per year. Once they obtain and maintain board certification, they will no longer need to submit CME documentation for reappointment.



# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## *Statement of Health*

☐ By my signature hereto, I represent that presently, and for five years prior to the date of my signature, I have not been diagnosed and/or treated as having any illness, condition or symptom relating to any physical or mental health condition that would currently impact in any manner upon my ability to either practice medicine in general, or perform any of the functions in particular that are set out in the position description/delineation of privileges for which I am applying.

OR

I have an impairment that:

☐ Affects my ability to perform the clinical privileges requested and for which I require special accommodation. Describe any needed accommodations: \_\_\_\_\_

\_\_\_\_\_

☐ **Does not** affect my ability to perform the clinical privileges requested. No special accommodations are needed.

\_\_\_\_\_  
Applicant's Name (Printed or Typed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**This statement must be confirmed by either the director of your training program (provided they are a physician), chief of staff, or personal physician, as required by accrediting bodies.**

I hereby confirm that the provider identified above ☐ does ☐ does not currently have any physical and/or mental health condition that might impair his/her ability to care for patients.

Reasonable accommodation needed: \_\_\_\_\_

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Signature (Must be a physician (MD or DO) other than the applicant)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number



Approved N/A  
Review Due N/A

Document Area **Care Management & Utilization Management**  
Reg. Standards **CMS §482.30, TJC LD.04.02.05**

## Utilization Management Plan

### STATEMENT OF PURPOSE

Memorial Hospital of Sweetwater County (MHSC) is professionally and ethically responsible for providing care, treatment and services within its capability, law and regulation. The Utilization Management Plan defines how MHSC reviews the services furnished by the organization and by members of the medical staff to patients entitled to, but not limited to, benefits under Medicare and Medicaid programs.

There are times such care, treatment and services are denied because of payment limitations. In these situations the decisions to continue providing care, treatment and services or to discharge the patient is based solely on the patient's identified needs, the capacity of the organization to provide the care, and governing laws. This document will outline the process for decision making and care discussion for providing services within the capability, laws, and regulations governing Memorial Hospital of Sweetwater County. This document, which is reviewed annually by appropriate committees and organization leaders, also outlines practices to identify and act upon opportunities for improvement to maximize efficiency of services provided.

### TEXT:

#### I. Definitions

- A. Clinical Documentation Improvement: Improvement efforts focused on documentation of patient care activities that accurately and appropriately translates the care provided and clinical status to coded data (American Health Information Management Association [AHIMA], 2019).
- B. KEPRO: KEPRO is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) representing the state of Wyoming, therefore representing MHSC. KEPRO is a branch of the Quality Improvement Organization working with

Medicare beneficiaries to improve the quality of care. The function of KEPRO is to support improved quality delivery of care, protect the integrity and the Medicare Trust Fund, and to protect beneficiaries by addressing complaints from beneficiaries in a timely manner. KEPRO performs medical record reviews as requested by the beneficiary or appropriate representative (KEPRO, 2017).

- C. Recovery Audit Contractors (RAC): Recovery audit contractors function under the Centers for Medicare & Medicaid Services (CMS) to detect and correct improper payments that have been made in efforts to identify and correct future improper payments from occurring (CMS, 2018). The RAC process impacts MHSC as the organization bills fee-for-service programs for services delivered at MHSC to Medicare & Medicaid.
- D. Quality Improvement Organization (QIO): Under direction of the Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organizations function to partner with care providers, stakeholders, patients and their families to improve the delivery of care, enhance quality of life within communities, and decrease unnecessary health care spending. They function as resources to assist organizations in improving care. Mountain Pacific Quality Health is the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Memorial Hospital of Sweetwater County. They represent the state of Wyoming (Mountain Pacific Quality Health, 2018) .

## II. Authority

The Governing Board, as the Memorial Hospital of Sweetwater County Board of Trustees, has ultimate accountability for the management of the quality, appropriateness, and clinical necessity of services.

- A. The Board of Trustees delegates the utilization management function to the Chief Executive Officer and the medical staff.
- B. The utilization management function is the responsibility of the Utilization Management Committee (UM Committee) that has been established as a standing committee of the medical staff. Utilization management responsibilities will be delegated by the president of the Medical Executive Committee (MEC), who appoints practitioner members.
- C. The Utilization Management Plan is written and reviewed by the Utilization Management Committee and approved for adoption by the Medical Executive Committee and the Board of Trustees.

## III. Purpose

The purpose of utilization management at MHSC is to:

- A. Assist in driving value in health care through collaboration, promotion of transparency, and the balance of quality, service, and cost (refer to MHSC's Performance Improvement and Patient Safety Plan [PIPS]).
- B. Identify patterns of overuse, under-use, misuse and inefficient scheduling of services with recommended plans of corrective action.
- C. Assure effective and efficient utilization of hospital resources.

- D. Provide a mechanism for concurrent review of appropriateness of services.
- E. Comply with CMS guidelines/standards for utilization review.
- F. Assist in organizational improvement strategies based on identified opportunities.

#### IV. Organization of the Utilization Management Committee

##### A. Membership

##### 1. **Practitioner** members

- a. **Practitioner** members will be appointed annually by the president of the medical staff
- b. Committee will consist of at least two (2) **practitioners, and must be doctors of medicine or osteopathy.**
- c. One (1) practitioner member must be present at each meeting
- d. The president of the Medical Staff will appoint the **Practitioner** Chair

##### 2. Non-**practitioner** members may include, but are not limited to:

- a. Administration
- b. Health Information Management
- c. Nursing
- d. Quality
- e. Case Management
- f. Clinical Documentation Improvement
- g. Patient Financial Services
- h. Other health care practitioners and professionals as necessary

##### B. No person holding any direct financial interest in the hospital will be eligible for appointment to the Committee.

- 1. No **practitioner** will participate in review of any case in which **they have** been professionally involved.
- 2. Cases under review in which both **practitioner** members have provided care will be deferred to another active **practitioner** of the medical staff for objective review and asked to present the information to the UM Committee members.

##### C. The UM Committee will meet a minimum of at least three (3) times per year, **and shall maintain a permanent record of its proceedings and activities.** The Committee may meet more frequently if needed as concurrent issues arise.

- 1. A meeting may be called by any member of the Committee
- 2. The UM **Practitioner** Chair will be notified, as **they** may need to coordinate the meeting.

- D. A summary of UM activities and recommendations for any action believed to contribute to the improvement of patient care or appropriate use of resources will be **reported to the Medical Executive Committee and to the Quality Committee of the Board.**
- E. Recommendations for action requiring system and/or process changes will be referred to the PIPS committee or other appropriate committee/work team to carry out process change for improvement per the PIPS Plan.
- F. Recommendations for action or follow-up regarding individual provider performance or care delivery will be referred to MHSC's peer review/provider performance review process.
- G. Functions
1. **The scope and frequency of review responsibilities of this committee must be the following:**
    - a. **Related to respect of medical necessity**
    - b. **Admissions to the institution**
    - c. **Duration of stays**
    - d. **Professional services furnished including drugs and biologicals**
  2. **Review of admissions may be performed before, at, or after hospital admission.**
  3. Concurrent review of outlier cases not meeting appropriateness and medical necessity of services.
  4. **The UM Committee must review all cases reasonably assumed to be extended outlier cases because the extended length of stay, exceeds the threshold criteria for the diagnosis under the prospective payment system.**
    - a. **Any and all cases with lengths of stay, 10 days or greater, are reviewed for medical necessity and continued stay by the UM Committee.**
    - b. **The UM committee must make the periodic review no later than 7 days after the day required, (day 10).**
  5. Retrospective outliers, as defined by the UM Committee, will be reviewed and identified through use of, but not limited to, the following data resources:
    - a. Reports from the hospital's data systems
    - b. Results of review by the Quality Improvement Organization (QIO)
    - c. Recovery Audit Contractor (RAC) audit result letters
    - d. Medicare denials
    - e. **The Program for Evaluating Payment Patterns Electronic Report (PEPPER)**

## V. Methods of Review

### A. Referral of Reviews

1. Any staff member at MHSC can initiate an inquiry for review as it pertains to utilization of resources and services.
  - a. Staff can begin the inquiry by following the appropriate chain of command within their **respective** department.
  - b. The department leader will communicate the issue in question and provide supporting information to Case Management.
  - c. Case Management to determine the appropriate course of action for additional referral to the Committee, escalation for review, or follow-up.
2. In situations identified as needing immediate intervention as it relates to utilization of resources and services rendered, it is the expectation that identified issues will be communicated and discussed in the moment with the attending and/or ordering **practitioner** of services. If concerns are unable to be resolved, and if Case Management (CM) is unavailable to pursue immediate case review through the process outlined through the MHSC CM **Practitioner** Escalation Process (see attached flow process), an active UM **Practitioner** may be contacted to initiate and assist with the concurrent review necessity.

### B. Concurrent Review

1. Concurrent review includes review of the encounter for medical necessity for admission, necessity for continued hospital stay and utilization of resources by case management processes (see Appendices: **MHSC Utilization Management Process Flow & MHSC CM **Practitioner** Escalation Process**).
  - a. If the patient does not meet criteria for admission, continued stay or medical necessity, the case is referred to the UM Committee **Practitioner** Chair for review.
  - b. If necessary, the attending **practitioner** will be contacted for additional information. All information used for determining medical necessity must be evident and documented in the medical record by the attending **practitioner**.
  - c. If the UM Committee **Practitioner** Chair has reason to believe the admission is not necessary, **they** will confer with the attending physician and afford **them** the opportunity to present **their** views. If the attending **practitioner** concurs medical necessity is not met, **they** will discharge the patient or correct the admission status following appropriate Condition Code 44 Procedures per Medicare guidelines.
  - d. If the attending **practitioner** does not concur with the determination made by the UM Committee **Practitioner** Chair,

the case will be referred to a second (2nd) **practitioner**. If this additional review indicates justification for admission, the admission will be approved and Case Management will assign the next review date within three (3) days.

- e. If the UM Committee Practitioner Chair and the additional practitioner adviser determine that an admission is not medically necessary, they will complete a written hospital-issued notice of non-coverage (**HINN letter**), see attached. This notification will be distributed as soon as possible (preferably prior to or at the time of admission) to the patient and/or patient representative, the hospital, the attending practitioner and, as appropriate, the state agency for Medicaid patients and any other appropriate reviewing organization. The letter will be distributed by Case Management or other designated party.
  - f. An attending practitioner or patient who disagrees with the decision of both practitioner advisers with respect to notice of non-coverage may request a reconsideration of the decision from the UM Committee practitioner members.
  - g. For Medicare Patients Only: If the attending practitioner disagrees with the decision of the UM Committee Practitioner Chair and the second practitioner adviser, the attending practitioner will contact KEPRO, a function of the Quality Improvement Organization (QIO), for an immediate review of the case.
    - i. If the QIO agrees with the practitioner advisers, a written notice of non-coverage will be given to the patient and/or patient representative, the attending practitioner, the hospital, and the QIO.
    - ii. If the QIO does not agree with the UM Committee Practitioner Chair and the second practitioner adviser, the admission will be approved.
    - iii. A practitioner/patient who disagrees with the QIO decision may request reconsideration of the decision from the QIO. The time frame and appeals process shall be followed as defined by the QIO guidelines.
  - h. In all cases, only a practitioner will make a decision regarding appropriateness of admission.
  - i. Actions taken during admission review will be documented by the UM practitioner within the hospital's data analytic system.
2. On weekends and on days when the practitioner members of the Utilization Management Committee are unavailable, review decisions will be made by the hospital-employed hospitalist, general surgeon, pediatrician, obstetrician, orthopedist, or emergency medicine practitioner

on call. Reviews must be conducted by a practitioner from a specialty that is different from the specialty that is being reviewed.

C. Retrospective Review

1. Retrospective review is performed under the following circumstances after the patient has been discharged:
  - a. To address cases with issues that were not identified or sufficiently handled during concurrent review.
  - b. To address trends in overuse, under-use or misuse of medical services.
  - c. To review cases for which third party payers question or deny care.
  - d. When required by third party payers.
  - e. To respond to issues referred by other departments or committees.

VI. **Relationship with Fiscal Intermediary, State Agencies, Department of Health and Human Services and the QIO**

- A. The procedures and minutes of the UM Committee will be made available for confidential review as required by the fiscal intermediary, authorized state agencies, the Department of Health and Human Services and, as appropriate, the QIO.

VII. **Confidentiality**

- A. **WY Stat § 35-2-910** "Each licensee [hospital, health care facility and health services] shall implement a quality management function to evaluate and improve patient and resident care and services in accordance with the rules and regulations promulgated by the division. Quality management information relating to the evaluation or improvement of the quality of health care services is confidential. Any person who in good faith and within the scope of the functions of a quality management program participates in the reporting, collection, evaluation, or use of quality management information or performs other functions as part of a quality management program with regards to a specific circumstance shall be immune from suit in any civil action based on such functions brought by a health care provider or person to whom the quality information pertains. In no event shall this immunity apply to any negligent or intentional act or omission in the provision of care" (Justia US Law, 2019).
- B. Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with hospital policy and state and federal regulations governing the confidentiality of quality and patient safety work. All quality and patient safety data and information shall be considered the property of Memorial Hospital of Sweetwater County.



**Approval: UM Committee, 8/24/22; Quality Committee 9/21/22;  
MEC 6/29/22; Board of Trustees**

## REFERENCES

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Centers for Medicare & Medicaid Services [CMS]. (2018, October 12 [revised]; 2015, March 27). *§482.30 Condition of participation: Utilization review*. State operations manual: Appendix A- survey protocol, regulations and interpretive guidelines for hospitals. Retrieved from [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

Centers for Medicare & Medicaid Services [CMS]. (2017). *Medicare fee for service recovery audit program*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/index.html>

Federal Register. (Up to date as of 8/18/2020). Title 42 Part 482 - Conditions of Participation for Hospitals: §482.30 Utilization Review, pp. 35 - 37. Retrieved 8/20/2020 from <https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-G/part-482>

Justia US Law. (2019). WY Stat § 35-2-910. *Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review*. Retrieved from <https://law.justia.com/codes/wyoming/2017/title-35/chapter-2/article-9/section-35-2-910/>

KEPRO. (2017). *KEPRO service areas*. Retrieved from <https://www.keproqio.com/>

Mountain Pacific Quality Health. (2018). *Mountain pacific quality health quality improvement organization*. Retrieved from <http://mpqhf.com/QIO/>

**Date of Origin: 2008**

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## Attachments

[Case Management Escalation Process 4.22.pdf](#)

[HINN-1 - Preadmission or Admission Hospital -Issued Notice of Noncoverage \(HINN\) 6.20.docx](#)

[Utilization Management Process Flow 4.22.pdf](#)

## Approval Signatures

Step Description	Approver	Date
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Board of Trustees

Kristy Nielson: Chief Nursing Officer	09/2020
Irene Richardson: CEO	08/2020
Tami Love: CFO	07/2020
Kari Quickenden: Chief Clinical Officer	07/2020
Kristy Nielson: Chief Nursing Officer	07/2020

DRAFT

Quality Chair report from the September meeting.

The packet and information included are mostly standard and easy to follow.

Several mission moments were reviewed which is great to hear.

Utilization Management Plan was approved at the committee level.

Board Quality Committee Charter was reviewed and it was suggested we include language that involves continuous improvement as most of the charter discusses monitoring reports.

No medical staff update for the month.

Discussed Star Rating, and a variety of the informational topics as well as the need for continuous improvement and setting timelines for improvements to be made.

Present: **Voting Members:** Dr. Kari Quickenden (CCO), Leslie Taylor (Clinic Director), Kara Jackson (Quality Director), Mr. Taylor Jones (Quality Board Chair), Tami Love (CFO), Dr. Barbara Sowada (Board Member)- in for Mr. Tardoni, Dr. Banu Symington, Dr. Alicia Gray, Irene Richardson (CEO)

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

**Guests:** Robin Jenkins (Director Care Management)

Absent/Excused: **Voting Members:** Melinda Poyer (CMO), Ed Tardoni (Quality Board Member), Ann Marie Clevenger (CNO), Ed Tardoni (Board Member)

**Non-voting Members:** Kalpana Pokhrel,

**Guests:** Marty Kelsey (Board of Trustees Chair), Kandi Pendleton (Board of Trustee)

Chair: Taylor Jones

### **Approval of Agenda & Minutes**

Meeting was called to order at 8:17 am. Mr. Jones presented the Agenda for approval. Dr. Sowada motioned to approve, Dr. Quickenden seconded. Motion carried. Mr. Jones then presented the August 17, 2022 Minutes for approval. Dr. Quickenden motioned to approve and Ms. Jackson seconded. Motion carried.

### **Mission Moment**

Ms. Nelson shared four (4) Thank you notes, 1) From the "Door Guys" to the EVS team – thank you for keeping our hospital clean, the rooms, halls, bathrooms and floors are spotless. Thumbs up to the EVS team. 2-4) from same person, 2) Thank you Dr. Denker for taking the time and talking to my dad, and the great job on his hip, 3) To 2nd floor nurses - My dad has never felt so loved and cared for, you girls were Awesome! Thank you! 4) To ER nurses, Thank you for making my dad feel loved and safe, you guys are as professional as they come, Thank you so much!

Dr. Symington gave a shout out to Dr. Crofts, Chief of Staff, who has been engaged and met 1:1 with providers to address their concerns with the EMR conversion, and encouraged them to use these aspects of the EMR.

### **Old Business**

Dr. Quickenden gave an update on the Patient Experience PIPS Priority Update. Work is ongoing for "Likelihood to recommend", we will approach this in tiers. We met with Press Ganey last week in an executive overview presentation, with a planned follow-up for goal setting sessions. Yesterday a smaller group from Quality and Senior Leadership meet with Press Ganey to review key-drivers, priority index and looking at commonalities in those drivers, and how we can roll out common interventions across the organization. We will resume departmental presentations, for the departments that have surveys, into PIPS. They need to start their projects by mid-October and begin reporting in January. This will allow time for a couple PDSA cycles, and allow time to make adjustments, before reporting into PIPS. Senior Leaders will begin Rounding on Med/Surg patients,

with specific rounding questions, and encourage patients to take the survey. A Press Ganey representative will be giving a Physician focused presentation to the Medical staff in November. We are developing and introducing service standards across the organization, a few at a time, which will be introduced at upcoming Leadership meetings and townhalls. Then we will extend patient experience to other departments in January, as everyone touches upon the patient experience.

### **New Business**

Ms. Jenkins reviewed the updated Utilization Plan for approval. Minor language changes were highlighted, otherwise intent of plan stayed the same. Dr. Sowada motioned to approve the revised Utilization Plan, Dr. Quickenden seconded. Motion passed. The Utilization Plan will be presented to the Board in October for review, with approval planned for November.

Mr. Jones next introduced the Board Quality Committee Charter for review. He had a question under Section III. A. 1-12, it lists monitoring and recommending, but should there be language about continual improvement? Committee agreed they would rework the language. Dr. Sowada suggested a "continual improvement" statement be added into the Statement of Purpose. I.e. "The purpose of the Quality Committee is to assist the Board of Trustees in its fiduciary and oversight duties regarding the deliver of safe, quality, patient centered-care with the expectation of continuous improvement as set forth below." Ms. Jackson noted we should add to section VI. Reports – the Patient Safety Evaluation Report.

Ms. Roger introduced the 10 new measures of the Inpatient Quality Reporting (IQR) Final Rule, see FY 2023 IQR Final Report Summary.

Mr. Worden presented the FY 2023 IPPS Final Rule, Hospital Readmission Reduction Program (HRRP), noting a few changes. 1) Suppress the hospital 30-day, All-Cause, Risk-Standardized Readmission rate. 2) Resume in 2024 the hospital 30-day, All-Cause, Risk-Standardized Readmission rate in payment reduction calculations. Mr. Worden also noted we took a 0% penalty on our Readmissions. Ms. Jackson gave a shout out to our Case Managers, Readmission team, UM team and our hospitalists for that 0% penalty. Over the last few years we have taken a minimal penalty, this is the first 0%! Excellent job!

Ms. Boggs reviewed the Hospital-Acquired Condition Reduction Program. It is made up of 2 domains, Domain 1) Patient Safety Composite (PSI-90) – includes pressure ulcer, pneumothorax, fall with hip fracture, perioperative hemorrhage/hematoma, postoperative kidney injury, postoperative respiratory failure, perioperative DVT or PE, postoperative sepsis, postoperative wound dehiscence, and accidental puncture or laceration. Domain 2) Infection rates; CLABSI, CAUTI, SSI-Hyster and colon, MRSA, CDI. For FY 2023 CMS will not be calculating worst performing quartile, which means no one will be subject to a 1% penalty. We did report 0-CLABSI, 2-CAUTI, 0-SSI, 0-MRSA, 1-CDI – which puts our CDI SIR at 0.635, just slightly higher than national average 0.495, but will not be taking a penalty due to national pandemic. Dr. Sowada and Ms. Jackson gave a shout out to the Noreen Hove and the Inpatient Units for a job well done.

Ms. Jackson reviewed the 2023 Proposed Rule Changes. They will be finalized in November. There shouldn't be a lot of changes, they will remove OP-2 Fibrinolytic Therapy and OP-3 Median Time to Transfer and replace with OP-40 STEMI eCQM, plus add OAS CAHPS (both voluntary reporting in 2023, mandatory in 2024). We are working with Press Ganey to ensure we are ready to report for OAS CAHPS.

### **Medical Staff Update**

Dr. Poyer was unavailable for an update.

### **Informational Items for Review/Discussion**

Mr. Jones requested any pull-outs from the Informational Items. Dr. Quickenden highlighted points in ED-2B, ED admit decision to ED departure. A team was created, and worked with Cerner and Jackson hospital to pinpoint when that time was. They learned about some new things in the design, and were able to process map out when the decision "time zero" to admit starts.

Dr. Quickenden noted on Sepsis that our June compliance rate was revised, following evaluation of one case that had variances in weight due to EMR struggles, our statistics changed from 29 to 42%. The team continues to focus on the EMR and utilization of the Order set, and how we can assist the physicians.

Mr. Jones commented on the Star Rating, and the up and down movement of the graph. We are seeing more green since 2021, but we need to be seeing less up and down and more consistent upward movement. Definite goals and timelines are important.

Mr. Jones and Dr. Sowada agreed the Press Ganey presentation was well done and the information was helpful and easy to read.

Ms. Jackson noted the Patient Safety Summary did not load properly. An update will be forthcoming next month.

Dr. Quickenden reviewed a few points on the Risk Dashboard, 1) High documentation errors – scanning process issue with new Cerner usage. Possible glitch, double screens, multiple open windows – it is being looked into. 2) Delay in Care – variety of reasons; scheduling issues. Ms. Hove noted some of the delays were within OR and related to the lasting effects of COVID, starting with the Hurricane in Puerto Rico. Both caused delayed in supplies. COVID also affected staffing and bed availability for overnight stays of surgery patients. Mr. Jones questioned the "Other" category, and possibility of listing what other was? Ms. Jackson and Dr. Quickenden agreed for the need and would look into more breakdown of information.

Mr. Jones questioned high statistic on Medication Dashboard of "Wrong dose or form". Dr. Quickenden did not have that information readily available, but would have it for the next meeting.

Dr. Sowada questioned how patient scanning was going? Dr. Quickenden noted all are doing well. Scanning is new to ED, and a problem with the wireless hand-held devices caused some issues. We believe most of the issues have been corrected and have seen an improvement in ED statistics.

### **Meeting Adjourned**

The meeting adjourned at 9:45 am

### **Next Meeting**

October 19, 2022 at 08:15 am via ZOOM.

Respectfully Submitted,

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Robin Fife, Recording Secretary

## **Chairs Report**

### **Human Resources Committee Meeting, September 19,2022**

Items to take note of -

- ✓ The committee is working on an updated conflict of interest policy. We expect that to come before the full board at the November meeting
- ✓ An updated board charter was approved with minor changes. It's now ready for full board approval.

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

*Kandi Pendleton*

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**Human Resources Committee Meeting Minutes - Draft**  
**Monday – September 19, 2022**

*Zoom*

Trustee Members Present by Zoom: Barbara Sowada, Kandi Pendleton

Voting Members Present by Zoom: Amber Fisk, Irene Richardson

Voting Member Excused: Suzan Campbell

Non-Voting Members & Guests Present by Zoom: Ann Marie Clevenger, Kari Quickenden, Amy Lucy, Shawn Bazzanella, Cindy Nelson

Kandi called the meeting to order and welcomed everyone.

**APPROVAL OF AGENDA**

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

**APPROVAL OF MINUTES**

The motion to approve the August meeting minutes was made by Barbara, second by Amber. Motion carried.

**ROUTINE REPORTS**

**Turnover**

Amber reviewed the data and said the top turnover spot is nurses and the second is EVS techs. She said some staff left nutrition services and went to EVS when we made the change to Unidine and then they returned to nutrition services. Dr. Sowada asked for the total number of staff in EVS and the total nurses in the hospital, not including the clinics. Amber reported 24 EVS technicians and 97 staff with the RN title. The number in the report includes all RNs in the hospital and clinics. Amber said she gives an exit questionnaire and when the employee returns it, they usually do not say where they are going if they are leaving for other employment. 80% of the departures for nurses have been to go travel. She said the overall turnover is 28% for the rolling 12 months which is up slightly. Amber said the number nationally is 26-27%. She said this is part of the “great resignation.” Amber reported our rehire rate is pretty steady.

**Open Positions**

The Committee reviewed the open positions. Amy reviewed current numbers and said we have several offers out right now. Amber said if all open positions were filled, we would be at about 600 staff. She said when she started with MHSC, we had about 400 staff. She said we would typically see 20-25 open positions regularly pre-pandemic. Amber said everything she is seeing shows people aren’t even going to school to become RNs. Attendance for that type of schooling is down. Ann Marie said new nurses want regular hours, not nights and weekends. She said she feels that we have been fortunate with the positions we have been filling. Amber said we pay differential pay and said she can check with other hospitals to see what they are doing with differential pay.

**Contract Staffing**

Amber said the current list of contract staff includes start and end dates for contract positions. Each should correlate to an open position. Barbara asked if there is no end date, what does the pink color-



coding mean? Amy said pink means the opening has expired or no one is in there. Amber said we will update to show positions that are no longer open following job offers and acceptance. Ann Marie gave an update on positions and said WWCC has an RN program. She said we have also signed some agreements with respiratory therapist programs at other schools to try to get students who may want to stay here.

### **Employee Injury/OSHA300**

Amber said there is no update for the injury report. She said Suzan wanted her to let everyone know the way we should have been handling this is on the subcommittee level. We are taking some information from the Wyoming Hospital Association and putting together a subcommittee to report to the Board. Ann Marie and Kari said we have had some violence incidents in the past month. Ann Marie said it is always upsetting which is why we are trying to move forward with MOAB training. Amber said Suzan will have the workplace violence policy available for review at the next committee meeting.

### **OLD BUSINESS**

#### **Employee Policies – Conflict of Interest**

Amber said Suzan sent an e-mail out and wants to know if there are questions. Both the current and new policies are in the meeting packet. Amber said Suzan felt it was too messy to show the mark up version. Barbara said she thinks we need to include more details in the update, for example Roman numerals 1 and 2 should be pulled into the update. Kandi suggested to bullet-point the information to make the information clearer to the reader. The Committee will review at the October meeting.

#### **Table of Contents**

Amber said a table of contents was included to show what employees see when searching for policies. Kandi asked if employees have a portal. Amber shared her screen online to show how employees access policies on the MHSC Intranet.

### **NEW BUSINESS**

#### **HR Committee Charter**

Barbara said there is a piece missing in the reports. She requested adding Workplace Violence Statistics. Amber said she will update the charter and bring it back to the October meeting. Barbara said following approval, we need to take the charter to the Board for their review and approval. The Committee agreed to approve the charter with the change as discussed and present to the Board in October. Amber said we review employee satisfaction survey results “every other year” instead of “bi-annual.” The motion to approve the charter revision with the changes as discussed was made by Barbara, second by Amber. Motion carried.

#### **Next Meeting**

The next meeting is scheduled October 17<sup>th</sup>.

## **F&A COMMITTEE CHAIR REPORT TO THE BOARD**

### **September 2022 meeting**

#### **Chair – Ed Tardoni**

The Finance and Audit Committee met in Zoom format this month. All voting members were present.

#### **F&A DATA FOR THE MONTH**

The rate of decline of days cash on hand improved and that is indicative that recovery efforts are effective. August resulted in a -0.14 (dcoh / day) which was an improvement from last month at -0.21 (dcoh / day). Contract expense during August was down 46% but offset by inflation and salary increases.

The greater portion of the meeting was taken up discussing actions being taken to address the days in AR and billings. In house teams are addressing this and outside assistance is active. The Cancer Center, because of the cost magnitude of such treatment, generates high dollar values both for unbilled and AR delays. A challenge exists and a team is working to find ways to resolve this concern.

#### **CAPITAL EXPENDITURES**

There is one item for consideration by the Board this month. Last month the Board approved, in an emergency meeting, the replacement of the main water line feeding the hospital. Facilities has identified a system improvement that requires Board approval. If approved, the final amount exceeds past approval levels including the contingency. The project does qualify for submission under the County Maintenance funding but the Board needs to decide if the expenditure is warranted at this time.

#### **OTHER BUSINESS**

**(Bad Debt)** Like last month, this month's bad debt authorization is unusual. This is due to the amount of AR. Any bad debt related to the AR accounts, and the unbilled Cancer Center amounts, can not be determined until those amounts are processed.

**(Cerner EMR Implementation.)** Efforts continue and were reported on to the committee. It becomes clear that computer systems are key to billings and these issues. The IS Department report has become a portion of the Financial Package which is reflective of the issue. The MHSC IS report has been issued as a stand-alone document for this month. The intent is to inform the Board of activity in this area.

#### **September Meeting**

The F&A Committee will meet Wednesday, October 26, 2022 at 1400 hours. Meeting will be by Zoom.



# Assigned: FY 23 -4 Revised

### 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: 9/20/22

Provide a detailed description of the capital expenditure requested:

replacement of Transite water line

#### Preferred Vendor:

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

1. Renovation	\$ 89,662.00
2. Equipment	\$ 9,821.00
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
<b>Total Costs (add 1-8)</b>	<b>\$ 99,483.00</b>

#### Does the requested item:

Require annual contract renewal? ☒ YES ☐ NO

Fit into existing space?

☒ YES ☐ NO

Explain:

Attach to a new service?

☐ YES ☒ NO

Explain:

Require physical plan modifications?

If yes, list to the right:

☐ YES ☐ NO

Electrical

HVAC

Safety

Plumbing

Infrastructure (I/S cabling, software, etc.)

\$

\$

\$

\$

\$

#### Annualized impact on operations (if applicable):

##### Increases/Decreases

Projected Annual Procedures (NEW not existing)

Revenue per procedure

\$

Projected gross revenue

\$

Projected net revenue

\$

Projected Additional FTE's

Salaries

\$

Benefits

\$

Maintenance

\$

Supplies

\$

**Total Annual Expenses**

\$

**Net Income/(loss) from new service**

\$

#### Budgeted Item:

☐ YES ☒ NO

# of bids obtained? \_\_\_\_\_

☒ Copies and/or Summary attached.

If no other bids obtained, reason:

#### Review and Approvals

Submitted by:

Verified enough Capital to purchase

Department Leader

☐ YES ☐ NO

Executive Leader

☐ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO

*Jim Horan* 9-29-22  
*Jim Horan* 9-29-22

## OTHER CONSIDERATIONS

This project will consist of, but not limited to, running a new water line next to the leaking Transite water line. The contractor will dig a trench roughly 7 feet deep to locate the 12" main from city service. Once located, the contractor will clear enough space to tie in a 12"X12"X8" tee with valves on all sides of "Tee" They will then pour thrust blocking (Thrust blocking is a formed in place concrete shoe at the base of pipe where mechanical fittings or offsets are to ensure they don't move or break) The contractor will then run 8" pipe roughly 120' to building "A" and replace water riser in building "A". They will need to cut out concrete to achieve this. Once the riser is in place, they will tie new water line to riser and pour a thrust block. They will then chlorinate the new water line (per DEQ) and have the water line tested for any contaminants. The contractor will then begin to backfill the trench and commence on the bulk oxygen project.

All of this work will bypass the leaking "Transite" line and this line will be abandoned in place.

This capital request has been revised from the previously Board approved request FY23-4, approved on 9/21/2022 for \$91,724.60, which included a 10% contingency. This revised capital request is for an additional \$7,758.40.

\_\_\_\_\_  
Submitted by: Signature

\_\_\_\_\_  
Date

September 27, 2022

Wylie Construction Inc  
P.O. Box 576  
Rock Springs, WY 82902

Cody Woods  
Western Engineers & Geologists  
1329 Ninth Street  
Rock Springs, WY 82901

Reference: 12" Tee and Gate Valves Tie-in

We are pleased to offer the following Cost Proposal for civil work including all supervision, labor, materials, and equipment for the referenced project. We thank you for this opportunity.

Our scope of work was based on site discussions September 26, 2022.

Our Scope of work includes:

- Mobilization
- All necessary utility locates and potholing
- Pipe trench excavation
- Place and compact pipe bedding material.
- Tying into the existing 12" water Line located along College Drive Easement
- Furnish and install two each 12" Kennedy Gate Valve and one each 12" X 8" Tee
- Lay 8" waterline including fittings and 8" Kennedy Gate Valve
- Connection to existing 8" riser
- Form, strap and place thrust blocks
- Backfill compaction to 95% modified proctor

Clarifications:

- All material in stock
- Building permit by others
- Winter conditions excluded
- No hard rock excavation
- Assumed 6 foot of cover
- Pipe material shall be C900
- Assume all thrust blocks can be placed with the same mixer load to avoid short load costs
- Proposal is valid for 30 days.

Furnish and install the above scope of work, complete in the amount of **\$89,662.00 (Eighty-Nine Thousand Six Hundred Sixty-Two Dollars).**

**Alternate: Furnish and install a new Building Piping Riser to replace the existing: \$9,821.00 Nine Thousand Eight Hundred Twenty-One dollars.**

Please contact us if you have any questions regarding our Budgetary Cost Estimate. We can mobilize immediately and can support your schedule. Please consider our firm for all your Civil Work.

Warm Regards,

Bryan Zarn

Project Manager

Wylie Construction

bzarn@wylieconst.com

# IS Monthly Report Sept 2022

By Terry TJ Thompson IS Director

MHSC IS service environment:

- 884 computer users
- 786 Desktop systems
- 562 VoIP Telephony device
- 186 Wired and Wireless networking Infrastructure devices
- 184 Server system

MHSC service desk:

As of 09/25/2022 451 service tickets opened where 327 were closed with an average MTTR of 8 days at a 73% closure rate. With the new service tech and system admin we hope to improve upon our service level indicators.

Cerner Service Request:

As of 09/25/2022 we opened 95 tickets this month with Cerner, where 44 were closed with an average MTTR of 4 days at a 46% closure rate. Cerner MTTR is within the 5 days, however we would like to 80% closure rate.

Projects:

1. Cerner implementation, tech dev @97%
  - Cerner has resolved patient appointment notification system
  - Cerner is still correcting issue with patient payment system
  - We have resolved 90% of the Cerner CareAway handheld systems issues
2. Legacy system archiving and shutdown, tech dev @30%
  - Working with Harmony HIT to archive MHSC TSystem next month
3. System backup remediation, business continuity, @100%
4. AD and server system audit and remediation, security @60%
5. Endpoint encryption (bitlocker) implementation, security @10%
6. Cerner CareAware nursing handheld system, tech dev @90%
7. CISA security evaluation and testing, Security @50%
  - CISA found an issue with <https://www.sweetwatermemorial.com> , working with website developer to correct the issue.
8. Internal policy review and update, Security @30%
9. Removed Iprism content filtering as Sonic Wall and Cisco Umbrella, reduce technical debt

Corrective actions and points of consideration:

Continued weekly meetings MHSC IS, Informatics, Finance and Cerner SSO to improve upon Cerner Service Request mean time to resolve.

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

**Wednesday~ September 28, 2022 2:00 p.m. Teleconference**

**Voting Members:**

Ed Tardoni, Chair  
Marty Kelsey, Trustee  
Irene Richardson  
Tami Love  
Jan Layne

**Non-Voting Members:**

Ron Cheese                      Dr. Israel Stewart  
Angel Bennett                Dr. Ben Jensen  
Ann Clevenger                Terry Thompson  
Kari Quickenden

**Guests:**

Leslie Taylor

- |       |  |            |
|-------|--|------------|
| I.    | Call Meeting to Order  | Ed Tardoni |
| II.   | Approve Agenda   | Ed Tardoni |
| III.  | <a href="#"><u>Approve August 31, 2022 Meeting Minutes</u></a> | Ed Tardoni |
| IV.   | <a href="#"><u>Capital Requests FY 23</u></a>                  |            |
| V.    | Financial Report   |            |
|       | A. Monthly Financial Statements & Statistical Data             |            |
|       | 1. <a href="#"><u>Narrative</u></a>                            | Tami Love  |
|       | 2. <a href="#"><u>Financial Information</u></a>                | Tami Love  |
|       | 3. <a href="#"><u>Self-Pay Report</u></a>                      | Ron Cheese |
|       | 4. <a href="#"><u>Preliminary Bad Debt</u></a>                 | Ron Cheese |
| VI.   | Old Business   |            |
|       | A. SLIB projects   | Tami Love  |
| VII.  | New Business   |            |
|       | A. F&A Meeting Times   | Tami Love  |
|       | B. Financial Forum Discussion                                  | Ed Tardoni |
| VIII. | Next Meeting   | Tami Love  |
| IX.   | Adjournment  | Ed Tardoni |



## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### NARRATIVE TO AUGUST 2022 FINANCIAL STATEMENTS

**THE BOTTOM LINE.** The bottom line from operations for August is a gain of \$4,235, compared to a gain of \$113,939 in the budget. This yields a .04% operating margin for the month compared to 1.26% in the budget. The year-to-date loss is \$600,868, compared to a loss of \$620,292 in the budget. The year to date operating margin is -3.28%, compared to -3.51% in the budget.

The total net loss for August is \$31,665, compared to a gain of \$131,377 in the budget. This represents a total profit margin of -.33% compared to budget of 1.46%. Year-to date, the total net loss is \$648,126, compared to a total net loss of \$585,547 in the budget. This represents a YTD profit margin of -3.54% compared to -3.32% in the budget.

**REVENUE.** Revenue for the month came in at \$19,423,565, over budget by \$1,454,152. Inpatient revenue is over budget by \$651,426, hospital outpatient revenue is over budget by \$382,023 and the Clinic is over budget by \$420,703.

**VOLUME.** Inpatient days are over budget for August and Births came in right at budget. The average daily census (ADC) is back up to 13.4, over budget and average length of stay (LOS) is at 3.8, slightly over budget. Emergency Room and Outpatient visits are under budget in August. Surgeries and Clinic volumes are over budget.

Annual Debt Service Coverage came in at 1.49. Days of Cash on Hand decreased to 90 as daily cash expense increased to \$281,000 for the month.

**REDUCTION OF REVENUE.** Deductions from revenue are 49.9% in August, under the budget of 51.5%. Total collections for the month came in at \$8,368,557 as we started to catch up on delayed coding and billing from the Cerner conversion. The repayment of the Medicare Advanced Payment began in April 2021 and through August 2022 we have paid back all but \$85,000 of the \$7.4 million received. The balance will be paid early in September.

Net days in AR grew to 72.7 days, as expected with the Cerner conversion. With the delays in Cerner billing, we have seen an increase in the aging percentages of all payers.

**EXPENSES.** Total expenses in August came in high at \$9,705,384, over budget by \$805,427. The following line items were over budget in August:

**Fringe Benefits** – Group Health came in over budget in August due to several large claimants hitting our stop loss limit. We have seen a two-month trend of higher weekly claims but are seeing that decrease in September.



**Contract Labor** – Due to continuing staffing shortages in clinical areas there are currently contract labor staff in Med/Surg, ICU, Labor & Delivery, Surgery, Dialysis, Emergency Room, Laboratory, Respiratory, Behavioral Health and Social Services. We are starting to see a decrease in this expense as we hire staff and negotiate traveler rates when renewing contracts. August expense was down 46% compared to the average expense over the last several months of FY2022.

**Supplies** – Lab supplies, blood, patient chargeables, implants, med/surg supplies, drugs, food, office supplies and maintenance supplies all came in over budget in August. We continue to see the impact of supply chain constraints and inflation on our supply expenses house wide. The increase in drug costs corresponds to the increase in Medical Oncology and Women's Health.

**Utilities** – Fuel, water, television and waste collection are over budget in August.

**Repairs and Maintenance** – Expenses over budget include contract licenses due to the delay in Cerner as we continue to pay for legacy systems as we work towards getting them archived.

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

**PROVIDER CLINIC.** Revenue for the Clinics came in over budget at \$2,356,988. The bottom line for the Clinics in August is a loss of \$149,122 compared to a loss of \$464,681 in the budget. The year to date loss is \$819,207, compared to a budgeted loss of \$979,774. Clinic volumes were up in August at 6,113 visits. Total Clinic expenses for the month are \$1,521,195, under budget by \$72,276. Fringe benefits and Pharmacy Allocation are over budget for August.

**OUTLOOK FOR SEPTEMBER.** Gross patient revenue for September is projecting to \$18.8 million, over budget. Inpatient volumes are down in September by 12% - 15%. Births are projecting under budget in September but we do expect an increase over the next several months. The average daily census is currently down at 13.8 and average length of stay decreased to 2.9. Outpatient volumes across most departments are projecting close to budget.

Collections are projecting lower at \$7.6 million but are expected to increase over the next few weeks as we start to collect on the high August revenues. Deductions of revenue are expected to come in similar to September, about 49%. Expenses will remain level in September due to continued staffing shortages and the need for contract labor and the increased cost of supplies. The bottom line for September is estimated at a loss of \$100,000 - \$200,000, slightly under budget.

We continue to work with CLA as they complete the data analysis, comparing our current charging practices to industry benchmarks including volumes pre and post Cerner conversion. They will be onsite the week of October 10<sup>th</sup> for operational interviews with staff to focus on effective charge entry, reconciliation, coding, provider responsiveness and the impact to reimbursement.

We are currently working with a vendor on a proposal to help accelerate collection of the aging AR in our legacy systems. This will expedite turning the accounts receivable into cash so we can start building back our days cash on hand. The legacy systems are currently being supported and we would like to archive the systems as soon as possible to save on support costs.

We continue to watch all spending as we start the new fiscal year. We started seeing the impact of the annual wage increases in August but have also seen the decrease in contract labor to offset this expense. We recommend to continue the freeze on capital unless it is emergent or regulatory.

**FY2022 AUDIT.** We will keep the FY2022 audit open until we get results from the charge capture analysis in case there is substantial lost revenue we can accrue back into June. The Fiscal Services team continues to work with our cost report vendor on the FY2022 Medicare Cost report.

**SLIB GRANT FUNDS.** Our applications for the Laboratory Expansion and MOB Entrance Renovation were submitted to the State Land Investment Board which were due August 12th. We are waiting to hear when the grants will be discussed and awarded.





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

**Unaudited Financial Statements**

**for**

**Two months ended August 31, 2022**

**Certification Statement:**

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

**Certified by:**

**Tami Love**

**Chief Financial Officer**

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Two months ended August 31, 2022

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# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## EXECUTIVE FINANCIAL SUMMARY

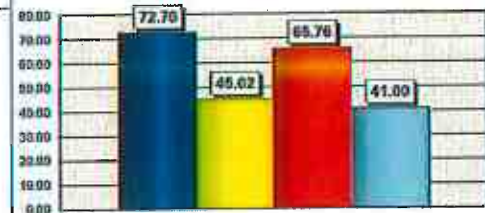
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Two months ended August 31, 2022

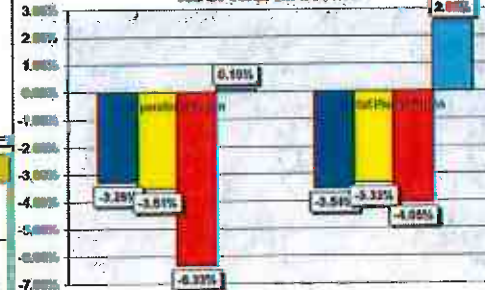
### BALANCE SHEET

	YTD 8/31/2022	Prior FYE 6/30/2022
<b>ASSETS</b>		
Current Assets	\$35,075,914	\$33,058,523
Assets Whose Use is Limited	19,933,191	22,099,344
Property, Plant & Equipment (Net)	70,269,223	71,476,119
Other Assets	1,187,907	1,204,231
Total Unrestricted Assets	127,266,135	127,838,217
Restricted Assets	435,535	434,089
<b>Total Assets</b>	<b>\$127,701,670</b>	<b>\$128,272,306</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	\$13,687,979	\$12,011,619
Long-Term Debt	26,320,000	26,491,657
Other Long-Term Liabilities	2,697,638	4,126,288
Total Liabilities	42,705,617	42,629,564
Net Assets	84,996,053	85,642,732
<b>Total Liabilities and Net Assets</b>	<b>\$127,701,670</b>	<b>\$128,272,306</b>

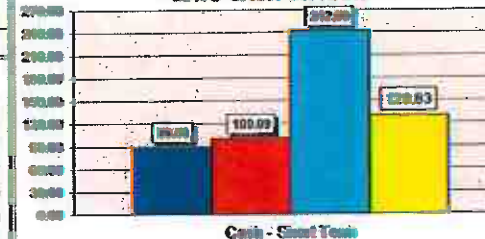
### NET DAYS IN ACCOUNTS RECEIVABLE



### HOSPITAL MARGINS



### DAYS CASH ON HAND



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



### STATEMENT OF REVENUE AND EXPENSES - YTD

	08/31/22 ACTUAL	06/30/22 BUDGET	YTD ACTUAL	YTD BUDGET
<b>Revenues:</b>				
Gross Patient Revenues	\$19,423,585	\$17,969,414	\$35,658,719	\$35,446,384
Deductions From Revenues	(9,868,024)	(9,245,569)	(17,804,327)	(18,242,714)
Net Patient Revenues	9,555,561	8,723,845	17,852,391	17,203,650
Other Operating Revenues	154,977	280,051	475,052	452,307
<b>Total Operating Revenues</b>	<b>9,709,618</b>	<b>9,013,896</b>	<b>18,327,444</b>	<b>17,655,957</b>
<b>Expenses:</b>				
Salaries, Benefits & Contract Labor	5,390,895	4,994,925	10,761,810	10,456,347
Purchased Serv. & Physician Fees	875,680	867,890	1,701,394	1,717,587
Supply Expenses	1,715,201	1,359,447	3,001,044	2,714,314
Other Operating Expenses	973,767	942,265	1,954,477	1,888,936
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	750,061	745,629	1,480,587	1,497,966
<b>Total Expenses</b>	<b>9,705,384</b>	<b>8,899,866</b>	<b>18,920,311</b>	<b>18,275,249</b>
<b>NET OPERATING SURPLUS</b>	<b>4,235</b>	<b>114,039</b>	<b>(600,868)</b>	<b>(620,292)</b>
Non-Operating Revenues/Exp.	(35,900)	17,437	(47,258)	34,745
<b>TOTAL NET SURPLUS</b>	<b>(\$31,665)</b>	<b>\$131,377</b>	<b>(\$648,126)</b>	<b>(\$585,547)</b>

### KEY STATISTICS AND RATIOS

	08/31/22 ACTUAL	06/30/22 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	415	388	778	715
Average Acute Length of Stay	3.6	3.3	3.5	3.1
Total Emergency Room Visits	1,266	1,341	2,859	2,882
Outpatient Visits	7,711	10,361	14,067	19,936
Total Surgeries	100	91	280	230
Total Winked FTE's	437.77	465.19	453.40	465.19
Total Paid FTE's	494.22	511.59	499.40	511.59
Net Revenue Change from Prior Yr	16.42%	8.07%	9.27%	5.26%
EBIDA - 12 Month Rolling Average			0.76%	4.97%
Covered Ratio			2.62	
Days Expense in Accounts Payable			37.04	

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Budget	08/31/22
Prior Fiscal Year End	06/30/22
CLA \$60-\$100M Net Revenue	06/30/2020

### FINANCIAL STRENGTH INDEX - (1.29)

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



## Key Financial Ratios

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**  
**Two months ended August 31, 2022**

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↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 8/31/2022	Budget 6/30/2023	Prior Fiscal Year End 06/30/22	CLA \$50-\$100 MM Net Revenue (See Note 1)
<b>Profitability:</b>					
Operating Margin	↑	-3.26%	0.24%	-6.33%	0.10%
Total Profit Margin	↑	-3.54%	0.31%	-4.05%	2.50%
<b>Liquidity:</b>					
Days Cash, All Sources **	↑	89.60	129.89	100.09	242.00
Net Days in Accounts Receivable	↓	72.70	45.02	65.76	41.00
<b>Capital Structure:</b>					
Average Age of Plant (Annualized)	↓	12.62	11.32	14.13	12.00
Long Term Debt to Capitalization	↓	24.16%	19.87%	24.14%	27.00%
Debt Service Coverage Ratio **	↑	1.49	2.42	1.14	2.80
<b>Productivity and Efficiency:</b>					
Paid FTE's per Adjusted Occupied Bed	↓	8.36	8.43	8.34	NA
Salary Expense per Paid FTE		\$101,237	\$86,092	\$102,150	NA
Salary and Benefits as a % of Total Operating Exp		56.98%	56.45%	58.36%	NA

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

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

## Balance Sheet - Assets

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Two months ended August 31, 2022

	Current Month 8/31/2022	Prior Month 7/31/2022	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2022
<b>Current Assets</b>					
Cash and Cash Equivalents	\$6,449,493	\$6,974,080	(\$524,586)	-7.52%	\$7,173,928
Gross Patient Accounts Receivable	44,462,318	43,100,291	1,362,027	3.16%	41,948,878
Less: Bad Debt and Allowance Reserves	(23,806,725)	(23,515,148)	(291,576)	-1.24%	(23,879,694)
Net Patient Accounts Receivable	20,655,693	19,585,142	1,070,451	5.47%	18,069,184
Interest Receivable	0	0	0	0.00%	0
Other Receivables	2,553,764	2,244,223	309,540	13.79%	1,779,130
Inventories	4,084,450	4,091,821	(7,371)	-0.18%	4,054,218
Prepaid Expenses	2,132,513	2,075,694	56,820	2.74%	1,982,063
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
<b>Total Current Assets</b>	<b>35,875,814</b>	<b>34,970,760</b>	<b>905,054</b>	<b>2.59%</b>	<b>33,058,523</b>
<b>Assets Whose Use is Limited</b>					
Cash	5,569	19,184	(13,614)	-70.97%	(37,762)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	952,544	794,801	157,744	19.85%	637,426
Trustee Held Funds - SPT	22	28,280	(28,258)	-99.92%	28,281
Board Designated Funds	4,939,518	4,932,214	7,304	0.15%	6,924,862
Other Limited Use Assets	14,035,537	14,035,537	0	0.00%	14,546,537
<b>Total Limited Use Assets</b>	<b>19,933,191</b>	<b>19,810,025</b>	<b>123,166</b>	<b>0.62%</b>	<b>22,099,344</b>
<b>Property, Plant, and Equipment</b>					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	49,613,983	49,597,599	16,384	0.03%	49,597,599
Equipment	118,824,079	118,825,437	(1,358)	0.00%	118,714,821
Construction In Progress	954,178	796,101	158,077	19.86%	731,897
Capitalized Interest	0	0	0	0.00%	65,232
Gross Property, Plant, and Equipment	173,634,534	173,461,431	173,103	0.10%	173,351,843
Less: Accumulated Depreciation	(103,365,310)	(102,615,259)	(750,061)	-0.73%	(101,875,723)
<b>Net Property, Plant, and Equipment</b>	<b>70,269,223</b>	<b>70,846,181</b>	<b>(576,958)</b>	<b>-0.81%</b>	<b>71,476,119</b>
<b>Other Assets</b>					
Unamortized Loan Costs	1,187,907	1,196,089	(8,182)	-0.68%	1,204,231
Other	0	0	0	0.00%	0
<b>Total Other Assets</b>	<b>1,187,907</b>	<b>1,196,089</b>	<b>(8,182)</b>	<b>-0.68%</b>	<b>1,204,231</b>
<b>TOTAL UNRESTRICTED ASSETS</b>	<b>127,265,135</b>	<b>126,823,836</b>	<b>441,299</b>	<b>0.35%</b>	<b>127,838,217</b>
<b>Restricted Assets</b>	<b>435,536</b>	<b>434,089</b>	<b>1,447</b>	<b>0.33%</b>	<b>434,089</b>
<b>TOTAL ASSETS</b>	<b>\$127,701,670</b>	<b>\$127,257,924</b>	<b>\$442,746</b>	<b>0.35%</b>	<b>\$128,272,306</b>



# Balance Sheet - Liabilities and Net Assets

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Two months ended August 31, 2022

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2022
	Current Month 8/31/2022	Prior Month 7/31/2022	Positive/ (Negative) Variance	Percentage Variance	
<b>Current Liabilities</b>					
Accounts Payable	\$6,057,128	\$5,243,238	(\$813,890)	-15.52%	\$5,227,646
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,473,619	2,061,173	(392,446)	-18.86%	1,787,836
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,718,582	2,768,108	49,526	1.79%	2,804,901
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	1,496,169	1,514,599	18,430	1.22%	1,562,895
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	942,482	785,401	(157,080)	-20.00%	628,321
<b>Total Current Liabilities</b>	<b>13,687,979</b>	<b>12,382,519</b>	<b>(1,295,461)</b>	<b>-10.45%</b>	<b>12,011,619</b>
<b>Long Term Debt</b>					
Bonds/Mortgages Payable	27,816,189	27,820,432	104,263	0.37%	28,054,562
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,496,169	1,514,599	18,430	1.22%	1,562,895
<b>Total Long Term Debt (Net of Current)</b>	<b>26,320,000</b>	<b>26,405,833</b>	<b>85,833</b>	<b>0.33%</b>	<b>26,491,667</b>
<b>Other Long Term Liabilities</b>					
Deferred Revenue	85,101	673,547	588,446	87.37%	1,255,068
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	2,612,537	2,758,953	146,417	5.31%	2,871,220
<b>Total Other Long Term Liabilities</b>	<b>2,697,638</b>	<b>3,432,500</b>	<b>734,863</b>	<b>21.41%</b>	<b>4,126,288</b>
<b>TOTAL LIABILITIES</b>	<b>42,705,617</b>	<b>42,230,852</b>	<b>(474,765)</b>	<b>-1.12%</b>	<b>42,628,574</b>
<b>Net Assets:</b>					
Unrestricted Fund Balance	83,253,397	83,253,397	0	0.00%	87,450,562
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	431,063	430,216	(1,447)	-0.34%	430,216
Net Revenue/(Expenses)	(648,126)	(618,460)	N/A	N/A	(4,206,185)
<b>TOTAL NET ASSETS</b>	<b>84,996,853</b>	<b>85,026,272</b>	<b>30,218</b>	<b>0.04%</b>	<b>85,642,732</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$127,701,670</b>	<b>\$127,257,124</b>	<b>(\$444,546)</b>	<b>-0.35%</b>	<b>\$128,272,306</b>

## Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Two months ended August 31, 2022

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	CURRENT MONTH				Prior Year
	Actual 08/31/22	Budget 08/31/22	Positive (Negative) Variance	Percentage Variance	08/31/21
<b>Gross Patient Revenue</b>					
Inpatient Revenue	\$4,134,624	\$3,493,196	\$651,428	18.70%	\$3,340,697
Outpatient Revenue	12,931,953	12,549,930	382,023	3.04%	11,805,073
Clinic Revenue	2,356,986	1,836,285	420,703	21.75%	1,520,966
Specialty Clinic Revenue	0	0	0	0.00%	171,175
<b>Total Gross Patient Revenue</b>	<b>19,423,565</b>	<b>17,969,414</b>	<b>1,454,152</b>	<b>8.09%</b>	<b>16,837,911</b>
<b>Deductions From Revenue</b>					
Discounts and Allowances	(9,741,452)	(7,860,676)	(1,880,776)	-23.93%	(7,548,034)
Bad Debt Expense (Governmental Providers Only)	31,920	(1,169,066)	1,200,986	102.73%	(1,039,023)
Medical Assistance	(158,493)	(215,826)	57,335	26.57%	(23,400)
<b>Total Deductions From Revenue</b>	<b>(9,868,024)</b>	<b>(9,245,568)</b>	<b>(622,455)</b>	<b>-6.73%</b>	<b>(8,610,457)</b>
<b>Net Patient Revenue</b>	<b>9,555,541</b>	<b>8,723,845</b>	<b>831,697</b>	<b>9.53%</b>	<b>8,227,443</b>
<b>Other Operating Revenue</b>	<b>154,977</b>	<b>290,051</b>	<b>(135,074)</b>	<b>-46.88%</b>	<b>112,987</b>
<b>Total Operating Revenue</b>	<b>9,700,518</b>	<b>8,913,895</b>	<b>686,723</b>	<b>7.72%</b>	<b>8,340,410</b>
<b>Operating Expenses</b>					
Salaries and Wages	3,647,165	3,712,357	65,192	1.76%	3,570,615
Fringe Benefits	1,215,916	850,360	(365,555)	-42.99%	706,740
Contract Labor	527,615	422,200	(105,407)	-24.97%	293,784
Physicians Fees	309,888	303,056	(6,832)	-2.25%	295,756
Purchased Services	565,772	584,632	(1,140)	-0.20%	354,402
Supply Expense	1,715,201	1,359,447	(355,754)	-26.17%	1,381,763
Utilities	101,780	87,799	(13,982)	-15.92%	94,660
Repairs and Maintenance	548,033	541,450	(6,582)	-1.22%	514,285
Insurance Expense	63,788	62,682	(1,105)	-1.76%	75,845
All Other Operating Expenses	234,961	232,082	(2,879)	-1.24%	180,435
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	25,204	18,252	(6,952)	-30.00%	62,822
Depreciation and Amortization	750,061	745,629	(4,432)	-0.59%	561,377
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
<b>Total Operating Expenses</b>	<b>9,705,384</b>	<b>8,899,956</b>	<b>(805,427)</b>	<b>-8.05%</b>	<b>8,142,405</b>
<b>Net Operating Surplus(Loss)</b>	<b>4,235</b>	<b>113,939</b>	<b>(109,704)</b>	<b>-96.28%</b>	<b>198,005</b>
<b>Non-Operating Revenue:</b>					
Contributions	0	0	0	0.00%	0
Investment Income	13,586	12,395	1,192	9.61%	9,045
Tax Subsidies (Except for GO Bond Subsidies)	11,745	0	11,745	0.00%	426
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(78,746)	(79,410)	(665)	0.84%	(107,628)
Other Non-Operating Revenue/(Expense)	17,514	84,453	(66,939)	-79.26%	14,534
<b>Total Non Operating Revenue/(Expense)</b>	<b>(35,900)</b>	<b>17,437</b>	<b>(53,338)</b>	<b>-305.88%</b>	<b>(82,820)</b>
<b>Total Net Surplus(Loss)</b>	<b>(\$31,665)</b>	<b>\$131,377</b>	<b>(\$163,042)</b>	<b>-124.10%</b>	<b>\$115,185</b>
<b>Change in Unrealized Gains/(Losses) on Investments</b>	<b>0</b>	<b>(9,600)</b>	<b>9,600</b>	<b>-100.00%</b>	<b>0</b>
<b>Increase/(Decrease) in Unrestricted Net Assets</b>	<b>(\$31,665)</b>	<b>\$121,777</b>	<b>(\$163,442)</b>	<b>-128.00%</b>	<b>\$115,185</b>
<b>Operating Margin</b>	<b>0.04%</b>	<b>1.26%</b>			<b>2.37%</b>
<b>Total Profit Margin</b>	<b>-0.33%</b>	<b>1.49%</b>			<b>1.38%</b>
<b>EBEIA</b>	<b>7.88%</b>	<b>9.54%</b>			<b>9.11%</b>



# Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Two months ended August 31, 2022

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	YEAR-TO-DATE				Prior Year 08/31/21
	Actual 08/31/22	Budget 08/31/22	Positive (Negative) Variance	Percentage Variance	
<b>Gross Patient Revenue</b>					
Inpatient Revenue	\$7,571,442	\$6,825,005	\$746,347	10.94%	\$6,449,659
Outpatient Revenue	23,928,720	24,725,957	(797,247)	-3.22%	24,190,292
Clinic Revenue	4,155,557	3,895,302	261,254	6.71%	3,002,894
Specialty Clinic Revenue	0	0	0	0.00%	405,404
<b>Total Gross Patient Revenue</b>	<b>35,655,718</b>	<b>35,446,264</b>	<b>210,354</b>	<b>0.59%</b>	<b>34,048,249</b>
<b>Deductions From Revenue</b>					
Discounts and Allowances	(16,502,368)	(16,453,684)	(1,048,684)	-6.79%	(15,338,300)
Bad Debt Expense (Governmental Providers Only)	(1,094,476)	(2,354,377)	1,259,900	54.79%	(2,096,348)
Medical Assistance	(297,483)	(434,854)	137,172	45.36%	(81,816)
<b>Total Deductions From Revenue</b>	<b>(17,894,327)</b>	<b>(18,242,714)</b>	<b>438,387</b>	<b>2.40%</b>	<b>(17,516,464)</b>
<b>Net Patient Revenue</b>	<b>17,761,391</b>	<b>17,203,550</b>	<b>548,741</b>	<b>3.77%</b>	<b>16,531,784</b>
<b>Other Operating Revenue</b>	<b>475,052</b>	<b>452,307</b>	<b>22,746</b>	<b>5.03%</b>	<b>241,456</b>
<b>Total Operating Revenue</b>	<b>18,237,444</b>	<b>17,655,857</b>	<b>571,487</b>	<b>3.80%</b>	<b>16,773,240</b>
<b>Operating Expenses</b>					
Salaries and Wages	7,325,228	7,821,987	296,768	3.89%	7,051,449
Fringe Benefits	2,297,127	1,946,933	(348,194)	-17.87%	1,774,761
Contract Labor	1,139,454	885,417	(274,037)	-30.95%	600,432
Physicians Fees	638,224	638,115	(109)	-0.02%	617,086
Purchased Services	1,063,169	1,079,471	16,302	1.51%	911,237
Supply Expense	3,001,044	2,714,314	(286,730)	-10.56%	2,657,656
Utilities	201,516	175,092	(26,424)	-15.09%	171,661
Repairs and Maintenance	1,094,305	1,062,548	(12,366)	-1.14%	930,329
Insurance Expense	125,341	125,365	(277)	-0.22%	126,548
All Other Operating Expenses	481,726	471,722	(10,004)	-2.12%	419,106
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	50,650	36,209	(14,451)	-39.91%	116,661
Depreciation and Amortization	1,489,567	1,497,056	7,479	0.50%	1,119,661
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
<b>Total Operating Expenses</b>	<b>19,928,311</b>	<b>18,276,249</b>	<b>(1,652,062)</b>	<b>-3.57%</b>	<b>16,756,359</b>
<b>Net Operating Surplus/(Loss)</b>	<b>(680,868)</b>	<b>(620,202)</b>	<b>19,425</b>	<b>-3.13%</b>	<b>14,882</b>
<b>Non-Operating Revenue:</b>					
Contributions	0	0	0	0.00%	0
Investment Income	29,096	24,680	4,437	17.98%	20,805
Tax Subsidies (Except for GO Bond Subsidies)	11,754	0	11,754	0.00%	447
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(177,981)	(156,820)	(19,161)	12.06%	(215,251)
Other Non-Operating Revenue/(Expense)	89,872	268,906	(79,034)	-46.79%	333,899
<b>Total Non Operating Revenue/(Expense)</b>	<b>(47,259)</b>	<b>34,765</b>	<b>(82,003)</b>	<b>-238.01%</b>	<b>135,899</b>
<b>Total Net Surplus/(Loss)</b>	<b>(\$648,126)</b>	<b>(\$585,547)</b>	<b>(\$62,579)</b>	<b>10.69%</b>	<b>\$154,782</b>
<b>Change in Unrealized Gains/(Losses) on Investments</b>	<b>0</b>	<b>(79,600)</b>	<b>79,600</b>	<b>-100.00%</b>	<b>0</b>
<b>(Increase)/(Decrease) in Unrestricted Net Assets</b>	<b>(\$648,126)</b>	<b>(\$665,147)</b>	<b>\$17,021</b>	<b>-2.56%</b>	<b>\$154,782</b>
<b>Operating Margin</b>	<b>-3.28%</b>	<b>-3.51%</b>			<b>0.09%</b>
<b>Total Profit Margin</b>	<b>-3.54%</b>	<b>-3.82%</b>			<b>0.92%</b>
<b>EBDA</b>	<b>4.91%</b>	<b>4.97%</b>			<b>0.77%</b>

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

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	Actual 09/1/2022	Actual 7/31/2022	Actual 6/30/2022	Actual 5/31/2022	Actual 4/30/2022	Actual 3/31/2022
<b>Gross Patient Revenue</b>						
Inpatient Revenue	\$4,134,634	\$3,436,817	\$3,777,323	\$4,251,353	\$5,329,718	\$3,977,177
Outpatient Revenue	\$12,931,953	\$10,986,767	\$11,119,377	\$11,073,942	\$11,024,842	\$11,545,845
Clinic Revenue	\$2,358,988	\$1,731,800	\$1,679,271	\$1,904,143	\$1,511,759	\$1,701,127
Specialty Clinic Revenue	\$0	\$0	\$262,165	\$542,769	\$275,448	\$433,459
<b>Total Gross Patient Revenue</b>	<b>\$19,425,585</b>	<b>\$16,233,153</b>	<b>\$16,849,077</b>	<b>\$17,032,197</b>	<b>\$18,141,767</b>	<b>\$17,657,608</b>
<b>Deductions From Revenue</b>						
Discounts and Allowances	\$8,741,482	\$8,760,817	\$7,197,490	\$7,835,889	\$8,674,512	\$8,147,341
Bad Debt Expense (Governmental Providers On Clinic Care)	(\$31,328)	\$1,090,397	\$708,216	\$795,186	\$1,128,374	\$813,328
<b>Total Deductions From Revenue</b>	<b>\$8,710,154</b>	<b>7,851,214</b>	<b>\$7,905,706</b>	<b>\$8,631,075</b>	<b>\$9,802,886</b>	<b>\$9,774,000</b>
<b>Net Patient Revenue</b>	<b>\$8,555,541</b>	<b>\$8,208,939</b>	<b>\$8,943,371</b>	<b>\$8,398,706</b>	<b>\$8,338,881</b>	<b>\$7,883,608</b>
<b>Other Operating Revenue</b>	<b>154,077</b>	<b>320,975</b>	<b>101,833</b>	<b>133,670</b>	<b>188,584</b>	<b>496,170</b>
<b>Total Operating Revenue</b>	<b>8,709,618</b>	<b>8,529,914</b>	<b>9,045,204</b>	<b>8,532,376</b>	<b>8,527,465</b>	<b>8,379,778</b>
<b>Operating Expenses</b>						
Salaries and Wages	\$3,647,165	\$3,678,005	\$3,742,411	\$3,734,120	\$3,824,834	\$3,736,770
Fringe Benefits	\$1,215,918	\$1,061,211	\$769,815	\$971,272	\$1,090,848	\$1,083,304
Contract Labor	\$527,615	\$631,838	\$988,651	\$1,095,822	\$1,073,901	\$616,822
Physician Fees	\$389,888	\$328,337	\$327,771	\$331,862	\$331,384	\$443,620
Purchased Services	\$585,772	\$497,397	\$541,244	\$445,141	\$449,588	\$420,957
Supply Expense	\$1,715,201	\$1,285,843	\$1,181,337	\$1,157,793	\$1,271,366	\$1,581,159
Utilities	\$181,788	\$88,735	\$88,423	\$185,411	\$185,551	\$116,195
Repairs and Maintenance	\$548,833	\$548,862	\$657,419	\$653,592	\$638,584	\$658,833
Insurance Expense	\$63,788	\$61,854	\$61,854	\$59,440	\$52,288	\$53,274
All Other Operating Expenses	\$234,951	\$248,788	\$242,792	\$232,008	\$228,221	\$188,212
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$25,204	\$25,455	(\$277,111)	\$81,782	\$72,647	\$82,298
Depreciation and Amortization	\$759,091	\$738,526	\$1,831,439	\$737,604	\$602,022	\$624,994
Interest Expense (Non-Governmental Providers)						
<b>Total Operating Expenses</b>	<b>\$8,709,384</b>	<b>\$8,222,933</b>	<b>\$9,453,454</b>	<b>\$8,584,940</b>	<b>\$8,742,343</b>	<b>\$9,175,527</b>
<b>Net Operating Surplus/(Loss)</b>	<b>\$4,234</b>	<b>(\$693,019)</b>	<b>(\$1,408,250)</b>	<b>(\$952,564)</b>	<b>(\$1,414,878)</b>	<b>(\$46,749)</b>
<b>Non-Operating Revenue:</b>						
Contributions						
Investment Income	13,688	15,510	116,125	17,153	11,223	11,674
Tax Subsidies (Except for GO Bond Subsidies)	11,745	9	16	255	0	28
Tax Subsidies for GO Bonds						
Interest Expense (Governmental Providers Only)	(78,748)	(89,235)	(271,576)	(79,468)	(79,468)	(51,000)
Other Non-Operating Revenue/(Expense)	17,514	89,048	10,808	19,833	391,537	155,183
<b>Total Non-Operating Revenue/(Expense)</b>	<b>(\$56,000)</b>	<b>(\$14,663)</b>	<b>(\$142,834)</b>	<b>(\$42,967)</b>	<b>\$233,392</b>	<b>\$95,893</b>
<b>Total Net Surplus/(Loss)</b>	<b>(\$31,866)</b>	<b>(\$618,779)</b>	<b>(\$1,218,833)</b>	<b>(\$995,521)</b>	<b>(\$1,181,486)</b>	<b>(\$70,856)</b>
<b>Change in Unrestricted Cash/(Losses) on Assets</b>	<b>0</b>	<b>0</b>	<b>(\$67,380)</b>			
<b>Increased/Decreased in Unrestricted Net Assets</b>	<b>(\$31,866)</b>	<b>(\$618,779)</b>	<b>(\$1,306,213)</b>	<b>(\$995,521)</b>	<b>(\$1,181,486)</b>	<b>(\$70,856)</b>
<b>Operating Margin</b>	<b>0.04%</b>	<b>-7.65%</b>	<b>-12.85%</b>	<b>-8.85%</b>	<b>-17.04%</b>	<b>-8.41%</b>
<b>Total Profit Margin</b>	<b>-0.33%</b>	<b>-7.70%</b>	<b>-14.53%</b>	<b>-10.32%</b>	<b>-14.24%</b>	<b>-8.40%</b>
<b>EBITDA</b>	<b>7.77%</b>	<b>1.88%</b>	<b>-8.83%</b>	<b>-1.38%</b>	<b>-8.81%</b>	<b>-1.38%</b>

Actual 2/28/2022	Actual 1/31/2022	Actual 12/31/2021	Actual 10/30/2021	Actual 10/14/2021	Actual 9/30/2021
\$3,570,754	\$3,593,344	\$3,991,947	\$3,635,525	\$3,992,930	\$3,933,540
\$11,321,452	\$11,144,237	\$12,775,161	\$11,289,991	\$10,574,893	\$10,541,547
\$1,734,823	\$1,492,420	\$1,997,053	\$1,622,639	\$1,896,739	\$1,419,716
\$179,365	\$315,955	\$357,797	\$254,993	\$239,939	\$375,840
\$16,093,394	\$16,505,955	\$19,391,956	\$16,713,815	\$16,593,199	\$16,370,651
\$7,826,995	\$7,999,958	\$9,555,249	\$7,294,927	\$7,994,941	\$7,891,953
\$1,205,992	\$1,242,529	\$1,690,999	\$1,129,591	\$999,293	\$722,949
(\$9,999)	\$27,295	\$235,434	(\$19,194)	(\$17,919)	\$592,179
\$9,927,499	\$9,159,792	\$9,799,791	\$9,499,294	\$9,997,129	\$9,997,129
\$7,975,994	\$7,999,993	\$9,211,999	\$8,397,519	\$9,799,999	\$9,993,531
156,999	227,299	179,924	99,925	137,292	99,543
\$9,132,992	\$7,974,991	\$9,397,799	\$8,398,144	\$9,943,399	\$9,994,974
\$3,546,337	\$3,979,999	\$3,957,199	\$3,729,999	\$4,199,999	\$3,779,223
\$1,455,793	\$1,492,999	\$973,991	\$1,999,993	\$1,519,419	\$1,979,997
\$932,212	\$923,939	\$459,979	\$419,179	\$391,997	\$394,999
\$377,123	\$492,794	\$499,149	\$394,979	\$392,993	\$399,791
\$919,999	\$949,993	\$399,794	\$491,277	\$399,939	\$433,993
\$1,292,945	\$1,119,997	\$1,999,777	\$1,435,999	\$1,394,997	\$1,977,993
\$91,746	\$197,997	\$199,799	\$92,733	\$91,997	\$99,999
\$927,377	\$543,999	\$931,972	\$731,997	\$912,137	\$933,319
\$49,945	\$51,799	\$51,294	\$51,294	\$51,494	\$99,946
\$294,297	\$199,192	\$199,727	\$241,519	\$222,475	\$199,297
\$99,914	\$47,999	\$99,297	\$55,342	\$99,923	\$54,999
\$991,491	\$999,999	\$999,395	\$921,714	\$929,992	\$991,412
\$9,927,992	\$9,943,999	\$9,993,939	\$9,294,994	\$9,993,939	\$9,992,919
(\$1,294,999)	(\$1,399,919)	\$394,295	(\$399,297)	\$399,939	\$491,199
7,177	6,394	19,129	14,192	11,919	12,534
29	199	19	147	593	295
(\$9,979)	(\$249,799)	4,979	(\$111,599)	(\$97,779)	(\$111,399)
13,994	\$799,579	\$99,732	14,994	\$33,411	11,593
(\$19,999)	\$1,997,395	\$393,944	(\$92,999)	\$439,999	(\$97,197)
(\$1,311,999)	\$197,946	\$99,799	(\$949,199)	\$99,933	\$374,912
(\$1,311,999)	\$197,946	\$99,799	(\$949,199)	\$99,933	\$374,912
-9.92%	-19.99%	3.24%	-9.33%	3.99%	4.92%
-9.19%	2.21%	9.47%	-11.32%	9.27%	3.97%
-9.77%	-9.42%	9.42%	-2.92%	9.99%	19.99%



## Statement of Cash Flows

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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## ROCK SPRINGS, WY

Two months ended August 31, 2022

	CASH FLOW	
	Current Month 8/31/2022	Current Year-To-Date 8/31/2022
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	(\$31,665)	(\$648,126)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	750,061	1,489,587
(Increase)/Decrease in Net Patient Accounts Receivable	(1,070,451)	(2,586,409)
(Increase)/Decrease in Other Receivables	(309,540)	(774,634)
(Increase)/Decrease in Inventories	7,171	(30,232)
(Increase)/Decrease in Pre-Paid Expenses	(56,820)	(150,451)
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	813,890	829,482
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	342,920	599,444
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	157,080	314,161
<b>Net Cash Provided by Operating Activities:</b>	<b>602,645</b>	<b>(957,179)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of Property, Plant and Equipment	(173,103)	(282,691)
(Increase)/Decrease in Limited Use Cash and Investments	(136,780)	2,209,485
(Increase)/Decrease in Other Limited Use Assets	13,614	(43,332)
(Increase)/Decrease in Other Assets	8,162	16,324
<b>Net Cash Used by Investing Activities</b>	<b>(288,106)</b>	<b>1,899,787</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	(104,263)	(238,393)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(734,863)	(1,428,650)
<b>Net Cash Used for Financing Activities</b>	<b>(839,126)</b>	<b>(1,667,043)</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>0</b>	<b>(0)</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>(524,586)</b>	<b>(724,435)</b>
Cash, Beginning of Period	6,974,080	7,173,928
<b>Cash, End of Period</b>	<b>\$6,449,493</b>	<b>\$6,449,493</b>

# Patient Statistics

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### ROCK SPRINGS, WY

Two months ended August 31, 2022

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Current Month				Year-To-Date				
Actual 08/31/22	Budget 08/31/22	Positive/ (Negative) Variance	Prior Year 08/31/21	STATISTICS	Actual 08/31/22	Budget 08/31/22	Positive/ (Negative) Variance	Prior Year 08/31/21
				Discharges				
109	112	(3)	112	Acute	224	227	(3)	227
109	112	(3)	112	Total Adult Discharges	224	227	(3)	227
32	35	(3)	35	Newborn	69	70	(1)	70
141	147	(6)	147	Total Discharges	293	297	(4)	297
				Patient Days:				
415	368	47	368	Acute	778	715	63	715
415	368	47	368	Total Adult Patient Days	778	715	63	715
53	54	(1)	54	Newborn	116	112	4	112
468	422	46	422	Total Patient Days	894	827	67	827
				Average Length of Stay (ALOS)				
3.8	3.3	0.5	3.3	Acute	3.5	3.1	0.3	3.1
3.8	3.3	0.5	3.3	Total Adult ALOS	3.5	3.1	0.3	3.1
1.7	1.5	0.1	1.5	Newborn ALOS	1.7	1.6	0.1	1.6
				Average Daily Census (ADC)				
13.4	11.9	1.5	11.9	Acute	12.5	11.5	1.0	11.5
13.4	11.9	1.5	11.9	Total Adult ADC	12.5	11.5	1.0	11.5
1.7	1.7	(0.0)	1.7	Newborn	1.9	1.6	0.1	1.8
				Emergency Room Statistics				
120	116	4	116	ER Visits - Admitted	225	232	(7)	232
1,106	1,225	(59)	1,225	ER Visits - Discharged	2,434	2,450	(16)	2,450
1,286	1,341	(55)	1,341	Total ER Visits	2,660	2,682	(23)	2,682
9.33%	8.65%		8.65%	% of ER Visits Admitted	8.46%	8.65%		8.65%
110.00%	102.57%		103.57%	ER Admissions as a % of Total	100.45%	102.20%		102.20%
				Outpatient Statistics:				
7,711	10,361	(2,650)	10,361	Total Outpatients Visits	14,067	19,936	(5,869)	18,723
0	117	(117)	117	Observation Bed Days	0	235	(235)	235
5,559	5,048	511	5,048	Clinic Visits - Primary Care	9,484	9,484	(0)	9,484
554	447	107	447	Clinic Visits - Specialty Clinics	964	964	(0)	964
30	19	11	19	IP Surgeries	48	42	6	42
139	72	67	72	OP Surgeries	232	197	35	197
				Productivity Statistics:				
437.77	465.19	(27.42)	452.14	FTE's - Worked	433.40	465.19	(31.79)	447.14
494.22	511.59	(17.37)	501.52	FTE's - Paid	493.40	511.59	(18.19)	499.90
1.1800	1.4585	(0.28)	1.4585	Case Mix Index - Medicare	1.3500	0.0000	1.35	1.6127
1.1800	1.1189	0.06	1.1189	Case Mix Index - All payers	1.1650	0.0000	1.17	1.1773

# Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY

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08/31/22

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	77.91	76.31
Net Days in Accounts Receivable	72.70	65.76
Number of Gross Days in Unbilled Revenue	21.87	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	21.55%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.82%	1.20%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.67%	1.23%
Bad Debts as a % of Gross Patient Revenue - Current Month	-0.16%	6.51%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	2.99%	6.64%
Collections as a Percentage of Net Revenue - Current Month	87.58%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	84.46%	100% or >
Percentage of Blue Cross Receivable > 90 Days	9.67%	< 10%
Percentage of Insurance Receivable > 90 Days	32.89%	< 15%
Percentage of Medicaid Receivable > 90 Days	23.32%	< 20%
Percentage of Medicare Receivable > 60 Days	29.15%	< 6%



# Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Two months ended August 31, 2022

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	1,454,152	8.99%	210,354	0.59%
Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include ER visits and Outpatient visits. Average Daily Census is 13.4 in August which is over budget by 1.5				
Deductions from Revenue	(622,455)	-6.73%	438,307	2.40%
Deductions from revenue are under budget for August and under budget year to date. They are currently booked at 50.6% for August and 49.9% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.				
Bad Debt Expense	1,200,586	102.73%	1,289,900	54.79%
Bad debt expense is booked at -0.0001% for August and 3.0% year to date.				
Charity Care	57,335	26.57%	137,172	45.36%
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	(135,974)	-46.05%	22,746	5.03%
Other Operating Revenue is under budget for the month and is over budget year to date.				
Salaries and Wages	65,192	1.76%	296,768	3.89%
Salary and Wages are under budget in August and are under budget year to date. Paid FTEs are under budget by 17.97 FTEs for the month and over 18.19 FTEs year to date.				
Fringe Benefits	(365,555)	-42.99%	(348,194)	-17.87%
Fringe benefits are over budget in August and over budget year to date.				
Contract Labor	(105,407)	-24.97%	(274,037)	-30.95%
Contract labor is over budget for August and over budget year to date. Med/Surg, L&D, Dialysis, Ultrasound, ER, Lab, Respiratory Therapy and Social Services are over budget.				

# Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

Two months ended August 31, 2022

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	(6,830)	-2.25%	(109)	-0.02%
Physician fees over budget in August and over budget year to date. ER & Hospitalists and Locums are over budget in August.				
Purchased Services	(1,140)	-0.20%	10,302	1.51%
Purchased services are over budget for August and under budget year to date. Expenses over budget are Dept Mgmt Service and Collection Agency				
Supply Expense	(355,754)	-25.17%	(286,730)	-10.65%
Supplies are over budget for August and over budget year to date. Line items over budget include Radioactive materials, chargeables, implants and maintenance supplies				
Repairs & Maintenance	(6,582)	-1.22%	(12,380)	-1.14%
Repairs and Maintenance are over budget for August and over budget year to date.				
All Other Operating Expenses	(2,879)	-1.24%	(10,004)	-2.12%
This expense is over budget in August and over budget year to date. Other expenses over budget are Physician recruitment, Employee Recruitment and pharmacy floor direct				
Leases and Rentals	(6,952)	-38.89%	(14,451)	-39.91%
This expense is over budget for August and is over budget year to date				
Depreciation and Amortization	(4,432)	-0.59%	7,479	0.50%
Depreciation is over budget for August and is under budget year to date				
<b>BALANCE SHEET</b>				
Cash and Cash Equivalents	(\$524,586)	-7.52%		
Cash decreased in August. Cash collections for August were \$6.3 million. Days Cash on Hand decreased to 90 days.				
Gross Patient Accounts Receivable	\$1,362,027	3.16%		
This receivable increased in August due to Comer				

## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING Two months ended August 31, 2022

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Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.  
Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	(291,576)	-1.24%		
Bad Debt and Allowances increased.				
Other Receivables	309,540	13.79%		
Other Receivables increased in August due to county and occ med invoices and retention bonuses.				
Prepaid Expenses	56,820	2.74%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	123,165	0.62%		
These assets increased due to payment on the bonds				
Plant Property and Equipment	(576,958)	-0.81%		
The decrease in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	(813,890)	-15.52%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(382,446)	-18.85%		
This liability increased in August. The payroll accrual for August was 17 days.				
Accrued Benefits	49,526	1.79%		
This liability decreased in August with the normal accrual and usage of PTO				
Other Current Liabilities	(157,080)	-20.00%		
This liability increased for August due to the accrued interest & principal on the bonds				
Other Long Term Liabilities	734,863	21.41%		
This liability decreased due the payment of accelerated medicare				
Total Net Assets	30,213	0.04%		
The net gain from operations for August is \$4,235				



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

PHYSICIAN CLINICS

**Unaudited Financial Statements**

**for**

**Two months ended August 31, 2022**

**Certification Statement:**

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

**Certified by:**

**Tami Love**

**Chief Financial Officer**

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**ROCK SPRINGS, WY**  
**Two months ended August 31, 2022**

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**Key Financial Ratios****MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 2****ROCK SPRINGS, WY****Two months ended August 31, 2022****- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET**

	Month to Date 8/31/2022	Year to Date 8/31/2022	Prior Fiscal Year End 06/30/22	MGMA Hospital Owned Rural
<b>Profitability:</b>				
Operating Margin	-10.87%	-33.62%	-6.33%	-36.58%
Total Profit Margin	-10.87%	-33.62%	-4.05%	-36.58%
Contractual Allowance %	43.59%	43.42%	44.30%	
<b>Liquidity:</b>				
Net Days in Accounts Receivable	48.45	51.43	65.76	39.58
Gross Days in Accounts Receivable	52.03	59.49	76.31	72.82
<b>Productivity and Efficiency:</b>				
Patient Visits Per Day	179.32	152.65	155.29	
Total Net Revenue per FTE	N/A	\$189,642	\$204,705	
Salary Expense per Paid FTE	N/A	\$176,941	\$102,150	
Salary and Benefits as a % of Net Revenue	91.04%	110.07%	58.36%	91.26%
Employee Benefits %	19.83%	17.97%	28.35%	6.10%

# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 3

ROCK SPRINGS, WY

Two months ended August 31, 2022

	CURRENT MONTH				Prior Year 08/31/21
	Actual 08/31/22	Budget 08/31/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,356,988	1,936,285	420,703	21.73%	1,520,956
Specialty Clinic Revenue	0	0	0	0.00%	171,175
Total Gross Patient Revenue	2,356,988	1,936,285	420,703	21.73%	1,692,131
Deductions From Revenue					
Discounts and Allowances	(1,027,367)	(860,629)	(166,738)	-19.37%	(767,972)
Total Deductions From Revenue	(1,027,367)	(860,629)	(166,738)	-19.37%	(767,972)
Net Patient Revenue	1,329,621	1,075,656	253,965	23.61%	934,159
Other Operating Revenue	42,453	53,134	(10,681)	-20.10%	56,240
Total Operating Revenue	1,372,073	1,128,790	243,284	21.55%	990,399
Operating Expenses					
Salaries and Wages	1,042,504	1,130,598	88,094	7.79%	1,137,088
Fringe Benefits	206,681	170,905	(35,776)	-20.93%	137,188
Contract Labor	0	0	0	0.00%	0
Physicians Fees	59,970	102,090	42,120	41.26%	52,965
Purchased Services	9,056	7,427	(1,630)	-21.94%	14,504
Supply Expense	19,379	18,798	(582)	-3.09%	14,325
Utilities	1,907	2,493	586	23.51%	1,873
Repairs and Maintenance	13,311	18,023	4,712	26.14%	16,272
Insurance Expense	16,625	16,709	84	0.50%	14,844
All Other Operating Expenses	140,639	116,080	(24,559)	-21.16%	95,119
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,013	3,501	488	13.95%	4,755
Depreciation and Amortization	8,110	6,849	(1,261)	-18.41%	11,086
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,521,195	1,593,471	72,276	4.54%	1,500,019
Net Operating Surplus/(Loss)	(149,122)	(464,681)	315,560	-67.91%	(509,620)
Total Net Surplus/(Loss)	(149,122)	(464,681)	315,560	-67.91%	(509,620)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(149,122)	(464,681)	315,560	-67.91%	(509,620)
Operating Margin	-10.87%	-41.17%			-51.46%
Total Profit Margin	-10.87%	-41.17%			-51.46%
EBIDA	-10.28%	-40.56%			-50.34%

# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Two months ended August 31, 2022

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	YEAR-TO-DATE				Prior Year 08/31/21
	Actual 08/31/22	Budget 08/31/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	4,156,557	3,895,302	261,254	6.71%	3,002,894
Specialty Clinic Revenue	0	0	0	0.00%	405,404
Total Gross Patient Revenue	4,156,557	3,895,302	261,254	6.71%	3,408,298
Deductions From Revenue					
Discounts and Allowances	(1,804,916)	(1,729,537)	(75,379)	-4.36%	(1,540,072)
Total Deductions From Revenue	(1,804,916)	(1,729,537)	(75,379)	-4.36%	(1,540,072)
Net Patient Revenue	2,351,640	2,165,765	185,875	8.58%	1,868,226
Other Operating Revenue	84,969	105,241	(20,272)	-19.26%	110,662
Total Operating Revenue	2,436,609	2,271,006	165,603	7.29%	1,978,888
Operating Expenses					
Salaries and Wages	2,273,410	2,265,517	(7,893)	-0.35%	2,260,586
Fringe Benefits	408,521	381,441	(27,080)	-7.10%	308,876
Contract Labor	0	0	0	0.00%	0
Physicians Fees	143,735	204,180	60,445	29.60%	118,924
Purchased Services	16,880	14,471	(2,409)	-16.65%	26,030
Supply Expense	37,247	45,413	8,166	17.98%	39,399
Utilities	2,898	4,993	2,094	41.95%	3,415
Repairs and Maintenance	27,209	41,995	14,786	35.21%	33,209
Insurance Expense	33,365	33,418	53	0.16%	29,687
All Other Operating Expenses	290,716	238,612	(52,105)	-21.84%	235,173
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	5,617	7,040	1,424	20.22%	8,007
Depreciation and Amortization	16,220	13,702	(2,518)	-18.38%	22,209
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	3,255,817	3,250,780	(5,036)	-0.15%	3,085,517
Net Operating Surplus/(Loss)	(819,207)	(979,774)	160,567	-16.39%	(1,106,629)
Total Net Surplus/(Loss)	(819,207)	(979,774)	\$160,567	-16.39%	(\$1,106,629)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(819,207)	(979,774)	\$160,567	-16.39%	(\$1,106,629)
Operating Margin	-33.62%	-43.14%			-55.92%
Total Profit Margin	-33.62%	-43.14%			-55.92%
EBIDA	-32.96%	-42.54%			-54.80%



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

**PAGE 5**

	Actual 8/31/2022	Actual 6/30/2022	Actual 5/31/2022	Actual 4/30/2022
Gross Patient Revenue				
Clinic Revenue	\$2,356,988	\$1,448,630	\$1,308,000	\$1,528,815
Specialty Clinic Revenue	\$0	\$343,874	\$161,892	\$298,058
Total Gross Patient Revenue	\$2,356,988	\$1,792,504	\$1,470,752	\$1,886,871
Deductions From Revenue				
Discounts and Allowances	(\$1,027,367)	(\$814,085)	(\$701,578)	(\$869,032)
Total Deductions From Revenue	(\$1,027,367)	(\$814,085)	(\$701,578)	(\$869,032)
Net Patient Revenue	\$1,329,621	\$978,219	\$769,173	\$1,017,838
Other Operating Revenue	\$42,453	\$46,757	\$59,125	\$58,845
Total Operating Revenue	1,372,073	1,024,977	828,299	1,076,684
Operating Expenses				
Salaries and Wages	\$1,042,504	\$1,061,614	\$940,167	\$1,037,659
Fringe Benefits	\$208,681	\$149,134	\$184,159	\$208,715
Contract Labor	\$0	\$0	\$0	\$0
Physicians Fees	\$59,970	\$146,371	\$114,521	\$46,485
Purchased Services	\$9,686	\$15,910	\$13,208	\$12,175
Supply Expense	\$18,379	\$21,967	\$15,954	\$19,891
Utilities	\$1,907	\$2,404	\$1,933	\$1,872
Repairs and Maintenance	\$13,311	\$16,834	\$16,580	\$16,968
Insurance Expense	\$16,825	\$13,811	\$13,611	\$13,611
All Other Operating Expenses	\$140,639	\$63,557	\$82,775	\$134,676
Bad Debt Expense (Non-Governmental Providers)				
Leases and Rentals	\$3,013	\$4,093	\$4,022	\$3,037
Depreciation and Amortization	\$8,110	\$12,936	\$12,937	\$12,968
Interest Expense (Non-Governmental Providers)				
Total Operating Expenses	\$1,521,195	\$1,508,431	\$1,398,867	\$1,505,086
Net Operating Surplus/(Loss)	(\$149,122)	(\$483,454)	(\$571,568)	(\$429,373)
Total Net Surplus/(Loss)	(\$149,122)	(\$483,454)	(\$571,568)	(\$429,373)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0
Increase/(Decrease) In Unrestricted Net Assets	(\$149,122)	(\$483,454)	(\$571,568)	(\$429,373)
Operating Margin	-10.87%	-47.17%	-69.01%	-39.85%
Total Profit Margin	-10.87%	-47.17%	-69.01%	-39.85%
EBIDA	-10.26%	-45.91%	-67.44%	-38.67%

Actual 3/31/2022	Actual 2/28/2022	Actual 1/31/2022	Actual 12/31/2021	Actual 11/30/2021	Actual 10/31/2021	Actual 9/30/2021	Actual 8/31/2021
\$1,451,105	\$1,300,086	\$1,410,642	\$1,374,626	\$1,444,083	\$1,435,042	\$1,264,797	\$1,333,361
\$342,042	\$281,294	\$311,512	\$321,541	\$326,942	\$234,817	\$351,223	\$165,452
\$1,793,147	\$1,581,380	\$1,722,154	\$1,696,166	\$1,771,035	\$1,669,859	\$1,616,020	\$1,498,813
(\$826,370)	(\$758,645)	(\$896,394)	(\$741,684)	(\$787,893)	(\$765,733)	(\$741,674)	(\$703,186)
(\$826,370)	(\$758,645)	(\$896,394)	(\$741,684)	(\$787,893)	(\$765,733)	(\$741,674)	(\$703,186)
\$964,777	\$822,735	\$825,759	\$954,482	\$983,142	\$904,126	\$874,346	\$795,627
\$59,103	\$95,776	\$70,558	\$67,749	\$70,839	\$74,395	\$75,030	\$75,344
1,023,880	888,510	956,317	1,022,231	1,053,982	978,521	949,376	870,971
\$1,142,213	\$1,104,879	\$1,132,930	\$1,137,133	\$1,211,751	\$1,086,459	\$1,086,987	\$984,249
\$216,355	\$240,814	\$263,026	\$168,192	\$149,894	\$164,048	\$149,004	\$144,807
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$90,939	\$93,378	\$76,208	\$140,801	\$122,258	\$145,489	\$79,510	\$64,083
\$15,367	\$13,204	\$15,024	\$12,233	\$12,756	\$14,882	\$15,580	\$5,196
\$18,548	\$17,037	\$14,651	\$12,388	\$12,806	\$13,359	\$15,226	\$9,216
\$1,875	\$1,896	\$1,810	\$594	\$2,122	\$972	\$647	\$979
\$18,493	\$18,542	\$17,458	\$19,895	\$20,740	\$18,512	\$18,458	\$25,877
\$13,611	\$13,611	\$13,611	\$13,611	\$13,611	\$13,294	\$13,294	\$11,873
\$105,518	\$95,431	\$91,548	\$109,020	\$82,354	\$103,990	\$88,010	\$82,041
\$3,450	\$3,319	\$3,032	\$2,388	\$3,871	\$3,239	\$2,177	\$3,852
\$17,183	\$18,273	\$18,273	\$18,841	\$18,841	\$18,214	\$18,290	\$18,615
\$1,653,583	\$1,620,324	\$1,647,671	\$1,634,705	\$1,650,804	\$1,582,457	\$1,467,181	\$1,333,588
(\$559,703)	(\$731,814)	(\$591,254)	(\$512,474)	(\$586,823)	(\$503,935)	(\$537,805)	(\$462,618)
(\$559,703)	(\$731,814)	(\$591,254)	(\$512,474)	(\$586,823)	(\$503,935)	(\$537,805)	(\$462,618)
0	0	0	0	0	0	0	0
(\$559,703)	(\$731,814)	(\$591,254)	(\$512,474)	(\$586,823)	(\$503,935)	(\$537,805)	(\$462,618)
-54.66%	-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%	-53.12%
-54.66%	-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%	-53.12%
-52.98%	-80.31%	-70.37%	-58.09%	-54.86%	-59.86%	-54.72%	-50.90%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Two months ended August 31, 2022

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative) Variance	Prior Year		Actual	Budget	Positive/ (Negative) Variance	Prior Year
08/31/22	08/31/22		08/31/21		08/31/22	08/31/22		08/31/21
Outpatient Statistics:								
5,559	5,048	511	3,928	Clinic Visits - Primary Care	9,464	9,484	(20)	7,752
554	447	107	593	Clinic Visits - Specialty Clinics	960	964	(4)	1,092
Productivity Statistics:								
66.17	68.58	(2.41)	61.30	FTE's - Worked	35.09	68.57	(33.48)	61.79
77.20	75.35	1.85	70.18	FTE's - Paid	75.64	75.35	0.29	69.79

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
CASH DISBURSEMENT SUMMARY FOR AUGUST 22**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	533	9,743,026.15
CAPITAL EQUIPMENT (PLANT FUND)	3	45,439.50
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	221,284.37
PAYROLL AUGUST 4, 2022		1,583,694.54
PAYROLL AUGUST 18, 2022		1,613,490.75
TOTAL CASH OUTFLOW		<u>\$10,009,750.02</u>
CASH COLLECTIONS		\$8,698,557.13
INCREASE/DECREASE IN CASH		-\$1,311,192.89

**PLANT FUND CASH DISBURSEMENTS  
FISCAL YEAR 2023**

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

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

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

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

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001174	8/4/2022	WESTERN ENGINEERS & GEOLO	200.75	BUILDING AUTOMATION		
001175	8/4/2022	WYLIE CONSTRUCTION INC.	61,978.36	BULK OXYGEN		
001176	8/12/2022	PLAN ONE/ARCHITECTS	2,025.00	MOB ENTRY		
WF DEBT	8/16/2022	WF DEBT SERVICE	157,080.26	WF DEBT SERVICE		
<b>AUGUST TOTALS</b>					<b>221,284.37</b>	<b>476,496.14</b>

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
8/31/2022

Amount	Description
23,485.65	Advertising Total
1,524.77	Billing Services Total
4,707.14	Blood Total
3,500.00	Building Lease Total
54,221.32	Collection Agency Total
1,195.68	Computer Equipment Total
589,080.64	Contract Maintenance Total
640,517.31	Contract Personnel Total
1,165.28	Credit Card Payment Total
22,261.14	Dental Insurance Total
5,427.80	Dialysis Supplies Total
40,422.00	Education & Travel Total
488.00	Education Material Total
24,922.95	Employee Recruitment Total
6,772.58	Employee Vision Plan Total
92,861.05	Equipment Lease Total
4,316.65	Food Total
1,729.29	Freight Total
1,253.39	Fuel Total
4,909.43	Garbage Collection Total
868,620.51	Group Health Total
235,752.32	Hospital Supplies Total
54,868.17	Implant Supplies Total
24,202.10	Insurance Premiums Total
229,372.09	Insurance Refund Total
126,434.30	Laboratory Services Total
89,345.38	Laboratory Supplies Total
8,242.50	Legal Fees Total
2,344.84	Life Insurance Total
22,027.46	Maintenance & Repair Total
20,533.57	Maintenance Supplies Total
44,894.85	Membership Total
4,106.14	MHSC Foundation Total
2,116.48	Minor Equipment Total
509.00	Monthly Pest Control Total
5,069.15	Non Medical Supplies Total
3,734.50	Office Supplies Total
2,695.50	Other Employee Benefits Total
674.71	Other Purchased Services Total
932.94	Oxygen Rental Total
5,034.96	Patient Refund Total
1,339.24	Payroll Deduction Total
14,517.68	Payroll Garnishment Total
4,500,000.00	Payroll Transfer Total
954,249.50	Pharmacy Management Total
2,923.15	Physician Recruitment Total
35,000.00	Physician Retention Total

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378,219.61	Physician Services Total
14,166.68	Physician Student Loan Total
31,004.37	Professional Service Total
16,904.21	Radiology Material Total
31,911.54	Reimbursement - CME Total
19,362.12	Reimbursement - Education & Travel Total
246.73	Reimbursement - Hospital Supplies Total
383.82	Reimbursement - Non Hospital Supplies Total
1,117.08	Reimbursement - Payroll Deduction Total
324,038.84	Retirement Total
824.79	Sales Tax Payment Total
100.00	Scholarship Total
5,280.00	Sponsorship Total
25,234.77	Surgery Supplies Total
12,182.50	Survey Expenses Total
91,342.98	Utilities Total
2,960.00	WCRS Grant Total
3,443.00	Window Cleaning Total
9,743,026.15	Grand Total



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Check Number	Date	Vendor Check Name	Amount	Description
187560	8/12/2022	ARVIG MEDIA	2,403.00	Advertising
187822	8/25/2022	BEST VERSION MEDIA LLC	387.20	Advertising
187518	8/4/2022	PILOT BUTTE BROADCASTING	650.00	Advertising
187629	8/12/2022	ROCKET MINER	33.00	Advertising
187750	8/17/2022	ROCKET MINER	825.00	Advertising
187632	8/12/2022	ROYAL FLUSH ADVERTISING	587.50	Advertising
187887	8/25/2022	SARATOGA SUN	990.66	Advertising
187633	8/12/2022	SCORPION HEALTHCARE LLC	9,052.64	Advertising
187643	8/12/2022	SWEETWATER NOW, LLC	2,900.00	Advertising
187646	8/12/2022	THE RADIO NETWORK	2,916.65	Advertising
EFT000000007578	7/4/2022	LAMAR ADVERTISING	412.00	Advertising
EFT000000007621	8/4/2022	LAMAR ADVERTISING	412.00	Advertising
EFT000000007638	8/12/2022	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000007648	8/17/2022	LAMAR ADVERTISING	1,236.00	Advertising
EFT000000007657	8/25/2022	GREEN RIVER STAR	400.00	Advertising
187480	8/4/2022	CSG, LLC	1,414.67	Billing Services
187903	8/25/2022	TRUE COMMENCE, INC	110.10	Billing Services
187762	8/17/2022	VITALANT	4,707.14	Blood
187837	8/25/2022	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
187484	8/4/2022	COLLECTION PROFESSIONALS, INC	135.00	Collection Agency
187542	8/4/2022	WAKEFIELD & ASSOCIATES, INC.	40,386.32	Collection Agency
187810	8/22/2022	WAKEFIELD & ASSOCIATES, INC.	13,700.00	Collection Agency
187572	8/12/2022	CDW GOVERNMENT LLC	1,195.68	Computer Equipment
187691	8/17/2022	CDW GOVERNMENT LLC	922.20	Computer Equipment
187551	8/4/2022	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
187566	8/12/2022	BISCOM	1,273.25	Contract Maintenance
187574	8/12/2022	CERNER CORPORATION	940.00	Contract Maintenance
187632	8/25/2022	CERNER CORPORATION	5,835.04	Contract Maintenance
187584	8/12/2022	DINV GL USA, INC.	25,455.50	Contract Maintenance
187488	8/4/2022	DOCUSIGN, INC.	1,529.50	Contract Maintenance
187586	8/12/2022	E-LOCAL LINK, INC	1,500.00	Contract Maintenance
187708	8/17/2022	FRONT RANGE MOBILE IMAGING, INC.	9,076.00	Contract Maintenance
187493	8/4/2022	GE HEALTHCARE	24,986.60	Contract Maintenance
187597	8/12/2022	GE HEALTHCARE	355.20	Contract Maintenance
187709	8/17/2022	GE HEALTHCARE	10,082.00	Contract Maintenance
187665	8/12/2022	HARMONY HEALTHCARE IT	16,650.00	Contract Maintenance
187495	8/4/2022	INSIGHT SCREENING LLC	1,116.00	Contract Maintenance
187606	8/12/2022	INTOUCH HEALTH	7,248.00	Contract Maintenance
187863	8/25/2022	ISI WATER CHEMISTRIES	691.21	Contract Maintenance
187612	8/12/2022	MCKESSON HEALTH SOLUTIONS	1,051.85	Contract Maintenance
187812	8/23/2022	MCKESSON HEALTH SOLUTIONS	8,028.90	Contract Maintenance
187512	8/4/2022	NUANCE COMMUNICATIONS, INC	105.00	Contract Maintenance
187743	8/17/2022	PHILIPS MEDICAL SYSTEM N.A.CO	1,572.87	Contract Maintenance
187522	8/4/2022	REMI CORPORATION	2,821.96	Contract Maintenance
187636	8/12/2022	SIEMENS MEDICAL SOLUTIONS USA	2,875.42	Contract Maintenance
187754	8/17/2022	SIEMENS MEDICAL SOLUTIONS USA	12,074.01	Contract Maintenance
187889	8/25/2022	SIEMENS MEDICAL SOLUTIONS USA	10,950.00	Contract Maintenance
187904	8/25/2022	T-SYSTEM, INC	6,800.00	Contract Maintenance

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187650	8/12/2022	UNIDINE CORPORATION	53,550.46	Contract Maintenance
187905	8/25/2022	UNIDINE CORPORATION	275,302.02	Contract Maintenance
187906	8/25/2022	UNITED AUDIT SYSTEMS, INC.	11,094.25	Contract Maintenance
187657	8/12/2022	WORLDWASH LLC	1,450.00	Contract Maintenance
187658	8/12/2022	WYODATA SECURITY INC.	1,375.00	Contract Maintenance
EFT00000007613	8/4/2022	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
EFT00000007622	8/4/2022	MERGE HEALTHCARE SOLUTIONS, INC	71,446.94	Contract Maintenance
EFT00000007652	8/25/2022	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
W/T	8/8/2022	OPTIMIS	200.00	Contract Maintenance
W/T	8/22/2022	ORTHO TRIZETTO FEE	237.00	Contract Maintenance
W/T	8/19/2022	CARE CLOUD	349.00	Contract Maintenance
W/T	8/5/2022	ZENITH	420.42	Contract Maintenance
W/T	8/12/2022	CLINIC PHREESIA FEE	664.30	Contract Maintenance
W/T	8/22/2022	CLINIC TRIZETTO FEE	5,864.66	Contract Maintenance
187602	8/12/2022	HEALTHCARESOURCE HR, INC.	8,873.00	Contract Maintenance
187587	8/12/2022	ELWOOD STAFFING SERVICES, INC	2,325.24	Contract Personnel
187704	8/17/2022	ELWOOD STAFFING SERVICES, INC	2,324.50	Contract Personnel
187843	8/25/2022	ELWOOD STAFFING SERVICES, INC	3,237.31	Contract Personnel
187580	8/12/2022	FAVORITE HEALTHCARE STAFFING, INC.	5,242.50	Contract Personnel
187845	8/25/2022	FAVORITE HEALTHCARE STAFFING, INC.	3,633.00	Contract Personnel
187492	8/4/2022	FOCUSONE SOLUTIONS LLC	132,999.13	Contract Personnel
187595	8/12/2022	FOCUSONE SOLUTIONS LLC	261,330.13	Contract Personnel
187850	8/25/2022	FOCUSONE SOLUTIONS LLC	132,988.00	Contract Personnel
187618	8/12/2022	MICHAL ZANETTI LOVE	9,050.00	Contract Personnel
187525	8/4/2022	SARAH ROTH	180.00	Contract Personnel
187886	8/25/2022	SARAH ROTH	360.00	Contract Personnel
187529	8/4/2022	SOLIANT HEALTH	17,606.25	Contract Personnel
187892	8/25/2022	SOLIANT HEALTH	49,301.25	Contract Personnel
W/T	8/30/2022	UMB BANK	1,165.28	Credit Card Payment
187839	8/25/2022	DELTA DENTAL	22,261.14	Dental Insurance
187596	8/12/2022	FRESENIUS USA MARKETING, INC.	1,043.00	Dialysis Supplies
187707	8/17/2022	FRESENIUS USA MARKETING, INC.	3,411.71	Dialysis Supplies
187603	8/12/2022	HENRY SCHEIN INC	140.50	Dialysis Supplies
187715	8/17/2022	HENRY SCHEIN INC	314.75	Dialysis Supplies
EFT00000007619	8/4/2022	HENRY SCHEIN INC	132.60	Dialysis Supplies
EFT00000007646	8/17/2022	HENRY SCHEIN INC	132.60	Dialysis Supplies
EFT00000007659	8/25/2022	HENRY SCHEIN INC	252.64	Dialysis Supplies
187467	8/4/2022	ASHIE	150.00	Education & Travel
187768	8/17/2022	WOLTERS KLUWER LAW & BUSINESS	37,272.00	Education & Travel
187659	8/12/2022	WYOMING HOSPITAL ASSOCIATION	2,500.00	Education & Travel
187667	8/12/2022	WYOMING HOSPITAL ASSOCIATION	250.00	Education & Travel
187766	8/17/2022	WYOMING HOSPITAL ASSOCIATION	250.00	Education & Travel
187553	8/4/2022	MY EDUCATIONAL RESOURCES	270.00	Education Material
EFT00000007623	8/4/2022	MY EDUCATIONAL RESOURCES	218.00	Education Material
187826	8/25/2022	BRITTANY PATE	5,000.00	Employee Recruitment
187716	8/17/2022	HOLIDAY INN - ROCK SPRINGS	1,424.00	Employee Recruitment
187608	8/12/2022	JUAN RODRIGUEZ	10,000.00	Employee Recruitment
187866	8/25/2022	KACI POMRENKE	5,000.00	Employee Recruitment
187660	8/12/2022	WYOMING NURSES ASSOCIATION INC	500.00	Employee Recruitment

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EFT00000007628	8/4/2022	SST TESTING +, INC.	370.00	Employee Recruitment
187065	8/25/2022	JUAN RODRIGUEZ	2,628.95	Employee Recruitment
187541	8/4/2022	VISION SERVICE PLAN - WY	6,772.58	Employee Vision Plan
187478	8/4/2022	CAREFUSION SOLUTIONS, LLC	26,256.00	Equipment Lease
187829	8/25/2022	CAREFUSION SOLUTIONS, LLC	26,256.00	Equipment Lease
187487	8/4/2022	COPIER & SUPPLY COMPANY	115.00	Equipment Lease
187581	8/12/2022	COPIER & SUPPLY COMPANY	1,229.10	Equipment Lease
187699	8/17/2022	COPIER & SUPPLY COMPANY	299.51	Equipment Lease
187711	8/17/2022	GE HEALTHCARE FINANCIAL SERVICES	10,692.03	Equipment Lease
187526	8/4/2022	SHADOW MOUNTAIN WATER CO, WY	156.54	Equipment Lease
187753	8/17/2022	SHADOW MOUNTAIN WATER CO, WY	1,220.78	Equipment Lease
187527	8/4/2022	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
187550	8/4/2022	TIMEPAYMENT CORP	2,628.23	Equipment Lease
187761	8/17/2022	US BANK EQUIPMENT FINANCE	1,388.12	Equipment Lease
187909	8/25/2022	US BANK EQUIPMENT FINANCE	1,160.68	Equipment Lease
EFT00000007663	8/25/2022	TIMEPAYMENT CORP	3,019.33	Equipment Lease
187491	8/4/2022	F B MCFADDEN WHOLESALE	586.15	Food
187591	8/12/2022	F B MCFADDEN WHOLESALE	1,389.05	Food
187705	8/17/2022	F B MCFADDEN WHOLESALE	1,087.60	Food
187846	8/25/2022	F B MCFADDEN WHOLESALE	853.85	Food
187592	8/12/2022	FED EX	36.01	Freight
187847	8/25/2022	FED EX	214.84	Freight
187538	8/4/2022	UPS STORE	676.00	Freight
187852	8/12/2022	UPS STORE	672.00	Freight
187908	8/25/2022	UPS STORE	130.44	Freight
187627	8/12/2022	RED HORSE OIL COMPANIES INC	1,253.39	Fuel
EFT00000007649	8/17/2022	WWS - ROCK SPRINGS	4,909.43	Garbage Collection
W/T	8/4/2022	FURTHER ADMIN FEE	217.75	Group Health
W/T	8/26/2022	FURTHER FLEX 8/24/22	1,796.62	Group Health
W/T	8/12/2022	FURTHER FLEX 8/10/22	2,014.41	Group Health
W/T	8/19/2022	FURTHER FLEX 8/17/22	3,614.76	Group Health
W/T	8/5/2022	FURTHER FLEX 8/3/22	3,804.24	Group Health
W/T	8/19/2022	BLUE CROSS BLUE SHIELD 8/12/22	58,059.20	Group Health
W/T	8/12/2022	BLUE CROSS BLUE SHIELD 8/5/22	210,625.57	Group Health
W/T	8/5/2022	BLUE CROSS BLUE SHIELD 7/29/22	239,288.16	Group Health
W/T	8/26/2022	BLUE CROSS BLUE SHIELD 8/19/22	300,159.80	Group Health
187631	8/12/2022	ABBOTT NUTRITION	667.80	Hospital Supplies
187885	8/25/2022	ABBOTT NUTRITION	8.13	Hospital Supplies
187676	8/17/2022	AESCLAP INC	107.70	Hospital Supplies
187679	8/17/2022	APPLIED MEDICAL	1,044.00	Hospital Supplies
187818	8/25/2022	APPLIED MEDICAL	1,765.00	Hospital Supplies
187559	8/12/2022	ARTHREX INC.	3,034.00	Hospital Supplies
187563	8/12/2022	B BRAUN MEDICAL INC.	984.52	Hospital Supplies
187820	8/25/2022	B BRAUN MEDICAL INC.	976.00	Hospital Supplies
187883	8/17/2022	BARD PERIPHERAL VASCULAR INC	1,912.05	Hospital Supplies
187469	8/4/2022	BAXTER HEALTHCARE CORP/IV	17.02	Hospital Supplies
187562	8/12/2022	BAXTER HEALTHCARE CORP/IV	1,243.04	Hospital Supplies
187684	8/17/2022	BAXTER HEALTHCARE CORP/IV	14.59	Hospital Supplies
187564	8/12/2022	BIG MEDICAL LLC	2,400.00	Hospital Supplies

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187823	8/25/2022	BIG MEDICAL LLC	4,000.00	Hospital Supplies
187471	8/4/2022	BIOMET SPORTS MEDICINE	980.36	Hospital Supplies
187474	8/4/2022	BOSTON SCIENTIFIC CORP	6,745.00	Hospital Supplies
187568	8/12/2022	BOSTON SCIENTIFIC CORP	15,278.15	Hospital Supplies
187666	8/17/2022	BOSTON SCIENTIFIC CORP	3,622.31	Hospital Supplies
187824	8/25/2022	BOSTON SCIENTIFIC CORP	1,078.00	Hospital Supplies
187477	8/4/2022	CARDINAL HEALTH/V. MUELLER	29,124.90	Hospital Supplies
187571	8/12/2022	CARDINAL HEALTH/V. MUELLER	18,896.46	Hospital Supplies
187690	8/17/2022	CARDINAL HEALTH/V. MUELLER	10,171.23	Hospital Supplies
187828	8/25/2022	CARDINAL HEALTH/V. MUELLER	5,126.10	Hospital Supplies
187479	8/4/2022	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
187576	8/12/2022	COASTAL LIFE SYSTEMS, INC.	219.98	Hospital Supplies
187694	8/17/2022	COASTAL LIFE SYSTEMS, INC.	219.98	Hospital Supplies
187578	8/12/2022	CONE INSTRUMENTS	767.66	Hospital Supplies
187696	8/17/2022	CONE INSTRUMENTS	273.22	Hospital Supplies
187485	8/4/2022	COOK MEDICAL INC.	412.28	Hospital Supplies
187486	8/4/2022	COOK MEDICAL INCORPORATED	624.75	Hospital Supplies
187580	8/12/2022	COOK MEDICAL INCORPORATED	573.90	Hospital Supplies
187582	8/12/2022	DIAGNOSTICA STAGO INC	1,685.80	Hospital Supplies
187702	8/17/2022	DIAGNOSTICA STAGO INC	3,010.20	Hospital Supplies
187583	8/12/2022	DJ ORTHOPEDICS, LLC	357.23	Hospital Supplies
187703	8/17/2022	DJ ORTHOPEDICS, LLC	37.79	Hospital Supplies
187489	8/4/2022	EDGE PHARMACEUTICALS, LLC	1,027.84	Hospital Supplies
187585	8/12/2022	EDLAW PHARMACEUTICALS INC	77.50	Hospital Supplies
187588	8/12/2022	GENERAL HOSPITAL SUPPLY CORPORATION	228.00	Hospital Supplies
187852	8/25/2022	GENERAL HOSPITAL SUPPLY CORPORATION	262.00	Hospital Supplies
187601	8/12/2022	GYNEX CORP	298.90	Hospital Supplies
187713	8/17/2022	GYNEX CORP	113.40	Hospital Supplies
187857	8/25/2022	GYNEX CORP	204.45	Hospital Supplies
187714	8/17/2022	HEALTHCARE LOGISTICS INC	169.92	Hospital Supplies
187860	8/25/2022	HILL-ROM	4,122.51	Hospital Supplies
187861	8/25/2022	HOLOGIC, INC.	3,715.00	Hospital Supplies
187607	8/12/2022	J & J HEALTH CARE SYSTEMS INC	2,011.01	Hospital Supplies
187720	8/17/2022	J & J HEALTH CARE SYSTEMS INC	7,689.76	Hospital Supplies
187864	8/25/2022	J & J HEALTH CARE SYSTEMS INC	6,414.91	Hospital Supplies
187722	8/17/2022	KARL STORZ ENDOSCOPY-AMERICA	7,154.03	Hospital Supplies
187732	8/17/2022	M V A P MEDICAL SUPPLIES, INC.	220.00	Hospital Supplies
187503	8/4/2022	MARKET LAB, INC	1,023.90	Hospital Supplies
187727	8/17/2022	MASIMO AMERICAS, INC.	1,750.00	Hospital Supplies
187613	8/12/2022	MCKESSON MEDICAL-SURGICAL	101.84	Hospital Supplies
187611	8/23/2022	MCKESSON MEDICAL-SURGICAL	3,827.68	Hospital Supplies
187670	8/25/2022	MCKESSON MEDICAL-SURGICAL	461.13	Hospital Supplies
187671	8/25/2022	MEAD JOHNSON NUTRITION	91.00	Hospital Supplies
187872	8/25/2022	MEDI-DOSE INCORPORATED	114.69	Hospital Supplies
187617	8/12/2022	MERCURY MEDICAL	94.52	Hospital Supplies
187673	8/25/2022	MERCURY MEDICAL	196.58	Hospital Supplies
187619	8/12/2022	MICROTEK MEDICAL INC.	305.20	Hospital Supplies
187876	8/25/2022	MINDRAY DS USA, INC.	171.60	Hospital Supplies
187733	8/17/2022	NATUS MEDICAL INC	715.07	Hospital Supplies



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187621	8/12/2022	OLYMPUS AMERICA INC	5,263.18	Hospital Supplies
187878	8/25/2022	OLYMPUS AMERICA INC	115.92	Hospital Supplies
187549	8/4/2022	OVATION MEDICAL	215.65	Hospital Supplies
187514	8/4/2022	OWENS & MINOR 90005430	5,956.50	Hospital Supplies
187622	8/12/2022	OWENS & MINOR 90005430	14,253.26	Hospital Supplies
187737	8/17/2022	OWENS & MINOR 90005430	2,027.26	Hospital Supplies
187879	8/25/2022	OWENS & MINOR 90005430	7,829.88	Hospital Supplies
187625	8/12/2022	PERFORMANCE HEALTH SUPPLY INC	280.86	Hospital Supplies
187741	8/17/2022	PERFORMANCE HEALTH SUPPLY INC	57.81	Hospital Supplies
187880	8/25/2022	PERFORMANCE HEALTH SUPPLY INC	45.61	Hospital Supplies
187746	8/17/2022	RADIOMETER AMERICA INC	146.21	Hospital Supplies
187748	8/17/2022	RESPIRONICS	30.98	Hospital Supplies
187883	8/25/2022	RESPIRONICS	61.96	Hospital Supplies
187755	8/17/2022	SMITHS MEDICAL ASD INC	873.75	Hospital Supplies
187891	8/25/2022	SMITHS MEDICAL ASD INC	524.95	Hospital Supplies
187533	8/4/2022	STERIS CORPORATION	4,165.30	Hospital Supplies
187640	8/12/2022	STERIS CORPORATION	530.58	Hospital Supplies
187895	8/25/2022	STERIS CORPORATION	413.80	Hospital Supplies
187644	8/12/2022	TELEFLEX LLC	219.00	Hospital Supplies
187901	8/25/2022	TELEFLEX LLC	4,305.00	Hospital Supplies
187900	8/25/2022	TELEFLEX MEDICAL INC.	1,350.00	Hospital Supplies
187537	8/4/2022	TRI-ANIM HEALTH SERVICES INC	372.62	Hospital Supplies
187648	8/12/2022	TRI-ANIM HEALTH SERVICES INC	388.98	Hospital Supplies
187902	8/25/2022	TRI-ANIM HEALTH SERVICES INC	1,886.49	Hospital Supplies
187653	8/12/2022	UTAH MEDICAL PRODUCTS INC	523.67	Hospital Supplies
187911	8/25/2022	UTAH MEDICAL PRODUCTS INC	80.58	Hospital Supplies
187654	8/12/2022	VERATHON INC.	189.00	Hospital Supplies
187655	8/12/2022	VYAIR MEDICAL	2,510.83	Hospital Supplies
187763	8/17/2022	VYAIR MEDICAL	144.00	Hospital Supplies
187656	8/12/2022	WAXIE SANITARY SUPPLY	7,642.69	Hospital Supplies
EFT00000007616	8/4/2022	BREG INC	871.95	Hospital Supplies
EFT00000007618	8/4/2022	HARDY DIAGNOSTICS	848.72	Hospital Supplies
EFT00000007624	8/4/2022	OVATION MEDICAL	719.20	Hospital Supplies
EFT00000007629	8/4/2022	STRYKER INSTRUMENTS	1,384.76	Hospital Supplies
EFT00000007631	8/4/2022	ZOLL MEDICAL CORPORATION	1,113.84	Hospital Supplies
EFT00000007633	8/12/2022	BREG INC	170.24	Hospital Supplies
EFT00000007635	8/12/2022	HARDY DIAGNOSTICS	425.87	Hospital Supplies
EFT00000007636	8/12/2022	OVATION MEDICAL	811.72	Hospital Supplies
EFT00000007642	8/17/2022	BREG INC	438.92	Hospital Supplies
EFT00000007645	8/17/2022	HARDY DIAGNOSTICS	544.13	Hospital Supplies
EFT00000007650	8/17/2022	ZOLL MEDICAL CORPORATION	556.92	Hospital Supplies
EFT00000007655	8/25/2022	BREG INC	172.64	Hospital Supplies
EFT00000007658	8/25/2022	HARDY DIAGNOSTICS	1,482.21	Hospital Supplies
EFT00000007660	8/25/2022	OVATION MEDICAL	449.50	Hospital Supplies
EFT00000007661	8/25/2022	STRYKER INSTRUMENTS	1,485.62	Hospital Supplies
187513	8/4/2022	OSSIO, INC.	30,638.00	Implant Supplies
187736	8/17/2022	OSSIO, INC.	6,558.00	Implant Supplies
187516	8/4/2022	PARAGON 28 INC.	3,811.17	Implant Supplies
187528	8/4/2022	SKELETAL DYNAMICS LLC	8,216.00	Implant Supplies

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187760	8/17/2022	TREACE MEDICAL CONCEPTS, INC.	5,645.00	Implant Supplies
187907	8/25/2022	PROVIDENT LIFE & ACCIDENT	24,202.10	Insurance Premiums
187554	8/4/2022	INSURANCE REFUND	13,741.42	Insurance Refund
187789	8/17/2022	INSURANCE REFUND	20,368.09	Insurance Refund
187790	8/17/2022	INSURANCE REFUND	483.31	Insurance Refund
187791	8/17/2022	INSURANCE REFUND	24,137.84	Insurance Refund
187793	8/17/2022	INSURANCE REFUND	298.40	Insurance Refund
187772	8/17/2022	INSURANCE REFUND	17,278.96	Insurance Refund
187792	8/17/2022	INSURANCE REFUND	566.36	Insurance Refund
187806	8/17/2022	INSURANCE REFUND	127.35	Insurance Refund
187786	8/17/2022	INSURANCE REFUND	36.14	Insurance Refund
187787	8/17/2022	INSURANCE REFUND	61.57	Insurance Refund
187788	8/17/2022	INSURANCE REFUND	6,376.14	Insurance Refund
187794	8/17/2022	INSURANCE REFUND	51.31	Insurance Refund
187778	8/17/2022	INSURANCE REFUND	321.02	Insurance Refund
187783	8/17/2022	INSURANCE REFUND	86.45	Insurance Refund
187784	8/17/2022	INSURANCE REFUND	52.44	Insurance Refund
187785	8/17/2022	INSURANCE REFUND	1,037.40	Insurance Refund
187785	8/17/2022	INSURANCE REFUND	14,922.76	Insurance Refund
187795	8/17/2022	INSURANCE REFUND	13,039.10	Insurance Refund
187796	8/17/2022	INSURANCE REFUND	14,314.02	Insurance Refund
187797	8/17/2022	INSURANCE REFUND	14,030.44	Insurance Refund
187798	8/17/2022	INSURANCE REFUND	12,430.15	Insurance Refund
187799	8/17/2022	INSURANCE REFUND	1,911.72	Insurance Refund
187800	8/17/2022	INSURANCE REFUND	533.52	Insurance Refund
187801	8/17/2022	INSURANCE REFUND	533.52	Insurance Refund
187802	8/17/2022	INSURANCE REFUND	596.52	Insurance Refund
187803	8/17/2022	INSURANCE REFUND	14,086.30	Insurance Refund
187804	8/17/2022	INSURANCE REFUND	3,827.43	Insurance Refund
187805	8/17/2022	INSURANCE REFUND	533.52	Insurance Refund
187807	8/17/2022	INSURANCE REFUND	21,978.04	Insurance Refund
187779	8/17/2022	INSURANCE REFUND	1,045.43	Insurance Refund
187780	8/17/2022	INSURANCE REFUND	217.55	Insurance Refund
187781	8/17/2022	INSURANCE REFUND	20,809.42	Insurance Refund
187782	8/17/2022	INSURANCE REFUND	618.45	Insurance Refund
187777	8/17/2022	INSURANCE REFUND	838.00	Laboratory Services
187465	8/4/2022	ALLERMETRIX INC	4,447.64	Laboratory Services
187674	8/25/2022	METABOLIC NEWBORN SCREENING	8,381.32	Laboratory Services
187698	8/25/2022	SUMMIT PATHOLOGY	61,695.63	Laboratory Services
EFT000000007614	8/4/2022	AKUP LABORATORIES, INC.	51,048.16	Laboratory Services
EFT000000007653	8/25/2022	AKUP LABORATORIES, INC.	23.55	Laboratory Supplies
187556	8/12/2022	ANAEROBE SYSTEMS	144.00	Laboratory Supplies
187468	8/4/2022	ASSOCIATES OF CAPE COD INC	376.00	Laboratory Supplies
187682	8/17/2022	ASSOCIATES OF CAPE COD INC	50.36	Laboratory Supplies
187821	8/25/2022	BECKMAN COULTER, INC	3,948.71	Laboratory Supplies
187472	8/4/2022	BIOMERIEUX, INC.	8,190.34	Laboratory Supplies
187565	8/12/2022	BIOMERIEUX, INC.	2,047.00	Laboratory Supplies
187552	8/4/2022	BIO-RAD LABORATORIES	2,406.49	Laboratory Supplies
187476	8/4/2022	CARDINAL HEALTH	3,089.75	Laboratory Supplies
187570	8/12/2022	CARDINAL HEALTH		

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187689	8/17/2022	CARDINAL HEALTH	14,527.41	Laboratory Supplies
187827	8/25/2022	CARDINAL HEALTH	17,449.59	Laboratory Supplies
187573	8/12/2022	CEPHEID	2,051.52	Laboratory Supplies
187692	8/17/2022	CEPHEID	115.00	Laboratory Supplies
187831	8/25/2022	CEPHEID	3,535.00	Laboratory Supplies
187593	8/12/2022	FISHER HEALTHCARE	12,024.26	Laboratory Supplies
187706	8/17/2022	FISHER HEALTHCARE	1,403.99	Laboratory Supplies
187849	8/25/2022	FISHER HEALTHCARE	5,860.44	Laboratory Supplies
187616	8/12/2022	MERCEDES MEDICAL	163.19	Laboratory Supplies
187890	8/25/2022	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	134.06	Laboratory Supplies
187531	8/4/2022	STATLAB MEDICAL PRODUCTS	99.62	Laboratory Supplies
187894	8/25/2022	STATLAB MEDICAL PRODUCTS	2,245.15	Laboratory Supplies
187641	8/12/2022	STRECK LABORATORIES INC	188.55	Laboratory Supplies
187649	8/12/2022	TYPENEX MEDICAL, LLC	217.98	Laboratory Supplies
EFT000000007615	8/4/2022	BIO-RAD LABORATORIES	5,650.69	Laboratory Supplies
EFT000000007625	8/4/2022	PDC HEALTHCARE	101.64	Laboratory Supplies
EFT000000007641	8/17/2022	BIO-RAD LABORATORIES	1,005.26	Laboratory Supplies
EFT000000007654	8/25/2022	BIO-RAD LABORATORIES	1,930.61	Laboratory Supplies
EFT000000007662	8/25/2022	SYSMEX AMERICA INC.	378.77	Laboratory Supplies
187700	8/17/2022	CROWLEY FLECK ATTORNEYS	480.00	Legal Fees
187744	8/17/2022	PHILLIPS LAW, LLC	7,762.50	Legal Fees
187877	8/25/2022	NEW YORK LIFE INSURANCE COMPANY	2,344.84	Life Insurance
187677	8/17/2022	AGILITY SURGICAL EQUIPMENT REPAIR INC.	4,600.00	Maintenance & Repair
187557	8/12/2022	AMERIWATER	396.95	Maintenance & Repair
187482	8/4/2022	CLARK'S QUALITY ROOFING, INC	640.00	Maintenance & Repair
187585	8/12/2022	FAIRBANKS SCALES	798.00	Maintenance & Repair
187594	8/12/2022	FLOORING PROFESSIONALS INC	7,197.15	Maintenance & Repair
187658	8/25/2022	HANS RUDOLPH, INC.	280.00	Maintenance & Repair
187659	8/25/2022	HIGH SECURITY LOCK & ALARM	5.00	Maintenance & Repair
187615	8/12/2022	MED ONE EQUIPMENT SERVICES LLC	5,480.00	Maintenance & Repair
187515	8/4/2022	PACIFIC STEEL HIDES FURS RECYC	200.12	Maintenance & Repair
187739	8/17/2022	PACIFIC STEEL HIDES FURS RECYC	11.04	Maintenance & Repair
187517	8/4/2022	PARTSSOURCE	158.00	Maintenance & Repair
187624	8/12/2022	PARTSSOURCE	1,108.02	Maintenance & Repair
187740	8/17/2022	PARTSSOURCE	261.32	Maintenance & Repair
187747	8/17/2022	REPROCESSING PRODUCTS CORP	285.62	Maintenance & Repair
187757	8/17/2022	STEALTH TECHNOLOGIES	276.00	Maintenance & Repair
EFT000000007643	8/17/2022	COLORADO DOORWAYS, INC	327.24	Maintenance & Repair
187816	8/25/2022	ALPINE PURE SOFT WATER	676.20	Maintenance Supplies
187567	8/12/2022	BLOEDORN LUMBER	51.13	Maintenance Supplies
187577	8/12/2022	CODALE ELECTRIC SUPPLY, INC	2,394.71	Maintenance Supplies
187834	8/25/2022	CODALE ELECTRIC SUPPLY, INC	956.95	Maintenance Supplies
187701	8/17/2022	CROWN FIRE DOOR PRODUCTS, INC.	3,269.50	Maintenance Supplies
187600	8/12/2022	GRAINGER	283.02	Maintenance Supplies
187853	8/25/2022	GRAINGER	287.48	Maintenance Supplies
187494	8/4/2022	HOME DEPOT	246.96	Maintenance Supplies
187605	8/12/2022	HOME DEPOT	2,205.89	Maintenance Supplies
187717	8/17/2022	HOME DEPOT	205.74	Maintenance Supplies
187862	8/25/2022	HOME DEPOT	1,143.35	Maintenance Supplies

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187751	8/17/2022	ROCK SPRINGS WINNELSON CO	3,310.98	Maintenance Supplies
187884	8/25/2022	ROCK SPRINGS WINNELSON CO	4,023.79	Maintenance Supplies
EFT000000007611	8/4/2022	ACE HARDWARE	109.45	Maintenance Supplies
EFT000000007626	8/4/2022	SHERWIN WILLIAMS CO	116.28	Maintenance Supplies
EFT000000007637	8/12/2022	ROBERT I MERRILL COMPANY	931.00	Maintenance Supplies
EFT000000007639	8/17/2022	ACE HARDWARE	239.64	Maintenance Supplies
EFT000000007664	8/25/2022	LULINE, INC	81.50	Maintenance Supplies
187645	8/12/2022	NRC HEALTH	44,894.85	Membership
187461	8/2/2022	MHSC-FOUNDATION	1,159.32	MHSC Foundation
187670	8/16/2022	MHSC-FOUNDATION	1,146.82	MHSC Foundation
187875	8/25/2022	MHSC-FOUNDATION	1,000.00	MHSC Foundation
187473	8/4/2022	BLUOX SOLUTIONS LLC	1,028.00	Minor Equipment
187888	8/25/2022	SENSONICS, INC	211.47	Minor Equipment
EFT000000007647	8/17/2022	LABORIE MEDICAL TECHNOLOGIES CORP	574.18	Minor Equipment
EFT000000007620	8/4/2022	LABORIE MEDICAL TECHNOLOGIES CORP	302.83	Minor Equipment
187536	8/4/2022	TERMINIX OF WYOMING	509.00	Monthly Pest Control
187819	8/25/2022	A TOUCH OF CLASS	63.00	Non Medical Supplies
187589	8/12/2022	GLOBAL EQUIPMENT COMPANY	347.80	Non Medical Supplies
187728	8/17/2022	MEDIBADGE INC	286.91	Non Medical Supplies
187614	8/12/2022	MEDLINE INDUSTRIES INC	2,954.26	Non Medical Supplies
187729	8/17/2022	MEDLINE INDUSTRIES INC	1,034.40	Non Medical Supplies
187637	8/12/2022	SMILEMAKERS	382.78	Non Medical Supplies
187639	8/12/2022	STAPLES BUSINESS ADVANTAGE	308.38	Office Supplies
187756	8/17/2022	STAPLES BUSINESS ADVANTAGE	561.61	Office Supplies
187893	8/25/2022	STAPLES BUSINESS ADVANTAGE	2,216.26	Office Supplies
EFT000000007627	8/4/2022	SMYTH PRINTING	648.25	Office Supplies
187589	8/12/2022	FANTASTIC FOTO FUN INC	400.00	Other Employee Benefits
187545	8/4/2022	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
187833	8/25/2022	CHILL OUT ICE CREAM TRUCK	325.50	Other Employee Benefits
187626	8/12/2022	ROCK SPRINGS I.V. CENTER	728.03	Other Medical Surgical Supplies
187718	8/17/2022	HOMERWOOD SUITES	156.71	Other Purchased Services
187501	8/4/2022	QUICK RESPONSE TAXI	81.00	Other Purchased Services
187610	8/12/2022	QUICK RESPONSE TAXI	34.00	Other Purchased Services
187868	8/25/2022	QUICK RESPONSE TAXI	403.00	Other Purchased Services
EFT000000007612	8/4/2022	AIRGAS INTERMOUNTAIN INC	457.34	Oxygen Rental
EFT000000007632	8/12/2022	AIRGAS INTERMOUNTAIN INC	86.93	Oxygen Rental
EFT000000007640	8/17/2022	AIRGAS INTERMOUNTAIN INC	210.29	Oxygen Rental
EFT000000007651	8/25/2022	AIRGAS INTERMOUNTAIN INC	178.38	Oxygen Rental
187773	8/17/2022	PATIENT REFUND	652.00	Patient Refund
187662	8/12/2022	PATIENT REFUND	436.00	Patient Refund
187774	8/17/2022	PATIENT REFUND	2,212.40	Patient Refund
187546	8/4/2022	PATIENT REFUND	139.00	Patient Refund
187775	8/17/2022	PATIENT REFUND	1,030.05	Patient Refund
187547	8/4/2022	PATIENT REFUND	45.00	Patient Refund
187663	8/12/2022	PATIENT REFUND	313.82	Patient Refund
187776	8/17/2022	PATIENT REFUND	99.75	Patient Refund
187664	8/12/2022	PATIENT REFUND	35.00	Patient Refund
187548	8/4/2022	PATIENT REFUND	71.86	Patient Refund
187464	8/2/2022	UNITED WAY OF SWEETWATER COUNTY	244.62	Payroll Deduction



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187651	8/12/2022	UNITED WAY OF SWEETWATER COUNTY	850.00	Payroll Deduction
187673	8/16/2022	UNITED WAY OF SWEETWATER COUNTY	244.62	Payroll Deduction
187668	8/16/2022	CIRCUIT COURT 3RD JUDICIAL-GR	451.95	Payroll Garnishment
187609	8/22/2022	CIRCUIT COURT SEVENTH JUDICIAL DISTRICT	238.93	Payroll Garnishment
187459	8/2/2022	DAVID G. PEAKE	3,484.62	Payroll Garnishment
187674	8/16/2022	DAVID G. PEAKE	3,484.62	Payroll Garnishment
187460	8/2/2022	DISTRICT COURT THIRD JUDICIAL DIST	1,024.00	Payroll Garnishment
187669	8/16/2022	DISTRICT COURT THIRD JUDICIAL DIST	1,024.00	Payroll Garnishment
187462	8/2/2022	STATE OF WYOMING DFS/CSES	2,232.78	Payroll Garnishment
187671	8/16/2022	STATE OF WYOMING DFS/CSES	2,232.78	Payroll Garnishment
187463	8/2/2022	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
187672	8/16/2022	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	8/2/2022	PAYROLL 14	1,300,000.00	Payroll Transfer
W/T	8/15/2022	PAYROLL 15	1,600,000.00	Payroll Transfer
W/T	8/29/2022	PAYROLL 16	1,600,000.00	Payroll Transfer
187608	8/22/2022	CARDINAL HEALTH PHARMACY MGMT	954,249.50	Pharmacy Management
187523	8/4/2022	SANDS CATERING	2,121.01	Physician Recruitment
187604	8/12/2022	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LLC	595.00	Physician Recruitment
187510	8/4/2022	DR. NAJHA FAROOGI	207.14	Physician Recruitment
187555	8/12/2022	DR. ALICIA GRAY	35,000.00	Physician Retention
187695	8/17/2022	COMPHEALTH, INC.	1,567.92	Physician Services
187835	8/25/2022	COMPHEALTH, INC.	22,400.60	Physician Services
187543	8/4/2022	WEATHERBY LOCUMS, INC	9,525.00	Physician Services
187764	8/17/2022	WEATHERBY LOCUMS, INC	52,403.83	Physician Services
187675	8/17/2022	ADVANCED MEDICAL IMAGING, LLC	19,248.00	Physician Services
187814	8/25/2022	ADVANCED MEDICAL IMAGING, LLC	312.00	Physician Services
187769	8/17/2022	DR. BRIAN MOON	10,000.00	Physician Services
187770	8/17/2022	DR. BRIAN MOON	10,000.00	Physician Services
187771	8/17/2022	DR. BRIAN MOON	10,500.00	Physician Services
187519	8/4/2022	DR. FREETPAL GREWAL	15,800.31	Physician Services
187498	8/4/2022	JOHN A. ILIYA, M.D.	29,900.00	Physician Services
187502	8/4/2022	LOCUM TENENS.COM	36,876.69	Physician Services
187726	8/17/2022	LOCUM TENENS.COM	13,564.85	Physician Services
187669	8/25/2022	LOCUM TENENS.COM	754.21	Physician Services
187509	8/4/2022	IMPLT HEALTHCARE, LLC	23,518.62	Physician Services
187731	8/17/2022	IMPLT HEALTHCARE, LLC	6,569.78	Physician Services
187913	8/25/2022	UNIVERSITY OF UTAH (UJHC OUTREACH)	115,261.86	Physician Services
187841	8/25/2022	DEPARTMENT OF EDUCATION	1,666.67	Physician Student Loan
187854	8/25/2022	GRANITE STATE MANAGEMENT & RESOURCES	666.67	Physician Student Loan
187855	8/25/2022	GREAT LAKES	1,666.67	Physician Student Loan
187856	8/25/2022	GREAT LAKES EDUCATION LOAN SERVICES	1,000.00	Physician Student Loan
187840	8/25/2022	MOHELA	1,666.67	Physician Student Loan
187539	8/4/2022	US DEPARTMENT OF EDUCATION	5,000.00	Physician Student Loan
187910	8/25/2022	US DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
187693	8/17/2022	CLEANIQUE PROFESSIONAL SERVICES	6,600.00	Professional Service
187500	8/4/2022	CLIFTON LARSON ALLEN LLP	6,223.22	Professional Service
187697	8/17/2022	CONVERGEONE, INC.	3,309.00	Professional Service
187508	8/4/2022	MOUNTAIN STATES MEDICAL PHYSICS	7,237.15	Professional Service
187620	8/12/2022	NETDAIS	4,350.00	Professional Service

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187666	8/12/2022	NORTHWEST SOLUTIONS LLC	720.00	Professional Service
187738	8/17/2022	P3 CONSULTING LLC	1,110.00	Professional Service
187540	8/4/2022	VERISYS INC.	69.00	Professional Service
EFT000000007630	8/4/2022	WESTERN STAR COMMUNICATIONS	673.00	Professional Service
EFT000000007665	8/25/2022	WESTERN STAR COMMUNICATIONS	713.00	Professional Service
187569	8/12/2022	BRACCO DIAGNOSTICS INC	265.25	Radiology Material
187687	8/17/2022	BRACCO DIAGNOSTICS INC	498.90	Radiology Material
187825	8/25/2022	BRACCO DIAGNOSTICS INC	498.90	Radiology Material
187710	8/17/2022	GE HEALTHCARE INC	535.05	Radiology Material
187851	8/25/2022	GE HEALTHCARE INC	107.01	Radiology Material
187499	8/4/2022	LANTHEUS MEDICAL IMAGING, INC	2,496.83	Radiology Material
187609	8/12/2022	LANTHEUS MEDICAL IMAGING, INC	2,496.83	Radiology Material
187724	8/17/2022	LANTHEUS MEDICAL IMAGING, INC	6,403.48	Radiology Material
187867	8/25/2022	LANTHEUS MEDICAL IMAGING, INC	2,496.83	Radiology Material
187742	8/17/2022	PHARMALOGIC WY, LTD	1,105.13	Radiology Material
187688	8/17/2022	BRIAN BARTON, PA-C	888.00	Reimbursement - CME
187507	8/4/2022	DR MICHAEL BOWERS	1,295.00	Reimbursement - CME
187475	8/4/2022	DR. BRIANNE CROFTS	944.00	Reimbursement - CME
187481	8/4/2022	DR. CIELETTE KARN	240.00	Reimbursement - CME
187483	8/4/2022	DR. CODY CHRISTENSEN	4,900.00	Reimbursement - CME
187725	8/17/2022	DR. LAWRENCE LAURIDSEN	475.00	Reimbursement - CME
187520	8/4/2022	DR. RAHUL PAWAR	2,232.40	Reimbursement - CME
187521	8/4/2022	DR. RASHEEL CHOWDHARY	740.00	Reimbursement - CME
187544	8/4/2022	DR. WILLIAM SARETTE	30.33	Reimbursement - CME
187765	8/17/2022	DR. WILLIAM SARETTE	12,304.84	Reimbursement - CME
187496	8/4/2022	ISRAEL STEWART, DO	495.00	Reimbursement - CME
187719	8/17/2022	ISRAEL STEWART, DO	1,262.27	Reimbursement - CME
187497	8/4/2022	JACKIE BARNHART	888.00	Reimbursement - CME
187511	8/4/2022	NEAL ASPER, MD	4,305.70	Reimbursement - CME
187734	8/17/2022	NEAL ASPER, MD	911.00	Reimbursement - CME
187817	8/25/2022	AMBER FAIGL	3,078.36	Reimbursement - Education & Travel
187556	8/12/2022	AMBER FISK	157.33	Reimbursement - Education & Travel
187680	8/17/2022	APRIL ARELIANO	351.31	Reimbursement - Education & Travel
187712	8/17/2022	DR. GRZEGORZ PUCHALA	5,788.68	Reimbursement - Education & Travel
187721	8/17/2022	DR. JAMENE GLYN	4,373.94	Reimbursement - Education & Travel
187611	8/12/2022	LENA WARREN	2,053.96	Reimbursement - Education & Travel
187505	8/4/2022	MEGAN TOZZI	129.00	Reimbursement - Education & Travel
187823	8/12/2022	PAIGE JULANDER	50.00	Reimbursement - Education & Travel
187635	8/12/2022	SHELYNN EDWARDS	2,939.50	Reimbursement - Education & Travel
187532	8/4/2022	STEPHANIE DUPAPE	440.04	Reimbursement - Education & Travel
187647	8/12/2022	TERRY THOMPSON	246.73	Reimbursement - Hospital Supplies
187575	8/12/2022	CINDY NELSON	34.68	Reimbursement - Non Hospital Supplies
187838	8/25/2022	DEB SUTTON	117.34	Reimbursement - Non Hospital Supplies
187594	8/4/2022	DR. MARK UHLMAN	231.80	Reimbursement - Non Hospital Supplies
187723	8/17/2022	KIMBERLY ENSIGN	284.01	Reimbursement - Payroll Deduction
187735	8/17/2022	NICOLE HAWKS	424.58	Reimbursement - Payroll Deduction
187524	8/4/2022	SARAH WAGNER	408.49	Reimbursement - Payroll Deduction
W/T	8/4/2022	ABG 7/21/22	148,026.40	Retirement
W/T	8/17/2022	ABG 8/4/22	172,693.22	Retirement

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W/T	8/25/2022	ABG FIX	3,409.22	Retirement
187530	8/4/2022	STATE OF WYO.DEPT.OF REVENUE	824.79	Sales Tax Payment
187506	8/4/2022	MHSC MEDICAL STAFF	50.00	Scholarship
187730	8/17/2022	MHSC MEDICAL STAFF	50.00	Scholarship
187813	8/25/2022	307 SPARTANS	300.00	Sponsorship
187830	8/25/2022	CASEY KUCKERT CONSULTING	150.00	Sponsorship
187882	8/25/2022	RED DESERT ROUNDUP RODEO	100.00	Sponsorship
187630	8/12/2022	ROCK SPRINGS AMATEUR HOCKY ASSOCIATION	900.00	Sponsorship
187889	8/25/2022	SW 1 SCHOOL FOUNDATION	750.00	Sponsorship
187535	8/4/2022	SWEETWATER EVENTS COMPLEX	80.00	Sponsorship
187661	8/12/2022	YWCA OF SWEETWATER COUNTY	3,000.00	Sponsorship
187815	8/25/2022	ALI MED INC	476.71	Surgery Supplies
187681	8/17/2022	ARMSTRONG MEDICAL INDUSTRIES	380.00	Surgery Supplies
187470	8/4/2022	BECTON DICKINSON	205.60	Surgery Supplies
187685	8/17/2022	BECTON DICKINSON	666.50	Surgery Supplies
187579	8/12/2022	CONMED LINVATEC	125.80	Surgery Supplies
187836	8/25/2022	CONMED LINVATEC	125.80	Surgery Supplies
187658	8/17/2022	COOPER SURGICAL	330.73	Surgery Supplies
187844	8/25/2022	EQUASHIELD LLC	838.15	Surgery Supplies
187634	8/12/2022	SHEATHING TECHNOLOGIES, INC.	95.15	Surgery Supplies
187638	8/12/2022	SMITH & NEPHEW INC.	2,174.16	Surgery Supplies
187534	8/4/2022	STRYKER ENDOSCOPY	1,340.53	Surgery Supplies
187642	8/12/2022	STRYKER ENDOSCOPY	815.85	Surgery Supplies
187759	8/17/2022	STRYKER ENDOSCOPY	520.20	Surgery Supplies
187806	8/25/2022	STRYKER ENDOSCOPY	382.55	Surgery Supplies
187807	8/25/2022	STRYKER ORTHOPAEDICS	12,815.00	Surgery Supplies
187767	8/17/2022	ZIMMER BIOMET	143.75	Surgery Supplies
EFT00000007617	8/4/2022	COOPER SURGICAL	998.96	Surgery Supplies
EFT00000007634	8/12/2022	COOPER SURGICAL	71.44	Surgery Supplies
EFT00000007644	8/17/2022	COOPER SURGICAL	1,390.10	Surgery Supplies
EFT00000007656	8/25/2022	COOPER SURGICAL	1,329.79	Surgery Supplies
187466	8/4/2022	GALLAGHER BENEFIT SERVICES, INC.	12,182.50	Survey Expenses
187678	8/17/2022	ALL WEST COMMUNICATIONS	5,858.23	Utilities
187561	8/12/2022	AT&T	200.04	Utilities
187626	8/12/2022	CENTURY LINK	3,579.40	Utilities
187745	8/17/2022	CENTURY LINK	377.72	Utilities
187842	8/25/2022	DISH NETWORK LLC	80.52	Utilities
187881	8/25/2022	DOMINION ENERGY WYOMING	20,644.30	Utilities
187490	8/4/2022	ENVIRO CARE INC.	2,544.48	Utilities
187749	8/17/2022	ROCK SPRINGS MUNICIPAL UTILITY	16,004.87	Utilities
187752	8/17/2022	ROCKY MOUNTAIN POWER	41,992.47	Utilities
187912	8/25/2022	WHITE MOUNTAIN WATER & SEWER DISTRICT	60.95	Utilities
187758	8/17/2022	ST. JOHN'S HOSPITAL FOUNDATION	2,960.00	WCRS Grant
187848	8/25/2022	FINERTECH	3,443.00	Window Cleaning
			9,743,026.15	

Memorial Hospital of Sweetwater County  
County Voucher Summary  
as of month ending August 31, 2022

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

<b>FY23 Title 25 Fund Budget from Sweetwater County</b>	<b>\$273,488.00</b>
Funds Received From Sweetwater County	<u>\$168,183.03</u>
FY23 Title 25 Fund Budget Remaining	\$105,304.97
Total Budgeted Vouchers Pending Submittal to County	<u><u>\$0.00</u></u>

<b>FY23 Maintenance Fund Budget from Sweetwater County</b>	<b>\$1,448,215.00</b>
County Maintenance FY23 - July	\$258,289.40
County Maintenance FY23 - August	\$42,947.22
County Maintenance FY23 - September	\$0.00
County Maintenance FY23 - October	\$0.00
County Maintenance FY23 - November	\$0.00
County Maintenance FY23 - December	\$0.00
County Maintenance FY23 - January	\$0.00
County Maintenance FY23 - February	\$0.00
County Maintenance FY23 - March	\$0.00
County Maintenance FY23 - April	\$0.00
County Maintenance FY23 - May	\$0.00
County Maintenance FY23 - June	\$0.00
	<u>\$301,236.62</u>
FY23 Maintenance Fund Budget Remaining	<u><u>\$1,146,978.38</u></u>

MEMO: September 27, 2022

TO: Finance Committee

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary September, 2022 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Hospital Accounts	\$ 300,000.00
Hospital Payment Plans	\$ 5,000.00
Medical Clinic Accounts	\$ 30,000.00
Ortho Clinic Accounts	\$ 00.00
Total Potential Bad Debt	\$ 335,000.00

Hospital Accounts Returned	\$ - -281,076.16	
Net Bad Debt Turned		\$ 53,923.84

Hospital Recoveries Collection Agency	\$ - 102,926.47
Hospital Recoveries Payment Plans	\$ - 19,551.16
Medical Clinic Recoveries	\$ - 5,500.00
Ortho Clinic Recoveries	\$ - 1,700.00
Total Bad Debt Recoveries	\$ - 129,677.63

Net Bad Debt Less Recoveries	\$ - 75,753.79
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Largest Account	\$ 29,509.15
Emergency Room	\$ 79,091.04
Cancer Center	\$ 2,491.11
Inpatient Accts.	\$ 51,606.09
Surgery Accts.	\$ 6,632.53

## MEMORANDUM

To: Board of Trustees  
From: Wm. Marty Kelsey  
Subject: Chair's Report...September Building and Grounds Committee Meeting  
Date: September 27, 2022

Pharmacy Chemo Mixing Room...Final plans not yet confirmed; plans to be sent to Mr. Kelsey and Mr. Tardoni before the next Committee meeting.

Dr. Sulentic's Office...All materials on site; meeting to be held soon to determine start date.

Building Automation System...Work is progressing...completion date is approximately mid-December; project has been delayed a very long time; Ms. Love was asked to look at contract for project completion language.

Bulk Oxygen Project...Contractor began work; found wet soil apparently caused by leaking transite (Asbestos-Cement) water line. It will be abandoned and a new line will be installed. Not sure yet if needed thrust blocks are in place. Concern expressed about winter weather and asphalt work. (See below for additional action.)

Lightning Arrest System...a local contractor has secured the necessary UL Certification; a new proposal with pricing needs to be obtained. If exceedingly expensive, a discussion about risk management needs to occur.

OB Shower Renovation...Committee agreed the shower renovations are very important; project needs to be reviewed with other important projects and prioritization needs to occur.

SLIB Projects...no updates available although it was noted that 200 projects were submitted totaling about \$300 million...so the competition for the limited funds will be significant.

Building and Grounds Annual Plan...staff presented five projects to be prioritized as follows: (a) S2 HVAC tie-in to new S1 Unit; (b) Chemo Mixing Room Project; (c) OB Shower Project; (d) Waterline Repairs; (e) MOB Heat Exchanger Replacement. (Not in Priority Order) Discussion occurred about capital vs. maintenance; Hospital needs an updated cost estimate for the Chemo Mixing Room Project; Hospital has about \$1.4 million in FY 2023 maintenance funds from the County; Motion was approved to take the S1/S2 HVAC project to the Finance & Audit Committee and to the Board for approval. An emergency meeting of the Board was agreed to for the next day, September 21<sup>st</sup>, to gain approval to proceed with the water line replacement project associated with the Bulk Oxygen Project (but as a separate contract...not a change order). This action was deemed an emergency due to approaching winter weather and the urgent need to get the needed work done as soon as possible. It was decided to review all the

proposed projects for prioritization once we secure an updated cost estimate for the Chemo Mixing Room Project.

As usual, for more detailed information, please refer to the Building and Grounds Committee minutes in the Board packet.



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

The Building and Grounds Committee met in regular session via Zoom on September 20, 2022,  
at 3:37 PM with Mr. Marty Kelsey presiding.

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

Mr. Kelsey called the meeting to order.

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

Mr. Kelsey asked for a motion to approve the minutes from the August 23, 2022 meeting. Mr. Tardoni made a motion to approve the minutes. Ms. Love seconded; motion passed.

**Maintenance Metrics**

Mr. Horan reviewed the metrics and commented there isn't any trending with the new work order system. He said the metrics are the same as they have been historically. He said they have had some overtime due to being short staffed but salary expense is under budget. Maintenance expenses are over budget but we have been getting reimbursed from the County. Mr. Tardoni asked about the stress level of the staff with being short staffed. Mr. Horan said it has been challenging but Mr. Johnston and himself have been "carrying tools" to fill the gaps when needed.

**Old Business – Project Review**

**Pharmacy Chemo Mixing Room**

Mr. Wheatley and Mr. Jonathan Beattie, Director of Pharmacy, have had conversation this week addressing his concerns. He will be making some quick revisions and then work on final plans. Mr. Kelsey asked that the final plans be sent to Mr. Tardoni and himself prior to the next committee meeting so they have time to review so we can move this project forward.

**Dr. Sulentic Office**

Mr. Wheatley is working to schedule a meeting with the contractor, Dr. Sulentic and his staff and Mr. Johnston to work through the timeline. Dr. Sulentic had asked for four weeks' notice. He said all material has arrived and A Pleasant is ready to start. Mr. Horan asked if he is seeing the supply chain improving. Mr. Wheatley said the projects with bigger demand are getting supplies but there is still volatility for small projects like ours.

### Building Automation System

Mr. Johnston said Vaughn's has been back on site this week. They will be starting in the basement installing the new VAV boxes, moving to the main floor at the beginning of October. There are approximately 60 boxes that need to be retrofitted. He expects the project to be completed mid-December. Mr. Kelsey asked if there is anything in the contract regarding the delay of the project. Mr. Johnston said the delay of this project started when the Medical Imaging project was delayed. Mr. Kelsey asked Ms. Love to review the contract to see if any action needs to take place with the new completion timeline.

### Bulk Oxygen

Mr. Horan said the contractors hit the ground running, ripped out the original concrete pad and found wet soil. Mr. Johnston said the main Transite water line is thought to be leaking. The line will need to be abandoned in place and they will add an 8" water line along the side. The City of Rock Springs was onsite and they are unsure if there are thrust blocks in place. Mr. Tardoni asked how far back the line goes. The City replaced theirs but downstream is Transite. Some of the line was replaced. The project has been put on hold until the change order is approved. We received the proposal for the new line yesterday. It was decided we would submit as a new project instead of a change order to the current project. The cost can be submitted to the County for reimbursement through the maintenance fund. Mr. Kelsey explained we would need to have an emergency board meeting to approve this project so there isn't any more delay. Ms. Richardson asked if the completion date would be affected. Mr. Johnston said the expected completion date would be pushed back about 2 weeks, to mid-November. They will push for the asphalt and concrete to be completed quickly. There was discussion on worst case scenario with winter conditions and we will need to check with Air Gas if we have to push until the Spring. Mr. Tardoni made a motion for the approval of the waterline repairs, which include a contingency for the thrust blocks, to be presented to the Board for approval. Ms. Richardson seconded the motion; motion passed.

### Lightning Arrest System

Mr. Horan said the potential contractor has received their UL certification. The contractor is now working with Lightning Eliminators to create a new proposal. We should have a new proposal by next month's meeting. Mr. Kelsey said we do need to consider cost versus risk.

### OB Shower Renovation

Mr. Horan said we met with OB staff and did decide the shower/tub replacements were a higher priority than the dirty utility renovation into a bathroom. There was also discussion about the expected births increasing over the next several months so this project would not be able to start until January 2023. He said there will be more discussion when we talk about the annual Building & Grounds plan later in the meeting.

### Tabled Projects

No other table projects were discussed.

## **Old Business - Other**

### **SLIB Projects**

Ms. Richardson said there has not been any update on a timeline for the grants. At Wyoming Hospital Association conference, there was discussion there were 200 projects submitted for a total of \$300 million. Ms. Richardson also gave an update on the Special Purpose Tax and her conversation with Commissioner Schoenfield. Mr. Kelsey said he has not heard of any organized opposition and Mr. Tardoni said there hasn't been much talk by anyone speaking for the tax either.

## **New Business**

### **Building and Grounds Annual Plan**

Mr. Horan shared a rough draft of an annual Building and Grounds plan. There are five projects we would like to prioritize for this year.

- S2 tie in to new S1 unit
- Chemo renovation
- OB Shower/Tub replacements
- Waterline repairs
- MOB Heat Exchanger

Ms. Love asked if this is the format the committee was looking for. Mr. Kelsey said yes and he can see some different projects bubbling to the top. There was discussion on the balance of the current maintenance fund and how it should be used. Ms. Richardson said we did ask for and received an additional \$500k this year. We need to see a final number on the Chemo renovation project before moving forward with that project. The committee discussed the prioritization of the projects and how much of the County funds can be used for these projects. Ms. Richardson recommended we do what we can now with the additional funds receive this year. The only emergency project at this time is the waterline repairs. We can wait to decide on the priority of the other projects. Mr. Horan said his priority would be the heat exchanger and the S2/S1 unit since Vaughn's is already onsite. There was discussion on the different projects and if they fall under capital or maintenance repairs. Mr. Horan made a motion to take the S1 project to Finance & Audit and the Board. Ms. Richardson seconded; after discussion, the motion passed. The decision will be made by staff if this is capital versus maintenance.

## **Other**

The emergency Board meeting was scheduled for September 21, 2022 at 8:00 am to approve the waterline repairs. The next meeting will be held October 18, 2022 at 3:30 p.m. Mr. Kelsey adjourned the meeting at 5:22 p.m.

*Submitted by Tami Love*

## **Chairs Report**

### **Compliance Committee Meeting – September 26,2022**

- ✓ It was a quiet month from a compliance perspective.
- ✓ The board had a lengthy discussion about the HIPAA Incident report and have asked for some additional information to be included. Want for those changes with the next committee packet.

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

*Kandi Pendleton*



**Board Compliance Committee Meeting  
Memorial Hospital of Sweetwater County  
September 26th, 2022**

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

Guest: *Barbara Sowada, MHSC Board President.*

### **Minutes**

#### **Call to Order**

The meeting was called to order at 9:05 am by Kandi Pendleton.

#### **Agenda**

The September agenda was approved as written, Taylor made the motion and Irene seconded it. Motion carried.

#### **Meeting Minutes**

The meeting minutes from the August 22, 2022 were presented. Taylor made the motion to approve the minutes as written and Irene seconded. Motion carried.

#### **Old Business**

1. Compliance Plan Update. The current workplan was presented to the committee and Suzan reported that this was just an update to the plan; #1-has been completed. The Compliance Program and Compliance Charter are finalized and are approved and viewable in PolicyStat. #2 has 4 subsections and the report, per Suzan, is as follows; #2a-Completed. Kandi asked if this system is working well and Suzan replied that it is and if we get 3-4 calls a year, it is working well. #2b-Completed. Education has been added to Annual Ed. #2c- Two of the three audits are completed. Suzan added that her and April will be meeting with T.J., our IT Director, on Thursday to discuss this audit. She said that IT is currently working on an audit and that we will correlate with them in getting it done. The Overtime Audit was discussed and Kandi questioned if we budget for overtime. Irene answered that we do budget for overtime. She stated that we budget \$25,000 and our last report pulled had us at \$17,000, which is great. She continued that the audit gave us ideas for improvement and she is hoping that we will continue to lower our budgeted overtime. Taylor asked about the equation for the national overtime benchmark percentage and stated that overtime is needed and asked for some clarification. April reported that the equation is a ratio of regular hours worked by non-exempt employees and overtime hours worked by non-exempt employees. She also added that they had looked at the cost of a full-time employee vs. overtime pay and that many factors were reviewed in this audit. #2d-Suzan reported that the checklist is in progress.

#### **New Business**

1. Cybersecurity Audit. As reported earlier, Suzan and April will be meeting with IT and working with them to get this completed.
2. Advisory Opinions and Special Alerts. Suzan reported that she checks these weekly to keep on top of what is going on and that this is what we would look at for all things Compliance. Suzan spoke specifically to the "SFA-Telefraud" section stating that it is something the hospital has to keep in mind for all of our telehealth visits. She added that all the information in these reports are things that the OIG (Office of

Inspector General) would look at in an audit situation. She also spoke to the “SFA-Speaker Programs” section. Suzan reported that this is one that touches our hospital on a regular basis. She continued that pharmaceutical’s and equipment reps will come in, provide lunch, and give an educational tidbit on their product. She continued that it’s not just about a free lunch- its about what they are pushing to us. We absolutely want information but we don’t want to be tied to a specific company. Irene questioned if lunch is to not be brought in. Suzan answered that food can be brought in but it has to be for the WHOLE staff and it can’t be advertised as getting a free lunch for watching/listening to their message. The companies cannot “target” specific employees (physicians, nurses, etc.). Targeting is not okay.

### **Standing Items-Reports**

The “Standing Items” report was presented and Suzan reported that it was a relatively quite month. The following items were discussed.

1. Suzan reported that there is currently no internal or external investigation
2. Audits- Suzan reported that the overtime audit is complete and the Cybersecurity audit will begin in September.
3. Hot Line calls- Suzan reported that there were no new reports.
4. HIPAA Monitoring/Fair Warning Report- Suzan reviewed the process for HIPAA reporting. She stated that we get data from P2Sentinel or Cerner, April reviews and investigates, if a possible violation is found it is sent to H.R. for review, H.R. sends the information to the Director/Supervisor, the employee is interviewed and then a corrective action is decided on by the Director. She added that it is taking a little longer to get these incidents closed since it was decided that the Director/Supervisor be involved. Taylor asked how old these incidents are. April answered that the ones that are still open could be a couple months old. She also discussed that the process is a little different if the incident involves a physician vs even a R.N. and that incidents like this take even longer to close. April also said that HR puts information at least every month into Healthicity for these but she wasn’t certain how much she could include in this report. Taylor added that it would be helpful to see that something is being done and that some of these should be closed fairly quickly. Suzan stated that she we can provide more on this report. Taylor added that he does not need to know specifics- just information to see where the incident is at. Suzan said we will figure what can be included and get the information to them. Barbara asked why employees can’t view their own records. She said that Planetree teaches that medical records are available to patients all the time and that they can see them whenever. Suzan and April both explained that there is a process that all employees must follow-the same one any patient must follow- to view their medical record. There must be a signed release on file for any person to view their medical records. Barbara added that Planetree may be causing confusion and asked if Planetree has a release. Irene stated that she will talk to Cindy about Planetree and medical records. Suzan explained there are so many medical cases that involve medical records and the “why and what” we are doing in them is so important. We have to make sure that ours are clean. We need to be asking “why” are you in the chart. Just because you work at the hospital, does not give you permission to look at your medical record. Irene added that the patient portal should be utilized for results and items of that nature. Suzan stated that she will look at Planetree and make sure that it is not adding confusion to this topic. Kandi asked if there is a way to limit access to a chart. April stated that she didn’t believe so. She continued that that is the reason why we have programs like P2Sentinel-to monitor who and why people are in a record. Suzan believes this is true but will verify for the next meeting.

### **Additional Discussion**

Suzan stated that she will be out of town for the next scheduled meeting. She asked the Board Committee what they would like to do and explained that the agenda and information would be similar to what was presented today. Suzan proposed that we move the meeting to November and if something comes up, an emergency meeting can be called. Discussion was had about the November meeting being the Monday after Thanksgiving. It was decided that the meeting would be moved to November 11, 2022 at 11:00am

### **Next Meeting**

The next meeting will be on November 11<sup>th</sup>, 2022 @11:00 am

### **Adjournment**

The meeting adjourned at 9:44am

Respectfully Submitted,

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April Prado, Recording Secretary



Minutes  
Governance Committee Meeting  
September 26, 2022

Present: Barbara Sowada, Marty Kelsey, and Irene Richardson

Call to Order: Barbara Sowada called the Zoom meeting to order at 2:00 pm

Agenda was created during the meeting

Minutes had been previously approved

Old Business – None

New Business

1. Reviewed discussion on September 14<sup>th</sup> regarding Board Self-Assessment survey outcome for the Board and its Committees to have annual goals and deadlines. September 14<sup>th</sup> discussion was that we should start small, with 2 or 3 goals that are proposed by the CEO. At the Governance Committee meeting, Irene suggested a finance goal of having 130-137 days cash on hand by June 30, 2023. This is stepped by quarters with 100 days COH by Dec 31, 2022, and 115 days COH by March 31, 2023. The other goal will be a quality goals that focuses on the patient experience. Details regarding this have yet to be determined.

2. Iprotean education videos for October are Financial Turnaround During Existential Crisis, parts 1 and 2.

3. Marty asked whether the facilities staff is planning far enough ahead. Suggested critical paths for all building projects, which is helpful in holding contractors accountable. Also suggested the development of a plan for the physical plant that looks 1 to 3 years out.

The meeting was adjourned at 3:00 pm.

Next meeting is Monday, October 24, 2022, at 2:00 pm by Zoom.

Respectfully submitted,

Barbara J. Sowada, Ph.D.

## Contract Check List

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

*Any contract equal to or greater than \$50,000.00* 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: **MT STATES MEDICAL PHYSICS**
2. Purpose of contract, including scope and description: **Mt States Medical Physics will provide .25 FTE dosimetry services for the radiation therapy program in the Cancer Center. Dosimetry is the designing, generating and measuring radiation dose distributions and dose calculations for a patient's radiation treatment plan, and then preparing the approved treatment plan for treatment delivery.**
3. Effective Date: **Nov 1, 2022**
4. Expiration Date: **3 Years or until October 31, 2025**
5. Rights of renewal and termination: **For cause and not-for cause termination provisions. For any reason requires 90 day written notice. Is this auto-renew? Yes for one year terms unless terminated**
6. Monetary cost of the contract and is the cost included in the department budget? **\$3500.00 month or \$42,000.00 annual cost.**

**We are entering this contract because we are losing our radiation therapist/dosimetrist and are hiring a radiation therapist only. The salary difference between hiring a therapist only and entering this contract is about the same as what we were paying for the radiation therapist/dosimetrist, so the cost of this is included in our department budget.**



7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **No since the dosimetry provider is in Utah and they contract from that location**

8. Any confidentiality provisions? **No**

9. Indemnification clause present? **Yes section 2 page 3**

10. Is this contract appropriate for other bids? **Other bids were received and this was the most cost effective. Also, we have an existing contract with this company for physics services so we know that they are a good company to work with.**

11. In-house Counsel Reviewed: **Yes**

12. Is County Attorney review required?