



Memorial Hospital of Sweetwater County

Board of Trustees Regular Meeting

Wednesday - September 12, 2018

2:00 PM

Castle Rock Hospital District

1400 Uinta Drive - Green River, WY, 82935

Meeting Book - Wednesday - September 12, 2018 Board of Trustees Regular Meeting

Board Meeting Agenda

I. Call to Order

A. Pledge of Allegiance

B. Mission and Vision

Mission Vision Values Strategies March 2018.pdf - Page 6

Richard
Mathey

Richard
Mathey
Marty Kelsey

II. Minutes

Minutes for July 26 2018 Special Joint Meeting with Foundation.docx -
Page 7

Minutes for August 1 2018.docx - Page 10

Minutes for August 28 2018 Special Joint Meeting with General Medical
Staff.docx - Page 16

For Approval

Richard
Mathey

III. Community Communication

IV. Medical Staff Report

A. Medical Staff Rules and Regulations

Page 42: Change from "three times per year, ideally quarterly," to
"annually or semi-annually".

Medical Staff Rules and Regulations Revision Request September
2018.pdf - Page 19

For Approval

Richard
Mathey

Dr. David
Dansie,
Medical Staff
President

V. Old Business

A. For Board Approval

1. Plan for Providing Patient Care Services and Scopes of
Care

Plan for Providing Patient Care services and Scopes of
Care.pdf - Page 20

2. Compliance Committee Charter

DRAFT compliance committee Mathey September 4
2018.docx - Page 62

3. Board Conflict of Interest Policy

Approved at 8/1/18 meeting. FORMAT approval request at
9/12/18 meeting.

Conflict of Interest Policy August 1 2018 Rev.pdf - Page 63

Richard
Mathey

Suzan
Campbell,
Chief Legal
Executive and
General
Counsel

Richard
Mathey

Suzan
Campbell

B. Outstanding - Not Ready For Board Consideration

(Placed on the agenda as a reminder of uncompleted business)

1. Drug and Alcohol Policy for Staff

2. Drug and Alcohol Policy for Employed and Credentialed

Physicians

3. Policy or Plan RE Inspections for Weapons

4. Employee Corrective Action Policy

5. Employee Grievance Procedure and Conflict/Dispute

VI. New Business

Richard
Mathey

VII. Chief Executive Officer Report

Irene
Richardson,
Chief
Executive
Officer

A. Strategic Plan Timelines and Measurables

For Discussion and
Review; Board action
to be taken on
10/3/18

Strategic Plan 3 Year Plan Poster 2018 Update September
2018.docx - Page 64

VIII. Committee Reports

Richard
Mathey

A. Building & Grounds Committee

Ed Tardoni

meeting book - tuesday - august 21, 2018 building & grounds
committee meeting.pdf - Page 65

Building and Grounds Report to the Finance and Audit
Committee - PAGE 96

Jim Horan,
Facilities
Director

B. Compliance Ad-Hoc Committee

Richard
Mathey

C. Executive Oversight and Compensation Committee

Richard
Mathey

D. Finance and Audit Committee

Marty Kelsey

1. Capital Expenditures - PAGES 81, 87, 92
FY19-3 on PAGE 77 was NOT approved to forward to the
Board for approval

For Approval

Marty Kelsey

2. Narratives - PAGES - 98, 118, 136

Tami Love,
Chief
Financial
Officer

3. Bad Debt
Final numbers distributed near or on meeting date.

For Approval

Ron Cheese,
Patient
Financial
Services
Director
Tami Love

4. Investment Recommendation - PAGE 154

For Approval

meeting book - wednesday - august 29, 2018 finance & audit
committee meeting.pdf - Page 69

E. Foundation Board

Taylor Jones

F. Governance Committee

Barbara
Sowada

G. Human Resources Committee

Ed Tardoni

meeting book - hr committee august 20 2018.pdf - Page 179

H. Quality Committee

Barbara
Sowada

Quality Committe Summary Report - Aug.pdf - Page 212

8 15 18 Quality Minutes - Public.doc - Page 214

Appendix 1 - Page 226

Appendix 2, page 1 - Page 227

Appendix 2, page 2 - Page 228

Appendix 3 - Page 229

Appendix 4 - Page 232

Appendix 5 - Page 234

Driver Diagram Example-Sepsis - Page 237

Driver Diagram Template - Page 238

PDSA Detailed Worksheet - Page 239

PDSA Quick Reference Worksheet - Page 242

IX. Contract Review

Suzan
Campbell,
Chief Legal
Executive and
General
Counsel

A. Contract Consent Agenda

For Approval

1. Building Lease 7708 Foothill

Building Lease 7708 Foothill.pdf - Page 243

2. Fairwarning

Fairwarning.pdf - Page 249

3. Specialty Services Agreement - Wamsutter

Specialty Services Agreement Wamsutter.pdf - Page 284

4. University of Utah Affiliation Agreement Amendment

University of Utah Affiliation Agreement Amendment
2018.pdf - Page 297

5. University of Utah AirMed Facility Use Agreement

U of U AirMed Facility Use Agreement.pdf - Page 302

6. University of Utah Research Affiliation Agreement

U of U Research Affiliation Agreement.pdf - Page 310

7. US Bank Master Services Agreement

US Bank Master Services Agreement.pdf - Page 328

B. Contracts Approved By CEO Since Last Board Meeting

For Your Information

1. Delta Dental Administrative Services Contract

Check List for Delta Dental Administrative Services
Contract.pdf - Page 333

2. Focus One

Check List for Focus One 2018.pdf - Page 334

3. iContracts Master Agreements

Check List for iContracts.pdf - Page 336

4. Ovid Technologies

Check List for Ovid.pdf - Page 338

5. State of Wyoming Victim Services Division - SANE
Program Funding

Check List for State of Wyoming Victim Services Division -
SANE Program Funding 2018.pdf - Page 339

6. UASI - United Audit Systems Inc

Check List for UASI.pdf - Page 341

X. Good of the Order

Richard
Mathey

XI. Executive Session (W.S. 16-4-405(a)(ii), (s)(iii), (a)(x))

Richard
Mathey

XII. Credentials

Confidential information available for review in the Board Portal.

For Approval

Richard
Mathey

XIII. Adjourn

Richard
Mathey



Our Mission

*Compassionate care for every
life we touch.*

Our Vision

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

Our Values

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

Our Strategies

Patient Experience

Workplace Experience

Quality & Safety

Growth, Opportunity & Community

Financial Stewardship

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

July 26, 2018

The Board of Trustees of Memorial Hospital of Sweetwater County met in special session with the Hospital Foundation Board of Directors on July 26, 2018, at 6:00 PM with Mr. Taylor Jones, Vice President, presiding.

CALL TO ORDER

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

Mr. Jones welcomed the Foundation Board of Directors. Present: Ms. Dianne Blazovich, Ms. Becky Costantino, Ms. Kelly Sugihara, and Mr. Charlie Van Over.

Officially present: Ms. Irene Richardson - Chief Executive Officer, Ms. Tiffany Marshall – Foundation Director, and Ms. Suzan Campbell – Chief Legal Executive and General Counsel.

Mr. Jones announced Mr. Mathey had an accident while hiking and was recovering. Everyone in attendance wished Mr. Mathey a speedy recovery.

FOUNDATION BOARD UPDATE

Mr. Van Over thanked the Board of Trustees for meeting. He reported the annual Foundation golf tournament will be held in Green River August 5 and invited the Trustees to attend. He said the Waldner House continues to be utilized by patients and we are pleased with the continued support from the community. We received another large donation from the 4H Shooters for household items. Mr. Van Over said there is still no staff at the Waldner House so Ms. Marshall is covering the required duties. He said she may need part time help because the next Red Tie Gala will be here before we know it.

FOUNDATION DIRECTOR UPDATE

Ms. Marshall distributed employee contribution campaign materials and reviewed the contributions from the last year. She detailed the patient assistance fund and fellow employee assistant fund. Ms. Marshall said in the last 24 months the patient assistance fund has been utilized greatly and we exhausted available funds. Ms. Marshall reported she froze the program until funds were built back up. The goal is to build it back up to \$12,000. Ms. Marshall said the Foundation mission statement is to fund the betterment of the Hospital. Employees can donate to individuals and Ms. Marshall facilitates where those funds go. She said she cannot fundraise outside the Hospital for those two programs. Ms. Marshall said she wants to thank staff and recognize donors better than we have in the past so she is implementing a rewards program. The campaign will be rolled out the second week in August. The goal is to raise approximately \$20,000. Contributions will be ongoing until stopped by the donor. Mr. Jones said he is a fan of face-to-face requests. Ms. Marshall said Ms. Stevie Nosich, Facilities Coordinator, helps her with fundraising a great deal. Ms. Marshall has been working with Mr. Keaton West from Vaughn's and they are planning to

donate a new furnace, air conditioning and filtration system worth approximately \$10,000 at the Waldner House. Rushmore Furniture recently donated a new washer and dryer to the Waldner House. Ms. Marshall plans to make thank you magnets to send to people about a month after they stay in the House. Ms. Marshall shared some of the prizes and gifts that will be given at the August 5 Foundation golf tournament. Ms. Marshall provided a brief overview of the cancer prevention and Wyoming breast health initiatives grants. A Paint the Town Pink awareness event is planned for October 5 at the Broadway Theater. Ms. Marshall reported the Foundation Bylaws were updated and signed by the Foundation Board the previous month. Following the suggestion of Mr. Mathey, one change was the removal of the Board of Trustees having to ratify the appointment of volunteers to the Foundation Board of Directors. Ms. Marshall said she will forward a copy of the ratified bylaws to the Board of Trustees.

CHIEF EXECUTIVE OFFICER UPDATE

Ms. Richardson reported eight Town Hall meetings were held where she gave to staff the presentation she gave at the June Board of County Commissioners meeting. During the Town Hall meetings, she said she highlighted the Foundation to help staff understand how much the Foundation helps the Hospital. The next Town Halls will be held in October. She said Foundation Board of Directors are always invited to attend. Ms. Richardson said we are recruiting for a Pediatrician, Pulmonologist, and Orthopedic Surgeon. The Hospital Picnic is scheduled August 11 from 12:00 – 4:00 PM at Crossroads Park West in Rock Springs. Ms. Richardson said Hospital staff walked in the Green River parade and we handed out over 600 bottles of water. She said we have the opportunity to do it again the weekend of the Red Desert Parade in Rock Springs. An ice cream social for day and night shift staff is scheduled August 23 to celebrate accreditation from The Joint Commission. Ms. Richardson said the Hospital will have two booths at the county fair. Volunteers and physicians are staffing five-hour shifts. Ms. Richardson said we are offering sports physicals August 1 and 2 from 2:00 – 4:00 PM. Ms. Sugihara will be there to help raise HPV vaccine awareness. Ms. Richardson said \$500,000 from the Francis Rappy Estate has been received and deposited into the Foundation account. We believe there are still additional funds we will receive in the future from her estate. Ms. Richardson reported the Hospital new fiscal year (FY19) started July 1. The auditors were on-site the past week. Ms. Richardson said everyone did a great job and commended Ms. Tami Love, Chief Financial Officer, and her team. The audit will be presented to the Finance and Audit Committee in September and to the full Board in October for approval. Last year, the Hospital experienced an approximate \$8M loss. This year we had about a \$500,000 loss.

HOSPITAL BOARD UPDATE

Mr. Jones reported the Trustees appointed committee positions/responsibilities earlier in the month at their regular meeting as follows:

Board Positions:

- Richard Mathey, President
- Taylor Jones, Vice President
- Marty Kelsey, Treasurer
- Ed Tardoni, Secretary

Committees:

- Finance and Audit: Taylor Jones and Marty Kelsey
- Quality: Barbara Sowada and Marty Kelsey
- Human Resources: Marty Kelsey and Ed Tardoni

- Building and Grounds: Ed Tardoni and Barbara Sowada
- Governance: Richard Mathey and Barbara Sowada
- Joint Conference: Richard Mathey and Ed Tardoni
- CEO Oversight and Compensation: Richard Mathey and Taylor Jones
- Foundation: Taylor Jones

Mr. Jones noted that it is good to get new faces and ideas on the various committees and he looks forward to the changes as everyone is working together to move forward. Mr. Jones reported that the Hospital's quality has improved and the committee is pleased with that progress. He reported the Trustees appreciate the County Commissioners' support in the efforts to move the Hospital forward. Mr. Jones said the committee charters have been completed and now they are working on revising and fine tuning them to meet the needs of each individual committee. He said they are starting to dive into employee policies to get necessary updates and thanked Ms. Suzan Campbell, Chief Legal Executive and General Counsel, for all of her help with the process. Mr. Jones recognized Ms. Richardson and the hospital staff for turning around an \$8M loss, noting that it was an amazing feat.

ADJOURNMENT

The Foundation Board of Directors recognized Ms. Richardson and thanked her and the Trustees for their hard work and support of the Hospital.

There being no further business to discuss, the meeting adjourned.

The next joint meeting is scheduled Thursday – October 25, 2018, at 6:00 PM. Dinner will be provided at 5:30 PM.

Mr. Richard Mathey, President

Attest:

Mr. Ed Tardoni, Secretary

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

August 1, 2018

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session on August 1, 2018, at 2:00 PM with Mr. Taylor Jones, Vice President, presiding.

CALL TO ORDER

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

Officially present: Ms. Irene Richardson, Chief Executive Officer, Dr. David Dansie, Medical Staff President; Mr. John Kolb, Sweetwater County Board of County Commissioners Liaison; and Mr. Jim Phillips, Legal Counsel.

Mr. Jones led the audience in the Pledge of Allegiance. Mr. Tardoni read aloud the mission and vision statements. Mr. Jones said he was filling in for Mr. Mathey who was injured in a hiking accident. He said Mr. Mathey is healing and forwarded a message that Mr. Mathey is grateful to the care he received at Memorial Hospital of Sweetwater County. Mr. Jones said we wish Mr. Mathey a speedy recovery.

The motion to end the meeting no later than 5:30 PM was made by Mr. Kelsey; second by Dr. Sowada. Motion carried.

APPROVAL OF MINUTES

The motion to approve the minutes of the July 11, 2018, regular meeting as presented was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

COMMUNITY COMMUNICATION

Mr. Jones invited members of the community to address the Board. There were no comments.

MEDICAL STAFF REPORT

Dr. Dansie reported the General Medical Staff did not meet in July. The Medical Executive Committee is scheduled to meet with legal counsel on continued bylaws revision work.

EXECUTIVE SESSION

The motion to go into Executive Session to review credentials, litigation and personnel matters was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

RECONVENE INTO REGULAR SESSION

The Board of Trustees reconvened into Regular Session at 3:38 PM. Mr. Phillips was no longer in attendance.

The motion to approve the July 10, 2018 Credentials Committee Recommendations as follows for appointment to the Medical Staff was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

1. Initial Appointment to Active Staff (2 years)
 - Dr. Cody Christensen, Urology
2. Initial Appointment to Locum Tenens Staff (1 years)
 - Dr. Robert Swift, Anesthesia
 - Dr. Thomas Seibert, Emergency Medicine (U of U)
 - Dr. Jamal Jones, Emergency Medicine (U of U)
 - Dr. Matthew Di Francesca, Emergency Medicine (U of U)
 - Dr. Jennifer Cotton, Emergency Medicine (U of U)
3. Initial Appointment to Consulting Staff (1 year)
 - Dr. Marcela Smid, Maternal/Fetal Medicine (U of U)
 - Dr. Lauren Theilen, Maternal/Fetal Medicine (U of U)
4. Reappointment to Active Staff (2 years)
 - Dr. Jacob Johnson, Family Medicine & Occupational Medicine
5. Reappointment to Consulting Staff (2 years)
 - Dr. Frederick Welt, Cardiology (U of U)
 - Dr. William Kutchera, Cardiology (U of U)
6. Reappointment to Locum Tenens Staff (1 year)
 - Dr. Mary Murphy, Radiology
 - Dr. Timothy Delgado, Emergency Medicine (U of U)
 - Dr. Graham Brant-Zawadzki, Emergency Medicine (U of U)
 - Dr. Brendan Milliner, Emergency Medicine (U of U)
7. Change of Status to Locum Tenens Staff (1 year)
 - Dr. Wagner Veronese, OB/GYN
 - Dr. John Mercer, OB/GYN
8. Dr. William Davidson, Pulmonary Medicine – Discontinued Credentialing
 - Dr. Davidson will not be returning to MHSC after July. His temporary privileges will expire on August 5, 2018.

The motion to approve Ms. Suzan Campbell, Chief Legal Executive/General Counsel, disposing of equipment in the amount of approximately \$1,000 was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

The motion to authorize Ms. Richardson to sign physician contracts as discussed was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

OLD BUSINESS

Board Bylaws Revision

Ms. Campbell reviewed a change to add the meeting location may be changed. She said the bylaws already had language included on how the notice would go out. Ms. Campbell said the reason for the revision is to clarify if the Board wants to meet somewhere else, for example, Green River. The motion to suspend the 5-day notice rule and approve the change to the bylaws as presented was made by Mr. Kelsey; second by Dr. Sowada. Motion carried. The motion to have the September meeting in Green River was made by Dr. Sowada; second by Mr. Kelsey. Motion carried. Mr. Kelsey suggested the Board keep the timing consistent at the same time each year. The Board discussed possible meeting locations.

Conflict of Interest Policy

Ms. Campbell referenced the information distributed to the Board at the previous regular meeting. She read aloud a statement from Mr. Mathey. Ms. Campbell said she applied the standards for public officials which are at a higher standard. Dr. Sowada asked Ms. Campbell to place the information in the Board policy format. The motion to approve the Conflict of Interest Policy adopted as corrected (“complete” on number 2) was made by Mr. Kelsey; second by Mr. Tardoni. Motion carried.

Plan for Providing Patient Care Services and Scopes of Care

Ms. Campbell said this is something the Board approves annually. Mr. Kelsey said he spoke with Dr. Kristy Nielson, Chief Nursing Officer, and she told him the information was basically “cut and paste” from a number of different authors. Dr. Nielson said she inherited it and she and Mr. Clayton Radakovich, Director of Compliance and Risk management, worked on it. She said it is a big task to try to edit it. Following discussion, the Board was asked to send updates, changes, and corrections to Ms. Campbell. The Board agreed the Plan will be reviewed by the Board at a later date.

Report on Policy or Plan RE Inspections for Weapons

Ms. Campbell said she cannot find a policy in-place addressing this directly. She said it is not in the Emergency Management Plan (EOP). She asked the Board if what we have in our anti-violence plans is enough. Mr. Tardoni suggested reviewing the current plan for wounded police officers be extended to anyone in general. Ms. Campbell said she will investigate and report back to the Board.

Board Self-Evaluation

Dr. Sowada referenced information in the meeting packet. She reported the Governance Committee recommends the Board approve the process. The motion to approve the self-evaluation survey as done by The Governance Institute was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

NEW BUSINESS

None.

CEO REPORT

Ms. Richardson introduced Dr. Ben Jensen, Anesthesia, and Ms. Joy Ohlmstead, the new Director of Pharmacy. Ms. Richardson welcomed both of them to MHSC. Ms. Richardson reported the Strategic Plan is being formatted for timelines and measurables. She will present more information at the September meeting. MHSC hosted the Governor's Reception at the Wyoming High School Rodeo. Ms. Richardson thanked the Nutrition staff and volunteers at the event. The auditors were on-site the week of July 23. Ms. Richardson was pleased to report no material or significant deficiencies. She recognized Ms. Tami Love, Chief Financial Officer, and her staff for being prepared. The audit report will be presented to the Board in October. Ms. Richardson reported the Hospital received a check for \$500,000 in July from the Francis Rappy Estate. Ms. Richardson invited Trustees to attend the Wyoming Hospital Association annual meeting in Laramie the first week in September. She also invited them to attend The Governance Institute Leadership Conference in Colorado Springs October 7 – 10. Ms. Richardson reported we continue recruitment for a Pulmonologist, Orthopedic Surgeon, and Pediatrician. The Foundation Golf Tournament will be August 5. The Hospital Picnic will be August 11. An ice cream social is planned for August 23 to celebrate The Joint Commission accreditation. Walkers are invited to join the Hospital in the Red Desert Round Up Parade August 28. Ms. Richardson extended appreciation to Ms. Melissa Anderson, Director of Acute Care Services and Emergency Services, the Rock Springs Police Department, Air Med, and everyone involved in assisting during Mr. Mathey's recent accident.

COMMITTEE REPORTS

Building and Grounds

Mr. Jim Horan, Facilities Director, reported we will start some work in the laundry area in September to help resolve some of the heat issues. Engineering for the retaining wall is ongoing. We are doing exploratory work to see how to best engineer the work. Mr. Horan said the Committee has been discussing governance vs. management and what the Committee should be involved in. He will bring to the next meeting a list of projects we have and discuss what the Board would like to see. Mr. Horan said the return air ducts project in the medical office building engineering is complete. There was a call for bids. It was required that interested contractors come on-site. We received one bid. Mr. Horan said the Finance and Audit Committee did not meet in July so a request for approval is coming directly to the full Board from the Building and Grounds Committee. The motion to approve the bid of \$278,240 as presented was made by Mr. Kelsey; second by Dr. Sowada. Motion carried.

Compliance Ad Hoc

Mr. Tardoni said the group that is meeting is Mr. Tardoni, Mr. Mathey and Mr. Radakovich. They met and discussed different issues presented. Mr. Tardoni said they leaned toward the committee approach. Mr. Tardoni offered to write a charter. Mr. Radakovich said the charter covers a lot of pieces. He said Mr. Mathey and Mr. Tardoni feel it best to have a Board Committee. Mr. Tardoni asked for all comments on the charter to go to Mr. Radakovich. He will collect and the group will discuss and hopefully come back with a recommendation for Board approval.

Executive Oversight and Compensation

No report.

Foundation Board

Mr. Tiffany Marshall, Foundation Director, reported the Foundation Board of Directors and MHSC Board of Trustees met the previous week. She said 26 teams are signed up for the golf tournament. Commissioner Kolb volunteered to help at the event. Ms. Marshall reported we have had patients staying at the Waldner House. She said she will roll out the Foundation Employee Contribution Campaign in the next two weeks. Ms. Marshall welcomed Mr. Jones to the Foundation Board.

Finance and Audit

Ms. Love reported the Committee did not meet in July due to the auditors being on-site. We are still working with the auditors on a few outstanding items. Mr. Kelsey said he and Mr. Jones attended a meeting with the auditors. Mr. Kelsey said he thought it went well. He said we had an \$8.1M loss in FY17. This year we have about a half million loss. Mr. Kelsey said huge progress has been made and we need to acknowledge the progress. Salary and wages are down \$4.1M. Mr. Kelsey said he thinks we need to look into that to see what that represented. He said the salaries and benefits percentage per FTE is about 14.8% greater than our five peer hospitals in the state. Mr. Kelsey said he strongly suggested that we do what we need to do to get our operating margin around 3%. Mr. Kelsey said he is pleased with what the auditors did. Mr. Jones said not only were expenses down but revenue was up. He said we had greater net patient revenue with fewer doctors and said “hats off” to everybody. Mr. Tardoni said there are some disparities around the state with wages in different areas in the state. He said we need to take that into consideration when reviewing.

Investment Recommendation: The motion to approve the investment recommendation of \$17,079,273.38 as requested was made by Mr. Kelsey; second by Dr. Sowada. Motion carried.

Bad Debt: The motion to approve the net potential bad debt for \$879,479.10 as presented was made by Dr. Sowada; second by Mr. Kelsey. Motion carried.

Governance

Dr. Sowada said the Board will participate in the self-assessment survey.

Human Resources

Mr. Kelsey reported the Committee is working on a number of different things. They will meet again in August. They continue work on policies listed on the agenda. He said we need to develop some rules or practice that incorporates the Wyoming Administrative Act.

Quality

Ms. Campbell reported the Hospital received the 2018 Mountain Pacific Quality Healthcare Excellence Award. She said this is the second consecutive year the Hospital received the award. Dr. Sowada said the QAPI Plan will be brought to the Board in September for approval. She thanked Ms. Richardson for making some LEAN training available to the Emergency Department staff. Ms. Richardson said we will review the proposal and will bring it to the Board for approval. She said she thinks it will benefit us in a number of ways.

CONTRACT REVIEW

Contract Consent Agenda

The motion to authorize the CEO to execute the agreement as presented was made by Mr. Tardoni; second by Dr. Sowada. Motion carried.

Contracts Approved by CEO Since Last Board Meeting

Ms. Campbell asked if there were any questions. Mr. Tardoni said he had a question on the DISA agreement. Ms. Campbell reviewed the check list information and said these are services provided by our Lab.

GOOD OF THE ORDER

None.

ADJOURNMENT

There being no further business to discuss, the motion was made, second and carried to adjourn.

Mr. Richard Mathey, President

Attest:

Mr. Ed Tardoni, Secretary

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

August 28, 2018

The Board of Trustees of Memorial Hospital of Sweetwater County met in special session with the General Medical Staff on August 28, 2018, at 6:00 PM with Mr. Richard Mathey, President, presiding.

CALL TO ORDER

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

Officially present: Mr. Irene Richardson, Chief Executive Officer, and Dr. David Dansie, Medical Staff President.

WELCOME MEDICAL STAFF

Mr. Mathey welcomed the Medical Staff to the meeting.

MEDICAL STAFF UPDATE

Dr. Dansie reported the Medical, General Services, and Surgery Departments have not met. The Medical Executive Committee (MEC) met with the intent to review the bylaws revisions. Legal Counsel was unable to attend the meeting. Dr. Dansie said he feels the attorney has been very helpful and Dr. Dansie thinks we are in the final stages. We are at the point where we need an in-person meeting and that is scheduled September 11. Dr. Dansie said the MEC “will revise, revise, and revise” until they agree on the changes. Following that step, the MEC will forward the bylaws to the General Medical Staff for a minimum review of 20 days. That group will then vote.

HOSPITAL BOARD UPDATE

Mr. Mathey said the Board had many issues to deal with and much of that work is done. The Board found itself earlier this year in a place no longer reacting to the past and instead called upon to look to the future, which is the job of the Board. The Board discussed governing board vs managing board vs micro-managing board. Mr. Mathey said he thinks the Board is turning in the direction it needs to turn. We are currently going through the self-evaluation process. In the physician contract area, the Board has made good progress. Mr. Mathey said we are letting go and turning over the process to the CEO and her team. He said he is confident in saying the Board of Trustees has full confidence in Ms. Richardson and her team. Contracts must be approved by the Board. Mr. Mathey said he is satisfied with that process. He said the Board has

learned enough to scare all of them regarding credentialing. The overall scheme is clear: The buck stops at the Board of Trustees regarding credentials. Mr. Mathey said the Board is greatly helped by Ms. Kerry Downs, Medical Staff Services Supervisor, and her staff who do an excellent job. Mr. Mathey said in the long term, the Board is committed to working with and employing those doctors that want to make Sweetwater County their home and work here. They are not free from job evaluation and job critique. Mr. Mathey said that falls to the Board, too. He said the most hefty expense the Hospital bears is payroll and the largest part is doctors. Mr. Mathey said we invest in the doctors so they can provide services and keep the institution moving along. That is our mission to provide compassionate care for every life we touch. We cannot continue without the financial piece being met. Mr. Mathey asked for any questions anyone had. Dr. Joe Oliver asked the Board if they have considered moving to critical access designation. Mr. Mathey said that is on our radar and referred the question to Ms. Richardson.

CEO UPDATE

Ms. Richardson said she and Ms. Tami Love, Chief Financial Officer, have spoken to our auditors and the person who prepares our cost report and were told moving to critical access would mean additional millions of dollars in reimbursement for us. We have recently learned we do not qualify because we are not 35 miles from the nearest “like” hospital according to the accrediting agencies. Ms. Richardson said the hospital we are being compared to is not really a “like” hospital but we are unable to move forward to critical access designation. Ms. Kari Quickenden, Chief Clinical Officer, said she has an upcoming visit to Washington, D.C. during an American Hospital Association event and plans to establish some relationships and make some contacts there to see if we can obtain assistance in this area. Mr. Mathey said it may be subject to administrative review and asked Ms. Suzan Campbell, Chief Legal Executive and General Counsel, to get involved to investigate further. Ms. Richardson welcomed Dr. Ben Jensen, Anesthesia. She thanked everyone and said we appreciate everything the doctors do. There was a huge turnout by the medical staff at the fair and we received many positive comments. Ms. Richardson thanked everyone who walked in the Red Desert Parade in Rock Springs. She said we continue recruiting for Pediatrics, Pulmonology, and Ortho. Ms. Richardson said she delivered invitations to physicians to invite them to attend the picnic. Included in the basket was a list of upcoming events. Ms. Richardson said we want to get the medical staff together to get to know each other. She listed the following upcoming events: 9/17 Provider Family Movie Night, 10/5 Paint the Town Pink cancer awareness/prevention event, 10/23 Medical Staff costume meeting and dinner event, 10/31 MHSC Halloween community event, 11/8 MHSC 125th Birthday Celebration, 12/1 Rock Springs Lighted Holiday Parade, 12/5 MHSC Sweetwater County Christmas community event. Ms. Richardson invited the Medical Staff to a dinner meeting at Santa Fe Trail on September 25. The Board of Trustees and Foundation Board of Directors are invited to attend, also. Ms. Richardson invited Ms. Tiffany Marshall, Foundation Director, to present the Foundation employee contribution campaign information to the Medical Staff. Ms. Marshall said she frequently asks the physicians for their support. She said every dollar we raise is reinvested back into our hospital, our patients, and our facility. There are different funds to choose from and donors may give money or paid time off hours. Ms. Marshall said it speaks great volume when physicians support the Foundation to support the Hospital and the patients. A rewards program was implemented this year. Ms.

Richardson said she is a believer that if you do good things, it will come back to you. She said we appreciate anything the physicians can do.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 6:42 PM.

Mr. Richard Mathey, President

Attest:

Mr. Ed Tardoni, Secretary

3. Meetings:

The Radiation Safety Committee shall meet annually or semi-annually, and shall maintain a permanent record of its proceedings and activities.

4. Reports To:

The Radiation Safety Committee shall report to the Department of General Services.

I. Utilization Management Committee

1. Composition:

Physician Members

- a. Physician members will be appointed annually by the President of the Medical Staff
- b. Committee will consist of at least two physicians
- c. One physician member must be present at each meeting
- d. The President of the Medical Staff will appoint the Physician Chair

Non-physician members may include, but are not limited to:

- e. Administration
- f. Health Information Management
- g. Nursing
- h. Quality
- i. Case Management
- j. Clinical Documentation Improvement
- k. Patient Financial Services
- l. Other healthcare practitioners and professionals as necessary
- i. Case Management

2. Duties: Please reference the Utilization Management plan, per current CMS guidelines.



Approved: N/A
 Review Due: 3 years after approval
 Policy Area: Administration
 Reg. Standard: TJC LD 01.03.01 EP 3, TJC LD.04.03.01, TJC LD.04.03.07, TJC PC.01.01.01, EP 7

Plan for Providing Patient Care Services and Scopes of Care

STATEMENT OF PURPOSE:

Memorial Hospital of Sweetwater County (MHSC) provides care to patient's 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 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.

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 of patient care in each area.

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

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:

- diagnostic radiology
- dietary and nutritional service
- emergency and trauma care
- medical records/information technology
- nuclear medicine
- nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, end stage chronic dialysis
- pathology/histopathology, clinical laboratory and transfusion services
- pharmaceutical
- physical rehabilitation, occupational and speech therapy
- cardiopulmonary care
- sleep lab
- cardiac stress testing
- cardiac and pulmonary rehabilitation
- oncology, including outpatient chemotherapy administration and radiation oncology
- endoscopy
- anesthesia services
- chronic hemodialysis and peritoneal dialysis
- infection prevention and control services
- volunteers
- case management
- care transition
- chronic care management
- clinical documentation improvement
- quality improvement
- social work
- telemedicine-stroke and burn
- provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, occupational medicine, pulmonology, nephrology, urology and ear/nose and throat

II. Services not available at the MHSC include acute cardiology and cardiac surgery, acute intensive burn care, neurosurgery or neurology, 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

IV. Patient services provided by contracted organizations include:

- Emergency medicine
- Pharmacy services
- Pathology and Lab supervision

- 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 2017:

Campus Size	Hospital = 106,044 square feet, Medical Office Building = 80,000 square feet, central plant = 19,781 square feet, paving area = 378,865 square feet and total lot area = 1,472, 289 square feet or 33.8 acres
Licensed Beds	99
Staffed Beds	58
Employees	509
Full-time employee equivalent (FTE)	454.8
FTEs/Occupied Bed	6.73
Average patient length of stay (LOS)	2.5
Average Daily Inpatient Census	13.65
Inpatient Discharges	2213
Births	501
Non-ED Outpatient Visits	79272
ED Visits	16258
ED Visits Admitted	1703
Inpatient Surgeries	365
Outpatient Surgeries	1450
Medical Office Building Clinic Visits	55892

- 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 standard. 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 the Quality Assurance Performance Improvement (QAPI) and Safety 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 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 online resources such as Lippincott, HealthStream Learning Center (HLC), 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 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.

IX. PATIENT RIGHTS AND RESPONSIBILITIES

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

X. FAIR BILLING PRACTICE

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

XI. CONTRACTED SERVICES

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

GOVERNANCE

I. BOARD OF TRUSTEES

- The hospital Board of Trustees' role is to serve as the governing body of the hospital.
- Board of Trustee (BOT) meetings open to the public occur the first Wednesday of every month from 2:00 - 5:00 PM. Board members serve on several other committees that meet at various times, dates and hours of the day.
- The BOT is responsible for oversight of the hospital.
- The BOT responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing 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, 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 the Chief Legal Executive.
- 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 Chief Legal Executive 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 Executives (AONE)

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: ACCREDITATION

DEFINITION OF SERVICE

- The Accreditation Department provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care. The department is non-clinical, but 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 Accreditation Department are responsible for:
 - Accreditation Compliance and Oversight
 - Patient and Employee Safety
 - Environment of Care
 - Guest Relations
 - Occurrence Reporting
 - Risk Management

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays

TYPES OF SERVICES

- **Accreditation**
 - 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.
- **Safety and Environment of Care**

- 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 online 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.
- **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 Accreditation.

CONTRACTED SERVICES

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

STAFFING

- Director of Accreditation: 1
- Guest Relations Specialist: 1

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: ADMITTING

DEFINITION OF SERVICE

- The Admitting Department is comprised of Admitting, ED Admitting, Medical Imaging Admitting, 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 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 is scanned into the patient's medical record. Customer service is provided in an attempt to 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 main Admitting Department is staffed Monday through Friday from 7:00 a.m. until 4:00 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 Room 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. The department also provides registration of all patients into our facility in addition to answering any questions that those patients and visitors might have.

CONTRACTED SERVICES

- Emdeon, Recondo Technologies, and REV360 are companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification.

STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 6:30 a.m. - 5:00 p.m., along with 24/7 coverage in the Emergency Department.
- The staff includes a Patient Registration Supervisor, Admissions Specialists, and Operator/Receptionists.
- All personnel report directly to the Director – 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 physicians.
- 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, Bier 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, 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 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, 08:00 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. 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 and Secondary Prevention Programs, 5th ed. (2013). American association of Cardiovascular and Pulmonary Rehabilitation.
- Guidelines for Exercise Testing and Prescription (2004). American College of Sports Medicine (ACSM).

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 provides 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.
- Cardiopulmonary Services provides optimum assistance to nurses and physicians in maintaining preventive and restorative health needs for patients. The Cardiopulmonary Services staff provides quality, conscientious, cost effective and competent care with respect for life and dignity at every stage of the human experience.
- **Services of the Cardiopulmonary Department will include, but are not limited to:**
 - Cardiac:
 1. Stress testing – Cardiolite, Lexiscan/Cardiolite, Dobutamine/Cardiolite, Dobutamine Stress Echocardiogram, Plain Stress Echocardiogram, and Plain Stress
 2. Holter Monitor recording and scanning
 3. Electrocardiograms (ECG)
 4. Event monitors (30 Days)
 5. Cardioversion
 - Respiratory:
 1. Nebulized aerosol administration
 2. Assessing response of bronchodilator therapy at point of care
 3. Medication administration
 4. Arterial, venous and capillary blood gas analysis sampling (to include point of care testing)
 5. Assisted ventilation, weaning and discontinuing ventilator support (removal of endotracheal tube)
 6. Heated high flow oxygen delivery including Vapotherm (high flow oxygen delivery)
 7. Metaneb (pressurized aerosol delivery device)
 8. Humidification during mechanical ventilation and non-invasive ventilation
 9. Capnography/end-tidal CO2 monitoring during mechanical ventilation and procedural sedation
 10. Application of continuous positive airway pressure (CPAP) neonate and adult
 11. Application and maintenance of bilevel positive airway pressure (BiiPAP) (non-invasive ventilation)
 12. Endotracheal/nasotracheal suctioning
 13. Tracheostomy care
 14. Exercise testing for evaluation of hypoxemia and/or hypoxia
 15. Incentive spirometry
 16. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
 17. Management of airway emergencies (Rapid Response, Code Blue, and Trauma Codes)
 18. Oxygen titration therapy
 19. Heliox treatments
 20. Postural drainage therapy with chest physiotherapy (CPT), percussion and cough
 21. Pulse oximetry
 22. Directed cough with Acapella/flutter valves
 23. Peak expiratory flow rates (PEFR)
 24. Bronchoscopy assistance

25. Training in breathing exercises
 - Sleep Lab:
 1. Polysomnography. Reports contract to off-site pulmonologist.
 2. Split titration studies
 3. Oxygen titration studies
 4. Home sleep testing

CONTRACTED SERVICES

- University of Utah-Read Holter Monitor Studies and occasionally ECGs
- Lifetouch-Holter/Event Monitors
- Radiometer-Blood Gas Analyzer
- Sleep Physicians

STAFFING

- There are a minimum of 2 licensed therapists on the day shift available to assist physicians with procedures taking place during daytime hours. A therapist shall also be available during evening and night shifts for 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)

SCOPE OF SERVICE: CARE TRANSITION

DEFINITION OF SERVICE

- Care transitions occur 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 8:30 a.m. - 5:00 p.m. There is no coverage on holidays. Coverage is provided on evenings and weekends depending on the needs of patients when discharged at various times of day.

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 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

- 1.2 FTE Care Transition Registered Nurses (1 full time, 2 PRN).

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CASE MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Case findings are determined through use of census reports and the MIDAS worklist 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 Case Management.
- Referrals for all Discharge Planning and Case Management services are accepted from physicians, hospital personnel, patients, families, outside agencies and other health care professionals as appropriate. The Case Managers work closely with interdisciplinary teams to develop a holistic plan of care for the patient.
- Case Managers work with patients who are experiencing complex social needs related to diagnosis, support, adjustment and resources. Refer to the Case Management Activities Policy. 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. Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, Psychiatrist, or attending physician, and it is determined these patients need a higher level of care, Case Managers 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, Case Managers assist in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office. Case Managers notify all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.

CONTRACTED SERVICES

- Interqual for determination of patient criteria of admittance.

STAFFING

- Case Manager Registered Nurses: 3 full time, 1 PRN and 2 cross-trained on as 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 are typically 8:00 a.m. - 5:00 p.m., Monday - Friday but are flexible to match inpatient hospital census. CDI specialists review charts remotely on weekends and holidays.

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. A second CDI nurse works part time to review outpatient charts in the Medical Office Building (Clinic). Outpatient chart review by CDI nurses is new to the health care industry thus the role is evolving.

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 its ability to access data, measure responses, facilitate patient care and enhance patient workflow.
- The MHSC Informatics Department is here to help everyone use the electronic medical record in a way that makes workflow and processes more efficient and effective. By working together, in teams, and using evidence-based electronic medical record (EMR) practices, we impact patient outcomes in a meaningful and favorable way.

HOURS/DAYS OF THE WEEK OF SERVICE:

- The 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 a.m. - 5:00 p.m. The department also provides 24/7/365 phone support. The department is flexible with hours and occasionally works night, weekends and holidays.

TYPES OF SERVICES

- Maintain and support the informatics component of the hospital EMR system. This includes, but is not limited to, 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 Clinical Informatics Specialists.

CONTRACTED SERVICES

- Quadramed
- T-Systems

AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)
- American Nursing Informatics Association (ANIA)
- American Nurses Association (ANA)

SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT

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 8:30 a.m - 5:00 p.m., Monday through Friday excluding 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 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 SERVICES

- None

STAFFING

- 1 registered nurse

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

- The Dialysis Unit provides chronic hemodialysis care to outpatients. The unit is located on the third floor of the Medical Office Building adjacent to the hospital. It is an eight station unit that provides routine care to the end stage renal population of Sweetwater County and the surrounding area. The age range of the population served is 16 and above.
- The primary goal of the chronic dialysis unit is to adjust and/or restore the health, and functional status of patients with ESRD 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 involves social, medical, economic, spiritual, nutritional, educational and psychological aspects of care.
- In addition to hemodialysis, home hemodialysis or peritoneal dialysis may be a treatment modality of choice. Patients are educated to, and assisted with the further exploration and possible change in modality if needed by the 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.
- The second goal is to provide education for the care of hemodialysis patients and chronic renal disease to the staff at MHSC and any other interested individuals, groups, or educational institutions. It is the intent that a total renal program is an adjunct to the medical care provided by and to the many other educational programs of MHSC.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Dialysis Unit hours of operation 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.
- 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.
- Currently the unit does not provide acute hemodialysis, home hemodialysis or peritoneal dialysis for patients.

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 dialysis unit is covered by two staff members, either a combination of registered nurse and one patient care technician or two registered nurses. The unit director oversees the day to day operations and care of patients. Each dialysis patient is visited monthly by a registered dietitian and receives a monthly visit from a social worker. Once a quarter the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide service to them.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

- The Education Department 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. Professionals in the Education Department 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. Learning needs of employees in all departments guide meaningful continuing education opportunities necessary and pertinent to position description. Continuing education opportunities include mandatory education needed to meet the requirements of regulatory agencies. The Education Department disseminates information to employees that they may not otherwise know exists, 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 8:00 a.m. - 4:30 p.m., Monday through Friday. 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

- The Education Department 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 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, coordination of American Heart Association courses to meet compliance, conducting competency assessments and assisting in the development of competencies throughout the organization, writing and assisting in the writing of grants, conducting preceptor training and evaluating the effectiveness of educational activities. Staff in the Education Department provide career and academic counseling and guidance.
- The Education Department philosophy fosters the self-directed learning and believes that those with the most appropriate expertise are those best to conduct department-specific orientation and training on the use of the electronic medical record. The 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 units courses are not offered through MHSC's Education Department but are offered through the Healthstream Learning Management system and a plethora of easily accessible outside resources.

CONTRACTED SERVICES

- Lippincott
- OVID
- Up To Date
- HealthStream (HLC)
- American Association of Critical Care Nurses (AACN)

STAFFING

- The Education Department consists of three employees: Director of Education, Clinical Education Coordinator and Education Assistant.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EMERGENCY DEPARTMENT

DEFINITION OF SERVICE

- The Emergency Department (ED) is a full service, ambulance receiving department which 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, surface trauma, toxicological and other trauma.
- Stabilization and care for all patients with transfer by ground/air to tertiary and specialty care centers as needed.
- The health status of patients range 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, 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, 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.

CONTRACTED SERVICES

- University of Utah Emergency Department Physicians.

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: ENVIRONMENTAL SERVICES

DEFINITION OF SERVICE

- The Environmental Services Department is responsible for the hygiene 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.

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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 16 hours a day, 7 days a week.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICE:

- Facility Support Services (FSS) is responsible for maintaining the physical health and condition of the Hospital, the Medical Office Building, Physical Plant buildings (including the Power House, Emergency Diesel Generator Building, and other associated out buildings on campus) plus several off-site facilities. In addition, the Bio-Medical department is part of FSS and its personnel report to the FSS Director.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

- Typically a FSS staff-member is on site for approximately 14.5 hours on week days and 10 hours on weekends. When FSS personnel are not on site, a designated member of FSS Department is on call and available, thereby assuring FSS coverage 24/7.

The PBX operator and House Supervisors are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to PBX Operators and House Supervisors. The PBX Operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX Operator and House Supervisor.

- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.

AFFILIATIONS OR SOURCES OF REFERENCE:

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

SCOPE OF SERVICE: FISCAL SERVICES

DEFINITION OF SERVICE

- Fiscal Services is a non-clinical department that provides the following services: Payroll, Accounts Payable, Fixed Assets, Budgeting, General Ledger and Financial and Statistical reporting. Fiscal Services personnel are non-clinical and do not provide direct patient care. Fiscal Services work in a collaborative effort to provide all other hospital departments with financial and reporting assistance.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- HFMA

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF SERVICE

- The Health Information Management Department is responsible for information management 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 Thursday, 6:00 a.m. - 5:00 p.m., and Friday - 6:00 a.m. - 4:30 p.m.
 - Saturday and Sunday - Closed
 - Holidays Recognized by Hospital - Closed
 - **General Medical Transcription**
 - Monday through Thursday - 3:00 a.m. - 4:30 p.m. and 7:00 p.m. - 11:00 p.m., and Friday from 3:00 a.m. - 4:30 p.m.
 - All weekends and holidays covered for minimal hours per day, depending on dictation back log. H&Ps and any dictations

completed need done within required turnaround time frames.

- HIM Director 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, 8:00 a.m. a.m. - 4:45 p.m.
- Saturday and Sunday, or after hours, available by home or 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 Acknowledgment of 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.
- Delivering paper charts to the appropriate patient care areas when requested by clinical staff.
- Locating and accessing microfilm records for patient care.
- Identifying and pulling old records from shelf to be microfilmed.
- 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 all pathology/cytology reports, general medical transcription and sleep studies.
- 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.
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed.
- Repairing folders and maintaining personal health information.
- Notifying physicians to complete outstanding dictations or authenticate incomplete patient records.
- Two notaries are 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.
- Setting up accounts for the Patient Access Module (PAM).
- Locating Advanced Directives for patient, when not present in most recent record.

CONTRACTED SERVICES

- PPS (Prospective Payment Services) for external chart review
- Arrendale and Associates (contracted to transcribe backlogs and for dictation and transcription software)

STAFFING

- 1 – Health Information Management Director
- 1 - HIM Supervisor
- 2 - Inpatient coders
- 3 - Outpatient coders
- 2.5 - General medical transcriptionists (1 FT, 3 PT)
- 3.5 - Health Information Management Technicians (3 FT, 1 PT)

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Healthcare Documentation Integrity (AHDl)
- American Health Information Management Association (AHIMA)

- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)

SCOPE OF SERVICE: HUMAN RESOURCES

DEFINITION OF SERVICE

- MHSC Human Resource Department 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.
- Further, MHSC Human Resource Department recruits individuals who will support the organization in attaining strategic goals.
- 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.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Services provided include recruitment, orientation, benefits administration, management and maintenance of employee information, leadership training, compensation analysis and management, policy deployment and interpretation, performance management support and assistance, and employee assistance.

CONTRACTED SERVICES

- Focus One Staffing Services for contract personnel
- Delta Recruiting and CompHealth for the recruitment of therapist positions
- ComPsych for the provision of Employee Assistance Program

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- ASHHRA – American Society for HealthCare Human Resource Administration
- MSEC - Mountain States Employers Council
- SHRM - Society for Human Resource Management
- HRCI - Human Resources Certification Institute

SCOPE OF SERVICE: INFECTION PREVENTION

DEFINITION OF THE SERVICE

- The Infection Prevention (IP) 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. Included in the scope for Infection Prevention department are the involvements with new construction/remodels to assure all infection control processes are followed. Family Practice physicians and providers 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 department operates from 8:00 a.m. - 4:30 p.m., Monday through Friday, no holidays.

TYPES OF SERVICES

- IP 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 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 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

- One RN staffs this department and is 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 fo 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..
- IT's role in the hospital is to provide the entire organization with the necessary hardware and software in order for them to care for the patients. Those items include:
 - Hospital desktop computers and laptops
 - Bar code scanners
 - Printers
 - Label Printers
 - Core networks including wired and wireless
 - Internet connectivity
 - Application support

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The IT department provides hardware and software supports to all hospital employees and related services of the organization.

- The IT department does not provide IS support to personal equipment of employees or patients.
- Contact for the department is through the Help Desk at ext. 8425 or by email at helpdesk@sweetwatermemorial.com

CONTRACTED SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

AFFILIATION OR SOURCES OF REFERENCE

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

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

DEFINITION OF SERVICE

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

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- ICU Level I
 - Has a maximum capacity of 4 critical beds located in private rooms. This unit's patient population is predominantly adult, with occasional pediatric patients. Patients are admitted from the Emergency Department transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms have bedside monitors with central monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO2, respiratory rate, and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has 3 oxygen outlets, compressed air, and 2 suction outlets. Other equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.
- ICU Level II / Step-down Unit
 - Has a capacity of six acute care/step down beds located in private rooms, one of which has a negative pressure relationship. This unit's population is predominately adult, with occasional pediatric patients. Patients are admitted from the Emergency Department, transferred from the ICU, Medical/Surgical Unit, and 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, the step-down or intensive care unit may take non-ICU patients as overflow or 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, dieticians, 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 5:00 a.m - 5:00 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 7 days a week for inpatient services. Outpatient hours are Monday-Friday 7:00 a.m. - 7:00 p.m. and Saturday-Sunday 9:00 a.m. - 2:00 p.m.

TYPES OF SERVICES

- The Laboratory will provide service to all ages of clients. Services provided will include, but are not limited to:
 - Clinical Laboratory
 - General chemistry
 - Special chemistry
 - Therapeutic drug testing
 - Microbiology
 - Complete bacteriology
 - Parasitology
 - Acid fast smears
 - Urinalysis
 - Hematology
 - Coagulation
 - Immunology
 - Drug screens
 - Serology
 - Transfusion/blood bank services
 - Prenatal screening
 - Cord blood workup
 - ABO, Rh
 - Antibody screens
 - Antibody identification
 - Compatibility testing
 - Blood products
 - Packed RBC units
 - Fresh 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

- United Blood Services – provides blood and blood products
- ARUP Laboratories

- Western Wyoming Pathology-professional pathology services

STAFFING

- The Laboratory is staffed with a Medical Director/Pathologist who oversees the Laboratory's 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.

AFFILIATIONS OR SOURCES OF REFERENCE

- ARUP Laboratories, Salt Lake City, UT - reference laboratory
- ASCP – American Society of Clinical Pathologists
- AABB - American Association of Blood Banks
- FDA - Food and Drug Administration
- The Joint Commission
- Unipath
- Mayo Laboratories
- Colorado Public Health
- Wyoming Public Health
- Integrated Oncology
- Oncoyte Dx
- Labcorp
- Prometheus
- Quest Diagnostics
- Urolithiasis Lab
- United Blood Services/Bonfils

SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

DEFINITION OF SERVICE

- Performs duties pertaining to the marketing and promotion of a positive public image for MHSC, it's medical staff, employees, programs, and services. Assist with community activities. Directs overall marketing functions for the organization. Designs and maintains the hospitals website and its social media persona.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

TYPES OF SERVICES

- Responsible for creating, implementing and measuring the success of: a comprehensive marketing, communications and public relations program that includes; communications and public relations activities and materials including publication, media relations and so forth.
- Is responsible for the development of an annual budget for the department, maintaining the website, and other assigned duties.
- Responsible for drafting written and graphic marketing collateral for both internal and external clients. May involve editing and designing physical layout of marketing materials.
- Responsible for planning and implementing all publicity, advertising, marketing, and promotion; represents the organization to the press and public; develops and manages budgets; plans and implements public relations policies; oversees press releases and may act as chief spokesperson to the media.
- Designs, implements and maintains websites (hospital external, hospital internal and clinic). Develops and implements social media and monitors activity.

CONTRACTED SERVICES

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

STAFFING

- Staff consists of the Marketing & Public Relations Manager.

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

- Materials Management is comprised of two divisions: Purchasing and Central Supply. This department is a non-clinical department that services the entire hospital with all medical and non-medical product needs.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Purchasing Office is available Monday through Friday 7:00 a.m. - 3:30 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 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.
- Though Materials Management personnel are non-clinical in nature, the service they provide to patient care is related to supplies, timely delivery and maintenance of needed patient care equipment and supplies, and surgical services support for case equipment and supplies.
- Both divisions work in a collaborative manner to ensure all necessary supplies are available for excellent patient care.

CONTRACTED SERVICES

- Intalere

STAFFING

- The staff of this area includes a Director, a Buyer, Purchasing Assistant, Receiving Clerk, and Central Supply Aides.

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

- The Medical Imaging department services include General Radiology, DEXA, Mammography, CT scanning, diagnostic Ultrasound and magnetic resonance imaging (MRI), Nuclear Medicine and radiographic procedures which constitute the majority of the daily procedural load. 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 serviced. 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.
 - MRI scanner are Monday-Friday. There is no evening, night or weekend coverage available.
 - 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 Friday.
- After routine hours of the Imaging Services Department, the Imaging Services technologist scheduled to work is responsible for the department. It is his/her duty to cover all Imaging Services Department General Radiology procedures. He/she is to be contacted by the hospital Nursing Supervisor/Charge Nurse on duty for any and all emergencies, external and internal disasters, etc. He/she 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 direct physician consultation with the radiologist on call, fluoroscopic procedures for inpatient requested after hours will be performed on an emergent basis only.
- Ultrasound:
 - The normal operating hours for Ultrasound are 7:00 am-6:00 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 6:00 pm until 7:00 am Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
 - The normal operating hours for Nuclear Medicine are 7:30 am -4:00 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 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, after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
 - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 4:00 p.m. There is no evening, night or weekend coverage available.
 - 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.
- 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 in the hospital 8:00a.m. - 5:00p.m., Monday through Friday.
 - 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 Friday. Mile High Mobile PET reserves the right to have MHSC reschedule patients if only one patient is scheduled for any of contracted scheduled service.
- Advanced Medical Imaging-professional medical services in the specialty of radiology

STAFFING

- Diagnostic Radiology is staffed with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming 24 hours per day; 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 must be certified the State of Wyoming.
- Ultrasound is staffed with 3 to 4 technologists from 7:00 am - 6:00 pm 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 ARDMS or 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. by one technologist Monday through Friday. There is no weekend or after hours coverage scheduled. 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

- Diagnosing and treating cancer in adults using chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other specialists.

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 can be provided chemotherapy and biotherapy treatments, adjunct treatment, hematology disorder related treatments, transfusions of blood and blood related products, education, and services offered in conjunction with The American Cancer Society.

CONTRACTED SERVICES

- None

STAFFING

- In the clinic area there is 1 full time RN, 1 receptionist, and 1 Medical Oncologist and Hematologist physician/Medical Director.
- The chemotherapy infusion area has 2 RNs working daily.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- The Medical/Surgical Unit has a 35 bed capacity 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 7:00 a.m., 9:00 a.m. and 7:00 p.m.
- Student nurses rotate through this unit for clinical practicum training. Students in other disciplines also participate in multidisciplinary training with appropriate preceptors in their specialty in this unit.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

- Supports the MHSC organized Medical Staff leadership and committees by providing expert consultation and assists in ensuring leaders and members adhere to the MHSC Medical Staff Bylaws, Rules and Regulations, and all pertinent policies.
- Ensure current compliance with all state, federal, health plan, and non-federal national regulations and requirements.
- Ensures that all Medical Staff and Allied Health Professional (AHP) members are properly vetted according to the requirements of the Medical Staff Bylaws, The Joint Commission, State of Wyoming, Centers for Medicare and Medicaid Services (CMS), and other regulatory requirements by providing primary-source and accurate verification services.
- Facilitates and supports the Ongoing Professional Practice Evaluation (OPPE), and Focused Professional Practice Evaluation (FPPE) programs of the Medical Staff, AHP Staff and Mental Health providers. Works with Quality and Accreditation 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 Locums Tenens physicians to provide adequate call coverage, arranges housing, and assists with 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 CEO with physician contracts.

- Assists CEO and Human Resources with J1/H1B waiver requirements.

CONTRACTED SERVICES

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

STAFFING

- Staff includes the Medical Staff Services Supervisor and the Credentialing 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 Department is a non-clinical department of MHSC. The Nutrition Service Staff is dedicated to serving the patients, staff, and community well-balanced nutritious meals.

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients have the luxury of our in-room dining service (room service) available to them from 7:00 a.m. - 7:00 p.m., Monday through Sunday, 365 days a year. The Cafeteria hours of operation are as follows, Monday through Sunday: Breakfast 8:00 a.m. - 10:30a.m.; Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:30 p.m.

TYPES OF SERVICES

- Patients are given a room service menu when in the hospital, whether they are inpatient or outpatient, and have the opportunity to select their menu choice based upon the specific diet prescribed by the acting Physician/Dietitian..
- Staff has the opportunity to choose their meals from the Hospital Cafeteria, which offers employees a 35% discount on all meal items. The Executive Chef, and kitchen staff, prepares a wide range of dishes each week. The cafeteria also offers an all-you-care to eat salad bar, daily, as well as many other meal options 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. Hours of operation for both remain the same. The Nutrition Services Department also caters the meetings of MHSC as well as community events on, and off, property.

CONTRACTED SERVICES

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

STAFFING

- MHSC offers two part time Registered Dietitians for inpatient and outpatient services based on the needs of the patient, Monday through Friday. The dietician also services the Dialysis unit and the Cancer Center.

AFFILIATIONS OR SOURCES OF REFERENCE

- NCM – Nutrition Care Manual
- American Diabetes Association (ADA)
- Academy of Nutrition and Dietetics
- National Association of Nutrition Professionals (NANP)

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 4 OB Triage rooms, 3 Labor & Delivery Room (LDR0 suites, 5 private postpartum rooms, a Level I 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 2 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 which includes services of case management, dietitians, laboratory, respiratory therapy, radiology, 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
- 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

- **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 I Nursery and Special Care Nursery
 - Stabilization/Transportation of the High-Risk Newborn
 - High-Flow Oxygenation
 - Sepsis

- Respiratory Distress Syndrome (RDS)
- Continuous Positive Airway Pressure (CPAP)
- Ventilation Support
- Surfactant administration
- IV Therapy
- Glucose Management
- Transient Tachypnea of the Newborn (TTN)
- Oxygen Support
- Preemie 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.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- They work with a diverse population of patients including:
 - blood disorders
 - intravenous antibiotics
 - medication injections
 - central line care
 - hydration therapy
 - antibiotic therapy
 - therapeutic phlebotomy
 - blood transfusions
 - wound care

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

- Patient Financial Services (PFS) is a non-clinical department that performs the following services: preparation and submission of claims to insurance carriers, entitlement programs, and patient guarantors.
- PFS ensures the accuracy of patient charges, including answering any questions that patients might have in reference to services and the associated charges. PFS works to ensure the accuracy of insurance carrier payable benefits and coverage. We work to expedite payment from all payers in addition to working with patients to retire their debt with us and ensure an accurate accounting of patient accounts.
- PFS provides excellent customer service and work closely with indigent patients that are unable to pay their debt for services rendered and attempt to qualify them for our Medical Assistance program and/or set up payment arrangements with them so that they are able to retire their debt with us.
- PFS personnel are non-clinical in nature.

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, and patient accounting.

CONTRACTED SERVICES

- Contracted services include electronic transactions through EMDEON and Recondo, statement and letter preparation and mailing through Key Bank, out-of-state Medicaid collections through Express Medicaid Billing Service, and patient collections through Rocky Mountain Service Bureau.

STAFFING

- Staff includes the Director – Patient Financial Services, Patient Accounts Representative, 1 Cashier/Collection Clerk, 1 Cash Poster/Collection Clerk, 1 Collection Specialist, 1 Collection Clerk Pre-Admit Registrar, and 8 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 and optimal patient outcomes.
- The scope of pharmacy services will be 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 and 7:00 a.m. - 7:00 p.m. weekends and 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. Evaluating 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. Inspecting all areas where medications are stored, dispensed, or administered
 11. Assessing patient's medication therapy for potential problems such as adverse drug reactions, drug interactions, inappropriate dose or dosing interval, or allergy
 12. Assessing drug therapy for renal impaired patients
 13. Ensuring 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. Monitoring, reporting, and assessing adverse drug events
 16. Monitoring 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 Quality Improvement 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 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: PHYSICIAN 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 monitored and managed.
- The Medical and Specialty Clinics are multi-specialty physicians' offices. The practice areas include providers in Family Practice, Pediatrics, Internal Medicine, Pulmonary, Nephrology, Obstetrics/Gynecology, Orthopedics, Urology, General Surgery, ENT, Oral/Maxillofacial Surgery and Occupational Medicine.

HOURS / DAYS OF THE WEEK OF SERVICE

- Patients are seen by appointment.
- Office hours are from 8:00 a.m. - 6:00 p.m., Monday-Thursday and 8:00 a.m. - 4:30 p.m. on Fridays, depending on clinic. 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 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, 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 communities of Wamsutter and Farson. 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.
- The clinic is not an urgent care clinic/walk-in clinic, emergencies are managed inasmuch as possible until Emergency Department

providers arrive and transport patients needing emergency care to the MHSC Emergency Department. Staff of the physician practices will call 911 for emergencies.

- 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, Certified Nursing Assistants, Medical Assistants, Reception and Billing Staff.

AFFILIATIONS OR SOURCES OF REFERENCE

- University of Utah
- Each physician and physician assistant 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 DEPARTMENT

DEFINITION OF SERVICE

- The Quality Department at MHSC (MHSC) provides direction, coordination, and facilitation of processes and activities that promote continuous improvement impacting patient outcomes and effective delivery of care services in acute care and outpatient settings. The scope of services provided assure the integration of services along the health care continuum. We are dedicated to support and assist in providing 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 patients that are served for any service at MHSC are part of the services the Quality Department represents. These patients can be grouped either by diagnosis, national regulatory requirements, or by quality improvement activities the organization wishes to pursue.
- The Quality Department functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Quality Assessment Performance Improvement (QAPI). The Quality Department monitors and works to improve system issues that arise in providing health care services to patients in a culture that is non-punitive and proactive. Services provided impact all patients, visitors, advocates, and employees, organizational wide 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 and population based and community settings.
- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all appropriate departments/services and disciplines of the facility in an effort to improve organizational performance. 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.
- MHSC Leadership supports continuous performance improvement through:
 - Professional development
 - Efforts towards quality and safety annual goals
 - Encouraging and engaging all employees in quality improvement initiatives
 - Referral of opportunities for improvement

CONTRACTED SERVICES

- Clinical quality data requiring vendor submission

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)
- 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)

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, 8:00am - 4:30pm, 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 thru 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.
- At this time, we do not deliver Radiation to persons requiring intubation or anesthesia for treatment. We don't provide Brachytherapy (High Dose Rate (HDR) or Low Dose Rate (LDR), Intraoperative Radiotherapy (IORT), Gamma Knife or Cyber Knife treatments.

CONTRACTED SERVICES

- None

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) therapists per day on the treatment machine, as recommended by the American Society of Radiologic Technologists (ASRT).

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

To provide the highest possible quality of treatment to both inpatients and outpatients:

- To hasten the rehabilitation of disabled, injured, or diseased patients by physical means including but not limited to heat, cold, electricity, water, sound, light, therapeutic exercise, gait training, and activities of daily living.

- To cooperate with the physician by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- To promote an environment which strives for optimum care to the patient through:
 - Knowledgeable, pleasant, cheerful, concerned and progressive personnel,
 - Updated and safe equipment,
 - And a neat department.
- To schedule the treatment at a time most convenient to the patient and to the therapist.
- To maintain the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- To provide in-service and/or continuing education to share and increase our knowledge and expertise as a health care providers.
- To provide documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- To assess 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 Thursday.
- Licensed Speech Therapist provide services 9:00 a.m. - 2:30 p.m., Monday through Thursday.
- Licensed Occupational Therapist provided on PRN basis.
- Each therapist's personal hours may be changed in accordance with the patient and department's needs as approved by department head.

TYPES OF SERVICES

- Physical therapy, speech therapy, and occupational therapy provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not have aquatic therapy available.
 - Treatment occurs in the hospital facilities, and/or in the patient's home.
 - Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities, and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties.
- **Physical Therapy Services**
 - Provision of modalities and treatments such as: Hot packs, cold packs, ultrasound, contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin, Phonophoresis - with 1% hydrocortisone cream, Iontophoresis - with Dexamethasone and/or Lidocaine, and Hydrotherapy.
 - Provision of physical assessment, therapeutic exercise, proprioceptive neuromuscular facilitation, gait training - with appropriate assistive devices, functional development training, balance and coordination, therapeutic massage, joint and soft tissue mobilization.
 - Fit for custom made support stocking, prefabricated braces, and orthotics
 - Rehabilitative application and use of therapeutic equipment
 - Provision wound care
- **Speech Therapy Service**
 - Assessment, diagnostic, treatment, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency.
- Provision of services for people who cannot produce speech sounds or cannot produce them clearly;
 - those with speech rhythm and fluency problems;
 - people with voice disorders;
 - those with problems understanding and producing language;
 - those who wish to improve their communication skills; and
 - those with 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

- 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

- Full time personnel for the Rehabilitation department will include three licensed Physical Therapists/Physical Therapist Assistant, one acting as the Director of the Rehabilitation department, and a full time secretary.
- Part-time personnel will include a Speech Therapist.
- Limited Occupational Therapist services as needed and as available- PRN

AFFILIATIONS OR SOURCES OF REFERENCE

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

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:
 - Location and reporting of all safety violations
 - Maintaining awareness of equipment theft
 - Insuring all vehicles are parked in proper areas
 - 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. Staffing occurs as follows:
 - Day shift 0700-1530,
 - Day shift weekends 0700-1730
 - Day shift 0700-1900, 12 hour day shift.
 - Evening shift 1500-2330 and 10 hour shift 1500-0130
 - Night shift 2245-0715 and 10 hour shift 2045-0715

- Night shift 1900-0700 12 hour shift

TYPES OF SERVICES

Security provides many services. These services include but are not limited to:

- Provide a safe secure environment for all persons coming and going from our campus.
- The Security Officers make foot patrols throughout the entire hospital on a regular basis.
- The Security department looks over our admitted Title 25 Patients and interacts with them on an as needed 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.

STAFFING

- The Director of Security is responsible for any and all actions of the department. The Security Supervisor assists the Director and accepts departmental responsibility in the absence of the Director. Additional staff include Security Officers and one Safety Officer.
-

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, Saturday, Sunday and Holidays. The Surgical Services Departments consist of Same Day Surgery for both pre and post-operative care (SDS), 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, Oral Maxillary Facial Surgeon/dentistry, Podiatry, Endoscopy, Pain Management and Anesthesia.
- The Operating Room (OR) is located on the hospital's main level with easy access to Medical Imaging and the Emergency Department. It is composed of four operating rooms, one cysto room, a four bed recovery room, endoscopy room, and a minor procedure room. An OB 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 twenty four hours a day, seven days a week including holidays. Elective scheduled cases are done Monday through Friday with normal business hours of 5:00 am to 6:00pm.
- Routine Sterile Processing hours are from 5:30 a.m. - 8:00 p.m., Monday through Friday. Weekend and holiday coverage covered from 7:30 a.m. - 12:00 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 quality conscious, competent and cost effective care with respect for life and dignity.
- Procedures performed in the Surgical Services Department include general, ENT, oral maxillary facial, limited vascular, urological, orthopedic, pain management, diagnostic and treatment endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.

- Wound care, PICC Line placement, and infusions are 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 Post-Anesthesia Care Unit (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. In cases where moderate sedation is administered, the policy procedures and standards related to moderate sedation are followed. There is a Nursing Unit Secretary and 2 Operating Room Aides.
- The PACU is staffed with at least 2 RN, with at least 1 of those RN's being PACU trained to care for the patient. Additional supplemental RN staff is provided based on the patient's acuity and assessment of the patients 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 three Sterile Processing Technicians that work staggered shifts to accommodate instrumentation needs.
- Biomedical Engineering and volunteer services are used as needed.
- Surgeons and anesthesiologists who provide care through the Surgical Services Department follow hospital by laws and requirements.

AFFILIATIONS OR SOURCES OF REFERENCE

- The AORN (Association of Operating Room Nurses), ASPAN, AAMI (Association for Advancement of Medical Instrumentation), CDC (Center for Disease Control and Prevention), 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.
- American Association of Operating Room Nurses (AORN)
- American Society of Perianesthesia 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)

SCOPE OF SERVICE: VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

- Volunteers who assist in daily activities throughout the facility providing focused assistance to departments as needed.

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 8am and 5pm.

TYPES OF SERVICES

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

CONTRACTED SERVICES

-

STAFFING

- Gift shop is staffed with volunteers Monday through Friday working variable hours between 8am and 5pm. Chaplains are provided on an on call basis

AFFILIATIONS OR SOURCES OF REFERENCE

- None

Attachments:

No Attachments

Approval Signatures

Approver	Date
Suzan Campbell: In House Legal Counsel	pending

Applicability

Memorial Hospital of Sweetwater County

COPY

Board Charter: The Compliance Committee

Purpose:

The purpose of this committee is to represent and assist the Board of Trustees (Board) in discharging its duties in respect to ensuring the compliance activities of Memorial Hospital of Sweetwater County (Hospital) are vigorous, appropriate and continuous.

Responsibilities:

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

1. Oversee the Hospital's compliance program and monitor its performance.
2. Make recommendations to the Board regarding compliance practices.
3. Ensure the Board is aware of significant compliance issues.
4. Review compliance risk areas and the steps the Hospital has taken to assess, control, and report such compliance risk exposures.
5. Review monthly reports of compliance audits to assess the appropriateness of audit activity.
6. Ensure the Hospital has all applicable policies related to compliance with state and federal regulations.

Composition:

The Compliance Committee will consist of two (2) members of the Board, one of whom will function as chair person; the Chief Executive Officer, Chief Legal Executive, and Compliance Officer. Each of these members shall have voting privileges.

The President of the Board of Trustees may not be a member of the Compliance Committee. The President of the Board is to be the contact person should any member of the Compliance Committee be implicated in an investigation.

The Compliance Officer, at his/her discretion, may invite other attendees who have involvement with, or can contribute information about, any current issue under consideration at a meeting of the committee. Such additional attendees will not have voting rights.

Meeting Schedule:

The committee shall meet monthly or as needed.

Board Policy

Board of Trustees Policy Manual

NO. G – 4-2011

Category: Governance

Title: Conflict of Interest

Original adoption: May 4, 2011

Revision: August 1, 2018

Memorial Hospital of Sweetwater County (MHSC) Board of Trustees members will operate in a manner that will avoid actual and apparent conflicts of interest. A conflict of interest arises when a Board member is unable to devote complete loyalty and singleness of purpose to the interest of the Hospital.

Policy:

1. A board member shall not furnish directly any labor or equipment to the Hospital or enter into any contracts between the Hospital and themselves or their family members without disclosing his/her interest or removing him/herself from the room while the remainder of the Board considers the contract or purchase of materials. He/she shall not attempt to influence the Board in making its decision and will not vote on the issue before the Board.
2. Each board member shall complete and submit the annual Conflict of Interest Disclosure form between July 1 and July 31 of each year. The annual completed forms will be maintained in the MHSC Administration office.
3. If, after completion and submission of the annual disclosure, a board member becomes aware of any interest that could be perceived as a conflict or is a potential conflict of interest, the board member shall promptly make disclosure of the interest to the board.
4. Board members will adhere to the Wyoming Ethics and Disclosure Act and all other applicable conflict of interest laws.
 - a. No board member will make or vote on an official decision if he/she has a material personal interest in the matter.
 - b. No board member may use the position or any public funds, time, personnel, facilities, or equipment for his/her private benefit or that of another, unless the use is authorized by law.
 - c. No board member may participate in the employment, transfer, discipline, or advancement of a family member at the Hospital.
 - d. A board member shall not apply for a position as an employee of the Hospital until he/she has duly resigned his/her position on the Board.

Operational Strategy FY21

1

PATIENT
EXPERIENCE

Overall Goal: Improve HCAHPS Scores to 75th Percentile

INITIATIVES	MEASURE
Patient Focused Culture Program	<ul style="list-style-type: none"> Select and obtain MHSC Board approval by 10/2018 Roll out plan by end of 12/2018 100% of employees trained by 7/2021

2

QUALITY
& SAFETY

Overall Goal: Improve CMS Star Rating to a 4 Star

INITIATIVES	MEASURE
Universal Training (LEAN)	100% of employees trained on quality improvement strategy model by 6/2021

3

COMMUNITY
& GROWTH

Overall Goal: Increase Patient Volume by 5%

INITIATIVES	MEASURE
Clinic Improvements	Establish electronic follow up/reminder program in 80% of clinics by 12/2019
Improve Access to Care	Patients able to make appointments in non-specialty clinics within 2 business days by 6/2021
Community Needs Assessment	Report completed and shared with MHSC Board by 6/2019

4

WORKPLACE
EXPERIENCE

Overall Goal: Increase Employee Retention

INITIATIVES	MEASURE
Communication Improved at All Levels	<ul style="list-style-type: none"> Improve and/or create employee self-service portals by 6/2021 Review and improve meetings process (purpose, timing, recordkeeping, attendance) by 6/2019
Become Employer of Choice	<ul style="list-style-type: none"> Team BRAVO initiatives thru 2021 Professional development initiatives thru 2021

5

FINANCIAL
STEWARDSHIP

Overall Goal: Improve Standard & Poor's Bond Rating

INITIATIVES	MEASURE
Improve Bond Rating	<ul style="list-style-type: none"> Maintain BB+ by 6/2020 Improve BBB- 6/2021
6 Cent Tax Project	Prepared by 1/2020 to present to BOCC for approval for placement on Election 2020 ballot



**Memorial
Hospital**
OF SWEETWATER COUNTY



Memorial Hospital of Sweetwater County Board of Trustees

Building and Grounds Committee Meeting

Tuesday - August 21, 2018

3:30 PM

MHSC Classrooms 1 & 2

**Memorial Hospital of Sweetwater County
Building & Grounds Committee
Classrooms 1 & 2
3:00 PM**

Tuesday – August 21, 2018

Board Committee Members

**Ed Tardoni
Barbara Sowada**

Staff Committee Members

**Irene Richardson
Jim Horan
Tami Love**

Guests

**Gerry Johnson – *Facilities*
Stevie Nosich – *Facilities*
Leslie Taylor - *Clinic*
Britt Morgan – *Plan One Architects*
John Kolb – *Board of Sweetwater County Commissioners***

Agenda

- 1. Approve July 24, 2018 Minutes**
- 2. Project(s) Review**
- 3. Old Business**
- 4. New Business**
- 5. Meeting Schedule**

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building & Grounds Committee Meeting
July 24, 2018

Trustee Committee Member Present: Dr. Barbara Sowada

Trustee Committee Member Excused: Mr. Ed Tardoni

Staff Committee Members Present: Mr. Jim Horan
Ms. Irene Richardson

Staff Committee Member Excused: Ms. Tami Love

Guests: Mr. Gerry Johnston
Ms. Stevie Nosich
Ms. Leslie Taylor
Mr. John Kolb, *County Commissioner Liaison*
Ms. Britt Morgan, *Plan One Architects*

Call Meeting to Order

Dr. Sowada called the meeting to order. She asked Mr. Horan to conduct. Mr. Horan welcomed Dr. Sowada to the Committee.

Projects Review

Return Duct Plans Review

Ms. Morgan said the pre-bid walk thru was mandatory. One contractor and one mechanical contractor participated. A Pleasant submitted a bid for \$278,240, which was slightly above our estimate. Ms. Morgan said the different schedule to work later in the day/early evening impacted costs. She said she feels the bid is within reason. The motion to approve the bid for ductwork as presented and forward the request to the full Board for review and approval was made by Dr. Sowada; second by Ms. Richardson. Motion carried. The request will be added to the August 1 regular meeting agenda. Ms. Morgan said we are predicting the project will start in early September. We have asked for all materials to be on-site before demo begins. Ms. Morgan said she thinks she added in the agreement to salvage the ceiling tile if possible and return to the owner for future use. The timeframe has been extended to December 10.

Laundry Project

Mr. Horan said he has pushed this back a bit. He wants to make sure we don't re-do work. This is a large project. We have four portable air conditioners in the area and that provides some immediate relief. Mr. Horan said we hope to start some work in the fall.

Sprinkler System

Mr. Horan said work on the project continues.

Retaining Wall

Mr. Horan said work on the project continues. Ms. Richardson reported she has been telling staff in recent town hall meetings about the generosity of the Board of County Commissioners, Mr. Kolb, and their support of our retaining wall project.

Old Business

Mr. Horan said he sent the letter to the Board of County Commissioners refusing the offer of use of the old hospital.

New Business

Mr. Horan said we added hand railing by MRI. He said new seating was added mid-railing near the front entrance to allow people to rest along the walkway.

Mr. Horan said Mr. Tardoni sent out an e-mail about the Committee. Ms. Richardson said the original beginning of the Committee was to renovate the building. We have owner-contractor-architect meetings. We feel we handle other items operationally. Ms. Richardson said she feels the maintenance department does a good job managing their operations. She thinks Building and Grounds is more for bigger operating projects as that is what this Committee was initially designed to discuss. Dr. Sowada said when she toured the facility with Mr. Horan, what jumped out to her was work delayed by the previous administration, for example updates to radiology. She said she thinks Mr. Tardoni is referencing backlog in infrastructure. Dr. Sowada said she thinks there is a value to bringing this on an ongoing basis to the Board from a risk management and Joint Commission overview. It would help management prioritize. Dr. Sowada said she was floored when touring with Mr. Horan with how the previous CEO let the building run down. If big things go down, that affects patient care and the budget. Dr. Sowada said she thinks there is value in keeping a list in front of the Board. Ms. Richardson said there is a maintenance repair budget in the operating budget. She said they do a good job with keeping up with everything. Dr. Sowada said things have been delayed for a long time, i.e., chillers. Mr. Horan said we recently repaired our chillers to 68%. He is going to be coming with a proposal to buy a new chiller. This was part of the central plant upgrade plans. He said he will come forward with "small bites". Ms. Richardson asked if the group should wait to further discuss the e-mail when Mr. Tardoni was in attendance.

Next Meeting

The next meeting is scheduled August 21. The group agreed to meet at 3:30 PM.

Submitted by Cindy Nelson.



Wednesday - August 29, 2018 Finance & Audit Committee Meeting

%date

Classrooms 1 & 2

Meeting Book - Wednesday - August 29, 2018 Finance & Audit Committee Meeting

Agenda

Agenda

Agenda Finance Comm August 29, 2018.docx

I. Call Meeting to Order

Marty
Kelsey
Marty
Kelsey

II. Approve Meeting Minutes

Finance and Audit Comm Draft Minutes June 27 2018.doc

III. Capital Requests FY18

Marty
Kelsey

CAPITAL REQUESTS August 29.xls

FY19-3.pdf

FY19-4.pdf

FY19-5.pdf

FY19-6.pdf

19 CAPITAL.xlsx

IV. Building & Grounds Committee Report

James
Horan

Building and Grounds - July.doc

V. IT Report

Rich Tyler

IT Report July.docx

VI. Financial Report

A. Monthly Financial Statements & Statistical Data

Tami Love
Tami Love

1. Financial Statements

NARRATIVE TO JULY 2018 FINANCIALS.doc

FY19 FINANCIALS COMBINED - JULY 2018.pdf

FY19 Other Operating Revenue Detail.xlsx

CLINIC NARRATIVE TO JULY 2018 FINANCIALS.doc

FY19 FINANCIALS CLINIC - JULY 2018.pdf

FY19 FINANCIALS HOSPITAL - JULY 2018.pdf

HDRHCD July 2018 Board.pdf

Key Financial Ratio Definitions.pdf

2. Statistics

Tami Love

19 Board Graphs July.pdf

19 MHSC STATISTICS-JULY.pdf

19 FTE REPORT - 080518.pdf

3. Accounts Receivable report	Tami Love
19 PAYOR MIX - July.pdf	
Days in AR -July.pdf	
4. Budget Adherence	Tami Love
B. Approve Investment Report	Tami Love
19 INVESTMENT SUMMARY 07-31-18.pdf	
19 DAYS CASH ON HAND-JULY 2018.pdf	
C. Other Business	
1. Preliminary Bad Debt	Ron Cheese
2. Title 25 County Voucher	Ron Cheese
FY19 County Maintenance & Title 25 Voucher July.pdf	
3. Legal Summary	Tami Love
19 Legal Fees-July.pdf	
4. Cash Disbursements	Tami Love
19 Cash Disbursements-July.pdf	
VII. New Business	
A. Financial Forum Discussions	Marty Kelsey
VIII. Adjournment	Marty Kelsey

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

Wednesday ~ August 29, 2018

4:00 p.m.

Classrooms 1 & 2

Voting Members:

Marty Kelsey, Chairman
Taylor Jones
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

Ron Cheese	Kristy Nielson
Angel Bennett	Kari Quickenden
Rich Tyler	Suzan Campbell
	Dr. Larry Lauridsen
	Dr. Augusto Jamias

Guests:

John Kolb, Commission

Jim Horan

Leslie Taylor

- | | |
|----------------------------------------------------|--------------|
| I. Call Meeting to Order | Marty Kelsey |
| II. Approve June 27, 2018 Meeting Minutes | Marty Kelsey |
| III. Capital Requests FY 19 | Marty Kelsey |
| IV. Building Project Review | Jim Horan |
| V. IT Report | Rich Tyler |
| VI. Financial Report | |
| A. Monthly Financial Statements & Statistical Data | Tami Love |
| 1. Financial Statements | Tami Love |
| 2. Statistics | Tami Love |
| 3. Accounts Receivable report | Tami Love |
| 4. Department Budget Adherence | Tami Love |
| B. Approve Investment Report | Marty Kelsey |
| 1. Investment Plan | Tami Love |
| 2. Bank of the West | Tami Love |
| C. Other Business | |
| 1. Preliminary Bad Debt | Ron Cheese |
| 2. Title 25 County Voucher | Ron Cheese |
| 3. Legal Summary | Tami Love |
| 4. Cash Disbursements | Tami Love |
| VII. New Business | |
| A. Restricted Fund Accounts | Tami Love |
| B. US Bank Automatic Posting | Tami Love |
| C. Financial Forum Discussion | Marty Kelsey |
| VIII. Adjournment | |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Finance & Audit Committee Meeting

June 27, 2018

Voting Members Present: Mr. Marty Kelsey, *Trustee*
Ms. Irene Richardson, *CEO*
Ms. Tami Love, *CFO*

Voting Members Absent: Mr. Taylor Jones, *Trustee Chair*
Ms. Jan Layne, *Controller*

Non-Voting Members Present: Ms. Kari Quickenden, *CCO*
Mr. Ron Cheese, *Director of Patient Financial Services*
Mr. Rich Tyler, *Director of Information Technology*
Ms. Angel Bennett, *Director of Materials Management*
Dr. Larry Lauridsen

Non-Voting Members Absent: Dr. Augusto Jamias
Dr. Kristy Nielson, *CNO*

Guests: Ms. Mary Fischer, *Lab Director*
Ms. Leslie Taylor, *Clinic Director*
Mr. Jim Horan, *Facilities Director*
Mr. John Kolb, *Board of County Commissioners*

Call Meeting to Order

Mr. Kelsey called the meeting to order.

Approve Meeting Minutes

A motion to approve the meeting minutes of May 30, 2018, as presented was made by Ms. Love; second by Mr. Kelsey. Motion carried.

Capital Requests FY 18

Ms. Love said there were no capital expenditures coming forward to the Committee.

Building and Grounds Committee Report

Mr. Horan said the Committee agreed to forward to the County Commissioners a letter declining the generous offer of use of the old hospital properties. The CT replacement project is essentially complete. We are working on mitigating heat in the laundry. Mr. Horan thanked Mr. Kolb and the County Commissioners for their financial assistance with the collapsing retaining wall. The pre-bid walk-thru for the return duct work in the medical office building will be held July 12. The bid opening will be July 24. The estimate from Plan One is \$260,000. Mr. Kolb said 6 penny

tax overrun money can go directly to that project because that was the specific purpose of that money. He said voters get very upset if money doesn't go to what they voted for. Mr. Kolb said the position of the Board of County Commissioners is that they feel we should wait to ask voters to support another tax right away.

IT Report

Mr. Tyler said the T System migration is going well. The OBIX upgrade is going well. We go live on both in July. The new offsite back-up storage system is in place. He is working with Ms. Suzan Campbell, Chief Legal Executive/General Counsel, on some retention questions. The new Help Desk person has started and is doing well. A new Report Writer starts in July and will be full time in August. Mr. Tyler said he received two quotes on penetration testing and is waiting for a third quote. Money has been budgeted for this testing in fiscal year 2019.

Financial Report

Monthly Finance Statements & Statistical Data

Ms. Love reviewed the narrative and financial highlights included in the meeting packet. She reviewed trends in healthcare regarding volume. She said we are working on it at all different levels. Ms. Taylor provided a chronic care program overview. Mr. Kelsey said he wanted to give a head's up that he has received calls from a couple of Trustees and they will want staff to do a quick summary/breakdown on profit and loss centers. He plans to discuss at the next Committee meeting. Ms. Love said she distributed the department budget adherence information early to give everyone a chance to review prior to the meeting. Ms. Love said days of cash on hand came down as expected due to the third payroll in May. Ms. Love said we budget for that annually.

Approve Investment Report

Ms. Love said we continue to look at different avenues for other options for our investments. The motion to approve investments of \$17,036,145.31 as presented to forward to the Board for approval was made by Ms. Love; second by Mr. Kelsey. Motion carried.

Ms. Love said we are waiting for final proposals on our project to allow us to automatically post payments to the system and move commercial payments to a lock box. We probably will not make the change until September and will probably entail moving our main banking. Mr. Kelsey said we need to go with the best deal or option for the Hospital.

Other Business

Mr. Cheese distributed the preliminary bad debt information of \$1,346,912 for review. He said the number is higher than normal due to the inclusion of Dr. Shamo's oral and maxillofacial accounts.

Mr. Cheese reported on vouchers submitted to the County. Ms. Love will get the actual numbers from the County after the additional monies for the retaining wall project. She said we did our best to estimate what we weren't going to use in Title 25 to move over to maintenance funds.

New Business

Financial Forum Discussion

Mr. Kolb said it is vital to submit vouchers for county funds to use all of the funds requested. There was discussion on the timing problems involved in the County deadline early in the month and the Hospital continuing to receive invoices after that deadline. Mr. Kolb said we must figure out a process so that no funds remain. The money is budgeted and must be expended or it will go back into reserves. He said he understands the timing problem but we need to figure out how to make it happen.

Mr. Kelsey said he had a great meeting with auditors when they were recently on-site.

Ms. Love said she asked our auditors to help us identify some benchmarks and key financial indicators to present to the Board. Mr. Kelsey said all of the information needed is in the packet and is sometimes overwhelming. He said it would help the Board to focus on some key items. Ms. Love said we want to roll out the benchmarks and indicators in August with the new fiscal year. She said we normally cancel the July Committee meeting because it falls during auditor week and we won't have June numbers yet. Ms. Love said the plan is to conduct an exit meeting with the auditors on July 26.

Mr. Cheese shared a couple of examples of people with insurance coverage with difficult outcomes. He said he is trying to help both individuals and this is something we have not dealt with regarding their types of policies.

With no further business, the meeting adjourned.

Submitted by Cindy Nelson

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
FINANCE & AUDIT COMMITTEE
CAPITAL EXPENDITURE REQUESTS**

WEDNESDAY ~ AUGUST 29, 2018

		YTD CAPITAL APPROVED	GRANT OR DONATION REIMBURSED	2019 APPROVED BUDGET	REMAINING YTD BALANCE
AS OF JULY 2018		287,408.00	-	3,000,000.00	2,712,592.00
CAPITAL REQUEST #	REQUESTED ITEM/REQUESTOR	AMOUNT REQUESTED	COMMENTS		
FY19-3	Fire Notification System -3000 College Dr. Jim Horan	24,957.00			
FY19-4	Flexible Video Cystoscope - Urology Leslie Taylor	29,983.68			
FY19-5	Desktop Computers (50) Rich Tyler	55,937.84			
FY19-6	Laptop Computers (18) Rich Tyler	32,652.00			
TOTAL AMOUNT REQUESTED		118,573.52	-	-	



Assigned: FY **19** - **3**

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: 800

Submitted by: JH

Date: 7/31/2018

Provide a detailed description of the capital expenditure requested: Fire Notification System for College Hill.

Preferred Vendor: State Fire

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

1. Renovation	\$ 24957
2. Equipment	\$
3. Installation	\$
4. Shipping	\$
5. Accessories	\$
6. Training	\$
7. Travel costs	\$
8. Other e.g. interfaces	\$
Total Costs (add 1-8) \$ 24957	

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.)

Engineering

\$

\$

\$

\$

\$

\$

Annualized impact on operations (if applicable):

Increases/Decreases

Budgeted Item?

Projected Annual Procedures (NEW not existing)

☒ YES ☐ NO

Revenue per procedure \$

Projected gross revenue \$

Projected net revenue \$

Projected Additional FTE's

Salaries \$

Benefits \$

Maintenance \$

Supplies \$

Total Annual Expenses \$

Net Income/(loss) from new service \$

Review and Approvals

Submitted by:

Verified enough Capital to purchase

Department Leader

☐ YES ☐ NO

Vice President of Operations

☐ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO



STATEFIRE DC SPECIALTIES, LLC
240 West 3680 South
Salt Lake City, UT 84115
Phone: (801) 288-2100
Fax: (801) 269-1606
Toll Free: (800) 523-4300
www.statefire.com

COST PROPOSAL

JOB INFORMATION:

Job Name: College Hill Clinic – Fire Alarm System
Job Address: 3000 College Dr.
City: Rock Springs
State: WY Zip: 82901
Contact: Jim Horan
Phone: 307-352-8239
Email: jhoran@sweetwatermemorial.com

Date: 7/26/18
Quote #: U7617-129a

BILL TO:

Company: Same
Address:
City:
State: Zip:
Contact:
Phone:
Email:

Quoted By: Kyle Arigot
Phone: (801) 707-0796

StateFire DC Specialties, LLC, for and in consideration of the cost herein named, proposes to furnish the material, equipment and/or labor hereinafter described, subject to the conditions outlined below:

SCOPE OF WORK: Provide material submittals, shop drawings, calculations, permit, Fire Alarm-related material (see pg. 3 for estimated BOM), wire, installation, terminations, programming, system commissioning, testing and NFPA 72 Certificate of Completion. This proposal is based on protection of a partially sprinkled "B" occupancy. This proposal is based on an open plenum wire installation. This proposal includes visual notification in all Exam Rooms as per the request of the City of Rock Springs Fire Department. Monitor existing Mech Rm. RTU Duct Detectors on a zone. *This proposal is based on the customer providing one (1) Electrician to assist StateFire in the installation of wire.*

EXCLUSIONS: Dedicated 120VAC to the Fire Alarm Panel, *Central Station Monitoring, IP or Cellular Dialers, conduit throughout, premium time labor or expedited freight charges. (Note additional Exclusions stated in the Terms and Conditions contained herein.)

COST:

StateFire DC Specialties, LLC proposes to furnish the aforementioned material, equipment and/or labor in accordance with the plans supplied for the sum of ***Twenty-Four Thousand Nine Hundred Fifty-seven DOLLARS (\$24,957.00)*** includes \$534.16 worth of material sales tax

NOTE: This proposal is based on the City of Rock Springs being the Authority Having Jurisdiction. Should the State of Wyoming or the Wyoming Board of Health be involved, any additional material or labor requested by such will be invoiced above and beyond the quoted price above.

****StateFire can provide the necessary Central Monitoring Service under a separate agreement for \$24/month.***

If StateFire DC Specialties is awarded this Cost Proposal, please complete the following Customer Acknowledgement and Authorization and return it to the address listed above.

Page 78 of 342

CUSTOMER ACKNOWLEDGEMENT AND AUTHORIZATION:

The person signing below acknowledges that he/she is authorized to sign on behalf of the Customer, and has read the entire Cost Proposal, understands it, and agrees to be bound by its Terms and Conditions as stated herein.

By signing this Cost Proposal, Customer authorizes StateFire DC Specialties, LLC to complete the work according to the specifications of this Cost Proposal as outlined. Signing this Cost Proposal constitutes a legal and binding contract between all parties.

Signed By: _____ Title: _____

Print Name: _____ Date: _____

Note: If your Company requires a Purchase Order, please include the Purchase Order #: _____

TERMS & CONDITIONS

MATERIALS AND EQUIPMENT: All material and equipment shall be as warranted by the manufacturer and will be installed in a manner consistent with standard practices at this time. It is agreed that the "Title" to all materials and equipment required (for the purpose of this Cost Proposal) shall remain the property of StateFire DC Specialties LLC until paid in full. It is understood that StateFire DC Specialties LLC shall have the authorization to enter upon owner/general contractor property for the purpose of repossessing material and equipment, whether or not installed, without liability to owner/general contractor for trespassing or any other reason. StateFire DC Specialties LLC reserves the right to use supplemental materials as long as it is equal to or greater than what was proposed in this Cost Proposal. All deliveries are subject to manufactures lead times and submittal approval. Owner/General Contractor is to provide full access to work area with no obstructions.

EXCLUSIONS: This Cost Proposal does not include monitoring, cutting, painting, patching, existing penetrations, rental fees, removal, relocation and abandonment of existing system(s) wiring and equipment, trenching, core drilling, sealing of roof penetrations, local and state permits, blue prints, inspection fees, state and local taxes, and overtime and holiday hours unless it was indicated in this Cost Proposal.

CHANGE ORDERS: Any deviation, alteration or changes from this Cost Proposal will be executed only on receipt of a written Work Order. Said changes shall in no way affect or make void this Cost Proposal. Costs for changes or modification to this Cost Proposal will be based on StateFire DC Specialties' current labor rate per man-hour during StateFire DC Specialties LLC normal working hours. This labor rate includes labor, labor benefits, supervision, overhead, warranty, and other costs. Material shall be charged at contractor's list price. The additional work is to be paid for in one lump sum when the next installment is due. If no installment was agreed upon, payment will be made in one lump sum after the additional work has been completed, within thirty (30) days after the owner/general contractor is charged for it. StateFire DC Specialties LLC must receive written authorization prior to commencement of the work. **NO WORK SHALL COMMENCE UNTIL STATEFIRE DC SPECIALTIES LLC RECEIVES WRITTEN AUTHORIZATION.**

EXISTING SYSTEMS: This Cost Proposal is based on the existing system(s) product(s) (e.g., hardware, software, and firmware) are all accessible and up to date. StateFire DC Specialties LLC assumes no responsibility or liability for correcting any product(s) (e.g., hardware, software, and firmware) if found not accessible or out of date. Owner/General Contractor shall be responsible to pay all cost associated with these and all corrections.

NATIONAL AND LOCAL CODES: Installation(s) completed by StateFire DC Specialties LLC shall comply with the current edition of all applicable practices, codes, methods and standards of the National Fire Protection Association (NFPA) , and as adopted by the State of Utah. Errors in design by the architect and/or engineer are not the responsibility of StateFire DC Specialties LLC. Any additional wiring, equipment, etc. not indicated on the plans and specifications that are required by others (i.e., Inspectors) shall not be part of this Cost Proposal.

TESTING: Unless agreed otherwise, the Acceptance Test provided for in this Cost Proposal will be carried out during StateFire DC Specialties LLC normal working hours. If the Specifications for testing are not specified, the test will be carried out in accordance with common practice in the industry. StateFire DC Specialties LLC will notify the owner/general contractor in a timely manner in order to give them the opportunity to be present during the Acceptance Test. If the owner/general contractor decides not to be present, StateFire DC Specialties LLC will inform the owner/general contractor of the results of the testing, and the owner/general contractor will not be entitled to dispute the accuracy of that result. Cost of special inspections is not included in this Cost Proposal. Should special inspections arise (by no fault of StateFire DC Specialties LLC) from construction activities and be required by the owner/general contractor and/or inspector, as a condition of the permit or granting of occupancy, owner/general contractor shall be responsible to pay all costs associated with these inspections.

CLEANING: StateFire DC Specialties LLC shall remove all waste materials and rubbish attributable to the work to an appropriate disposal location provided by the owner/general contractor at or near the site.

PAYMENT TERMS: If other payment terms have not been included in this Cost Proposal, payment will be due within thirty days (30) of the invoice date, without any right to discount or setoff. Payments not received by invoice due date shall be considered past due. Past due accounts will be charged interest at a rate of 1.5% per month (18% APR) with a monthly minimum of five dollars (\$5.00) until the balance is paid in full. Acceptance of this Cost Proposal is notice if any invoices become past due that StateFire DC Specialties LLC will enforce the UTAH LIEN LAW. No release of lien shall be signed unless all past due payments are paid in full.

WARRANTY: Warranties shall apply exclusively to the system(s), as stated in this Cost Proposal, installation of the material, wire, equipment, and any other items supplied by StateFire DC Specialties LLC. Warranty does not apply to: (a) The warranty of wire and equipment supplied by others; (b) The assembly of wire and equipment supplied by others; (c) Material, wire, equipment and other items supplied by others; and (d) Extensions or additions to the original installation if made by others.

Warranty shall commence as soon as the work has been completed in the manner agreed upon and all Acceptance Tests have been passed, the owner/general contractor will be deemed to have accepted the work, and the warranty period will start for a maximum period of one (1) year on all equipment and one (1) year on all labor. After the work has been accepted, the owner/general contractor will have no further liability for defects in the work. Warranty or service will not be performed if any payments according to this Cost Proposal become past due including change orders.

STATEFIRE DC SPECIALTIES LLC SHALL NOT BE LIABLE: For failure to perform, if prevented by labor disputes, accidents, acts of God, governmental or municipal regulation or interference, shortages of labor or materials, delays in transportation, non-availability of the same from manufacturer or supplier, or other causes beyond StateFire DC Specialties' LLC control. In no event shall StateFire DC Specialties LLC be liable for special or consequential damages whatsoever.

OWNER/GENERAL CONTRACTOR DEFAULTS: Owner/general contractor will be in default if: (a) Any payment called for under this Cost Proposal and all authorized change orders become past due; (b) Any written agreement made by the owner/general contractor is not promptly performed; (c) Any conditions warranted by the owner/general contractor prove to be untrue.; and (d) Failure of owner/general contractor to comply with any of the conditions of this Cost Proposal.

STATEFIRE DC SPECIALTIES LLC REMEDIES IN THE EVENT OF OWNER/GENERAL CONTRACTOR DEFAULTS: StateFire DC Specialties LLC may do any or all of the following: (a) Suspend the work and remove any StateFire DC Specialties LLC supplied material/equipment from the premises, whether or not it has been installed and whether or not it has been placed in operation. In this regard, owner/general contractor agrees that StateFire DC Specialties LLC may enter upon owner/general contractor property for the purpose of repossessing such equipment without liability to owner/general contractor for trespassing or any other reason; (b) Suspend fulfillment of our obligations, without prejudice to our other rights; and (c) Retain all monies paid hereunder, regardless of the stage of completion of the work and bring any appropriate action in court to enforce its rights. The owner/general contractor agrees to pay all costs and expenses, attorney's fees, court costs, collection fees (including fees incurred in connection with appeals) incurred by StateFire DC Specialties LLC in enforcing its rights under this Cost Proposal.

INSURANCE COVERAGE: StateFire DC Specialties LLC carries Workmen's Compensation and Professional Liability Insurance covering its work on this job. Owner/General Contractor agrees to notify his/her insurance company of the commencement of work. Risk of loss due to fire, windstorm, vandalism, or other casualty shall be upon the owner/general contractor.

PROPRIETARY STATEMENT: This document contains confidential and proprietary information and is the property of StateFire DC Specialties LLC. This document was prepared for the requesting party for the sole purpose of evaluating the products and services proposed. It is submitted to you in confidence, on the condition that you and your representatives have, by receiving it, agreed not to reproduce or copy it, in whole or in part, or to furnish such information to others, or to make any other use of it except for the evaluation purposes stated above, and to return it to StateFire DC Specialties LLC upon request. The previous statement shall not apply to the extent that such statement violates any federal or state laws requiring such information to be made available to the public. In the event this document results in a contract, you may retain this document for use, including making any necessary copies related to the products and services covered by such contract. The offerings and prices presented in this document, excluding any leasing quotes or rates, shall remain valid for a period of thirty (30) days from the document date unless StateFire DC Specialties LLC authorizes an extension. All prior negotiations and writings of any kind concerning this work are superseded and supplanted by this Cost Proposal, unless specifically included in this Cost Proposal.

LICENSING: Utah Contractor's Board State Issued Licenses: CL#6686678-5501

ESTIMATED BILL OF MATERIALS

Qty. 1	Fire Alarm Panel w/Battery Backup and Phone Dialer
Qty. 1	NAC Power Supply w/Battery Backup
Qty. 1	Remote Annunciator Panel
Qty. 7	Pull Stations
Qty. 3	Smoke Detectors
Qty. 3	Monitor Modules
Qty. 10	CO Detectors w/Monitor Modules
Qty. 8	Furnace Shutdown Relays
Qty. 1	Magnetic Door Holder
Qty. 1	Control Relay
Qty. 16	Horn/Strobes
Qty. 36	Strobes
Qty. 1	Exterior Horn/Strobe
LOT	Wire and Installation Hardware

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		# Assigned: FY 2019 - <u>4</u>
Capital Request		
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.		
Department: Urology	Submitted by: Leslie Taylor	Date: 7/20/18
Provide a detailed description of the capital expenditure requested: Flexible video cystoscope and LED light source monitor with video cable and telecam.		
Preferred Vendor: Storz		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation		\$
2. Equipment		\$ 29,983.68
3. Installation		\$
4. Shipping		\$
5. Accessories		\$
6. Training		\$
7. Travel costs		\$
8. Other e.g. interfaces		\$
Total Costs (add 1-8)		\$ 29,983.68
Does the requested item:		
Require annual contract renewal? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Fit into existing space? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Explain:	
Attach to a new service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Explain:	
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ \$ \$ \$ \$
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		
Projected Annual Procedures (NEW not existing)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Revenue per procedure	\$	# of bids obtained? <u>1</u>
Projected gross revenue	\$	
Projected net revenue	\$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	
Review and Approvals		
Submitted by: LTaylor	Verified enough Capital to purchase	
Department Leader	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Executive Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

For the amount of patients we need to use the existing cystoscope on, we aren't able to process it for disinfection purposes quick enough to schedule the next procedure. We would be able to alternate the machines, and then process more patients through the clinic more efficiently.

Over the past year, the revenue received for treatments using the one cystoscope that we have is \$629,379.38. Having another scope in use would allow both physicians to perform treatments at the same time and speed up the ability to get patients in the clinic in a timely manner. As it is, we are currently taking greater than 5 days to get these patients scheduled. In our strategic planning, one of our goals is to take that number first to within 5 days, with a longer term goal of 2 days.

Leslie Taylor

Digitally signed by Leslie Taylor
DN: cn=Leslie Taylor, o=Memorial Hospital of Sweetwater County,
ou=Clinic Director, email=ltaylor@sweetwatermemorial.com, c=US
Date: 2018.07.30 12:21:58 -0600

Submitted by: Signature

7/30/2018

Date

Quotation

Quotation No.
40926774

Ship To 309624

Memorial Hospital of Sweetwater County
1200 College Dr
Rock Springs WY 82901-5868

Sold To 108860

Memorial Hospital Of
Attn: Accounts Payable
P.O. Box 1359
Rock Springs WY 82902

Attention

WALLEY C

Information

Quote Expires on 10/10/2018
Document Date 07/12/2018
Sales Rep Name Aaron Taylor
Sales Rep Ext 6263
Sales Rep Email Aaron.Taylor@karlstorz.com
Sales Rep Cell 801-245-9243
Contract Name Intalere
Payment Terms Net due in 30 days

Details for Quotation # 40926774

Page 1 of 3

Line	Material / Description	Qty	List Price	Customer Selling Price	Extended Price
1	11272VNUK FLEXIBLE VIDEO CYSTOSCOPE, 16FR X 35CM CHNL:6.5FR, US DEFLECTION:210°U/140°D * Manufacturer's Warranty - 1 year	1 EA	24,111.00	17,601.03	17,601.03
2	TP100EN-UG TELE PACK X LED,CCU/LIGHT SOURCE/MONITOR INCLUDES KEYBOARD, 8 GB USB STICK The kit part number is composed of the following products: TP100EN TELE PACK X LED,CCU/LIGHT SOURCE/MONITOR INCLUDES KEYBOARD, 32GB USB STICK * Manufacturer's Warranty - 2 years	1 EA	25,291.00	11,840.85	11,840.85
3	20213070-UG VIDEO CABLE TO CONNECT VIDEOENDOSCOPE WITH TELECAM DXII OR TELEPACK The kit part number is composed of the following products: 20213070 VIDEO CABLE TO CONNECT VIDEOENDOSCOPE WITH TELECAM DXII OR TELEPACK * Manufacturer's Warranty - 1 year	1 EA	744.00	541.80	541.80
					Page 83 of 342
			List Price		50,146.00
			Sell Price	Discount	- 20,162.32
			Sell Price	Subtotal	29,983.68
			Quote Total		29,983.68

This is not a customary discount; there are special circumstances which justify the volume or special discount herein.



Quotation No. 40926774

Details for Quotation # 40926774				Page 2 of 3	
Line	Material / Description	Qty	List Price	Customer Selling Price	Extended Price
	<p><i>The attached KARL STORZ Terms and Conditions shall govern purchases made pursuant to this Quotation and shall prevail over any conflicting, inconsistent, and/or additional provisions set forth in Customer's purchase order except to the extent otherwise provided in (i) a currently-effective direct written agreement by and between KARL STORZ and Customer for the purchase of the products identified in this Quotation or (ii) a group purchasing organization ("GPO") agreement, negotiated by and between KARL STORZ and the respective GPO on behalf of the Customer/member, which is currently effective with respect to Customer, for the purchase of the products identified in this Quotation.</i></p> <p>Signed _____ Name: _____ Title: _____ Phone: _____ Date: _____</p> <p>Sales Tax: Sales tax will be added to the invoice total unless we have an exemption certificate on file for the "Ship-to" entity. Freight: The freight charge will be calculated during the shipment process and will be included on the invoice.</p>				



KARL STORZ Endoscopy-America, Inc.
2151 E. Grand Avenue
El Segundo CA 90245

Phone: 800-421-0837 Ext: 7577
Fax: 800-321-1304



Quotation No. 40926774

QUOTE TOTAL:
(Excludes applicable freight/tax)

\$29,983.68

FINANCING OPTIONS:

Page 3 of 3

KARL STORZ CAPITAL ("KSC"), the captive finance arm of KSEA specializes in providing our customers with the basic and customized financial solutions necessary to meet their fiscal and technological requirements.

Our field based KSC Finance Managers are ready to meet with you to develop a plan specific to your needs to help you service your patients while meeting the economic challenges of today and tomorrow.

For additional information on how we can best help you acquire your KSEA equipment, please ask your KSEA Sales Executive or contact us directly at 800-421-0837 ext. 8258.

KARL STORZ CAPITAL

...PROVIDING SOLUTIONS, CREATING RELATIONSHIPS

KARL STORZ ENDOSCOPY – AMERICA, INC.

TERMS AND CONDITIONS



1. **ORDERS.** Orders are to be placed with the Customer Support Department of KARL STORZ Endoscopy-America, Inc. ("KARL STORZ") or with its sales force. However, orders will only be accepted by KARL STORZ's Customer Support Department located either in El Segundo, California or Southbridge, Massachusetts and only on the condition that in the event of any conflicting, inconsistent and/or additional provisions in a Customer purchase order or other document, the within Terms and Conditions will supersede and prevail and such conflicting, inconsistent and/or additional provisions shall be of no force or effect; KARL STORZ hereby objects to such other provisions or terms proposed by Customer. By accepting delivery of products from, and/or the performance of services by, KARL STORZ, and/or by paying for same, and notwithstanding anything to the contrary in Customer's own purchase order or other document, Customer accepts and agrees to the within Terms and Conditions, all of which constitute the sole and entire agreement of KARL STORZ and Customer, unless and to the extent modified and/or superseded by an agreement in writing signed by both Customer and an authorized representative of KARL STORZ.
2. **PRICES.** Prices are subject to change without notice. Nevertheless, prices in effect at the time that an order is accepted will prevail. Written quotations are valid for 60 days unless otherwise specified. All applicable taxes, as well as shipping and/or handling charges, will be added to the invoice.
3. **TERMS.** Shipments are F.O.B. shipping point, shipping and handling prepaid by KARL STORZ and added to the invoice. Invoices are due and payable upon receipt, not 30 days. A finance charge equal to 1-1/2% per month, or the maximum amount allowed by law, whichever is less, may be assessed on all balances outstanding for more than 30 days. Any and all collection expenses, including reasonable attorneys' fees, incurred by KARL STORZ to secure payment of any sums due from Customer and/or effluvia reposition of products purchased from KARL STORZ, but not paid for, will be borne by Customer. All controversies, disputes and claims, shall be adjudicated by a court of competent jurisdiction within the County of Los Angeles, State of California or the United States District Court, Central District of California, which courts shall have exclusive jurisdiction over such matters. All transactions by and between Customer and KARL STORZ shall be governed by and construed in accordance with the laws of the State of California without regard to its conflict of laws principles. The invalidity or unenforceability of any of the within Terms and Conditions will not affect the validity or enforceability of any other or remaining term or condition hereof. The within Terms and Conditions apply to products that are supplied to Customer as samples or loans from KARL STORZ. Amounts payable to KARL STORZ for the purchase, lease or rental of products and/or services are not subject to withholding, set-off, or counter-claim under any circumstances without prior written consent of KARL STORZ.
4. **SECURITY INTEREST.** Until Customer has paid KARL STORZ in full for all products purchased pursuant to an order, KARL STORZ shall have, and Customer hereby grants to KARL STORZ, a security interest in all products purchased, pursuant to such order, and in all proceeds therefrom (including any which Customer receives as payment from an insurer or third party for or as a result of any damage to or loss of said products), to secure payment of the entire purchase price for all products sold, shipped and delivered to Customer pursuant to such order, and all costs, expenses or other charges relating thereto which are payable by Customer to KARL STORZ. Customer is required to execute and deliver such documents, as required and requested by KARL STORZ, to perfect KARL STORZ's security interest(s).
5. **SHIPPING.** Although KARL STORZ products are carefully packed to minimize in-transit damage, all shipments should be carefully examined upon receipt and if a product is damaged, Customer must document the nature and extent of the damage and immediately contact KARL STORZ. If concealed loss or damage is discovered, Customer must retain all packing materials and immediately notify KARL STORZ, requesting an inspection. If shipments are received short, Customer must contact KARL STORZ's Customer Support Department at once. KARL STORZ reserves the right to make partial shipments on any order. Invoices for partial shipments are payable upon receipt. KARL STORZ is not liable for any damages caused by or attributable to delays and/or non-delivery due to any cause whatsoever.
6. **RETURN POLICY.** A return merchandise authorization (RMA) must be obtained from KARL STORZ's Customer Support Department prior to returning any products. When phoning or writing KARL STORZ, for an RMA, the Customer Support Representative must be provided with: (a) Customer name and number, as it appears on the invoice; (b) the telephone number and the person to contact; (c) the applicable P.O. number; (d) the KARL STORZ catalog number and, if applicable, the serial number for each product; and, (e) the reason for the return. KARL STORZ reserves the right to refuse or return any products sent back to KARL STORZ without prior authorization of its Customer Support Department. Returns must be carefully packed and shipped pre-paid to KARL STORZ, Attn: RMA number. KARL STORZ's Customer Support Department will provide the return address and the RMA number. When returning products, Customer should include a copy of the original invoice or packing slip to ensure prompt issuing of credit. Full credit will only be issued for products that are returned and received within 120 days of date of shipment ("Ship Date") so long as such items are unused, in resalable condition and in their original product packaging. If unopened products are received by KARL STORZ 120 or more days after the Ship Date, KARL STORZ may, in its sole and absolute discretion, either refuse acceptance of the returned products or, as a condition to authorizing a return, require payment of an inspection fee of up to 25% of the invoiced price of the product, which will require a separate P.O. number before the RMA is issued. Shipping charges will be reimbursed, inspection fees will not be charged and full credit will be given if the return was due to an error on the part of KARL STORZ. The following products may not be returned for credit or exchanged: (a) products held longer than 120 days from Ship Date (except as provided above); (b) sterile packaged products where the package is opened and/or damaged; (c) discontinued products; (d) instruments that are etched or engraved by Customer; (e) products damaged by Customer; (f) products purchased "as is" or as demo products; and (g) used products. In order to prevent the transmission of disease to the medical facilities' and/or KARL STORZ's personnel, all products must be cleaned and then sterilized and/or disinfected before returning such products to KARL STORZ, which reserves the right to return unclean and contaminated products to Customer. Additionally, if any product becomes damaged and is not immediately returned for repair or exchange, KARL STORZ assumes no responsibility or liability for Customer's continued use of that damaged product. KARL STORZ does not guarantee the performance of, and may decline to repair or accept for repair/exchange, any product that has been repaired, modified and/or altered by any person or entity other than KARL STORZ or an authorized repair facility of KARL STORZ.
7. **INSTALLATION, PREVENTATIVE MAINTENANCE, AND OTHER SERVICES.** Subject to resource availability, KARL STORZ may, in its sole discretion, (a) install and setup the product, (b) perform preventative maintenance services, (c) provide onsite or remote troubleshooting services and other services, (d) provide software updates, and (e) provide loaners in case of back orders.
8. **TRAINING.** To the extent reasonable as to the complexity and quantity of products, KARL STORZ will provide training regarding the proper use of products at or near the time of delivery or installation, as applicable. KARL STORZ may also provide additional training regarding the proper use of products upon Customer's request, in KARL STORZ's sole discretion and subject to availability of KARL STORZ personnel.
9. **REPAIR PROGRAM.** If repairs become necessary, for damages other than those incurred during initial shipment, Customer must follow the RMA procedure set forth in the "Return Policy" in Section 6, above. Warranty repairs will be made without charge (see "Warranty Policy," Section 10 below, for covered repairs). All other repairs are subject to KARL STORZ's applicable standard repair or exchange charges. If requested, Customer will be advised of the estimated cost of the repair work or a product exchange before it is undertaken. All repairs carry a 90 day warranty. Exchange products carry the applicable KARL STORZ new product warranty. If the damaged product is not returned within 30 days of receipt of the replacement product, Customer will be invoiced for the full list price of the replacement. Subject to the availability of product, KARL STORZ may, in its sole discretion, provide Customer with loaner product while non-warranty repairs are being made. Subject to resource availability, KARL STORZ may, in its sole discretion, perform minor non-warranty repairs without charge. KARL STORZ reserves the right to refuse or return any product sent back without prior authorization of KARL STORZ's Customer Support Department.
10. **WARRANTY POLICY.** Except as otherwise provided herein and/or by the applicable warranty information for a specific product or type of product, all products are generally warranted to be in good working order at the date of delivery and free from defects in workmanship and materials for 1 year from date of delivery. However, since some products carry a shorter or a longer warranty period, Customer should check with KARL STORZ's Customer Support Department or product specific literature, instruction manual and/or labeling for the exact warranty period. Any such product(s) with a defect occurring during the applicable warranty period will be promptly repaired or, at the sole discretion of KARL STORZ, repaired at no charge to Customer. All repairs shall be performed in a good and workmanlike manner and all replaced parts or products shall be free from defects in materials and workmanship for the remainder of the original warranty period (if any) or the 90 day period set forth in section 9, Repair Program, above, whichever is longer, when used by qualified personnel who are trained in their use. Subject to availability of product, KARL STORZ may, in its sole discretion, provide Customer with loaner product while the defective product is being replaced or repaired. Damage which might arise or be caused, whether by Customer or by any of the users of the products provided by KARL STORZ, as a result of, in connection with, or otherwise attributable to the following is excluded from warranty coverage: (a) misuse, abuse, mishandling and/or improper operation and/or storage; (b) repairs, servicing, modifications and/or alterations performed by any person or entity other than KARL STORZ or an authorized repair facility of KARL STORZ; (c) use in combination with adaptors, accessories and/or equipment from other manufacturers unless authorized or recommended by KARL STORZ; (d) use in any manner other than those for which such products are designed and are otherwise intended to be used; or (e) a failure to comply with power and grounding specifications provided by KARL STORZ. THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS, IMPLIED AND/OR STATUTORY, INCLUDING, BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY, FITNESS AND/OR SUITABILITY FOR A PARTICULAR PURPOSE, WITH RESPECT TO ALL KARL STORZ PRODUCTS AND/OR SERVICES. ANY AND ALL OTHER WARRANTIES, REPRESENTATIONS AND/OR GUARANTEES, OF ANY TYPE, NATURE OR EXTENT, BE IT IMPLIED, EXPRESS AND/OR WHETHER ARISING UNDER OR AS A RESULT OF ANY STATUTE, LAW, COMMERCIAL USAGE, CUSTOM, TRADE OR OTHERWISE, ARE HEREBY EXPRESSLY EXCLUDED AND DISCLAIMED. Any contrary course of performance by and between the parties will not modify any representations and/or warranties set forth herein. KARL STORZ neither assumes nor authorizes any person to assume for it any other liabilities in conjunction with and/or related to the sale and/or use of its products. To ensure proper use, handling and care of KARL STORZ products, Customer should consult the product specific literature, instruction manual, and/or labeling included with the product or otherwise available. Repairs, modifications or alterations of KARL STORZ products, performed by any person or entity, other than by KARL STORZ or an authorized repair facility of KARL STORZ, nullifies and otherwise voids all applicable KARL STORZ warranties. Repair or replacement of a KARL STORZ product shall not extend the term of any applicable warranty. The remedies provided herein are Customer's exclusive remedies under this Warranty Policy.
11. **LIMITATION OF LIABILITY.** KARL STORZ is not liable, either directly or by way of express or implied indemnity, for any special, incidental, consequential, punitive, exemplary or indirect damages, including but not limited to alleged damages for delayed shipment, non-delivery, product failure, product design or production, inability to use such products or services, loss of future business (lost profits), or from any other cause, whatsoever, in connection with or arising from the purchase, sale, lease, rental, installation or use of KARL STORZ products, even if KARL STORZ has been advised of the possibility of such damages. SOME JURISDICTIONS DO NOT ALLOW EXCLUSIONS AND DISCLAIMERS OF CERTAIN WARRANTIES OR LIMITATIONS OF LIABILITY, SO THE LIMITATIONS AND/OR EXCLUSIONS, SET FORTH IN THESE TERMS AND CONDITIONS, MAY NOT APPLY. IN THAT EVENT, KARL STORZ'S LIABILITY WILL BE LIMITED TO THE GREATEST EXTENT PERMITTED BY LAW IN THE SUBJECT JURISDICTION.
12. **DISCOUNTS AND REBATES.** The dollar value of discounts and rebates (if any) provided by KARL STORZ to Customer are intended to be discounts or reductions in price described in and in accordance with 42 U.S.C. Section 1320a-7b(b)(3)(A) and 42 C.F.R. Section 1001.952(h). Customer has an obligation to accurately record and may have an obligation to report all such reductions in purchase price to the Department of Health and Human Services ("DHHS") or other federal agency, state agencies, or other payers, as applicable. Customer acknowledges that this section is sufficient to advise Customer of its obligations under applicable federal and state laws and regulations.
13. **SOFTWARE OWNERSHIP AND LICENSING.** With respect to products provided by KARL STORZ and/or its affiliated/related entities (collectively, "KARL STORZ") and containing software components, Customer is granted a non-exclusive, limited, non-transferable license (the "License") to use the programmed logic, computer programs and/or software, including software developed by or on behalf of KARL STORZ ("KARL STORZ Software") and/or software ("Third Party Software") developed by or on behalf of third parties (who are considered third party beneficiaries of this Section) embedded in, or for use in conjunction with, such products, internally, but only in the form in which delivered to Customer and for the sole purpose of operating in accordance with KARL STORZ' written instructions for the products provided to Customer (and for no other product or purpose); ("KARL STORZ Software" and "Third Party Software" are referred to collectively as "Software"). The Software, and all modifications, enhancements and upgrades thereto, will, at all times, remain the property of KARL STORZ or the applicable third party. Customer may not duplicate, copy, reverse-engineer, de-compile, or disassemble the Software or in any way modify the Software. Customer has no right to, and may not, create derivatives of the Software, and Customer may not attempt to copy, create or re-create the source code of the Software. Any and all such modifications or enhancements to the Software by Customer will immediately become the sole property of KARL STORZ. Customer hereby acknowledges and agrees that (a) the purchase, lease or other acquisition of products does not constitute a transfer of the Software, (b) the Software is the property of KARL STORZ or the applicable third party, (c) Customer neither owns nor acquires any interest in any copyright, patent or other intellectual property right in or to the Software as a result of such purchase, lease or other acquisition of products, (d) KARL STORZ, or the applicable third party, retains and owns all right, title, and interest in and to the Software and the ownership rights therein, at all times, regardless of the form or media in or on which the original or other copies of the Software may exist, and (e) by using the products, Customer is subject to, and is bound by, the terms of any separate third-party license agreement relating to the Third Party Software. In the event of a failure of Customer or its agents, employees or representatives, to comply with any terms and conditions of the License herein granted, the License will, without any further action by KARL STORZ or any other party, immediately end and terminate.



Assigned: FY 19 - 5

Capital Request

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

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

Department: IT

Submitted by: Rich Tyler

Date: 8/8/18

Provide a detailed description of the capital expenditure requested: Purchase 50 Desktop Computers

Preferred Vendor: Dell

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

1. Renovation	\$ _____
2. Equipment	\$ _____
3. Installation	\$ _____
4. Shipping	\$ _____
5. Accessories	\$ _____
6. Training	\$ _____
7. Travel costs	\$ _____
8. Other e.g. interfaces	\$ _____
Total Costs (add 1-8) \$ 55,937.84	

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.)
Engineering

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

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

Review and Approvals

Submitted by:

Verified enough Capital to purchase

Department Leader

☐ YES ☐ NO

Vice President of Operations

☐ YES ☐ NO

Chief Financial Officer

☒ YES ☐ NO

Chief Executive Officer

☒ YES ☐ NO

Board of Trustees Representative

☐ YES ☐ NO

[Handwritten signature]

OTHER CONSIDERATIONS

This request is to purchase 50 Dell desktop computers. We utilize these desktops throughout the hospital. These desktops will be for replacing old and outdated desktop hardware. We strive to get 5-7 years of use from our desktop computers. I received two quotes on these computers.

Direct from Dell: \$55,937.84

CDWG: \$69,360.50

This capital purchase will be made through Dell Direct as it was the cheaper price.

Submitted by: Signature

Date



A quote for your consideration!

Total: \$55,937.84

Based on your business needs, we put the following quote together to help with your purchase decision. Please review your quote details below, then contact your sales rep when you're ready to place your order.

Quote number:	Quote date:	Quote expiration:
3000027373614.1	Jul. 31, 2018	Aug. 30, 2018

Company name:	Customer number:	Phone:
MEMORIAL HOSP OF SWEETWATER CO	1039001	(307) 362-3711

Sales rep information:	Billing Information:
Matt Parravano Matt_Parravano@Dell.com (800) 456-3355 Ext: 5138714	MEMORIAL HOSP OF SWEETWATER CO PO BOX 1359 1200 COLLEGE DR ROCK SPRINGS WY 82901-5868 US (307) 362-3711

Pricing Summary

Item	Qty	Unit Price	Subtotal
OptiPlex 7060 SFF	50	\$945.15	\$47,257.50
Dell 24 Monitor - P2417H	50	\$159.31	\$7,965.50
Subtotal:			\$55,223.00
Shipping:			\$714.84
Environmental Fees:			\$0.00
Non-Taxable Amount:			\$55,937.84
Taxable Amount:			\$0.00
Estimated Tax:			\$0.00
Total:			\$55,937.84

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Special lease pricing may be available for qualified customers. Please contact your DFS Sales Representative for details.



QUOTE CONFIRMATION

DEAR RICH TYLER,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
JZCR914	7/31/2018	DESKTOPS	1423698	\$59,718.00

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Dell OptiPlex 7060 - SFF - Core i7 8700 3.2 GHz - 16 GB - 256 GB	50	5137395	\$1,194.36	\$59,718.00
Mfg. Part#: T7G0K UNSPSC: 43211508 Contract: Intalere Tier 4 (VH10213)				

PURCHASER BILLING INFO	SUBTOTAL	\$59,718.00
Billing Address: MEMORIAL HOSPITAL OF SWEETWATER ATTN ACCTS PAYABLE PO BOX 1359 ROCK SPRINGS, WY 82902-1359 Phone: (307) 362-3711 Payment Terms: Net 30 Days-Healthcare	SHIPPING	\$0.00
	GRAND TOTAL	\$59,718.00
DELIVER TO	Please remit payments to:	
Shipping Address: MEMORIAL HOSPITAL OF SWEETWATER 1200 COLLEGE DR ROCK SPRINGS, WY 82901-5868 Phone: (307) 362-3711 Shipping Method: UPS Ground - Cust Acct	CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	

Need Assistance? CDW•G SALES CONTACT INFORMATION



Sammi Hintze

(877) 698-5221

sammhin@cdwg.com

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at <http://www.cdwg.com/content/terms-conditions/product-sales.aspx>
For more information, contact a CDW account manager

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QUOTE CONFIRMATION



DEAR RICH TYLER,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
JZH056	8/3/2018	MONITORS	1423698	\$9,642.50

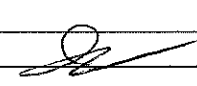
QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Dell P2417H - LED monitor - Full HD (1080p) - 24" Mfg. Part#: P2417H UNSPSC: 43211902 Contract: Intalere Tier 4 (VH10213)	50	4138024	\$192.85	\$9,642.50

PURCHASER BILLING INFO		SUBTOTAL	\$9,642.50
Billing Address: MEMORIAL HOSPITAL OF SWEETWATER ATTN ACCTS PAYABLE PO BOX 1359 ROCK SPRINGS, WY 82902-1359 Phone: (307) 362-3711 Payment Terms: Net 30 Days-Healthcare		SHIPPING	\$0.00
		GRAND TOTAL	\$9,642.50
		DELIVER TO Shipping Address: MEMORIAL HOSPITAL OF SWEETWATER 1200 COLLEGE DR ROCK SPRINGS, WY 82901-5868 Phone: (307) 362-3711 Shipping Method: UPS Ground - Cust Acct	
		Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	

Need Assistance? CDW•G SALES CONTACT INFORMATION			
	Sammi Hintze	(877) 698-5221	sammhin@cdwg.com

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at <http://www.cdw.com/content/terms-conditions/product-sales.aspx>
For more information, contact a CDW account manager

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		# Assigned: FY 19 - <u>19</u>
Capital Request		
Instructions: YOU MUST USE THE TAB KEY to navigate around this form to maintain the form's integrity. Note: When appropriate, attach additional information such as justification, underlying assumptions, multi-year projections and anything else that will help support this expenditure. Print out form and attach quotes and supporting documentation.		
Department: IT	Submitted by: Rich Tyler	Date: 8/22/18
Provide a detailed description of the capital expenditure requested: This request is for 18 Dell laptops.		
Preferred Vendor:		
Total estimated cost of project (Check all required components and list related expense)		
1. Renovation		\$
2. Equipment		\$
3. Installation		\$
4. Shipping		\$
5. Accessories		\$
6. Training		\$
7. Travel costs		\$
8. Other e.g. interfaces		\$
Total Costs (add 1-8)		\$ 32,652.00
Does the requested item:		
Require annual contract renewal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Fit into existing space? <input type="checkbox"/> YES <input type="checkbox"/> NO	Explain:	
Attach to a new service? <input type="checkbox"/> YES <input type="checkbox"/> NO	Explain:	
Require physical plan modifications? If yes, list to the right: <input type="checkbox"/> YES <input type="checkbox"/> NO	Electrical HVAC Safety Plumbing Infrastructure (I/S cabling, software, etc.)	\$ \$ \$ \$ \$
Annualized impact on operations (if applicable):		Budgeted Item:
Increases/Decreases		<input type="checkbox"/> YES <input type="checkbox"/> NO
Projected Annual Procedures (NEW not existing)		
Revenue per procedure	\$	# of bids obtained? _____
Projected gross revenue	\$	
Projected net revenue	\$	<input type="checkbox"/> Copies and/or Summary attached. If no other bids obtained, reason:
Projected Additional FTE's		
Salaries	\$	
Benefits	\$	
Maintenance	\$	
Supplies	\$	
Total Annual Expenses	\$	
Net Income/(loss) from new service	\$	
Review and Approvals		
Submitted by: Rich Tyler	Verified enough Capital to purchase	
Department Leader	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vice President of Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Financial Officer	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Chief Executive Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Board of Trustees Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER CONSIDERATIONS

This request is for 18 Dell laptops for providers and staff.

Rich Tyler

Digitally signed by Rich Tyler
DN: cn=Rich Tyler, o, ou,
email=tyler@sweetwatermemorial.com, c=US
Date: 2018.08.22 10:43:11 -06'00'

Submitted by: Signature

8/22/18

Date

QUOTE CONFIRMATION



DEAR RICH TYLER,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
KBCJ609	8/21/2018	XPS	1423698	\$32,652.00

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
DELL CTO 9560 I7-8750H 256/16 W10H Mfg. Part#: 3000027373205 Contract: Intalere Tier 4 (VH10213)	18	5203660	\$1,814.00	\$32,652.00

PURCHASER BILLING INFO	SUBTOTAL	\$32,652.00
Billing Address: MEMORIAL HOSPITAL OF SWEETWATER ATTN ACCTS PAYABLE PO BOX 1359 ROCK SPRINGS, WY 82902-1359 Phone: (307) 362-3711 Payment Terms: Net 30 Days-Healthcare	SHIPPING	\$0.00
	SALES TAX	\$0.00
	GRAND TOTAL	\$32,652.00
DELIVER TO	Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	
Shipping Address: MEMORIAL HOSPITAL OF SWEETWATER 1200 COLLEGE DR ROCK SPRINGS, WY 82901-5868 Phone: (307) 362-3711 Shipping Method: DROP SHIP-GROUND		

Need Assistance? CDW•G SALES CONTACT INFORMATION



Sammi Hintze

(877) 698-5221

sammhin@cdwg.com

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at <http://www.cdwg.com/content/terms-conditions/product-sales.aspx>
For more information, contact a CDW account manager

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MHSC Capital Budget for FYE 6/30/2019

Department	ITEM	Approved	Purch/Amt	Variance	FY#
Facilities Cancer Center	MOB Duct Renovation Looking Glass/ARIA equipment	278,240 9,168	9,168	(278,240) -	FY19-1 FY19-2
				-	
Total Budgeted	3,000,000	287,408	9,168	(278,240)	

Capital Expenditure Dollars Authorized	287,408
Less Donated Capital	
	-
Net Capital Outlay FYTD 2019	287,408
Remaining Balance FY2019 Capital Budget	2,712,592

BUILDING AND GROUNDS COMMITTEE
Memorial Hospital of Sweetwater County
8/21/2018

Trustee Committee Members Present: Barbara Sowada, Ed Tardoni

Committee Members Present: Irene Richardson, Jim Horan

Guests Present: Gerry Johnston, Jodi Corley, Saisha Montoya, John Kolb, Britt Morgan, Jacob Blevins, Todd Spacek.

Minutes taken by: Cindy Nelson

Location: Classroom 2

Time Started: 3:30PM

TOPIC	DISCUSSION	RESPONSIBLE	ACTION	TIMELINE
Review Minutes	None	J. Horan	Noted	None
Laundry upgrade	No discussion	J. Horan		
Itemized Maintenance projects.	<ol style="list-style-type: none"> 1. Collapsing retaining wall. 2. Seal mechanical room floor. 	J. Horan	<ol style="list-style-type: none"> 1. Reviewed progress to date. 2. No discussion 	Review progress next meeting.
Wyoming Department of Health (WDH) inspection of our Medical Office Building (MOB) and 3000 College Hill (CH)	Several items will need to be addressed for licensing by WDH: <ol style="list-style-type: none"> 1. Return-air ducts for invasive procedure rooms. 2. Continuous exhaust in restrooms and soiled/wet areas. 	J. Horan/ C. Radakovich	<ol style="list-style-type: none"> 1. Bid has been awarded to "A Pleasant" of Green River. Work to commence mid-September. 2. No discussion... MOB completed/ CH completed. 	Review progress next meeting.
Utility systems upgrades	Overview of issues and multi-year phased resolution was presented by "ST&B" Engineering.	J. Horan	Gain proposals for engineering and then proceed with first-year phased plan to gain approvals and authorization.	Review progress next meeting.

Time Adjourned: 5:00P

Next Meeting: September 18, 2018 3:30P-4:30P

Respectfully Submitted: Jim Horan

Finance and Audit Committee

IT report

August 2018

Rich Tyler

1. Completed the T-systems software migration to virtual server environment. Currently testing to upgrade to the newest version in the next month.
2. The OBIX upgrade was completed successfully. Currently running Obix on the new servers and running on the latest version.
3. We are still working to optimize our current off-site backup solution. Currently having some minor issues with available internet bandwidth to archive to the cloud.
4. Finalizing pen testing project and HIPAA access audit software.
5. Currently working with the Cancer Center team and Pharmacy team to implement the new Looking Glass software. Also working to implement Varian Aria for the medical oncology department. Possible go-live in Jan 2019.
6. Finalizing proposal to upgrade audio/visual for classrooms 1/2/3.

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

To: Finance & Audit Committee
From: Tami Love, CFO

August 18, 2018

NARRATIVE TO JULY 2018 FINANCIAL STATEMENT

THE BOTTOM LINE. The bottom line from operations for July was a gain of \$196,245, compared to a loss of \$139,969 in the budget. This yields a 2.64% operating margin for the month compared to -1.93% in the budget.

The total net gain for the month was \$110,943, compared to a loss of \$232,304 in the budget. This represents a total profit margin of 1.49% compared with -3.2% in the budget. With the payoff of the 2013B bonds, we will no longer be reporting special purpose tax funds. We continue to report interest expense for the 2013A bonds.

Annual Debt Service Coverage came in at 2.75. The existing bond covenants require that we maintain Debt Service Coverage of 1.25 for compliance.

VOLUME. Average inpatient census for the month was 12.9; under budget by 0.2.

Inpatient surgeries were 2 under budget at 29 and outpatient surgeries were 21 under budget at 139. There were 6,355 outpatient visits, under budget by 139.

Total ER visits were 1,373, which was 7 under budget. There were 36 newborns in July, under budget by 15.

REVENUE. Revenue for the month was \$14,122,776, over budget by \$917,183. Inpatient revenue was over budget by \$145,537, outpatient revenue was over budget by \$664,270 and the employed Provider Clinic was over budget by \$107,376.

Net patient revenue for the month was \$7,296,114, over budget by \$256,674. Total operating revenue for the month was \$7,447,023, over budget by \$182,950.

Deductions from revenue were booked at 48.3% for July compared to 46.7% in the budget and 48.2% for the same period in fiscal year 2018.

EXPENSES. Total expenses for the month were \$7,250,778 under budget by \$153,263. Salary & Wage, Benefits, Purchased Services, Utilities, Repairs & Maintenance, and Depreciation were under budget for July. The following categories were over budget for July:

Contract Labor – This expense is over budget by \$24,044. Behavior Health, Labor & Delivery, Laboratory and Respiratory Therapy are over budget for the month.

Supplies – This expense is over budget by \$54,893. Radioactive material, Lab supplies, Patient chargeables, Implants, Drugs, Minor equipment, Maintenance supplies and Outdated supplies are over budget.

Other Operating – This expense is over budget by \$32,776. Employee recruitment and Pharmacy allocation are over budget.

For the first month of fiscal year 2019, the daily cash expense is at \$213,000. Daily cash expense was at \$217,000 at the end of fiscal year 2018 and hit a high of \$236,000 in the prior fiscal year.

BALANCE SHEET. Operating cash at month end was \$13,975,654, a decrease of \$428,999 from June. Collections for the month of July were \$6,191,540. The Days of Cash on Hand decreased in July to 108, down three days from June. The existing bond covenants require that we maintain 75 days of cash on hand for compliance.

Gross receivables at month end were \$23,603,530, up \$2,403,883 from the prior month. Net patient receivables at month end were \$12,422,643, up \$1,410,808 from last month. Days in Gross Receivables are 52 for July, up 3 days from June.

OUTLOOK FOR AUGUST. Gross revenue is projected to come in right at budget in the Hospital and the Clinic. Admits, ER visits and Births are all projecting to come in under budget. Outpatient services, including Lab, Medical Imaging and Infusions are projecting to be over budget in August and Patient days and Surgeries are coming in right at budget. Gross patient revenue is projecting to come in at \$13.7 million, slightly over the budget of \$13.6 million, with net revenue projecting to \$7.2 million. Collections are projecting to come in at \$7.2 million, which is over budget. If expenses remain constant at \$7.2 million, we are projecting to break even for August.

TRENDS IN HEALTH CARE FINANCE.

Key Financial Indicators – In conjunction with the new strategic plan and the financial stewardship pillar of that plan, we have chosen seven key financial indicators to benchmark in our monthly finance report. The continuous benchmarking process will allow us to track our progress with the goals set out in the strategic plan.

Operating Margin – measures profitability with respect to patient care and operations (*higher values are favorable*)

Total Profit Margin – measures overall profitability, including revenue and expenses not related to patient care (*higher values are favorable*)

Days Cash on Hand – measures the number of days the hospital could operate with additional cash receipts, using only cash available (*higher values are favorable*)

Net Days in AR – number of days of net patient revenue that is tied up in unpaid patient accounts (*lower values are favorable*)

Average Age of Plant – average age of capital assets such as building, fixtures and equipment (*lower values are favorable*)

Long Term Debt to Capitalization – measures the proportion of the hospital's capitalization provided by debt (*lower values are favorable*)

Debt Service Coverage – measures the ratio of available funds for the payment of current debt (*higher values are favorable*)

Short Term Goals - Our short term goals are set to the benchmarks for BB+ hospitals. This is our current Standard & Poor rating and our goal is to maintain this rating and increase our outlook from stable to positive. We have set our fiscal year 2019 budget to meet these goals.

Key Financial Indicator	Budget 6/30/2019	BB+ Credit Rating	BBB- Credit Rating
Profitability:			
Operating Margin	1.90%	0.10%	0.30%
Total Profit Margin	0.76%	0.80%	1.00%
Liquidity:			
Days Cash, All Sources **	129.76	91.30	129.00
Net Days in Accounts Receivable	50.02	52.40	51.80
Capital Structure:			
Average Age of Plant (Annualized)	12.58	15.10	11.20
Long Term Debt to Capitalization	25.75%	48.20%	41.60%
Debt Service Coverage Ratio **	3.97	1.80	2.30

Long Term Goals - Our long term, or three-year, goals of the strategic plan are set to the benchmarks for BBB- hospitals.



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

Unaudited Financial Statements

for

One month ended July 31, 2018

Certification Statement:

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

Page 101 of 342

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2018

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

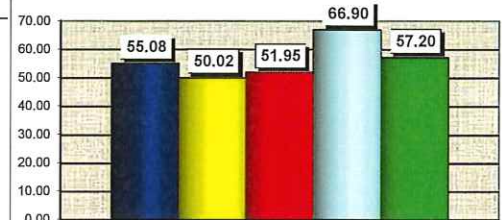
PAGE 2

One month ended July 31, 2018

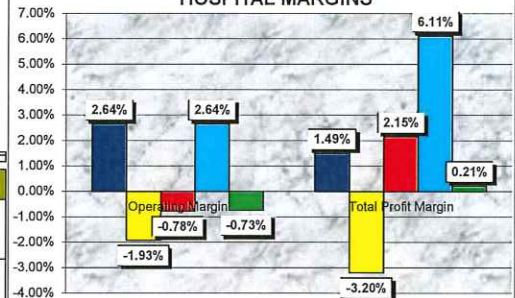
BALANCE SHEET

	YTD 7/31/2018	Prior FYE 6/30/2018
ASSETS		
Current Assets	\$33,078,306	\$32,396,574
Assets Whose Use is Limited	15,711,976	16,103,800
Property, Plant & Equipment (Net)	67,690,202	68,224,600
Other Assets	246,032	247,062
Total Unrestricted Assets	116,726,517	116,972,036
Restricted Assets	427,501	426,203
Total Assets	\$117,154,018	\$117,398,239
LIABILITIES AND NET ASSETS		
Current Liabilities	\$9,449,603	\$9,734,367
Long-Term Debt	27,911,171	27,915,983
Other Long-Term Liabilities	994,901	1,070,720
Total Liabilities	38,355,676	38,721,070
Net Assets	78,798,343	78,677,169
Total Liabilities and Net Assets	\$117,154,018	\$117,398,239

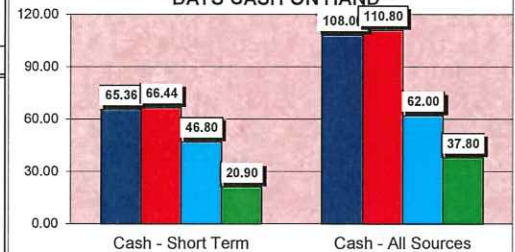
NET DAYS IN ACCOUNTS RECEIVABLE



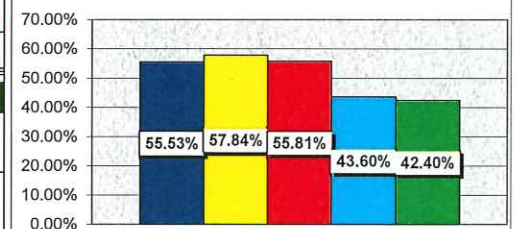
HOSPITAL MARGINS



DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	07/31/18 ACTUAL	07/31/18 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	400	407	400	407
Average Acute Length of Stay	2.7	2.6	2.7	2.6
Total Emergency Room Visits	1,373	1,380	1,373	1,380
Outpatient Visits	6,355	6,494	6,355	6,494
Total Surgeries	168	191	168	191
Total Worked FTE's	393.56	427.27	393.56	427.27
Total Paid FTE's	446.76	464.23	446.76	464.23
Net Revenue Change from Prior Yr	10.50%	7.79%	10.50%	7.79%
EBIDA - 12 Month Rolling Average			9.01%	6.87%
Current Ratio			3.50	
Days Expense in Accounts Payable			36.91	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	07/31/18
Prior Fiscal Year End	06/30/18
WYOMING	All Hospitals
< \$90M Net Rev.	Rural

FINANCIAL STRENGTH INDEX -		1.01
Excellent -	Greater than 3.0	Good - 3.0 to 0.0
Fair -	0.0 to (2.0)	Poor - Less than (2.0)

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2018

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Month to Date 7/31/2018	Year to Date 7/31/2018	Prior Fiscal Year End 06/30/18	WYOMING All Hospitals (See Note 1)	National Rural < \$90M Net Rev. (See Note 2)
Profitability:						
Operating Margin	↑	2.64%	2.64%	-0.78%	2.64%	-0.73%
Total Profit Margin	↑	1.49%	1.49%	2.15%	6.11%	0.21%
Return on Assets	↑	1.14%	1.14%	1.59%	4.21%	0.23%
Inpatient Gross Revenue Percentage		23.63%	25.62%	23.77%	36.90%	28.70%
Outpatient Gross Revenue Percentage		66.74%	74.38%	76.23%	64.10%	71.70%
Liquidity:						
Days of Cash on Hand, Short Term	↑	N/A	65.36	66.44	46.80	20.90
Days Cash, All Sources	↑	N/A	108.00	110.80	62.00	37.80
Net Days in Accounts Receivable	↓	52.78	55.08	51.95	66.90	57.20
Average Payment Period	↓	44.19	44.01	44.57	44.80	49.20
Current Ratio	↑	3.50	3.50	3.33	3.66	1.74
Capital Structure:						
Average Age of Plant (Annualized)	↓	12.20	12.20	10.19	9.50	12.40
Capital Costs as a % of Total Expense		7.15%	7.15%	7.72%	5.19%	5.47%
Long Term Debt to Equity	↓	35.42%	35.42%	35.48%	13.71%	4.42%
Long Term Debt to Capitalization	↓	26.16%	26.16%	26.19%	16.80%	10.00%
Debt Service Coverage Ratio	↑	N/A	2.75	3.15	N/A	2.64
Productivity and Efficiency:						
Paid FTE's per Adjusted Occupied Bed	↓	8.18	8.18	8.43	6.60	4.63
Salary Expense per Paid FTE		N/A	\$88,035	\$85,976	\$62,436	\$48,150
Salary and Benefits as a % of Total Operating Exp		55.53%	55.53%	55.81%	43.60%	42.40%
Inventory Ratio	↑	N/A	30.98	30.58	52.24	49.04
		MTD - Actual 7/31/2018	YTD - Actual 7/31/2018	Prior FYE 6/30/2018	YTD - Budget 7/31/2018	
Other Ratios:						
Gross Days in Accounts Receivable	↓	51.81	54.08	50.05	49.78	
Net Revenue per Adjusted Discharge	↑	\$11,733	\$11,733	\$11,678	\$11,328	
Operating Expenses per Adj. Discharge	↓	\$11,424	\$11,424	\$11,770	\$11,547	

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2018

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	Current Month 7/31/2018	Prior Month 6/30/2018	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2018
Current Assets					
Cash and Cash Equivalents	\$13,975,654	\$14,404,653	(\$428,999)	-2.98%	\$14,404,653
Gross Patient Accounts Receivable	23,603,530	21,199,648	2,403,883	11.34%	21,199,648
Less: Bad Debt and Allowance Reserves	(11,180,888)	(9,770,080)	(1,410,808)	-14.44%	(9,770,080)
Net Patient Accounts Receivable	12,422,643	11,429,568	993,075	8.69%	11,429,568
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,411,493	1,368,019	43,474	3.18%	1,368,019
Inventories	2,830,678	2,829,223	1,455	0.05%	2,829,223
Prepaid Expenses	2,437,838	2,365,112	72,726	3.07%	2,365,112
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	33,078,306	32,396,574	681,732	2.10%	32,396,574
Assets Whose Use is Limited					
Cash	14,235	12,573	1,662	13.22%	12,573
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	3,148,327	3,034,341	113,986	3.76%	3,034,341
Trustee Held Funds - SPT	3,445,004	3,452,951	(7,947)	-0.23%	3,452,951
Board Designated Funds	1,300,000	1,300,000	0	0.00%	1,300,000
Other Limited Use Assets	7,804,410	8,303,935	(499,525)	-6.02%	8,303,935
Total Limited Use Assets	15,711,976	16,103,800	(391,824)	-2.43%	16,103,800
Property, Plant, and Equipment					
Land and Land Improvements	2,928,057	2,928,057	0	0.00%	2,928,057
Building and Building Improvements	38,064,393	38,041,246	23,147	0.06%	38,041,246
Equipment	108,347,170	108,303,077	44,093	0.04%	108,303,077
Construction In Progress	1,011,505	1,010,882	623	0.06%	1,010,882
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	150,351,124	150,283,261	67,863	0.05%	150,283,261
Less: Accumulated Depreciation	(82,660,922)	(82,058,661)	(602,261)	-0.73%	(82,058,661)
Net Property, Plant, and Equipment	67,690,202	68,224,600	(534,398)	-0.78%	68,224,600
Other Assets					
Unamortized Loan Costs	246,032	247,062	(1,029)	-0.42%	247,062
Other	0	0	0	0.00%	0
Total Other Assets	246,032	247,062	(1,029)	-0.42%	247,062
TOTAL UNRESTRICTED ASSETS	116,726,517	116,972,036	(245,519)	-0.21%	116,972,036
Restricted Assets	427,501	426,203	1,298	0.30%	426,203
TOTAL ASSETS	\$117,154,018	\$117,398,239	(\$244,221)	-0.21%	\$117,398,239

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2018

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2018
	Current Month 7/31/2018	Prior Month 6/30/2018	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$4,202,611	\$4,934,967	\$732,356	14.84%	\$4,934,967
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,259,527	910,902	(348,625)	-38.27%	910,902
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	1,690,440	1,702,057	11,617	0.68%	1,702,057
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	1,810,631	1,810,631	0	0.00%	1,810,631
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	486,395	375,810	(110,585)	-29.43%	375,810
Total Current Liabilities	9,449,603	9,734,367	284,763	2.93%	9,734,367
Long Term Debt					
Bonds/Mortgages Payable	29,721,802	29,726,614	4,812	0.02%	29,726,614
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,810,631	1,810,631	0	0.00%	1,810,631
Total Long Term Debt (Net of Current)	27,911,171	27,915,983	4,812	0.02%	27,915,983
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	994,901	1,070,720	75,819	7.08%	1,070,720
Total Other Long Term Liabilities	994,901	1,070,720	75,819	7.08%	1,070,720
TOTAL LIABILITIES	38,355,676	38,721,070	365,394	0.94%	38,721,070
Net Assets:					
Unrestricted Fund Balance	76,261,766	74,388,532	(1,873,234)	-2.52%	74,388,532
Temporarily Restricted Fund Balance	1,959,119	1,959,119	(0)	0.00%	1,959,119
Restricted Fund Balance	466,514	465,216	(1,298)	-0.28%	465,216
Net Revenue/(Expenses)	110,943	1,864,302	N/A	N/A	1,864,302
TOTAL NET ASSETS	78,798,343	78,677,169	(121,173)	-0.15%	78,677,169
TOTAL LIABILITIES AND NET ASSETS	\$117,154,018	\$117,398,239	\$244,221	0.21%	\$117,398,239

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2018

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	CURRENT MONTH				Prior Year 07/31/17
	Actual 07/31/18	Budget 07/31/18	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,337,641	\$3,192,104	\$145,537	4.56%	\$3,122,689
Outpatient Revenue	9,424,838	8,760,568	664,270	7.58%	8,467,456
Clinic Revenue	1,094,250	1,066,947	27,302	2.56%	960,010
Specialty Clinic Revenue	266,047	185,974	80,073	43.06%	210,106
Total Gross Patient Revenue	14,122,776	13,205,593	917,183	6.95%	12,760,261
Deductions From Revenue					
Discounts and Allowances	(5,891,982)	(5,282,896)	(609,086)	-11.53%	(5,088,307)
Bad Debt Expense (Governmental Providers Only)	(849,465)	(712,436)	(137,029)	-19.23%	(782,476)
Charity Care	(85,215)	(170,821)	85,606	50.11%	(283,316)
Total Deductions From Revenue	(6,826,662)	(6,166,153)	(660,509)	-10.71%	(6,154,099)
Net Patient Revenue	7,296,114	7,039,440	256,674	3.65%	6,606,162
Other Operating Revenue	150,909	224,633	(73,723)	-32.82%	133,136
Total Operating Revenue	7,447,023	7,264,073	182,950	2.52%	6,739,298
Operating Expenses					
Salaries and Wages	3,206,273	3,278,846	72,573	2.21%	3,255,066
Fringe Benefits	685,749	812,435	126,686	15.59%	670,142
Contract Labor	134,135	110,090	(24,045)	-21.84%	201,421
Physicians Fees	257,203	260,848	3,645	1.40%	163,346
Purchased Services	377,009	393,187	16,178	4.11%	401,121
Supply Expense	1,196,063	1,141,170	(54,893)	-4.81%	976,030
Utilities	82,521	99,358	16,838	16.95%	80,822
Repairs and Maintenance	358,916	375,174	16,258	4.33%	342,184
Insurance Expense	63,871	60,375	(3,496)	-5.79%	67,107
All Other Operating Expenses	194,326	161,550	(32,776)	-20.29%	161,754
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	72,703	71,810	(893)	-1.24%	71,706
Depreciation and Amortization	622,012	639,199	17,187	2.69%	704,205
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	7,250,778	7,404,042	153,263	2.07%	7,094,904
Net Operating Surplus/(Loss)	196,245	(139,969)	336,214	-240.21%	(355,606)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	5,416	3,985	1,431	35.91%	1,610
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	307,031
Tax Subsidies for GO Bonds	20,631	0	20,631	0.00%	0
Interest Expense (Governmental Providers Only)	(111,348)	(113,824)	(2,475)	2.17%	(106,739)
Other Non-Operating Revenue/(Expenses)	0	17,504	(17,504)	-100.00%	36,497
Total Non Operating Revenue/(Expense)	(85,301)	(92,335)	7,033	-7.62%	218,397
Total Net Surplus/(Loss)	\$110,943	(232,304)	\$343,247	-147.76%	(137,209)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	\$110,943	(232,304)	\$343,247	-147.76%	(137,209)
Operating Margin	2.64%	-1.93%			-5.28%
Total Profit Margin	1.49%	-3.20%			-2.04%
EBIDA	10.99%	6.87%			9.30%

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Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2018

	YEAR-TO-DATE				Prior Year 07/31/17
	Actual 07/31/18	Budget 07/31/18	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,337,641	\$3,192,104	\$145,537	4.56%	\$3,122,689
Outpatient Revenue	9,424,838	8,760,568	664,270	7.58%	8,467,456
Clinic Revenue	1,094,250	1,066,947	27,302	2.56%	960,010
Specialty Clinic Revenue	266,047	185,974	80,073	43.06%	210,106
Total Gross Patient Revenue	<u>14,122,776</u>	<u>13,205,593</u>	<u>917,183</u>	<u>6.95%</u>	<u>12,760,261</u>
Deductions From Revenue					
Discounts and Allowances	(5,891,982)	(5,282,896)	(609,086)	-11.53%	(5,088,307)
Bad Debt Expense (Governmental Providers Only)	(849,465)	(712,436)	(137,029)	-19.23%	(782,476)
Charity Care	(85,215)	(170,821)	85,606	50.11%	(283,316)
Total Deductions From Revenue	<u>(6,826,662)</u>	<u>(6,166,153)</u>	<u>(660,509)</u>	<u>-10.71%</u>	<u>(6,154,099)</u>
Net Patient Revenue	<u>7,296,114</u>	<u>7,039,440</u>	<u>256,674</u>	<u>3.65%</u>	<u>6,606,162</u>
Other Operating Revenue	<u>150,909</u>	<u>224,633</u>	<u>(73,723)</u>	<u>-32.82%</u>	<u>133,136</u>
Total Operating Revenue	<u>7,447,023</u>	<u>7,264,073</u>	<u>182,950</u>	<u>2.52%</u>	<u>6,739,298</u>
Operating Expenses					
Salaries and Wages	3,206,273	3,278,846	72,573	2.21%	3,255,066
Fringe Benefits	685,749	812,435	126,686	15.59%	670,142
Contract Labor	134,135	110,090	(24,045)	-21.84%	201,421
Physicians Fees	257,203	260,848	3,645	1.40%	163,346
Purchased Services	377,009	393,187	16,178	4.11%	401,121
Supply Expense	1,196,063	1,141,170	(54,893)	-4.81%	976,030
Utilities	82,521	99,358	16,838	16.95%	80,822
Repairs and Maintenance	358,916	375,174	16,258	4.33%	342,184
Insurance Expense	63,871	60,375	(3,496)	-5.79%	67,107
All Other Operating Expenses	194,326	161,550	(32,776)	-20.29%	161,754
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	72,703	71,810	(893)	-1.24%	71,706
Depreciation and Amortization	622,012	639,199	17,187	2.69%	704,205
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>7,250,778</u>	<u>7,404,042</u>	<u>153,263</u>	<u>2.07%</u>	<u>7,094,904</u>
Net Operating Surplus/(Loss)	<u>196,245</u>	<u>(139,969)</u>	<u>336,214</u>	<u>-240.21%</u>	<u>(355,606)</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	5,416	3,985	1,431	35.91%	1,610
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	307,031
Tax Subsidies for GO Bonds	20,631	0	20,631	0.00%	0
Interest Expense (Governmental Providers Only)	(111,348)	(113,824)	2,475	-2.17%	(106,739)
Other Non-Operating Revenue/(Expense)	0	17,504	(17,504)	-100.00%	16,495
Total Non Operating Revenue/(Expense)	<u>(85,301)</u>	<u>(92,335)</u>	<u>7,033</u>	<u>-7.62%</u>	<u>218,397</u>
Total Net Surplus/(Loss)	<u>\$110,943</u>	<u>(232,304)</u>	<u>\$343,247</u>	<u>-147.76%</u>	<u>(137,209)</u>
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	<u>\$110,943</u>	<u>(232,304)</u>	<u>\$343,247</u>	<u>-147.76%</u>	<u>(137,209)</u>
Operating Margin	2.64%	-1.93%			-5.28%
Total Profit Margin	1.49%	-3.20%			-2.04%
EBIDA	10.99%	6.87%			9.30%

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

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	Actual 7/31/2018	Actual 6/30/2018	Actual 5/31/2018	Actual 4/30/2018	Actual 3/31/2018
Gross Patient Revenue					
Inpatient Revenue	\$3,337,641	\$2,691,073	\$2,473,613	\$3,103,402	\$3,572,487
Inpatient Psych/Rehab Revenue					
Outpatient Revenue	\$9,424,838	\$8,882,234	\$9,045,341	\$8,179,117	\$9,117,338
Clinic Revenue	\$1,094,250	\$1,252,867	\$1,294,418	\$1,045,617	\$1,318,708
Specialty Clinic Revenue	\$266,047	\$179,865	\$209,960	\$190,157	\$247,601
Total Gross Patient Revenue	\$14,122,776	\$13,006,039	\$13,023,332	\$12,518,293	\$14,256,134
Deductions From Revenue					
Discounts and Allowances	\$5,891,982	\$4,862,617	\$5,120,197	\$5,180,571	\$5,699,847
Bad Debt Expense (Governmental Providers Only)	\$849,465	\$1,232,693	\$750,881	\$608,142	\$888,176
Charity Care	\$85,215	\$419,740	\$188,399	\$162,130	(\$6,620)
Total Deductions From Revenue	6,826,662	6,515,051	6,059,477	5,950,844	6,581,403
Net Patient Revenue	\$7,296,114	\$6,490,988	\$6,963,855	\$6,567,449	\$7,674,731
Other Operating Revenue	150,909	449,914	116,501	398,959	122,609
Total Operating Revenue	7,447,023	6,940,902	7,080,357	6,966,408	7,797,340
Operating Expenses					
Salaries and Wages	\$3,206,273	\$2,975,968	\$3,095,577	\$2,982,785	\$3,211,428
Fringe Benefits	\$685,749	\$694,860	\$852,917	\$992,919	\$649,692
Contract Labor	\$134,135	\$46,590	\$106,303	\$122,359	\$44,526
Physicians Fees	\$257,203	\$443,327	\$364,555	\$346,772	\$254,190
Purchased Services	\$377,009	\$439,285	\$420,404	\$437,651	\$439,077
Supply Expense	\$1,196,063	\$1,010,058	\$1,002,232	\$1,080,684	\$1,182,216
Utilities	\$82,521	\$98,439	\$93,552	\$90,887	\$107,529
Repairs and Maintenance	\$358,916	\$369,736	\$343,807	\$378,782	\$376,215
Insurance Expense	\$63,871	\$61,525	\$67,521	\$53,077	\$56,861
All Other Operating Expenses	\$194,326	\$270,602	\$195,498	\$198,362	\$201,300
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$72,703	\$100,598	\$69,589	\$67,974	\$73,351
Depreciation and Amortization	\$622,012	\$624,279	\$608,857	\$610,433	\$610,991
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$7,250,778	\$7,135,267	\$7,220,813	\$7,362,685	\$7,207,378
Net Operating Surplus/(Loss)	\$196,245	(\$194,365)	(\$140,456)	(\$396,277)	\$589,963
Non-Operating Revenue:					
Contributions					
Investment Income	5,416	18,869	103,261	(1,767)	10,816
Tax Subsidies (Except for GO Bond Subsidies)					
Tax Subsidies for GO Bonds		51,516	315,887	233,293	291,849
Interest Expense (Governmental Providers Only)	(111,348)	(140,382)	(104,082)	(104,431)	(148,675)
Other Non-Operating Revenue/(Expenses)	20,631	12,052	16,881	12,688	40,555
Total Non Operating Revenue/(Expense)	(\$85,301)	(\$57,944)	\$331,947	\$139,783	\$194,545
Total Net Surplus/(Loss)	\$110,943	(\$252,310)	\$191,491	(\$256,494)	\$784,508
Change in Unrealized Gains/(Losses) on Investments					
Increase/(Decrease in Unrestricted Net Assets)	\$110,943	(\$252,310)	\$191,491	(\$256,494)	\$784,508
Operating Margin	2.64%	-2.80%	-1.98%	-5.69%	7.57%
Total Profit Margin	1.49%	-3.64%	2.70%	-3.68%	10.06%
EBIDA	10.99%	6.19%	6.62%	3.07%	15.40%

Actual 2/28/2018	Actual 1/31/2018	Actual 12/31/2017	Actual 11/30/2017	Actual 10/31/2017	Actual 9/30/2017	Actual 8/31/2017	Actual 7/31/2017
\$2,539,861	\$3,482,532	\$2,372,167	\$2,557,222	\$2,788,873	\$2,847,824	\$2,623,367	\$3,122,689
\$8,217,125	\$9,046,087	\$9,332,424	\$9,091,002	\$9,761,390	\$8,831,699	\$9,336,438	\$8,467,456
\$1,119,761	\$1,215,537	\$1,048,027	\$1,212,089	\$1,220,406	\$1,103,975	\$1,181,300	\$960,010
\$83,134	\$157,597	\$191,061	\$176,581	\$205,457	\$236,113	\$206,155	\$210,106
\$11,959,881	\$13,901,753	\$12,943,679	\$13,036,894	\$13,976,126	\$13,019,611	\$13,347,260	\$12,760,261
\$4,779,964	\$5,865,394	\$4,987,914	\$5,399,047	\$5,490,404	\$5,069,104	\$5,202,389	\$5,088,307
\$510,331	\$432,591	\$595,394	\$298,556	\$945,198	\$982,992	\$976,726	\$782,476
\$160,500	\$105,168	\$261,972	\$188,422	\$196,604	\$63,706	\$195,376	\$283,316
5,450,794	6,403,153	5,845,280	5,886,024	6,632,206	6,115,802	6,374,491	6,154,099
\$6,509,087	\$7,498,600	\$7,098,399	\$7,150,870	\$7,343,920	\$6,903,809	\$6,972,769	\$6,606,162
246,357	202,830	219,842	360,875	226,027	132,021	98,430	133,136
6,755,443	7,701,430	7,318,241	7,511,744	7,569,947	7,035,830	7,071,199	6,739,298
\$3,005,037	\$3,269,915	\$3,145,250	\$2,875,383	\$3,195,966	\$2,960,550	\$3,386,967	\$3,255,066
\$990,578	\$1,119,679	\$854,959	\$865,713	\$899,647	\$620,573	\$663,774	\$670,142
\$79,857	\$166,621	\$111,766	\$183,557	\$129,775	\$137,000	\$102,834	\$201,421
\$255,063	\$250,758	\$292,891	\$210,531	\$188,302	\$157,462	\$157,081	\$163,346
\$421,063	\$427,741	\$364,808	\$505,848	\$412,633	\$480,197	\$404,375	\$401,121
\$972,465	\$1,200,722	\$1,032,955	\$1,088,388	\$1,087,098	\$1,086,034	\$1,092,210	\$976,030
\$81,728	\$95,685	\$94,092	\$91,389	\$85,365	\$106,004	\$93,656	\$80,822
\$440,924	\$389,140	\$368,249	\$358,456	\$325,228	\$343,702	\$385,354	\$342,184
\$56,861	\$58,940	\$58,919	\$61,018	\$63,804	\$66,589	\$66,544	\$67,107
\$154,373	\$177,214	\$139,568	\$172,447	\$215,922	\$169,070	\$241,806	\$161,754
\$75,743	\$78,591	\$68,724	\$72,622	(\$50,868)	\$89,248	\$119,792	\$71,706
\$610,388	\$612,267	\$617,326	\$618,625	\$738,261	\$682,349	\$698,636	\$704,205
\$7,144,081	\$7,847,273	\$7,149,507	\$7,103,978	\$7,291,132	\$6,898,778	\$7,413,029	\$7,094,904
(\$388,637)	(\$145,843)	\$168,734	\$407,767	\$278,815	\$137,052	(\$341,830)	(\$355,606)
4,898	(2,148)	1,833	902	4,510	10,888	9,201	1,610
379,346	322,567	334,349	338,547	308,743	420,876	310,001	307,031
(105,421)	(105,774)	(120,482)	(106,298)	(170,996)	(107,709)	(124,049)	(106,739)
8,609	26,104	11,269	23,279	20,605	1,481	19,418	16,495
\$287,431	\$240,749	\$226,968	\$256,429	\$162,862	\$325,536	\$214,571	\$218,397
(\$101,206)	\$94,906	\$395,702	\$664,196	\$441,677	\$462,588	(\$127,259)	(\$137,209)
(\$101,206)	\$94,906	\$395,702	\$664,196	\$441,677	\$462,588	(\$127,259)	(\$137,209)
-5.75%	-1.89%	2.31%	5.43%	3.68%	1.95%	-4.83%	-5.28%
-1.50%	1.23%	5.41%	8.84%	5.83%	6.57%	-1.80%	-2.04%
3.28%	6.06%	10.74%	13.66%	13.44%	11.65%	5.05%	5.17%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY One month ended July 31, 2018

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	CASH FLOW	
	Current Month 7/31/2018	Current Year-To-Date 7/31/2018
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	\$110,943	\$110,943
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	622,012	622,012
(Increase)/Decrease in Net Patient Accounts Receivable	(993,075)	(993,075)
(Increase)/Decrease in Other Receivables	(43,474)	(43,474)
(Increase)/Decrease in Inventories	(1,455)	(1,455)
(Increase)/Decrease in Pre-Paid Expenses	(72,726)	(72,726)
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(732,356)	(732,356)
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	337,008	337,008
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	110,585	110,585
Net Cash Provided by Operating Activities:	(662,539)	(662,539)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(87,614)	(87,614)
(Increase)/Decrease in Limited Use Cash and Investments	393,486	393,486
(Increase)/Decrease in Other Limited Use Assets	(1,662)	(1,662)
(Increase)/Decrease in Other Assets	1,029	1,029
Net Cash Used by Investing Activities	305,239	305,239
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(4,812)	(4,812)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(75,819)	(75,819)
Net Cash Used for Financing Activities	(80,631)	(80,631)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	8,932	8,932
Net Increase/(Decrease) in Cash	(428,999)	(428,999)
Cash, Beginning of Period	14,404,653	14,404,653
Cash, End of Period	\$13,975,654	\$13,975,654

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2018

Current Month				STATISTICS	Year-To-Date			
Actual 07/31/18	Budget 07/31/18	Positive/ (Negative) Variance	Prior Year 07/31/17		Actual 07/31/18	Budget 07/31/18	Positive/ (Negative) Variance	Prior Year 07/31/17
Discharges								
150	155	(5)	155	Acute	150	155	(5)	155
150	155	(5)	155	Total Adult Discharges	150	155	(5)	155
36	51	(15)	51	Newborn	36	51	(15)	51
186	206	(20)	206	Total Discharges	186	206	(20)	206
Patient Days:								
400	407	(7)	407	Acute	400	407	(7)	407
400	407	(7)	407	Total Adult Patient Days	400	407	(7)	407
58	89	(31)	89	Newborn	58	89	(31)	89
458	496	(38)	496	Total Patient Days	458	496	(38)	496
Average Length of Stay (ALOS)								
2.7	2.6	0.0	2.6	Acute	2.7	2.6	0.0	2.6
2.7	2.6	0.0	2.6	Total Adult ALOS	2.7	2.6	0.0	2.6
1.6	1.7	(0.1)	1.7	Newborn ALOS	1.6	1.7	(0.1)	1.7
Average Daily Census (ADC)								
12.9	13.1	(0.2)	13.1	Acute	12.9	13.1	(0.2)	13.1
12.9	13.1	(0.2)	13.1	Total Adult ADC	12.9	13.1	(0.2)	13.1
1.9	2.9	(1.0)	2.9	Newborn	1.9	2.9	(1.0)	2.9
Emergency Room Statistics								
156	140	16	140	ER Visits - Admitted	156	140	16	140
1,217	1,240	(23)	1,240	ER Visits - Discharged	1,217	1,240	(23)	1,240
1,373	1,380	(7)	1,380	Total ER Visits	1,373	1,380	(7)	1,380
11.36%	10.14%		10.14%	% of ER Visits Admitted	11.36%	10.14%		10.14%
104.00%	90.32%		90.32%	ER Admissions as a % of Total	104.00%	90.32%		90.32%
Outpatient Statistics:								
6,355	6,494	(139)	6,494	Total Outpatients Visits	6,355	6,494	(139)	6,494
127	109	18	109	Observation Bed Days	127	109	18	109
3,802	3,674	128	3,668	Clinic Visits - Primary Care	3,802	3,674	128	3,668
459	409	50	456	Clinic Visits - Specialty Clinics	459	409	50	456
29	31	(2)	31	IP Surgeries	29	31	(2)	31
139	160	(21)	160	OP Surgeries	139	160	(21)	160
Productivity Statistics:								
393.56	427.27	(33.71)	399.72	FTE's - Worked	393.56	427.27	(33.71)	399.72
446.76	464.23	(17.47)	465.48	FTE's - Paid	446.76	464.23	(17.47)	465.48
1.0859	1.2905	(0.20)	1.2905	Case Mix Index -Medicare	1.0859	1.2905	(0.20)	1.2905
0.6788	0.8155	(0.14)	0.8155	Case Mix Index - All payers	0.6788	0.8155	(0.14)	0.8155

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
07/31/18

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	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	54.08	50.05
Net Days in Accounts Receivable	55.08	51.95
Number of Gross Days in Unbilled Revenue	5.45	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	29.29%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.60%	1.29%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.60%	1.29%
Bad Debts as a % of Gross Patient Revenue - Current Month	6.01%	5.39%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.01%	5.39%
Collections as a Percentage of Net Revenue - Current Month	84.86%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	84.86%	100% or >
Percentage of Blue Cross Receivable > 90 Days	12.39%	< 10%
Percentage of Insurance Receivable > 90 Days	18.33%	< 15%
Percentage of Medicaid Receivable > 90 Days	14.38%	< 20%
Percentage of Medicare Receivable > 60 Days	14.45%	< 6%

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING One month ended July 31, 2018

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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		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	917,183	6.95%	917,183	6.95%

Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include Discharges, Patient Days, ER visits, Outpatient visits and Surgeries.

Average Daily Census is 12.9 in July which is under budget by 0.2

Deductions from Revenue	(660,509)	-10.71%	(660,509)	-10.71%
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Deductions from revenue are over budget for June and over budget year to date.

They are currently booked at 48% for July and 48% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.

Bad Debt Expense	(137,029)	-19.23%	(137,029)	-19.23%
------------------	-----------	---------	-----------	---------

Bad debt expense is booked at 6% for July and 6% year to date.

Charity Care	85,606	50.11%	85,606	50.11%
--------------	--------	--------	--------	--------

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	(73,723)	-32.82%	(73,723)	-32.82%
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Other Operating Revenue is under budget for the month and is under budget year to date.

Salaries and Wages	72,573	2.21%	72,573	2.21%
--------------------	--------	-------	--------	-------

Salary and Wages are under budget for May and remain under budget year to date. With the lower census, departments have been very mindful of sending employees home to balance staffing and patient needs. Paid FTEs are under budget by 38.3 FTEs for the month and 34.55 FTEs year to date.

Fringe Benefits	126,686	15.59%	126,686	15.59%
-----------------	---------	--------	---------	--------

Fringe benefits are under budget in July and remain under budget year to date.

Contract Labor	(24,045)	-21.84%	(24,045)	-21.84%
----------------	----------	---------	----------	---------

Contract labor is over budget for July and remains over budget year to date. Behavioral Health, L & D, Recovery, Dialysis, Respiratory, Histology, Ultrasound, Cardio and Respiratory are over budget for the month.

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WYOMING

One month ended July 31, 2018

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Physician Fees	3,645	1.40%	3,645	1.40%
Physician fees are under budget in July and remain under budget year to date. Costs for ICU, Locums and Locum Radiology are over budget				
Purchased Services	16,178	4.11%	16,178	4.11%
Purchased services are under budget for July and under budget year to date. Services over budget include Consulting fees, Audit Fees, Collection Agency and Pharmacy management.				
Supply Expense	(54,893)	-4.81%	(54,893)	-4.81%
Supplies are over budget for July and remain over budget year to date. Line items over budget include Drugs, Minor Equipment, Outdated Supplies and Maintenance supplies, Oxygen, Radioactive Materials, Lab Supplies and Implants.				
Repairs & Maintenance	16,258	4.33%	16,258	4.33%
Repairs and Maintenance are under budget for July and under budget year to date.				
All Other Operating Expenses	(32,776)	-20.29%	(32,776)	-20.29%
This expense is over budget in July and over budget year to date. Other expenses over budget are Employee Recruitment and Pharmacy allocation.				
Leases and Rentals	(893)	-1.24%	(893)	-1.24%
This expense is over budget for July but remains over budget year to date.				
Depreciation and Amortization	17,187	2.69%	17,187	2.69%
Depreciation is under budget for July and remains under budget year to date.				

BALANCE SHEET

Cash and Cash Equivalents (5428,999) -2.98%

Cash decreased in July. Cash collections for July were \$6.1 million. Days Cash on Hand decreased to 108 days.

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Gross Patient Accounts Receivable \$2,403,883 11.34%

This receivable increased in July.

Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING One month ended July 31, 2018

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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		Year-to-Date	
	Amount	%	Amount	%
Bad Debt and Allowance Reserves	(1,410,808)	-14.44%		
Bad Debt and Allowances increased due to the climbing Medicare AR balance and the continuing trend of increased Self Pay patients.				
Other Receivables	43,474	3.18%		
Other Receivables increased in July due to Occ Med and County Maintenance invoices.				
Prepaid Expenses	72,726	3.07%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	(391,824)	-2.43%		
These assets decreased due cashing out an investment.				
Plant Property and Equipment	(534,398)	-0.78%		
The decrease in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	732,356	14.84%		
This liability decreased due to the normal activity in this account.				
Accrued Payroll	(348,625)	-38.27%		
This liability increased in July. The payroll accrual for July was 9 days.				
Accrued Benefits	11,617	0.68%		
This liability decreased in July with the normal accrual and usage of PTO .				
Other Current Liabilities	(110,585)	-29.43%		
This liability increased due to accrued bond interest.				
Other Long Term Liabilities	75,819	7.08%		
This liability decreased due to the normal monthly lease payments.				
Total Net Assets	(121,173)	-0.15%		

The net loss from operations for July is \$196,245

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

OTHER OPERATING REVENUE - Detail

YEAR TO DATE 2019

JULY		MONTHLY	FYTD
DESCRIPTION	AMOUNT	TOTAL	TOTAL
Collection Agency interest income	9,917.17		
Pharmacy sales	15.51		
Coca Cola Commission	146.08		
Medical Records	558.15		
HPSA	30,015.62		
Cache Valley Rebate	12.00		
Inmar Rebate	1,768.95		
Interlare	4,055.66		
Foundation Golf Trny	2,250.00		
MCR Test Amount	0.02		
Olympus Thunderbeat	1,800.00		
PACS Storage	1,000.00		
County Maintenance Fund	13,120.28		
BCBS Payment Received Incorrectly - Wil be reversed	72.00		
WWB Commissions	460.89		
Post Partum Supplies	(189.51)		
Foundation	(47.96)		
Grants	(4,163.39)		
Lab Courier	520.00		
Shriners	346.36		
Solvay	3,600.00		
Jim Bridger Physician Services	12,750.00		
Castle Rock	3,653.70		
Tata Occupation Medicine on site	14,550.00		
Sage View	2,400.00		
High Desert Rural Health Clinic District Wamsutter - July	28,503.61		
Cafeteria sales	23,793.98		
July Totals		150,909.12	150,909.12

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

To: Finance & Audit Committee
From: Tami Love, CFO

August 18, 2018

PROVIDER CLINIC – JULY 2018

THE CLINIC BOTTOM LINE. The bottom line for the Provider Clinic for July was a loss of \$411,418, compared to a loss of \$523,466 in the budget.

VOLUME. Total visits were 4,318 for July, under budget by 184 visits.

REVENUE. Revenue for the Clinic for July was \$1,360,297, over budget by \$107,376. The Clinic physicians also generate hospital revenue, called enterprise revenue, which consists of various sources, including Lab, Medical Imaging and Surgery. The amount of gross enterprise revenue generated for July from the Clinic is \$3,661,084. This equates to \$1,874,475 of net enterprise revenue with an impact to the bottom line of \$120,904.

Net operating revenue for the Clinic for July was \$835,520, over budget by \$71,811.

Deductions from revenue for the Clinic were booked at 43.4% for July. In July, the YTD payer mix was as follows; Commercial Insurance and Blue Cross consisted of 54.8% of revenue, Medicare and Medicaid consisted of 39.7% of revenue and Self Pay consisted of 5.1% of revenue.

EXPENSES. Total expenses for the month were \$1,246,938, under budget by \$40,238. The majority of the expenses consist of Salaries and Benefits; which are about 85.6% of total expenses. The following categories were over budget for July:

Purchased Services – This expense is over budget by \$1,052. Allergy testing send outs are over budget for the month.

Other Operating Expenses - This expense is over budget by \$31,267. Pharmacy floor expense is over budget.

OVERALL ASSESSMENT. The Provider Clinic revenue plus enterprise revenue makes up 35.6% of total hospital gross patient revenue for July.



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

One month ended July 31, 2018

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.

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Certified by:

Tami Love

Chief Financial Officer

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ROCK SPRINGS, WY

One month ended July 31, 2018

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2018

PAGE 2

↓ ↑ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Month to Date 7/31/2018	Year to Date 7/31/2018	Prior Fiscal Year End 06/30/18	MGMA Hospital Owned Rural
Profitability:					
Operating Margin	↑	-49.24%	-49.24%	-76.57%	-36.58%
Total Profit Margin	↑	-49.24%	-49.24%	-76.57%	-36.58%
Contractual Allowance %	↓	43.42%	43.42%	46.36%	
Liquidity:					
Net Days in Accounts Receivable	↓	63.81	64.64	62.33	39.58
Gross Days in Accounts Receivable	↓	63.35	59.59	55.18	72.82
Productivity and Efficiency:					
Patient Visits Per Day	↓	122.65	122.65	133.67	
Total Net Revenue per FTE	↑	N/A	\$152,073	\$139,450	
Salary Expense per Paid FTE		N/A	\$173,300	\$181,602	
Salary and Benefits as a % of Net Revenue		127.80%	127.80%	150.24%	91.26%
Employee Benefits %		12.15%	12.15%	15.36%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY

One month ended July 31, 2018

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	CURRENT MONTH				Prior Year 07/31/17
	Actual 07/31/18	Budget 07/31/18	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	1,094,250	1,066,947	27,302	2.56%	960,010
Specialty Clinic Revenue	266,047	185,974	80,073	43.06%	210,106
Total Gross Patient Revenue	1,360,297	1,252,921	107,376	8.57%	1,170,116
Deductions From Revenue					
Discounts and Allowances	(590,581)	(556,442)	(34,139)	-6.14%	(485,094)
Total Deductions From Revenue	(590,581)	(556,442)	(34,139)	-6.14%	(485,094)
Net Patient Revenue	769,716	696,480	73,237	10.52%	685,022
Other Operating Revenue	65,804	67,230	(1,426)	-2.12%	55,040
Total Operating Revenue	835,520	763,709	71,811	9.40%	740,062
Operating Expenses					
Salaries and Wages	952,146	997,901	45,755	4.59%	1,046,527
Fringe Benefits	115,677	139,244	23,567	16.93%	125,879
Contract Labor	0	0	0	0.00%	0
Physicians Fees	0	0	0	0.00%	8,750
Purchased Services	6,849	5,797	(1,052)	-18.14%	15,299
Supply Expense	6,547	11,316	4,769	42.14%	10,087
Utilities	719	1,549	830	53.60%	1,584
Repairs and Maintenance	27,891	27,572	(319)	-1.16%	26,233
Insurance Expense	16,088	16,089	0	0.00%	20,627
All Other Operating Expenses	90,708	59,441	(31,267)	-52.60%	74,302
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	5,308	4,520	(787)	-17.42%	7,277
Depreciation and Amortization	25,005	23,746	(1,259)	-5.30%	25,924
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,246,938	1,287,175	40,238	3.13%	1,362,489
Net Operating Surplus/(Loss)	(411,418)	(523,466)	112,049	-21.41%	(622,427)
Total Net Surplus/(Loss)	(\$411,418)	(\$523,466)	\$112,049	-21.41%	(\$622,427)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	
Increase/(Decrease in Unrestricted Net Assets	(411,418)	(523,466)	\$112,049	-21.41%	(622,427)
Operating Margin	-49.24%	-68.54%			-84.10%
Total Profit Margin	-49.24%	-68.54%			-84.10%
EBIDA	-46.25%	-65.43%			-80.60%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2018

	YEAR-TO-DATE				Prior Year 07/31/17
	Actual 07/31/18	Budget 07/31/18	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	1,094,250	1,066,947	27,302	2.56%	960,010
Specialty Clinic Revenue	266,047	185,974	80,073	43.06%	210,106
Total Gross Patient Revenue	1,360,297	1,252,921	107,376	8.57%	1,170,116
Deductions From Revenue					
Discounts and Allowances	(590,581)	(556,442)	(34,139)	-6.14%	(485,094)
Total Deductions From Revenue	(590,581)	(556,442)	(34,139)	-6.14%	(485,094)
Net Patient Revenue	769,716	696,480	73,237	10.52%	685,022
Other Operating Revenue	65,804	67,230	(1,426)	-2.12%	55,040
Total Operating Revenue	835,520	763,709	71,811	9.40%	740,062
Operating Expenses					
Salaries and Wages	952,146	997,901	45,755	4.59%	1,046,527
Fringe Benefits	115,677	139,244	23,567	16.93%	125,879
Contract Labor	0	0	0	0.00%	0
Physicians Fees	0	0	0	0.00%	8,750
Purchased Services	6,849	5,797	(1,052)	-18.14%	15,299
Supply Expense	6,547	11,316	4,769	42.14%	10,087
Utilities	719	1,549	830	53.60%	1,584
Repairs and Maintenance	27,891	27,572	(319)	-1.16%	26,233
Insurance Expense	16,088	16,089	0	0.00%	20,627
All Other Operating Expenses	90,708	59,441	(31,267)	-52.60%	74,302
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	5,308	4,520	(787)	-17.42%	7,277
Depreciation and Amortization	25,005	23,746	(1,259)	-5.30%	25,924
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,246,938	1,287,175	40,238	3.13%	1,362,489
Net Operating Surplus/(Loss)	(411,418)	(523,466)	112,049	-21.41%	(622,427)
Total Net Surplus/(Loss)	(411,418)	(523,466)	\$112,049	-21.41%	(622,427)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(411,418)	(523,466)	\$112,049	-21.41%	(622,427)
Operating Margin	-49.24%	-68.54%			-84.10%
Total Profit Margin	-49.24%	-68.54%			-84.10%
EBIDA	-46.25%	-65.43%			-80.60%

Statement of Revenue and Expense - 13 Month Trend

MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY

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	Actual 7/31/2018	Actual 6/30/2018	Actual 5/31/2018	Actual 4/30/2018	Actual 3/31/2018
Gross Patient Revenue					
Clinic Revenue	\$1,094,250	\$1,246,901	\$1,294,418	\$1,045,617	\$1,318,709
Specialty Clinic Revenue	\$266,047	\$179,865	\$209,960	\$190,157	\$247,601
Total Gross Patient Revenue	\$1,360,297	\$1,426,767	\$1,504,378	\$1,235,774	\$1,566,309
Deductions From Revenue					
Discounts and Allowances	590,581	721,946	723,707	553,735	713,615
Total Deductions From Revenue	590,581	721,946	723,707	553,735	713,615
Net Patient Revenue	\$769,716	\$704,821	\$780,671	\$682,039	\$852,694
Other Operating Revenue	65,804	56,368	51,230	62,427	65,331
Total Operating Revenue	835,520	761,188	831,901	744,466	918,025
Operating Expenses					
Salaries and Wages	\$952,146	\$997,175	\$1,006,587	\$929,322	\$996,616
Fringe Benefits	\$115,677	\$130,925	\$167,936	\$182,950	\$149,196
Contract Labor					
Physicians Fees	\$0	\$44,124	\$20,989	\$46,770	\$54,331
Purchased Services	\$6,849	\$5,025	\$4,336	\$5,124	\$6,119
Supply Expense	\$6,547	\$31,946	\$15,134	\$26,988	\$15,838
Utilities	\$719	\$1,296	\$1,296	\$1,917	\$1,612
Repairs and Maintenance	\$27,891	\$25,292	\$30,760	\$23,559	\$23,975
Insurance Expense	\$16,088	\$18,578	\$18,396	\$18,396	\$17,662
All Other Operating Expenses	\$90,708	\$95,556	\$80,282	\$65,989	\$69,590
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$5,308	\$5,457	\$5,130	\$5,328	\$4,923
Depreciation and Amortization	\$25,005	\$24,495	\$24,525	\$25,871	\$25,156
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,246,938	\$1,379,869	\$1,375,371	\$1,332,214	\$1,365,018
Net Operating Surplus/(Loss)	(\$411,418)	(\$618,681)	(\$543,470)	(\$587,748)	(\$446,994)
Total Net Surplus/(Loss)	(\$411,418)	(\$618,681)	(\$543,470)	(\$587,748)	(\$446,994)
Change in Unrealized Gains/(Losses) on Investm	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$411,418)	(\$618,681)	(\$543,470)	(\$587,748)	(\$446,994)
Operating Margin	-49.24%	-81.28%	-65.33%	-78.95%	-48.69%
Total Profit Margin	-49.24%	-81.28%	-65.33%	-78.95%	-48.69%
EBIDA	-46.25%	-78.06%	-62.38%	-75.47%	-45.95%

Actual 2/28/2018	Actual 1/31/2018	Actual 12/31/2017	Actual 11/30/2017	Actual 10/31/2017	Actual 9/30/2017	Actual 8/31/2017	Actual 7/31/2017
\$1,119,761	\$1,215,537	\$1,048,027	\$1,212,089	\$1,220,406	\$1,103,975	\$1,181,300	\$960,010
\$83,134	\$157,597	\$191,061	\$176,581	\$205,457	\$236,113	\$206,155	\$210,106
\$1,202,895	\$1,373,134	\$1,239,088	\$1,388,670	\$1,425,863	\$1,340,088	\$1,387,455	\$1,170,116
704,136	623,009	543,305	612,876	692,936	555,237	608,792	485,094
704,136	623,009	543,305	612,876	692,936	555,237	608,792	485,094
\$498,759	\$750,126	\$695,783	\$775,795	\$732,927	\$784,851	\$778,663	\$685,022
92,755	39,205	75,425	47,316	57,810	55,461	50,468	55,040
591,514	789,330	771,208	823,111	790,737	840,312	829,131	740,062
\$1,044,644	\$1,050,815	\$1,074,475	\$911,619	\$1,011,079	\$981,413	\$1,231,456	\$1,046,527
\$208,855	\$229,329	\$150,556	\$141,429	\$154,715	\$115,658	\$129,549	\$125,879
\$35,838	\$49,360	\$27,509	\$8,750	\$13,500	\$8,000	\$5,500	\$8,750
\$6,909	\$6,934	\$3,674	\$16,060	\$14,349	\$14,339	\$13,213	\$15,299
\$13,586	\$11,675	\$12,148	\$6,673	\$12,143	\$12,121	\$12,785	\$10,087
\$1,292	\$1,924	\$1,576	\$1,293	\$1,885	\$1,574	\$1,566	\$1,584
\$44,024	\$24,693	\$44,360	\$27,672	\$25,772	\$28,910	\$26,427	\$26,233
\$17,762	\$17,762	\$17,762	\$19,353	\$18,963	\$19,406	\$19,406	\$20,627
\$52,427	\$58,416	\$67,389	\$60,479	\$75,621	\$65,091	\$137,030	\$74,302
\$5,658	\$5,487	\$4,823	\$5,002	\$4,831	\$5,018	\$5,391	\$7,277
\$25,537	\$25,690	\$25,820	\$25,820	\$25,820	\$25,747	\$25,747	\$25,924
\$1,456,533	\$1,482,085	\$1,430,091	\$1,224,150	\$1,358,677	\$1,277,277	\$1,608,070	\$1,362,489
(\$865,019)	(\$692,755)	(\$658,883)	(\$401,039)	(\$567,940)	(\$436,964)	(\$778,939)	(\$622,427)
0	0	0	0	0	0	0	0
(\$865,019)	(\$692,755)	(\$658,883)	(\$401,039)	(\$567,940)	(\$436,964)	(\$778,939)	(\$622,427)
(\$865,019)	(\$692,755)	(\$658,883)	(\$401,039)	(\$567,940)	(\$436,964)	(\$778,939)	(\$622,427)
-146.24%	-87.76%	-85.44%	-48.72%	-71.82%	-52.00%	-93.95%	-84.10%
-146.24%	-87.76%	-85.44%	-48.72%	-71.82%	-52.00%	-93.95%	-84.10%
-141.92%	-84.51%	-82.09%	-45.59%	-68.56%	-48.94%	-90.84%	-80.60%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2018

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative)	Prior		Actual	Budget	Positive/ (Negative)	Prior
07/31/18	07/31/18	Variance	Year 07/31/17		07/31/18	07/31/18	Variance	Year 07/31/17
Outpatient Statistics:								
3,802	3,674	128	3,668	Clinic Visits - Primary Care	3,802	3,674	128	3,668
459	409	50	456	Clinic Visits - Specialty Clinics	459	409	50	456
Productivity Statistics:								
55.82	65.96	(10.14)	61.56	FTE's - Worked	55.82	65.96	(10.14)	61.56
64.69	71.70	(7.01)	75.48	FTE's - Paid	64.69	71.70	(7.01)	75.48



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

HOSPITAL ONLY

Unaudited Financial Statements

for

One month ended July 31, 2018

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.

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Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2018

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Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 2

ROCK SPRINGS, WY

One month ended July 31, 2018

⬇️ ⬆️ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Month to Date 7/31/2018	Year to Date 7/31/2018	Prior Fiscal Year End 06/30/18	WYOMING All Hospitals (See Note 1)	National Rural < \$90M Net Rev (See Note 2)
Profitability:						
Operating Margin	⬆️	9.63%	9.63%	6.04%	2.64%	-0.73%
Total Profit Margin	⬆️	8.34%	8.34%	11.04%	6.11%	0.21%
Contractual Allowance %	⬇️	41.54%	41.54%	31.23%	34.31%	53.86%
Inpatient Gross Revenue Percentage		26.15%	26.15%	34.51%	36.90%	28.70%
Outpatient Gross Revenue Percentage		73.85%	73.85%	65.49%	64.10%	71.70%
Liquidity:						
Net Days in Accounts Receivable	⬇️	51.49	53.92	53.22	66.90	57.20
Gross Days in Accounts Receivable	⬇️	50.59	53.43	52.36		
Productivity and Efficiency:						
Paid FTE's per Adjusted Occupied Bed	⬇️	7.74	7.74	7.35	6.60	4.63
Total Net Revenue per FTE	⬆️	N/A	\$203,731	\$176,393	\$132,369	\$109,053
Salary Expense per Paid FTE		N/A	\$73,610	\$63,287	\$62,436	\$48,150
Salary and Benefits as a % of Net Revenue		44.76%	44.76%	46.65%	43.60%	42.40%
Employee Benefits %		25.29%	25.29%	30.51%	22.98%	29.27%

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

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

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2018

PAGE 3

	CURRENT MONTH				Prior Year 07/31/17
	Actual 07/31/18	Budget 07/31/18	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,337,641	\$3,192,104	\$145,537	4.56%	\$3,122,689
Outpatient Revenue	9,423,913	8,751,437	672,476	7.68%	8,467,456
Clinic Revenue	0	0	0	0.00%	0
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	12,761,554	11,943,541	818,013	6.85%	11,590,145
Deductions From Revenue					
Discounts and Allowances	(5,300,967)	(4,721,641)	(579,326)	-12.27%	(4,603,213)
Bad Debt Expense (Governmental Providers Only)	(849,465)	(712,436)	(137,029)	-19.23%	(782,476)
Charity Care	(85,215)	(170,821)	85,606	50.11%	(283,316)
Total Deductions From Revenue	(6,235,647)	(5,604,898)	(630,749)	-11.25%	(5,669,005)
Net Patient Revenue	6,525,907	6,338,643	187,264	2.95%	5,921,140
Other Operating Revenue	85,105	157,403	(72,298)	-45.93%	78,096
Total Operating Revenue	6,611,013	6,496,046	114,966	1.77%	5,999,236
Operating Expenses					
Salaries and Wages	2,254,483	2,282,178	27,695	1.21%	2,208,539
Fringe Benefits	570,144	673,869	103,726	15.39%	544,263
Contract Labor	134,135	110,090	(24,045)	-21.84%	201,421
Physicians Fees	227,183	228,398	1,215	0.53%	154,596
Purchased Services	370,160	387,390	17,230	4.45%	385,822
Supply Expense	1,189,552	1,130,220	(59,331)	-5.25%	965,943
Utilities	81,770	97,776	16,006	16.37%	79,238
Repairs and Maintenance	331,025	347,602	16,577	4.77%	315,951
Insurance Expense	47,783	44,286	(3,496)	-7.89%	46,481
All Other Operating Expenses	103,617	102,109	(1,509)	-1.48%	87,451
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	67,404	67,290	(114)	-0.17%	64,429
Depreciation and Amortization	597,007	615,453	18,446	3.00%	678,280
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	5,974,261	6,086,660	112,399	1.85%	5,732,416
Net Operating Surplus/(Loss)	636,751	409,386	227,365	55.54%	266,820
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	5,416	3,985	1,431	35.91%	1,610
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	307,031
Tax Subsidies for GO Bonds	20,631	0	20,631	0.00%	16,496
Interest Expense (Governmental Providers Only)	(111,348)	(113,824)	(2,475)	2.17%	(106,739)
Other Non-Operating Revenue/(Expenses)	0	17,504	(17,504)	-100.00%	0
Total Non Operating Revenue/(Expense)	(85,301)	(92,335)	7,033	-7.62%	218,397
Total Net Surplus/(Loss)	\$551,450	\$317,051	\$234,399	73.93%	\$485,217
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$551,450	\$317,051	\$234,399	73.93%	\$485,217
Operating Margin	9.63%	6.30%			4.45%
Total Profit Margin	8.34%	4.88%			8.09%
EBIDA	18.66%	15.78%			19.86%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2018

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	YEAR-TO-DATE				Prior Year 07/31/17
	Actual 07/31/18	Budget 07/31/18	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,337,641	\$3,192,104	\$145,537	4.56%	\$3,122,689
Outpatient Revenue	9,423,913	8,751,437	672,476	7.68%	8,467,456
Clinic Revenue	0	0	0	0.00%	0
Specialty Clinic Revenue	0	0	0	0.00%	0
Total Gross Patient Revenue	<u>12,761,554</u>	<u>11,943,541</u>	<u>818,013</u>	<u>6.85%</u>	<u>11,590,145</u>
Deductions From Revenue					
Discounts and Allowances	(5,300,967)	(4,721,641)	(579,326)	-12.27%	(4,603,213)
Bad Debt Expense (Governmental Providers Only)	(849,465)	(712,436)	(137,029)	-19.23%	(782,476)
Charity Care	(85,215)	(170,821)	85,606	50.11%	(283,316)
Total Deductions From Revenue	<u>(6,235,647)</u>	<u>(5,604,898)</u>	<u>(630,749)</u>	<u>-11.25%</u>	<u>(5,669,005)</u>
Net Patient Revenue	<u>6,525,907</u>	<u>6,338,643</u>	<u>187,264</u>	<u>2.95%</u>	<u>5,921,140</u>
Other Operating Revenue	<u>85,105</u>	<u>157,403</u>	<u>(72,298)</u>	<u>-45.93%</u>	<u>78,096</u>
Total Operating Revenue	<u>6,611,013</u>	<u>6,496,046</u>	<u>114,966</u>	<u>1.77%</u>	<u>5,999,236</u>
Operating Expenses					
Salaries and Wages	2,254,483	2,282,178	27,695	1.21%	2,208,539
Fringe Benefits	570,144	673,869	103,726	15.39%	544,263
Contract Labor	134,135	110,090	(24,045)	-21.84%	201,421
Physicians Fees	227,183	228,398	1,215	0.53%	154,596
Purchased Services	370,160	387,390	17,230	4.45%	385,822
Supply Expense	1,189,552	1,130,220	(59,331)	-5.25%	965,943
Utilities	81,770	97,776	16,006	16.37%	79,238
Repairs and Maintenance	331,025	347,602	16,577	4.77%	315,951
Insurance Expense	47,783	44,286	(3,496)	-7.89%	46,481
All Other Operating Expenses	103,617	102,109	(1,509)	-1.48%	87,451
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	67,404	67,290	(114)	-0.17%	64,429
Depreciation and Amortization	597,007	615,453	18,446	3.00%	678,280
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>5,974,261</u>	<u>6,086,660</u>	<u>112,399</u>	<u>1.85%</u>	<u>5,732,416</u>
Net Operating Surplus/(Loss)	636,751	409,386	227,365	55.54%	266,820
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	5,416	3,985	1,431	35.91%	1,610
Tax Subsidies (Except for GO Bond Subsidies)	0	0	0	0.00%	307,031
Tax Subsidies for GO Bonds	20,631	0	20,631	0.00%	16,496
Interest Expense (Governmental Providers Only)	(111,348)	(113,824)	2,475	-2.17%	(106,739)
Other Non-Operating Revenue/(Expense)	0	17,504	(17,504)	-100.00%	0
Total Non Operating Revenue/(Expense)	<u>(85,301)</u>	<u>(92,335)</u>	<u>7,033</u>	<u>-7.62%</u>	<u>218,397</u>
Total Net Surplus/(Loss)	\$551,450	\$317,051	\$234,399	73.93%	\$485,217
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	\$551,450	\$317,051	\$234,399	73.93%	\$485,217
Operating Margin	9.63%	6.30%			4.45%
Total Profit Margin	8.34%	4.88%			8.09%
EBIDA	18.66%	15.78%			19.86%

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

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	Actual 7/31/2018	Actual 5/31/2018	Actual 4/30/2018	Actual 3/31/2018
Gross Patient Revenue				
Inpatient Revenue	\$3,337,641	\$2,473,613	\$3,103,402	\$3,572,487
Inpatient Psych/Rehab Revenue				
Outpatient Revenue	\$9,423,913	9,045,342	8,179,117	9,117,337
Clinic Revenue				
Specialty Clinic Revenue				
Total Gross Patient Revenue	\$12,761,554	\$11,518,954	\$11,282,519	\$12,689,825
Deductions From Revenue				
Discounts and Allowances	\$5,300,967	4,396,490	4,626,836	4,986,232
Bad Debt Expense (Governmental Providers Only)	\$849,465	750,881	608,142	888,176
Charity Care	\$85,215	188,399	162,130	(6,620)
Total Deductions From Revenue	6,235,647	5,335,770	5,397,109	5,867,788
Net Patient Revenue	\$6,525,907	\$6,183,184	\$5,885,410	\$6,822,037
Other Operating Revenue	\$85,105	65,272	336,532	57,279
Total Operating Revenue	6,611,013	6,248,456	6,221,942	6,879,315
Operating Expenses				
Salaries and Wages	\$2,254,483	\$2,088,990	\$2,053,463	\$2,214,812
Fringe Benefits	\$570,144	\$684,981	\$809,969	\$500,496
Contract Labor	\$134,135	\$106,303	\$122,359	\$44,526
Physicians Fees	\$227,183	\$343,566	\$300,002	\$199,858
Purchased Services	\$370,160	\$416,068	\$432,527	\$432,958
Supply Expense	\$1,189,552	\$987,098	\$1,053,696	\$1,166,378
Utilities	\$81,770	\$92,256	\$88,970	\$105,918
Repairs and Maintenance	\$331,025	\$313,047	\$355,223	\$352,240
Insurance Expense	\$47,783	\$49,126	\$34,681	\$39,199
All Other Operating Expenses	\$103,617	\$115,217	\$132,373	\$131,711
Bad Debt Expense (Non-Governmental Providers)				
Leases and Rentals	\$67,404	\$64,460	\$62,646	\$68,428
Depreciation and Amortization	\$597,007	\$584,332	\$584,562	\$585,835
Interest Expense (Non-Governmental Providers)				
Total Operating Expenses	\$5,974,261	\$5,845,442	\$6,030,471	\$5,842,359
Net Operating Surplus/(Loss)	\$636,751	\$403,014	\$191,471	\$1,036,956
Non-Operating Revenue:				
Contributions				
Investment Income	\$5,416	103,261	(1,767)	10,816
Tax Subsidies (Except for GO Bond Subsidies)				
Tax Subsidies for GO Bonds	0	315,887	233,293	291,849
Interest Expense (Governmental Providers Only)	(111,348)	(104,082)	(104,431)	(148,675)
Other Non-Operating Revenue/(Expenses)	20,631	16,881	12,688	40,555
Total Non Operating Revenue/(Expense)	(\$85,301)	\$331,947	\$139,783	\$194,545
Total Net Surplus/(Loss)	\$551,450	\$734,961	\$331,254	\$1,231,501
Change in Unrealized Gains/(Losses) on Investments		58,630		
Increase/(Decrease in Unrestricted Net Assets)	\$551,450	\$793,591	\$331,254	\$1,231,501
Operating Margin	9.63%	6.45%	3.08%	15.07%
Total Profit Margin	8.34%	11.76%	5.32%	17.90%
EBIDA	18.66%	15.80%	12.47%	23.59%

Actual 2/28/2018	Actual 1/31/2018	Actual 12/31/2017	Actual 11/30/2017	Actual 10/31/2017	Actual 9/30/2017	Actual 8/31/2017	Actual 7/31/2017
\$2,539,861	\$3,482,532	\$2,372,167	\$2,557,222	\$2,788,873	\$2,847,823	\$2,623,367	\$3,122,689
8,217,125	9,046,087	9,332,424	9,091,002	9,761,390	8,831,699	9,336,438	8,467,456
\$10,756,986	\$12,528,619	\$11,704,591	\$11,648,224	\$12,550,263	\$11,679,522	\$11,959,805	\$11,590,145
4,075,828	5,242,385	4,444,609	4,786,171	4,797,468	4,513,867	4,593,597	4,603,213
510,331	432,591	595,394	298,556	945,198	982,992	976,726	782,476
160,500	105,168	261,972	188,422	196,604	63,706	195,376	283,316
4,746,658	5,780,144	5,301,974	5,273,149	5,939,270	5,560,565	5,765,698	5,669,005
\$6,010,328	\$6,748,475	\$6,402,616	\$6,375,075	\$6,610,993	\$6,118,958	\$6,194,106	\$5,921,140
153,602	163,625	144,416	313,559	168,217	76,560	47,962	78,096
6,163,930	6,912,100	6,547,032	6,688,634	6,779,210	6,195,517	6,242,068	5,999,236
\$1,960,393	\$2,219,100	\$2,070,775	\$1,963,764	\$2,184,887	\$1,979,137	\$2,155,511	\$2,208,539
\$781,722	\$890,349	\$704,402	\$724,284	\$744,932	\$504,914	\$534,224	\$544,263
\$79,857	\$166,621	\$111,766	\$183,557	\$129,775	\$137,000	\$102,834	\$201,421
\$219,225	\$201,398	\$265,382	\$201,781	\$174,802	\$149,461	\$151,581	\$154,596
\$414,154	\$420,807	\$361,134	\$489,788	\$398,284	\$465,859	\$391,162	\$385,822
\$958,879	\$1,188,979	\$1,019,865	\$1,081,715	\$1,074,955	\$1,073,913	\$1,079,424	\$965,943
\$80,437	\$93,761	\$92,517	\$90,096	\$83,480	\$104,431	\$92,091	\$79,238
\$396,900	\$364,448	\$323,889	\$330,784	\$299,456	\$314,793	\$358,927	\$315,951
\$39,099	\$41,178	\$41,157	\$41,666	\$44,841	\$47,183	\$47,137	\$46,481
\$101,946	\$118,798	\$72,178	\$111,968	\$140,301	\$103,978	\$104,777	\$87,451
\$70,085	\$73,104	\$63,901	\$67,620	(\$55,699)	\$84,230	\$114,401	\$64,429
\$584,851	\$586,577	\$591,507	\$592,805	\$712,442	\$656,602	\$672,888	\$678,280
\$5,687,548	\$6,365,120	\$5,718,475	\$5,879,828	\$5,932,455	\$5,621,502	\$5,804,959	\$5,732,416
\$476,382	\$546,980	\$828,558	\$808,806	\$846,755	\$574,016	\$437,110	\$266,820
4,898	(2,148)	1,833	902	4,510	10,888	9,201	1,610
379,346	322,567	334,349	338,547	308,743	420,876	310,001	307,031
(105,421)	(105,774)	(120,482)	(106,298)	(170,996)	(107,709)	(124,049)	(106,739)
8,609	26,104	11,269	23,279	20,605	1,481	19,419	16,496
\$287,432	\$240,749	\$226,968	\$256,429	\$162,862	\$325,536	\$214,571	\$218,397
\$763,813	\$787,729	\$1,055,526	\$1,065,235	\$1,009,617	\$899,552	\$651,681	\$485,217
\$763,813	\$787,729	\$1,055,526	\$1,065,235	\$1,009,617	\$899,552	\$651,681	\$485,217
7.73%	7.91%	12.66%	12.09%	12.49%	9.27%	7.00%	4.45%
12.39%	11.40%	16.12%	15.93%	14.89%	14.52%	10.44%	8.09%
17.22%	16.40%	21.69%	20.96%	23.00%	19.86%	17.78%	15.75%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2018

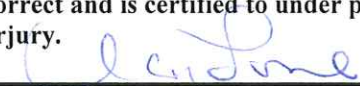
PAGE 7

Current Month					Year-To-Date			
Actual 07/31/18	Budget 07/31/18	Positive/ (Negative) Variance	Prior Year 07/31/17	STATISTICS	Actual 07/31/18	Budget 07/31/18	Positive/ (Negative) Variance	Prior Year 07/31/17
Discharges								
150	155	(5)	155	Acute	150	155	(5)	155
150	155	(5)	155	Total Adult Discharges	150	155	(5)	155
36	51	(15)	51	Newborn	36	51	(15)	51
186	206	(20)	206	Total Discharges	186	206	(20)	206
Patient Days:								
400	407	(7)	407	Acute	400	407	(7)	407
400	407	(7)	407	Total Adult Patient Days	400	407	(7)	407
58	89	(31)	89	Newborn	58	89	(31)	89
458	496	(38)	496	Total Patient Days	458	496	(38)	496
Average Length of Stay (ALOS)								
2.7	2.6	0.0	2.6	Acute	2.7	2.6	0.0	2.6
2.7	2.6	0.0	2.6	Total Adult ALOS	2.7	2.6	0.0	2.6
1.6	1.7	(0.1)	1.7	Newborn ALOS	1.6	1.7	(0.1)	1.7
Average Daily Census (ADC)								
12.9	13.1	(0.2)	13.1	Acute	12.9	13.1	(0.2)	13.1
12.9	13.1	(0.2)	13.1	Total Adult ADC	12.9	13.1	(0.2)	13.1
1.9	2.9	(1.0)	2.9	Newborn	1.9	2.9	(1.0)	2.9
Emergency Room Statistics								
156	140	16	140	ER Visits - Admitted	156	1,669	(1,513)	140
1,217	1,240	(23)	1,240	ER Visits - Discharged	1,217	14,692	(13,475)	1,240
1,373	1,380	(7)	1,380	Total ER Visits	1,373	16,361	(14,988)	1,380
11.36%	10.14%		10.14%	% of ER Visits Admitted	11.36%	10.20%		10.14%
104.00%	90.32%		90.32%	ER Admissions as a % of Total	104.00%	1076.77%		90.32%
Outpatient Statistics:								
6,355	6,494	(139)	6,494	Total Outpatients Visits	6,355	6,494	(139)	6,494
127	109	18	109	Observation Bed Days	127	109	18	109
29	31	(2)	31	IP Surgeries	29	31	(2)	31
139	160	(21)	160	OP Surgeries	139	160	(21)	160
Productivity Statistics:								
337.74	361.31	(23.57)	338.16	FTE's - Worked	337.74	361.31	(23.57)	338.16
382.07	392.53	(10.46)	390.00	FTE's - Paid	382.07	392.53	(10.46)	390.00
1.0859	1.2905	(0.20)	1.2905	Case Mix Index -Medicare	1.0859	0.9600	0.13	1.2905
0.6788	0.8155	(0.14)	0.8155	Case Mix Index - All payers	0.6788	0.8500	(0.17)	0.8155

HIGH DESERT RURAL HEALTH CARE DISTRICT
401 Fultz Drive
P.O. Box 338
WAMSUTTER, WYOMING 82336-0338

Check Number: _____
Voucher Number: _____
Inspected by _____
Trustee: _____
Certified to Under Penalty of Perjury
Trustee: _____
Certified to Under Penalty of Perjury
Date : _____

Pay to the Order of:
MHSC
1200 College Drive
Rock Springs, WY 82901
TIN – 83-6000295

I, Tami Love,
Certify that the foregoing bill is just and
Correct and is certified to under penalty of
perjury.


Signature of Claimant

(All Claims Must Be Dated and Itemized)

Bills to be Paid Must Be Accompanied by this Signed Voucher

			Dollars	Cents
		Net month of July 2018 net operating loss as defined in the Clinical Services Agreement, dated August 14, 2015 and as documented in the attached MHSC Wamsutter Clinic Narrative and Financial Statement packet dated August 09, 2018 and addressed to the HDRHCD Trustees.	28,503	61

For Bookkeeper use:
Fund or account classification _____

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
WAMSUTTER, WY
NARRATIVE TO THE FINANCIAL STATEMENT**

To: HDRHD Board of Trustees
From: Tami Love, MHSC CFO

August 09, 2018

HIGH DESERT RURAL HEALTHCARE DISTRICT – JULY 2018

THE HDRHD BOTTOM LINE. The bottom line for the HDRHD Clinic for July was a loss of \$28,504 compared to a loss of \$30,416 in the Budget. The YTD Clinic loss is \$28,504 compared with a YTD loss of \$30,416 in the Budget.

REVENUE. Revenue for the Clinic for July was \$105, under Budget by \$18,361. YTD Revenue is \$105, under Budget by \$18,361. The Budget was based on 5 visits per day. Deductions from Revenue for the Clinic were \$35 for July.

EXPENSES. Total Expenses for the month were \$28,609 under Budget by \$12,538. YTD Expenses were \$28,609 under Budget by \$12,538. Included in the packet is the detail trial balance, copies of invoices and additional support for all the expenses.

VOLUME. The volume for July was 26 patients, compared to 26 patients in June.

HIGH DESERT RURAL HEALTH DISTRICT

MHSC Wamsutter Clinic

One month ended July 31, 2018

STATEMENT OF REVENUE AND EXPENSES

	CURRENT PERIOD		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Revenue	140.00	18,500.63	140.00	18,500.63
Deductions	(35.00)	(7,770.26)	(35.00)	(7,770.26)
Net Revenue	105.00	10,730.37	105.00	10,730.37
Other Operating Revenue				
Total Net Operating Revenue	105.00	10,730.37	105.00	10,730.37
Operating Expenses				
Salaries and Wage	21,367.87	32,736.37	21,367.87	32,736.37
Fringe Benefits	3,569.84	2,650.00	3,569.84	2,650.00
Advertising		2,300.00		2,300.00
Other Purchased Services		50.00		50.00
Instruments		10.00		10.00
Other Med/Surg Supplies	99.64	300.00	99.64	300.00
Minor Equipment		300.00		300.00
Office & Admin Supplies		50.00		50.00
Maintenance Supplies		50.00		50.00
Outdates Unused Supplies		-		-
Other Non Med Supplies		50.00		50.00
Telephone	1,135.54	350.00	1,135.54	350.00
Cable Television	60.47	50.00	60.47	50.00
Contract Maintenance		100.00		100.00
Professional Liability Insurance		150.00		150.00
License & Taxes		10.00		10.00
Education & Travel	1,150.00	65.00	1,150.00	65.00
Pharmacy		500.00		500.00
Equipment Lease		200.00		200.00
Vehicle Lease	1,225.25	1,225.00	1,225.25	1,225.00
Total Operating Expenses	28,608.61	41,146.37	28,608.61	41,146.37
Total Clinic Gain (Loss)	\$ (28,503.61)	\$ (30,416.00)	\$ (28,503.61)	\$ (30,416.00)

REVENUE DETAIL

	CURRENT PERIOD		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Clinic Patient Revenue				
Dr. Michael Bowers				
Dr. Larry Lauridsen				
Dr. Brytton Long	50.00		50.00	
PA Melissa Lehman	90.00		90.00	
Total Revenue	\$ 140.00	\$ 18,500.63	\$ 140.00	\$ 18,500.63

HIGH DESERT RURAL HEALTH DISTRICT
MHSC Wamsutter Clinic
One month ended July 31, 2018

PAYOR MIX DATA

PAYOR MIX	CURRENT PERIOD	YEAR TO DATE
	ACTUAL	ACTUAL
Commercial	0.0%	0.1%
Blue Cross	0.0%	0.0%
Medicaid	0.0%	0.0%
Medicare	0.0%	0.7%
Self Pay	0.0%	0.0%
Work Comp	0.0%	0.0%
Occ Med	100.0%	99.1%
TOTAL	100%	100%

PATIENT OFFICE VISITS

	CURRENT PERIOD		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Dr. Michael Bowers	10		10	
Dr. Larry Lauridsen	1		1	
Dr. Brytton Long	8		8	
PA Melissa Lehman	7		7	
Total Clinic Statistics	26	60	26	60

HDRHCD VOUCHERS

	Received	Pending	Total
July		28,503.61	28,503.61
Total Vouchers	\$ -	\$ -	\$ 28,503.61

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

EBITDA

(Earnings Before Interest, Taxes, Depreciation & Amortization)

Formula: $(\text{Net Operating Surplus or Loss} + \text{Interest Expense} + \text{Taxes} + \text{Depreciation} + \text{Amortization}) / \text{Total Operating Revenue}$

Purpose: Provides a measure of profitability excluding expenses related to the hospital's investments in the physical plant.

Higher Values are Favorable

Net Operating Gain/Loss

Formula: $\text{Total Operating Revenue} - \text{Total Operating Expenses}$

Purpose: A measure of excess revenue over expenses (Gain) or excess expenses over revenue (Loss) with respect to patient care and hospital operations.

Higher Values are Favorable

Total Net Gain/Loss

Formula: $\text{Total Operating Revenue} - \text{Total Operating Expenses} + \text{Total Non Operating Revenue \& Expense}$

Purpose: A measure of excess revenue over expenses (Gain) or excess expenses over revenue (Loss) including revenue and expenses not related to patient care.

Higher Values are Favorable

Operating Margin

Formula: $\text{Net Operating Surplus or Loss} / \text{Total Operating Revenue}$

Purpose: A measure of the hospital's profitability with respect to patient care and hospital operations.

Higher Values are Favorable

Total Profit Margin

Formula: $\text{Total Net Surplus or Loss} / \text{Total Operating Revenue}$

Purpose: Measures overall profitability from all sources, including revenue and expenses not related to patient care.

Higher Values are Favorable

Return on Assets

Formula: $\text{Total Net Surplus or Loss} / \text{Total Unrestricted Assets}$

Purpose: A measure of excess revenue over expenses in relation to the overall assets controlled by the hospital.

Higher Values are Favorable

Contractual Allowance Percentage

Formula: $\text{Total Deductions From Revenue} / \text{Total Gross Patient Revenue}$

Purpose: Represents the percentage of gross charges that are uncollectible due to mandated or voluntary contractual discounts.

Lower Values are Favorable

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

Days Cash on Hand, Short Term

Higher Values are Favorable

Formula: $\text{Cash \& Cash Equivalents} / ((\text{Total Operating Expenses} - \text{Depreciation \& Amortization} - \text{Bad Debt Expense}) / 365))$

Purpose: Represents the number of days the hospital could operate without cash receipts utilizing only short term cash accounts.

Days Cash on Hand, All Sources

Higher Values are Favorable

Formula: $(\text{Cash \& Cash Equivalents} + \text{Limited Use Cash} + \text{Funded Depreciation} + \text{Board Designated Funds}) / ((\text{Total Expenses} - \text{Depreciation \& Amortization} - \text{Bad Debt Expense}) / 365))$

Purpose: Represents the number of days the hospital could operate without cash receipts utilizing all sources of cash available.

Gross Days in Accounts Receivable

Lower Values are Favorable

Formula: $\text{Gross Patient Accounts Receivable} / (\text{Total Gross Patient Revenue} / 365)$

Purpose: Represents the number of days of patient charges that is tied up in unpaid patient accounts.

Net Days in Accounts Receivable

Lower Values are Favorable

Formula: $\text{Net Patient Accounts Receivable} / (\text{Net Patient Revenue} / 365)$

Purpose: Represents the number of days of net patient revenue (cash flow) that is tied up in unpaid patient accounts.

Average Payment Period

Lower Values are Favorable

Formula: $\text{Total Current Liabilities} / ((\text{Total Operating Expenses} - \text{Depreciation \& Amortization} - \text{Bad Debt Expense}) / 365)$

Purpose: Measures the average time that elapses before current liabilities are met.

Current Ratio

Higher Values are Favorable

Formula: $\text{Total Current Assets} / \text{Total Current Liabilities}$

Purpose: An indicator of the hospital's liquidity and ability to meet short term (less than 1 year) liabilities utilizing short term assets.

Average Age of Plant

Lower Values are Favorable

Formula: $\text{Accumulated Depreciation} / \text{Annual Depreciation Expense}$

Purpose: Is used as a proxy for the average accounting age of a hospital's capital assets such as buildings, fixtures equipment.

Capital Costs as a Percentage of Total Expenses

Lower Values are Favorable

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

Formula: $(\text{Depreciation} + \text{Amortization} + \text{Interest Expense}) / \text{Total Operating Expenses}$

Purpose: Measures the relative amount of fixed costs and is one measure used to determine a hospital's capital expenditure flexibility.

Long Term Debt to Equity

Formula: $\text{Total Long Term Debt} / \text{Total Net Assets}$

Purpose: This is used to measure the degree of financial leverage that the hospital has employed.

Lower Values are Favorable

Long Term Debt to Capitalization

Formula: $\text{Total Long Term Debt} / (\text{Total Long Term Debt} + \text{Total Net Assets})$

Purpose: This measures the proportion of the hospital's capitalization provided by debt and is used as an indicator of debt capacity.

Lower Values are Favorable

Debt Service Coverage Ratio

Formula: $(\text{Total Net Surplus or Loss} + \text{Depreciation} + \text{Amortization} + \text{Interest Expense}) / (\text{Current Portion of Long Term Debt} + \text{Interest Expense})$

Higher Values are Favorable

Purpose: Measures the ratio of available funds for the payment of the current year's debt service (Principal and interest).

Salary Expense per Paid FTE

Formula: $(\text{Salary} + \text{Wages} + \text{Contract Labor}) / \text{Paid FTE's}$

Purpose: Provides a simple measure of the largest resource used in the hospital

Lower Values are Favorable

Paid FTE's per Adjusted Occupied Bed

Formula: $\text{Total Paid FTE's} / \text{Adjusted Average Daily Census}$

Purpose: A measure of the overall staffing of the hospital in relationship to the hospital's utilization.

Lower Values are Favorable

Net Revenue per Adjusted Discharge

Formula: $\text{Net Patient Revenue} / \text{Adjusted Discharges}$

Purpose: Is an indicator of the hospital's ability to generate collectable revenue from it's patient care operations.

Higher Values are Favorable

Operating Expenses per Adjusted Discharge

Formula: $\text{Total Operating Expenses} / \text{Adjusted Discharges}$

Lower Values are Favorable

KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE

Purpose: A measure of the hospital's average cost of delivering care per equivalent patient stay.

Financial Strength Index

Formula: $((\text{Total Margin} - 4.0) / 4.0) + ((\text{Days Cash on Hand} - 50) / 50) + ((50 - \text{Debt to Capitalization Ratio}) / 50) + ((9 - \text{Average Age of Plant}) / 9)$

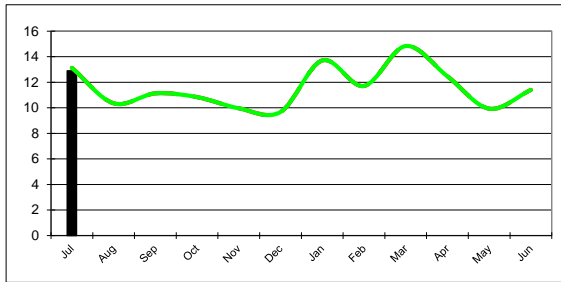
Higher Values are Favorable

Purpose: Is an indicator of the hospital's overall long term financial health. This index combines the impact of increasing operating margins, increasing cash on hand from all sources, decreasing the hospital's reliance on debt for capital improvements and decreasing the hospital's average age of plant.

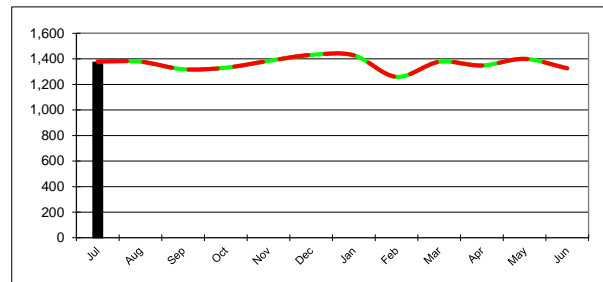
**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
"DASHBOARD" GRAPHS
JULY 2018**

— FYE 2018 ACTUAL
 - - - FYE 2019 BUDGET
 █ FYE 2019 ACTUAL

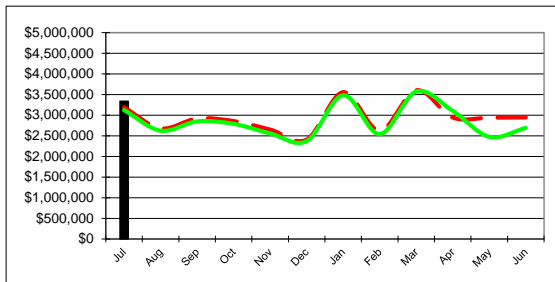
AVERAGE ACUTE CENSUS



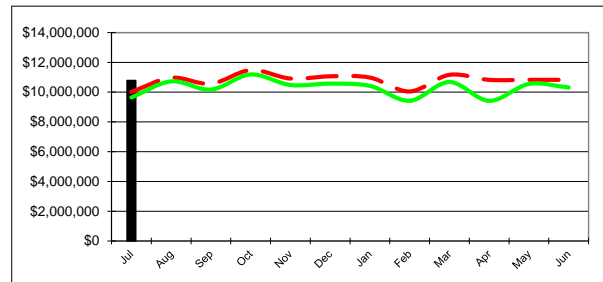
ER IP+OP VISITS



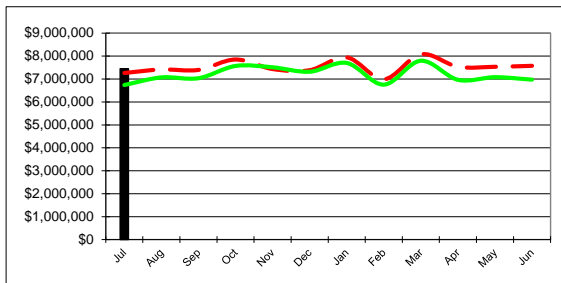
INPATIENT CHARGES



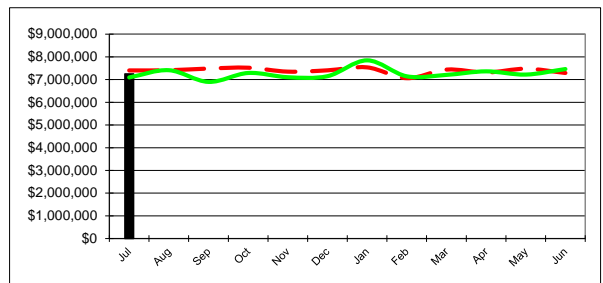
OUTPATIENT CHARGES



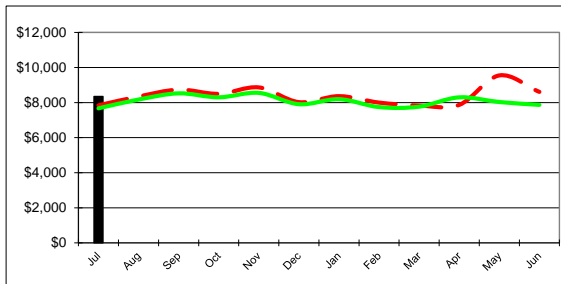
TOTAL NET OPERATING REVENUE



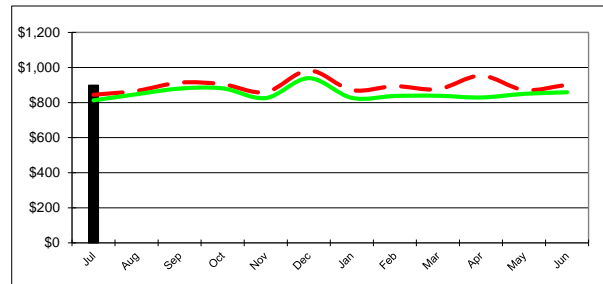
OPERATING EXPENSE



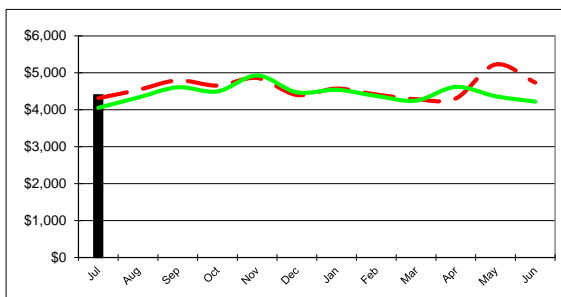
AVERAGE CHARGE PER ADJUSTED PATIENT DAY



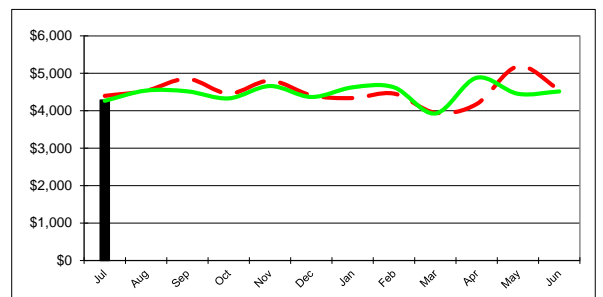
AVERAGE CHARGE PER OUTPATIENT VISIT (Inc. ER)



AVERAGE NET OPERATING REVENUE PER ADJUSTED PATIENT DAY



AVERAGE OPERATING EXPENSE PER ADJUSTED PATIENT DAY



MEMORIAL HOSPITAL OF SWEETWATER COUNTY
JULY 2018

STATISTICS	Actual Jul-18	Budget Jul-18	PY Jul-17	YTE Jul-18	YTD Jul-17	YTD Jul-16	YTD Jul-15
Volumes:							
Case Mix							
Medicare	1.0859	1.2905	1.2905	1.0859	1.2905	1.3395	1.4613
All payers	0.6788	0.8155	0.8155	0.6788	0.8155	0.8344	0.8522
Admissions							
Med	72	75	75	72	75	89	81
ICU	28	26	26	28	26	34	28
Surgery	11	2	2	11	2	6	12
OB	34	54	54	34	54	53	51
Newborn	34	51	51	34	51	49	48
Total Admissions	179	208	208	179	208	231	220
Discharges							
Med	81	86	86	81	86	81	93
ICU	19	9	9	19	9	17	17
Surgery	14	7	7	14	7	15	20
OB	36	53	53	36	53	50	51
Newborn	36	51	51	36	51	46	49
Total Discharges	186	206	206	186	206	209	230
Patient Days:							
Med	237	237	237	237	237	445	290
ICU	51	49	49	51	49	79	98
Surgery	48	24	24	48	24	28	64
OB	64	97	97	64	97	79	71
Newborn	58	89	89	58	89	75	65
Total Patient Days	458	496	496	458	496	706	588
Observation Bed Days	127	109	109	127	109	77	84
Surgery Statistics:							
IP Surgeries	29	31	31	29	31	41	33
OP Surgeries	139	160	160	139	160	113	146
Outpatient Statistics:							
X-ray	685	683	683	685	683	726	723
Mammography	110	96	96	110	96	118	139
Ultrasound	287	255	255	287	255	224	280
Cat Scan	430	416	416	430	416	402	406
MRI	132	98	98	132	98	88	108
Nuclear Medicine	35	30	30	35	30	31	43
PET Scan	7	9	9	7	9	11	6
Echo	54	0	0	0	0	0	0
Laboratory	2,643	2,857	2,857	2,643	2,857	2,938	2,632
Histology	167	140	140	167	140	114	136
Respiratory Therapy	197	240	240	197	240	221	237
Cardiovascular	452	404	404	452	404	484	463
Sleep Lab	32	29	29	32	29	13	14
Cardiac Rehab	257	356	356	257	356	460	402
Physical Therapy	91	207	207	91	207	213	269
Dialysis	401	299	299	401	299	232	252
Medical Oncology	157	149	149	157	149	176	291
Radiation Oncology	218	226	226	218	226	264	444
Total Outpatients Visits	6,355	6,494	6,494	6,301	6,494	6,715	6,845
Clinic Visits - Primary Care	3,802	3,674	3,668	3,802	3,668	3,817	5,639
Clinic Visits - Specialty Clinics	459	409	456	459	456	362	481
ER visits admitted	156	140	140	156	140	148	141
ER visits Discharged	1,217	1,240	1,240	1,217	1,240	1,301	1,314
Total ER visits	1,373	1,380	1,380	1,373	1,380	1,449	1,455

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

	PPE	7/8/2018	7/22/2018	8/5/2018	Variance	CHANGE FROM		YTD	Variance
BUDGET					from Bud	LAST PAY PERIOD			from budget
						Increase	Decrease		
AVG CENSUS	11.80	11.4	14.1	14.1	2.3	-	-	39.7	
ER VISITS (Avg Day)	45	42.8	45.9	45.9	1.1	-	-	134.6	
SURGERIES (IP+OP)	78	67	77	77	(0.6)	-	-	221.0	
BIRTHS	19	16	17	17	(2.0)	-	-	50.0	
CHARGES -IP \$000	1,358	1284	1647	1647	289.0	-	-	4578.0	
-OP \$000	4,987	4417	4866	4866	(121.0)	-	-	14149.0	
-TOTAL \$000	6,345	5701	6513	6513	168.0	-	-	18727.0	
Adjusted Patient Days	772	710	783	783	11.1	-	-	2,276.37	

Paid FTEs (Including Contract)

600	MEDICAL FLOOR	24.5	21.5	24.3	20.1	(4.4)	-	4.13	22.0	(2.5)
605	BEHAVIORAL HEALTH	7.2	9.2	6.8	9.4	2.2	2.57	-	8.5	1.3
610	OB FLOOR	5.3	4.4	6.4	6.0	0.7	-	0.46	5.6	0.3
611	NURSERY	7.2	7.1	7.0	6.0	(1.2)	-	0.99	6.7	(0.5)
612	LABOR & DELIVERY	4.9	3.0	3.2	3.0	(1.9)	-	0.21	3.1	(1.8)
615	OUTSIDE SERVICES	0.9	0.9	1.2	1.5	0.6	0.28	-	1.2	0.3
620	ICU	12.5	9.5	10.8	10.9	(1.6)	0.07	-	10.4	(2.1)
630	OR	12.1	12.4	13.5	13.9	1.8	0.38	-	13.3	1.2
631	SAME DAY SURGERY	6.8	6.1	5.1	4.6	(2.2)	-	0.56	5.3	(1.5)
633	RECOVERY	2.8	2.7	4.1	4.1	1.3	0.02	-	3.6	0.8
634	CENTRAL STERILE	3	3.0	3.0	4.1	1.1	1.03	-	3.4	0.4
640	DIALYSIS	7	6.3	6.3	5.9	(1.2)	-	0.42	6.1	(0.9)
650	ER	21.5	27.2	20.0	22.1	0.6	2.07	-	23.1	1.6
651	TRAUMA	1.3	1.4	2.0	1.7	0.4	-	0.31	1.7	0.4
652	SANE	0.9	1.2	1.0	1.2	0.3	0.14	-	1.1	0.2
660	RADIATION ONC	6.6	5.7	6.9	7.0	0.4	0.13	-	6.6	(0.0)
661	MEDICAL ONC	6	7.2	6.4	6.2	0.2	-	0.24	6.6	0.6
700	LABORATORY	31.1	30.0	29.8	29.6	(1.5)	-	0.27	29.8	(1.3)
701	HISTOLOGY	2	2.0	2.7	2.0	0.0	-	0.73	2.2	0.2
702	BLOOD BANK	1	1.0	1.1	1.1	0.1	0.01	-	1.1	0.1
710	RADIOLOGY	9.7	10.0	9.9	9.7	0.0	-	0.20	9.9	0.2
711	MAMMOGRAPHY	1.6	1.2	1.1	1.2	(0.4)	0.10	-	1.1	(0.5)
712	ULTRASOUND	3.25	2.9	5.1	4.4	1.1	-	0.76	4.2	0.9
713	NUC MED	1.6	1.7	1.5	2.0	0.4	0.46	-	1.7	0.1
714	CAT SCAN	4.7	4.3	4.3	4.5	(0.2)	0.24	-	4.3	(0.4)
715	MRI	1.3	1.2	1.1	1.1	(0.2)	-	0.06	1.1	(0.2)
716	PET SCAN	0.1	-	-	-	(0.1)	-	-	0.0	(0.1)
717	ECHOCARDIOGRAPHY	1.25	0.4	1.0	1.0	(0.2)	0.02	-	0.8	(0.4)
720	RESPIRATORY	6	7.2	7.4	7.9	1.9	0.53	-	7.5	1.5
721	SLEEP LAB	2.3	1.5	1.9	1.5	(0.8)	-	0.36	1.6	(0.7)
722	CARDIO	2.3	1.9	1.9	1.9	(0.4)	0.02	-	1.9	(0.4)
723	CARDIAC REHAB	2.4	2.1	2.1	2.3	(0.1)	0.20	-	2.2	(0.2)
730	PHYSICAL THERAPY	3.5	3.3	3.5	3.1	(0.4)	-	0.38	3.3	(0.2)
780	EDUCATION	2	0.3	0.4	0.4	(1.6)	0.01	-	0.4	(1.6)
781	SOCIAL SERVICES	1	1.0	1.0	1.0	-	-	-	1.0	0.0
782	QUALITY	4	4.3	4.7	4.6	0.6	-	0.08	4.5	0.5
783	INFECTION CONTROL	2	1.8	1.8	1.9	(0.1)	0.18	-	1.8	(0.2)
784	ACCREDITATION	3	2.0	2.0	2.1	(0.9)	0.02	-	2.0	(1.0)
786	NURSING INFORMATICS	3	3.0	3.0	3.0	-	-	-	3.0	0.0
790	HEALTH INFORMATION	12.6	12.6	13.1	12.3	(0.3)	-	0.74	12.7	0.1
791	CASE MANAGEMENT	5.3	5.5	5.6	5.3	0.0	-	0.27	5.5	0.2
800	MAINTENANCE	11.7	10.7	10.7	10.7	(1.0)	0.01	-	10.7	(1.0)
801	HOUSEKEEPING	23.5	20.9	23.8	24.8	1.3	1.04	-	23.2	(0.3)
802	LAUNDRY	6.5	6.5	6.5	5.0	(1.5)	-	1.53	6.0	(0.5)
803	BIO MED	2	1.0	1.1	1.0	(1.0)	-	0.08	1.0	(1.0)
810	SECURITY	8.3	8.2	8.4	8.1	(0.2)	-	0.25	8.2	(0.1)
850	PURCHASING	5	5.0	5.0	5.0	-	-	-	5.0	0.0
855	CENTRAL SUPPLY	3	3.0	3.0	3.0	-	0.00	-	3.0	(0.0)
870	DIETARY	17.6	16.6	16.1	15.8	(1.8)	-	0.32	16.2	(1.4)
871	DIETICIANS	1.5	1.0	1.0	0.8	(0.7)	-	0.20	0.9	(0.6)
900	ADMINISTRATION	6	6.0	6.0	6.0	-	-	-	6.0	0.0
901	COMM SVC	1	1.0	1.0	1.0	-	-	-	1.0	0.0
902	MED STAFF SVC	2.5	2.4	2.5	2.0	(0.5)	-	0.51	2.3	(0.2)
903	MHSC FOUNDATION	1.3	1.0	1.0	1.0	(0.3)	-	-	1.0	(0.3)
904	VOLUNTEER SRV	1	1.0	1.0	1.0	-	-	-	1.0	0.0
905	NURSING ADMIN	4.3	4.6	5.1	5.3	1.0	0.22	-	5.0	0.7
907	PHYSICIAN RECRUIT	1	1.0	1.0	1.0	-	-	-	1.0	0.0
910	INFORMATION SYSTEMS	8	7.0	8.0	8.0	-	-	-	7.7	(0.3)
920	HUMAN RESOURCES	4.6	4.4	4.4	4.3	(0.3)	-	0.06	4.4	(0.2)
930	FISCAL SERVICES	5	4.8	4.8	4.8	(0.2)	-	-	4.8	(0.2)
940	BUSINESS OFFICE	14	13.6	14.5	14.0	0.0	-	0.47	14.0	0.0
941	ADMITTING	13.4	13.9	14.3	13.8	0.4	-	0.43	14.0	0.6
942	COMMUNICATION	3	2.3	3.4	2.9	(0.1)	-	0.53	2.9	(0.1)
943	CENTRAL SCHEDULING	4	3.8	3.3	3.0	(1.0)	-	0.33	3.4	(0.6)
948	NEW ORTHO	1	-	-	-	(1.0)	-	-	0.0	(1.0)

	PPE	7/8/2018	7/22/2018	8/5/2018	Variance	LAST PAY PERIOD		YTD	from budget
BUDGET					from Bud	Increase	Decrease		
949 DENKER	3	3.0	3.0	3.0	(0.0)	-	0.06	3.0	(0.0)
950 OLIVER	3.1	2.9	2.9	3.2	0.1	0.37	-	3.0	(0.1)
952 NEW PULMONOLOGIST	2	-	-	-	(2.0)	-	-	0.0	(2.0)
953 STEWART	2.5	1.2	2.1	2.1	(0.4)	-	0.02	1.8	(0.7)
954 WHEELER	3	1.8	2.6	2.9	(0.1)	0.24	-	2.4	(0.6)
956 KATTAN	3.5	1.3	3.0	3.0	(0.5)	0.03	-	2.5	(1.0)
957 STARLA LETTE	2	1.0	2.0	2.0	-	-	-	1.7	(0.3)
958 VERONESE	0	1.9	-	-	-	-	-	0.6	0.6
959 GREWAL	3	2.0	2.9	2.0	(1.0)	-	0.92	2.3	(0.7)
960 SANDERS	2	2.1	2.1	2.1	0.1	-	0.02	2.1	0.1
961 DANSIE	2.5	2.0	2.0	2.0	(0.5)	-	-	2.0	(0.5)
962 BOWERS	2	1.6	1.5	2.4	0.4	0.86	-	1.9	(0.1)
963 LONG	3	0.9	1.8	1.9	(1.1)	0.07	-	1.5	(1.5)
964 JAKE JOHNSON	2	1.0	1.0	1.0	(1.0)	-	-	1.0	(1.0)
966 OCC MED	1	1.0	1.3	1.0	-	-	0.28	1.1	0.1
967 PA PALINEK	1.5	-	-	-	(1.5)	-	-	0.0	(1.5)
969 PAWAR	2	2.6	2.0	2.0	-	-	-	2.2	0.2
970 CROFTS	2.5	1.2	2.0	2.0	(0.5)	-	-	1.7	(0.8)
971 WAMSUTTER CLINIC	1	1.8	2.0	2.0	1.0	0.04	-	1.9	0.9
972 FARSON CLINIC	0	-	-	-	-	-	-	0.0	0.0
973 LAURIDSEN	1	0.8	0.9	0.9	(0.1)	-	-	0.8	(0.2)
974 SMG ADMIN/BILLING	13.5	23.6	18.0	15.7	2.2	-	2.35	19.1	5.6
976 LEHMAN	2	0.9	0.9	0.8	(1.2)	-	0.10	0.9	(1.2)
978 HOSPITALIST	4.2	4.2	4.2	4.2	-	-	-	4.2	0.0
980 JENSEN	1	-	-	0.3	(0.7)	0.30	-	0.1	(0.9)
981 CROFT	1	1.0	1.0	1.0	-	-	-	1.0	0.0
982 CHRISTENSEN	3	1.0	3.1	3.6	0.6	0.53	-	2.6	(0.4)
988 CURRY	2	3.3	2.7	2.8	0.8	0.04	-	2.9	0.9
990 NEW PEDIATRICIAN	0	-	-	-	-	-	-	0.0	0.0
991 JAMIAS	2	1.5	1.6	1.8	(0.2)	0.15	-	1.6	(0.4)
992 ASPER	1	2.9	1.0	1.0	-	-	-	1.6	0.6
993 LIU	2	1.7	1.0	1.0	(1.0)	-	-	1.2	(0.8)
994 DUCK	2	1.6	1.3	2.2	0.2	0.90	-	1.7	(0.3)
996 SARETTE	0.6	-	1.7	0.6	-	-	1.05	0.8	0.2
997 OUTSIDE SERVICES	0.5	0.1	-	-	(0.5)	-	-	0.0	(0.5)

TOTAL Paid FTEs	464.1	441.8	451.8	444.4	(19.7)	-	7.38	446.0	(18.1)
TOTAL WORKED FTEs	422.3	375.3	411.9	399.4	(22.9)	-	12.45	395.5	(26.8)

WORKED % Paid	91%	85%	91%	90%	-1%	-	0.01	89%	(0.0)
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CONTRACT FTES (Inc above)	2.3	7.4	7.1	8.2	5.9	1.11	-	7.6	5.3
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GROSS EMPLOYEE PAYROLL	1,475,815	1,382,571	1,432,879	1,432,879	50,308.13	-	36,544,337		
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Average Employee Hourly Rate	\$41.76	\$38.25	\$40.30	\$40.30	2.05	-	#DIV/0!	#DIV/0!	
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Benchmark Paid FTEs	6.63	8.71	8.08	7.95	1.32	-	0.13	52.11	45.48
per Adj. Occupied Bed (APD)									

WORKED FTEs (Including Contract)

600 MEDICAL FLOOR	22.3	18.3	22.2	18.8	(3.5)	-	3.34	19.8	(2.5)
605 BEHAVIORAL HEALTH	6.6	9.1	6.6	8.9	2.3	2.22	-	8.2	1.6
610 OB FLOOR	4.8	4.1	6.0	5.6	0.7	-	0.49	5.2	0.4
611 NURSERY	6.6	6.3	5.3	4.7	(1.9)	-	0.60	5.4	(1.1)
612 LABOR & DELIVERY	4.5	2.8	2.9	2.3	(2.2)	-	0.58	2.7	(1.8)
615 OUTSIDE SERVICES	0.8	0.8	1.2	1.5	0.7	0.28	-	1.2	0.4
620 ICU	11.4	9.3	10.1	10.5	(0.9)	0.43	-	9.9	(1.4)
630 OR	11.0	11.5	13.0	12.9	1.8	-	0.13	12.4	1.4
631 SAME DAY SURGERY	6.2	4.9	5.0	3.9	(2.3)	-	1.10	4.6	(1.6)
633 RECOVERY	2.5	2.5	4.0	4.0	1.4	0.03	-	3.5	0.9
634 CENTRAL STERILE	2.7	2.8	2.9	2.9	0.1	-	0.02	2.9	0.1
640 DIALYSIS	6.4	5.9	5.5	5.2	(1.2)	-	0.33	5.5	(0.9)
650 ER	19.6	21.5	19.1	21.0	1.5	1.88	-	20.6	1.0
651 TRAUMA	1.2	1.1	1.9	1.6	0.4	-	0.28	1.5	0.3
652 SANE	0.8	0.9	0.9	1.2	0.4	0.27	-	1.0	0.2
660 RADIATION ONC	6.0	4.3	5.8	6.2	0.2	0.41	-	5.4	(0.6)
661 MEDICAL ONC	5.5	4.4	6.2	5.7	0.3	-	0.50	5.5	(0.0)
700 LABORATORY	28.3	26.1	26.7	27.9	(0.4)	1.19	-	26.9	(1.4)
701 HISTOLOGY	1.8	1.8	2.7	1.5	(0.3)	-	1.23	2.0	0.2
702 BLOOD BANK	0.9	1.0	1.1	1.1	0.2	0.01	-	1.1	0.2
710 RADIOLOGY	8.8	8.9	8.3	8.6	(0.2)	0.27	-	8.6	(0.2)

		PPE	7/8/2018	7/22/2018	8/5/2018	Variance	LAST PAY PERIOD		YTD	from budget
		BUDGET				from Bud	Increase	Decrease		
711	MAMMOGRAPHY	1.5	1.0	1.1	1.2	(0.3)	0.10	-	1.1	(0.4)
712	ULTRASOUND	3.0	2.6	4.6	4.0	1.0	-	0.68	3.7	0.8
713	NUC MED	1.5	1.6	1.3	1.0	(0.4)	-	0.30	1.3	(0.2)
714	CAT SCAN	4.3	4.1	4.1	4.1	(0.2)	-	0.01	4.1	(0.2)
715	MRI	1.2	0.9	1.1	1.0	(0.2)	-	0.16	1.0	(0.2)
716	PET SCAN	0.1	-	-	-	(0.1)	-	-	0.0	(0.1)
717	ECHOCARDIOGRAPHY	1.1	0.4	1.0	1.0	(0.1)	0.02	-	0.8	(0.3)
720	RESPIRATORY	5.5	6.4	6.6	6.6	1.1	-	0.06	6.5	1.1
721	SLEEP LAB	2.1	1.4	1.7	1.5	(0.6)	-	0.21	1.6	(0.5)
722	CARDIO	2.1	1.3	1.2	1.6	(0.5)	0.47	-	1.4	(0.7)
723	CARDIAC REHAB	2.2	1.9	2.1	2.2	0.0	0.14	-	2.0	(0.1)
730	PHYSICAL THERAPY	3.2	2.6	2.7	2.7	(0.5)	-	-	2.7	(0.5)
780	PATIENT ED	1.8	0.3	0.4	0.4	(1.4)	0.01	-	0.4	(1.4)
781	SOCIAL SERVICES	0.9	1.0	1.0	0.9	(0.0)	-	0.13	1.0	0.0
782	QUALITY & ACCREDIT	3.6	3.2	4.2	3.8	0.2	-	0.42	3.7	0.1
783	INFECTION CONTROL	1.8	1.6	1.2	1.3	(0.5)	0.15	-	1.4	(0.5)
784	COMPLIANCE	2.7	1.7	2.0	1.9	(0.9)	-	0.18	1.9	(0.9)
786	NURSING INFORMATICS	2.7	2.5	2.9	3.0	0.3	0.13	-	2.8	0.1
790	HEALTH INFORMATION	11.5	10.0	11.6	11.6	0.1	0.04	-	11.1	(0.4)
791	CASE MANAGEMENT	4.8	4.9	5.0	4.5	(0.4)	-	0.57	4.8	(0.0)
800	MAINTENANCE	10.6	8.9	10.2	10.2	(0.5)	-	0.02	9.8	(0.9)
801	HOUSEKEEPING	21.4	18.3	22.3	19.9	(1.4)	-	2.32	20.2	(1.2)
802	LAUNDRY	5.9	5.7	5.5	4.4	(1.5)	-	1.08	5.2	(0.7)
803	BIO MED	1.8	0.4	1.1	0.9	(1.0)	-	0.19	0.8	(1.0)
810	SECURITY	7.6	6.8	8.0	7.4	(0.2)	-	0.61	7.4	(0.2)
850	PURCHASING	4.6	4.5	4.4	4.8	0.2	0.35	-	0.0	(4.6)
855	CENTRAL SUPPLY	2.7	1.8	2.1	2.6	(0.2)	0.45	-	4.6	1.8
870	DIETARY	16.0	14.7	15.6	14.3	(1.7)	-	1.34	2.2	(13.9)
871	DIETICIANS	1.4	1.0	1.0	0.5	(0.9)	-	0.50	14.8	13.5
900	ADMINISTRATION	5.5	4.6	5.7	5.5	0.0	-	0.20	0.8	(4.6)
901	COMM SVC	0.9	0.8	1.0	1.0	0.1	-	-	5.3	4.4
902	MED STAFF SVC	2.3	1.7	2.2	2.0	(0.3)	-	0.21	0.9	(1.3)
903	MHSC FOUNDATION	1.2	1.0	1.0	1.0	(0.2)	-	-	2.0	0.8
904	VOLUNTEER SRV	0.9	0.6	1.0	1.0	0.1	-	-	1.0	0.1
905	NURSING ADMIN	3.9	4.4	4.7	4.2	0.3	-	0.48	0.9	(3.0)
907	PHYSICIAN RECRUIT	0.9	0.8	0.9	1.0	0.1	0.10	-	4.4	3.5
910	INFORMATION SYSTEMS	7.3	5.7	7.5	7.4	0.1	-	0.08	0.9	(6.4)
920	HUMAN RESOURCES	4.2	4.4	4.3	4.3	0.1	0.04	-	6.9	2.7
930	FISCAL SERVICES	4.6	3.4	4.6	4.0	(0.6)	-	0.61	4.3	(0.2)
940	BUSINESS OFFICE	12.7	11.1	12.9	12.7	(0.0)	-	0.19	4.0	(8.8)
941	ADMITTING	12.2	12.7	13.5	13.5	1.3	0.07	-	12.2	0.0
942	COMMUNICATION	2.7	2.3	3.2	2.9	0.1	-	0.37	13.2	10.5
943	CENTRAL SCHEDULING	3.6	2.9	2.8	2.9	(0.8)	0.08	-	2.8	(0.8)
948	NEW OTHO	0.9	-	-	-	(0.9)	-	-	2.8	1.9
949	DENKER	2.7	2.7	2.8	2.3	(0.4)	-	0.53	0.0	(2.7)
950	OLIVER	2.8	2.6	2.8	2.7	(0.2)	-	0.10	2.6	(0.2)
952	NEW PULMONOLOGIST	1.8	-	-	-	(1.8)	-	-	2.7	0.9
953	STEWART	2.3	1.0	1.6	2.1	(0.1)	0.48	-	0.0	(2.3)
954	WHEELER	2.7	1.8	1.6	2.3	(0.4)	0.69	-	1.6	(1.1)
956	KATTAN	3.2	1.3	2.9	2.6	(0.5)	-	0.25	1.9	(1.3)
957	STARLA LETTE	1.8	1.0	1.9	1.9	0.1	0.02	-	2.3	0.5
958	VERONESE	-	1.0	-	-	-	-	-	1.6	1.6
959	GREWAL	2.7	1.3	2.0	2.0	(0.7)	-	0.05	0.3	(2.4)
960	SANDERS	1.8	2.1	1.9	1.6	(0.2)	-	0.30	1.8	(0.0)
961	DANSIE	2.3	1.9	1.4	2.0	(0.2)	0.63	-	1.8	(0.4)
962	BOWERS	1.8	1.3	1.4	1.6	(0.3)	0.14	-	1.8	(0.0)
963	LONG	2.7	0.9	1.7	1.9	(0.9)	0.17	-	1.4	(1.3)
964	JAKE JOHNSON	1.8	1.0	1.0	1.0	(0.8)	-	-	1.5	(0.3)
966	OCC MED	0.9	0.6	1.3	0.9	0.0	-	0.33	1.0	0.1
967	PA PALINEK	1.4	-	-	-	(1.4)	-	-	0.9	(0.4)
969	PAWAR	1.8	2.0	1.4	2.0	0.2	0.65	-	0.0	(1.8)
970	CROFTS	2.3	0.8	2.0	1.6	(0.7)	-	0.40	1.8	(0.5)
971	WAMSUTTER CLINIC	0.9	1.0	2.0	2.0	1.1	0.04	-	1.5	0.6
972	FARSON CLINIC	-	-	-	-	-	-	-	1.7	1.7
973	LAURIDSEN	0.9	0.8	0.9	0.9	(0.0)	-	-	0.0	(0.9)
974	SMG ADMIN/BILLING	12.3	20.3	15.6	14.0	1.7	-	1.64	0.8	(11.4)
976	LEHMAN	1.8	0.9	0.6	0.7	(1.1)	0.10	-	16.6	14.8
978	HOSPITALIST	3.8	4.2	4.2	4.2	0.4	-	-	0.7	(3.1)
980	JENSEN	0.9	-	-	0.3	(0.6)	0.30	-	4.2	3.3
981	CROFT	0.9	0.5	1.0	0.5	(0.4)	-	0.50	0.1	(0.8)
982	CHRISTENSEN	2.7	1.0	3.1	2.8	0.0	-	0.35	0.7	(2.1)
988	CURRY	1.8	2.9	2.2	2.0	0.2	-	0.20	2.3	0.5
990	NEW PEDIATRICIAN	-	-	-	-	-	-	-	2.4	2.4
991	JAMIAS	1.8	1.3	1.3	1.6	(0.2)	0.28	-	0.0	(1.8)
992	ASPER	0.9	0.5	0.7	0.7	(0.2)	-	-	1.4	0.5
993	LIU	1.8	1.4	1.0	1.0	(0.8)	-	-	0.6	(1.2)
994	DUCK	1.8	1.3	1.3	1.4	(0.4)	0.12	-	1.1	(0.7)
996	SARETTE	0.5	-	1.7	0.6	0.1	-	1.05	1.4	0.8
997	OUTSIDE CLINICS	0.5	0.1	-	-	(0.5)	-	-	0.8	0.3

	PPE	7/8/2018	7/22/2018	8/5/2018	Variance	LAST PAY PERIOD		YTD	from budget
	BUDGET				from Bud	Increase	Decrease		
TOTAL WORKED FTEs	422.3	375.3	411.9	399.4	(22.91)	-	12.45	395.5	(26.8)
CONTRCT FTEs (Inc above)	2.3	7.4	7.1	8.2	5.94	1.11	-	7.6	5.3

OVERTIME HOURS

				Current OT			YTD Hours	
				OT Dollars				
600	MEDICAL FLOOR	-	-	-	-	-	-	-
605	BEHAVIORAL HEALTH	56.3	49.0	71.5	1,511.12	22.50	-	176.8
610	OB FLOOR	7.5	10.8	7.5	180.83	-	3.25	25.8
611	NURSERY	-	0.8	-	-	-	0.75	0.8
612	LABOR & DELIVERY	-	-	-	-	-	-	-
615	OUTSIDE SERVICES	-	-	-	-	-	-	-
620	ICU	-	-	-	-	-	-	-
630	OR	8.3	15.5	9.3	394.47	-	6.25	33.0
631	SAME DAY SURGERY	-	9.3	-	-	-	9.25	9.3
633	RECOVERY	5.3	0.8	-	-	-	0.75	6.0
634	CENTRAL STERILE	4.0	3.5	0.3	4.81	-	3.25	7.8
640	DIALYSIS	24.8	25.3	8.0	367.11	-	17.25	58.0
650	ER	15.3	8.8	27.8	1,197.90	19.00	-	51.8
651	TRAUMA	0.8	5.0	3.5	79.70	-	1.50	9.3
652	SANE	1.0	1.0	3.3	173.32	2.25	-	5.3
660	RADIATION ONC	0.3	3.5	-	-	-	3.50	3.8
661	MEDICAL ONC	-	5.5	1.3	55.98	-	4.25	6.8
700	LABORATORY	50.5	31.0	29.5	817.86	-	1.50	111.0
701	HISTOLOGY	-	5.3	3.3	94.25	-	2.00	8.5
702	BLOOD BANK	0.5	1.0	-	-	-	1.00	1.5
710	RADIOLOGY	5.0	7.3	1.5	67.58	-	5.75	13.8
711	MAMMOGRPAHY	-	-	-	-	-	-	-
712	ULTRASOUND	3.5	4.8	6.0	418.94	1.25	-	14.3
713	NUC MED	-	3.0	0.8	24.17	-	2.25	3.8
714	CAT SCAN	1.0	-	-	-	-	-	1.0
715	MRI	-	1.8	-	-	-	1.75	1.8
716	PET SCAN	-	-	-	-	-	-	-
717	ECHOCARDIOGRAPHY	-	-	1.0	74.82	1.00	-	1.0
720	RESPIRATORY	8.8	-	-	-	-	-	8.8
721	SLEEP LAB	-	4.5	4.8	225.86	0.25	-	9.3
722	CARDIO	-	-	-	-	-	-	-
723	CARDIAC REHAB	-	-	-	-	-	-	-
730	PHYSICAL THERAPY	-	-	-	-	-	-	-
780	PATIENT ED	-	-	-	-	-	-	-
781	SOCIAL SERVICES	-	-	-	-	-	-	-
782	QUALITY & ACCREDIT	-	-	-	-	-	-	-
783	INFECTION CONTROL	-	0.8	-	-	-	0.75	0.8
784	COMPLIANCE	-	-	-	-	-	-	-
786	NURSING INFORMATICS	-	-	-	-	-	-	-
790	HEALTH INFORMATION	-	0.3	-	-	-	0.25	0.3
791	CASE MANAGEMENT	11.8	16.3	7.5	439.07	-	8.75	35.5
800	MAINTENANCE	-	-	0.3	5.43	0.25	-	0.3
801	HOUSEKEEPING	54.0	57.0	53.0	987.20	-	4.00	164.0
802	LAUNDRY	23.0	49.0	34.8	590.31	-	14.25	106.8
803	BIO MED	-	-	-	-	-	-	-
810	SECURITY	19.5	6.5	3.5	111.40	-	3.00	29.5
850	PURCHASING	2.5	-	0.3	8.27	0.25	-	2.8
855	CENTRAL SUPPLY	-	-	-	-	-	-	-
870	DIETARY	21.8	39.3	36.8	716.36	-	2.50	97.8
871	DIETICIANS	-	-	-	-	-	-	-
900	ADMINISTRATION	-	-	-	-	-	-	-
901	COMM SVC	-	-	-	-	-	-	-
902	MED STAFF SVC	-	0.3	-	-	-	0.25	0.3
903	MHSC FOUNDATION	-	-	-	-	-	-	-
904	VOLUNTEER SRV	-	-	-	-	-	-	-
905	NURSING ADMIN	-	35.3	15.3	1,056.47	-	20.00	50.5
907	PHYSICIAN RECRUIT	-	-	-	-	-	-	-
910	INFORMATION SYSTEMS	-	-	-	-	-	-	-
920	HUMAN RESOURCES	-	-	-	-	-	-	-
930	FISCAL SERVICES	-	0.3	-	-	-	0.25	0.3
940	BUSINESS OFFICE	20.5	47.3	15.8	513.26	-	31.50	83.5
941	ADMITTING	120.5	121.0	93.0	2,276.92	-	28.00	334.5
942	COMMUNICATION	13.5	27.5	0.3	4.03	-	27.25	41.3
943	CENTRAL SCHEDULING	-	1.5	0.3	4.97	-	1.25	1.8
948	NEW ORTHO	-	-	-	-	-	-	-
949	DENKER	-	-	1.5	46.96	1.50	-	1.5
950	OLIVER	-	1.3	3.3	116.94	2.00	-	4.5
952	NEW PULMONOLOGIST	-	-	-	-	-	-	-
953	STEWART	-	4.3	10.3	490.46	6.00	-	14.5
954	WHEELER	2.8	0.5	1.0	27.35	0.50	-	4.3
956	KATTAN	0.5	0.3	1.0	27.78	0.75	-	1.8

	PPE	7/8/2018	7/22/2018	8/5/2018	Variance	LAST PAY PERIOD		YTD	from budget
BUDGET					from Bud	Increase	Decrease		
957	STARLA LETTE	-	-	-	-	-	-	-	
958	VERONESE	-	-	-	-	-	-	-	
959	GREWAL	0.5	3.8	1.3	38.04	-	2.50	5.5	
960	SANDERS	7.8	10.3	8.5	272.17	-	1.75	26.5	
961	DANSIE	0.6	1.8	3.5	193.59	1.75	-	5.9	
962	BOWERS	-	-	-	-	-	-	-	
963	LONG	-	3.5	0.3	6.10	-	3.25	3.8	
964	JAKE JOHNSON	-	-	-	-	-	-	-	
966	OCC MED	10.0	22.0	7.3	372.14	-	14.75	39.3	
967	PA PALINEK	-	-	-	-	-	-	-	
969	PAWAR	0.5	-	-	-	-	-	0.5	
970	CROFTS	-	-	-	-	-	-	-	
971	WAMSUTTER CLINIC	-	2.0	5.8	130.41	3.75	-	7.8	
972	FARSON CLINIC	-	-	-	-	-	-	-	
973	LAURIDSEN	-	-	-	-	-	-	-	
974	SMG ADMIN/BILLING	4.8	12.8	33.5	1,061.90	20.75	-	51.0	
976	PA LEHMAN	0.6	1.8	-	-	-	1.75	2.4	
978	HOSPITALIST	-	-	-	-	-	-	-	
980	JENSEN	-	-	-	-	-	-	-	
981	CROFT	-	-	-	-	-	-	-	
982	CHRISTENSEN	-	6.5	3.9	109.35	-	2.62	10.4	
988	CURRY	-	5.3	3.1	91.07	-	2.13	8.4	
990	NEW PEDIATRICIAN	-	-	-	-	-	-	-	
991	JAMIAS	-	-	-	-	-	-	-	
992	ASPER	-	-	-	-	-	-	-	
993	LIU	0.3	0.8	-	-	-	0.75	1.0	
994	DUCK	0.3	0.8	-	-	-	0.75	1.0	
996	SARETTE	-	-	-	-	-	-	-	
997	OUTSIDE CLINICS	-	-	-	-	-	-	-	

TOTAL OT HOURS	508.0	676.3	523.5	15,387	-	152.75	1,707.8
TOTAL OT FTEs	6.4	8.5	6.5		-	1.91	7.1
OT % WORKED HOURS	1.7%	2.1%	1.7%		-	0.4%	

CONTRACT HOURS					CHANGE FROM LAST PAY PERIOD			Variance
	PPE	7/8/2018	7/22/2018	8/5/2018	Current FTE	Increase	Decrease	from budget
BUDGET							FTE YTD	
600	MEDICAL FLOOR	-	-	-	-	-	-	-
605	BEHAVIORAL HEALTH	225.3	91.8	187.3	2.3	95.50	-	2.10
610	OB FLOOR	0.5	-	-	-	-	-	(0.50)
611	NURSERY	-	-	-	-	-	-	-
612	LABOR & DELIVERY	-	-	-	-	-	-	-
615	OUTSIDE SERVICES	-	-	-	-	-	-	-
620	ICU	-	-	-	-	-	-	-
630	OR	1.0	136.3	174.3	2.3	11.00	-	1.07
631	SAME DAY SURGERY	-	-	-	-	-	-	-
633	RECOVERY	-	-	-	-	-	-	-
634	CENTRAL STERILE	-	-	-	-	-	-	-
640	DIALYSIS	-	-	-	-	-	-	-
650	ER	0.3	117.0	87.8	1.0	-	6.00	0.89
651	TRAUMA	-	-	-	-	-	-	-
652	SANE	-	-	-	-	-	-	-
660	RADIATION ONC	-	-	-	-	-	-	-
661	MEDICAL ONC	-	-	-	-	-	-	-
700	LABORATORY	-	-	-	-	-	-	-
701	HISTOLOGY	-	56.3	56.0	0.7	-	0.25	0.47
702	BLOOD BANK	-	-	-	-	-	-	-
710	RADIOLOGY	-	-	-	-	-	-	-
711	MAMMOGRAPY	-	-	-	-	-	-	-
712	ULTRASOUND	0.5	36.0	87.5	1.0	-	10.25	0.34
713	NUC MED	-	-	-	-	-	-	-
714	CAT SCAN	-	-	-	-	-	-	-
715	MRI	-	-	-	-	-	-	-
716	PET SCAN	-	-	-	-	-	-	-
717	ECHOCARDIOGRAPHY	-	-	-	-	-	-	-
720	RESPIRATORY	-	78.3	73.3	0.9	-	1.50	0.93
721	SLEEP LAB	-	-	-	-	-	-	-
722	CARDIO	-	-	-	-	-	-	-
723	CARDIAC REHAB	-	-	-	-	-	-	-
730	PHYSICAL THERAPY	-	-	-	-	-	-	-
780	PATIENT ED	-	-	-	-	-	-	-
781	SOCIAL SERVICES	-	-	-	-	-	-	-
782	QUALITY & ACCREDIT	-	-	-	-	-	-	-
783	INFECTION CONTROL	-	-	-	-	-	-	-
784	ACCREDITATION	-	-	-	-	-	-	-
786	NURSING INFORMATICS	-	-	-	-	-	-	-
790	HEALTH INFORMATION	-	-	-	-	-	-	-
791	CASE MANAGEMENT	-	-	-	-	-	-	-

PPE		7/8/2018	7/22/2018	8/5/2018	Variance	LAST PAY PERIOD		YTD	from budget
BUDGET					from Bud	Increase	Decrease		
800	MAINTENANCE	-	-	-	-	-	-	-	-
801	HOUSEKEEPING	-	-	-	-	-	-	-	-
802	LAUNDRY	-	-	-	-	-	-	-	-
803	BIO MED	-	-	-	-	-	-	-	-
810	SECURITY	-	-	-	-	-	-	-	-
850	PURCHASING	-	-	-	-	-	-	-	-
855	CENTRAL SUPPLY	-	-	-	-	-	-	-	-
870	DIETARY	-	-	-	-	-	-	-	-
871	DIETICIANS	-	-	-	-	-	-	-	-
900	ADMINISTRATION	-	-	-	-	-	-	-	-
901	COMM SVC	-	-	-	-	-	-	-	-
902	MED STAFF SVC	-	-	-	-	-	-	-	-
903	MHSC FOUNDATION	-	-	-	-	-	-	-	-
904	VOLUNTEER SRV	-	-	-	-	-	-	-	-
905	NURSING ADMIN	-	-	-	-	-	-	-	-
907	PHYSICIAN RECRUIT	-	-	-	-	-	-	-	-
910	INFORMATION SYSTEMS	-	-	-	-	-	-	-	-
920	HUMAN RESOURCES	-	-	-	-	-	-	-	-
930	FISCAL SERVICES	-	-	-	-	-	-	-	-
940	BUSINESS OFFICE	-	-	-	-	-	-	-	-
941	ADMITTING	-	-	-	-	-	-	-	-
942	COMMUNICATION	-	-	-	-	-	-	-	-
943	CENTRAL SCHEDULING	-	-	-	-	-	-	-	-
948	NEW ORTHO	-	-	-	-	-	-	-	-
949	DENKER	-	-	-	-	-	-	-	-
950	OLIVER	-	-	-	-	-	-	-	-
952	NEW PULMONOLOGIST	-	-	-	-	-	-	-	-
953	STEWART	-	-	-	-	-	-	-	-
954	WHEELER	-	-	-	-	-	-	-	-
956	KATTAN	-	-	-	-	-	-	-	-
957	STARLA LETTE	-	-	-	-	-	-	-	-
958	VERONESE	-	-	-	-	-	-	-	-
959	GREWAL	-	-	-	-	-	-	-	-
960	SANDERS PA	-	-	-	-	-	-	-	-
961	DANSIE	-	-	-	-	-	-	-	-
962	BOWERS	-	-	-	-	-	-	-	-
963	LONG	-	-	-	-	-	-	-	-
964	JAKE JOHNSON	-	-	-	-	-	-	-	-
966	OCC MED	-	-	-	-	-	-	-	-
967	PA PALINEK	-	-	-	-	-	-	-	-
969	PAWAR	-	-	-	-	-	-	-	-
970	CROFTS	-	-	-	-	-	-	-	-
971	WAMSUTTER CLINIC	-	-	-	-	-	-	-	-
972	FARSON CLINIC	-	-	-	-	-	-	-	-
973	LAURIDSEN	-	-	-	-	-	-	-	-
974	SMG ADMIN/BILLING	-	-	-	-	-	-	-	-
978	HOSPITALIST	-	-	-	-	-	-	-	-
980	JENSEN	-	-	-	-	-	-	-	-
981	CROFT	-	-	-	-	-	-	-	-
982	CHRISTENSEN	-	-	-	-	-	-	-	-
988	CURRY	-	-	-	-	-	-	-	-
990	NEW PEDIATRICIAN	-	-	-	-	-	-	-	-
991	JAMIAS	-	-	-	-	-	-	-	-
992	ASPER	-	-	-	-	-	-	-	-
993	LIU	-	-	-	-	-	-	-	-
994	DUCK	-	-	-	-	-	-	-	-
996	SARETTE	-	-	-	-	-	-	-	-
997	OUTSIDE CLINICS	-	-	-	-	-	-	-	-

TOTAL CONTRACT HOURS		592.8	570.8	659.3		88.5	-		
TOTAL CONTRACT FTEs	2.3	7.4	7.1	8.2	5.9	1.1	-	7.6	5.3
CONTRACT % WORKED HOURS		2.0%	1.7%	2.1%		0.3%	0.0%		

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

One month ended July 31, 2018

PAYOR MIX DATA

HOSPITAL	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	17.34%	17.34%	18.37%
Blue Cross	21.24%	21.24%	23.66%
Medicaid	7.44%	7.44%	9.99%
Medicare	40.69%	40.69%	36.77%
Self Pay	11.15%	11.15%	9.42%
Other	2.14%	2.14%	1.79%
TOTAL	100%	100%	100%

CLINIC	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	25.11%	25.11%	28.94%
Blue Cross	29.78%	29.78%	30.49%
Medicaid	13.40%	13.40%	14.70%
Medicare	26.28%	26.28%	19.07%
Self Pay	5.06%	5.06%	6.18%
Other	0.37%	0.37%	0.62%
TOTAL	100%	100%	100%

ORTHO CLINIC	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	27.25%	27.25%	39.50%
Blue Cross	18.64%	18.64%	27.91%
Medicaid	1.85%	1.85%	6.32%
Medicare	46.93%	46.93%	23.02%
Self Pay	5.05%	5.05%	2.71%
Other	0.28%	0.28%	0.54%
TOTAL	100%	100%	100%

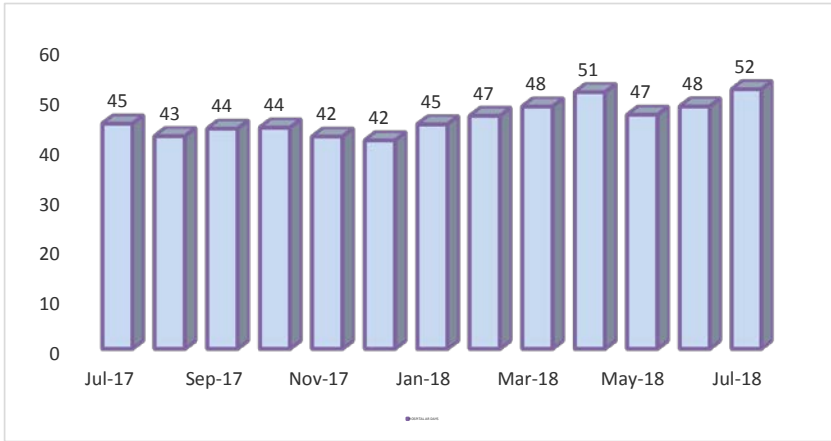
COMBINED	CURRENT	YEAR TO DATE	PRIOR YEAR
Commercial/Work Comp	18.17%	18.17%	19.86%
Blue Cross	21.90%	21.90%	24.39%
Medicaid	7.82%	7.82%	10.34%
Medicare	39.62%	39.62%	34.80%
Self Pay	10.53%	10.53%	8.96%
Other	1.96%	1.96%	1.65%
TOTAL	100%	100%	100%

Use Ron's AR Analysis Rev FY18

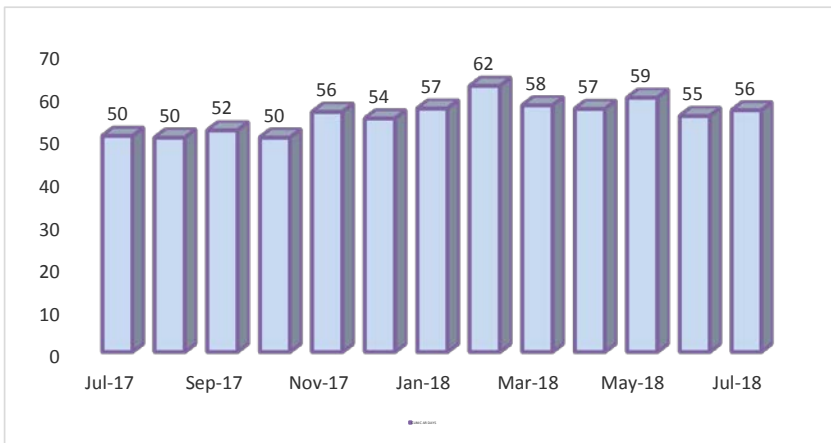
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MEMORIAL HOSPITAL OF SWEETWATER COUNTY
DAYS IN A/R
07/31/18

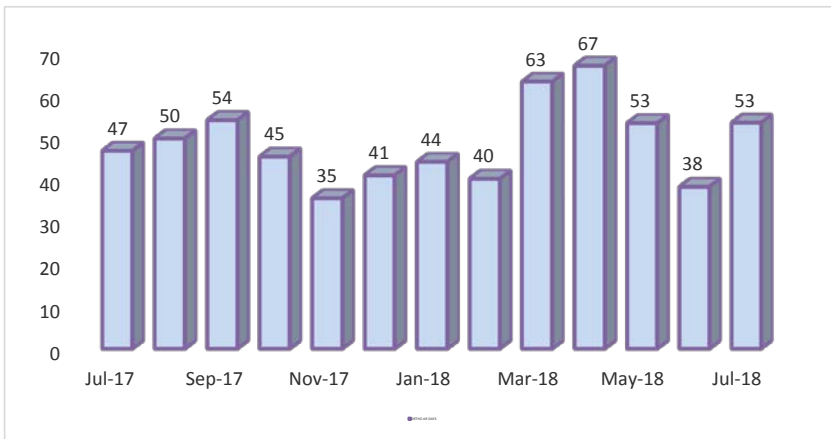
	HOSPITAL AR DAYS
Jul-17	45
Aug-17	43
Sep-17	44
Oct-17	44
Nov-17	42
Dec-17	42
Jan-18	45
Feb-18	47
Mar-18	48
Apr-18	51
May-18	47
Jun-18	48
Jul-18	52



	CLINIC AR DAYS
Jul-17	50
Aug-17	50
Sep-17	52
Oct-17	50
Nov-17	56
Dec-17	54
Jan-18	57
Feb-18	62
Mar-18	58
Apr-18	57
May-18	59
Jun-18	55
Jul-18	56

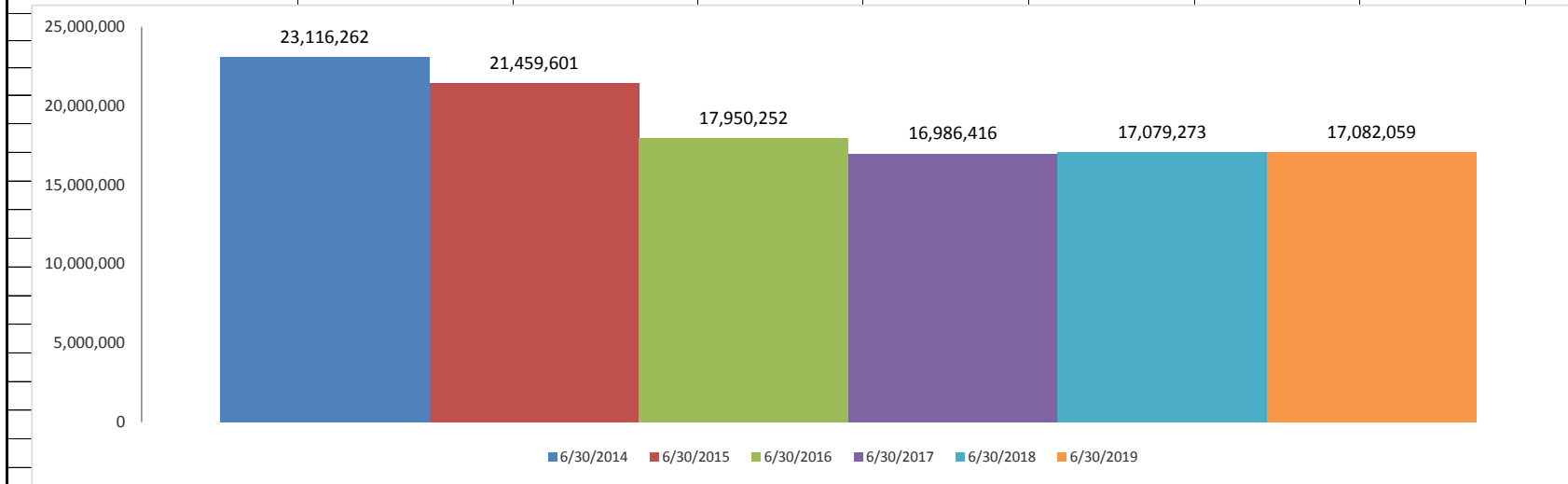


	ORTHO AR DAYS
Jul-17	47
Aug-17	50
Sep-17	54
Oct-17	45
Nov-17	35
Dec-17	41
Jan-18	44
Feb-18	40
Mar-18	63
Apr-18	67
May-18	53
Jun-18	38
Jul-18	53



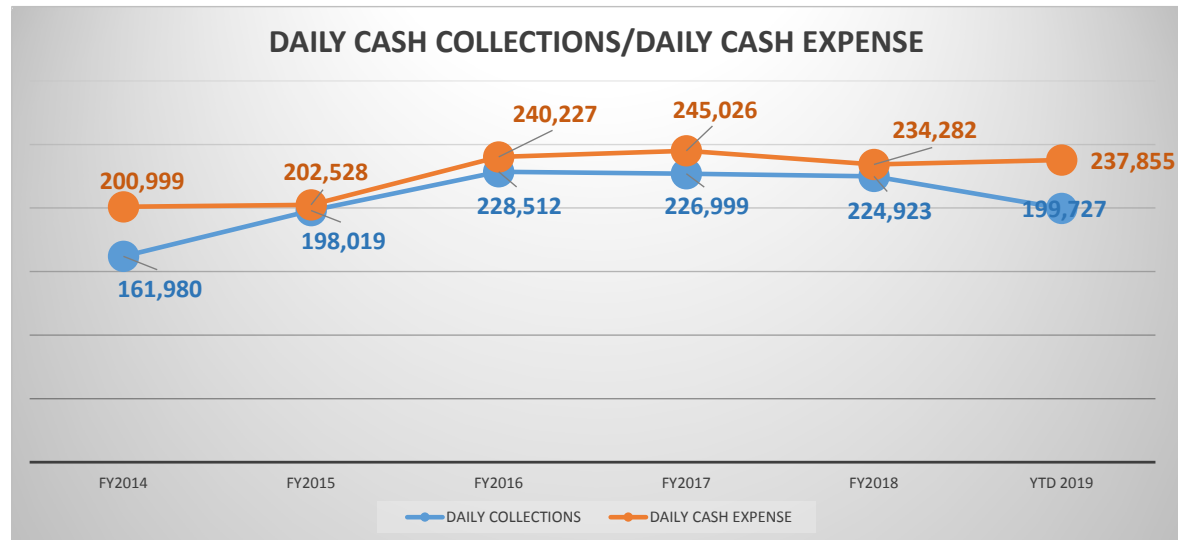
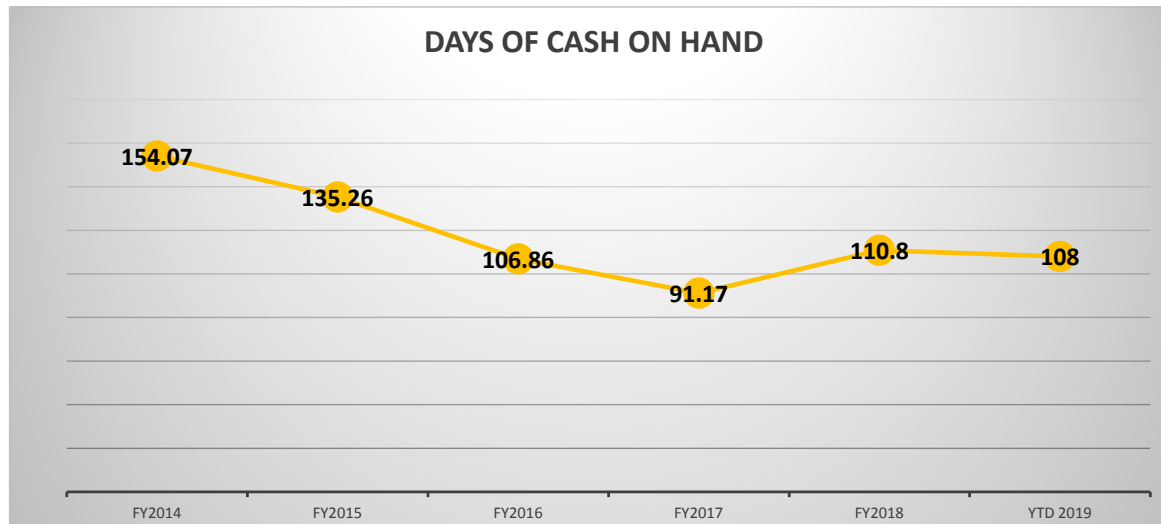
**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
OPEN BID INVESTMENT SUMMARY REPORT
07/31/18**

		INTEREST						
ACCOUNT	FINANCIAL INST	RATE	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018	6/30/2019
GENERAL	BANK OF WEST	0.300%	8,710,751	5,295,564	4,330,411	4,362,377	4,894,328	4,895,907
RESERVE	BANK OF WEST	0.300%	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000
GENERAL	BANK OF WEST	0.860%		2,460,272	2,983,016	2,964,992	2,474,121	2,475,173
CAPITAL DEVELOPMENT	KEYBANK	1.500%	13,001,178	12,299,119	9,231,852	8,253,433	8,303,935	8,303,935
E. BOICE	WYOSTAR	1.016%	39	39	39	40	40	40
LIFELINE	WYOSTAR	1.016%	104,294	104,607	104,934	105,575	106,849	107,005
TOTAL			23,116,262	21,459,601	17,950,252	16,986,416	17,079,273	17,082,059



INFORMATION:								
CURRENT INVESTMENT BALANCE:		\$ 17,082,059.37						
GENERAL FUND BALANCE AS OF 07/31/18		2,842,069						
REPRESENTING DAYS OF CASH ON HAND		13						
RECOMMENDATION:								
MAINTAIN FUNDS IN CURRENT INVESTMENTS DUE TO LIQUIDITY OF FUNDS.								
START LOOKING INTO OTHER OPTIONS WITH HIGHER INTEREST RATES.								

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Days of Cash on Hand
7/31/2018



**Memorial Hospital of Sweetwater County
County Voucher Summary
as of month ending July 31, 2018**

Vouchers Submitted by MHSC at agreed discounted rate	
July 2018	\$25,263.47
County Requested Total Vouchers Submitted as of July 31, 2018	<u>\$25,263.47</u>
Total Vouchers Submitted FY 2019	\$25,263.47
Less: Total Approved by County and Received by MHSC FY 2019	\$0.00
Total Vouchers Pending Approval by County	<u><u>\$25,263.47</u></u>

FY19 Title 25 Fund Budget from Sweetwater County	\$338,580.00
Funds Received From Sweetwater County	<u>\$0.00</u>
FY19 Title 25 Fund Budget Remaining	\$338,580.00
Total Budgeted Vouchers Pending Submittal to County	<u><u>\$0.00</u></u>

FY18 Maintenance Fund Budget from Sweetwater County	\$1,063,752.00
County Maintenance FY19 - July	\$13,120.28
	<u>\$13,120.28</u>
FY18 Maintenance Fund Budget Remaining	<u><u>\$1,050,631.72</u></u>

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

FY 2019			
		DRAY, DYEKMAN, REED & HEALEY PC	\$357.50
		HUNTINGTON BANK WIRE	\$10,000.00
		PHILLIPS LAW, LLC	\$11,000.00
		Total FYTD 2019	\$21,357.50

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
CASH DISBURSEMENT SUMMARY FOR JULY 2018**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	697	7,126,103.77
CAPITAL EQUIPMENT (PLANT FUND)	8	133,955.29
CONSTRUCTION IN PROGRESS (BUILDING FUND)	3	113,443.24
PAYROLL JULY 8, 2018	N/A	1,411,455.17
PAYROLL JULY 22, 2018	N/A	1,337,306.22
TOTAL CASH OUTFLOW		<u>\$7,373,502.30</u>
CASH COLLECTIONS		6,191,540.00
INCREASE/DECREASE IN CASH		\$ (1,181,962.30)

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2019**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002181	7/19/2018	CHEETAH MEDICAL, INC	18,675.000	CARDIAC MONITORING SYS		
002182	7/19/2018	HITACHI HEALTHCARE AMERICAS COF	30,574.000	MERGE UNITY		
002183	7/19/2018	LOOKING GLASS SYSTEMS, LLC	29,375.000	ARIA-LOOKING GLASS SOFTWARE		
002184	7/19/2018	WAXIE SANITARY SUPPLY	7,023.400	FLOOR SCRUBBER		
002185	7/25/2018	MARK COSTELLO COMPANY	8,985.000	AUTOCLAVE CARTS		
002186	7/25/2018	SIEMENS MEDICAL SOLUTIONS USA	8,618.800	CT SCANNER		
002187	7/25/2018	MERGE HEALTHCARE SOLUTIONS, INC	21,772.830	RADIFORCE COLOR MONITORS		
002187	7/25/2018	MERGE HEALTHCARE SOLUTIONS, INC	8,931.260	MERGE UNITY		
JULY TOTALS					133,955.29	133,955.29

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS
FISCAL YEAR 2019**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
000999	7/19/2018	INSULATION INC.	1115.48	ASBESTOS SURBEY - MOB		
001000	7/19/2018	PLAN ONE/ARCHITECTS	1743	MHSC DUCT RENOVATION		
W/T	7/17/2018	WF DEBT SERVICES	110584.76	WF DEBT SERVICES		
JULY TOTALS					113,443.24	113,443.24

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS

07/31/18

Amount	Description
241,359.47	ABG Retirement Total
33,812.79	Advertising Total
1,055.14	Billing Services Total
26,641.46	Blood Bank Services Total
30,150.00	Building Lease Total
1,852.32	Cellular Telephone Total
48,116.99	Collection Agency Total
16,626.76	Computer Equipment Total
6,240.55	Computer Software Total
2,752.47	Consulting Fees Total
559,398.65	Contract Maintenance Total
83,846.10	Contract Personnel Total
294.66	Courier Services Total
285.89	Credit Card Payment Total
42,170.55	Dental Insurance Total
6,223.70	Dialysis Supplies Total
4,199.00	Dues & Subscriptions Total
2,087.00	Education & Travel Total
53.00	Education Material Total
2,592.30	Employee Recruitment Total
12,313.38	Employee Vision Plan Total
181,055.89	Equipment Lease Total
46,604.83	Food Total
659.75	Foundation Other Expenses Total
8,147.81	Freight Total
752.94	Fuel Total
2,070.97	Garbage Collection Total
470,975.52	Group Health Total
306,518.18	Hospital Supplies Total
170.00	Instruments Total
40,373.69	Insurance Refund Total
10.00	Internet Services Total
151,327.57	Laboratory Services Total
59.00	Laboratory Supplies Total
38,227.53	Laboratory Services Total
3,053.89	Laundry Supplies Total
14,593.42	Legal Fees Total
3,947.26	Life Insurance Total
7,185.14	Linen Total
130,137.89	Locum Tenens Total
34,372.91	Maintenance & Repair Total
147.10	Maintenance Supplies Total
8,112.89	Maintenance & Repair Total
5,596.57	Maintenance Supplies Total
5,622.50	Maintenance & Repair Total
2,987.94	Marketing & Promotional Supplies Total
1,635.00	Membership Dues Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
07/31/18

450.00	Minor Equipment Total
462.00	Monthly Pest Control Total
3,128.96	Non Medical Supplies Total
7,371.97	Office Supplies Total
2,770.00	Other Employee Benefits Total
3,400.36	Other Purchased Services Total
3,681.46	Oxygen Rental Total
174.33	Pateint Refund Total
6,108.00	Patient Refund Total
215.00	Payroll Deduction Total
3,770.50	Payroll Garnishment Total
2,802,779.05	Payroll Transfer Total
71.45	Petty Cash Total
917,060.68	Pharmacy Management Total
9,239.98	Physician Recruitment Total
233,380.13	Physician Services Total
54,894.92	Physician Student Loan Total
5,000.00	Postage Total
146,677.00	Professional Liability Insurance Total
47,372.47	Professional Service Total
649.70	Radiation Monitoring Total
719.98	Radiology Film Total
22,629.51	Radiology Material Total
12.32	Reimbursement - Badge Balance Total
4,386.43	Reimbursement - CME Total
11,819.80	Reimbursement - Education & Travel Total
60.45	Reimbursement - Employee Recruitment Total
630.03	Reimbursement - Insurance Premiums Total
302.40	Reimbursement - Minor Equipment Total
82.63	Reimbursement - Physician Recruitment Total
2,087.63	Sales Tax Payment Total
10,000.00	Settlement Total
7,360.00	Sponsorship Total
3,229.07	Surgery Equipment Total
26,724.33	Surgery Supplies Total
3,080.00	Surveys Total
426.32	Taxes Total
2,011.90	Transcription Services Total
17.00	Translation Services Total
110,587.86	Utilities Total
1,017.71	Waste Disposal Total
1,939.00	Window Cleaning Total
81,903.07	Workman's Comp Total
7,126,103.77	Grand Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/18

Check Number	Date	Vendor Check Name	Amount	Description
W/T	7/6/2018	ABG 062418	93,817.75	ABG Retirement
W/T	7/31/2018	ABG 070818	147,541.72	ABG Retirement
154899	6/7/2018	BIGHORN DESIGN STUDIO, LLC	42.00	Advertising
156589	7/5/2018	BIG THICKET BROADCASTING	3,000.00	Advertising
156649	7/5/2018	SUBLETTE EXAMINER	538.50	Advertising
156654	7/5/2018	THE RADIO NETWORK	4,000.00	Advertising
156820	7/19/2018	ALL WORLD PROMOTIONS	1,088.80	Advertising
156916	7/19/2018	RUMOR ADVERTISING	5,802.02	Advertising
156927	7/19/2018	SWEETWATER NOW, LLC	1,050.00	Advertising
156930	7/19/2018	THE RADIO NETWORK	4,000.00	Advertising
156956	7/25/2018	ALL WORLD PROMOTIONS	1,466.00	Advertising
156968	7/25/2018	BIG THICKET BROADCASTING	3,000.00	Advertising
157024	7/25/2018	KEMMERER GAZETTE	375.00	Advertising
157075	7/25/2018	SUBLETTE EXAMINER	259.25	Advertising
157079	7/25/2018	SWEETWATER NOW, LLC	2,258.00	Advertising
157089	7/25/2018	UINTA COUNTY HERALD	920.00	Advertising
EFT000000003899	7/5/2018	LAMAR ADVERTISING	1,200.00	Advertising
EFT000000003918	7/12/2018	IN10SITY INTERACTIVE, LLC	1,710.00	Advertising
EFT000000003943	7/19/2018	LAMAR ADVERTISING	380.00	Advertising
EFT000000003950	7/19/2018	ROCKET MINER	758.22	Advertising
EFT000000003952	7/19/2018	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000003969	7/25/2018	GREEN RIVER STAR	485.00	Advertising
EFT000000003972	7/25/2018	LAMAR ADVERTISING	1,200.00	Advertising
156685	7/12/2018	APEX ELECTRONIC DATA INTERCHANGE INC	134.00	Billing Services
156855	7/19/2018	EXPRESS MEDICAID BILLING SERV	814.94	Billing Services
156934	7/19/2018	TRUE COMMERCE, INC	106.20	Billing Services
156660	7/5/2018	UNITED BLOOD SERVICES	10,358.78	Blood Bank Services
156935	7/19/2018	UNITED BLOOD SERVICES	9,951.76	Blood Bank Services
157090	7/25/2018	UNITED BLOOD SERVICES	6,330.92	Blood Bank Services
156995	7/25/2018	BIG SANDY CLINIC	2,200.00	Building Lease
156987	7/25/2018	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
157012	7/25/2018	HILLTOP PROPERTIES, LLC	24,450.00	Building Lease
156803	7/12/2018	VERIZON WIRELESS, LLC	1,852.32	Cellular Telephone
156776	7/12/2018	ROCKY MOUNTAIN SERVICE BUREAU	48,116.99	Collection Agency
156577	7/5/2018	CDW GOVERNMENT LLC	7,729.36	Computer Equipment
156697	7/12/2018	CDW GOVERNMENT LLC	2,478.63	Computer Equipment
156708	7/12/2018	DELL COMPUTER CORPORATION	3,616.80	Computer Equipment
156841	7/19/2018	CDW GOVERNMENT LLC	2,801.97	Computer Equipment
156853	7/19/2018	EDGEWAVE	6,240.55	Computer Software
156666	7/5/2018	WOODARD & CURRAN INC.	891.47	Consulting Fees
156605	7/5/2018	HOMEWOOD SUITES	833.00	Consulting Fees
156906	7/19/2018	PLAN ONE/ARCHITECTS	195.00	Consulting Fees
157015	7/25/2018	HOMEWOOD SUITES	833.00	Consulting Fees

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/18

156582	7/5/2018	COLORADO DOCUMENT SECURITY	3,764.00	Contract Maintenance
156721	7/12/2018	HEALTHSTREAM INC.	1,263.86	Contract Maintenance
156722	7/12/2018	HENRY SCHEIN PRACTICE SOLUTIONS	841.50	Contract Maintenance
156731	7/12/2018	ISC, INC dba VENTURE TECHNOLOGIES	175.00	Contract Maintenance
156738	7/12/2018	KRONOS INCORPORATED	2,433.75	Contract Maintenance
156623	7/5/2018	OPTIMIS CORP	200.00	Contract Maintenance
156627	7/5/2018	PHILIPS HEALTHCARE	2,864.00	Contract Maintenance
156764	7/12/2018	PHILIPS HEALTHCARE	281.18	Contract Maintenance
156626	7/5/2018	PHILIPS MEDICAL SYSTEM N.A.CO	1,616.75	Contract Maintenance
156767	7/12/2018	QUALITY SYSTEMS, INC	587.00	Contract Maintenance
156633	7/5/2018	REMI CORPORATION	1,359.88	Contract Maintenance
156639	7/5/2018	SIEMENS MEDICAL SOLUTIONS USA	8,973.00	Contract Maintenance
156655	7/5/2018	THOMSON REUTERS	749.10	Contract Maintenance
156656	7/5/2018	TRACTMANAGER INC	981.75	Contract Maintenance
156631	7/5/2018	QUADRAMED	159,151.74	Contract Maintenance
156766	7/12/2018	QUADRAMED	122,195.00	Contract Maintenance
156714	7/12/2018	FIGMD, INC.	11,040.00	Contract Maintenance
156715	7/12/2018	FLEXENTIAL CORP.	192.00	Contract Maintenance
156752	7/12/2018	NAMSS	230.00	Contract Maintenance
156786	7/12/2018	SUPERO HEALTHCARE SOLUTIONS	3,750.00	Contract Maintenance
156850	7/19/2018	DELL FINANCIAL SERVICES	1,905.74	Contract Maintenance
156873	7/19/2018	HEALTHCARE SOLUTIONS OF NC	1,024.00	Contract Maintenance
156880	7/19/2018	IMPRIVATA	9,432.00	Contract Maintenance
156884	7/19/2018	KRONOS INCORPORATED	16,500.82	Contract Maintenance
156905	7/19/2018	PHILIPS HEALTHCARE	943.33	Contract Maintenance
156907	7/19/2018	PROVIDER ADVANTAGE NW INC	1,140.00	Contract Maintenance
156860	7/19/2018	FLEXENTIAL CORP.	8,445.00	Contract Maintenance
156977	7/25/2018	CHANGE HEALTHCARE SOLUTIONS, LLC	3,880.68	Contract Maintenance
156979	7/25/2018	COLORADO DOCUMENT SECURITY	2,458.00	Contract Maintenance
156982	7/25/2018	CONDUENT BUSINESS SERVICES, LLC	34,152.00	Contract Maintenance
157105	7/25/2018	MERGE HEALTHCARE SOLUTIONS, INC	68,051.25	Contract Maintenance
157050	7/25/2018	PHILIPS HEALTHCARE	5,199.80	Contract Maintenance
157049	7/25/2018	PHILIPS MEDICAL SYSTEM N.A.CO	1,616.75	Contract Maintenance
157053	7/25/2018	PLAYNETWORK, INC.	179.70	Contract Maintenance
157058	7/25/2018	REMI CORPORATION	2,739.89	Contract Maintenance
157063	7/25/2018	SIEMENS MEDICAL SOLUTIONS USA	8,973.00	Contract Maintenance
157083	7/25/2018	THOMSON REUTERS	749.10	Contract Maintenance
157016	7/25/2018	ICONTRACTS	382.00	Contract Maintenance
157056	7/25/2018	QUADRAMED	13,695.00	Contract Maintenance
EFT000000003896	7/5/2018	GE HEALTHCARE	27,378.64	Contract Maintenance
EFT000000003906	7/5/2018	T-SYSTEM, INC	8,249.00	Contract Maintenance
EFT000000003905	7/5/2018	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	1,245.32	Contract Maintenance
EFT000000003931	7/19/2018	ARRENDALE ASSOCIATES, INC	1,200.00	Contract Maintenance
EFT000000003970	7/25/2018	INDUSTRIAL SOLUTIONS, INC	2,315.00	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/18

W/T	7/9/2018	SOLUTION REACH	339.00	Contract Maintenance
W/T	7/9/2018	SOLUTION REACH	339.00	Contract Maintenance
W/T	7/9/2018	SOLUTION REACH	339.00	Contract Maintenance
W/T	7/9/2018	SOLUTION REACH	339.00	Contract Maintenance
W/T	7/9/2018	SOLUTION REACH	339.00	Contract Maintenance
W/T	7/24/2018	CARE CLOUD	349.00	Contract Maintenance
W/T	7/20/2018	GATEWAY EDI	3,725.00	Contract Maintenance
W/T	7/5/2018	ZENITH	107.00	Contract Maintenance
W/T	7/9/2018	SIEMENS	9,017.12	Contract Maintenance
156593	7/5/2018	ELWOOD STAFFING SERVICES, INC	1,891.89	Contract Personnel
156598	7/5/2018	FOCUSONE SOLUTIONS LLC	16,483.33	Contract Personnel
156716	7/12/2018	FOCUSONE SOLUTIONS LLC	12,618.65	Contract Personnel
156854	7/19/2018	ELWOOD STAFFING SERVICES, INC	3,821.99	Contract Personnel
156861	7/19/2018	FOCUSONE SOLUTIONS LLC	14,906.61	Contract Personnel
156996	7/25/2018	ELWOOD STAFFING SERVICES, INC	1,424.46	Contract Personnel
157006	7/25/2018	FOCUSONE SOLUTIONS LLC	32,699.17	Contract Personnel
156788	7/12/2018	SUSAN K CROFUTT	294.66	Courier Services
W/T	7/31/2018	UMB BANK PMT	285.89	Credit Card Payment
156709	7/12/2018	DELTA DENTAL	40,654.35	Dental Insurance
156989	7/25/2018	DELTA DENTAL	1,516.20	Dental Insurance
156599	7/5/2018	FRESENIUS USA MANUFACTURING	271.66	Dialysis Supplies
156717	7/12/2018	FRESENIUS USA MANUFACTURING	2,292.22	Dialysis Supplies
156862	7/19/2018	FRESENIUS USA MANUFACTURING	2,952.29	Dialysis Supplies
156870	7/19/2018	HACH COMPANY	43.83	Dialysis Supplies
EFT000000003916	7/12/2018	HENRY SCHEIN INC	124.95	Dialysis Supplies
EFT000000003941	7/19/2018	HENRY SCHEIN INC	538.75	Dialysis Supplies
157038	7/25/2018	MSDS ONLINE, INC	4,199.00	Dues & Subscriptions
156723	7/12/2018	HFMA	335.00	Education & Travel
156751	7/12/2018	MY EDUCATIONAL RESOURCES	73.00	Education & Travel
156826	7/19/2018	ASHE	300.00	Education & Travel
157066	7/25/2018	SOCIETY FOR HUMAN RES. MANAGE.	209.00	Education & Travel
156917	7/19/2018	SHSMD ANNUAL CONFERENCE	1,170.00	Education & Travel
156579	7/5/2018	CHANNING L BETE CO	53.00	Education Material
156686	7/12/2018	ARTHUR L. DAVIS PUBLISHING AGENCY	439.99	Employee Recruitment
156702	7/12/2018	COMPDATA SURVEYS / CONSULTING	500.00	Employee Recruitment
156959	7/25/2018	AMERICU CREDIT UNION	932.31	Employee Recruitment
EFT000000003927	7/12/2018	SST TESTING +, INC.	720.00	Employee Recruitment
156804	7/12/2018	VISION SERVICE PLAN - WY	6,246.86	Employee Vision Plan
157099	7/25/2018	VISION SERVICE PLAN - WY	6,066.52	Employee Vision Plan
156575	7/5/2018	CAREFUSION SOLUTIONS, LLC	20,521.00	Equipment Lease
156696	7/12/2018	CAREFUSION SOLUTIONS, LLC	40,598.00	Equipment Lease
156700	7/12/2018	CISCO SYSTEMS CAPITAL CORP	16,131.08	Equipment Lease
156588	7/5/2018	COPIER & SUPPLY COMPANY	9,482.43	Equipment Lease
156597	7/5/2018	FIRST FINANCIAL CORPORATE LEASING, LLC	7,344.00	Equipment Lease

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/18

156726	7/12/2018	HP FINANCIAL SERVICES	292.36	Equipment Lease
156800	7/12/2018	US BANK EQUIPMENT FINANCE	816.78	Equipment Lease
156864	7/19/2018	GE HEALTHCARE FINANCIAL SERVICES	22,661.09	Equipment Lease
156936	7/19/2018	US BANK EQUIPMENT FINANCE	1,612.14	Equipment Lease
156974	7/25/2018	CAREFUSION SOLUTIONS, LLC	20,524.00	Equipment Lease
156984	7/25/2018	COPIER & SUPPLY COMPANY	10,227.46	Equipment Lease
157005	7/25/2018	FIRST FINANCIAL CORPORATE LEASING, LLC	7,344.00	Equipment Lease
157052	7/25/2018	PITNEY BOWES INC	1,149.48	Equipment Lease
157064	7/25/2018	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
157094	7/25/2018	US BANK EQUIPMENT FINANCE	598.40	Equipment Lease
EFT000000003904	7/5/2018	SHADOW MOUNTAIN WATER CO , WY	378.20	Equipment Lease
EFT000000003953	7/19/2018	SHADOW MOUNTAIN WATER CO , WY	480.12	Equipment Lease
EFT000000003955	7/19/2018	TIMEPAYMENT CORP	1,950.00	Equipment Lease
EFT000000003976	7/25/2018	SHADOW MOUNTAIN WATER CO , WY	515.72	Equipment Lease
156596	7/5/2018	F B MCFADDEN WHOLESALE	4,338.78	Food
156712	7/12/2018	F B MCFADDEN WHOLESALE	2,346.59	Food
156743	7/12/2018	MEADOW GOLD DAIRY	185.77	Food
156621	7/5/2018	NICHOLAS & CO INC	8,376.04	Food
156757	7/12/2018	NICHOLAS & CO INC	3,172.39	Food
156853	7/5/2018	SYSCO INTERMOUNTAIN FOOD	1,542.52	Food
156792	7/12/2018	SYSCO INTERMOUNTAIN FOOD	4,999.29	Food
156665	7/5/2018	WESTERN WYOMING BEVERAGES INC	1,374.64	Food
156807	7/12/2018	WESTERN WYOMING BEVERAGES INC	489.36	Food
156857	7/19/2018	F B MCFADDEN WHOLESALE	5,159.89	Food
156888	7/19/2018	MEADOW GOLD DAIRY	933.22	Food
156900	7/19/2018	NICHOLAS & CO INC	5,961.61	Food
156928	7/19/2018	SYSCO INTERMOUNTAIN FOOD	3,215.25	Food
156939	7/19/2018	WESTERN WYOMING BEVERAGES INC	1,774.49	Food
157002	7/25/2018	F B MCFADDEN WHOLESALE	1,483.29	Food
EFT000000003936	7/19/2018	COCA-COLA BOTTLING COMPANY HIGH COUNTRY	403.65	Food
EFT000000003937	7/19/2018	FARMER BROS CO	848.05	Food
156603	7/5/2018	HALL NOBLE & ASSOCIATES P.C.	650.00	Foundation Other Expenses
157010	7/25/2018	HALL NOBLE & ASSOCIATES P.C.	9.75	Foundation Other Expenses
156713	7/12/2018	FED EX	45.26	Freight
156858	7/19/2018	FED EX	74.11	Freight
157003	7/25/2018	FED EX	80.85	Freight
157087	7/25/2018	TRIOSE, INC	7,872.59	Freight
157093	7/25/2018	UPS STORE	75.00	Freight
156772	7/12/2018	RED HORSE OIL COMPANIES INC	752.94	Fuel
EFT000000003958	7/19/2018	WWS - ROCK SPRINGS	2,070.97	Garbage Collection
156680	7/11/2018	MUNICH RE STOP LOSS, INC	76,607.36	Group Health
156799	7/12/2018	UNUM LIFE INS. CO OF AMERICA	64,511.88	Group Health
156692	7/12/2018	BLUE CROSS BLUE SHIELD OF WYOM	456.00	Group Health
W/T	7/6/2018	UUHP 070518	101,638.96	Group Health

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/18

W/T	7/19/2018	UUHP 071818	110,927.18	Group Health
W/T	7/26/2018	UUHP 072518	55,229.30	Group Health
W/T	7/12/2018	UUHP 071118	61,604.84	Group Health
156559	7/5/2018	AESULAP INC	708.22	Hospital Supplies
156682	7/12/2018	AESULAP INC	1,732.07	Hospital Supplies
156683	7/12/2018	AMAZON.COM CREDIT PLAN	1,551.80	Hospital Supplies
156814	7/12/2018	APPLIED CARDIAC SYSTEM	420.00	Hospital Supplies
156561	7/5/2018	APPLIED MEDICAL	1,308.00	Hospital Supplies
156562	7/5/2018	ARROW INTERNATIONAL, INC.	1,180.00	Hospital Supplies
156567	7/5/2018	B BRAUN MEDICAL INC.	478.40	Hospital Supplies
156688	7/12/2018	BARD PERIPHERAL VASCULAR INC	1,044.00	Hospital Supplies
156565	7/5/2018	BAXTER BIO SCIENCE	4,722.43	Hospital Supplies
156689	7/12/2018	BAXTER BIO SCIENCE	1,451.75	Hospital Supplies
156600	7/5/2018	BAXTER HEALTHCARE CORP	729.44	Hospital Supplies
156566	7/5/2018	BAYER HEALTHCARE LLC	1,856.82	Hospital Supplies
156691	7/12/2018	BECTON DICKINSON	625.00	Hospital Supplies
156570	7/5/2018	BIOMET SPORTS MEDICINE	285.00	Hospital Supplies
156571	7/5/2018	BOSTON SCIENTIFIC CORP	523.00	Hospital Supplies
156590	7/5/2018	C R BARD INC	322.46	Hospital Supplies
156706	7/12/2018	C R BARD INC	61.62	Hospital Supplies
156576	7/5/2018	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
156658	7/5/2018	CENTURION MEDICAL PRODUCTS	1,077.80	Hospital Supplies
156583	7/5/2018	COMED MEDICAL SPECIALTIES INC	197.22	Hospital Supplies
156584	7/5/2018	CONE INSTRUMENTS	556.80	Hospital Supplies
156704	7/12/2018	CONE INSTRUMENTS	200.98	Hospital Supplies
156585	7/5/2018	CONMED CORPORATION	118.25	Hospital Supplies
156586	7/5/2018	COOK MEDICAL INC.	480.00	Hospital Supplies
156587	7/5/2018	COOK MEDICAL INCORPORATED	813.82	Hospital Supplies
156705	7/12/2018	COOK MEDICAL INCORPORATED	573.60	Hospital Supplies
156710	7/12/2018	DIAGNOSTIGA STAGO INC	2,513.64	Hospital Supplies
156718	7/12/2018	GENERAL HOSPITAL SUPPLY CORPORATION	737.00	Hospital Supplies
156604	7/5/2018	HEALTHCARE LOGISTICS INC	259.70	Hospital Supplies
156606	7/5/2018	IN PRO CORPORATION	260.28	Hospital Supplies
156729	7/12/2018	IN PRO CORPORATION	1,604.49	Hospital Supplies
156650	7/5/2018	LEICA BIOSYSTEMS RICHMOND	669.11	Hospital Supplies
156787	7/12/2018	LEICA BIOSYSTEMS RICHMOND	293.17	Hospital Supplies
156620	7/5/2018	M V A P MEDICAL SUPPLIES, INC.	386.15	Hospital Supplies
156612	7/5/2018	MCKESSON MEDICAL-SURGICAL	1,404.03	Hospital Supplies
156615	7/5/2018	MEDTRONIC, USA	4,315.00	Hospital Supplies
156617	7/5/2018	MINDRAY DS USA, INC.	97.50	Hospital Supplies
156749	7/12/2018	MINDRAY DS USA, INC.	97.50	Hospital Supplies
156754	7/12/2018	NATUS MEDICAL INC	257.73	Hospital Supplies
156755	7/12/2018	NEOTECH PRODUCTS, INC	103.00	Hospital Supplies
156622	7/5/2018	OLYMPUS AMERICA INC	112.52	Hospital Supplies

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156624	7/5/2018	OWENS & MINOR 90005430	43,165.82	Hospital Supplies
156761	7/12/2018	OWENS & MINOR 90005430	1,047.34	Hospital Supplies
156625	7/5/2018	PERFORMANCE HEALTH SUPPLY INC	87.76	Hospital Supplies
156763	7/12/2018	PERFORMANCE HEALTH SUPPLY INC	104.52	Hospital Supplies
156635	7/5/2018	RESPIRONICS	89.00	Hospital Supplies
156638	7/5/2018	SHIPPERT MEDICAL TECHNOLOGIES	126.00	Hospital Supplies
156778	7/12/2018	SPACELABS MEDICAL	113.81	Hospital Supplies
156646	7/5/2018	STERIS CORPORATION	12,841.69	Hospital Supplies
156784	7/12/2018	STERIS CORPORATION	666.04	Hospital Supplies
156793	7/12/2018	TELEFLEX MEDICAL INC.	253.50	Hospital Supplies
156657	7/5/2018	TRI-ANIM HEALTH SERVICES INC	145.37	Hospital Supplies
156797	7/12/2018	TRI-ANIM HEALTH SERVICES INC	1,043.46	Hospital Supplies
156662	7/5/2018	UTAH MEDICAL PRODUCTS INC	63.24	Hospital Supplies
156664	7/5/2018	WAXIE SANITARY SUPPLY	4,245.70	Hospital Supplies
156805	7/12/2018	WAXIE SANITARY SUPPLY	185.20	Hospital Supplies
156564	7/5/2018	AUGMENIX INC	17,853.09	Hospital Supplies
156591	7/5/2018	CR BARD, INC	195.00	Hospital Supplies
156753	7/12/2018	NANOSONICS, INC	250.00	Hospital Supplies
156815	7/19/2018	ABBOTT LABORATORIES	1,834.58	Hospital Supplies
156817	7/19/2018	AESCLAP INC	3,661.19	Hospital Supplies
156822	7/19/2018	AMAZON.COM CREDIT PLAN	3,680.26	Hospital Supplies
156825	7/19/2018	APPLIED MEDICAL	1,875.00	Hospital Supplies
156830	7/19/2018	B BRAUN MEDICAL INC.	2,213.18	Hospital Supplies
156829	7/19/2018	BAXTER BIO SCIENCE	437.57	Hospital Supplies
156863	7/19/2018	BAXTER HEALTHCARE CORP	1,458.89	Hospital Supplies
156832	7/19/2018	BECTON DICKINSON	1,742.87	Hospital Supplies
156833	7/19/2018	BG MEDICAL LLC	1,700.00	Hospital Supplies
156834	7/19/2018	BIOMET SPORTS MEDICINE	3,612.00	Hospital Supplies
156849	7/19/2018	C R BARD INC	445.84	Hospital Supplies
156839	7/19/2018	CARDINAL HEALTH/V. MUELLER	234.80	Hospital Supplies
156933	7/19/2018	CENTURION MEDICAL PRODUCTS	684.60	Hospital Supplies
156846	7/19/2018	CONMED CORPORATION	354.75	Hospital Supplies
156847	7/19/2018	COOK MEDICAL INC.	135.50	Hospital Supplies
156848	7/19/2018	COOK MEDICAL INCORPORATED	2,719.78	Hospital Supplies
156869	7/19/2018	GYNEX CORP	182.45	Hospital Supplies
156872	7/19/2018	HEALTHCARE LOGISTICS INC	208.63	Hospital Supplies
156874	7/19/2018	HILL-ROM	1,001.49	Hospital Supplies
156876	7/19/2018	HOLOGIC, INC.	3,727.86	Hospital Supplies
156878	7/19/2018	HULL ANESTHESIA INC	92.50	Hospital Supplies
156897	7/19/2018	M V A P MEDICAL SUPPLIES, INC.	62.11	Hospital Supplies
156887	7/19/2018	MCKESSON MEDICAL-SURGICAL	1,924.26	Hospital Supplies
156901	7/19/2018	OLYMPUS AMERICA INC	7,042.93	Hospital Supplies
156903	7/19/2018	OWENS & MINOR 90005430	33,028.23	Hospital Supplies
156912	7/19/2018	RADIOMETER AMERICA INC	2,809.37	Hospital Supplies

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156913	7/19/2018	RESPIRONICS	310.00	Hospital Supplies
156920	7/19/2018	SMITHS MEDICAL ASD INC	290.70	Hospital Supplies
156921	7/19/2018	SPACELABS MEDICAL	79.32	Hospital Supplies
156925	7/19/2018	STERIS CORPORATION	257.39	Hospital Supplies
156929	7/19/2018	TELEFLEX MEDICAL INC.	2,251.46	Hospital Supplies
156931	7/19/2018	TRAIL RIDGE PRODUCTS INC	416.15	Hospital Supplies
156932	7/19/2018	TRI-ANIM HEALTH SERVICES INC	2,483.82	Hospital Supplies
156938	7/19/2018	WAXIE SANITARY SUPPLY	508.86	Hospital Supplies
156852	7/19/2018	EDGE PHARMACEUTICALS, LLC	295.18	Hospital Supplies
156865	7/19/2018	GETINGE USA SALES, LLC	1,411.00	Hospital Supplies
156871	7/19/2018	HCPRO	165.00	Hospital Supplies
156883	7/19/2018	K&S ASSOCIATES, INC	130.00	Hospital Supplies
156898	7/19/2018	NANOSONICS, INC	587.99	Hospital Supplies
156962	7/25/2018	APPLIED MEDICAL	2,400.00	Hospital Supplies
156963	7/25/2018	AQUACAST LINER	200.00	Hospital Supplies
156965	7/25/2018	ARROW INTERNATIONAL, INC.	1,450.00	Hospital Supplies
157007	7/25/2018	BAXTER HEALTHCARE CORP	1,449.29	Hospital Supplies
156967	7/25/2018	BECTON DICKINSON	640.00	Hospital Supplies
156969	7/25/2018	BOSTON SCIENTIFIC CORP	1,900.35	Hospital Supplies
156973	7/25/2018	CARDINAL HEALTH/V. MUELLER	179.51	Hospital Supplies
156983	7/25/2018	COOK MEDICAL INCORPORATED	131.03	Hospital Supplies
156999	7/25/2018	EXPAND-A-BAND, LLC	60.00	Hospital Supplies
157011	7/25/2018	HEALTHCARE LOGISTICS INC	100.00	Hospital Supplies
157013	7/25/2018	HOLOGIC, INC.	53,434.00	Hospital Supplies
157017	7/25/2018	INNOVATIVE PRODUCTS INC.	124.50	Hospital Supplies
157028	7/25/2018	MCKESSON MEDICAL-SURGICAL	908.82	Hospital Supplies
157029	7/25/2018	MEDI-DOSE INCORPORATED	96.30	Hospital Supplies
157032	7/25/2018	MEDTRONIC USA INC	325.00	Hospital Supplies
157046	7/25/2018	OLYMPUS AMERICA INC	367.17	Hospital Supplies
157047	7/25/2018	OWENS & MINOR 90005430	19,459.08	Hospital Supplies
157048	7/25/2018	PERFORMANCE HEALTH SUPPLY INC	57.75	Hospital Supplies
157065	7/25/2018	SMITHS MEDICAL ASD INC	1,108.15	Hospital Supplies
157073	7/25/2018	STERIS CORPORATION	5,456.25	Hospital Supplies
157081	7/25/2018	TELEFLEX MEDICAL INC.	254.55	Hospital Supplies
157086	7/25/2018	TRI-ANIM HEALTH SERVICES INC	85.99	Hospital Supplies
157097	7/25/2018	VERATHON INC.	180.00	Hospital Supplies
156985	7/25/2018	CR BARD, INC	94.68	Hospital Supplies
156953	7/25/2018	ALTA MEDICAL SPECIALTIES	197.19	Hospital Supplies
156964	7/25/2018	ARMSTRONG MEDICAL INDUSTRIES	225.00	Hospital Supplies
EFT000000003889	7/5/2018	BAXTER HEALTHCARE CORP/IV	1,655.58	Hospital Supplies
EFT000000003891	7/5/2018	BREG INC	253.58	Hospital Supplies
EFT000000003892	7/5/2018	BSN MEDICAL INC	131.61	Hospital Supplies
EFT000000003897	7/5/2018	HARDY DIAGNOSTICS	477.80	Hospital Supplies
EFT000000003911	7/12/2018	BREG INC	52.80	Hospital Supplies

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EFT000000003915	7/12/2018	HARDY DIAGNOSTICS	634.45	Hospital Supplies
EFT000000003928	7/12/2018	ZOLL MEDICAL CORPORATION	1,074.40	Hospital Supplies
EFT000000003929	7/19/2018	APPLIED CARDIAC SYSTEM	312.50	Hospital Supplies
EFT000000003932	7/19/2018	BAXTER HEALTHCARE CORP/IV	1,655.58	Hospital Supplies
EFT000000003934	7/19/2018	BREG INC	515.88	Hospital Supplies
EFT000000003935	7/19/2018	BSN MEDICAL INC	56.36	Hospital Supplies
EFT000000003940	7/19/2018	HARDY DIAGNOSTICS	1,042.07	Hospital Supplies
EFT000000003959	7/19/2018	ZOLL MEDICAL CORPORATION	37.50	Hospital Supplies
EFT000000003963	7/25/2018	BAXTER HEALTHCARE CORP/IV	1,655.58	Hospital Supplies
EFT000000003965	7/25/2018	BREG INC	107.93	Hospital Supplies
EFT000000003966	7/25/2018	BSN MEDICAL INC	106.60	Hospital Supplies
EFT000000003893	7/5/2018	CIVCO MEDICAL INSTRUMENTS	170.00	Instruments
156669	7/5/2018	INSURANCE REFUND	87.00	Insurance Refund
156670	7/5/2018	INSURANCE REFUND	57.00	Insurance Refund
157127	7/26/2018	INSURANCE REFUND	13,602.78	Insurance Refund
157142	7/26/2018	INSURANCE REFUND	9,979.03	Insurance Refund
157130	7/26/2018	INSURANCE REFUND	1,099.52	Insurance Refund
157139	7/26/2018	INSURANCE REFUND	7,369.67	Insurance Refund
157108	7/26/2018	INSURANCE REFUND	583.30	Insurance Refund
157109	7/26/2018	INSURANCE REFUND	226.33	Insurance Refund
157117	7/26/2018	INSURANCE REFUND	380.95	Insurance Refund
157114	7/26/2018	INSURANCE REFUND	128.55	Insurance Refund
157141	7/26/2018	INSURANCE REFUND	119.63	Insurance Refund
157116	7/26/2018	INSURANCE REFUND	66.12	Insurance Refund
157123	7/26/2018	INSURANCE REFUND	1,621.08	Insurance Refund
157140	7/26/2018	INSURANCE REFUND	30.40	Insurance Refund
157121	7/26/2018	INSURANCE REFUND	124.33	Insurance Refund
157125	7/26/2018	INSURANCE REFUND	1,099.15	Insurance Refund
157113	7/26/2018	INSURANCE REFUND	60.10	Insurance Refund
157133	7/26/2018	INSURANCE REFUND	3,675.92	Insurance Refund
156976	7/25/2018	INSURANCE REFUND	62.83	Insurance Refund
156808	7/12/2018	WYOMING.COM	10.00	Internet Services
156892	7/19/2018	METABOLIC NEWBORN SCREENING	4,220.00	Laboratory Services
157040	7/25/2018	NATIONAL JEWISH HEALTH	219.12	Laboratory Services
EFT000000003888	7/5/2018	ARUP LABORATORIES, INC.	36,741.74	Laboratory Services
EFT000000003961	7/25/2018	ARUP LABORATORIES, INC.	44,150.87	Laboratory Services
156681	7/12/2018	ANAEROBE SYSTEMS	22.70	Laboratory Supplies
156563	7/5/2018	ASSOCIATES OF CAPE COD INC	1,438.74	Laboratory Supplies
156568	7/5/2018	BECKMAN COULTER, INC	241.46	Laboratory Supplies
156690	7/12/2018	BECKMAN COULTER, INC	669.16	Laboratory Supplies
156574	7/5/2018	CARDINAL HEALTH	9,696.59	Laboratory Supplies
156694	7/12/2018	CARDINAL HEALTH	11,202.64	Laboratory Supplies
156578	7/5/2018	CEPHEID	9,269.55	Laboratory Supplies
156698	7/12/2018	CEPHEID	1,028.50	Laboratory Supplies

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156730	7/12/2018	INTERNATIONAL MED EQUIP BROKER	196.74	Laboratory Supplies
156613	7/5/2018	MEDI BADGE INC.	107.75	Laboratory Supplies
156609	7/5/2018	PLATINUM CODE	176.66	Laboratory Supplies
156769	7/12/2018	R&D SYSTEMS INC	71.75	Laboratory Supplies
156831	7/19/2018	BECKMAN COULTER, INC	207.52	Laboratory Supplies
156838	7/19/2018	CARDINAL HEALTH	31,427.08	Laboratory Supplies
156843	7/19/2018	CEPHEID	35.00	Laboratory Supplies
156889	7/19/2018	MEDIVATORS REPROCESSING SYSTEM	204.00	Laboratory Supplies
156823	7/19/2018	AMERICAN PHARMA, INC.	59.00	Laboratory Supplies
156961	7/25/2018	ANAEROBE SYSTEMS	22.70	Laboratory Supplies
156972	7/25/2018	CARDINAL HEALTH	79.77	Laboratory Supplies
157035	7/25/2018	MESA LABORATORIES	88.63	Laboratory Supplies
157019	7/25/2018	PLATINUM CODE	253.47	Laboratory Supplies
157088	7/25/2018	TYPENEX MEDICAL, LLC	190.00	Laboratory Supplies
EFT000000003890	7/5/2018	BIO-RAD LABORATORIES	480.72	Laboratory Supplies
EFT000000003895	7/5/2018	FISHER HEALTHCARE	1,737.59	Laboratory Supplies
EFT000000003901	7/5/2018	PDC HEALTHCARE	519.80	Laboratory Supplies
EFT000000003910	7/12/2018	BIO-RAD LABORATORIES	814.40	Laboratory Supplies
EFT000000003914	7/12/2018	FISHER HEALTHCARE	4,220.99	Laboratory Supplies
EFT000000003921	7/12/2018	MASTER TECH	219.63	Laboratory Supplies
EFT000000003922	7/12/2018	ORTHO-CLINICAL DIAGNOSTICS INC	1,412.30	Laboratory Supplies
EFT000000003924	7/12/2018	PDC HEALTHCARE	34.17	Laboratory Supplies
EFT000000003933	7/19/2018	BIO-RAD LABORATORIES	6,195.15	Laboratory Supplies
EFT000000003938	7/19/2018	FISHER HEALTHCARE	15,620.71	Laboratory Supplies
EFT000000003942	7/19/2018	INTER-MOUNTAIN LABORATORIES	173.00	Laboratory Supplies
EFT000000003946	7/19/2018	MASTER TECH	348.28	Laboratory Supplies
EFT000000003947	7/19/2018	ORTHO-CLINICAL DIAGNOSTICS INC	2,797.07	Laboratory Supplies
EFT000000003949	7/19/2018	PDC HEALTHCARE	660.37	Laboratory Supplies
EFT000000003964	7/25/2018	BIO-RAD LABORATORIES	968.76	Laboratory Supplies
EFT000000003968	7/25/2018	FISHER HEALTHCARE	1,390.02	Laboratory Supplies
EFT000000003945	7/19/2018	MARTIN-RAY LAUNDRY SYSTEMS	3,053.89	Laundry Supplies
156592	7/5/2018	DRAY, DYKMAN, REED & HEALEY PC	1,472.00	Legal Fees
156629	7/5/2018	PHILLIPS LAW, LLC	5,608.96	Legal Fees
156993	7/25/2018	DRAY, DYKMAN, REED & HEALEY PC	1,022.50	Legal Fees
157051	7/25/2018	PHILLIPS LAW, LLC	6,489.96	Legal Fees
156756	7/12/2018	NEW YORK LIFE INSURANCE COMPANY	3,947.26	Life Insurance
156594	7/5/2018	ENCOMPASS GROUP, LLC	3,478.82	Linen
156642	7/5/2018	STANDARD TEXTILE	448.20	Linen
156997	7/25/2018	ENCOMPASS GROUP, LLC	2,522.76	Linen
157067	7/25/2018	STANDARD TEXTILE	735.36	Linen
156703	7/12/2018	COMPHEALTH, INC.	82,037.96	Locum Tenens
156980	7/25/2018	COMPHEALTH, INC.	3,448.66	Locum Tenens
EFT000000003962	7/25/2018	BARTON ASSOCIATES	44,651.27	Locum Tenens
156581	7/5/2018	CLARK'S QUALITY ROOFING, INC	584.00	Maintenance & Repair

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156707	7/12/2018	CUMMINS ROCKY MOUNTAIN, LLC	574.88	Maintenance & Repair
156724	7/12/2018	HIGH SECURITY LOCK & ALARM	83.40	Maintenance & Repair
156742	7/12/2018	LIGHTING MAINTENANCE & SERVICE, INC	287.50	Maintenance & Repair
156783	7/12/2018	STEALTH TECHNOLOGIES C.S.	897.47	Maintenance & Repair
156785	7/12/2018	SUEZ TREATMENT SOLUTIONS INC.	1,464.00	Maintenance & Repair
156652	7/5/2018	SWEETWATER PLUMBING & HEATING	187.50	Maintenance & Repair
156791	7/12/2018	SWEETWATER PLUMBING & HEATING	157.60	Maintenance & Repair
156802	7/12/2018	VAUGHNS PLUMBING & HEATING	1,300.00	Maintenance & Repair
156837	7/19/2018	BUILDING SPECIALTIES INC	31.80	Maintenance & Repair
156914	7/19/2018	RICHARD WOLF MEDICAL INST CORP	253.30	Maintenance & Repair
156924	7/19/2018	STEALTH TECHNOLOGIES C.S.	405.99	Maintenance & Repair
156981	7/25/2018	COMPLETE CARPET CARE	491.01	Maintenance & Repair
157072	7/25/2018	STEALTH TECHNOLOGIES C.S.	343.80	Maintenance & Repair
157078	7/25/2018	SWEETWATER PLUMBING & HEATING	207.50	Maintenance & Repair
EFT000000003900	7/5/2018	PARTSSOURCE	126.66	Maintenance & Repair
EFT000000003903	7/5/2018	SERVCO	5,872.24	Maintenance & Repair
EFT000000003912	7/12/2018	CARRIER COMMERCIAL SERVICE	2,096.06	Maintenance & Repair
EFT000000003923	7/12/2018	PARTSSOURCE	116.58	Maintenance & Repair
EFT000000003948	7/19/2018	PARTSSOURCE	105.07	Maintenance & Repair
EFT000000003939	7/19/2018	GROUNDED TECHNOLOGIES	16,492.00	Maintenance & Repair
EFT000000003967	7/25/2018	COLORADO DOORWAYS, INC	533.81	Maintenance & Repair
156701	7/12/2018	CODALE ELECTRIC SUPPLY, INC	443.89	Maintenance Supplies
156602	7/5/2018	GRAINGER	369.84	Maintenance Supplies
156720	7/12/2018	GRAINGER	241.47	Maintenance Supplies
156725	7/12/2018	HOME DEPOT	273.80	Maintenance Supplies
156735	7/12/2018	KAMAN INDUSTRIAL TECHNOLOGIES	431.74	Maintenance Supplies
156573	7/5/2018	CAPP, INC	147.10	Maintenance Supplies
156828	7/19/2018	BARD ACCESS SYSTEMS	1,820.34	Maintenance Supplies
156845	7/19/2018	CODALE ELECTRIC SUPPLY, INC	644.60	Maintenance Supplies
156868	7/19/2018	GRAINGER	258.07	Maintenance Supplies
156877	7/19/2018	HOME DEPOT	1,635.43	Maintenance Supplies
156899	7/19/2018	NAPA AUTO PARTS	113.99	Maintenance Supplies
156966	7/25/2018	BARD ACCESS SYSTEMS	967.50	Maintenance Supplies
157008	7/25/2018	GRAINGER	76.00	Maintenance Supplies
157014	7/25/2018	HOME DEPOT	133.77	Maintenance Supplies
157022	7/25/2018	KAMAN INDUSTRIAL TECHNOLOGIES	427.52	Maintenance Supplies
157096	7/25/2018	US PLASTIC PALLETS & HANDLING, INC	904.40	Maintenance Supplies
EFT000000003902	7/5/2018	ROCK SPRINGS WINNELSON CO	355.94	Maintenance Supplies
EFT000000003909	7/12/2018	ALPINE PURE SOFT WATER	676.20	Maintenance Supplies
EFT000000003925	7/12/2018	SHERWIN WILLIAMS CO	99.13	Maintenance Supplies
EFT000000003917	7/12/2018	HOMAX OIL SALES	5,596.57	Maintenance Supplies
EFT000000003951	7/19/2018	ROCK SPRINGS WINNELSON CO	480.13	Maintenance Supplies
EFT000000003954	7/19/2018	SHERWIN WILLIAMS CO	127.27	Maintenance Supplies
EFT000000003956	7/19/2018	ULINE, INC	399.50	Maintenance Supplies

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EFT000000003960	7/25/2018	ACE HARDWARE	128.50	Maintenance Supplies
EFT000000003975	7/25/2018	ROCK SPRINGS WINNELSON CO	4,335.83	Maintenance Supplies
EFT000000003977	7/25/2018	SHERWIN WILLIAMS CO	151.27	Maintenance Supplies
156908	7/19/2018	PURPLE LIZARDS, LLC	925.00	Marketing & Promotional Supplies
156970	7/25/2018	BOTTOM LINE MARKETING	737.44	Marketing & Promotional Supplies
157055	7/25/2018	PURPLE LIZARDS, LLC	1,325.50	Marketing & Promotional Supplies
156748	7/12/2018	MHSC MEDICAL STAFF	50.00	Membership Dues
156810	7/12/2018	WYAMSS	100.00	Membership Dues
156941	7/19/2018	WYOMING NONPROFIT NETWORK	50.00	Membership Dues
156893	7/19/2018	MHSC MEDICAL STAFF	50.00	Membership Dues
156958	7/25/2018	AMERICAN PHYSICAL THERAPY ASSN	385.00	Membership Dues
EFT000000003957	7/19/2018	WESTERN WYOMING COLLEGE	1,000.00	Membership Dues
157076	7/25/2018	SUPERIOR AUDIOMETRICS, LLC	450.00	Minor Equipment
156794	7/12/2018	TERMINIX OF WYOMING	462.00	Monthly Pest Control
156580	7/5/2018	CIVCO MEDICAL SOLUTIONS	955.00	Non Medical Supplies
156601	7/5/2018	GLOBAL EQUIPMENT COMPANY	42.25	Non Medical Supplies
156719	7/12/2018	GLOBAL EQUIPMENT COMPANY	20.15	Non Medical Supplies
156727	7/12/2018	IDENTICARD SYSTEMS INC.	140.00	Non Medical Supplies
156614	7/5/2018	MEDLINE INDUSTRIES INC	163.39	Non Medical Supplies
156744	7/12/2018	MEDLINE INDUSTRIES INC	260.06	Non Medical Supplies
156836	7/19/2018	BROWN INDUSTRIES INC	65.85	Non Medical Supplies
156867	7/19/2018	GLOBAL EQUIPMENT COMPANY	184.00	Non Medical Supplies
156890	7/19/2018	MEDLINE INDUSTRIES INC	368.05	Non Medical Supplies
156902	7/19/2018	OPTUM360 LLC	499.95	Non Medical Supplies
156918	7/19/2018	SMILEMAKERS	45.97	Non Medical Supplies
157031	7/25/2018	MEDLINE INDUSTRIES INC	384.29	Non Medical Supplies
156728	7/12/2018	IDENTISYS INC	157.50	Office Supplies
156643	7/5/2018	STANDARD REGISTER COMPANY	306.57	Office Supplies
156780	7/12/2018	STANDARD REGISTER COMPANY	70.00	Office Supplies
156644	7/5/2018	STAPLES BUSINESS ADVANTAGE	658.88	Office Supplies
156781	7/12/2018	STAPLES BUSINESS ADVANTAGE	388.65	Office Supplies
156661	7/5/2018	UNITED AD LABEL	49.38	Office Supplies
156879	7/19/2018	IDENTISYS INC	157.50	Office Supplies
156922	7/19/2018	STANDARD REGISTER COMPANY	263.84	Office Supplies
156923	7/19/2018	STAPLES BUSINESS ADVANTAGE	3,939.14	Office Supplies
157027	7/25/2018	MARK AND MEND INC.	174.33	Office Supplies
157068	7/25/2018	STANDARD REGISTER COMPANY	210.00	Office Supplies
157069	7/25/2018	STAPLES BUSINESS ADVANTAGE	439.01	Office Supplies
EFT000000003926	7/12/2018	SMYTH PRINTING	263.72	Office Supplies
EFT000000003978	7/25/2018	SMYTH PRINTING	293.45	Office Supplies
156811	7/12/2018	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
157001	7/25/2018	FANTASTIC FOTO FUN INC	400.00	Other Employee Benefits
157085	7/25/2018	TRANSFORMATIONS FACE PAINTING, LLC	400.00	Other Employee Benefits
156741	7/12/2018	QUICK RESPONSE TAXI	30.00	Other Purchased Services

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
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156856	7/19/2018	EZ-STREET TAXI	18.00	Other Purchased Services
156851	7/19/2018	DEXPRO DYNAMICS LLC	390.00	Other Purchased Services
157026	7/25/2018	QUICK RESPONSE TAXI	115.00	Other Purchased Services
157106	7/25/2018	R.S. CHAMBER OF COMMERCE	606.00	Other Purchased Services
EFT000000003898	7/5/2018	LAGOON CORPORATION	2,241.36	Other Purchased Services
EFT000000003887	7/5/2018	AIRGAS INTERMOUNTAIN INC	3,146.68	Oxygen Rental
EFT000000003908	7/12/2018	AIRGAS INTERMOUNTAIN INC	169.46	Oxygen Rental
EFT000000003930	7/19/2018	AIRGAS INTERMOUNTAIN INC	365.32	Oxygen Rental
156672	7/5/2018	PATIENT REFUND	26.90	Pateint Refund
156676	7/5/2018	PATIENT REFUND	20.00	Pateint Refund
156677	7/5/2018	PATIENT REFUND	40.50	Pateint Refund
156678	7/5/2018	PATIENT REFUND	6.93	Pateint Refund
156813	7/12/2018	PATIENT REFUND	80.00	Pateint Refund
156671	7/5/2018	PATIENT REFUND	35.00	Patient Refund
156673	7/5/2018	PATIENT REFUND	25.00	Patient Refund
156812	7/12/2018	PATIENT REFUND	20.00	Patient Refund
156674	7/5/2018	PATIENT REFUND	5.53	Patient Refund
156679	7/5/2018	PATIENT REFUND	30.00	Patient Refund
156675	7/5/2018	PATIENT REFUND	459.60	Patient Refund
156944	7/19/2018	PATIENT REFUND	90.00	Patient Refund
156943	7/19/2018	PATIENT REFUND	6.80	Patient Refund
156942	7/19/2018	PATIENT REFUND	60.00	Patient Refund
156945	7/19/2018	PATIENT REFUND	22.00	Patient Refund
156946	7/19/2018	PATIENT REFUND	735.60	Patient Refund
156947	7/19/2018	PATIENT REFUND	35.00	Patient Refund
156950	7/19/2018	PATIENT REFUND	6.71	Patient Refund
156948	7/19/2018	PATIENT REFUND	30.00	Patient Refund
156949	7/19/2018	PATIENT REFUND	90.00	Patient Refund
156951	7/19/2018	PATIENT REFUND	18.50	Patient Refund
157110	7/26/2018	PATIENT REFUND	519.16	Patient Refund
157111	7/26/2018	PATIENT REFUND	83.90	Patient Refund
157112	7/26/2018	PATIENT REFUND	18.60	Patient Refund
157104	7/25/2018	PATIENT REFUND	6.81	Patient Refund
157115	7/26/2018	PATIENT REFUND	222.38	Patient Refund
157118	7/26/2018	PATIENT REFUND	248.40	Patient Refund
157119	7/26/2018	PATIENT REFUND	40.00	Patient Refund
157120	7/26/2018	PATIENT REFUND	90.96	Patient Refund
157122	7/26/2018	PATIENT REFUND	42.50	Patient Refund
157124	7/26/2018	PATIENT REFUND	261.00	Patient Refund
157126	7/26/2018	PATIENT REFUND	184.68	Patient Refund
157128	7/26/2018	PATIENT REFUND	462.07	Patient Refund
157129	7/26/2018	PATIENT REFUND	80.56	Patient Refund
157131	7/26/2018	PATIENT REFUND	182.40	Patient Refund
157132	7/26/2018	PATIENT REFUND	154.12	Patient Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS

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157134	7/26/2018	PATIENT REFUND	156.19	Patient Refund
157135	7/26/2018	PATIENT REFUND	414.40	Patient Refund
157136	7/26/2018	PATIENT REFUND	156.25	Patient Refund
157137	7/26/2018	PATIENT REFUND	210.68	Patient Refund
157138	7/26/2018	PATIENT REFUND	903.20	Patient Refund
156798	7/12/2018	UNITED WAY OF SWEETWATER COUNTY	100.00	Payroll Deduction
157091	7/25/2018	UNITED WAY OF SWEETWATER COUNTY	115.00	Payroll Deduction
156711	7/12/2018	FAMILY SUPPORT REGISTRY	496.14	Payroll Garnishment
156758	7/12/2018	OFFICE OF THE ATTORNEY GENERAL	242.31	Payroll Garnishment
156782	7/12/2018	STATE OF WYOMING DFS/CSES	730.29	Payroll Garnishment
156790	7/12/2018	SWEETWATER CIRCUIT COURT	369.97	Payroll Garnishment
156759	7/12/2018	OFFICE OF CHILD SUPPORT ENFORCEMENT	104.40	Payroll Garnishment
156760	7/12/2018	OKLAHOMA CENTRALIZED SUPORT REGISTRY	102.69	Payroll Garnishment
157000	7/25/2018	FAMILY SUPPORT REGISTRY	496.14	Payroll Garnishment
157071	7/25/2018	STATE OF WYOMING DFS/CSES	730.29	Payroll Garnishment
157077	7/25/2018	SWEETWATER CIRCUIT COURT	291.18	Payroll Garnishment
157044	7/25/2018	OFFICE OF CHILD SUPPORT ENFORCEMENT	104.40	Payroll Garnishment
157045	7/25/2018	OKLAHOMA CENTRALIZED SUPORT REGISTRY	102.69	Payroll Garnishment
W/T	7/3/2018	MFSA/DFSA PR13	2,779.05	Payroll Transfer
W/T	7/12/2018	Payroll 14	1,400,000.00	Payroll Transfer
W/T	7/24/2018	Payroll 15	1,400,000.00	Payroll Transfer
157036	7/25/2018	MHSC - PETTY CASH	71.45	Petty Cash
156695	7/12/2018	CARDINAL HEALTH PHARMACY MGMT	912,070.39	Pharmacy Management
156840	7/19/2018	CARDINAL HEALTH PHARMACY MGMT	4,990.29	Pharmacy Management
156746	7/12/2018	MERRITT, HAWKINS & ASSOC.INC.	6,000.00	Physician Recruitment
156875	7/19/2018	HOLIDAY INN EXPRESS - LONE TREE HOSPITALITY, LL	239.98	Physician Recruitment
156954	7/25/2018	DR. ALICIA GRAY	3,000.00	Physician Recruitment
156733	7/12/2018	JOHN A. ILIYA. M.D.	10,500.00	Physician Services
156774	7/12/2018	ROCK SPRINGS FAMILY PRACTICE	5,769.23	Physician Services
156699	7/12/2018	SWEETWATER PEDIATRICS	7,750.00	Physician Services
156795	7/12/2018	THE SLEEP SPECIALISTS	11,375.00	Physician Services
156816	7/19/2018	ADVANCED MEDICAL IMAGING, LLC	86,900.00	Physician Services
157060	7/25/2018	ROCK SPRINGS FAMILY PRACTICE	5,769.23	Physician Services
157082	7/25/2018	THE SLEEP SPECIALISTS	5,250.00	Physician Services
157092	7/25/2018	UNIVERSITY OF UTAH HEALTH CARE	85,066.67	Physician Services
157103	7/25/2018	WYOMING PATHOLOGY	15,000.00	Physician Services
156801	7/12/2018	US DEPARTMENT OF EDUCATION	163.45	Physician Student Loan
156990	7/25/2018	DEPARTMENT OF EDUCATION	7,311.56	Physician Student Loan
156991	7/25/2018	DISCOVER STUDENT LOANS	519.64	Physician Student Loan
156994	7/25/2018	DRB EDUCATION FINANCE	5,833.33	Physician Student Loan
157004	7/25/2018	FEDLOAN SERVICING	11,712.49	Physician Student Loan
157009	7/25/2018	GREAT LAKES	11,697.91	Physician Student Loan
157041	7/25/2018	NAVIENT	5,869.25	Physician Student Loan
157042	7/25/2018	NAVIENT	1,500.00	Physician Student Loan

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
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157043	7/25/2018	NELNET LOAN SERVICES, INC	719.89	Physician Student Loan
157095	7/25/2018	US DEPARTMENT OF EDUCATION	184.45	Physician Student Loan
157100	7/25/2018	WELLS FARGO EDUCATION FINANCIAL SERVICES	2,884.62	Physician Student Loan
157020	7/25/2018	DR. JACQUES DENKER	6,498.33	Physician Student Loan
156634	7/5/2018	RESERVE ACCOUNT	5,000.00	Postage
156659	7/5/2018	UMIA INSURANCE, INC	146,677.00	Professional Liability Insurance
156595	7/5/2018	CE BROKER	244.05	Professional Service
156739	7/12/2018	CLIFTONLARSONALLEN LLP	17,937.53	Professional Service
156736	7/12/2018	KEITH WILLIAMS & ASSOCIATES, INC.	4,625.00	Professional Service
156750	7/12/2018	MOUNTAIN STATES MEDICAL PHYSICS	6,875.00	Professional Service
156663	7/5/2018	VERISYS INC.	49.00	Professional Service
156806	7/12/2018	WELLS FARGO BANK, NA	4,000.00	Professional Service
156667	7/5/2018	WYOMING DEPARTMENT OF HEALTH	150.00	Professional Service
156844	7/19/2018	CLEANIQUE PROFESSIONAL SERVICES	3,000.00	Professional Service
156894	7/19/2018	MILE HIGH MOBILE PET	6,555.00	Professional Service
156904	7/19/2018	P3 CONSULTING LLC	67.50	Professional Service
156998	7/25/2018	CE BROKER	252.30	Professional Service
157030	7/25/2018	MEDICAL PHYSICS CONSULTANTS, INC	1,750.00	Professional Service
157098	7/25/2018	VERISYS INC.	50.00	Professional Service
157102	7/25/2018	WYOMING DEPARTMENT OF HEALTH	162.00	Professional Service
EFT000000003907	7/5/2018	WESTERN STAR COMMUNICATIONS	807.80	Professional Service
EFT000000003979	7/25/2018	WESTERN STAR COMMUNICATIONS	847.29	Professional Service
156911	7/19/2018	RADIATION DETECTION COMPANY	529.50	Radiation Monitoring
EFT000000003973	7/25/2018	LANDAUER INC	120.20	Radiation Monitoring
156616	7/5/2018	MERRY X-RAY	145.85	Radiology Film
156747	7/12/2018	MERRY X-RAY	105.43	Radiology Film
156891	7/19/2018	MERRY X-RAY	204.63	Radiology Film
157034	7/25/2018	MERRY X-RAY	264.07	Radiology Film
156572	7/5/2018	BRACCO DIAGNOSTICS INC	3,325.56	Radiology Material
156608	7/5/2018	INTERMOUNTAIN RADIOPHARMACY - UNIVERSITY OF	3,050.00	Radiology Material
156835	7/19/2018	BRACCO DIAGNOSTICS INC	5,482.01	Radiology Material
156886	7/19/2018	MALLINCKRODT NUCLEAR MEDICINE LLC	861.70	Radiology Material
EFT000000003920	7/12/2018	LANTHEUS MEDICAL IMAGING, INC	1,558.08	Radiology Material
EFT000000003944	7/19/2018	LANTHEUS MEDICAL IMAGING, INC	2,526.72	Radiology Material
EFT000000003974	7/25/2018	LANTHEUS MEDICAL IMAGING, INC	5,825.44	Radiology Material
156589	7/5/2018	COURTNEY GARRIS	8.56	Reimbursement - Badge Balance
156821	7/19/2018	AMANDA JOHNSON	1.79	Reimbursement - Badge Balance
157062	7/25/2018	SCHESTA SCHLAUD	1.97	Reimbursement - Badge Balance
156732	7/12/2018	DR. JACQUES DENKER	58.29	Reimbursement - CME
156740	7/12/2018	DR. LAWRENCE LAURIDSEN	157.50	Reimbursement - CME
156937	7/19/2018	DR. WALLACE CURRY	1,055.28	Reimbursement - CME
156940	7/19/2018	DR. WILLIAM SARETTE	82.00	Reimbursement - CME
157021	7/25/2018	DR. JEFFREY WHEELER	3,033.36	Reimbursement - CME
156960	7/25/2018	AMY CHAVEZ	15.00	Reimbursement - Education & Travel

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

GENERAL FUND DISBURSEMENTS

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156971	7/25/2018	BRANDI WENGERT	45.00	Reimbursement - Education & Travel
157023	7/25/2018	KAREN VESCO	15.00	Reimbursement - Education & Travel
156684	7/12/2018	AMBER FISK	32.00	Reimbursement - Education & Travel
156610	7/5/2018	DR. JACOB JOHNSON	2,358.75	Reimbursement - Education & Travel
156628	7/5/2018	PHILLIP FLAKE	367.20	Reimbursement - Education & Travel
156636	7/5/2018	ROB FAIR	252.96	Reimbursement - Education & Travel
156651	7/5/2018	SUZAN CAMPBELL	1,636.04	Reimbursement - Education & Travel
156796	7/12/2018	TIFFANY URANKER	598.49	Reimbursement - Education & Travel
156770	7/12/2018	DR. RAHUL PAWAR	907.00	Reimbursement - Education & Travel
156745	7/12/2018	MEGAN TOZZI	283.83	Reimbursement - Education & Travel
156618	7/5/2018	MINDY BYRD	7.14	Reimbursement - Education & Travel
156762	7/12/2018	PATTY O'LEXEY	164.22	Reimbursement - Education & Travel
156737	7/12/2018	YOUR HOSPITALIST TEAM	1,521.80	Reimbursement - Education & Travel
156866	7/19/2018	GINA ELKINS	35.70	Reimbursement - Education & Travel
156881	7/19/2018	JAMES HORAN	33.00	Reimbursement - Education & Travel
156885	7/19/2018	LAURIE MYERS	1,710.83	Reimbursement - Education & Travel
156895	7/19/2018	MINDY BYRD	12.24	Reimbursement - Education & Travel
156978	7/25/2018	CINDY NELSON	71.42	Reimbursement - Education & Travel
156957	7/25/2018	AMBER FAIGL	6.12	Reimbursement - Education & Travel
156975	7/25/2018	CAROL J. MACKIE	57.00	Reimbursement - Education & Travel
156988	7/25/2018	DEBORAH DEFAUW	529.10	Reimbursement - Education & Travel
157033	7/25/2018	MELIDA MARIN	7.14	Reimbursement - Education & Travel
157039	7/25/2018	NATALIE HARRISON	48.96	Reimbursement - Education & Travel
157059	7/25/2018	ROBIN SNOWBERGER	14.76	Reimbursement - Education & Travel
157084	7/25/2018	TIFFANY MARSHALL	1,089.10	Reimbursement - Education & Travel
156824	7/19/2018	AMY LUCY	60.45	Reimbursement - Employee Recruitment
156882	7/19/2018	JOSEPH J. OLIVER, M.D.	630.03	Reimbursement - Insurance Premiums
156779	7/12/2018	STACY T STEANS	302.40	Reimbursement - Minor Equipment
156734	7/12/2018	JOSEPH J. OLIVER, M.D.	82.63	Reimbursement - Physician Recruitment
156645	7/5/2018	STATE OF WYO.DEPT.OF REVENUE	1,036.01	Sales Tax Payment
157070	7/25/2018	STATE OF WYO.DEPT.OF REVENUE	1,051.62	Sales Tax Payment
W/T	7/24/2018	HUNTINGTON BANK WIRE	10,000.00	Settlement
156693	7/12/2018	BOYS & GIRLS CLUB OF SWEETWATER COUNTY	600.00	Sponsorship
156771	7/12/2018	RED DESERT ROUNDUP RODEO	40.00	Sponsorship
156789	7/12/2018	SW 1 SCHOOL FOUNDATION	500.00	Sponsorship
156775	7/12/2018	ROCK SPRINGS LITTLE LEAGUE BASEBALL	500.00	Sponsorship
157054	7/25/2018	PMS SCREEN PRINTING	1,720.00	Sponsorship
157061	7/25/2018	ROCK SPRINGS RENEWAL FUND	1,500.00	Sponsorship
EFT000000003980	7/25/2018	WHITE MOUNTAIN MALL, LLC	2,500.00	Sponsorship
156619	7/5/2018	MOBILE INSTRUMENT SERVICE	674.77	Surgery Equipment
156896	7/19/2018	MOBILE INSTRUMENT SERVICE	931.00	Surgery Equipment
157037	7/25/2018	MOBILE INSTRUMENT SERVICE	1,623.30	Surgery Equipment
156560	7/5/2018	ALI MED INC	196.10	Surgery Supplies
156640	7/5/2018	SMITH & NEPHEW ENDOSCOPY INC	869.29	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS

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156641	7/5/2018	SMITH & NEPHEW INC.	2,797.56	Surgery Supplies
156648	7/5/2018	STRYKER ENDOSCOPY	1,356.80	Surgery Supplies
156668	7/5/2018	ZIMMER BIOMET	4,529.00	Surgery Supplies
156818	7/19/2018	ALI MED INC	879.13	Surgery Supplies
156919	7/19/2018	SMITH & NEPHEW ENDOSCOPY INC	3,276.00	Surgery Supplies
156926	7/19/2018	STRYKER ENDOSCOPY	1,724.36	Surgery Supplies
156955	7/25/2018	ALI MED INC	100.43	Surgery Supplies
156986	7/25/2018	CR BARD INC	1,060.45	Surgery Supplies
157074	7/25/2018	STRYKER ENDOSCOPY	1,856.80	Surgery Supplies
157080	7/25/2018	SYNTHES LTD	6,603.52	Surgery Supplies
EFT000000003894	7/5/2018	COOPER SURGICAL	849.24	Surgery Supplies
EFT000000003913	7/12/2018	COOPER SURGICAL	625.65	Surgery Supplies
156630	7/5/2018	PROFESSIONAL RESEARCH CONSULTANTS	1,662.50	Surveys
156765	7/12/2018	PROFESSIONAL RESEARCH CONSULTANTS	1,417.50	Surveys
157018	7/25/2018	UNITED STATES TREASURY	426.32	Taxes
156842	7/19/2018	CGS,LLC	6.35	Transcription Services
EFT000000003919	7/12/2018	KEYSTROKE TRANSCRIPTION SERVICE,INC.	1,204.35	Transcription Services
EFT000000003971	7/25/2018	KEYSTROKE TRANSCRIPTION SERVICE,INC.	801.20	Transcription Services
156607	7/5/2018	INSYNC	17.00	Translation Services
156611	7/5/2018	LANGUAGE LINE SERVICES	357.83	Translation Services
157025	7/25/2018	LANGUAGE LINE SERVICES	347.88	Translation Services
156687	7/12/2018	AT&T	81.22	Utilities
156768	7/12/2018	CENTURY LINK	5,502.03	Utilities
156632	7/5/2018	DOMINION ENERGY WYOMING	18,365.81	Utilities
156637	7/5/2018	ROCK SPRINGS MUNICIPAL UTILITY	26.23	Utilities
156773	7/12/2018	ROCK SPRINGS MUNICIPAL UTILITY	13,201.50	Utilities
156777	7/12/2018	ROCKY MOUNTAIN POWER	46,754.97	Utilities
156819	7/19/2018	ALL WEST COMMUNICATIONS	3,918.44	Utilities
156827	7/19/2018	AT&T	3,381.34	Utilities
156910	7/19/2018	CENTURY LINK	1,628.61	Utilities
156909	7/19/2018	DOMINION ENERGY WYOMING	12,662.61	Utilities
156915	7/19/2018	ROCKY MOUNTAIN POWER	264.03	Utilities
157057	7/25/2018	CENTURY LINK	3,977.39	Utilities
156992	7/25/2018	DISH NETWORK LLC	60.47	Utilities
157101	7/25/2018	WHITE MOUNTAIN WATER & SEWER DISTRICT	57.50	Utilities
156647	7/5/2018	STERICYCLE,INC.	1,017.71	Waste Disposal
156859	7/19/2018	FIBERTECH	1,939.00	Window Cleaning
156809	7/12/2018	WYOMING DEPT WORKFORCE SERVICES	81,903.07	Workman's Comp
			7,126,103.77	Grand Total

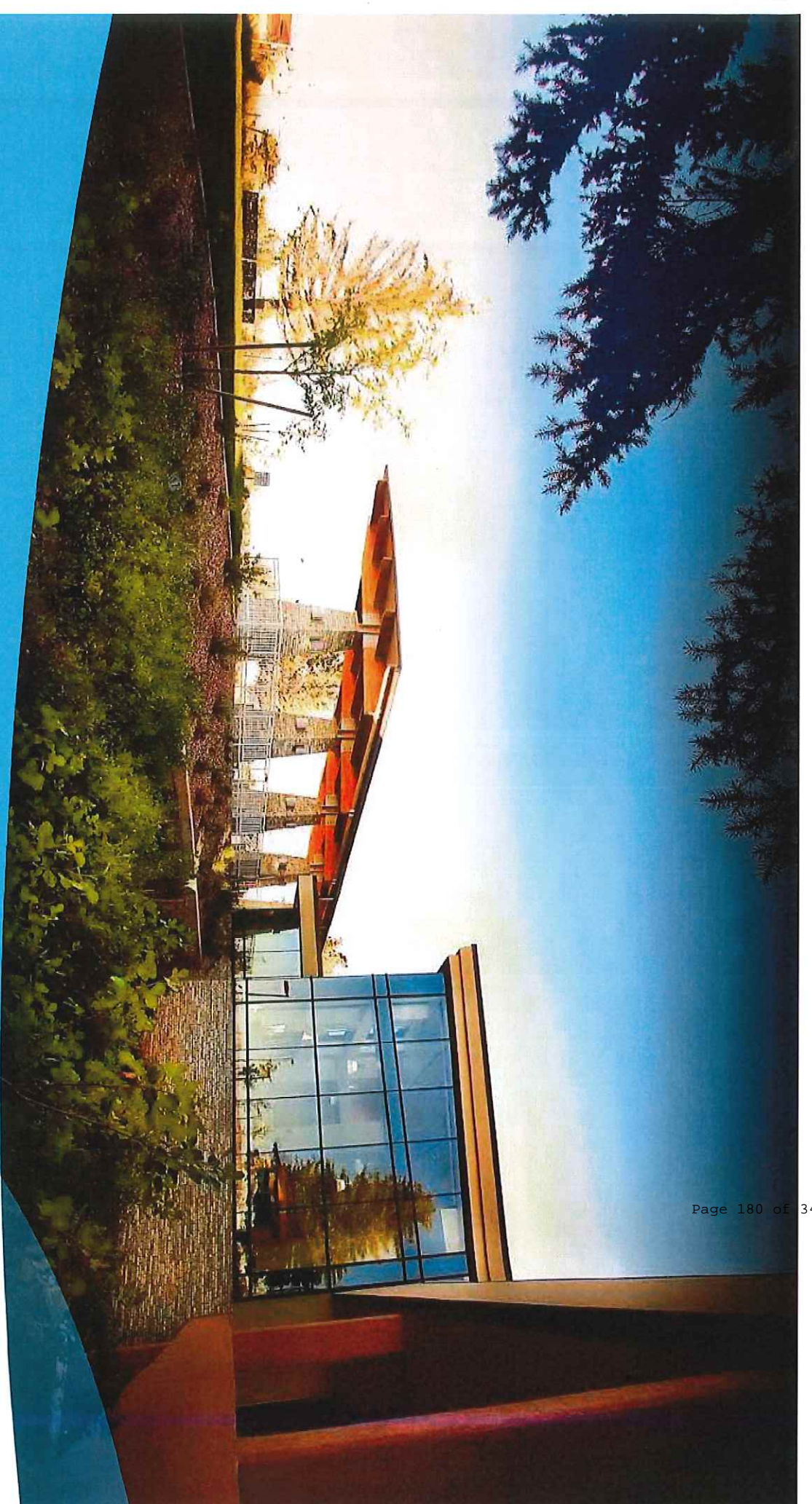
Human Resources Committee Meeting
Monday, August 20th, 2018
3:00 PM – MOB Conference Room
AGENDA

Old Business

- I. Update on RFP/Medical with Arthur J Gallagher calling in
- II. Approval of Minutes
- III. Turnover Report - Amber
- IV. Open Positions –Amy
- V. Employee Policies Update – Amber

New Business

- I. Determination of Next Meeting Date



Memorial Hospital of Sweetwater County

Kari Larsen | Andrew Brainerd | Michael Wiener August 15, 2018

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Insurance | Risk Management | Consulting

Agenda

- Executive Summary
- Claims/Budget Review
- ASO Proposals



Executive Summary

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Gallagher

Insurance | Risk Management | Consulting

- Stop Loss was marketed to BCS, Cigna, Optum, Symetra and Voya with the administration services marketed to BCBS WY, Cigna, and UMR.
- Stop Loss vendors all declined to quote based on not being competitive compared to the current MunichRe agreement (expected September).
- Cigna declined as behavioral health with MHSC is not in-network
- UUHP[†] is renewing with 0.86% increase (+\$5,970) *Before Stop Loss & Pharmacy*
- BCBS WY[†] is coming in with a 6.6% increase (+\$45,850)
 - All current enrolled employees have access: 2 providers within 30 miles 1 hospital within 60 miles *7 weeks 1/2*
- UMR[†] is coming in with a 3.01% increase (+\$20,871)
 - All current enrolled employees have access: 2 providers within 30 miles 1 hospital within 60 miles

[†] Admin fees are only a small portion of your fixed cost spend.
We are conducting a repricing of Pharmacy spend and a rebate analysis.
We are also conducting a proprietary discount database network review.



Gallagher

Insurance | Risk Management | Consulting

Claims/Budget Review

Memorial Hospital of Sweetwater County
Total Budget Comparison Report - All Lines of Coverage

1/1/2018 through 12/31/2018

Funding/Budget ¹										Total Net Paid Claims				Total Gross Plan Costs				Funding Variance	
Month	PPO Employees	Dental Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Paid Dental Claims	Claims over \$10k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform ³ Expenses	\$	PEPM	\$	PEPM	Loss Ratio		
Jan-18	404	408	\$522,031	\$1,292.16	\$766,923	\$65,893	\$25,598	\$0	\$858,414	\$2,124.79	\$54,080	\$181	\$912,675	\$2,259.10	(\$390,644)	(\$966,944)	174.8%		
Feb-18	405	414	\$527,082	\$1,301.44	\$493,486	\$53,276	\$15,975	\$0	\$562,735	\$1,389.47	\$54,460	\$183	\$617,378	\$1,524.39	(\$90,296)	(\$222,95)	117.1%		
Mar-18	403	409	\$522,643	\$1,296.88	\$343,279	\$66,068	\$24,820	\$0	\$434,167	\$1,077.34	\$54,068	\$181	\$488,416	\$1,211.95	\$34,227	\$84,93	93.5%		
Apr-18	397	401	\$516,981	\$1,302.22	\$454,420	\$66,031	\$18,817	\$0	\$539,268	\$1,358.36	\$53,397	\$179	\$592,845	\$1,493.31	(\$75,864)	(\$191,00)	114.7%		
May-18	396	400	\$515,398	\$1,301.51	\$357,801	\$69,926	\$21,197	\$0	\$428,924	\$1,083.14	\$53,241	\$179	\$482,344	\$1,218.04	\$33,055	\$83.47	93.6%		
Jun-18	398	401	\$516,444	\$1,297.60	\$243,077	\$53,742	\$19,732	\$0	\$316,551	\$795.35	\$53,413	\$179	\$370,143	\$930.01	\$146,302	\$367.59	71.7%		
Jul-18	0	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%		
Aug-18	0	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%		
Sep-18	0	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%		
Oct-18	0	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%		
Nov-18	0	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%		
Dec-18	0	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%		
Total	2,403	2,433	\$3,120,580	\$1,298.62	\$2,638,986	\$374,936	\$126,137	\$0	\$3,140,059	\$1,306.72	\$322,660	\$1,081	\$3,463,799	\$1,441.45	(\$343,220)	(\$142,83)	111.0%		

1. Funding Rates include a budget for Medical, Rx, Dental, and Vision coverages.

2. The above costs do not include Vision claims.

3. ACA Fees were estimated based on monthly member counts. These do not reflect actual amounts that were paid.

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, demographic claims, changes in plan design, health care trends, etc. This analysis does not include actual or other the average provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this report.

**Memorial Hospital of Sweetwater County
Total PPO Budget Comparison Report**

1/1/2018 through 12/31/2018

Funding/ Budget						Total Net Paid Claims				Total Gross Plan Costs				Funding Variance	
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$100k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses ¹	\$	PEPM	\$	PEPM	Loss Ratio
Jan-18	404	\$498,142	\$1,233.02	\$766,923	\$65,893	\$0	\$832,816	\$2,061.43	\$52,570	\$181	\$885,567	\$2,192.00	(\$387,425)	(\$958.97)	177.8%
Feb-18	405	\$502,690	\$1,241.21	\$493,486	\$53,276	\$0	\$546,762	\$1,350.03	\$52,928	\$183	\$599,873	\$1,481.17	(\$97,183)	(\$239.96)	119.3%
Mar-18	403	\$498,576	\$1,237.16	\$343,279	\$66,068	\$0	\$409,347	\$1,015.75	\$52,555	\$181	\$462,083	\$1,146.61	\$36,494	\$90.55	92.7%
Apr-18	397	\$493,211	\$1,242.34	\$454,420	\$66,031	\$0	\$520,451	\$1,310.96	\$51,914	\$179	\$572,544	\$1,442.18	(\$79,333)	(\$199.83)	116.1%
May-18	396	\$491,652	\$1,241.55	\$337,801	\$69,926	\$0	\$407,727	\$1,029.61	\$51,761	\$179	\$459,667	\$1,160.77	\$31,986	\$80.77	93.5%
Jun-18	398	\$492,776	\$1,238.13	\$243,077	\$53,742	\$0	\$296,819	\$745.78	\$51,929	\$179	\$348,927	\$876.70	\$143,849	\$361.43	70.8%
Jul-18	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Aug-18	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Sep-18	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Oct-18	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Nov-18	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Dec-18	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	2,403	\$2,977,048	\$1,238.89	\$2,638,986	\$374,936	\$0	\$3,013,922	\$1,254.23	\$313,658	\$1,081	\$3,328,660	\$1,385.21	(\$351,612)	(\$146.32)	111.8%

1. ACA Fees were estimated based on monthly member counts. These do not reflect actual amounts that were paid.

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not assume, exclude, or alter the savings provided by the actual insurance policies and contracts.

Please see your policy or contract for specific information or further details in this report.



Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS™

Memorial Hospital of Sweetwater County

PPO Large Claim Report

1/1/18 - 6/30/18

Claimants Over \$55,000

Member Identifier	Gross Claim Amount	Amount Over \$110,000
Claimant 1	\$89,367	\$0
Total	\$89,367	\$0

Specific Stop Loss Premium Paid	\$202,999
Loss Ratio	0.0%
Current Employees	398
Expected # of Claims Over Stop Loss	4.8
Actual # of Claims Over Stop Loss	0

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Memorial Hospital of Sweetwater County Total Dental Budget Comparison Report

1/1/2018 through 12/31/2018

Funding/Budget			Total Net Paid Claims		Total Gross Plan Costs		Funding Variance		Loss Ratio
Month	Employees	\$	PEPM	\$	PEPM	Admin Expenses	\$	PEPM	
Jan-18	408	\$23,889	\$58.55	\$25,598	\$62.74	\$1,510	\$27,108	\$66.44	113.59%
Feb-18	414	\$24,392	\$58.92	\$15,973	\$38.58	\$1,532	\$17,505	\$42.28	71.89%
Mar-18	409	\$24,066	\$58.84	\$24,820	\$60.68	\$1,513	\$26,333	\$64.38	109.49%
Apr-18	401	\$23,770	\$59.28	\$18,817	\$46.93	\$1,484	\$20,301	\$50.63	85.49%
May-18	400	\$23,746	\$59.37	\$21,197	\$52.99	\$1,480	\$22,677	\$56.69	95.5%
Jun-18	401	\$23,668	\$59.02	\$19,732	\$49.21	\$1,484	\$21,216	\$52.91	89.69%
Jul-18	0	\$0	\$0.00	\$0	\$0.00	\$0	\$0	\$0.00	0.0%
Aug-18	0	\$0	\$0.00	\$0	\$0.00	\$0	\$0	\$0.00	0.0%
Sep-18	0	\$0	\$0.00	\$0	\$0.00	\$0	\$0	\$0.00	0.0%
Oct-18	0	\$0	\$0.00	\$0	\$0.00	\$0	\$0	\$0.00	0.0%
Nov-18	0	\$0	\$0.00	\$0	\$0.00	\$0	\$0	\$0.00	0.0%
Dec-18	0	\$0	\$0.00	\$0	\$0.00	\$0	\$0	\$0.00	0.0%
Total	2,433	\$143,532	\$58.99	\$126,137	\$51.84	\$9,002	\$135,139	\$55.54	94.2%

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.



Gallagher

Insurance | Risk Management | Consulting

ASO Proposals

Memorial Hospital of Sweetwater County

UUHP ASO Renewal - Effective 1/1/19

The information contained herein is subject to the disclosures and disclaimers included within this analysis.

		CURRENT: 1/1/18 - 12/31/18				RENEWAL: 1/1/19 - 12/31/19					
ASO Administration/Reinsurer Pharmacy Benefit Manager (PBM)		UUHP / MunichRE Meridian Rx 12/15 N/A Medical & Rx under Spec / Medical Only under Age \$110,000 None 125% 128 270				UUHP / MunichRE Meridian Rx Matching Current Plan for Comparison Only 128 270					
Contract Basis (Spec/Agg) Run-In \$ Limits (Spec/Agg) Benefits Covered (Spec/Agg) Specific Stop Loss (per member) Lasered Claimants - ASO proposals were requested from the fol Employee Only Contracts Family Contracts											
Rate Structure		EE	Family	Monthly	Annual	EE	Family	Monthly	Annual	Change Over Current %	\$
A. Fixed Costs (PEPM)											
Administration		\$37.40	\$37.40	\$14,885	\$178,622	\$38.50	\$38.50	\$15,323	\$183,876	2.94%	\$5,254
Specific		\$44.18	\$113.30	\$36,246	\$434,952	\$44.18	\$113.30	\$36,246	\$434,952	0.00%	\$0
Aggregate		\$3.80	\$3.80	\$1,512	\$18,149	\$3.80	\$3.80	\$1,512	\$18,149	0.00%	\$0
Pharmacy Administration Fee		\$4.85	\$4.85	\$1,930	\$23,164	\$5.00	\$5.00	\$1,990	\$23,880	3.09%	\$716
COBRA Administration Fee		\$1.00	\$1.00	\$398	\$4,776	\$1.00	\$1.00	\$398	\$4,776	0.00%	\$0
Consultant Compensation		\$7.25	\$7.25	\$2,886	\$34,626	\$7.25	\$7.25	\$2,886	\$34,626	0.00%	\$0
A. Total Fixed Cost (PEPM)		\$98.48	\$167.60	\$57,857	\$694,289	\$99.73	\$168.85	\$58,355	\$700,259	0.86%	\$5,970

This is a summary only of estimated costs and is not a binding contract or a guarantee of rates. For additional details, please refer to carrier proposals, assumptions & conditions.

- ASO proposals were requested from the following carriers: BCBSWY and UMR

UUHP's RENEWAL/PROPOSAL:

- ASO fee is guaranteed for 1 year (1/1/19 - 12/31/19).
- Rx rebates are passed on to the group minus a 7% fee retained by UUHP.
- UUHP does not charge access fees for the Health Premier network. However, if the a member accesses the national network, the group does end up paying 12% of the claim savings to First Health.

NOTE: Details highlighted in yellow will be updated upon receipt of Stop Loss renewal from MunichRE.

Memorial Hospital of Sweetwater County BCBSWY ASO Proposal - Effective 1/1/19

The information contained herein is subject to the disclosures and disclaimers included within this analysis.

CURRENT: 1/1/18 - 12/31/18						RENEWAL: 1/1/19 - 12/31/19*						
ASO Administration/Reinsurer Pharmacy Benefit Manager (PBM) Contract Basis (Spec/Agg) Run-In \$ Limits (Spec/Agg) Benefits Covered (Spec/Agg) Specific Stop Loss (per member) Lapsed Claimants Aggregate Corridor Employee Only Contracts Family Contracts			UUHP / MunichRE Meridian Rx 12/15 N/A Medical & Rx under Spec / Medical Only under Agg \$110,000 None 125% 128 270			BCBSWY / MunichRE Prime Therapeutics LLC Matching Current Plan for Comparison Only 128 270						
Rate Structure			EE	Family	Monthly	Annual	EE	Family	Monthly	Annual	Change Over Current %	\$
A. Fixed Costs (PEPM)												
Administration			\$37.40	\$37.40	\$14,885	\$178,622	\$52.85	\$52.85	\$21,034	\$252,412	41.31%	\$73,789
Specific			\$44.18	\$113.30	\$36,246	\$434,952	\$44.18	\$113.30	\$36,246	\$434,952	0.00%	\$0
Aggregate			\$3.80	\$3.80	\$1,512	\$18,149	\$3.80	\$3.80	\$1,512	\$18,149	0.00%	\$0
Pharmacy Administration Fee			\$4.85	\$4.85	\$1,930	\$23,164	Included in Admin above			\$0	-100.00%	(\$23,164)
COBRA Administration Fee			\$1.00	\$1.00	\$398	\$4,776	\$0.00	\$0.00	\$0	\$0	-100.00%	(\$4,776)
Network Access Fees							See footnotes					
Consultant Compensation			\$7.25	\$7.25	\$2,886	\$34,626	\$7.25	\$7.25	\$2,886	\$34,626	0.00%	\$0
A. Total Fixed Cost (PEPM)			\$98.48	\$167.60	\$57,857	\$694,289	\$108.08	\$177.20	\$61,678	\$740,139	6.60%	\$45,850

This is a summary only of estimated costs and is not a binding contract or a guarantee of rates. For additional details, please refer to carrier proposals, assumptions & conditions.

BCBSWY PROPOSAL:

- ASO fee of \$52.85 includes Cash Flow Protection and is guaranteed for 2 years (1/1/19 - 12/31/20). The ASO Fee reduces to \$51.90 if the Cash Flow Protection feature is removed.
- BCBSWY retains 2% of COBRA enrollees total COBRA premium.
- BlueCard Network Access Fees of 4.51% of the discount, up to a maximum of \$2,000 per claim.

NOTE: Details highlighted in yellow will be updated upon receipt of Stop Loss renewal from MunichRE.

Memorial Hospital of Sweetwater County

UMR ASO Proposal - Effective 1/1/19

The information contained herein is subject to the disclosures and disclaimers included within this analysis.

CURRENT: 1/1/18 - 12/31/18					RENEWAL: 1/1/19 - 12/31/19*						
ASO Administration/Reinsurer Pharmacy Benefit Manager (PBM)		UUHP / MunichRE Meridian Rx 12/15 N/A			UMR / MunichRE OptumRx						
Contract Basis (Spec/Agg) Run-In \$ Limits (Spec/Agg) Benefits Covered (Spec/Agg) Specific Stop Loss (per member) Lasered Claimants Aggregate Corridor Employee Only Contracts Family Contracts		Medical & Rx under Spec / Medical Only under Agg \$110,000 None 125% 128 270			Matching Current Plan for Comparison Only 128 270						
Rate Structure	EE	Family	Monthly	Annual	EE	Family	Monthly	Annual	Change Over Current %	Change Over Current \$	
A. Fixed Costs (PEPM)											
Administration	\$37.40	\$37.40	\$14,885	\$178,622	\$37.72	\$37.72	\$15,013	\$180,151	0.86%	\$1,528	
Specific	\$44.18	\$113.30	\$36,246	\$434,952	\$44.18	\$113.30	\$36,246	\$434,952	0.00%	\$0	
Aggregate	\$3.80	\$3.80	\$1,512	\$18,149	\$3.80	\$3.80	\$1,512	\$18,149	0.00%	\$0	
Pharmacy Administration Fee	\$4.85	\$4.85	\$1,930	\$23,164	Included in Admin above					-100.00%	(\$23,164)
COBRA Administration Fee	\$1.00	\$1.00	\$398	\$4,776	\$1.05	\$1.05	\$418	\$5,015	5.00%	\$239	
Stop Loss Interface		N/A		\$0	\$5.00	\$5.00	\$1,990	\$23,880		\$23,880	
Disease Management		Included in Admin Fee		\$0	\$3.85	\$3.85	\$1,532	\$18,388		\$18,388	
Consultant Compensation	\$7.25	\$7.25	\$2,886	\$34,626	\$7.25	\$7.25	\$2,886	\$34,626	0.00%	\$0	
A. Total Fixed Cost (PEPM)	\$98.48	\$167.60	\$57,857	\$694,289	\$102.85	\$171.97	\$59,597	\$715,160	3.01%	\$20,871	

This is a summary only of estimated costs and is not a binding contract or a guarantee of rates. For additional details, please refer to carrier proposals, assumptions & conditions.

UMR's PROPOSAL:

- ASO fee is guaranteed for 2 years (1/1/19 - 12/31/20) and includes the following fees: \$2.10 for U.M, \$1.85 for C.M, \$0.50 for Nurseline and \$0.65 for Maternity Management.
- ASO fee will increase to \$38.70 eff 1/1/21.
- At an ASO fee of \$37.72 (as listed above), quarterly Rx rebates are estimated as follows:
Brand 30-day Retail - \$60 per claim; Brand 90-day Retail - \$123.50 per ; Mail Order - \$198; Brand Specialty Retail & Mail Order - \$518
- At a reduced ASO fee of \$19.47, quarterly Rx rebates are estimated as follows:
Brand 30-day Retail - \$9.00; Brand 90-day Retail - \$14; Mail Order - \$23; Brand Specialty Retail & Mail Order - \$59

NOTE: Details highlighted in yellow will be updated upon receipt of Stop Loss renewal from MunichRE.



SELF FUNDED / TPA HEALTH PLAN

Group: Memorial Hospital of Sweetwater County
 Effective Date: January 1, 2019
 Proposal Date: July 30, 2018

Service	Current	Renewal
Medical Administration Fee	\$37.40 PERM	\$38.50 PERM
Pharmacy Administration Fee	\$4.85 PERM	\$5.00 PERM
COBRA	\$1.00 PERM	\$1.00 PERM
Broker Commission	\$7.25 PERM	\$7.25 PERM

Account Manager	Clients have a dedicated account manager to reach out to with questions.
Banking Account Management	U of U Health Plans will work closely with client to manage the banking relationship for the claims account. This may include reconciliation, positive pay, custodial banking, etc.
Claim Fiduciary	U or U Health Plans will act as the ERISA claim fiduciary for medical coverage. As claim fiduciary, we will be responsible for the final claim determination and legal defense of any disputed medical payments.
Claims Run Out	The administration fee includes 12 months of claims run out following the termination of the contract.
Care Management	Our care management program identifies members for care management through various avenues including, but not limited to, claims, member services, hospital service, behavioral health, disease management, high dollar claim reports, and pharmacy identifiers. Our data analytics and predictive modeling allow us to connect with members sooner and help effectively manage their care in a preventive manner.
Disease Management	Our nurse care managers work with members to manage chronic conditions.
Large Case Management	Cases involving serious or catastrophic injuries or illnesses are managed with the patient and providers to make the most efficient use of benefits over the course of long-term treatment.
24/7 Nurse Line	Members have access to call a registered nurse 24 hours a day for answers to health-related questions.
Admission & Concurrent Review	When a patient is admitted to the hospital we monitor their care to ensure timely delivery of service and the necessity of continued inpatient care.
U Baby Maternity Program	Program for pregnant women to ensure they receive the best care to have a healthy pregnancy. High risk pregnancies are referred to the care management team to oversee care.
Utilization Review	Evaluation of the medical necessity, appropriateness, and efficiency of health care services. This includes prior authorization.
Subrogation, Fraud, Waste and Abuse Review	U of U Health Plans contracts with an outside agency to provide recovery services. 21.75% of the savings is retained by this agency, the rest is provided back to the client.
Appeals	U of U Health Plans will handle all aspects of appeals for the client. This includes cases that need to go through an Independent Review Organization (IRO).
Employee Education	U of U Health Plans will work with the client to provide employee education through on-site employee meetings, open enrollment assistance, and member materials.
Employer Benefit Website	U of U Health Plans will provide a dedicated page through the U of U Health Plans website where member materials specific to the client can be found.
MyChart Employee Web Portal	Secure online access to claim payment and health plan information.

Plan Documents	U of U Health Plans will provide plan document templates and amendments, SPD and SBC. These will be available online as well as hardcopy, if requested.
Member Materials	U of U Health Plans will provide ID cards, member communication pieces and a mobile app where members can view, fax, or email their ID card.
Interpreting Services	U of U Health Plans has bilingual staff on hand and will cover the costs of any member requiring interpreting services by telephone or at an appointment with their health care provider.
Access Assistance	U of U Health Plans is able to assist members in scheduling an appointment with an in-network provider.
Provider Network Access	U of U Health Plans has contracted with a number of hospitals, facilities, clinics and providers throughout Wyoming and surrounding areas through our Healthy Premier Network.
National Network	U of U Health Plans contracts with First Health (a fully-owned subsidiary of Aetna) for those who live out of state.
Standard Reporting	Reporting package includes: membership, customer service and call statistics, utilization trends, care management reports, paid claims, large claims and reinsurance reporting.
Pharmacy Administration	U of U Health Plans has an internal pharmacy team including an on staff pharmacist and nurse to advise on formulary development, prior authorizations, and appeals. Our pharmacy team collaborates with our medical care managers and our PBM for high quality and optimal cost for the member and client.
COBRA Administration	U of U Health Plans will provide COBRA administration for the medical benefits. This includes notices, billing and collecting the premium, and monitoring eligibility.
Broker Commission	U of U Health Plans will collect and pass through broker commission or consulting fees. Please completed the amount to be collected.

OPTIONAL SERVICES

Health Savings Account Administration	Provided through Health Equity, U of U Health Plans will send enrollment and claim files for integration	\$2.95 PERM
Bluebook Transparency	Healthcare Cost Transparency tool designed to help employees identify the lowest cost quality provider for a specific procedure.	\$1.75 PERM*
	*Employer may also choose to fund an awards program for using a lower cost provider. These awards would be in addition to the PERM and the employer's responsibility.	

Self-Funded groups may be required to provide financial reports to verify financial stability and ability to fund expected claims.

Please initial next to all optional services selected.

Client Name (Printed) _____ Title _____

Client Signature _____ Date _____

Proposed Plan for Administrative Services

Administrative Rate: **\$52.85*** per contract, per month
Memorial Hospital of Sweetwater County

1/1/19 – 12/31/20

Administrative Rate Includes:	
✓	Medical and Prescription Drug Claims Processing
✓	Utilization Review Services
✓	100% Pass Through of BlueCard® Discounts by BOBSWY
✓	100% Pass Through of Rx Rebates*
✓	Care Management and Coordination
✓	Weekly Claims Billing
✓	Cash Flow Protection
✓	Plan Document Creation and Distribution
✓	Summaries of Benefits and Coverage (SBC) Creation and Distribution
✓	Monthly, Quarterly, and Annual Standard Reporting Packages
✓	Dedicated Major Account Executive
★	BOBSWY retains 2% of COBRA enrollees' total COBRA premium
★	BlueCard® Network Access Fees of 4.51% of the discount, up to a maximum of \$2,000 per claim
★	COBRA Administration

*With Prime Therapeutics Integrated as Pharmacy Benefit Manager

Additional Fee	
\$7.25	Broker Compensation

* Designates Cash Flow Protection - This added benefit to our Administrative Fees protects our clients from unexpected large claims. Blue Cross Blue Shield Wyoming pays these claims in full and does not bill the client for amounts above the specific deductible until they have been reimbursed by their Stop Loss Carrier.

This administrative rate assumes our current level of available administrative services. It does not include non-standard services. This proposal is based on the information made available to BOBSWY. Should information become available which is materially different from what has been presented, BOBSWY reserves the right to renegotiate, alter, or withdraw this proposal.

Blue Cross Blue Shield of Wyoming • 4000 House Avenue • PO Box 2266 • Cheyenne, WY 82003
 800-442-2376 • www.DdsWy.com

UMR Conditions

Customer Name : Memorial Hospital of Sweetwater County
Plan Effective Date : 1/1/2019

This proposal is valid for 90 days and does not bind coverage or obligate UMR.

The information contained in this response to the request for proposal is considered confidential and proprietary. We are providing this information with the understanding that it will not be used for any purpose other than to evaluate our capabilities to provide the services requested. In addition, this information will not be disclosed to person(s) or entity(s) other than those who are involved in the process of evaluating our response. Written permission must be obtained from UMR prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

All quoted product fees assume UMR administers the medical plan.

UMR assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized services will be priced as necessary.

Fees proposed are based on the plan of benefits as submitted but does not assume duplication of benefits or provisions. Fees proposed assume a standard PPO plan design with no referral administration and no primary care physician tracking. Proposal assumes that the benefit plans will meet the steering requirements of the networks proposed or will be changed to meet the requirements, including but not limited to: deductible, out of pocket, coinsurance and plan limitations. Plan design changes may impact a Grandfathered Health Plan status. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies. Access to the UnitedHealthcare Choice Plus and Options PPO network does not include telemedicine services (i.e. Virtual Visits). Please refer to the financial commentary tab for information on Teladoc services and associated fees. Please review any changes with your advisor.

The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA PCORI reinsurance fee which is remitted to the government (federal and/or state).

The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; (iii) any taxes, surcharges, assessments or similar changes being imposed by a governmental entity on the Plan or UnitedHealthcare, or; (iv) as otherwise permitted in our Administrative Service Agreement.

UMR reserves the right to adjust fees in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the customer; or (iii) any taxes, surcharges, assessments or similar changes being imposed by a governmental entity on the plan or UMR.

To comply with the Department of Labor's (DOL) claims regulations, we encourage pre-notification of at least 60 calendar days prior to the effective date of this contract. In the event that a 60-day notice is not feasible, UMR does not guarantee, but will make every reasonable effort, to have new plan(s) programmed quickly so claims can be processed within the required DOL timelines.

Fees proposed assume one billing, reporting, eligibility feed, stop loss and banking arrangement.

Do not cancel in-force plan(s) and/or policy(ies) until final approval is received.

UMR is not bound by any typographical errors and/or omissions contained herein.

Fees proposed assume utilization and case management services are provided through UMR in order to access UnitedHealthcare Networks.

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, or if the number of covered employees changes by 15% or more from this proposal.

Claim reprocessing due to situations, such as retroactive benefit or eligibility changes, may require additional fees.

UMR will share raw claims and eligibility data, however, we reserve the right to exclude data elements deemed proprietary by our organization.

Fees proposed assume the cost reduction and savings program is selected. If this program is not selected, additional fees will apply.

UMR provides an ERISA DOL appeals process. UMR does not participate in Grievance Review Panel Hearings.

UMR requires that all qualified high-deductible plan designs meet federal regulatory requirements. Our coordination of benefits (COB) process will meet the requirements for Preservation COB processing.

Administration of plans requiring integrated deductible and out of pocket to comply with the Essential Health Benefits provision of Health Care Reform, qualified high deductible health plan or the like, assumes the use of service providers (pharmacy benefits manager (PBM), dental, vision, etc.) that are currently integrated with UMR. Utilizing these service providers may require additional fees. Please refer to your representative to identify integrated service providers.

FSA fees: HCA assumes a minimum of 20% of medical employees participating; DCA assumes a minimum of 20% of the HCA population participating.

Care management bundled discount - fees assume all care management products listed on care management bundled discount line are selected. Discount will change if services selected change.

UMR does not administer statutory disability benefits.

Health reimbursement account assumes 20% participation rate.

HSA trustees bill directly for HSA services.

UMR cannot support the drug data requirements for Medicare Part D subsidy submission of plans where the pharmacy claims are paid under the medical plan. We recommend these pharmacy benefits be provided by a pharmacy benefits manager.

Memorial Hospital of Sweetwater County

Gallagher Disclaimers & Disclosures

COVERAGE NOTICE: This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

LEGAL NOTICE: The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

RENEWAL-FINANCIAL NOTICE: This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

FINANCIAL RATING NOTICE: While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (The Street.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

DATE: August 8, 2018

Memorial Hospital of Sweetwater County

Gallagher Compensation Disclosure

What follows is the disclosure of our estimated fees and/or commissions related to Memorial Hospital of Sweetwater County ("Buyer's") Group Health & Welfare Plan(s) and any relationships, or agreements Gallagher Benefit Services, Inc. (Gallagher) has with the insurance companies involved in this marketing.

Gallagher, as agent of record, will receive the following estimated commissions expressed as a percentage of gross premium payments, or fees as agreed upon by Memorial Hospital of Sweetwater County:

Line of Coverage / Service: Self-Insured Medical			
Carrier (TPA and Reinsurer)	UUHP	BCBS WY	UMR
GBS Commission - TPA ASO Services	\$7.25 PEP	\$7.25 PEP	\$7.25 PEP
GBS Supplemental Commission*	None	None	None

- ASO proposals were requested from the following carriers: BCBSWY and UMR

* Supplemental commissions are provided to GBS by the carriers. These commissions do not impact specific case level rates and premiums and they do not influence our objective of placing your plans with the most competitive and financially secure insurance companies.

DATE: August 8, 2018

Thank you!



Gallagher

Insurance | Risk Management | Consulting

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting
Monday, July 16, 2018
MOB Conference Room

TRUSTEE MEMBER(S) PRESENT: Ed Tardoni, Marty Kelsey

MEMBERS PRESENT: Irene Richardson, Amber Fisk

GUESTS: Kari Quickenden, Kristy Nielson, Tami Love, Amy Lucy, Brandon Nelson

MEMBERS ABSENT: Suzan Campbell

Ed Tardoni called meeting to order at 3:10 pm.

It was determined to begin the meeting and approve minutes after other members arrive.

OLD BUSINESS

Turnover

Amber Fisk shared that 12% of employees had been termed since the beginning of the year and 27% from June 2017 to June of 2018. Marty Kelsey asked if ¼ of termed employees had been fired as the report stated. Amber confirmed that was correct. Amy Lucy stated that within that number there were also PRN employees that were termed. Marty asked what PRN employees were. Amber explained that they were as needed employees that are termed when they do not work for a long period of time or fail to complete annual education. Amber shared the number one reason for termination was code of caring violations followed by attendance then performance and relocation.

Open Positions

Amy shared the following:

- 11 open positions
- 5 are full-time
- 2 are part-time
- 4 PRN

Amy also shared that she had called a possible candidate to fill the dietician position.

Marty asked what a BLS Certification was. It was shared it is a Basic Life Support Certificate.

Marty also asked if we actively search for BSN. Kristy stated we do not. Amber shared that by 2020 it 80% of RNs would be required to have their BSN. As of now there was no data stating there would be consequences if this mark is not met.

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Approval of Minutes

Amber made a motion to approve minutes from June. Tami Love seconded. All ayes, none opposed. Motion carried.

Update on Policies

Conflict Resolution/Corrective Action

- Marty stated there was a lack of consistency in the format/template and he would suggest they be standardized throughout. Mostly with house-keeping items such as writing style, sometimes pronouns are used and sometimes not, the verbiage supervisor versus leader. Suggested to make it consistent throughout. Marty also brought up section 1C. He stated #5 is not a corrective action rather it is investigatory not disciplinary. Some language illustrates it is not a corrective action.
- Section E was taken out.
- Letter D2 changed to "an employee who has...or more severe corrective action, ineligibility increases determined by CEO.
- Letter D3 also needs different wording and #3 should be 2A. Amber was going to include Marty's wording used during the meeting.
- Marty questioned why E was wiped out and asked who has the authority to terminate. It was shared that Irene has the final say for a termination but not for a counseling. Amber investigates as an unbiased third party. For the approval pathway it was stated that all Senior Leaders should be added. Marty also had questions in reference to appeals. He inquired at what point in time or in what manner are appeals dealt with? He shared the process was crazy and far too long. If all employees can appeal through the APA then why would we have this in place? After discussion there was confusion about whether or not we fall under that. It was shared that needed to be clarified and Marty asked what role Suzan Campbell played when it came to policies. Amber shared she was hired in part to help write policies but all come through HR Committee. It was determined this piece was not ready to discuss and it was necessary for Suzan to be present.
- Marty also asked for an example of something that would fall under this policy. The response was anything short of a termination. This policy is a mechanism to deal with those types of issues.
- Marty shared we need a generic grievance procedure. Amber said she would work on it and send it to Marty for review and comments back to Amber.

Drug and Alcohol Free Workplace

- Suzan is still working on pieces of it and we are still meeting once a month for now to ensure all policies get rolled out.

NEW BUSINESS

No new business

Next Meeting

Monday, August 13, 2018 at 3:00 pm.

Side Notes

Marty asked why HR policies are on the intranet but not the internet. He asked if it would be possible to get them added to Board Effect. He stated it would be nice to have them electronically and all in one place. He also asked about expiration dates and suggested it should simply read until super ceded unless all policies have to be updated every three years. Kristy Nielson shared that some of the clinical policies do. He stated that was fine for those but for HR policies they should not have an expiration date.

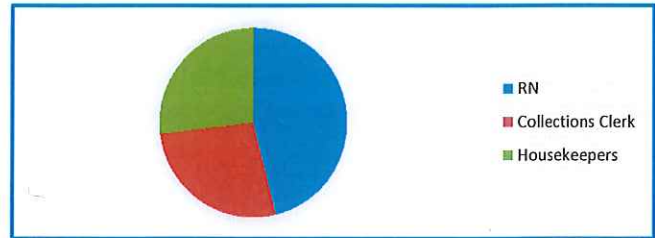
Marty shared he took a tour of the laboratory at the hospital and that he was told HR will not allow for them to view pay scales. Amber shared that is untrue and they can be viewed at any time.

Meeting adjourned.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
2018 Overall Turnover Data (As of 07/31/2018)

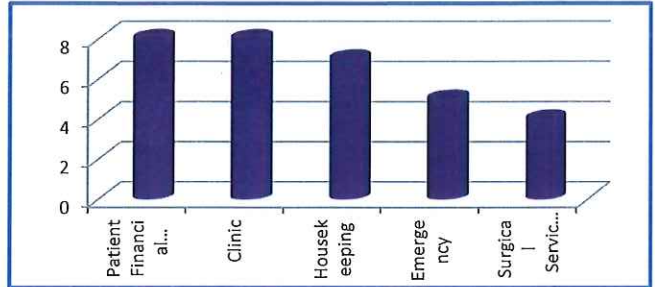
Top Position(s) / Turnover

	2018	%
RN	12	10%
Collections Clerk	7	78%
Housekeepers	7	27%



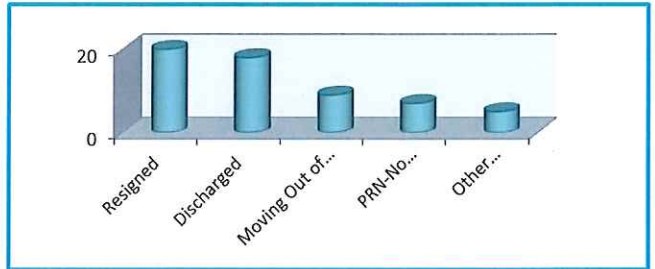
Top Department(s) / Turnover

	2018	%
Patient Financial Services	8	12%
Clinic	8	12%
Housekeeping	7	10%
Emergency	5	7%
Surgical Services	4	6%



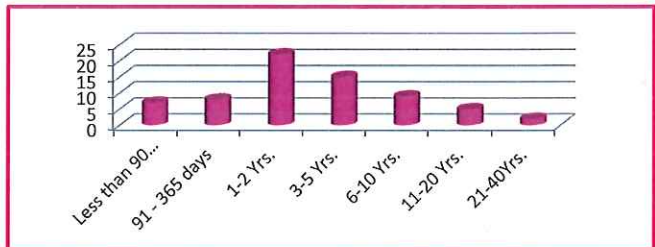
Top 5 Reasons / Turnover

	2018	%
Resigned	20	29%
Discharged	18	26%
Moving Out of Area/Relocation	9	13%
PRN-No Available Work	7	10%
Other Employment	5	7%



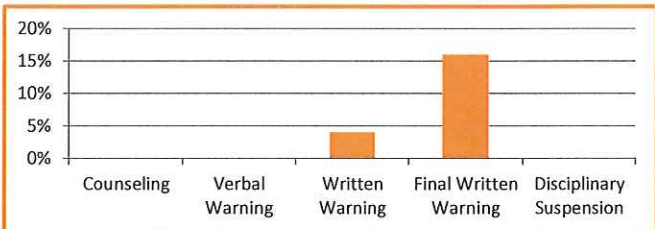
Length of Service

	2018	%
Less than 90 days	7	10%
91 - 365 days	8	12%
1-2 Yrs.	22	32%
3-5 Yrs.	15	22%
6-10 Yrs.	9	13%
11-20 Yrs.	5	7%
21-40Yrs.	2	3%
Total	68	



Corrective Action

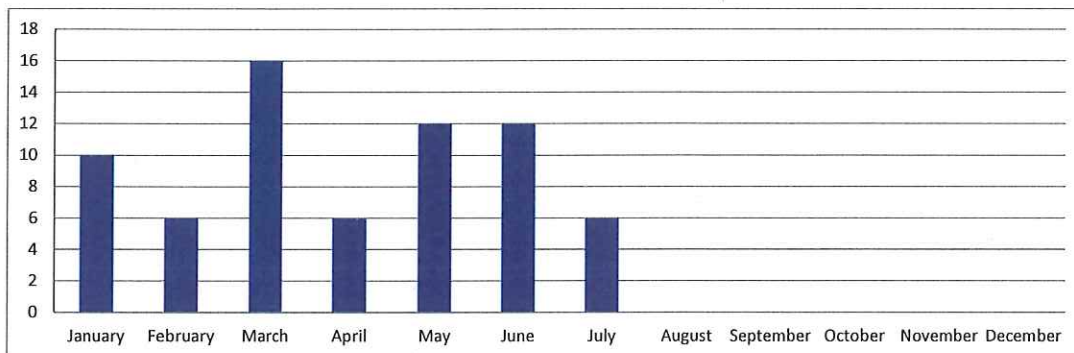
Counseling	
Verbal Warning	
Written Warning	4%
Final Written Warning	16%
Disciplinary Suspension	



2018 Separations - Hospital Wide

	Separations	New Employees	Total Employees
			502 505
January	10	7	501
February	6	5	494
March	16	9	500
April	6	16	510
May	12	13	511
June	12	10	509
July	6	9	512
August			
September			
October			
November			
December			
Total	68		

13%

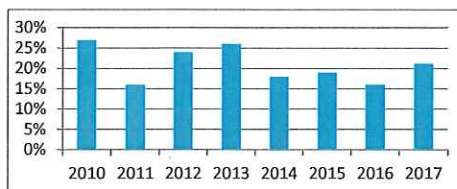


Separations	
Involuntary	18
Voluntary	50
Total	68

Classifications	
RN	11
Classified	57
Total	68

Overall Turnover

2009	96	25%
2010	98	27%
2011	79	16%
2012	104	24%
2013	113	26%
2014	88	18%
2015	97	19%
2016	86	16%
2017	116	21%
2018	68	13%

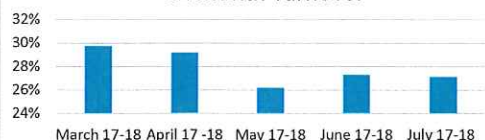


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Rolling 12

	Separations	%
March 17-18	147	30%
April 17-18	146	29%
May 17-18	134	26%
June 17-18	139	27%
July 17-18	139	27%

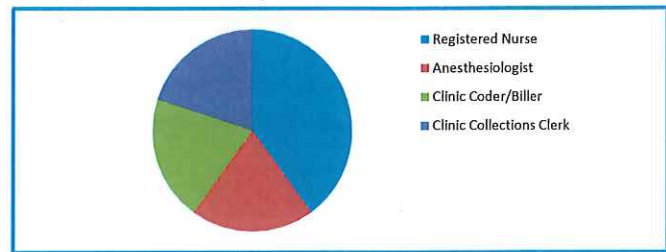
12 Month Turnover



MEMORIAL HOSPITAL OF SWEETWATER COUNTY - CLINIC DATA
2018 Clinic Turnover Data (as of 07/31/2018)

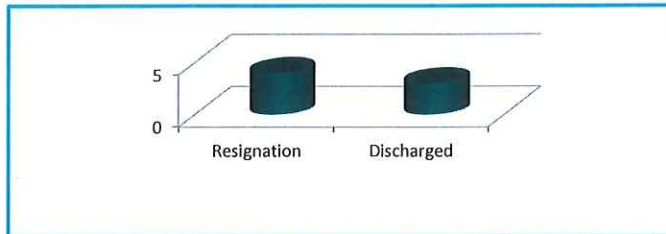
Top Position(s) / Turnover

	2018	%
Registered Nurse	2	35%
Anesthesiologist	1	33%
Clinic Coder/Biller	1	33%
Clinic Collections Clerk	1	33%



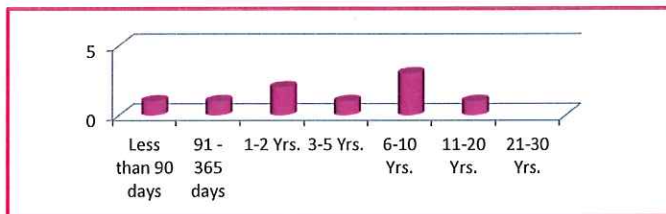
Top Reason(s) / Turnover

	2018	%
Resignation	4	44%
Discharged	3	33%



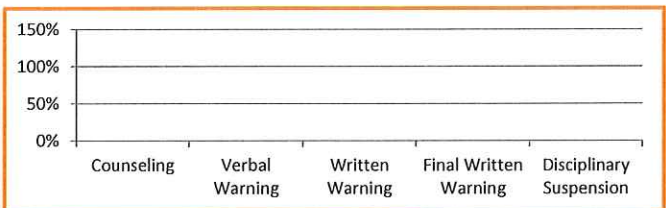
Length of Service

	2018	%
Less than 90 days	1	11%
91 - 365 days	1	11%
1-2 Yrs.	2	22%
3-5 Yrs.	1	11%
6-10 Yrs.	3	11%
11-20 Yrs.	1	11%
21-30 Yrs.		
Total	9	



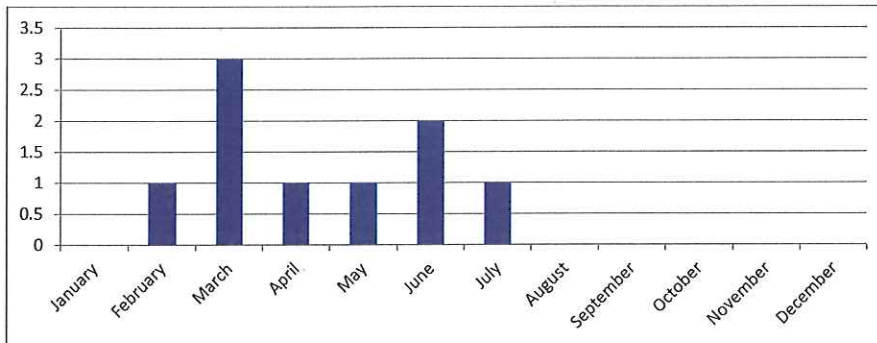
Corrective Action

Counseling
 Verbal Warning
 Written Warning
 Final Written Warning
 Disciplinary Suspension



2018 Separations - Clinic

	Separations	New Employees	Total Employees	
January	0	0	111	111
February	1	0	110	
March	3	0	107	
April	1	1	107	
May	1	2	108	
June	2	1	107	
July	1	0	106	
August				
September				
October				
November				
December				
Total	9			8%



<u>Separations</u>	
Involuntary	3
Voluntary	6
Total	9

<u>Classifications</u>	
RN	1
Classified	8
Total	9

<u>Overall Turnover</u>		
2014	20	26%
2015	11	18%
2016	16	14%
2017	26	23%
2018	9	8%





Job Postings as of 08/10/2018



Position	Req #	Position Status	Shift: Days / Hours	Position Qualifications
<u>ADMITTING</u>				
Admitting Specialist	2058	PRN	Variable	40 WPM Required - High School diploma or equivalent and/or technical school with courses in related field required.
Admitting Specialist	2126	PRN	Variable	40 WPM Required - High School diploma or equivalent and/or technical school with courses in related field required.
<u>CENTRAL STERILE</u>				
Central Sterile Processing Tech	2156	Regular Full-Time	Days	High School Diploma or equivalent required.
<u>DIETITIAN</u>				
Clinical Dietitian	2023	Regular Full-Time	Days	Possession of a Bachelor's or advanced degree from an accredited institution with a B.A. or B.S. degree in food and nutrition or equivalent. American Dietician Association registration required, Wyoming Dietitian License or ability to acquire within 6 months of hire date, and 1-2 years clinical nutrition experience preferred.
<u>EMERGENCY</u>				
Registered Nurse	2129	Regular Part-Time	Nights	Current Wyoming Nursing License and hold a current BLS certification.
Registered Nurse	2154	Regular Full-Time	Nights	Current Wyoming Nursing License and hold a current BLS certification.
<u>ENVIRONMENTAL SERVICES</u>				
Housekeeper	2155	Regular Full-Time	Variable	High School diploma or equivalent preferred.
Housekeeper	2157	Regular Full-Time	Variable	High School diploma or equivalent preferred.
<u>INFECTION PREVENTION</u>				
Infection Prevention Coordinator	2149	Regular Full-Time	Days/Variable	Requires a current RN license with BSN preferred, OR Masters in Public Health (MPH), OR certified medical technologist, OR a bachelor's degree in microbiology or epidemiology.
<u>MOB/CLINIC</u>				
Medical Assistant or MOA	2144	Regular Full-Time	Days	High School diploma or equivalent required.
<u>NUTRITION SERVICES</u>				
Dietary Aide	2142	Regular Part-Time	Variable	High School diploma or equivalent preferred.
<u>OB</u>				
Clinical Coordinator	2153	Regular Full-Time	Days/Variable	Current Wyoming Nursing License and hold a current BLS certification. BSN required within 6 years.
<u>OUTPATIENT SERVICES</u>				
Registered Nurse	2152	Regular Part-Time	Days/Variable	Current Wyoming Nursing License and hold a current BLS certification.
<u>REHABILITATION</u>				
Speech Therapist	1447	PRN	Days	Masters Degree in Speech Pathology. Certificate of Clinical Competence from American Speech Language and Hearing Association or presently completing clinical fellowship year. Wyoming License in Speech Pathology. BLS certification.
Occupational Therapist	1997	PRN	Days	Minimum of Bachelor's degree in Occupational Therapy. Master's degree in Occupational Therapy preferred. State of Wyoming Occupational Therapist License required. BLS certification.
<u>SURGICAL SERVICES</u>				
Registered Nurse Scrub	2138	Regular Full-Time	Days + Call	Current Wyoming Nursing License and hold a current BLS certification.
Registered Nurse SDS	2140	Regular Part-Time	Days/Variable	Current Wyoming Nursing License and hold a current BLS certification.



Approved:
Review Due:
Policy Area:
Reg. Standard:

N/A
N/A

Employee Policies

EMPLOYEE POLICIES - CONFLICT RESOLUTION

STATEMENT OF PURPOSE

Memorial Hospital of Sweetwater County is committed to sustaining a positive work environment in which employees work constructively together. This Conflict Resolution policy has been created to ensure that the working relationship between employees and their leaders remains productive and transparent. **This policy is not the process to dispute the results of employee corrective actions.**

PROCESS

- I. Initially, employees should bring their concern, conflict or complaint to their immediate supervisor.
- II. If your immediate supervisor is unable to resolve the conflict, to the employee's satisfaction, the employee should take the matter to their Senior Leader.
- III. If resolution of the conflict is not achieved through the Senior Leader the Human Resources Director should be notified as soon as possible by the employee.
 - The HR Director will fully investigate the conflict/complaint and will provide a response to the employee as soon as possible.

If resolution cannot be reached through the above channels the employee and the HR Director may choose to bring the unresolved matter to the attention of the CEO. The CEO will review the conflict and determine, with input from employee and supervisor, a final resolution of the matter.

If the conflict is between the CEO and one of his/her direct reports the direct report will attempt to resolve the issue with the CEO. If it is not resolved to the satisfaction of the direct report, the direct report may take the matter to the Board of Trustees.

RETALIATION PROHIBITED

Retaliation against an employee who initiates conflict resolution or participates in a conflict resolution investigation will not be tolerated and will subject the leader who is retaliating against the employee to corrective action.

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Approved:

Attachments:

No Attachments

Applicability

Memorial Hospital of Sweetwater County



Approved: N/A
Review Due: N/A
Policy Area: Employee Policies
Reg. Standard:

EMPLOYEE POLICIES - EMPLOYEE CORRECTIVE ACTION

Purpose

Memorial Hospital of Sweetwater County (MHSC) has high performance expectations because we strongly believe that everyone benefits when we all work together and conduct ourselves in a manner that mutually reflects the best interests of co-workers and the hospital. It is the philosophy of Memorial Hospital of Sweetwater County to take corrective action measures when needed for the purpose of correcting areas of performance deficiency or to deal with violations of policies and work rules. The purpose of corrective action is to both correct the situation and to avoid repetition.

Policy

- I. The employee will be informed if corrective action is necessary as soon as possible after any performance problem has been identified.
 - A. The employee's leader will discuss the situation with the employee, explaining the policy and the necessity of corrective action to avoid other disciplinary actions.
 - B. Although one or more corrective action measure may be taken in connection with a particular performance problem, **no formal order will be followed**. Corrective action may include any of a variety of actions depending on the circumstances and severity of the particular situation.
 - C. Corrective actions may be taken at the discretion of management and include **any** of the following in **any** order. Any of the following actions taken will be documented and placed in the employee's personnel file:
 1.
 - Counseling with employee, which will be confirmed in writing by the employee's leader and placed in the employee's personnel file.
 - Verbal warning
 - Written warning
 - Final written warning
 - Administrative leave. Administrative leave is used to remove an employee from hospital premises during an investigation or as a disciplinary action. This leave may be paid or unpaid.
 - Termination.

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1. Some acts, particularly those that are intentional or serious, warrant more severe action, including termination, on the first or subsequent offense.
2. An employee who has received a corrective action may be ineligible for pay increases for a period of time as determined by the CEO.
 - a. Ineligibility for pay increases will be dependent upon numerous factors which may include the seriousness of the offense, the intention of the employee, motivation of the employee to change the behavior and the environment in which the offense took place.

Link to Form # 802452 Counseling and Corrective Action Form <http://sweetwatermemorial.policystat.com/policy/2632825/latest/>

Approved: Board 6.6.18

Attachments:

No Attachments

Applicability

Memorial Hospital of Sweetwater County

MHSC Quality Dashboard

Background. The MHSC Quality Dashboard is a monthly snapshot of measures that reflect the quality and safety of patient care at MHSC. Metrics include internal goals and opportunities for improvement that have been identified by teams and outlined in the annual Quality Assessment Performance Improvement Plan (QAPI). Other metrics are defined, prioritized and benchmarked by the Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC) and/or MIDAS comparative databases. Measures may be added, changed or re-evaluated annually, at a minimum, to best represent outcomes and goals. The data is used by the hospital to identify improvement opportunities, evaluate trends, and assist in moving MSHC towards strategic initiatives. Data is represented monthly, with the most recent, completed data. There is a lag in completion of data as teams have to manually abstract and collect the information. While a lag in the data exists on the dashboard, internal teams are still monitoring and responding to deviations from expected as occurrences arise in real time. The current dashboard reflects elements of CMS' Star Rating program as part of the strategic plan.

CMS Star Ratings- Overall Hospital

Mortality. No deviations from expected. Mortality rates similar to comparison benchmarks.

Readmission. No deviations from expected. Readmission rates similar to comparison benchmarks. Readmission work team in place and meets quarterly.

Safety of Care. Refer to safety report.

Infection prevention. May with 1 surgical site infection. June data not currently available. Individual cases with identified potential for infection are reviewed and discussed as they occur by Sarah Roth, Infection Prevention. Cases shared with Infection Prevention committee for follow-up and interventions for improvement.

Efficient Use of Medical Imaging. Data updated annually by CMS, with most recent data made available in April. The most recent data set reflects beneficiary information from July 2016 to June 2017. Opportunities for improvement identified in areas of OP-10: abdomen CT- use of contrast material and OP-13: Cardiac imaging for preoperative risk assessment for non-cardiac, low-risk surgery. MHSC performance is above national benchmarks in these 2 measures. Lower values reflect improved performance. Data and opportunities have been shared with the Director of Radiology and Radiologist. Coding of claims data has been reviewed. Opportunities identified in areas of appropriate documentation from clinic and inpatient settings.

Timeliness of Care. Median time for ED arrival to ED departure for admitted patients was 298.5 minutes in June, down from 316.5 minutes in May. Current goal is to be under 300 minutes. Median time from admit decision time to departure was 167.5 minutes in June, up from 132 minutes in May. MHSC goal is 56 minutes. Patient surveying began 7/10/2018, with surveys aimed at sample of admitted patients to obtain patient perspective feedback in real time. Eight patients were questioned about their visit. Seven out of eight patients commented about wait times being long, either wait times to get admitted or wait times for lab tests. Medical floor and ED working together for interventions for improvement. Trialing process of ED transporting patients to unit with bedside report. Disposition to admit to departure times

being shared with medical floor, ICU and ED. Quality department to assist in process mapping disposition decision to departure times on medical floor, ICU and ED to identify barriers and ideal processes.

Median time to ECG at 12 minutes in June, up from 10 minutes in May. MHSC goal is 7 minutes or less. Work team in place with review of documentation and evaluation of interventions as an ongoing process. Trialing process of bedside triage as of July 2018. Integration of admission to next meeting. Reaching out to state resource for additional interventions.

Effectiveness of Care. No deviations from expected.

QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI)

Opportunities for improvement.

Meaningful Use. Medication reconciliation above threshold of 50% for adequate reporting. Summary of Care at 8.2%, down from 13.64% in May. A threshold of 10% for a 90 day period is required to avoid payment penalty. Patient portal usage has 0 patients that have accessed the portal. A threshold of 1 patient is required to avoid payment penalty. One patient has been identified to complete the sign-on process. Informatics is awaiting the 90-day period for data reporting to have identified patient access the portal.

Perinatal Care. Maternal induction rate at 30.3%, up from 13.89% in May. Induction criteria in place and new policies initiated for appropriateness of inductions. Data to be shared with medical staff at perinatal meeting in August.

Patient Experience. Refer to HCAHPS report.



**Quality Committee Meeting
Memorial Hospital of Sweetwater County
August 15, 2018**

Present: Cindy Nelson, Richard Mathey, Amanda Molski, Clayton Radakovich, Dr. Kristy Nielson, Dr. Kari Quickenden, Tami Love, Dr. Barbara Sowada, Marty Kelso, Irene Richardson, Dr. Cielette Karn, Dr. Banu Symington, Leslie Taylor, Suzan Campbell, Melissa Anderson

Absent/Excused:

Chair: Dr. Barbara Sowada

Welcome

Welcome to Richard Mathey, Board of Trustee (BOT) member, who will be sitting in on the committee. Dr. Sowada noted having a third BOT member present would not be a problem, by State Statute this is not a public meeting, so we don't have to have a quorum.

Minutes

The July 18, 2018 Quality Committee Minutes were presented, no action taken. Dr. Sowada requested a change to the agenda, by bringing the Diagnostic Assessment forward and including a discussion on Relationship Based Care. Melissa Anderson, Director of Acute Care & Emergency Services was invited to join the meeting.

Diagnostic Assessment

The Governance Quality Engagement Diagnostic Assessment was distributed to the committee in advance of the meeting for self-assessment and reviewed as a committee. Mr. Kelsey asked "has the Board communicated to you effectively on all regards to Quality?". It was felt good communication with the Board occurred within Quality, but that sometimes we got "mired in the weeds", and drilled too far into subjects that could instead be handled by the QAPI Committee.

Mr. Kelsey then asked "of all the potential areas of focus, has the Board said what is important?". General consensus was yes, indirectly through the Board meetings and Strategic plan. Dr. Sowada stated it would behoove us all to expand our focus for the entire process of the patient journey.

It was noted that we focus on or drill down on a few specifics, while not always giving time to the big picture. It was further noted by Dr. Symington that reading and understanding the statistical graphs without an interpreter is sometimes difficult. Dr. Sowada requested a small sub-committee get together with Ms. Molski to develop a summary report rather than a statistical dashboard.

Mr. Radakovich noted that with the rounding process they have found staff are coming forward with issues and questions. Rounding has been found to be even more beneficial than originally anticipated. Mr. Radakovich noted when those issues are brought forth he will be sure to highlight in the Accreditation Report for the committee.

Relationship Based Care (RBC)

Dr. Sowada took a moment to read a letter from long-time residents regarding the hospital experiences of 3 of their employees. (Letter was read) Discussion ensued.

Dr. Sowada reiterated "Every system is perfectly designed to get the results it gets". She further asked Senior Leadership how we would deal with these issues. Ms. Richardson agreed with Ms. Taylor that before we can answer the problem we need to delve deeper into the issue and see both sides. Cleaning up the system may not require a lot of money, but definitely a huge amount of time.

Dr. Sowada noted the discussion has "moved into the weeds" and summarized that we have some systemic issues that we need to allow the QAPI committee to review.

Consent Agenda - Hospital

Mr. Kelsey requested time with Ms. Molski to discuss and understand the statistics. Mr. Kelsey noted we have spent an hour discussing issues without solving any issues. He suggested the issues are staff related and communication with staff is where we need to start. He further noted that as a Board member who is only meeting once a month with Leadership, versus Leadership and Staff who spend a much greater time here and discuss the issues daily, that the Boards understanding and impact is limited.

Consent Agenda – Patient Experience

No action taken.

Consent Agenda – Safety

Root Cause Analysis (RCA) incident was summarized and discussed.

Consent Agenda – Clinic

No information shared.

Consent Agenda – Survey & Inspections

No Survey/Inspection to report.

Old Business

QAPI plan was brought back for approval. It was reviewed by the QAPI work team with minor changes. Mr. Radakovich motioned to approve, seconded by Ms. Molski. Motion carried. QAPI plan will be taken to Board Committee for final approval.

Dr. Quickenden updated on ED Navigator discussion. Ms. Anderson has been brought in to discuss how to ensure patients have a PCP (Primary Care Provider) and receive follow up care.

New Business

Dr. Tremain from Cynosure Health visited our facility yesterday and gave a talk on adverse drug events, sepsis, c. diff, antibiotic stewardship, venous thromboembolism and culture of safety. He then toured our facility, he noted our MDRs (Multidisciplinary Rounds) put us in the top percent of facilities, as many facilities don't do this. He also noticed our culture of equality was commendable.

Value Based Purchasing (VBP) results were received, we will be receiving the 2% withheld, plus an additional 1.06%, for a total positive payment adjustment of 3.06% based on improved performance. We are not subject to payment adjustments based on performance in the Hospital Acquired Condition Program. We are awaiting results of the hospital readmission reduction program.

CMS has come back with IPPS regulations – they are removing 4 Measures; ED throughput (Arrival to departure) and (decision to admit to departure), Immunization, and VTE measure. Our Sepsis measure is now reported publically.

An executive summary of the reimbursement and the weight of each goal would be helpful to both clinical and financial entities.

Dr. Nielson presented our Mountain-Pacific Quality Health (MPQH) Quality Excellence Award that was received at the Quality Improvement Organization (QIO) conference last week in Cheyenne. Of the 7 facilities within the state of Wyoming that received this award, we received top points, placing us in the first position. MPQH is the QIO regionally for Montana, Wyoming, Alaska, Hawaii and the US Pacific Territories of Guam, American Samoa and the Commonwealth of the Northern Mariana Islands.

Regular Meeting Adjourned

The meeting adjourned at 9:40 am

Next Meeting

September 19, 2018 at 0800 am, CR 1 & 2

Respectfully Submitted,

Robin Fife, Recording Secretary



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

Quality Assessment Performance Improvement (QAPI) Plan

MISSION

Compassionate care for every life we touch.

VISION

To be our community's trusted healthcare leader.

STATEMENT OF PURPOSE

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

QUALITY DEFINITION

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

STRUCTURE & LEADERSHIP

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

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

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

RESPONSIBILITIES

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

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

Department and/or Service

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

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

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

Medical Staff

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

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

The organized Medical Staff will:

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

Organizational Leadership

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

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

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROCESS

QAPI MODEL

Memorial Hospital of Sweetwater County utilizes processes outlined by the Institute for Healthcare Improvement (IHI) Model for Improvement, developed by Associates in Process Improvement. This model for improvement includes forming a team, setting aims, establishing measures, selecting changes, testing changes, implementing

changes, and spreading changes. The Plan, Do, Study, Act (PDSA) model is used to guide tests of change within and throughout the organization. Specific, Measurable, Achievable, Realistic, and Time-bound (S.M.A.R.T.) goals are encouraged to be utilized when appropriate in setting aims. See Appendix 2 for reference- MHSC Model for Improvement.

MHSC Model for Improvement



Forming the Team

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

Setting Aims

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

Establishing Measures

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

Selecting Changes

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

Testing Changes

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

Implementing Changes

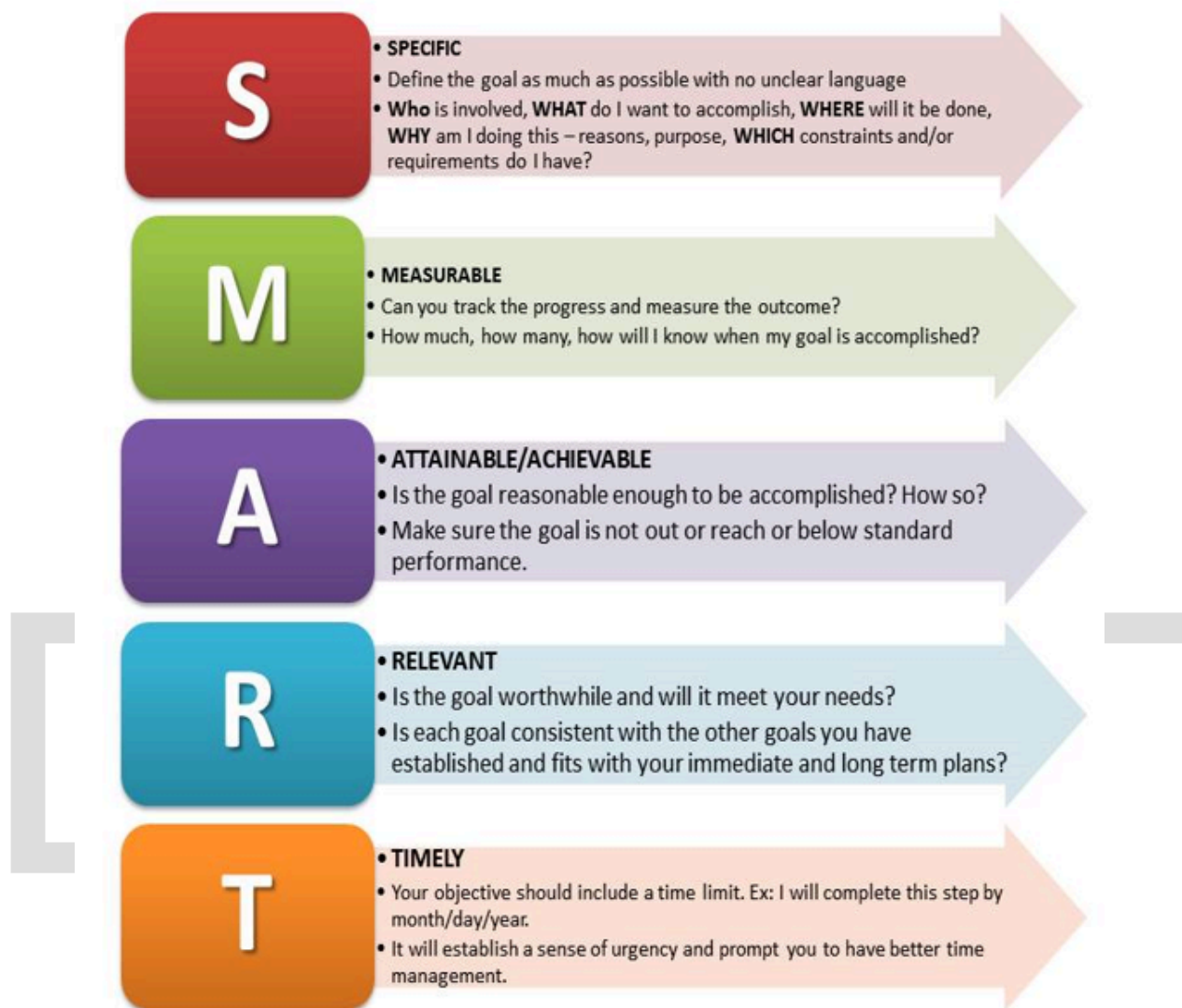
- After testing change on a small scale using the PSDA cycle, learning from each test, and refining your change (through several cycles if needed), you may begin to implement change on a larger scale

Spreading Changes

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

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

S.M.A.R.T. Goals



(Minute Movement, 2015)

Scope of Activities

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

Establishing Priorities

The Quality Committee of the Board will oversee the setting of priorities and measurement for quality, patient experience and safety activities. Priorities are identified based on strategic objectives, leadership objectives, regulatory requirements, survey outcomes, deviations from expected outcomes or benchmarks, opportunities identified through analysis of safety events and sentinel events, evidence-based standard of care findings,

financial opportunities and/or financial performance or Root Cause Analysis findings. Objectives or topics will be evaluated annually, at minimum, through the Quality Committee to review priority areas for MHSC. The QAPI Work Plan outlines active projects that MHSC has identified as priority focuses needing improvement interventions. See Appendix 5- Refer to Appendix 5- QAPI Work Plan & Goals 2018-2019.

Developing Measure Specifications

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

Data Gathering

Each committee, sub-committee or work group will be responsible for collecting data pertinent to their area of focus based on the specifications for measurement. This will be collected by a designated person on that committee or work group. This individual will be responsible for gathering the information and having data available for review by the committee's pre-determined reporting dates. Sampling of data is determined by the work group when applicable. Real time, concurrent data is collected when possible.

Data Analysis and Reporting

Committees and work groups review and discuss data to determine what interventions must be carried out to attain desired outcomes. When possible and appropriate, comparison with published benchmarks is used to analyze quality, patient experience and safety measures. Data analysis is expected to be objective and ethical in nature, consistent with MHSC's values.

A summary of the data analysis and interventions are reported to the QAPI Committee to promote transparency and reduce overlap in improvement efforts. The "Project Summary" template will be used when applicable to aid in reporting and summarizing project interventions and performance. Refer to Appendix 3- MHSC Project Summary Template. Current project summaries can be accessed by hospital employees via the hospital's shared drive in the Quality_Public folder. The QAPI committee may offer additional recommendations for improvement when necessary. An overview of the analysis and interventions will be shared with the Medical Staff and the Quality Committee of the Board, as appropriate.

Implementation of Actions

Implementation begins and re-assessment occurs with refinement in interventions and actions if the initial desired outcome is not achieved or the desired outcomes are not sustained. This process is conducted through the Plan, Do, Study, Act (PDSA) model used by MHSC for process improvement activities. See Appendix 2- MHSC Model for Improvement.

PATIENT EXPERIENCE

Memorial Hospital of Sweetwater County integrates concepts from The Beryl Institute and The Institute for Patient-and Family-Centered Care into the practices of enhancing the patient experience. Patient experience is defined using The Beryl Institutes's (2018) definition of patient experience:

"The sum of all interactions, shaped by an organization's culture, that influence patient perception across the continuum of care."

Core concepts of Patient- and Family-Centered Care (2018) are expected to be practiced at all levels within the organization when interacting with patients and families. Core concepts include:

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and

choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

- *Information Sharing.* Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
- *Participation.* Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- *Collaboration.* Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in research; in facility design; and in professional education, as well as in the delivery of care.

Patient experience is a priority at MHSC and included as part of the QAPI plan and organizational strategic plan. Patient experience is the responsibility of every person who enters the organization.

SAFETY

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

QUALITY IMPROVEMENT RESOURCES

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

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

UNUSUAL CHANGES OR EVENTS

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

IMMUNITY/CONFIDENTIALITY CLAUSES

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

Subsection A. "Each licensee [hospital, healthcare facility and health services] shall implement a quality management function to evaluate and improve patient and resident care and services in accordance with the rules and regulations promulgated by the division. Quality management information relating to the evaluation or improvement of the quality of health care services is confidential. Any person who in good faith and within the scope of the functions of a quality management program participates in the reporting, collection, evaluation, or use of quality management information or performs other functions as part of a quality management program

with regards to a specific circumstance shall be immune from suit in any civil action based on such functions brought by a health care provider or person to whom the quality information pertains. In no event shall this immunity apply to any negligent or intentional act or omission in the provision of care."

Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with Hospital Policy and State and Federal Regulations governing the confidentiality of quality and patient safety work. All quality and patient safety data and information shall be considered the property of Memorial Hospital of Sweetwater County.

References

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

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The University of Toledo Medical Center. (2014). Quality Assessment, Performance Improvement, and Patient Safety Plan. Retrieved from http://www.utoledo.edu/policies/utmc/Administrative_Plans/pdfs/Quality%20Assessment%20Performance%20Improvement%20and%20Patient%20Safety%20Plan%202015.pdf

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

Approval:

Quality Assessment Performance Improvement Committee - 8/14/2018

Quality Committee of the Board - 8/15/2018

Medical Executive Committee (Review) - 9/11/2018

Board of Trustees -

Attachments:

[Appendix 1- MHSC 2018-2021 Strategic Plan](#)

[Appendix 2- MSHC Model for Improvement](#)

[Appendix 3- MHSC Project Summary Template](#)

[Appendix 4- MHSC Quality Dashboard](#)

[Appendix 5- QAPI Work Plan & Goals 2018-2019](#)

[Driver Diagram Example- Sepsis](#)

Applicability

Memorial Hospital of Sweetwater County

DRAFT

OUR VISION
To be our community's trusted healthcare leader.
2018 – 2021 STRATEGIC PLAN

Patient Experience (*Irene Richardson*)

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

Workplace Experience (*Suzan Campbell*)

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

Quality & Safety (*Kristy Nielson*)

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

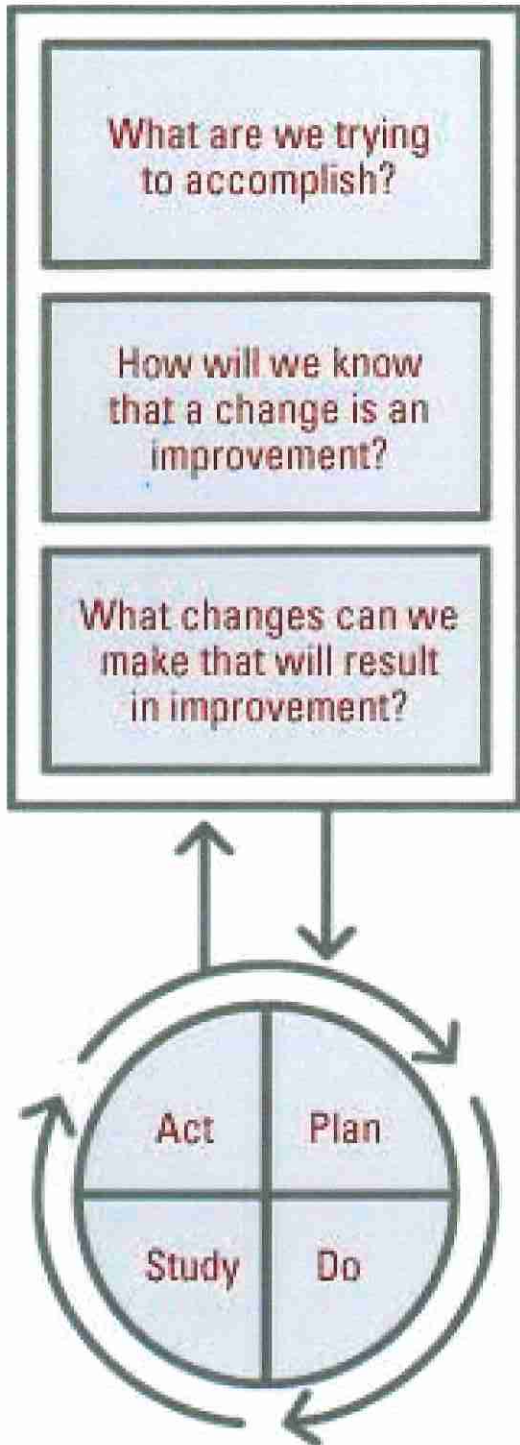
Growth/Opportunity/Community (*Kari Quickenden*)

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

Financial Stewardship (*Tami Love*)

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

MHSC Model for Improvement*



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

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

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

S.M.A.R.T. Goals



(<http://www.minutemovement.com/smart-goals/>)



PROJECT SUMMARY

$$V = \frac{Q + S}{\$}$$

QAPI 2018

Title:				Lead(s):			
Team:							
Target Population/Unit:				Physician Champion(s):			
Start Date:		Goal:		Strategic Objectives Impacted (check all that apply):	<input type="checkbox"/> Patient Experience <input type="checkbox"/> Workplace Experience <input type="checkbox"/> Quality & Safety	<input type="checkbox"/> Community Growth <input type="checkbox"/> Financial Stewardship	Estimated Completion Date:

Problem/Issue	Intervention/Milestone	Start Date	Completion Date	Milestone Lead
Purpose				
S.M.A.R.T. Goal & Metrics (defined)	PROCESS-OUTCOME-BALANCE			
S.M.A.R.T Goal:				
<u>Process Measure</u> Numerator (if applicable):				
Denominator (if applicable):				
<u>Outcome Measure</u> Numerator (if applicable):	<u>Balance Measure</u>			
Denominator (if applicable):				
Expected Deliverables				

Data

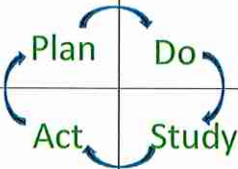
Measurement	Baseline Date	Baseline	Goal	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19

Graphs/Charts

PDSA

Cycle:
Lead:
Team:

Date:



Indicator	Benchmark	MHSC Goal (if other than benchmark)	Improvement Direction	Trend	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	Total
	CDB 2017										
CMS Star Ratings- Overall Hospital											
Mortality											
CDB009 - Acute Care - Mortality Rate	2.50%		↓		3.09%	4.08%	0.83%	1.77%	1.32%	0.00%	1.85%
CDB2258 - PSI 04 (v7.0) Death in Surgical IP w/Ser Comp, Overall - Per 1000 ACA	153.99		↓		0	0	0	0	0	0	0
CDB2178 - PSI 04a (v7.0) Death in Surgical IP w/Ser Comp, PE/DVT - Per 1000 Inpatients (numerator)	43.62	0	↓		0	0	0	0	0	0	0
CDB2182 - PSI 04b (v7.0) Death in Surgical IP w/Ser Comp, Pneumonia - Per 1000 Inpatients (numerator)	95.61	0	↓		0	0	0	0	0	0	0
CDB2186 - PSI 04c (v7.0) Death in Surgical IP w/Ser Comp, Sepsis - Per 1000 Inpatients (numerator)	N/A	0	↓		0	0	0	0	0	0	0
CDB2190 - PSI 04d (v7.0) Death in Surgical IP w/Ser Comp, Cardiac - Per 1000 Inpatients (numerator)	356.1	0	↓		0	0	0	0	0	0	0
CDB2194 - PSI 04e (v7.0) Death in Surgical IP w/Ser Comp, GI - Per 1000 Inpatients (numerator)	N/A	0	↓		0	0	0	0	0	0	0
Readmission											
CDB1540 - HWR, Overall, CMS Readm Rdctn - % Readmit within 30 Days, Same Facility, ACA	10.62%		↓		9.30%	1.24%	6.86%	5.88%	4.55%	7.61%	5.91%
OP-32 7-Day Hospital Visit Rate after Outpt. Colonoscopy*	16.40%		↓		2.60%						2.60%
CDB1534 - COPD, CMS Readm Rdctn - % Readmit within 30 Days, Same Facility, ACA	15.52%	12%	↓		25%	9.09%	14.29%	14.29%	0%	0%	10.44%
CDB1533 - Hip/Knee Arthroplasty, Total, CMS Readm Rdctn - % Readmit w/in 30 Days, Same Facility, ACA	2.35%		↓		0%	0%	0%	0%	0%	0%	0%
CDB1532 - Pneumonia, CMS Readm Rdctn - % Readmit within 30 Days, Same Facility, ACA	12.09%	10%	↓		7.69%	0%	9.09%	13.33%	11.11%	6.25%	7.91%
CDB1542 - Stroke, CMS Readm Rdctn - Percent Readmit within 30 Days, Same Facility, ACA	7.33%		↓		0%	0%	0%	0%	0%	0%	0%
Safety of Care											
CAUTI - Catheter Assoc. Urinary Tract Infection	0		↓				1	0	0		1
CLABSI - Central Line Assoc. Blood Stream Infection	0		↓				0	0	0		0
SSI - Surgical Site Infection - Colon	0		↓				0	0	0		0
SSI - Surgical Site Infection - Abdominal hysterectomy	0		↓				0	0	1		1
C Diff. - Clostridium Difficile	0		↓				1	0	0		1
MRSA - Methicillin-resistant Staphylococcus aureus	0		↓				0	0	0		0
CDB1828 - CMS Hip/Knee Arthroplasty, All Payer - Complication Rate	1.65%		↓		0	0	0	0	0	0	0
CDB2170 - PSI 03 (v7.0) Pressure Ulcer - Per 1000 ACA	0.73		↓		0	0	18.519	0	0	0	18.519
CDB2202 - PSI 06 (v7.0) Iatrogenic Pneumothorax - Per 1000 ACA	0.22		↓		0	0	0	0	0	0	0
CDB2210 - PSI 08 (v7.0) In Hospital Fall with Hip Fracture - Per 1000 ACA	0.07		↓		0	0	0	0	0	0	0
CDB2214 - PSI 09 (v7.0) Perioperative Hemorrhage or Hematoma - Per 1000 ACA	2.28		↓		0	0	0	0	0	0	0
CDB2219 - PSI 10 (v7.0) Postop Acute Kidney Injury Requiring Dialysis - Per 1000 ACA	0.81		↓		0	0	0	0	0	0	0
CDB2223 - PSI 11 (v7.0) Postoperative Respiratory Failure - Per 1000 ACA	4.99		↓		0	0	0	0	0	0	0
CDB2226 - PSI 12 (v7.0) Perioperative Pulmonary Embolism or DVT - Per 1000 ACA	3.39		↓		111.111	0	0	0	0	0	111.111
CDB2230 - PSI 13 (v7.0) Postoperative Sepsis - Per 1000 ACA	3.73		↓		0	0	0	0	0	0	0
CDB2234 - PSI 14 (v7.0) Postoperative Wound Dehiscence - Per 1000 ACA	0.77		↓		0	0	0	0	0	0	0
CDB2239 - PSI 15 (v7.0) Accidental Puncture or Laceration - Per 1000 ACA	1.17		↓		0	0	0	0	0	0	0
CDB2249 - PSI 90 (v7.0) Midas Patient Safety Indicators Composite, ACA	0.47		↓		2.986	0	1.714	0	0	0	0.783
Efficient Use of Medical Imaging											
OP-8: MRI Lumbar Spine for Low Back Pain*	N/A		↓		39.80%			N/A			
OP-9: Mammography Follow-up Rates*	8.80%		↓		8.80%			8.90%			
OP-10: Abdomen Computed Tomography CT*	7.80%		↓		7.80%			14.10%			
OP-11: Thorax CT - Use of Contrast Material*	1.80%		↓		1.80%			1.40%			
OP-13: Cardiac Imaging for Preoperative Non-Cardiac Low Risk Surgery*	4.80%		↓		4.80%			7.10%			
OP-14: Simultaneous Use of Brain and Sinus CT*	1.60%		↓		1.60%			0.50%			
Timeliness of Care											
ED-1b: ED Median Time ED Arrival to ED Departure	211 mins	300 min	↓		352	317	306	311	316.5	298.5	Average 316.8
ED-2b: ED Median Admit Decision Time to ED Departure Time	56 mins		↓		201	143	172	123	132	167.5	156.4
OP-3b: Median Time to Txfer to Fac for Acute Coronary Intv	64 mins		↓		N/A	N/A	N/A	N/A	N/A	77	77.0
OP-18b: Median Time ED Arrival to ED Departure	134 mins		↓		135	158	147	133	147	135	142.5
OP-5a: Median Time to ECG	7 mins		↓		8	24	5.5	13	10	12	12.1
Effectiveness of Care											
Core IMM-2 - Influenza Immunization	92.40%		↑		100%	93.94%	97.14%				97.03%
OP-27: Influenza Vac Coverage among Healthcare Personnel*	88%		↑				75%				75%
OP-22: Left Without Being Seen	2%		↓		0.80%	2.10%	0.90%	1.30%	1.40%	0.60%	1.18%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	71.60%		↑		N/A	0%	100%	100%	N/A	100%	75.00%
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts	85%		↑		100%	100%	33.33%	83.33%	66.67%	100%	80.56%
Core OP30/ASC10 - Colonoscopy:Interval for Pts w/Hx of Adenomatous Polyps	90%		↑		100%	N/A	N/A	100%	100%	100%	100%
Core OP33 - External Beam Radiotherapy For Bone Metastases	82%		↑		100%	100%	100%	100%	N/A	N/A	100%
Core PC-1 - Elective Delivery	<5.88%		↓		0%	0%	0%	0%	0%	0%	0%
Core VTE-6 - Hospital Acquired Potentially-Preventable VTE	<2%		↓		0%	0%	0%	0%	0%	0%	0%

MHSC Overall- Hospital ★★★★★
MHSC Dialysis ★★★★★

Quality Assessment Performance Improvement- QAPI

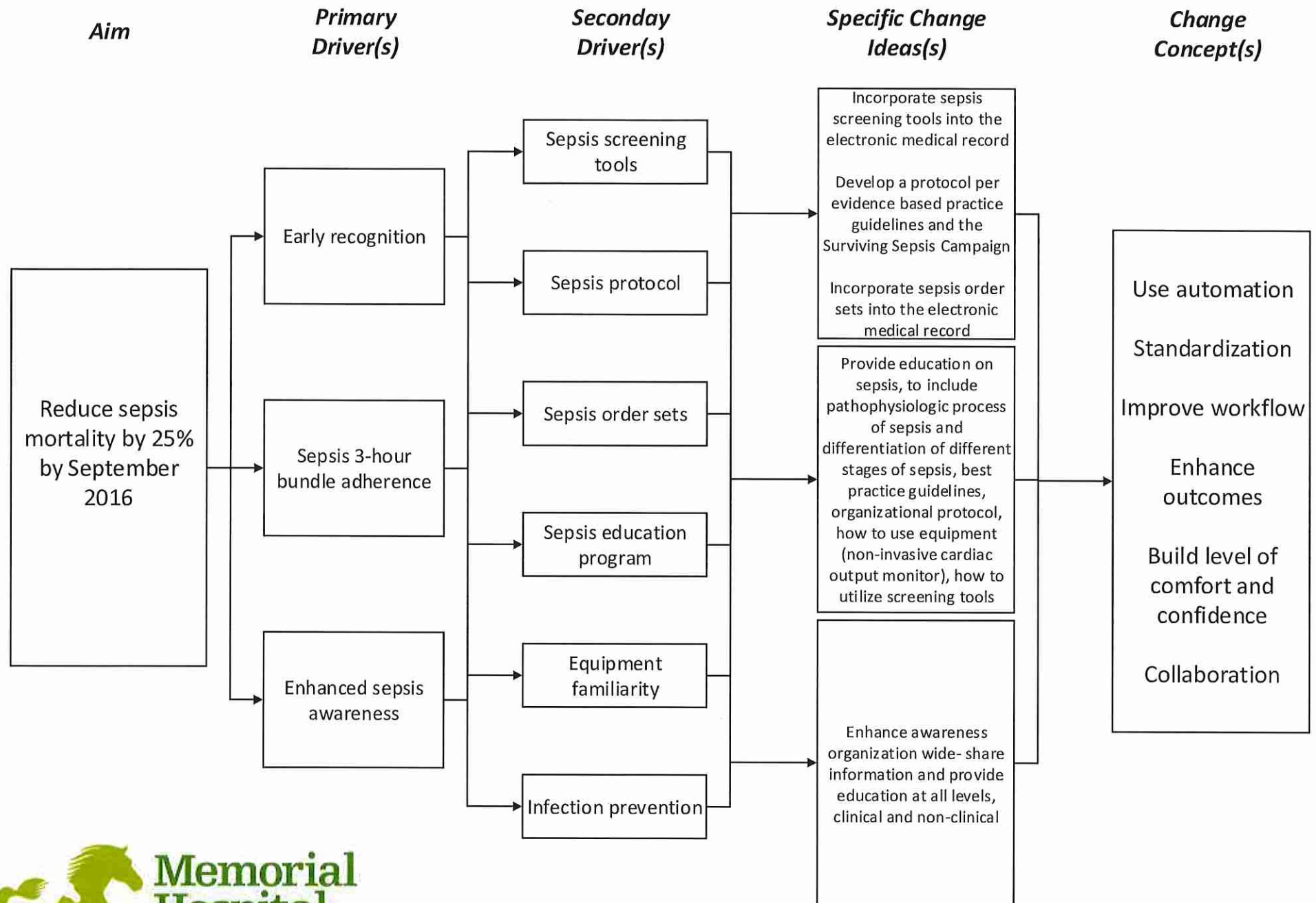
Indicator	Benchmark	MHSC Goal (if different from benchmark)	Trend	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	Total
	CDB 2017									
Core SEP1 - Early Management Bundle, Severe Sepsis/Septic Shock	40%		↑	42.86%	25%	75%	57.14%	66.67%	42.86%	52%
Reduce Harm (HRET HIN)										
Total Harms /1000 discharges	<49%		↓	65.60%	42.90%	48.50%	40.00%	48.60%	45.50%	48.52%
Total Cost Savings	T						\$601,043	\$496,863	\$502,543	
Adverse Drug Event (ADE)- Excessive Anticoagulation	T	-		1	0	0	0	0		1
ADE-Hypoglycemia	T	-		0	1	0	0	0		1
ADE-Use of Narcan	T	-		0	0	2	2	1		5
Safety Events										
Total Risk Incidents	T	-		46	38	86	65	38	32	305
Severe Risk Events	T	-		0	0	0	0	0	1	1
Meaningful Use										
Medication Reconciliation	>50%		↑	47.80%	47.19%	48.60%	52.97%	52.19%	62.72%	51.91%
Summary of Care	10%		↑	0%	5.66%	7.02%	7.89%	13.64%	8.20%	7%
Patient Portal Usage	1 person		↑	0	0	0	0	0	0	0
Antimicrobial Stewardship										
Reduce total inpatient days of therapy	1066		↓	1204	880	1050	1331	1016	1057	1089.667
PI Standards										
Perinatal Care										
Core PC-2a - Cesarean Birth - Overall	24%		↓	20%	20%	33.33%	0%	0%	0%	12.22%
Core PC-3 - Antenatal Steroids			↓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Core PC-4 - Health Care- Assoc Bloodstream Infections in Newborns			↓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Core PC-5 - Exclusive Breast Milk Feeding	52.80%		↑	60%	50%	35.71%	50%	100%	80.00%	62.62%
CDB083 - Maternal Deliveries - % Total C-Section	32.68%		↓	22.73%	32.35%	45.10%	10.71%	19.44%	24.24%	25.76%
CDB868 - Maternal Deliveries - % with Labor Induction	17.28%		↓	27.27%	26.47%	28.30%	29.63%	13.89%	30.30%	25.98%
Operative Procedures										
CDB1427 - Intraoperative Injuries, NPOA - Per 1000 ACA with Surgical Procedure	3.47		↓	0	0	0	0	0	0	0
CDB1428 - Postoperative Pulmonary Edema, NPOA - Per 1000 ACA with Surgical Procedure	1.66		↓	0	0	0	0	0	0	0
CDB1546 - Postoperative Hemorrhage/Hematoma, NPOA - Per 1000 ACA with Surgical Procedure	6.04		↓	0	0	0	0	0	0	0
CDB135 - Inpatients - % Returned to Surgery	5.60%		↓	9.09%	0%	0%	11.11%	0%	0%	6.73%
Operative diagnosis concurrence										
Sedation										
Total Anesthesia Impact Events	T	-		0	0	1	0	1	0	3
Blood Utilization										
Rate of transfusion reactions per total units transfused	T	-		3.85%	4%	0%	0%	0%	0%	1.76%
Resuscitation										
Results of Resuscitation-Survival Rate	25%		↑	0%	0%	50%	0%	0%	100%	1.72%
Falls										
CDB133 - Falls - Per 1000 Acute Care Patient Days	2.12		↓	0	3.546	5.236	2.967	0	0	2.937
Total Fall With Injury	0		↓	0	0	0	0	0	0	0
Medical Imaging/Radiation Safety										
Thermal Injuries- MRI	0		↓	0	0	0	0	0	0	0
Ferromagnetic objects entering MRI room	0		↓	0	0	0	0	0	0	0
Injuries - MRI- Ferromagnetic object	0		↓	0	0	0	0	0	0	0
Patient Perception of Safety and Quality										
Overall Safety of Care	77%		↑			60.90%			64.50%	
Overall Quality of Care	80%		↑			60.40%			59.10%	
Pain Management										
Data analysis under review										
Emergency Department Transfers										
CDB132 - Emergency Department - % Discharged to Outside Acute Care	<100 beds average 4.48%		-	2.83%	3.37%	3.77%	4.81%	4.02%	5.18%	4.01%
CDB1845 - Emergency Department - % Transferred to Inpatient	8.99%		-	6.54%	7.40%	8.04%	8.08%	5.42%	7.87%	6.37%

* Data reported annually, most recent data listed, although may not reflect actual month related to data

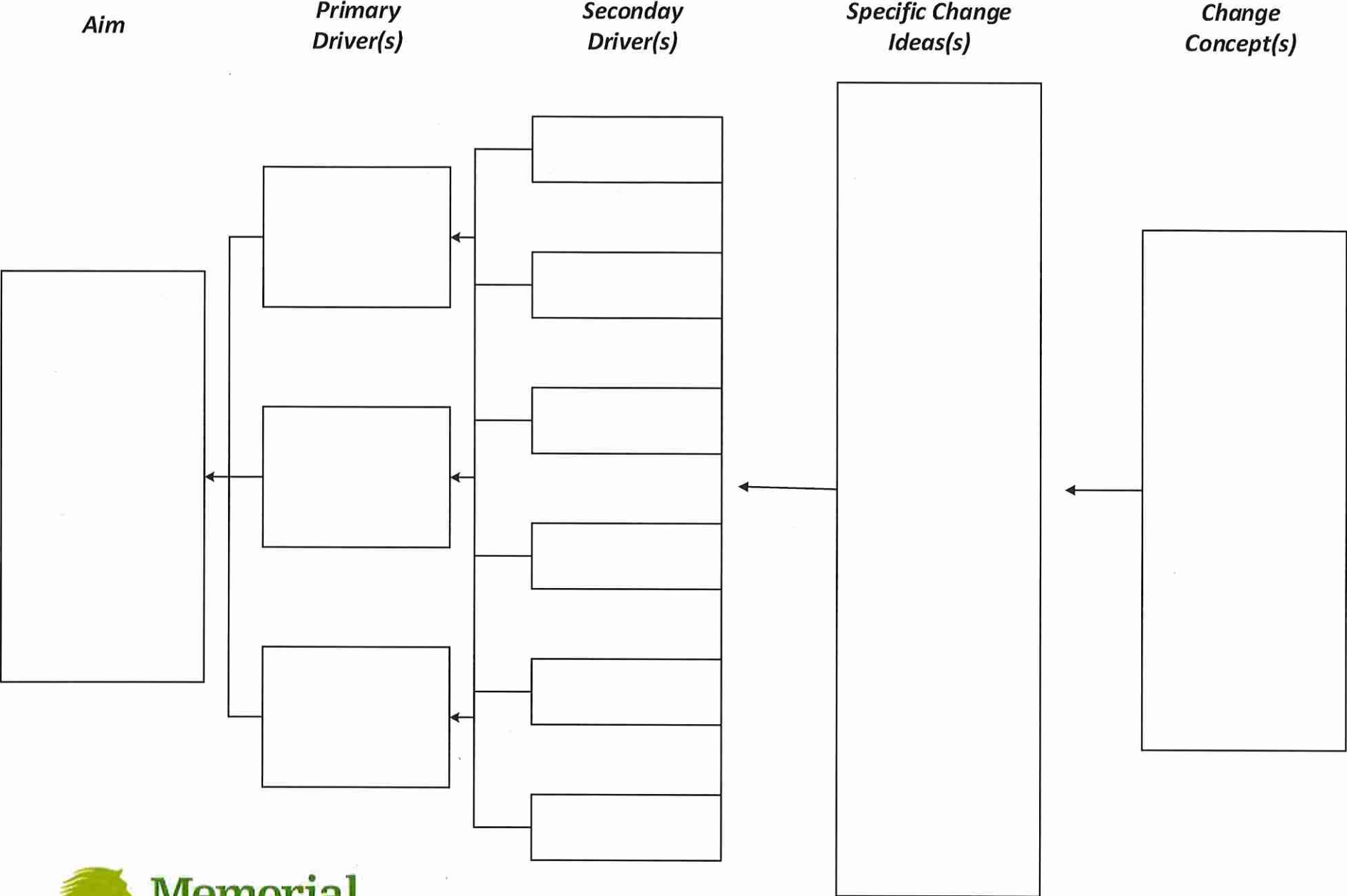
Project	Metric	Performance Target	Start Date	Target Completion Date	Accountable Leader	Executive Sponsor	Quality Liaison	Strategic Objective Targeted	Status
Goal: Improve star rating									
Efficient use of Medical Imaging	CMS Outpatient Imaging Efficiency measures (OP-10)	• OP-10: 7% (50% reduction in double scans)	May 4, 2018	April 2019	Tracie Soller	Kari Quickenden	Kalpana Pokhrel	Patient Experience Quality & Safety Financial Stewardship	Past: Data and claim codes reviewed Current: Documentation of procedures and coding reviewed Future: Education to physicians on documentation to capture data
ED Throughput/ Timeliness of Care	CMS National Hospital Quality Measures (ED-1b, ED-2b, OP-18b)	• ED-1b: Arrival to departure- 250 min • ED-2b: Decision to departure- 75 min • OP-18b- Arrival to departure- 100 min	May 11, 2018	July 2019	Melissa Anderson	Kristy Nielson	Corey Worden	Patient Experience Workplace Experience Quality & Safety Community Financial Stewardship	Past: Process flow evaluated, flow modified, ED wait times displayed, data tracked Current: Evaluation of process times for targeted intervention Future: Bedside reporting, process flow re-evaluation
Time to ECG	CMS National Hospital Quality Measures (OP-5a)	• 7 min	April 7, 2018	July 2019	Crystal Hamblin Melissa Anderson	Kari Quickenden	Corey Worden	Patient Experience Quality & Safety Financial Stewardship	Past: Process flow evaluation, policies updated, overhead paging initiated (code 1), EMT at triage Current: Bedside triage, data analysis Future: Process flow re-evaluation
Employee Influenza Vaccine Coverage	CMS National Hospital Quality Measures (OP-27)	• 85% employee vaccination coverage	September 1, 2018	March 2019	Deseriee Padilla	Kristy Nielson	Kalpana Pokhrel	Workplace Experience Quality & Safety Community Financial Stewardship	Past: Education to employees on importance, data review Current: Evaluation of data capture, evaluation of data entry Future: Re-asses measurement/meaningful metrics
Sepsis Management	CMS National Hospital Quality Measures (SEP-1)	• 70% bundle compliance	July 1, 2018	July 2019	Amanda Molski	Kristy Nielson	Corey Worden	Patient Experience Quality & Safety Community Financial Stewardship	Past: Data review, feedback to individual departments/physicians Current: Review of Surviving Sepsis Campaign guidelines, education on guidelines, lactate order change Future: Data analysis, targeted interventions
Meaningful Use - Inpatient Hospital	MU CMS Measures (Med reconciliation, summary of care, patient portal usage)	• Medication reconciliation- 60% • Summary of care- 15% • Patient portal usage- 1 patient	January 1, 2018	December 2018	Informatics	Kari Quickenden	Kalpana Pokhrel	Quality & Safety Financial Stewardship	Past: Data review, feedback on individual score shared with physicians, education provided on documentation Current: Continuation of sharing data with physicians Future: Review of reporting period with sufficient data for reporting

Antimicrobial Stewardship	Inpatient Days of Therapy	<ul style="list-style-type: none"> • Less than 1066/1000 patient days 	January 22, 2018	December 2018	Joy Ohnstad	Kari Quickenden	Kalpana Pokhrel	Quality & Safety Community	<p>Past: Implementation of guidelines, data tracking methods established, review of data</p> <p>Current: Feedback to providers in clinic on antibiotic usage, review of antibiotic necessity by pharmacy</p> <p>Future: Explore better metrics for evaluation</p>
Labor Induction Rate	Maternal Deliveries- Percent with Labor Induction	<ul style="list-style-type: none"> • Less than 17% 	January 1, 2018	December 2018	Dr. Yeshlur Perinatal Committee	Dr. Poyer	Kara Jackson Doreen Peretti	Patient Experience Quality & Safety Financial Stewardship	<p>Past: Implementation of policies and guidelines for induction, education to physicians</p> <p>Current: Data monitoring</p> <p>Future:</p>
Pain Management	# of metrics for pain management	<ul style="list-style-type: none"> • Implementation of 2 meaningful data metrics using electronic sources 	August 1, 2018	October 2018	Patty O'Lexey	Kristy Nielson	Corey Worden	Patient Experience Quality & Safety Community Financial Stewardship	<p>Past: Reduction of opioid prescriptions for discharged patients</p> <p>Current: Community education, non-opioid pain therapies</p> <p>Future: Implementation of pain contracts</p>
Patient and Family Engagement Strategies/PFAC	# of patients attending quality committee meetings	<ul style="list-style-type: none"> • Integration of at least 1 patient and/or patient story into quality committee meetings 	September 1, 2018	December 2018	April Prado, Quality, QAPI	Suzan Campbell	Kara Jackson Corey Worden	Patient Experience Workplace Experience Quality & Safety Community Financial Stewardship	<p>Past: PFAC monthly meetings</p> <p>Current: Restructuring committee</p> <p>Future: Re-implementing council, data collection</p>
Overall Safety of Care - Patient Experience	Culture of Safety Survey	<ul style="list-style-type: none"> • 45% employee response rate on survey • Implement at least 1 intervention based on feedback from Culture of Safety survey 	July 13, 2018	April 2019	Clayton Radakovich	Suzan Campbell	Karali Plonsky	Patient Experience Workplace Experience Quality & Safety Community Financial Stewardship	<p>Past: Evaluation of patient comments on patient surveys, review of grievances, identification of trends, Culture of Safety survey initiated 7/13/2018</p> <p>Current: Weekly rounding by EOC committee, concurrent review of grievances related to safety events, education and completion of survey</p> <p>Future: LEAN training, targeted focus for improvements based on data analysis, patient perspective integrated into improvement strategies, community/patient education, data analysis and feedback of survey information</p>
Overall Quality of Care - Patient Experience	HCAHPS Survey (Nurses Communication, Doctors Communication) Dashboard MHSC % Excellent	<ul style="list-style-type: none"> • Doctors Communication: 87% • Nurses Communication: 87% 	April 9, 2018	April 2019	Dr. Poyer Kristy Nielson	Irene Richardson	Kara Jackson Karali Plonsky	Patient Experience Workplace Experience Quality & Safety Community Financial Stewardship	<p>Past: HCAHPS survey, review of data, data shared with physicians, educated at medical staff meetings, data shared with nursing departments, nursing departments given access to HCAHPS dashboards</p> <p>Current: Noise reduction strategies, review of patient comments/feedback, "Commit to Sit" for providers</p> <p>Future: LEAN training of Quality department, exploring real-time feedback survey and analysis</p>

OB Documentation Improvement	Newborn protocols documentation	<ul style="list-style-type: none"> Vital signs for preterm/risk newborns documented: 90% Feeding/encouragement every 3 hours documented: 90% 	August 1, 2018	April 2019	Shawna Welter	Kristy Nielson	Kara Jackson Doreen Peretti	Patient Experience Workplace Experience Quality & Safety Community Financial Stewardship	Past: OB council implementation, review of policies, education on policies, data collection, data analysis Current: Data collection process moved to unit level to evaluate and assess appropriate documentation and importance Future: Targeted improvement strategies based on data
Lidocaine Documentation Improvement	Documentation of route, dose, time, and drug name for lidocaine administration	<ul style="list-style-type: none"> 100% documentation on all elements 	January 1, 2018	November 2018	Carol Mackie	Kari Quickenden	Kara Jackson Doreen Peretti	Patient Experience Quality & Safety Financial Stewardship	Past: Performance improvement boards, data entry, data collection, education on purpose/importance, provider education Current: Data collection and monitoring Future:
Noise Reduction Strategies - Patient Experience	HCAHPS Survey- Quietness of Environment- Dashboard MHSC % Excellent	<ul style="list-style-type: none"> HCAHPS- Quietness of Environment: 80% 	May 1, 2018	July 2019	Melissa Anderson	Kristy Nielson	Kara Jackson Karali Plonsky	Patient Experience Workplace Experience Quality & Safety Community	Past: Noise reducing curtains Current: Noise level monitoring systems (YackerTracker), data collection, education on purpose of monitoring/importance Future: Data analysis, feedback to employees
MIPS Quality Improvement - Outpatient Clinic	CMS MIPS quality score	<ul style="list-style-type: none"> 98% or better in MIPS performance score 	January 1, 2018	July 2019	Jodi Corley, Leslie Taylor	Kari Quickenden	Kara Jackson Kalpana Pokhrel	Patient Experience Workplace Experience Quality & Safety Community Financial Stewardship	Past: Implementation of electronic sources for data capture, education to physicians on MIPS program, documentation improvement Current: Data collection/monitoring, ongoing provider education, provider champions identified Future:
Hospital 30-day Readmissions	% of 30-day readmissions to another facility (University of Utah)	<ul style="list-style-type: none"> Implementation of a process to capture readmission data from University of Utah 	August 6, 2018	March 2019	Amanda Molski	Suzan Campbell	Doreen Peretti Kara Jackson	Patient Experience Quality & Safety Community Financial Stewardship	Past: Review of community wide readmissions from outside facilities at care coalitions, discussions of data sharing with U of U, discussions of data sharing with state Quality Improvement Organization Current: Evaluation and discussion of options for data sharing Future:
Clostridium Difficile	Appropriateness of c.diff testing	<ul style="list-style-type: none"> Implementation of data measurement 	August 16, 2018	October 2018	Sarah Roth	Kristy Nielson	Kalpana Pokhrel	Quality & Safety Community Financial Stewardship	Past: Feedback and initial review of c.diff testing process Current: Discussions with new pharmacist and infection preventionist on meaningful metrics Future: Site visit with Dr. Tremain to share clinical expertise



Driver Diagram



PLAN DO STUDY ACT (PDSA) FORM

Cycle #:

Start Date:

End Date:

Project Title:

Organization Name:

Team Lead:

Objectives of this Cycle:

- ☐ Test a Change
- ☐ Implement a Change
- ☐ Spread a Change

Short objective of cycle:

PLAN



Test/Implementation Plan:

What change will be tested or implemented?

How will the change be tested or implementation be conducted (consider small scale early)?

Who will run the test or implementation?

Where will the test or implementation take place?

When will the test or implementation take place?

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Predictions:

1.

Institute for Healthcare Improvement [IHI]. (2015). *Open school: Lesson 1: Using a PDSA template for tests of change*. Retrieved November 19, 2015 from <http://app.ihl.org/lms/lessonpageworkflow.aspx?CatalogGuid=5b5c79b8-f019-442c-a199-de2041cdfbf5&CourseGuid=7ef37a50-827f-477b-b603-9b4eef065fe6&LessonGuid=d3ec915f-2bd3-4cdf-9ce5-1899ad0f8dac>

Adapted for MHSC with written electronic mail permission from Gina at openschool@ihl.org received November 15, 2015.

Reviewed 6/19/2017

- 2.
- 3.
- 4.

Data Collection Plan:

What information is important to collect?

Why is it important?

Who will collect the data?

Who will analyze the data prior to Study?

Where will data be collected?

When will the collection of data take place?

How will the data (measures or observations) be collected?

DO



Observations:

Record observations not part of the plan:

Did you need to tweak the original Plan?

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Begin analysis of data (graph of the data, picture):

STUDY



Questions: Copy and paste Questions and Predictions from Plan above and evaluate learning. Complete analysis of the data. Insert graphic analysis whenever possible.

1. **Prediction:**

Learning (Comparison of questions, predictions, and analysis of data):

2. **Prediction:**

Learning (Comparison of questions, predictions, and analysis of data):

3. **Prediction:**

Learning (Comparison of questions, predictions, and analysis of data):

4. **Prediction:**

Learning (Comparison of questions, predictions, and analysis of data):

Summary (Look at your data. Did the change lead to improvement? Why or why not?):

ACT



Describe next PDSA Cycle: Based on the learning in "Study," what is your next test?

PDSA Worksheet for Testing Change

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do

Describe what actually happened when you ran the test

Study

Describe the measured results and how they compared to the predictions

Act

Describe what modifications to the plan will be made for the next cycle from what you learned

Institute for Healthcare Improvement [IHI]. (2015). *Plan-Do-Study-Act (PDSA) Worksheet*. Retrieved November 17, 2015 from

<http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>

Adapted for MHSC with written electronic mail permission from Gina at openschool@IHI.org received November 15, 2015.

Reviewed 6/19/2017

Contract Check List

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

1. Name of Contract: **BUILDING LEASE 7708 FOOTHILLS**
2. Purpose of contract, including scope and description: **Renewal of lease for storage facility at 7708 Foothills RS. Hospital maintenance uses this property to store files, records, equipment etc off-site.**
3. Effective Date: **September 1, 2018**
4. Expiration Date: **One year or until August 31, 2019**
5. Rights of renewal and termination: **MHSC may extend for one year or until August 31, 2020 if we give notice 90 before Aug 31, 2018** Is this auto-renew? **No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$3500.00 month plus utilities**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **It isn't specifically addressed but jurisdiction would be Wyoming**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **Yes**
10. Is this contract appropriate for other bids? **Maintenance has looked for other storage areas but this one is large enough for our needs and rent is within market.**
11. In-house Counsel Reviewed: **yes**
12. Is County Attorney review required? **no**

BUILDING LEASE

THIS LEASE, made this _____ day of _____, 2018, to be effective the 1st day of September, 2018, by and between Current Properties, LLC, Wyoming limited liability company, whose address for the purposes of this Lease is 2901 Driftwood Lane, Rock Springs, Sweetwater County, Wyoming, hereinafter referred to as "Lessor", and Memorial Hospital of Sweetwater County whose address for the purposes of this Lease is 7708 Foothill Blvd., Rock Springs, WY 82901, hereinafter referred to as "Lessee".

IT IS MUTUALLY UNDERSTOOD AND AGREED THAT:

1. GENERAL. The covenants herein contained shall bind, and the benefits and advantages thereof shall inure to the respective heirs, executors, administrators and assigns of the parties hereto. Whenever used the singular number shall include the plural, the plural the singular, and the use of any gender shall include all genders.

2. DESCRIPTION. The Lessor, for and in consideration of the covenants and agreements herein contained, to be kept and performed by the Lessee, hereby demises and leases to the Lessee, all of the following premises and property situate, lying and being in Sweetwater County, Wyoming, known and described as follows, to-wit:
The business premises located at 7708 Foothill Blvd., Rock Springs, Sweetwater County, Wyoming, comprised of a 5500 square foot commercial building with attached yard.

3. LEASE TERM. TO HAVE AND TO HOLD the above described premises and property, with the appurtenances, unto the Lessee, from the 1st day of September, 2018, for, during and until the 31st day of August, 2019, the Lessor hereby relinquishing and waiving all rights under and by virtue of the homestead exemption laws of the State of Wyoming.

Tenant may renew the Lease for one extended term (1) of one year. Tenant shall exercise such renewal option, if at all, by providing written notice to Landlord not less than ninety (90) days prior to the expiration of the Initial Term. The renewal term shall be at the rental set forth below and otherwise upon the same covenants, conditions and provisions as contained in this Lease. If all lease extensions are approved, the life of this lease extends to August 31, 2020.

4. CONDITION OF PROPERTY. The Lessee covenants and agrees with the Lessor that the Lessee has received the above-described property and premises in good order and condition, and that at the expiration of this Lease the Lessee shall deliver said premises and property to the Lessor in as good order and condition as when entered upon and possession taken by the Lessee, loss by fire, inevitable accident or ordinary wear excepted.

5. RENT. The Lessee, in consideration of the leasing of the said premises and property, shall pay to the Lessor, as rent for the same, the sum of Three Thousand Five Hundred and No/100 Dollars (\$3500.00) on or before the 1st day of May, 2017, and the sum of Three Thousand Five Hundred and No/100 Dollars (\$) Dollars on or before the 1st day of each and every month thereafter until this Lease is terminated as hereinafter provided.

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Lease extensions, if engaged, will have no rent increase for the potential five (5) years of this Lease.

6. DAMAGE AND CLEANING DEPOSIT. In addition to the above lease rental payments, Lessee shall pay to Lessor on the date of commencement of the lease term, the sum of NONE _____ and No/100 (\$0.00) Dollars, which sum shall be considered and serve as a cleaning and damage deposit. Upon vacation of the premises by Lessee, Lessor shall inspect the

premises, and if said premises have been left in good order and condition by the Lessee, said sum of NONE_ and No/100 Dollars (\$0.00) Dollars shall be refunded to Lessee by Lessor.

7. LATE PAYMENTS. Any installment of rent accruing under the provisions of this Lease, which shall not be paid when due, shall be subject to a late payment fee of Twenty-five and No/100 Dollars (\$25.00) per day from the date when the same was payable by the terms of this Lease until the same shall be paid by the Lessee.

8. PURPOSE. The Lessee shall not use said premises or property, nor permit the same to be used, for any offensive purpose or for any purpose prohibited by the laws of the United States of America, or the State of Wyoming, or by the ordinances of the municipality wherein said premises and property are located.

9. SIGNS. The Lessee shall have the privilege of affixing such signs in or upon the leased premises as it may deem necessary for the purpose of its business, providing the same shall not permanently disfigure the premises or in any way conflict with local statutes or ordinances in that behalf made and provided.

10. CARE OF PREMISES. The Lessee shall not perform any acts or carry on any practices which may injure the leased premises or be a nuisance or menace to neighboring landowners or tenants. The Lessee shall keep the leased premises clean and orderly at all times and shall keep all sidewalks, pathways, and paved parking areas free from rubbish, dirt, weeds, snow and ice at all times, and shall keep the fenced storage parking area free from rubbish at all times, and if the Lessee shall not comply with this provision, the Lessor may enter upon said leased premises and have said snow, ice, rubbish, weeds and dirt removed, in which event the Lessee agrees to pay all charges that the Lessor shall incur for removing and/or hauling said snow, ice, rubbish and dirt.

11. MAINTENANCE AND REPAIRS. Lessor will, at its expense, keep the exterior and structural portions of the building located upon said leased premises, including the roof, but exclusive of exterior or interior doors, door locks and door closures, in good repair during the period of this Lease, and the Lessee, at its expense, shall make all necessary repairs to the interior of leased premises, including but not limited to all exterior or interior doors, door locks and door closers, and all water, sewer, and gas pipes located within the interior leased portion of said building. The Lessee, at its expense, shall also promptly pay for any repairs, whether to the interior or exterior of the structural portion of the leased premises, which may be made necessary by the negligence or misconduct of the Lessee, its agents, employees, patrons or invitees. All supply pipes for utilities and the sewer lines outside said building shall be kept in proper repair by the Lessor. Lessee will, at its own expense, maintain plumbing fixtures and pipes used solely by the Lessee or its agents, employees, patrons or visitors in the interior of said premises and make any changes in the supply lines for utilities made necessary because of its particular operation.

12. ALTERATIONS. The Lessee may, with the written consent of the Lessor first had and obtained thereto, at its own expense, remodel, alter, improve or make additions to the premises herein leased, and upon the termination of this Lease, for any cause whatsoever, all improvements, alterations or modifications, that may be made by either the Lessor or the Lessee, upon and to the leased premises, shall be and become the property of the Lessor and shall remain upon and be surrendered with the said leased premises as a part thereof; provided, however, upon the termination of this Lease, the Lessee may remove all furniture, fixtures, equipment and stock-in-trade contained in or upon the leased premises, provided that such removal does not damage the leased premises; and further provided that the Lessor, at its option, may, upon the termination of this Lease for any cause whatsoever, require the Lessee to remove the improvements made and erected by it within a reasonable time after such termination, and then, in that event, Lessee must return said leased premises to the Lessor in the same condition as when the same were entered upon by the Lessee, loss by fire, inevitable accident or ordinary

wear excepted. Lessee shall be liable to the Lessor for any and all damages caused by the removal of improvements placed on the leased premises by it.

Lessee shall pay when due all bills, statements and accounts for charges, expenses and costs incurred for such remodeling, alterations and improvements, and shall indemnify Lessor from any related cost, charge or expense, and Lessee shall keep said property free of all liens and encumbrances for remodeling, alterations and improvements made by the Lessee during the term of this Lease.

13. RIGHT TO INSPECT. The Lessor shall have the right, anything herein to the contrary notwithstanding, but not any duty, to enter the leased premises for the purpose of inspecting them, and to make such repairs, alterations, improvements or additions that the Lessor may deem necessary or desirable; and that Lessor shall have the right to take all material into and upon said leased premises that may be required therefore, without being deemed to evict the Lessee in whole or in part, and without causing the above rental to abate; provided, however, that such entry does not unreasonably interfere with Lessee's business.

14. FIRE. It is understood and agreed that if the leased premises are damaged or partially destroyed by fire, flood or other unavoidable casualty, whereby the leased premises are not rendered wholly untenable, the Lessee shall give immediate notice thereof to Lessor, and shall continue to pay the rent for said leased premises as above provided, without deduction; but if the damage or destruction has destroyed the premises or rendered them wholly untenable, Lessor may elect within twenty (20) days either to cancel this Lease or to put the leased premises in good repair and condition, and in the latter event, the rent shall abate until the leased premises are repaired; provided, however, that if Lessor elects to cancel this Lease, the term thereof shall cease as of the date of such destruction, and the rent shall be paid by the Lessee only until such date.

15. TAXES, CHARGES AND ASSESSMENTS. The Lessor shall pay all real property taxes and assessments levied against said property, and the Lessee shall, at its own expense, pay for all licenses and permits and pay any and all taxes and assessments levied, assessed or imposed against all machinery, furniture and equipment placed therein by Lessee.

16. INDEMNITY. This agreement is made upon the express condition that Lessor shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury or injuries to any person or persons, or property of any kind whatsoever, whether the person or property of Lessee, its agents or employees, or third persons, from any cause or causes whatsoever while in or upon said premises or any part thereof or occasioned by any occupancy or use of said premises or any activity carried on by Lessee in connection therewith, including any claims, investigations, clean up and other costs resulting from or associated with any environmental conditions created on or in the leased premises during the term of this Lease or created otherwise by Lessee, and Lessee hereby covenants and agrees to indemnify and save harmless the Lessor from all liabilities, charges, expenses (including counsel fees) and costs on account of or by reason of such injuries, liabilities, claims, suits or losses however occurring or damages growing out of same, including, without limiting the generality of the foregoing, all liability however arising to any and all persons whomsoever, whether for personal injuries or otherwise, by reason of the erection, maintenance, or operation of any sign or signs on the said premises, or any device or appliance used in connection therewith.

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17. INSURANCE. Lessee shall maintain sufficient insurance to protect both Lessor and Lessee from all claims for personal injury, including death, whether such claims are under a workmen's compensation act or otherwise, and from all claims for damage to property, which may arise from the occupancy or operations Lessee under this Lease. Lessee shall file certificates of said insurance with Lessor, and said insurance shall be subject to the

approval of Lessor for adequacy of protection and approval of the insurer. Lessor shall, at its expense, maintain and carry fire and casualty insurance, with extended coverage, upon the leased premises. Lessee shall, at its expense, maintain and carry fire and casualty insurance, with extended coverage, upon the machinery, furniture, fixtures, equipment and inventory placed in or upon the leased premises by the Lessee. Lessee shall also pay any increase in insurance costs which Lessor may sustain as a result of Lessee's operations, or because of materials handled or stored on the premises by Lessee.

18. UTILITIES. The Lessee shall pay all charges for all utilities, including, without limiting the generality of the foregoing, electricity, water, gas, sewer, garbage disposal and other services, used in, or about the said leased premises.

19. SUBLEASE OR ASSIGNMENT. The Lessee shall not assign or sublease the leased premises, or any part thereof, during the term of this Lease without first obtaining the written consent of Lessor.

20. NOTICES. Except as may be herein otherwise provided, all notices required or permitted herein shall be deemed to have been properly given when sent by registered or certified United States mail, addressed to the opposite party at the above addresses. The date of such service shall be the date on which the notice is deposited in a United States post office. All notices shall be sufficient within the terms of the Lease when signed by either of the notifying parties, and mailed to the opposite party. Personal delivery of such written notice shall have the same effect as notice given by mail. The above addresses may be changed for the purpose of this Lease by notification of the opposite party in writing.

21. WAIVER OF BREACH. Waiver by either the Lessor or the Lessee of any breach of any condition or provision of this Lease shall be limited to the particular instance, and shall not operate or be deemed to waive any future breach or breaches of said condition or provision. The failure of either the Lessor or the Lessee to insist, in any one instance or more, upon the performance of any of the conditions or provisions of this Lease, or to exercise any right or privilege herein conferred, shall not be construed as thereafter waiving any such conditions, provisions, rights or privileges, but the same shall continue and remain in full force and effect.

22. DEFAULT. If the rent above mentioned, or any part thereof, shall be unpaid on the date whereon the same ought to be paid, as aforesaid, or if default shall be made in any of the covenants and agreements herein contained to be kept by the Lessee, the Lessor may, at the election of Lessor, declare the whole of the rental provided for herein, together with any and all other sums payable pursuant to the provisions hereof, immediately due and payable, anything herein to the contrary notwithstanding, and may also declare said term ended, and either with or without process of law, re-enter said premises, or any part thereof, and take immediate possession of the premises and property herein leased and, in addition, the Lessee shall be liable to the Lessor for all damages and for all expenses the Lessor may reasonably incur in connection with re-entry and repossession of the premises and property, and a subsequent reletting thereof; provided, however, anything herein contained to the contrary notwithstanding, that the Lessor shall not exercise any land owner remedies against the Lessee by reason of any default, unless and until the Lessor shall have given the Lessee written notice, by registered or certified mail, of such default, and unless the Lessee shall have failed to remedy such default within a period of ten (10) days after the mailing of such notice. The non-prevailing party shall pay all costs of enforcement of all of the terms of this Lease, including reasonable attorney fees.

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23. REMEDIES. Any reference in this Lease to any particular right or remedy, or any exercise thereof, shall not limit the Lessor to such right or remedy, nor preclude the Lessor from any other right or remedy to which the

Lessor might otherwise be entitled.

24. DETAINER. If the Lessee shall remain in possession of said premises and property for more than three (3) days after the termination of this Lease in any of the above named ways, the Lessee shall be deemed guilty of forcible detainer of the premises under the laws of the State of Wyoming, and shall be subject to the conditions and provisions above named, and to eviction and removal, forcible or otherwise, with or without notice or process of law.

25. EXISTING LEASES. Upon the effective date of this Lease, all other leases existing between the parties, or between affiliated entities of the parties, relating to the leased premises, shall be terminated.

26. COUNSEL. Lessee acknowledges that this Lease has been prepared by legal counsel for Lessor, and that Lessee has consulted, or has been provided reasonable opportunity to consult, independent legal counsel of its choosing.

IN WITNESS WHEREOF, this Lease has been executed by the Lessor and the Lessee the date first above written.

LESSOR:

Current Properties, LLC,
a Wyoming limited liability company,

By: _____
William Current, Partner

LESSEE:

Memorial Hospital of Sweetwater County

By: _____

Contract Check List

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

1. Name of Contract: **FAIRWARNING**
2. Purpose of contract, including scope and description: **Software for medical record monitoring. We currently have no medical record monitoring system/software. This software will allow us to better monitor insider attacks and prevent threats. This will consist of two parts, the software itself, and the managed services provided by the vendor. The software itself will receive event logs from our electronic health record software packages. The managed services piece, will allow the vendor to create alerts, real-time monitor, provide reports, and help us assess and manage the access roles and rules. The vendor will also help us manage our security policies required by CMS and the Joint Commission. The costs of having an incident (breach of patient information) could cost the hospital upwards of over \$5 million dollars.**
3. Effective Date: **The date we sign and accept the Agreement**
4. Expiration Date: **Three years from the date we sign and approve with auto renewal clause.**
5. Rights of renewal and termination: **Yes for 1 year terms after initial 3 year period. Can send notice of non-renewal at least 30 days prior to expiration of the initial term or renewal term. Is this auto-renew? Yes**
6. Monetary cost of the contract and is the cost included in the department budget? **3 year total all software, training and services=\$142,052.00 Patient Privacy Intelligence is \$31,364.00 year 1 \$28,464.00 year 2 and \$28,464 year 3 total \$88,292.00**

3 year Managed Privacy Services year 1 through 3 \$17,920 for total \$53,760.00 \$53,760.00 + \$88,292.00 total of \$142,052.00

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Governing law is the state laws where principal office is located.**

8. Any confidentiality provisions? **Yes as to data being protected. Not the agreement itself.**

9. Indemnification clause present? **Yes page 7 of Master Purchase agreement**

10. Is this contract appropriate for other bids? **IT chose this software after comparing and looking at others.**

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

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



ORDER FORM for FairWarning Services, LLC
Order Form No.: 0063800000IKIXHAAW
Offer Valid through: September 28, 2018
Proposed by: Bert Panganiban
Order Form Type: Memorial Hospital of Sweetwater
County/NB/Managed Services

ORDER FORM

Prepared for:

Customer: Memorial Hospital of Sweetwater County
Name: Irene Richardson
Address: 1200 College Drive
City/State/Zip: Rock Springs, Wyoming 82901

Terms and Conditions

Related Master Contract: FairWarning Master Purchase Agreement ("MPA") US_V3.3_July 2015
Billing Frequency: Annual
Billing Method: Email
Payment Method: Check
Payment Terms: Net 30 from receipt of invoice. Invoiced at Contract Effective Date unless specified otherwise in Schedule and Detail section.
Contract Effective Date: If blank, then the date of last signature below.

Purchased Services Summary

Yearly Sub-totals

Year 1 sub-total: \$17,920.00
Year 2 sub-total: \$17,920.00
Year 3 sub-total: \$17,920.00
Grand Total: \$53,760.00

Product Details

Year 1						
Product	Category	Product Description	Line Item Description	Unit Price	QTY	Total Price
MGDSVC-BOX-YR1	Managed Services	Annual Managed Privacy Services		\$17,920.00	1.00	\$17,920.00

Year 2						
Product	Category	Product Description	Line Item Description	Unit Price	QTY	Total Price
MGDSVC-BOX-YR2	Managed Services	Annual Managed Privacy Services		\$17,920.00	1.00	\$17,920.00

Year 3						
Product	Category	Product Description	Line Item Description	Unit Price	QTY	Total Price
MGDSVC-BOX-YR3	Managed Services	Annual Managed Privacy Services		\$17,920.00	1.00	\$17,920.00

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Prices shown above do not include any taxes that may apply. Any such taxes are the responsibility of Customer. This is not an invoice. If Customer is a tax-exempt organization, Customer must supply FairWarning with a valid tax exemption certificate authorized by the appropriate taxing authority as outlined in the Related Master Contract.

I. Schedule & Detail

- A. Implementation Services: Invoiced upon Contract Start Date and include the following:
- 1) Review policies covering select subject areas deemed essential to the success of the Patient Privacy Intelligence Program with suggestions for improvement/updates
 - 2) Establishment of the following (where applicable):
 - a) Standardized workflows
 - b) Proven validation process
 - c) Communication and education plan
 - d) Customized communication and education materials
 - e) Guidance on documentation of decisions around the deployment of FairWarning Patient Privacy Intelligence
- B. Patient Privacy Intelligence Services: The first year is invoiced upon Contract Start Date with annual payment due each year thereafter. Includes the following:

Implementation of up to three (3) Enforced Policies (automated alerts) over the first 12 months of the Initial Term at the suggested rate of 1 enforced policy every 10 - 13 weeks or another schedule mutually agreed upon. After the initial 3 enforced policies have been implemented, additional enforced policies may be purchased from a menu of available enforced policies. The additional enforced policies to be implemented shall be agreed upon in advance and in writing.

- Apply specific filters to the Behavioral Analytics where applicable and available to reduce the number of false positives.
- Provide recommendations to the Customer on staff education and awareness initiatives.
- Provide trending results of positive findings (confirmed inappropriate access) from triggered Behavioral Analytics.
- Provide or assist Customer with governance and compliance effectiveness reporting.
- Provide assistance with access reviews based on complaints (upon request by Customer)
- In accordance with SLAs, promptly notify Customer's designated contact personnel upon discovery of suspected inappropriate access by Customer computer user.
- Documentation of reviews and investigations of triggered Behavioral Analytics in FairWarning® Patient Privacy Intelligence technology.
- Validate Customer computer user's access from triggered Behavioral Analytics if a business reason cannot be determined.
- Review of triggered Behavioral Analytics by FairWarning® Managed Privacy Services staff in accordance with Service Level Agreements (SLAs) as outlined at www.fairwarning.com and that may be attached to this order form.
- Provide continuous Patient Privacy Intelligence of the Customer's applications being supplied to FairWarning® Patient Privacy Intelligence technology through the use of Behavioral Analytics (automated alerts) implemented by the FairWarning® Managed Privacy Services staff.

II. Required information

Base Statistics - Customer represents and warrants the accuracy of the following facts for Customer as of the Contract Start Date of this Order Form:

Number of Employees: 435

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Customer's Facilities & Notice Information

Primary facility for which the Services shall be used

Name	Memorial Hospital of Sweetwater County
Address	1200 College Drive
City/state/zip	Rock Springs, Wyoming 82901

Notices should be sent to the following:

Name	Irene Richardson
Title	Chief Executive Officer
Email	irichardson@sweetwaterhospital.com
Phone	+1.307.362.3711

Customer contacts for escalation path described in Other Considerations section:

Name (#1)

Name (#2)

****Disclaimer:** FairWarning shall not be responsible for any delays in the implementation of Services or provision of Support Services resulting from Customer's failure to keep current the Critical Contact List.**

III. Renewal

The initial term of the items included in Purchased Services shall be the 3 year period commencing on the Contract Start Date (the "Initial Term"), and the term shall renew automatically for successive additional terms of one (1) year each (each a "Renewal Term") upon the expiration of the Initial Term and each Renewal Term, unless either party notifies the other in writing of non-renewal at least thirty (30) days prior to the expiration of the Initial Term or Renewal Term then in effect. Upon any expiration or termination of this Order Form and the Related Master Contract (and of the license granted under the Related Master Contract and this Order Form), the provisions of Section 10.5 of the Related Master Contract shall apply.

IV. Common terms used in Managed Privacy Services engagements

- A. "Access" generally refers to the act of a computer user of the Customer in accessing ePHI within an electronic health record ("EHR") or application(s) maintained by Customer.
- B. "Access Review" refers to the review of Customer's computer system user(s) who have accessed a patient's EHR and/or other clinical applications. This may involve identifying all users who accessed the record at issue or identifying whether a specific user accessed the record.
- C. "Communication Plan" means the communication plan to inform the Customer's own employees/workforce of (1) the increased monitoring activities being implemented and (2) what the organizational policies are for acceptable use and unacceptable behavior regarding Access to Customer's applications containing ePHI.
- D. "Behavioral Analytics" or "Enforced Policies" are reports (1) with specific criteria designed to detect specific activities or behavior, (2) that can be scheduled and will automatically alert or "trigger" when that specific criteria is met.
- E. "Investigation" means examination of Customer's computer user's Access to ePHI that was identified as potentially not business related during the review of a triggered Behavioral Analytic, including documenting in the FairWarning Patient Privacy Intelligence Technology in the "Investigation" area.
- F. "Special Alert" means a Behavioral Analytic created for a specific situation or event (e.g., for a high profile patient that is in the hospital).
- G. "Validation Request" means the written request that FairWarning sends to Customer's management personnel after review of a triggered Behavioral Analytic, when the review failed to identify a likely business reason for the Access.

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V. Customer Responsibilities

- A. Secured VPN Connection - Customer shall provide a secured VPN connection over the Internet.
- B. Customer shall have established Transport Layer Security ("TLS") for all of the Customer domains with the domains of FairWarning within 15 days of Contract Start Date.
- C. Provide FairWarning® Managed Privacy Services staff the Customer's policy(ies) covering the select subject areas identified by the FairWarning Managed Privacy Services staff for review.

- D. Work with the FairWarning® Managed Privacy Services staff to identify appropriate Customer management personnel for incorporation into standardized workflows and validation processes.
- E. Work with the FairWarning Managed Privacy Services staff to finalize the communications plan for Customer's organization.
- F. Execute and deliver either a communication and education plan (as created by FairWarning® with Customer's assistance) or an equivalent plan that has been mutually agreed upon in writing.
- G. Ensure timely management response in validating suspicious or inappropriate access (within 2 business days).
- H. When notified by FairWarning® Managed Privacy Services staff, review and close all documented reviews and investigations of triggered Behavioral Analytics. This includes responsibility for determining if the investigation is a confirmed incident and if it is a reportable Breach under state or federal law.
- I. Carry out any required patient and/or government notifications.
- J. Carry out appropriate sanctions as indicated by investigations of triggered Behavioral Analytics investigated by FairWarning® Managed Privacy Services staff.
- K. Follow recommended education and awareness initiatives as recommended by FairWarning® Managed Privacy Services staff based on trending of positive findings from review of triggered Behavioral Analytics or an equivalent measures mutually agreed upon in writing.
- L. Provide IT support as required (data feeds, adding additional data fields to extracts, etc.).
- M. Other actions suggested by the FairWarning® team and mutually agreed upon in writing.
- N. Customer agrees to participate in a FairWarning Services, LLC press release and post-production customer case study to be approved and available for distribution within 90 days after application is in production. Such participation would include a Customer quotation and use of a Customer-approved logo in the press release or advertisement of said press release indicating the Customer's selection of FairWarning® and post-production case study. All content would require written approval by Customer prior to release.

VI. Other Considerations

- A. The Managed Privacy Services pricing and resource estimates are based on Customer follow up on the Investigations conducted by the FairWarning Managed Privacy Services staff and taking appropriate action with Customer's employees based on investigations. Therefore, FairWarning expects the Customer will review, close and carry out within 2 weeks appropriate follow-up/sanctioning activities for investigations performed by FairWarning Managed Privacy Services staff. If the Customer does not perform the review and follow-up within 2 weeks the FairWarning Managed Privacy Services staff will escalate to escalation contact #1 [e.g., Privacy Officer]. After 2 additional weeks if the review and follow-up has not been completed, the issue will be escalated to escalation contact #2 [e.g. Executive Sponsor]. FairWarning reserves the right to consider Customer's failure to complete the reviews and carry out appropriate follow-up/sanctioning for a period of 8 weeks a material breach of the terms of this Order Form and subject to termination under section 10.3 in the Related Master Contract.
- B. The monitoring services apply specifically to Access of ePHI by Customer computer users in possession of valid credentials – i.e., credentials that are issued and activated by the Customer
- C. Monitoring services only pertain to Customer's EHR and healthcare applications whose audit logs are being provided to the FairWarning® Patient Privacy Intelligence Technology
- D. Governance and Compliance reports along with trending will be used to monitor both parties' compliance with responsibilities related to this Service
- E. All Behavioral Analytics may not be available based on the core application (usually an EHR) being monitored.
- F. Monitoring is dependent on scheduled delivery of data to the FairWarning® Patient Privacy Intelligence Technology
- G. Assistance with Urgent EHR Investigations (which are not a result of the FairWarning® Managed Privacy Services monitoring) is available for additional charges (The current rate is \$250/hr.). Examples of Urgent EHR Investigations include investigations driven by law enforcement activities such as:
 - 1. Investigations into suspected identity theft or fraud activities utilizing patient information
 - 2. Government/Regulatory investigations

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VII. Adjustments to License and Software Maintenance Fees:

The below-identified license and software maintenance fees ("Applicable Fees") to be paid by Customer under this Order Form ("Applicable Fees") were quoted and agreed to based in part upon certain assumptions, which are identified as "Base Statistics" above and Customer represents and warrants the accuracy of those Base Statistics relating to Customer and its affiliates as of the Contract Start Date. Customer acknowledges and expressly agrees that in the event that one or more of the Base Statistics increases or decreases by more than ten percent (10%) during the term of this Order Form (including any Renewal Terms) as determined in accordance with the below methodology, (i) FairWarning shall have the right to increase or decrease the Applicable Fees by a corresponding percentage, and (ii) Customer shall promptly remit payment as is prescribed below.

Items included in Applicable Fees: FairWarning Managed Privacy Services - annual monitoring services

Methodology:

(a) **Measurement Dates & Periods:** Commencing on the date which is six (6) months after the Contract Start Date and continuing thereafter in twelve (12) month intervals (each, a "Measurement Date"), FairWarning will review the corresponding Base Statistics data as is then available on Customer's primary web site and, if necessary, any other publicly-available information sources. For the facilities for which the services and software are provided under this Order Form (the "Purchased Services"), if the then-current value of the Base Statistics has increased by more than ten percent (10%) during the period between the (i) Contract Start Date and the then-current Measurement Date (the "Term Measurement Period") and (ii) during the period between the preceding Measurement Date and the Measurement Date at issue (the "Interval Measurement Period"), FairWarning shall notify Customer of the percentage increase for the statistics and provide Customer with a supplemental invoice that reflects the corresponding percentage increase in the Applicable Fees. If the Measurement Date at issue is the first Measurement Date, then the Interval Measurement Period shall be the Term Measurement Period.

(b) **Pricing Adjustments :** In the event that any the Base Statistics has increased as of the Measurement Date at issue by more than ten percent (10%) during the Term Measurement Period, then the Applicable Fees to be paid by Customer for the next annual billing period commencing after the Measurement Date at issue (and each subsequent annual billing period thereafter, unless and until adjusted again pursuant to this provision) shall be increased to an amount equal to the Applicable Fees in effect at the commencement of the Term increased in proportion to the percentage increase in the Base Statistics during the Term Measurement Period, plus an adjustment for any prior annual increases. Licensor shall notify Customer in writing of any increase so calculated within sixty (60) days of the applicable Measurement Date. In the event that the percentage change in the Base Statistics during any Interval Measurement Period is a decrease (the "Decrease") of more than ten percent (10%), then the Applicable Fees to be paid by Customer for the next annual billing period commencing after the Measurement Date at issue shall be decreased to an amount equal to the Applicable Fees in effect at the commencement of the Interval Measurement Period decreased in proportion to the Decrease; provided, however, that in no event may the Applicable Fees be reduced to an amount which is less than the Applicable Fees in effect at the commencement of the term of this Agreement (i.e., the original Applicable Fees listed above on this Order Form).

(c) **Example (for illustrative purposes only):**

(i) If the Contract Start Date is May 1, 2014, then the first Measurement Date will be November 1, 2014, and another Measurement Date will occur each November 1 thereafter during the term of this Order Form, including any Renewal Terms. For the facilities for which the Purchased Services are provided, if the Base Statistics equal 4,000 employees, and the corresponding statistics for Customer's use of the Purchased Services on the first Measurement Date equal 4,100, then there shall be no adjustment in the Applicable Fees on the first Measurement Date because the percentage increase over the corresponding Base Statistics during the Term Measurement Period would have been only 100 (or 2.5%) for the number of employees, which is less than 10%.

(ii) If on the second Measurement Date, the corresponding statistics equal 4,480 employees (an increase of 12%, in comparison with the Base Statistics), then the Applicable Fees shall, as of the second Measurement Date, be increased to a total of 112% of what such fees were as of the Contract Start Date, with such percentage increase remaining in effect until another adjustment (if any) is made in accordance herewith.

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(iii) If on the third Measurement Date, the corresponding statistics equal 5,000 employees (an increase of 25%, in comparison with the Base Statistics), then the Applicable Fees shall, as of the third Measurement Date, be increased to a total of 125% of what such fees were as of the Contract Start Date, with such percentage increase remaining in effect until another adjustment (if any) is made in accordance herewith.

(iv) If on the fourth Measurement Date, the corresponding statistics equal 4,300 (a decrease of 14%, in comparison with the prior Measurement Date), then the Applicable Fees shall, as of the fourth Measurement Date, be

decreased by 14% of what such fees were as of the last Measurement Date, with such percentage decrease remaining in effect until another adjustment (if any) is made in accordance herewith.

This Order Form is issued pursuant to and is subject to all terms and conditions of that certain Related Master Contract referenced above. Customer acknowledges having reviewed, understands and accepts the Related Master Contract and all terms and conditions thereof. Subject to any contrary provisions in the Related Master Contract, subscriptions, licenses, and maintenance and support commitments are non-cancelable before the end of Initial Term.

Memorial Hospital of Sweetwater County	FairWarning Services, LLC
By:	By:
Name:	Name:
Title:	Title:
Date:	Date:



Exhibit: Managed Privacy Services - Service Level Agreements (SLAs)

- 1) Enforced Policies triggered between 9 am Mon and 12 pm Fri, Eastern Time, will be reviewed within 24 hours.
- 2) Enforced Policies triggered between 12 pm Fri and 9 am Mon, Eastern Time, will be reviewed by 5 pm Tuesday.
- 3) Any Investigations into potential inappropriate Access will be completed and documented by the FairWarning® Managed Services Staff within 3-5 business days, contingent upon Customer's management response to Validation Request within 2 days.
- 4) Notification of Customer representative by FairWarning® Managed Services Staff upon completion of any Investigations into inappropriate Access.
- 5) Completion of Access Reviews within 7 business days.
- 6) Implementation of up to the number of Enforced Policies purchased in the Order Form ("EP Limit").
- 7) In the event of a widespread natural disaster or similar emergency effecting FairWarning® or the Customer, SLAs may be negatively impacted.

Holiday Hours: Each year, the below holidays will be exempt (i.e., not included in the calculations) for the response times listed above. The FairWarning MPS team will perform their scheduled review of the alerts the next business day after the holiday. If a holiday falls on a weekend, FairWarning MPS personnel will have either the Friday before or the following Monday off instead. FairWarning will notify Customers in advance each calendar year regarding the exact timing of the holidays being observed.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day After Thanksgiving
- Christmas Eve
- Christmas
- New Year's Eve

Master Purchase Agreement

THE FAIRWARNING GROUP OF AFFILIATED COMPANIES IS THE GLOBAL LEADER IN PATIENT PRIVACY MONITORING FOR ELECTRONIC HEALTH RECORDS. WE PROVIDE PATIENT PRIVACY MONITORING SOLUTIONS THROUGH LICENSES OF OUR PROPRIETARY SOFTWARE, SOFTWARE AS A SERVICE, AND ANCILLARY MANAGED SERVICES. THIS AGREEMENT GOVERNS YOUR ACQUISITION AND USE OF OUR SERVICES FROM ANY FAIRWARNING AFFILIATE AND REGARDLESS OF THE TYPE OF SERVICES YOU PURCHASE.

BY EXECUTING AN ORDER FORM THAT REFERENCES THIS AGREEMENT, YOU ACCEPT AND AGREE TO THE TERMS OF THIS AGREEMENT, AND ANY PERSON SIGNING AN ORDER FORM THEREBY REPRESENTS THAT THEY HAVE THE AUTHORITY TO BIND THE ENTITY NAMED IN THE ORDER FORM TO THESE TERMS AND CONDITIONS.

You may not access the Services if You are Our direct competitor, except with Our prior written consent. In addition, You may not access the Services for purposes of monitoring their availability, performance or functionality, or for any other benchmarking or competitive purposes.

This Agreement was last updated on July 6, 2015, and is titled "[FairWarning Master Purchase Agreement US V3.3 July 2015](#)". It is effective between You and Us as of the date of You accepting this Agreement.

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1. DEFINITIONS

"**Affiliate**" means any entity that directly or indirectly controls, is controlled by, or is under common control with the subject entity. "Control," for purposes of this definition, means direct or indirect ownership or control of more than 50% of the voting interests of the subject entity.

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"**Agreement**" and/or "**MPA**" means this Master Purchase Agreement.

"**Documentation**" means Our online user guides, documentation, and help and training materials, as updated from time to time, accessible via www.fairwarning.com or login to the applicable Service.

"**Malicious Code**" means code, files, scripts, agents or programs intended to do harm, including, for example, viruses, worms, time bombs and Trojan horses.

"Order Form" means an ordering document specifying the Services to be provided hereunder that is entered into between You and Us or any of Our Affiliates, including any addenda and supplements thereto. By entering into an Order Form hereunder, an Affiliate agrees to be bound by the terms of this Agreement as if it were an original party hereto.

"Permitted Users" shall mean Users acting under Your control, including outpatient clinics, ambulatory surgical/care centers, ancillary service providers, outreach clients, clinics, non-acute and acute care service, offices of physicians and other caregivers who have privileges at, provide services at, or are affiliated with Your facility; provided, however, that all such Users shall be permitted to use the Services solely in conjunction with the review of information pertaining to their performance of services relating to Your patients at Your facilities.

"Purchased Services" means Services that You or Your Affiliate purchase under an Order Form.

"Services" means the products and services that are ordered by You under a free trial or an Order Form and made available by Us, including software, software as a service, appliances, ancillary managed services, and associated offline components, as described in the Documentation.

"User" means an individual who is authorized by You to use a Service, for whom You have ordered the Service, and to whom You (or We at Your request) have supplied a user identification and password. Users may include, for example, Your employees, consultants, contractors and agents, and third parties with which You transact business.

"We," "Us" or "Our" means the FairWarning company described in Section 11 (Who You Are Contracting With, Notices, Governing Law and Jurisdiction).

"You" or "Your" means the company or other legal entity which accepts this Agreement by signing one or more Order Forms, and Affiliates of that company or entity.

"Your Data" means electronic data and information submitted by or for You to the Purchased Services or collected and processed by or for You using the Purchased Services.

2. OUR RESPONSIBILITIES

2.1. Provision of Purchased Services. We will (a) make the Services available to You pursuant to this Agreement and the applicable Order Forms, (b) provide Our support for the Purchased Services to You pursuant to the applicable Order Forms, and (c) use commercially reasonable efforts to make the online Purchased Services available 24 hours a day, 7 days a week, except for: (i) planned downtime (of which We shall give at least 8 hours electronic notice and which We shall schedule to the extent practicable during the weekend hours between 6:00 p.m. Friday and 3:00 a.m. Monday Eastern time), and (ii) any unavailability caused by circumstances beyond Our reasonable control, including, for example, an act of God, act of government, flood, fire, earthquake, civil unrest, act of terror, strike or other labor problem (other than one involving Our employees), Internet service provider failure or delay, third party software, or denial of service attack.

2.2. Protection of Your Data. We will maintain administrative, physical, and technical safeguards for protection of the security, confidentiality and integrity of Your Data, as described in the Documentation. Those safeguards will include, but will not be limited to, measures for preventing access, use, modification or disclosure of Your Data by Our personnel except (a) to provide the Purchased Services and prevent or address service or technical problems, (b) as compelled by law in accordance with Section 6.3 (Compelled Disclosure) below, or (c) as You expressly permit in writing.

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2.3 Our Personnel. We will be responsible for the performance of Our personnel (including Our employees and contractors) and their compliance with Our obligations under this Agreement.

3. USE OF SERVICES

3.1 Licenses. Unless otherwise provided in the applicable Order Form, Services are licensed, and not sold, by Us to You under a non-exclusive, perpetual, non-transferable and worldwide license. All

references contained herein or in the Order Forms to the "purchase" or "subscription" of the Purchased Services shall mean the purchase of a license to use the Purchased Services.

3.2 Usage Limits; Right to Audit for Misuse. Services are subject to usage limits as specified in this Agreement and the Order Forms. For each year of the Agreement, You agree to maintain, until two (2) years after such year, complete records and systems relevant to computation and accounting for any payments payable hereunder (including, without limitation, such records and systems which are necessary to confirm that Your use of the Services has not exceeded the number of data points, the types of Permitted Users or other limitations incorporated into the scope of the license granted hereunder such that the fees which You paid hereunder are less than the fees which We would normally receive if the scope of the license were expanded to include Your excess utilization). Separate from the possible Adjustments to License and Software Maintenance Fees prescribed in the applicable Order Form, which are based on future changes in "Base Statistics" (as that term is defined in the applicable Order Form), We shall have the right, at Our sole discretion, cost and expense, to visit Your premises upon no less than ten (10) business days' notice in order to conduct, through Our employees and independent agents, during Your normal business hours and not more frequently than annually, an audit and review of Your appropriate records and systems to verify amounts paid or payable to Us or Our reseller. If the amounts due as determined by the audit are greater than the amounts paid by You, You will be invoiced for the difference. Any deficiency, along with interest at the rate of 0.75% per month, shall be payable within thirty (30) days of such invoice. If the deficiency is greater than five percent (5%) of the amount paid during the period under audit, You shall pay the reasonable expenses associated with such audit, in addition to the deficiency plus interest at the rate of 0.75% per month.

3.3 Your Responsibilities. You will (a) be responsible for Users' compliance with this Agreement and all Order Forms, (b) be responsible for the accuracy, quality and legality of Your Data and the means by which You acquired Your Data, (c) use commercially reasonable efforts to prevent unauthorized access to or use of Services, and notify Us promptly of any such unauthorized access or use, (d) use Services only in accordance with the Documentation and applicable laws and government regulations, and (e) comply with terms of service of non-FairWarning applications with which You use Services.

3.4 Usage Restrictions. You will not (a) make any Service available to, or use any Service for the benefit of, anyone other than You or Permitted Users, (b) sell, resell, license, sublicense, distribute, rent or lease any Service, or include any Service in a service bureau, time sharing or outsourcing offering (provided, however, that if You and We enter into an Order Form which grants reseller rights to You, then You shall have those rights set forth in the Order Form), (c) use a Service to store or transmit infringing, libelous, or otherwise unlawful or tortious material, or to store or transmit material in violation of third-party privacy rights, (d) use a Service to store or transmit Malicious Code, (e) interfere with or disrupt the integrity or performance of any Service or third-party data contained therein, (f) attempt to gain unauthorized access to any Service or its related systems or networks, (g) permit direct or indirect access to or use of any Service in a way that circumvents a contractual usage limit, (h) copy a Service or any part, feature, function or user interface thereof, (i) frame or mirror any part of any Service, other than framing on Your own intranets or otherwise for Your own internal business purposes or as permitted in the Documentation, (j) access any Service in order to build a competitive product or service, (k) manufacture, sublicense, distribute, transfer, translate, port, upload, post, publish or otherwise dispose of any copies of software or Documentation included in the Services, or (l) reverse assemble, reverse compile or reverse engineer any Service (to the extent such restriction is permitted by law), in whole or in part, nor use any mechanical, electronic or other methods to trace, decompile, disassemble or identify the source code (inclusive of literal content, structure, organization, concepts, technology and methods) of the Services, in whole or in part.

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4. FEES AND PAYMENT FOR PURCHASED SERVICES

4.1, Fees. You will pay all fees specified in Order Forms. Except as otherwise specified herein or in an Order Form, (i) fees are based on Services purchased and not actual usage, (ii) payment obligations are non-cancelable and fees paid are non-refundable, and (iii) quantities purchased cannot be decreased during the relevant term.

4.2. Invoicing and Payment. You will provide Us with valid and updated Automated Clearing House (ACH) information, or with a valid purchase order or alternative document reasonably acceptable to Us. If You provide ACH information to Us, You authorize Us to charge your ACH account for all Purchased Services listed in the Order Form for the initial term and any renewal term(s) as set forth in Section 10.2 (Term of Purchased Services). Such charges shall be made in advance, either annually or in accordance with any different billing frequency stated in the applicable Order Form. If the Order Form specifies that payment will be by a method other than ACH, We will invoice You in advance and otherwise in accordance with the relevant Order Form. Invoiced charges are due net 30 days from the invoice date, unless otherwise stated in the Order Form. You are responsible for providing complete and accurate billing and contact information to Us and notifying Us of any changes to such information.

4.3. Overdue Charges. If any invoiced amount is not received by Us by the due date, then without limiting Our rights or remedies, (a) those charges may accrue late interest at the rate of 0.5% of the outstanding balance per month, or the maximum rate permitted by law, whichever is lower, and/or (b) We may condition future subscription renewals and Order Forms on payment terms shorter than those specified in Section 4.2 (Invoicing and Payment).

4.4. Suspension of Service and Acceleration. Subject to Section 4.5 (Payment Disputes), if any amount owing by You under this or any other agreement for Our services is 30 or more days overdue (or 10 or more days overdue in the case of amounts You have authorized Us to charge to Your ACH account), We may, without limiting Our other rights and remedies, accelerate Your unpaid fee obligations under such agreements so that all such obligations become immediately due and payable, and suspend Our Services to You until such amounts are paid in full. We will give You at least 10 days' prior notice that Your account is overdue, in accordance with Section 11.2 (Manner of Giving Notice), before suspending Services to You, and We will similarly give you separate written notice and a 60-day opportunity to cure before accelerating Your unpaid fee obligations.

4.5. Payment Disputes. We will not exercise Our rights under Section 4.3 (Overdue Charges) or 4.4 (Suspension of Service and Acceleration) above if You are disputing the applicable charges reasonably and in good faith and are cooperating diligently to resolve the dispute.

4.6. Taxes. Our fees do not include any taxes, levies, duties or similar governmental assessments of any nature, including, for example, value-added, sales, use or withholding taxes, assessable by any jurisdiction whatsoever (collectively, "**Taxes**"). You are responsible for paying all Taxes associated with Your purchases hereunder. If We have the legal obligation to pay or collect Taxes for which You are responsible under this Section 4.6, We will invoice You and You will pay that amount unless You provide Us with a valid tax exemption certificate authorized by the appropriate taxing authority. For clarity, We are solely responsible for taxes assessable against Us based on Our income, property and employees.

4.7. Future Functionality. You agree that Your purchases are not contingent on the delivery of any future functionality or features, or dependent on any oral or written public comments made by Us regarding future functionality or features.

5. PROPRIETARY RIGHTS AND LICENSES

5.1. Reservation of Rights. Subject to the limited rights expressly granted hereunder, We and Our licensors reserve all of Our/their right, title and interest in and to the Services, including all of Our/their related intellectual property rights. No rights are granted to You hereunder other than as expressly set forth herein. Title to and ownership of all complete and partial copies of the Services (including any and all customizations and/or enhancements), whether provided by Us or made by You, whether in machine readable, printed, or other form and including without limitation all revisions, enhancements, technical knowhow, patent rights, copyrights, trademarks, trade secrets and all other proprietary rights pertaining to the Services, are and will remain the sole property of Us. Any copy, modification, revision, enhancement, adaptation, translation, or derivative work of or created from the Services shall be owned solely and exclusively by Us.

5.2. License by You to Host Your Data. You grant Us and Our Affiliates a, limited-term license to host, copy, transmit and display Your Data, as necessary for Us to provide the Services in accordance

with this Agreement. Subject to the limited licenses granted herein, We acquire no right, title or interest from You or Your licensors under this Agreement in or to Your Data.

5.3. License by You to Use Feedback. You grant to Us and Our Affiliates a worldwide, perpetual, irrevocable, royalty-free license to use and incorporate into the Services any suggestion, enhancement request, recommendation, correction or other feedback provided by You or Users relating to the operation of the Services.

5.4. Federal Government End Use Provisions. We provide the Services, including related software and technology, for ultimate federal government end use solely in accordance with the following: Government technical data and software rights related to the Services include only those rights customarily provided to the public as defined in this Agreement. This customary commercial license is provided in accordance with FAR 12.211 (Technical Data) and FAR 12.212 (Software) and, for Department of Defense transactions, DFAR 252.227-7015 (Technical Data – Commercial Items) and DFAR 227.7202-3 (Rights in Commercial Computer Software or Computer Software Documentation). If a government agency has a need for rights not granted under these terms, it must negotiate with Us to determine if there are acceptable terms for granting those rights, and a mutually acceptable written addendum specifically granting those rights must be included in any applicable agreement.

5.5. Copyrights. The Services contain material that is protected by United States copyright law and trade secret law, and by international treaty provisions. You shall not remove or alter or permit a third party to remove or alter any proprietary notice of Us from any copy of the Services. Except as provided herein, neither You nor We will use the company name, trademarks, or trade names of the other party without their prior written consent.

6. CONFIDENTIALITY

6.1. Definition of Confidential Information. "Confidential Information" generally means all information disclosed by a party ("**Disclosing Party**") to the other party ("**Receiving Party**"), whether orally or in writing, that is designated as confidential or that reasonably should be understood to be confidential given the nature of the information and the circumstances of disclosure. Confidential Information specifically includes, but is not limited to, the following:

- (a) Your Confidential Information includes Your Data;
- (b) Our Confidential Information includes the Services and Documentation; and
- (c) Confidential Information of each party includes the terms and conditions of this Agreement and all Order Forms (including pricing), as well as business and marketing plans, technology and technical information, product plans and designs, and business processes disclosed by such party.

However, Confidential Information does not include any information that (i) is or becomes generally known to the public without breach of any obligation owed to the Disclosing Party, (ii) was known to the Receiving Party prior to its disclosure by the Disclosing Party without breach of any obligation owed to the Disclosing Party, (iii) is received from a third party without breach of any obligation owed to the Disclosing Party, or (iv) was independently developed by the Receiving Party without use of or reference to Confidential Information of the Disclosing Party.

6.2. Protection of Confidential Information. The Receiving Party (i) will use the same degree of care that it uses to protect the confidentiality of its own confidential information of like kind (but not less than reasonable care), (ii) will not use any Confidential Information of the Disclosing Party for any purpose outside the scope of this Agreement, and (iii) except as otherwise authorized by the Disclosing Party in writing, will limit access to Confidential Information of the Disclosing Party to those of its and its Affiliates' employees and contractors who need that access for purposes consistent with this Agreement and who have signed confidentiality agreements with the Receiving Party containing protections no less stringent than those herein; provided, however, that You shall prevent access to Our Confidential Information by any of such otherwise permitted persons who are engaged in a business or activity which involves the design, development, marketing and/or distribution of products and/or services which are or could be competitive with the Services. Neither party will disclose the terms of this Agreement or any Order Form to any third party other than its Affiliates, legal counsel and accountants without the other party's prior written consent, provided that a party that makes any

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such disclosure to its Affiliates, legal counsel or accountants will remain responsible for each such Affiliate's, legal counsel's or accountant's compliance with this Section 6.2.

6.3. Compelled Disclosure. The Receiving Party may disclose Confidential Information of the Disclosing Party to the extent compelled by law to do so, provided the Receiving Party gives the Disclosing Party prior notice of the compelled disclosure (to the extent legally permitted) and reasonable assistance, at the Disclosing Party's cost, if the Disclosing Party wishes to contest the disclosure. If the Receiving Party is compelled by law to disclose the Disclosing Party's Confidential Information as part of a civil proceeding to which the Disclosing Party is a party, and the Disclosing Party is not contesting the disclosure, the Disclosing Party will reimburse the Receiving Party for its reasonable cost of compiling and providing secure access to that Confidential Information.

6.4. Marketing References. We shall be permitted to verbally identify You as a purchaser of Our Services provided that no Confidential Information is disclosed and such identification will not represent an endorsement of Us or Our Services. Under no circumstances will We issue any press releases, case studies, or similar materials without Your prior written approval.

7. REPRESENTATIONS, WARRANTIES, EXCLUSIVE REMEDIES AND DISCLAIMERS

7.1. Representations. Each party represents that it has validly entered into this Agreement and has the legal power to do so.

7.2. Our Warranties. We warrant that (a) the Purchased Services will perform materially in accordance with the applicable Specifications as expressly set forth on the Order Form, (b) We will not materially decrease the functionality of the Purchased Services during a license or subscription term, and (c) the Purchased Services will not introduce Malicious Code into Your systems. For any breach of an above warranty, Your exclusive remedies are those described in Sections 10.3 (Termination) and 10.4 (Refund or Payment upon Termination). Our warranties shall not be effective and We shall have no obligation or liability to You if (i) the Services are not substantially used in accordance with the Documentation; (ii) the Services have been altered, modified or revised by You or any other entity engaged by You without Our written approval; or (iii) the Services are inoperable for any other cause within Your control. We do not warrant or support third party software or services, whether or not they are delivered or designated by Us as "certified" or otherwise, except as expressly specified in a warranty stated in an Order Form.

7.3. Disclaimers. EXCEPT AS EXPRESSLY PROVIDED HEREIN, NEITHER PARTY MAKES ANY WARRANTY OF ANY KIND, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, AND EACH PARTY SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT, TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW. BETA SERVICES ARE PROVIDED "AS IS," EXCLUSIVE OF ANY WARRANTY WHATSOEVER. EACH PARTY DISCLAIMS ALL LIABILITY AND INDEMNIFICATION OBLIGATIONS FOR ANY HARM OR DAMAGES CAUSED BY ANY THIRD-PARTY HOSTING PROVIDERS. WE DO NOT WARRANT THAT THE SERVICES WILL BE PROVIDED UNINTERRUPTED OR ERROR-FREE.

7.4 Insurance. Throughout the term of this Agreement (and, with respect to any policies that are written on a "claims made" basis, for the first three (3) years after any termination of this Agreement), We shall obtain and thereafter maintain, at Our sole cost and expense: (i) a commercial general liability insurance policy in an annual coverage amount of not less than one million dollars (\$1,000,000) per occurrence or claim and two million dollars (\$2,000,000) in the aggregate, for claims made related to Our performance under this Agreement and all Order Forms; (ii) professional liability (errors and omissions) insurance coverage with an annual limit of not less than two million dollars (\$2,000,000); and (iii) "cyber liability" insurance (including, but not necessarily limited to, coverage regarding technology products (hardware, firmware, and software), technology information and services, media liability, Internet media content, network security liability, Web content liability, Internet professional liability, physical theft of data, and identity theft) having an annual aggregate coverage limit of not less than two million dollars (\$2,000,000), to protect against any claims and damages suffered as a result of, or in connection with, any electronic data processing errors and omissions arising out of Our performance under this Agreement (including, but not limited to, any security incident or breach with respect to any Confidential Information) or any breach by Us under any Order Forms or Business Associate Agreement signed by You and Us. Upon Your request from

time to time, We will provide current certificates of insurance to You confirming the existence of the insurance coverage described above.

8. MUTUAL INDEMNIFICATION

8.1. Indemnification by Us. We will defend You against any claim, demand, suit or proceeding made or brought against You by a third party alleging that the use of a Purchased Service in accordance with this Agreement infringes or misappropriates such third party's intellectual property rights or violates applicable law (a "**Claim Against You**"), and will indemnify You from any damages, attorney fees and costs finally awarded against You as a result of, or for amounts paid by You under a court-approved settlement of, a Claim Against You, provided You (a) promptly give Us written notice of the Claim Against You, (b) give Us sole control of the defense and settlement of the Claim Against You (except that We may not settle any Claim Against You unless it unconditionally releases You of all liability), and (c) give Us all reasonable assistance, at Our expense. If We receive information about an infringement or misappropriation claim related to a Service, We may in Our discretion and at no cost to You (i) modify the Service so that it no longer infringes or misappropriates, without breaching Our warranties under Section 7.2 (Our Warranties), (ii) obtain a license for Your continued use of that Service in accordance with this Agreement, or (iii) terminate Your subscriptions for that Service upon 30 days' written notice and refund You any prepaid fees covering the remainder of the term of the terminated subscriptions. The above defense and indemnification obligations do not apply to the extent a Claim Against You arises from third party software (including on a contributory basis) or Your breach of this Agreement.

8.2. Indemnification by You. You will defend Us against any claim, demand, suit or proceeding made or brought against Us by a third party alleging that Your Data, or Your use of any Service in breach of this Agreement or any Order Form, infringes or misappropriates such third party's intellectual property rights or violates applicable law (a "**Claim Against Us**"), and will indemnify Us from any damages, attorney fees and costs finally awarded against Us as a result of, or for any amounts paid by Us under a court-approved settlement of, a Claim Against Us, provided We (a) promptly give You written notice of the Claim Against Us, (b) give You sole control of the defense and settlement of the Claim Against Us (except that You may not settle any Claim Against Us unless it unconditionally releases Us of all liability), and (c) give You all reasonable assistance, at Your expense.

8.3. Exclusive Remedy. This Section 8 states the indemnifying party's sole liability to, and the indemnified party's exclusive remedy against, the other party for any type of claim described in this Section 8:

9. LIMITATION OF LIABILITY

9.1 Limitation of Liability. NEITHER PARTY'S LIABILITY WITH RESPECT TO ANY SINGLE INCIDENT ARISING OUT OF OR RELATED TO THIS AGREEMENT OR ANY DOCUMENTS EXECUTED IN CONNECTION HERewith WILL EXCEED THE AMOUNT PAID BY YOU HEREUNDER IN THE 12 MONTHS PRECEDING THE INCIDENT, PROVIDED THAT IN NO EVENT WILL EITHER PARTY'S AGGREGATE LIABILITY ARISING OUT OF OR RELATED TO THIS AGREEMENT AND ALL DOCUMENTS EXECUTED IN CONNECTION HERewith EXCEED THE TOTAL AMOUNT PAID BY YOU HEREUNDER. THE ABOVE LIMITATIONS WILL APPLY WHETHER AN ACTION IS IN CONTRACT OR TORT AND REGARDLESS OF THE THEORY OF LIABILITY. HOWEVER, THE ABOVE LIMITATIONS WILL NOT APPLY TO CLAIMS ARISING FROM BREACHES OF SECTIONS 3.3 (YOUR RESPONSIBILITIES), 3.4 (USAGE RESTRICTIONS), 5 (PROPRIETARY RIGHTS AND LICENSES), 6 (CONFIDENTIALITY), OR 8 (MUTUAL INDEMNIFICATION), NOR LIMIT YOUR PAYMENT OBLIGATIONS UNDER SECTION 4 (FEES AND PAYMENT FOR PURCHASED SERVICES). NOR WILL SUCH LIMITATIONS APPLY TO CLAIMS ARISING FROM A VIOLATION OF ANY HIPAA OR A STATE DATA PRIVACY LAWS, OR THE BREACH OF ANY BUSINESS ASSOCIATE AGREEMENT SIGNED BY AND BETWEEN THE PARTIES RELATING TO THE PRIVACY, SECURITY, OR SAFEGUARDING OF PHI OR OTHER SIMILARLY-PROTECTED INFORMATION.

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9.2. Exclusion of Consequential and Related Damages. IN NO EVENT WILL EITHER PARTY HAVE ANY LIABILITY TO THE OTHER PARTY FOR ANY BUSINESS INTERRUPTION, LOSS OF DATA, LOST PROFITS, LOST REVENUES OR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, COVER OR PUNITIVE DAMAGES, WHETHER AN ACTION IS IN CONTRACT OR TORT AND REGARDLESS OF THE THEORY OF LIABILITY, EVEN IF A PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE FOREGOING DISCLAIMER WILL NOT APPLY TO THE EXTENT PROHIBITED BY LAW OR

WITH RESPECT TO CLAIMS ARISING UNDER SECTIONS 3.4 (USAGE RESTRICTIONS), 5 (PROPRIETARY RIGHTS AND LICENSES), 6 (CONFIDENTIALITY), OR 8 (MUTUAL INDEMNIFICATION). NOR WILL SUCH DISCLAIMER APPLY TO CLAIMS ARISING FROM A VIOLATION OF ANY HIPAA OR A STATE DATA PRIVACY LAWS, OR THE BREACH OF ANY BUSINESS ASSOCIATE AGREEMENT SIGNED BY AND BETWEEN THE PARTIES RELATING TO THE PRIVACY, SECURITY, OR SAFEGUARDING OF PHI OR OTHER SIMILARLY-PROTECTED INFORMATION.

10. TERM AND TERMINATION

10.1 Term of Agreement. This Agreement commences on the date You first accept it and continues until the terms of all licenses and subscriptions under Order Forms issued hereunder have expired or have been terminated.

10.2. Term of Purchased Services. The term of each license or subscription shall be as specified in the applicable Order Form.

10.3. Termination. A party may terminate this Agreement for cause (i) upon 30 days' written notice to the other party of a material breach if such breach remains uncured at the expiration of such period, or (ii) if the other party becomes the subject of a petition in bankruptcy or any other proceeding relating to insolvency, receivership, liquidation or assignment for the benefit of creditors, and if involuntarily filed against such party such petition or other proceeding is not withdrawn or discharged within sixty (60) days after notice thereof from the other party.

10.4. Refund or Payment upon Termination. If this Agreement is terminated by You in accordance with Section 10.3 (Termination), We will refund You any prepaid fees covering the remainder of the term of all Order Forms after the effective date of termination. If this Agreement is terminated by Us in accordance with Section 10.3, You will pay to Us any unpaid fees covering the remainder of the term of all Order Forms. In no event will termination relieve You of Your obligation to pay any fees payable to Us for the period prior to the effective date of termination.

10.5. Your Data Portability and Deletion. Upon request by You made within 30 days after the effective date of termination or expiration of this Agreement, We will make Your Data available to You for export or download as provided in the Documentation. After that 30-day period, We will have no obligation to maintain or provide Your Data, and will thereafter delete or destroy all copies of Your Data in Our systems or otherwise in Our possession or control as provided in the Documentation, unless legally prohibited.

10.6. Surviving Provisions. The Sections titled "Your Responsibilities," "Usage Restrictions," "Fees and Payment for Purchased Services," "Proprietary Rights and Licenses," "Confidentiality," "Disclaimers," "Mutual Indemnification," "Limitation of Liability," "Exclusion of Consequential and Related Damages," "Refund or Payment upon Termination," "Your Data Portability and Deletion," "Who You Are Contracting With, Notices, Governing Law and Jurisdiction," and "General Provisions" will survive any termination or expiration of this Agreement.

11. WHO YOU ARE CONTRACTING WITH, NOTICES, GOVERNING LAW AND JURISDICTION

11.1. General. Who You are contracting with under this Agreement or any Order Form, who You should direct notices to under this Agreement or any Order Form, what law will apply in any lawsuit arising out of or in connection with this Agreement or any Order Form, and which courts have jurisdiction over any such lawsuit, depend on where You are domiciled.

If You are domiciled (as referenced in the Order Form) in:	You are contracting with:	Notices should be addressed to:	The governing law is:	The courts having exclusive jurisdiction are:
The United States of America	FairWarning, LLC, a Florida limited liability company, or FairWarning Services, LLC, a Florida limited liability company, as designated on the Order Form	13535 Feather Sound Dr. Clearwater, FL 33762 Attn: Kurt J. Long, Chairman Email: kurt.long@fairwarning.com	The laws of the State in which your principal office is located (as referenced on the Order Form) and controlling United States federal law	The state and federal courts in and for the county or province in which Your principal office is located (as referenced on the Order Form)
A Country in Europe	FairWarning Software Limited, a United Kingdom company	13535 Feather Sound Dr. Clearwater, FL 33762 Attn: Kurt J. Long, Chairman Email: kurt.long@fairwarning.com	England	England
		In all cases, with a copy (which shall not constitute notice) to: Randolph J. Wolfe, Esq. Foley & Lardner LLP 100 N. Tampa Street Suite 2700 Tampa, FL 33602 Email: rwolfe@foley.com		

11.2. Manner of Giving Notice. Except as otherwise specified in this Agreement, all notices, permissions and approvals hereunder shall be (a) in writing, (b) given via: (i) personal delivery, (ii) certified mail, return receipt requested, (iii) Federal Express, DHL or other reputable expedited courier service, or (iv) email (provided email shall not be sufficient for notices of termination or an indemnifiable claim), and (c) deemed given only upon actual receipt or rejection of delivery (provided, however, that notices, permissions and approvals given via email outside of the normal business hours of the addressee shall not be deemed given until the commencement of the addressee's next business day). Billing-related notices to You shall be addressed to the relevant

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billing contact designated by You. All other notices to You shall be addressed to the relevant Services system administrator designated by You.

11.3. Agreement to Governing Law and Jurisdiction. Each party agrees to the applicable governing law above without regard to choice or conflicts of law rules, and to the exclusive jurisdiction of the applicable courts above.

11.4. Waiver of Jury Trial. FOR ALL EQUITABLE PROCEEDINGS, THE PARTIES HEREBY EXPRESSLY WAIVE ANY AND ALL RIGHT TO A TRIAL BY JURY WITH RESPECT TO ANY EQUITABLE RELIEF BEING SOUGHT. THE PRECEDING SENTENCE SHALL NOT LIMIT THE PARTIES' RIGHTS TO SUBSEQUENTLY BRING SEPARATE ACTIONS OR PROCEEDINGS SEEKING DAMAGES OR OTHER NON-EQUITABLE RELIEF.

12. GENERAL PROVISIONS

12.1. Export Compliance. The Services We make available and derivatives thereof may be subject to export laws and regulations of the United States and other jurisdictions. Each party represents that it is not named on any U.S. government denied-party list. You shall not permit Users to access or use any Service in a U.S.-embargoed country (currently Cuba, Iran, North Korea, Sudan or Syria) or in violation of any U.S. export law or regulation.

12.2. Anti-Corruption. You have not received or been offered any illegal or improper bribe, kickback, payment, gift, or thing of value from any of Our employees or agents in connection with this Agreement. Reasonable gifts and entertainment provided in the ordinary course of business do not violate the above restriction. If You learn of any violation of the above restriction, You will use reasonable efforts to promptly notify Our Legal Department at legal@fairwarning.com.

12.3 Entire Agreement and Order of Precedence. This Agreement is the entire agreement between You and Us regarding Your use of Services and supersedes all prior and contemporaneous agreements, proposals or representations, written or oral, concerning its subject matter; provided, however, that this Agreement does not supersede any Business Associate Agreement signed by and between the parties relating to the parties' obligations under HIPAA. No modification, amendment, or waiver of any provision of this Agreement will be effective unless in writing and signed by both parties. The parties agree that any term or condition stated in Your purchase order or in any other of Your order documentation (excluding Order Forms) is void. In the event of any conflict or inconsistency among the following documents, the order of precedence shall be: (1) any Business Associate Agreement signed by and between the parties relating to the parties' obligations under HIPAA, (2) the applicable Order Form, (3) this Agreement, and (4) the Documentation.

12.4. Assignment. Neither party may assign any of its rights or obligations hereunder, whether by operation of law or otherwise, without the other party's prior written consent (not to be unreasonably withheld); provided, however, either party may assign this Agreement in its entirety (including all Order Forms), without the other party's consent to its Affiliate or in connection with a merger, acquisition, corporate reorganization, or sale of all or substantially all of its assets. Notwithstanding the foregoing, if a party is acquired by, sells substantially all of its assets to, or undergoes a change of control in favor of, a direct competitor of the other party, then such other party may terminate this Agreement (including all Order Forms) upon written notice. In the event of such a termination, We will refund to You any prepaid maintenance and support fees covering the remainder of the term of all subscriptions. Subject to the foregoing, this Agreement will bind and inure to the benefit of the parties, their respective successors and permitted assigns.

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12.5. Relationship of the Parties. The parties are independent contractors. This Agreement does not create a partnership, franchise, joint venture, agency, fiduciary or employment relationship between the parties.

12.6. Third-Party Beneficiaries. There are no third-party beneficiaries under this Agreement.

12.7. Waiver. No failure or delay by either party in exercising any right under this Agreement will constitute a waiver of that right.

12.8. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be contrary to law, the provision will be deemed null and void, and the remaining provisions of this Agreement will remain in effect.

12.9 Force Majeure. Neither party shall be responsible for failures of its obligations under this Agreement or any Order Forms to the extent that such failure is due to causes beyond such party's control, including, but not limited to, acts of God, war, terrorism or threat thereof, acts of any government or agency thereof, fire, explosions, epidemics, quarantine restrictions, strikes, lockouts, embargoes, severe weather conditions, delay in transportation, or delay of suppliers or subcontractors; provided, however, that Your obligation to timely make payment of all fees for Purchased Services may be temporarily delayed during the event, but shall not be excused or further delayed by this clause.

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Business Associate Agreement" or the "BAA") is effective as of September 28, 2018 ("Effective Date") by and between **Memorial Hospital of Sweetwater County** (the "Covered Entity" or "CE"), and **FairWarning Services, LLC** (the "Business Associate" or "BA").

WHEREAS, CE has engaged BA to perform services or provide goods, or both pursuant to one or more underlying services agreements; and

WHEREAS, CE possesses Individually Identifiable Health Information ("Protected Health Information" or "PHI") that is defined and protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), and is permitted to use or disclose such Information only in accordance with such laws and regulations; and

WHEREAS, BA may receive PHI from CE, or create, receive, maintain and/or transmit such information from or on behalf of CE in its performance under the services agreement(s);

NOW, THEREFORE, CE and BA agree as follows:

1. Permitted Uses and Disclosures. BA may use and disclose PHI (as defined below) only: as Required by Law; in connection with the contracted services in its underlying agreement(s) or other transactions with CE; and for the proper management and administration of BA in connection with such services, provided that (1) BA's Use or Disclosure of PHI is the minimum necessary to complete the contracted services on behalf of CE; and (2) BA's Use or Disclosure of PHI does not violate HIPAA or HITECH. If applicable, BA may use and disclose PHI to provide Data Aggregation Services relating to the contracted services. BA may not, however, disclose de-identified data for purposes unrelated to its provision of such services without prior written approval of CE.

2. Safeguards. BA shall use all appropriate safeguards, such as encryption, to prevent the unauthorized access, acquisition, use, or disclosure of PHI, whether the PHI is electronic or otherwise. With respect to electronic PHI, BA shall also comply with Subpart C of 45 CFR Part 164 (the "Security Rule").

3. Restrictions on Agents. Except as Required by Law or as permitted by this BAA, BA shall not disclose PHI to its agents, including but not limited to contractors, subcontractors, assignees, or any other third party ("subcontractors"). BA shall ensure that any subcontractors that create, receive, maintain or transport PHI on behalf of BA in connection with the contracted services for CE agree to terms and conditions at least as stringent as those that apply to BA with respect to that information, in accordance with HIPAA and HITECH.

4. Documentation of Disclosures. BA shall document disclosures of PHI and related information required for CE to respond to an Individual who requests an accounting of such disclosures pursuant to 45 CFR 164.528. Such documentation shall include the date of disclosure, the name of the recipient, recipient's address if known, a brief description of the PHI disclosed, and a brief statement of the purpose and basis of the disclosure. BA shall within 20 business days of receiving CE's written request, provide such documentation to CE. If BA receives a request for an accounting from an Individual directly, BA shall within 3 business days forward the request to CE to allow CE to provide the accounting to the Individual in a timely manner.

5. Access to PHI. To the extent BA maintains PHI in Designated Record Set, BA shall within 10 business days make available to CE PHI in a Designated Record Set so CE may comply with its obligations under 45 CFR 164.524 regarding an Individual's right of access to the Individual's PHI. If BA receives a request for access from an Individual directly, BA shall forward the request to CE within 3 business days.

6. Access to Books and Records. BA shall make available to the Secretary of Health and Human Services or the Secretary's designated representative its internal practices, books, and records relating to the use and disclosure of CE's PHI for determination of CE's compliance with applicable law, subject to attorney-client and other applicable legal privileges.

7. Amendments to PHI. To the extent BA maintains PHI in Designated Record Set, BA shall within 20 business days provide CE access to CE's PHI for the purposes of amending the PHI. BA shall promptly incorporate any amendments to PHI as directed by CE in writing.

8. Compliance with Privacy Rule. To the extent BA is to carry out any obligation of the CE under the Privacy Rule (Subpart E of 45 CFR Part 164), BA shall comply with the requirements of Subpart E that apply to the CE in the performance of such obligations.

9. Unauthorized Access, Acquisition, Use or Disclosure of PHI; Security Incidents. BA shall within 3 business days report to CE (a) any access, acquisition, use or disclosure of PHI by BA including but not limited to any Breach of Unsecured PHI, in violation of this BAA or applicable law, and (b) any successful Security Incident (as defined below) by or through BA. BA shall also maintain a record of any such violations and shall provide such record to CE upon receipt of CE's written request. The parties acknowledge and agree, however, that this section constitutes notice of the ongoing existence and occurrence of attempted but unsuccessful Security Incidents for which no further notice shall be required. Such unsuccessful Security Incidents shall include, but not be limited to, pings and other broadcast attacks on BA's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized access, use, or disclosure of CE's electronic PHI.

10. Mitigation. BA shall use its best efforts to mitigate any harmful effect from any access, acquisition use or disclosure of PHI by BA in violation of this BAA or applicable law.

11. Reporting. Both parties shall comply with reporting requirements as set forth in HIPAA, HITECH, and any regulations promulgated thereunder.

12. State Law. In addition to the requirements of HIPAA, HITECH, and this BAA, BA shall comply with all applicable state privacy laws and regulations, provided that such laws and regulations impose more stringent privacy protections than federal law.

13. Term. Unless terminated earlier under the terms herein, this BAA shall remain in force and effect so long as BA provides any services to CE pursuant to an underlying services agreement.

14. Termination. CE may terminate this BAA and any underlying service agreements effective upon delivery of written notice if BA breaches any material term of this BAA or its privacy or security obligations under HIPAA, HITECH, or applicable law. Alternatively, CE may provide BA with 30 days written notice and

an opportunity to cure the alleged material breach upon mutually agreeable terms. Failure to cure within the applicable time period will be grounds for immediate termination of this BAA and any underlying agreements then in effect.

15. Survival of Security and Privacy Obligations. For any PHI retained beyond termination, each party's obligations relating to the security and privacy of PHI under applicable laws and regulations shall survive the end or termination of this BAA.

16. Return or Destruction of Records. Within 30 days after expiration or termination of this BAA, BA shall return or destroy all PHI of CE that is retained by BA in any form. To the extent it is not feasible for BA to return or destroy such PHI, each party's obligations to safeguard the privacy and security of PHI shall survive the termination of this BAA.

17. Secure Communications. CE will establish Transport Layer Security (TLS) for all of its domains with the domains of BA.

18. Indemnification. Each party shall defend, indemnify and hold harmless the other party from any loss, liability, damage, cost, or expense (including reasonable attorney fees and litigation costs), arising out of any claims or suits that may be made or brought against the other party by reason of (a) the breach or alleged breach of this BAA by the indemnifying party, (b) any violation or alleged violation of HIPAA, HITECH, or any other applicable federal or state privacy law or regulation by the indemnifying party or its employees, directors, officers, subcontractors, affiliates, agents or other members of its Workforce, or (c) from any negligence or willful misconduct related to the security, privacy, or safeguarding of PHI by the indemnifying party or its respective employees, directors, officers, subcontractors, affiliates, agents, or other members of its Workforce. The indemnifying party shall have the sole right to conduct the defense of any such claim or action and all negotiations necessary for its settlement or compromise, unless otherwise mutually agreed upon in writing. In no event, however, will the indemnifying party enter into any settlement that would constitute an admission of liability by the indemnified party or that would impose any obligations on the indemnified party, without the indemnified party's express prior written consent. For such liabilities, damages, costs, or claims that accrue or are incurred prior to termination or expiration of this Agreement, this provision shall survive such termination or expiration.

19. Amendment. CE and BA shall promptly amend this BAA as necessary to maintain compliance with HIPAA, HITECH, and any other privacy, security, or other applicable legal requirements. Amendments shall be written and signed by authorized representatives of both parties.

20. Interpretation; Waiver; Disputes. Any ambiguity in this BAA will be resolved to permit both parties to comply with applicable law. A waiver with respect to one event will not be construed as either continuing or a waiver of any right or remedy for any subsequent events. If any controversy, dispute or claim arises with respect to this BAA, the parties will make good faith efforts to resolve such matters informally.

21. No Third Party Beneficiaries. Nothing express or implied in this BAA is intended to or will confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

22. Regulatory Reference. Any reference in this BAA to a section of HIPAA, HITECH, or any regulations promulgated thereunder, means the section as then in effect or as amended.

23. Definitions. Unless otherwise specified, all capitalized terms used in this BAA shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164. The foregoing notwithstanding, the definition of PHI (including electronic PHI) utilized in this BAA shall be limited to information that is created, received, maintained, and/or transmitted by BA from or on behalf of CE. Similarly, the definition of Security Incident in this BAA shall be limited to incidents that involve or affect BA's information systems that contain CE's PHI.

[Signature page follows.]

IN WITNESS WHEREOF, the parties hereto have duly executed this BAA as of the Effective Date.

Memorial Hospital of Sweetwater County Covered Entity	FairWarning Services, LLC Business Associate
By:	By:
Name:	Name:
Title:	Title:
Date:	Date:

FairWarning®

Patient Privacy Intelligence and Managed Privacy Services

Business Justification for
Memorial Hospital of Sweetwater County

Proposal includes:



Production Assurance
GUARANTEE

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The Reason for Patient Privacy Intelligence

The Electronic Health Record (EHR) is crucial to modern healthcare, as are a wide-range of other healthcare applications used in the course of patient care. Since these systems hold vast amounts of patient information, they are a focal point of regulatory enforcement. HIPAA in the United States, is one example. Patient information is also a target of internal and external privacy and information security adversaries with a growing list of motivations that include [identity theft](#), [tax fraud](#), [medical identity theft](#), [ransom](#), [espionage](#), and [political hacktivism](#).

According to [Verizon Protected Health Information Data Breach Report](#), released in March 2018, nearly sixty percent (58%) of incidents involved insiders – healthcare is the only industry in which internal actors are the biggest threat to an organization.

Moreover, another study, [Accenture 2018 Healthcare Workforce Survey on Cybersecurity](#), noted that 1-in-5 employees professed their willingness to sell confidential data to unauthorized third parties for as little as \$100 and \$1,000. Also, roughly 24% know someone who has sold their credentials or access to an unauthorized outsider.

FairWarning's Patient Privacy Intelligence (PPI) is the industry's next-generation compliance and information security platform. It is front and center in multi-layer strategies to secure patient data held in EHRs, clinical applications, and increasingly in [cloud](#) and [big data applications](#). Below are examples of PPI use cases:

- A foundation for compliance offices to **satisfying key provisions of the OCR's [HIPAA Audit protocol](#), Meaningful Use Attestations, and EPCS Certification**. The OCR has dramatically escalated [HIPAA enforcement](#) in recent years.
- A solution for Information security offices **detect and prevent threats such as compromised user credentials, [rogue insider attacks](#), and collaborative insider attacks**. They also use PPI to conduct forensic investigations. Information security adversaries recognize application on premise and in the cloud as the weak link in the information security chain.

These and other factors have driven PPI into an **identity-aware, business critical, real-time capable, predictive, compliance and information security platform complete with dashboards and governance, forensics, visualization, behavioral analysis, and advanced filtering** that is **open and collaborative** with third-party security solutions.

Healthcare Business Drivers Shaping Patient Privacy Intelligence

1. **Growth, Industry Competition, Mergers, and Acquisitions.** Growth and [mergers and acquisitions activity](#) is impacting the thinking of every care provider. This has a dramatic impact on scale, flexibility, availability, and service level strategies for PPI.

PPI Solution Features and Requirements by Business Driver

- **Extreme Scale, Change Control & Governance, Flexibility.** FairWarning's PPI has proven the ability for extreme scale, extreme flexibility in supporting applications, and operationalized change control and governance. Care providers of scale must also require proactive service monitoring and clear escalation processes because small problems must be addressed quickly before they become large-scale availability issues.

2. **HIPAA Enforcement, HITECH, State Laws.** With the impact of increased HIPAA enforcement and associated privacy requirements mandated by HITECH, as well as state laws, PPI satisfies core requirements in HIPAA and security frameworks that mandate the systematic review of systems which access PHI through the examination of audit trails and related information.

PPI Solution Features and Requirements by Business Driver

- **Investigation Management** – ability to create automated reports on potential incidents, including open cases, closed with incident, closed without incident, patients impacted, notification time period, days open, and more.
- **Risk of Compromised Assessment** – automated process for [assessing](#) the need to report the potential incident as a breach
- **Advanced Filtering** – intelligence and multi-pronged approach in reducing false positives
- **Workflow Enablement** – potential incidents discovered must be tracked and collaboration must be performed with the care provider to determine if it's a breach
- **Governance Dashboard** – quickly demonstrate fulfillment of HIPAA requirements through policy, control, and attestation
- **Security Controls** – because PPI handles PHI, the solution is subject to HIPAA requirements and must satisfy authentication, authorization, user provisioning, as well as production and review of audit logs. These controls are mandated for MU certification.

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3. **Escalating Insider and Information Security Threats.** Dramatically escalating insider and information security threats that are being perpetrated by disgruntled employees, low salaried employees looking to supplement their income, and new adversaries with motivations never foreseen require new user behavior analytics, visualization, real-time, and filtering requirements.

PPI Solution Features and Requirements by Business Driver

- Forensic investigations through eDiscovery in lawsuits and cooperation with law enforcement
- Standard and ad-hoc visualization for any report
- Behavioral analytics on users including trending, statistical analysis, and algorithms
- Proactive monitoring and alerts
- Predictive User Behavioral Analytics
- Advanced filtering leveraging data integrity capabilities
- Real-time incident detection capabilities
- Open API collaboration with third-party information security vendors.

4. **Cloud and Big Data for Improved, Affordable Outcome.** Rapid [cloud](#) and big data adoption by care providers is resulting in the propagation of PHI. Information security and governance is immature in these areas for almost all vendors.

PPI Solution Features and Requirements by Business Driver

- Support for cloud and big data applications in a single instance, thereby reducing the costs and creating massive flexibility
- Satisfying HIPAA requirements in the same way as on premise solutions or applications

5. **Skills Shortages.** Privacy and information security [skills shortages are particularly prevalent in healthcare](#). The reason includes mergers and acquisitions, attrition, and staff reduction. Experts are in scarce supply. This requires new and flexible staffing strategies as well as improved individual productivity.

PPI Solution Features and Requirements by Business Driver

- Managed Privacy Services offering gives care providers access to a full team of experts at a rate dramatically below what would be required to build comparable staff
- FairWarning Ready Certification training
- Continuously offering affordable live and on-demand online training options free of charge and do not require travel

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6. **Reimbursement Uncertainty.** [Uncertain reimbursement models](#) for care providers, with the Affordable Care Act at the focal point, which requires care providers to have affordable and flexible staffing and operational expense strategies across their business. This includes information security, privacy, and governance.

PPI Solution Features and Requirements by Business Driver

- Information security, regulatory risks, and threat of lawsuits do not go away during times of uncertainty. Care providers underinvesting in compliance, privacy, and information security are putting themselves at greater risk than ever before. That is because they may not be able to withstand a failed audit or civil lawsuit that may result from a breach.
- FairWarning provides options and affordability in regards to operating security and governance programs

'Must Haves' from Care Providers' Perspective

Compliance – care providers leverage PPI as a foundation of HIPAA compliance as outlined in the HIPAA audit protocol as well as MU and EPCS.

Information Security – PPI is now critical to multi-layer information security strategies and must have an open architecture based on APIs and standards in order to interface with third-party vendors. PPI should have a rich feature set of out-of-the-box that includes forensic, visualization, behavioral analytics, advanced filtering, real-time capability, and predictive learning.

Legal, Risk and Law Enforcement – audit trails are being used in wrongful termination suits and increasingly malpractice suites. PPI must have the assurance of data integrity and demonstrate a track record of withstanding eDiscovery in lawsuits and law enforcement investigations.

Business Critical – PPI is now business critical to care providers. This makes proactive data integrity monitoring a very important capability. Mature availability, change control, maintenance, and upgrades capabilities and processes are essential for uninterrupted operations.

Business Associate Risk – PPI solutions handle vast amounts of patient information and such, must have the highest application security and business security to avoid a care provider's breach. PPI must have formal certifications and third-party evidence required.

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Vendor Claims – PPI solution claims must be validated by third-party certification such as SOC 2 Type 2, MU certification, formal application security testing, and EPCS certification. Claims should be validated in case studies which cite paying customer names and direct references to care providers using PPI in a production environment.

Patient Privacy Intelligence Platform

Diverse and dynamic applications containing PHI, each with many dynamic end-users, drive three core architectural requirements for PPI:

1. **Application Security Intelligence** – the key benefit is PPI's ability to correlate fields based on their meaning across all of a care providers EHRs and applications. FairWarning supports 350 applications used in healthcare. FairWarning holds patents for this approach to application security intelligence.



2. **Correlation of user Identity and Data Accuracy** – identity intelligence is a second benefit designed to interface with user management systems such as Lawson, PeopleSoft, Workday, Active Directory, and other HR applications. Identity intelligence correlates user information to centralize the most accurate information about a user. This is essential to legally defensible forensic eDiscovery, filtering, behavioral analytics, learning algorithms. FairWarning holds a patent for this identity intelligence approach to product accurate user-identity information.



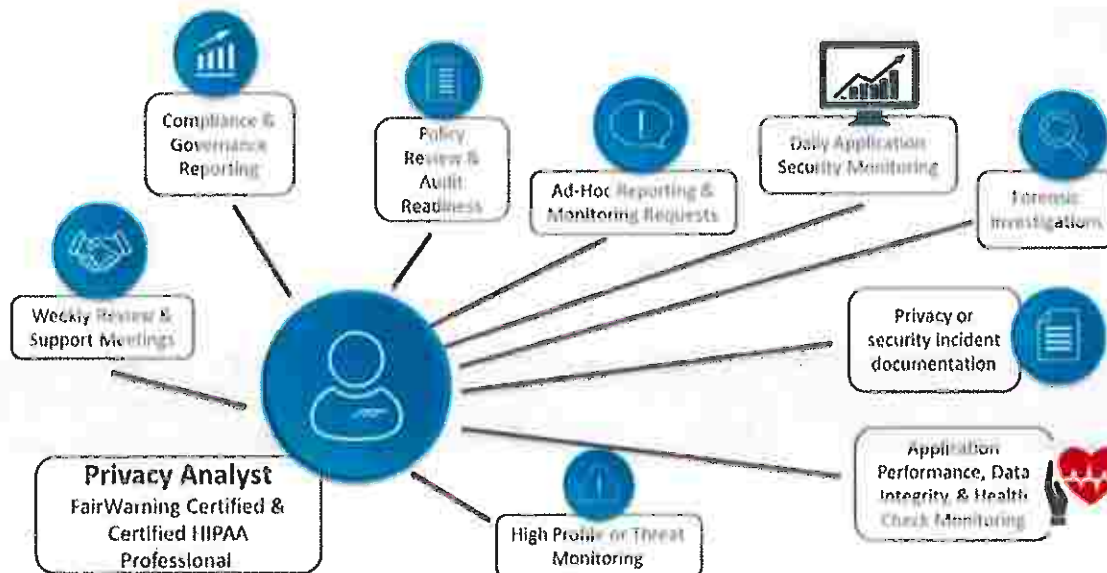
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3. **Data Integrity Monitoring** – PPI investments in critical services to ensure data integrity. This is the foundation of regulatory compliance, legal defensibility, and information security.

Managed Privacy Services

FairWarning Managed Privacy Services (MPS) is an affordable solution for care providers of all sizes. Our expert team of Certified HIPAA compliance, security and product analysts, provide worry-free staffing – giving you the time to work on higher value projects.

Managed Privacy Services – Your Data, Our Expertise



An Extension of Your Privacy Team

- **80% reduction** in customer workload
- **40%+ US Market Share of Major Healthcare Providers**
- **(MPS) monitors over 600,000 healthcare provider employees and affiliates**
- **On average, MPS reviews thousands of potential incidents per month**
- **Over 5,000 confirmed privacy and security incidents detected by MPS and remediated with our customers – logic from these incidents is rolled in to our Intelligent Filtering & Machine Learning technology to filter out false positives**
- **OCR HIPAA Audit Preparedness**

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Financial Investment

The pricing reflected below is based on a three-year customer commitment. Pricing submitted 8/3/2018 and expires in 60 days.

Proposal includes:



Production Assurance
GUARANTEE

When Managed Privacy Service is purchased with the SaaS or Perpetual licenses, and the Scope agreement is pre-approved and implemented with Certified Solutions, successful production is guaranteed by FairWarning.

3-Year Total All Software, Training & Services: \$142,052

- **3-Year SaaS Patient Privacy Intelligence (licensing & annual subscription):** **Total: \$88,292**

➤ Pricing is based on 99 beds

Description	Current List Price	Memorial Hospital of Sweetwater County Price
Year 1	\$31,364	\$31,364
Year 2	\$28,464	\$28,464
Year 3	\$28,464	\$28,464
TOTAL INVESTMENT	\$88,292	\$88,292

- **3-Year Managed Privacy Services (annual services):** **Total: \$53,760**

➤ Pricing is based on 5,000 employees

Managed Privacy Services Description	Current List Price	Memorial Hospital of Sweetwater County Price
Year 1	\$17,920	\$17,920
Year 2	\$17,920	\$17,920
Year 3	\$17,920	\$17,920
TOTAL INVESTMENT	\$53,760	\$53,760

Third-Party Validation

Certifications Dependent on Data Integrity and Governance – these certifications are required for care providers to receive government funding for Meaningful Use and operating certain aspects of their business.



Meaningful Use (MU) – Patient Privacy Intelligence (PPI) is part of the Electronic Health Record and must be certified in order for care providers to collect MU funds. INFO|GARD performed our certification testing.



Electronic Prescribing Controlled Substances (EPCS) – Patient Privacy Intelligence is involved in the prescribing process in certain circumstances and must be certified in a DEA-EPCS Certification Audit.



Office for Civil Rights HIPAA Audits – Because of the scale of our customer base, our care provider customers have been extensively scrutinized by the Office for Civil Rights (OCR) and have successfully demonstrated satisfaction of key HIPAA requirements using our Patient Privacy Intelligence (PPI) platform.



OWASP

Open Web Application Security Project (OWASP) – On a recurring basis, we conduct OWASP application security testing to detect common vulnerabilities.



Salesforce Cloud Security Certification – Our application is certified by Salesforce's extensive testing for cloud security in order to appear in the AppExchange.



Court Cases and Lawsuits – Our platform has withstood the extreme scrutiny of countless court cases which required eDiscovery. In each of these cases, data integrity was a crucial consideration. Information security certifications for a Business Associate as well as their technology are crucial for care providers evaluating breach and OCR audit risks.



SOC 2 Type 2 – Our solutions and business have received SOC 2 Type 2 certification. This includes recurring testing such as **ZAP Penetration Testing** and **Nessus Vulnerability Scans** of the operating system and application.

Customer Success Stories

FairWarning's growing customer community has joined us in our vision to improve patient care through privacy. Here are just a few:



"We must have the tools in place to prevent, detect and respond to today's cybersecurity threats. With real-time monitoring, we will be better armed with actionable intelligence to stop an attack in its tracks."

- *John Houston, Vice President, Privacy & Information Security and Assistant Counsel, University of Pittsburgh Medical Center*

UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



"We have an unbelievable competent IT Security team who I absolutely love, but at the end of the day that's not the best utilization of our resources, especially when something like FairWarning exists."

- *Helenmarie Blake, Executive Director of the Miller School of Medicine's HIPAA Privacy & Security Office*



WOOD COUNTY
HOSPITAL

"I can't say enough about how FairWarning has helped us change the culture, prevent HIPAA breaches and brought awareness to the community."

- *Joanne White, Chief Information Officer, HIPAA Privacy and Security Officer, Wood County Hospital*

Visit our website for to hear more success stories: <http://www.fairwarning.com/success-stories>

The Cost Beyond the Fines: What Happens If There Is an Incident?

\$12,797,700 is the estimated damage resulting from an incident involving 500 or more patients in Wyoming. The incident is identified by the media, a patient, or employee tip and makes its way to the media and under Federal law is reported to HHS. The estimates assume an authorized user has misused their access to EHRs and the incident(s) must be investigated as required under HIPAA Omnibus Rule.

SUMMARY	Dollars	Percent
Forensic Incident Investigation Expenses Over 12 Weeks Involving 6 Clinical Applications	\$517,000	4%
Corporate Incident Management Over 26 Weeks	\$309,400	2%
Employee Dismissal, Recruitment and Training for 5 Dismissed Employees	\$308,000	2%
Patient Notification and Credit Monitoring for 500 Patients Over 2 Years	\$6,500	0%
Federal Fines Under HIPAA and ARRA HITECH	\$1,500,000	12%
HHS "Compliance Review" (Conditional)	\$1,069,800	8%
HHS Resolution Agreement (Conditional)	\$4,287,000	33%
State Fines or Resolution: Wyoming (Conditional)	\$300,000	2%
Revenue Loss Due to Reputational Damage of 0.25% Over 3 Years	\$4,500,000	35%
TOTAL DAMAGES	\$12,797,700	100%

PRODUCTIVITY LOSSES	Dollars	Hours
Executive Management	\$517,000	936
Legal Counsel	\$309,400	3,120
Compliance, Privacy, Audit	\$308,000	8,320
Information Security and Information Technology	\$6,500	12,680
Public Relations	\$1,500,000	3,770
TOTALS	\$2,191,200	28,826

HARD FINANCIAL OUTLAYS	Dollars
Credit Monitoring and Notification	\$6,500
Information Security Fees - Consulting and Addressing Gaps	\$1,362,000
Public Relations Consulting Fees	\$60,000
External Legal Counsel	\$1,570,000
Fines and Resolution Agreement	\$2,800,000
Employee Recruitment and Dismissal Fees	\$308,000
TOTALS	\$6,106,500

REPUTATIONAL DAMAGE	Dollars
Reputational Damage – Revenue Loss	\$4,500,000

Contract Check List

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

1. Name of Contract: **SPECIALTY SERVICES AGREEMENT-WAMSUTTER**
2. Purpose of contract, including scope and description: **Agreement with High Desert Rural Health Care Dt-Wamsutter. MHSC will provide providers to the Wamsutter clinic in return for payment for their services to MHSC. A provider and MA will provide services at the clinic 4 days a week. Much better contract than previous one. Addressed such issues as billing, licensure issues, bad weather travel payments.**
3. Effective Date: **When signed by both parties.**
4. Expiration Date: **One year from effective date.**
5. Rights of renewal and termination: **May terminate with 120 days' notice or immediately for material breach. Is this auto-renew? No**
6. Monetary cost of the contract and is the cost included in the department budget? **Wamsutter pays MHSC \$1465.00 per day for the physician services, \$300.00 for MA or Practitioner and MA \$1765.00 per day. They will also pay us \$250.00 month for limited billing services.**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Wyoming**
8. Any confidentiality provisions? **HIPAA provisions as we are dealing with medical services.**
9. Indemnification clause present? **Yes each party responsible for own acts and omissions.**
10. Is this contract appropriate for other bids? **No**

11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required? **No**

SPECIALTY SERVICES AGREEMENT

This Specialty Services Agreement (the "Agreement") is by and between High Desert Rural Health Care District (HDRHCD) and Memorial Hospital of Sweetwater County (MHSC) and is effective as of the last date executed by the parties (the "Effective Date").

WHEREAS, HDRHCD operates a health care clinic in Wamsutter, Wyoming; and

WHEREAS, HDRHCD has identified a need for additional specialty health care services in the specialty described on Exhibit "A", as part of its mission in maintaining the quality of and access to health care services and fulfillment of patient and public needs for the communities served; and

WHEREAS, HDRHCD and MHSC desire to enter into an agreement whereby a Specialist employed by MHSC will provide specialty health care services, described herein, to HDRHCD and its patients.

NOW THEREFORE, in consideration of the mutual covenants and agreements that follow, HDRHCD and MHSC agree as follows:

1. **HDRHCD approval of Physician and APRN.** MHSC shall provide the services of duly qualified and licensed physicians, physician assistants (PA's) and advanced registered nurse practitioners (APRN's) (each a "Practitioner") and duly qualified medical assistants (each an "MA") to provide family practice medical services and billing and collection services (the "Services") at HDRHCD's Wamsutter Community Health Center in Wamsutter, Wyoming, for four (4) days (Monday through Thursday), eight (8) hours per day (including travel time from Rock Springs, Wyoming, to HDRHCD's clinic) each week, during HDRHCD's normal business hours.

A. Selection of Practitioners and MA's. For emergency or vacation coverage, or in the event a Practitioner or MA specified in Exhibit A ceases to be employed by MHSC, selection of MHSC's substitute Practitioner or MA will be the sole responsibility of MHSC. MHSC assumes all responsibility for verifying the qualifications and credentials of all personnel whose services are provided to HDRHCD under this Agreement. HDRHCD agrees to advise MHSC of any questions or concerns that arise concerning the professional qualifications or clinical performance associated with any Practitioner or MA providing Services under this Agreement. MHSC will use its best efforts to attempt to resolve any issues promptly and to the reasonable satisfaction of HDRHCD.

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B. No discrimination. When scheduled to provide the Services, the Practitioner and MA will be available for advice, consultation and/or the performance of Services to all patients. MHSC shall ensure that no Practitioner, nor any other Hospital personnel, discriminates among HDRHCD's patients in providing such services, including without limitation, on the basis of a patient's ability to pay, and

without regard to a person's age, race, sex, creed, color, national origin or sponsor, religion, or disability.

C. Supplies and Equipment. MHSC shall provide those supplies and equipment ("Supplies") described on Exhibit "A" necessary to perform Services hereunder, for its Practitioners' and MA's use.

2. Term and Termination. This Agreement shall remain in effect for one (1) year from the Effective Date. This Agreement may be terminated by either party, for any cause or no cause, upon one hundred twenty (120) days prior written notice to the other party. This Agreement may be terminated immediately for material breach of its provisions, by either party, upon prior written notice by the terminating party to the non-terminating party specifying such breach. Any Exhibit to this Agreement may be separately terminated, as described in such Exhibit, without effecting a termination of the Agreement as a whole, or any other Exhibit. If an Exhibit is separately terminated, the remainder of this Agreement, and any other Exhibits, shall remain in effect.

3. Standard of Performance of Duties. MHSC hereby warrants and represents to HDRHCD that:

A. Licensure. Each Practitioner, and all other MHSC personnel providing Services hereunder, will have a current unrestricted license to practice his or her profession, covering the Services he or she provides, at all times during the Agreement's term. Such license shall be specific to the State in which the Services are provided.

B. Standard of care. All Services shall, in all events, be performed consistent with the industry standard of care for providing Services and in accordance with local and customary rules of ethics and conduct in the relevant profession

C. Qualifications. Each Practitioner, and all MHSC personnel, have the education, experience and qualifications required to perform the Services to the required standard of care.

4. Independent Contractor. Neither MHSC nor any of its officers, agents, employees, directors or members, including the Practitioner(s), shall be considered at any time an employee or agent of HDRHCD by virtue of this Agreement. HDRHCD shall not exercise any control or direction over the methods or manner in which any Practitioner, or any MHSC personnel, provides Services to patients. No relationship of employer and employee between a Practitioner, or any of MHSC's officers, directors, agents, employees, directors, or members, and HDRHCD is created by this Agreement, it being agreed that each Practitioner, and all MHSC personnel, will act hereunder as an independent contractor as to HDRHCD. MHSC shall provide all Supplies necessary to provide the Services. No Practitioner, nor any of MHSC's officers, directors, agents, employees or members shall have any claim under this Agreement, or otherwise, against HDRHCD for vacation pay, sick leave, retirement benefits or employee benefits of any kind.

A. **Professional Judgment.** Nothing herein shall be construed to allow HDRHCD to limit or influence the independent professional judgment of any Practitioner, or any MHSC personnel concerning the practice of medicine or any other licensed profession, or the diagnosis or treatment of any patient treated by any Practitioner. Neither Practitioner, nor any MHSC personnel, is required to exclusively refer any patient to a particular provider or supplier, including but not limited to HDRHCD, or to take any action that a Practitioner or MHSC personnel determines is not in a patient's best interest.

5. **Fees.** HDRHCD shall compensate MHSC for providing the Services as described on Exhibit "A". Such compensation will be invoiced with signed voucher attached to HDRHCD no later than the 10th of the month for the prior month's services provided under this Agreement, and HDRHCD will pay within ten (10) business days of the HDRHCD's Board of Trustee's regular monthly meeting each month.

6. **Billing and Collection.** HDRHCD shall be solely entitled to bill and collect all professional and technical fees generated by professional Services provided by a Practitioner, or other MHSC personnel, to the Wamsutter Community Health Center's patients pursuant to this Agreement. MHSC shall, and shall ensure that all Practitioners and MHSC personnel, record and provide to HDRHCD all reasonable information and documentation that HDRHCD may require in order to secure reimbursement from federal or state agencies, intermediaries, carriers or other third-party payors or patients for Services provided to patients hereunder. This information and documentation shall include the recording by all Practitioners, and MHSC personnel, of records of the services provided, of time spent providing the Services, and such other information as may be requested by HDRHCD or other such third-party payors. To the extent necessary to comply with any applicable Medicare, Medicaid or other third party rules, policies or procedures on reassignment of such, Practitioner(s) shall, and shall ensure that each MHSC personnel agrees to:

A. Convey and assign any such right to payment by Medicare, Medicaid or any third party payor to HDRHCD;

B. Accept the compensation paid by HDRHCD to MHSC set out herein as payment in full for each Practitioner's, and MHSC personnel's, performance of its duties and obligations under this Agreement, including providing the Services;

C. Not bill Medicare, Medicaid or any other third party payor for services provided by a Practitioner or MHSC Personnel pursuant to this Agreement, except as requested by HDRHCD;

D. Execute such documents as may be reasonably necessary to effect such conveyance and assignment. Page 288 of 342

HDRHCD and MHSC shall be jointly and severally responsible for any Medicare overpayment made to HDRHCD as the result of Services provided by Practitioner and/or MHSC Personnel reimbursable by Medicare. MHSC shall have unrestricted access to claims submitted by HDRHCD for Services that any Practitioner, or MHSC personnel, provide.

7. **Personal Services.** HDRHCD and MHSC agree that no term of this Agreement is conditioned upon the admission, recommendation, referral or any other form of arrangement by Specialist, or MHSC personnel, for utilization by patients or others of any item or service offered by HDRHCD or any officer, director, employee, parent or affiliate of HDRHCD. HDRHCD and MHSC agree that the consideration exchanged hereunder is fair market value for the services provided hereunder, and that the aggregate services contracted for hereunder do not exceed that which is reasonable and necessary to accomplish the commercially reasonable and legitimate business purpose of the Agreement. The parties agree that no part of the consideration exchanged hereunder has been determined or taken into account the volume or value of referrals or other business generated between the parties. The parties agree that the Agreement covers all services to be provided by Practitioner(s) and/or MHSC personnel to HDRHCD pursuant to the Agreement for the term of the Agreement, and specifies all the Services to be provided by Practitioner(s) and MHSC personnel to HDRHCD hereunder.

8. **Waiver of Breach.** The waiver by HDRHCD or by MHSC of any breach of any provision of the Agreement shall not operate or be construed as a waiver of any subsequent breach by either HDRHCD or MHSC.

9. **Non-Assignability.** This Agreement shall be binding and shall inure to the benefit of HDRHCD and MHSC and their respective successors, and legal representatives. Neither this Agreement nor any rights hereunder may be assigned by MHSC without the written consent of HDRHCD.

10. **Wyoming Law and Forum.** This Agreement shall be construed according to the laws of the State of Wyoming, its place of execution, and the parties agree that exclusive jurisdiction and venue to resolve disputes hereunder shall lie in the courts in and for Sweetwater County, Wyoming.

11. **Certification about status with government health programs.** MHSC certifies that all of MHSC's officers, directors, agents, employees and/or representatives, including any and all Practitioner(s): (a) are not now debarred, excluded or otherwise ineligible for participation in any government health care program(s); (b) have not been convicted of a felony offense in the immediately preceding seven (7) years; and (c) are not now subject to or has reason to believe that any Practitioner(s), or any MHSC personnel, are subject to, any specific investigation for violation of federal, state, or local criminal or civil law or regulation. MHSC shall report in writing to HDRHCD immediately if MHSC becomes aware of such action, investigation, or effort to debar or exclude any Practitioner, and/or any of MHSC's officers, directors, agents, employees and/or representatives, as applicable and including any and all MHSC personnel, from any government health care program.

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12. **Agreement to abide by Applicable Laws, Rules and Regulations.** MHSC agrees to act in compliance with all applicable federal, state, and local laws and regulations in its performance of its duties and obligations under the Agreement.

13. **Professional Liability Insurance.** MHSC, at its expense, agrees to maintain professional liability insurance covering Practitioner's, and all MHSC personnel, performance of Services in at least the minimum amounts required by HDRHCD's governing board, or in the absence of such a requirement, in the amount of \$1 million per occurrence and \$3 million annual aggregate.

14. **Entire Agreement/Modifications.** This instrument, along with any attached Exhibits, constitutes the entire Agreement between the parties, superseding all prior communications, oral or written. No statements, promises or inducements made by either party or agent of either party, express or implied, shall be valid or binding if not contained in the written Agreement. No modifications to the Agreement shall be effective or binding unless in writing over the duly authorized signatures or the parties hereto. This section shall not be deemed waived by any alteration or modification which does not conform to the above provisions of this section. To the extent of a conflict between the terms of an Exhibit and this Agreement, the terms of such Exhibit shall control.

15. **Counterparts.** This Agreement may be executed simultaneously, in one or more counterparts, each of which shall be deemed an original but all of which shall together constitute one and the same instrument.

16. **Change of Law.** The terms of this Agreement are intended to be in compliance with all federal, state and local statutes, regulations and ordinances applicable on the date the Agreement takes effect including but not limited to HIPAA and, in the event of conflict, the state and/or the federal law will supersede the terms of this Agreement. The parties agree to execute such amendments as may be necessary for HIPAA compliance as additional regulations are promulgated or become final and effective. In the event that any federal or state legislative or regulatory authority adopts any law or regulation which (a) renders the Agreement illegal or prohibited by applicable law or regulation; (b) threatens the tax-exempt status of any officer, director, parent or affiliate of any party; (c) establishes a material adverse change in the method or amount of reimbursement or payment for services under the Agreement; or (d) imposes requirements which require a material adverse change in the manner of either party's operations under this Agreement or legal counsel for either party gives a good faith opinion that the Agreement, or any part thereof poses a substantial and unreasonable risk of any of the foregoing, then, upon the request of either party, the parties will enter into good faith negotiations for the purpose of establishing such amendments or modifications as may be appropriate in order to accommodate the change in law or regulations while preserving the original intent of this Agreement to the greatest extent possible. If, after sixty (60) days of such good faith negotiations, the parties are unable to reach an agreement as to how this Agreement will continue, then either party may terminate this Agreement upon one (1) day prior written notice.

17. **Cooperation Regarding Medicare Reimbursement.** Each party will make available to each other, the Secretary of Health and Human Services or to the Comptroller General of the United States (or to any of their duly authorized representatives) copies of this Agreement (including all amendments thereto) and their books, documents and records to the extent necessary to verify the nature and extent of the consideration exchanged by the parties hereunder. Such access shall be limited to six (6) years after the furnishing of the Services

hereunder. If access is requested by a party hereunder, the requesting party shall provide reasonable notice to the non-requesting party of its desire for access, and access shall be provided at a reasonable time by the non-requesting party. All other access permitted hereunder shall be provided in accordance with the written regulations established by the Secretary of Health and Human Services. Should either party contract the service of a sub-contractor in the performance of this Agreement, such contract shall contain a clause placing the same duty on the sub-contractor as the Agreement places on the parties hereto.

18. Severability. In the event that any provision of the Agreement (or portion thereof) is determined by a court of competent jurisdiction to be invalid or otherwise unenforceable, such provision (or part thereof) shall be enforced to the extent possible consistent within the stated intention of the parties, or if incapable of such enforcement, shall be deemed to be deleted from the Agreement, while the remainder of the Agreement shall continue in full force and remain in effect according to its stated terms and conditions.

19. Confidentiality of Protected Health Information. HDRHCD and MHSC, as covered entities, each agree that the *Privacy Rule* and *Security Standards* promulgated under the Health Insurance Portability and Accountability Act of 1996, (HIPAA) apply to the use and disclosure of Protected Health Information which may occur in each party performing their duties and responsibilities in this Agreement. As such, Practitioners and all MHSC personnel providing Services on MHSC's behalf hereunder are (or will be at all times while providing Services hereunder) either:

A. Members of HDRHCD's medical or professional staff or granted appropriate clinical privileges at HDRHCD, and thus be members of HDRHCD's Organized Health Care Arrangement (OHCA), and the Services further the purpose of the OHCA; or

B. Qualify as members of HDRHCD's "workforce" under 45 C.F.R. §160.103.

To the extent Practitioners or MHSC personnel do not qualify as one of the foregoing, HDRHCD and MHSC shall enter into a Business Associate Agreement to govern HDRHCD's provision of Protected Health Information to Specialist and/or MHSC personnel. MHSC shall, and shall ensure that all Practitioners and MA agree, to abide by the Privacy Rule and Security Standards in providing all Services hereunder.

20. Governmental Immunity. The parties acknowledge that neither party, by entering into this Agreement, waives the tort immunity provided to it by the Wyoming Governmental Claims Act, W.S. § 1-39-101 et seq. (the "Act"), and each party retains all immunities and defenses provided to it by the Act. Any part of this Agreement that conflicts with any immunity provided by the Act and reserved hereunder shall be void and of no effect. Any actions or claims against either party under this Agreement, to the extent that the same are permissible under the terms of this Section and/or applicable law, must be brought in accordance with the procedural requirements of the Act. This provision shall survive the termination of the Agreement.

21. Responsibility for Own Acts/Indemnification. Except as provided in this Agreement, each party shall be responsible for its own acts and omissions and any and all claims, liabilities, injuries, suits, demands and expenses of all kinds which may arise out of any malfeasance or neglect caused by it, or its employees or representatives, in the performance or omission of any act or responsibility under this Agreement. MHSC agrees to indemnify and hold harmless HDRHCD, and all officer, directors, employees, agents, and governing body members, of and from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, arising out of or relating to MHSC's performance of its duties and obligations under this Agreement, including but not limited to the Services performed by MHSC under this Agreement. HDRHCD agrees to indemnify and hold harmless MHSC of and from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, arising out of HDRHCD's performance of its duties and obligations under this Agreement.

22. Necessity of Term of Agreement. Each party hereby warrants and represents to the other that to the extent the term of this Agreement extends beyond the term of its current governing body:

A. Entry into this Agreement with the duration stated herein is necessary to secure the advantages of this Agreement to each party and its community;

B. The governing body of each party has considered and determined such advantages to be sufficient to justify entry into this Agreement of such duration; and

C. Each party hereby waives and releases any claim it may have to avoid any obligation under this Agreement on the basis of the Wyoming Supreme Court's holding in *Mariano & Assoc., P.C. v. Board of County Comm'rs of Sublette County*, 737 P.2d 323 (Wyo. 1987).

The person signing this Agreement on each party's behalf expressly and specifically warrants and represents to the other party that such party's governing body has specifically authorized the him or her to negotiate and execute this Agreement on the governing body's behalf.

HIGH DESERT RURAL HEALTH CARE DISTRICT

By: [Signature]
Its: [Signature]

Date: Aug. 31, 2018

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

By: _____
Irene Richardson, CEO

Date: _____

Exhibit "A"
Specialty Services Agreement

I. Services description. MHSC will provide the following Services to HDRHCD:
Family Practice Medical Services.

A. Services Providers. MHSC will provide the Services through the following Practitioners and MA: *Dr. Brytton Long, Dr. Larry Lauridsen, Dr. Michael Bowers and PA Melissa Lehman as well as MA Gina Elkins.*

B. Location of Services. The Services will be provided at *Wamsutter Community Health Center.*

II. Scheduling and time for Services.

A. Schedule. *Monday through Thursday*

B. Time. *Normal business hours.*

III. Compensation.

A. HDRHCD shall compensate MHSC for providing the Services as follows:

1. Practitioner Services only: *One Thousand Four Hundred Sixty Five Dollars (\$1465.00) per day.*
2. MA only: *Three Hundred Dollars (\$300) per day*
3. Practitioner and MA: *One Thousand Seven Hundred Sixty Five Dollars (\$1765.00) per day*

If MHSC personnel begin travel from Rock Springs, Wyoming, are unable to complete the journey to Wamsutter due to weather, HDRHCD will compensate MHSC for at 50% of the rate described above

B. Operational costs. MHSC may provide the following supplies and services required for operating and equipping HDRHCD's Clinic, for which HDRHCD shall reimburse MHSC at actual cost. MHSC shall provide HDRHCD receipts, invoices, bills, or other documentation reasonably acceptable to HDRHCD to substantiate the costs incurred by MHSC in providing such supplies and HDRHCD shall reimburse MHSC such costs. The parties shall meet at the request of either party to discuss the supplies and services provided, and make any adjustments necessary, at HDRHCD's election. To the extent not provided for below, HDRHCD shall provide all space, equipment and supplies needed for operation of the Clinic.

1. **General medical clinic supplies** (ie. bandages, gauze, cotton swabs, tongue depressors etc.)

2. Minor medical office equipment (ie. stethoscopes, otoscopes, ophthalmoscopes, etc.)
3. **General office and administrative supplies** (ie. paper, pens, etc.)
4. **Allowance for outdated or expired and unusable equipment and supplies that MHSC is unable to use despite reasonable diligence.**
5. **Telephone service.** MHSC shall subscribe for telephone service at HDRHCD's Clinic in Wamsutter, Wyoming. Notwithstanding anything else in this Exhibit or the Agreement, the telephone number for HDRHCD shall be the property of HDRHCD, and shall be transferred to HDRHCD upon expiration of this Exhibit or the Agreement, whichever comes first.
6. **Cable Television.** MHSC shall subscribe for cable television service at HDRHCD's Clinic in Wamsutter, Wyoming.
7. **Pharmacy.** MHSC shall provide a limited supply of medications and vaccines, to be kept at MHSC's Clinic.
8. **Equipment Lease.** MHSC shall lease and provide for HDRHCD's use a photocopier/scanner/printer acceptable to HDRHCD at the Clinic.
9. **Mileage.** HDRHCD shall reimburse MHSC at the IRS standard mileage rate for vehicle travel to Wamsutter to provide Services. If more than one vehicle is required to transport MHSC personnel to Wamsutter on a regular or frequent basis, MHSC shall obtain HDRHCD's consent before continuing to use more than one vehicle.

Exhibit "B"
Billing and collection services

I. MHSC shall provide the following coding, billing and collection services to HDRHCD:

A. All CPT, HCPCS and ICD-10 coding for health care services provided by Practitioners to patients, and direct billing of responsible parties, including but not limited to third party payors, and/or patients for such coded services;

B. Submission of claims to third party payors, and provision of commercially reasonable efforts in following up with third party payors, regarding payment of claims previously submitted (including electronic claims submission, with carrier approval and support, and submission of paper claims with all third party payors which accept the CMS 1500 claims form);

II. Compensation. HDRHCD shall compensate MHSC for providing the Billing and Collection Services as follows:

\$250 per month for all services described in Section I, above.

III. Termination. This Exhibit may be terminated by either party, for any or no cause, upon not less than thirty (30) days prior written notice by the terminating party to the non-terminating party.

IV. Post-termination obligations.

A. Fees collected after termination. The parties shall cooperate with each other during the notice period stated above so that the services provided by MHSC to HDRHCD are transitioned to a new provider as smoothly and with as little interruption as possible. MHSC shall not be required to provide further services after termination to HDRHCD, and HDRHCD shall have no obligation to compensate MHSC post-termination; however, if after termination, MHSC collects or receives any fees related to claims placed with MHSC pre-termination, MHSC shall immediately pay over such fees to HDRHCD without deduction.

B. Information and records. During the notice period described above, MHSC shall make arrangements to convey to HDRHCD all medical, billing and business records generated on HDRHCD's behalf during the term of this Exhibit. The parties shall agree on the form for such records and information to be provided. If agreement is not reached on such form before expiration of the notice period, the records shall be provided in paper form to HDRHCD at its clinic in Wamsutter, Wyoming. MHSC shall provide such records and information in paper form without charge. HDRHCD shall reimburse MHSC the

reasonable cost of MHSC providing the records and information in any form other than paper.

Contract Check List

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

1. Name of Contract: **University of Utah Affiliation Agreement Amendment**

2. Purpose of contract, including scope and description: **request from U of U to agree to changes to the Affiliation Agreement dated November 21, 2017.**

MHSC, we are suggesting two changes to the affiliation agreement that incorporate feedback we have received as well as current practice.

1. The term of the agreement has been amended to automatically renew in yearly increments after the end of the initial 5-year term. Of course, the agreement can be terminated at any time without cause with at least a 90-day written notice.

2. The requirement for the Operations and Quality Council to meet quarterly has been amended to meet as needed.

This change was requested by MHSC/County attorney and agreed to by U of U-

3. Amended Section 11 to reflect new indemnification language that is now in AirMed contract, Clinical trial agreement and all future agreements with U of U (when applicable).

3. Effective Date: **September 12, 2018**

4. Expiration Date: **Expires when the original affiliation agreement expires which is November 2022.**

5. Rights of renewal and termination: **NA** Is this auto-renew? **NO**

6. Monetary cost of the contract and is the cost included in the department budget? **None**

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **This amendment is subject to the terms of the underlying affiliation agreement which has Utah as the jurisdictional state.**

8. Any confidentiality provisions? **Not with the amendment.**

9. Indemnification clause present? **No**

10. Is this contract appropriate for other bids? **NA**

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

12. Is County Attorney review required? **Yes County Attorney's office requested this amendment be presented to the County Commissioners for their approval. The signature line has been added for the Commissioners.**

AMENDMENT TO AFFILIATION AGREEMENT

This Amendment to Affiliation Agreement (the “Amendment”) is made and entered into as of the 12 day of September 2018, by and between the University of Utah, a body politic and corporate of the State of Utah, on behalf of its University of Utah Health (“UUh”), and Memorial Hospital of Sweetwater County (“Affiliate”).

RECITALS

A. UUh and Affiliate entered into that certain Affiliation Agreement dated November 21, 2017 (the “Agreement”); and

B. University and Affiliate wish to amend the Agreement with respect to the frequency of Operations and Quality Council meetings, term and termination, and certain other matters.

AGREEMENT

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

1. The fourth sentence of Section 2.1 of the Agreement (Governance) is deleted in its entirety and replaced with the following:

The members of the Operations and Quality Council shall meet as needed.

2. Section 5.4 of the Agreement (Effect of Termination on SOWs) is renumbered as Section 5.5.

3. A new Section 5.4 (Termination – Without Cause) is added, which shall read as follows:

Termination — Without Cause. Either party may terminate this Agreement, without cause, upon not less than ninety (90) days advance written notice to the other.

4. Section 11 is replaced with the following language:

Each party to the agreement shall assume the risk of any liability arising from its own conduct. No party agrees to indemnify any other party. MHSC is a governmental entity and hereby expressly reserves its governmental immunity, pursuant to W.S. 1-39-101 et. seq. University is a governmental entity and hereby expressly reserves its governmental immunity, pursuant to Utah Code Ann., Section 63G-7-101 et seq. (the “Act”). Nothing in this Agreement shall be construed as a waiver by the University of any protections, rights, or defenses applicable to the University under the Act, including without limitation, the provisions of Section 63G-7-

604 regarding limitation of judgments. It is not the intent of either party to incur by contract any liability for the operations, acts, or omissions of the other party or any third party and nothing in this Agreement shall be so interpreted or construed.

5. This Amendment shall not be deemed to amend or modify the Agreement in any manner except as specifically provided for herein. Each of the definitions set forth in the Agreement shall apply to the defined terms used in this Amendment. The Agreement, as amended by this Amendment, shall be and remain in full force and effect, and enforceable in accordance with its terms.

[Signatures on following page.]

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

UNIVERSITY OF UTAH
("UUH")

By: _____

Name: _____

Title: _____

MEMORIAL HOSPITAL OF
SWEETWATER COUNTY
("Affiliate")

By: _____

Name: _____

Title: _____

This Agreement must be presented to the Sweetwater County Commission for approval as is required by W.S. 8-8-301. Such approval is required prior to this Agreement being effective.

SWEETWATER COUNTY COMMISSIONERS

By: _____
Reid West, Chairman

ATTEST:

Dale Davis, Clerk

Contract Check List

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

1. Name of Contract: **U of U AirMed Facility Use Agreement**
2. Purpose of contract, including scope and description: **MHSC grants U of U the right to use our helipad and related facilities as an AirMed helicopter base location.**
3. Effective Date: **September 12, 2018**
4. Expiration Date: **June 30, 2023**
5. Rights of renewal and termination: **After the first year of this contract either party may terminated the Agreement upon lot less than 90 days advance notice to the other. Is this auto-renew? no**
6. Monetary cost of the contract and is the cost included in the department budget? **U of U pays MHSC a Use Fee. (See Addendum 1 Fee schedule)**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not specified**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **Yes and our immunity under Wyoming Statutes in included in this section**
10. Is this contract appropriate for other bids? **No**
11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required? **Yes and requested that the Agreement be presented to the Board of CC at their Sept 18 meeting for approval.**

FACILITY USE AGREEMENT

UNIVERSITY OF UTAH AIR MEDICAL HELICOPTER

This Facility Use Agreement (the "Agreement") is entered into as of September 12, 2018 (the "Effective Date"), by and between Memorial Hospital of Sweetwater County located in Rock Springs, WY ("MHSC") and the University of Utah, a body politic and corporate of the State of Utah, on behalf of its University of Utah Hospitals and Clinics ("University").

RECITALS

WHEREAS, MHSC is a provider of health care services to patients in the area of Western Wyoming and wishes to have air medical service capability at its facility; and

WHEREAS, University operates a medical helicopter program ("AirMed") and wishes to establish a base location in the area of Rock Springs, WY.

AGREEMENT

NOW THEREFORE, in consideration of the mutual promises and covenants and agreements contained herein, the parties agree as follows:

1. Responsibilities of MHSC.

1.1 Use of Helipad Area. MHSC grants to University the right to use its helipad site and related facilities (the "Facilities") as an AirMed helicopter base location by the University's AirMed program. In addition, MHSC will provide dedicated space adjacent to the helipad site for a storage facility (to be provided by University) and a fuel station (to be provided by University) for exclusive use by University. University will pay MHSC fair market value for said dedicated space according to Addendum 1 as attached and incorporated herein by reference.

1.2 Use of MHSC. As part of the Facilities, MHSC will make its staff lounge, EMS lounge/sleep/shower facilities, cafeteria and other staff facilities available for use by the University AirMed personnel. If requested by University, MHSC will also provide dedicated crew quarters for AirMed personnel use during duty hours. Such crew quarters will include appropriate connections and cabling for phone, fax, and computer lines. University will pay MHSC fair market value for said dedicated crew quarters used by University according to Addendum 1 as attached.

1.3 Hours of Operation. MHSC will make the helipad and other facilities available to the University AirMed Program for use as a base location twenty-four hours a day, seven days per week. The parties may modify the AirMed hours of operation by mutual agreement.

1.4 Restocking of Medications and Supplies. MHSC will provide restocking of medications and supplies as necessary to maintain appropriate inventory of the AirMed helicopter. The University will reimburse MHSC fair market value for the restocking services. MHSC shall submit a monthly invoice to University for all restocking charges incurred during the preceding month, with such detail and information as University may request. Invoices shall be paid by University within thirty (30) days of receipt by check payable to "Memorial Hospital of Sweetwater County" and shall be sent to MHSC, 1200 College Drive, Rock Springs, WY 82901, Attn: CFO.

1.5 Use Fees. University shall pay MHSC a use fee (the "Use Fee") only for the space dedicated to University defined in Addendum 1 as attached. MHSC shall make the helipad site and ancillary facilities available to the University at no charge. If the parties determine that federal regulatory requirements require the payment of any additional use fees, the parties shall negotiate in good faith to determine the fair market value of any such fees as regulatory requirements may dictate and amend this Agreement as appropriate.

1.7 Security. MHSC will be responsible for maintaining the fence surrounding the helipad after installation and will be responsible for site security, including lighting and other security measures.

1.8 Term. The term of this Agreement will be for a period commencing on the Effective Date and ending on June 30, 2023 (the "Term"); provided that after the first year of the Term, either party may terminate this Agreement upon not less than 90 days advance written notice to the other. In addition, the parties acknowledge that due to extended negotiations and unforeseen circumstances, the execution of this Agreement was delayed from the period of July 1, 2015 to the Effective Date (such period, the "Interim Period"). In the interest of patient care and the University's operational needs, during the Interim Period, the parties agreed to allow the University to use the Facilities in exchange for payment of Use Fees to MHSC in accordance with Addendum 1.

2. Responsibilities of University.

2.1 Air Medical Capability. The University will provide a fully equipped and staffed air medical helicopter to provide air medical service capability at MHSC during the Term of this Agreement (the "AirMed Helicopter"). The AirMed Helicopter will be based at the MHSC helipad during the hours of operation described in Section 1.3. The University will be responsible for all aircraft related expenses, including: (i) helicopter acquisition, maintenance, and FAA-approved airworthiness related expenses; (ii) all staffing expenses for pilot, nurse, paramedic and other helicopter staff; (iii) all hull and liability insurance and other appropriate insurance; and (iv) all other expenses in connection with the staffing, maintenance and operation of the AirMed Helicopter. The University will retain sole discretion to determine the appropriate aircraft and crew from the University's AirMed fleet to be stationed at the MHSC base.

2.2 Qualifications, Accreditation and other Requirements. The University will ensure that the AirMed Helicopter and crew satisfy all applicable Federal Aviation

Administration requirements, Commission on Accreditation of Medical Transport Services accreditation requirements, and other federal, state or local requirements regarding the operation of the AirMed Helicopter service. All AirMed Helicopter crew and medical staff will meet all professional qualifications and licensing requirements applicable to their professional responsibilities.

2.3 Transport and Delivery of Patients. The University's purpose in operating an AirMed Helicopter service based at MHSC is to improve the quality of patient care and to provide greater availability of emergency transport services to patients in central Utah. While it is the University's intention to deliver patients to MHSC as appropriate, the AirMed Flight crew will have final authority to determine the appropriate destination of patients based upon the flight crew's professional judgment, application of local and national trauma criteria, and consultation with Medical Control at the University of Utah Hospital.

2.4 University Responsible for Billing. The University will be solely responsible for establishing all fees for air medical transport services and for the billing and collections for air transport services provided by the University AirMed program.

2.5 Insurance. The University will procure and maintain in effect during the term of this Agreement, appropriate insurance coverage in the following minimum amounts: (1) professional liability insurance (or properly funded program of self insurance) in the minimum amount of \$1,000,000.00 per occurrence and \$3,000,000.00 aggregate covering professionals employed by the University; (2) general commercial liability insurance in the minimum amount of \$1,000,000.00 per occurrence and \$3,000,000.00 aggregate; and (3) workers compensation insurance for all University employees in the statutory amount. University shall provide the MHSC with current certificates of insurance and shall name MHSC as additional insureds under the general commercial coverage with respect to the negligent acts or omissions of the University. The policies required hereunder shall provide for written notice to MHSC at least thirty (30) days prior to the cancellation or modification of any above-mentioned insurance.

2.6 University Personnel Conduct. University AirMed personnel will conduct themselves professionally and in accordance with all applicable laws while using MHSC pursuant to paragraph 1.2. In the event any AirMed personnel is deemed in MHSC's sole discretion to be in violation of this paragraph 2.6, MHSC CEO may request that said AirMed personnel be reassigned from MHSC.

3. Mutual Responsibilities. The parties shall cooperate in the performance of the following joint responsibilities:

3.1 Joint Marketing. MHSC and the University will work cooperatively on any marketing efforts to promote the MHSC air medical program during the Term of this Agreement.

3.2 Staff Responsibilities. In performing their respective responsibilities, the personnel of MHSC and the University shall at all times remain independent in their

functions and responsibilities. At no time shall any University employee or MHSC employee be required to "cross over" and perform any function or responsibility of the other. Each party shall be responsible for ensuring that all State and Federal laws are followed in respect to each party's own employees.

3.3 Indemnification. Each party to the agreement shall assume the risk of any liability arising from its own conduct. No party agrees to indemnify any other party. MHSC is a governmental entity and hereby expressly reserves its governmental immunity, pursuant to W.S. 1-39-101 et. seq. University is a governmental entity and hereby expressly reserves its governmental immunity, pursuant to Utah Code Ann., Section 63G-7-101 et seq. (the "Act"). Nothing in this Agreement shall be construed as a waiver by the University of any protections, rights, or defenses applicable to the University under the Act, including without limitation, the provisions of Section 63G-7-604 regarding limitation of judgments. It is not the intent of either party to incur by contract any liability for the operations, acts, or omissions of the other party or any third party and nothing in this Agreement shall be so interpreted or construed.

4. Miscellaneous.

4.1 Authorization to Grant Use of Facilities. MHSC represents and warrants to University that MHSC has obtained all necessary approvals from any owner, landlord, lessor, lessee, lender or other person with any rights in the Facilities which may be necessary to authorize MHSC to grant to University the rights granted herein.

4.2 Patient Records. All patient medical records shall be confidential and neither party shall disclose any such records to any person except as permitted by law. The parties acknowledge that each is a "covered entity" under the Health Insurance Portability and Accountability Act ("HIPAA"). Each party represents and warrants to the other that it is or will be in compliance with privacy provisions of HIPAA as found under 45 CFR, parts 160 and 164: Standards for Privacy or Individually Identifiable Health Information, commonly known as the "Final Privacy Rule". Each party shall indemnify and hold the other party harmless from any liability, costs, awards, judgments, penalties or fees (including reasonable attorney's fees) arising out of a breach of its confidentiality or other obligations under this Section 4.2.

4.3 Health and Human Services Records. Pursuant to 42 U.S.C. Section 1395x (V) (1) (I), with respect to any services furnished under the terms of this Agreement the value or cost of which is Ten Thousand Dollars (\$10,000.00) or more over a twelve-month period, until the expiration of four (4) years after termination of this Agreement, University and MHSC shall each make available upon request to the United States Department of Health and Human Services, the United States Comptroller General, and their representatives, a copy of this Agreement and such other books, documents and records as are necessary to certify the nature and extent of the costs of the services provided under this Agreement.

4.4 Relationship of the Parties. In assuming and performing the obligations of this Agreement, MHSC and University are each acting as independent parties and neither shall be considered or represent itself as a joint venturer, partner, or employee of the other.

Neither MHSC nor University shall use the name or any trademark of the other in any advertising, letterhead, sales promotion or other publicity matter without the prior written approval of the other.

4.5 Entire Agreement. This Agreement constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes any other written or oral understanding of the parties. This Agreement may not be modified except by written instrument executed by both parties.

4.6 Notices. Any notice or other communication required under this Agreement shall be in writing and delivered to the respective addresses given below, or to such other address as either party shall designate in writing:

In the case of University:

University of Utah Hospital and Clinics
50 North Medical Drive
Salt Lake City, Utah 84132
Attn: Director of Emergency Services

In the case of MHSC:

1200 College Drive
Rock Springs, WY 82901
Attn: Irene Richardson
Chief Executive Officer

4.7 [Intentionally Omitted.]

4.8 Compliance. Each of the parties warrants and represents that it, its officers, directors, and any employees providing services under this Agreement are not currently excluded, debarred, or otherwise ineligible to participate in federal health care programs as defined in 42 U.S.C. § 1320a-7b(f) or to perform services on behalf of the federal government as either a contractor or subcontractor. This shall be an ongoing representation and warranty during the term of this Agreement and each of the parties shall immediately notify the other of any change in the status of the representation and warranty.

[Signature Page to Follow.]

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives effective as of the dates set out beneath their respective signatures.

UNIVERSITY OF UTAH
UNIVERSITY OF UTAH HOSPITALS AND CLINICS

By: _____
Name: Gordon Crabtree
Title: Chief Executive Officer
Date: _____

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

By: _____
Name: Irene Richardson
Title: Chief Executive Officer
Date: _____

This Agreement must be presented to the Sweetwater County Commission for approval as is required by W.S. 8-8-301. Such approval is required prior to this Agreement being effective.

SWEETWATER COUNTY COMMISSIONERS

By: _____
Reid West, Chairman

ATTEST:

Dale Davis, Clerk

ADDENDUM 1
USE FEE FOR SPACE DEDICATED TO UNIVERSITY

Breakdown of Use Fee by area/function:

Storage Facility – 6 ft x 8 ft at a monthly cost of \$.50/sq ft or \$24/month (\$288 annually)

Pad for Fuel Station – 5 ft x 15 ft at a monthly cost of \$.75/linear ft or \$10/month (\$120 annually)

Utilities – \$345.00 per month (\$4,140.00 annually)

Crew Quarters – \$1140.00 per month (\$13,680 annually)

Total cost during the initial fiscal year (assuming University uses the crew quarters throughout the year) was \$18,228.00 or a monthly payment of \$1519.00.

On during the term of this agreement, the total Use Fee will be adjusted by an increase of three percent (3%) of the then-current amount of Use Fee.

Use Fee by fiscal year (assuming use of crew quarters)

July 1, 2015 – June 30, 2016:	\$18,228.00 annually or \$1,519.00 monthly
July 1, 2016 – June 30, 2017:	\$18,774.84 annually or \$1,564.57 monthly
July 1, 2017 – June 30, 2018:	\$19,338.08 annually or \$1,611.50 monthly
July 1, 2018 – June 30, 2019:	\$19,918.22 annually or \$1,659.85 monthly
July 1, 2019 – June 30, 2020:	\$20,515.77 annually or \$1,709.64 monthly
July 1, 2020 – June 30, 2021:	\$21,131.24 annually or \$1,760.93 monthly
July 1, 2021 – June 30, 2022:	\$21,765.18 annually or \$1,813.76 monthly
July 1, 2022 – June 30, 2023:	\$22,418.14 annually or \$1,868.17 monthly

If paid annually, University shall pay Use Fee by the first (1st), and no later than the tenth (10th), day of the first month of the agreement each year according to the schedule above. If paid monthly, University shall pay Use Fee at the beginning, but no later than the tenth (10th) day, of each month during the term of the agreement according to the schedule above. Said Use Fee shall be paid by check payable to “Memorial Hospital of Sweetwater County” and shall be sent to Memorial Hospital of Sweetwater County, 1200 College Drive, Rock Springs, WY 82901Attn: CFO.

Contract Check List

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

1. Name of Contract: **U of U Research Affiliation Agreement**
2. Purpose of contract, including scope and description: **Purpose of the agreement is to lay the legal groundwork to begin clinical trials at our cancer center through Huntsman (HCI). This Agreement covers the responsibilities of Huntsman and MHSC in regards to the clinical trials. This agreement is also necessary for the NCI (National Cancer Institute) membership. Throughout this Agreement we are the Affiliate. In order for us to participate as research site we have to become an affiliate with the NCI-CIRB Signatory Institution which is Huntsman.**
3. Effective Date: **the date agreed to by both parties as the effective date.**
4. Expiration Date: **5 years from effective date**
5. Rights of renewal and termination: **Yes 30 day written notice for breach and 60 day written notice without cause. Is this auto-renew? No**
6. Monetary cost of the contract and is the cost included in the department budget? **For this agreement there is no direct cost involved.**
 - **Cost/expense will be mostly the trial conduct cost- like**
 1. **Personnel time (Research staff time)**
 2. **For NCTN trials most of the procedures are standard of care procedure (SOC). But in rare cases for few protocols some procedures might not be SOC per your institutes. In such scenarios if the site investigators want to open those trials they might have to pay that cost/expense for those procedures.**

You can avoid such situations via feasibility review prior to initiating a trial. We can discuss about those processes during our training sessions.

NCTN trials do have per patient reimbursement to the site that can be used for any 'research' non-billable procedures that might come up that the site can use. As an aligned affiliate this payment will come to you directly from the NCTN groups not via HCI.

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. Utah is governing law

8. Any confidentiality provisions? Yes the terms of the agreement are confidential and all project agreements in particular any provisions regarding the compensation paid by any party is confidential. - For NCTN trials "Project Agreements" means this agreement unless any project/ trial need any specific responsibilities document that need to be completed for that project/ trial. Please refer to the section 2.2 of the agreement.

2.2 Projects. To facilitate the conduct of research projects performed pursuant to this Agreement ("Projects"), the Parties will enter into Project-specific agreements ("Project Agreements") that specify rights and responsibilities of the Parties with respect to the applicable Project. Unless otherwise expressly stated in a Project Agreement, the terms of this Agreement shall govern all Projects.

9. Indemnification clause present? Yes new language added to cover MHSC under Wyoming governmental immunity statutes and HCI under Utah laws.

10. Is this contract appropriate for other bids? NA

11. In-house Counsel Reviewed: Yes

12. Is County Attorney review required? Yes will be presented to BOCC for approval

ACRONYMS DEFINED IN CLINICAL TRIALS AGREEMENT

NCI- National Cancer Institute

NCTN- National Cancer Trials Network

CIRB- NCI Central Institutional Review Board

HCI- Huntsman Cancer Institute

MHSC-Affiliate

LAPS-Lead Academic Participating Site

MHSC Cancer Center (affiliate) would like to begin the process to become a cancer clinical trial site. This Agreement is the first step in the process. MHSC would be able to access the National Cancer Trials Network (NCTN) through our affiliation with the U of U and more specifically the Huntsman Cancer Institute (HCI). HCI is a National Cancer Institute (NCI) Designated Cancer Center and is already a participant in the NCTN where they-HCI- functions as the Lead Academic Participating Site (LAPS).

Attached is an outline of the steps/process MHSC must go through in order to initiate clinical trials via HCI and specifically to conduct NCI sponsored studies (NCTN studies).

Dear Memorial Hospital of Sweetwater County Cancer Center (MHSCCC) Team,

It was pleasure to talk to you all this morning!

As discussed today, here is the bird's eye view of the process to initiate clinical trials at your site via HCI especially to conduct NCI sponsored studies (NCTN/ NCORP studies).

1. Establish **legal agreement** covering the responsibilities of both the institutions relating to conduct of clinical trials at MHSCCC- This will be helpful with the NCI- CIRB membership requirement.
2. **NCI Site ID**- Need to be requested for MHSCCC via NCI/ CTEP; HCI- CTO can help with this process.
3. **NCI Investigators and staff IDs** - HCI-CTO can direct /help
4. **Lead Protocol Organization (LPO) Membership**: Like membership with SWOG, Alliance or NRG; HCI-CTO can help with this process.
5. **Regulatory Aspects**: HCI-CTO can help/direct with these process.
 - NCI- CIRB membership as an affiliate site -**
 - CIRB authorization agreement
 - Annual signatory worksheet & PI annual worksheet submission
 - Boilerplate language addition
 - Four Ancillary policies/ SOPs submission of your institute to CIRB:
 - a. HIPAA
 - b. Conflict of Interest policy
 - c. Biosafety Policy
 - d. Radiation safety policy
 - Study Specific Submissions to CIRB-**
 - We can discuss and guide the coordinating person assigned at your site for conducting clinical trials at your site.
6. **HCI's Oversight**:

HCI is considered as parent institute, so we will have to have oversight of all the clinical research at the affiliate site.

HCI Research Compliance Office (RCO) will oversee the adherence to the protocol, applicable federal regulations, good clinical practice guidelines, and other study or cooperative group requirements, as well as to ensure the integrity and accuracy of the clinical study data once you start enrolling patients to the trials.
7. **Other resources**:

We can provide suggestions or guidance on -

 - a. Training – Investigator & Research Staff
 - b. Regulatory
 - c. Finance
 - d. Coordinating
 - e. Specimen Processing etc.
 - f.

I am copying - Dr. Theresa Werner our Medical director if Dr. Symington or other physicians have any physician to physician questions. Others team members who are integral part of affiliate site set up are- Kelli Thorne our Director Research Compliance Office, Leanne Lujan our Assoc. Director, Clinical Trials Office; Anita Bowler our Finance team Manager, Lindsey Byrd our Regulatory team Manager, Rachel

Kingsford our Training Manager. Jessica M. Norton and Susan Clement are our key regulatory team members who are experts at NCI CIRB requirements.

Should you have any questions or concerns, please reach out to me or Jessica Moehle anytime. Thank you and look forward to working with you all.

Regards

Gayatri Nachaegari

NCTN Program Manager
Room#5709, 2000 Circle of Hope
Huntsman Cancer Institute
Salt Lake City; Utah; 84112
Phone (801) 213-4329 Fax (801) 585-0160
gayatri.nachaegari@hci.utah.edu



Changing the DNA of Cancer Care

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Should you have any questions or concerns, please reach out to me or Jessica Moehle anytime.
Thank you and look forward to working with you all.

Regards
Gayatri Nachaegari

NCI NCTN/CIRB AFFILIATION AGREEMENT

This non-exclusive **NCI NCTN/CIRB AFFILIATION AGREEMENT** (the "Agreement") is made and entered into effective as of _____, 2018 (the "Effective Date"), by and between the University of Utah, a body politic and corporate of the State of Utah, on behalf of its Huntsman Cancer Institute ("HCI") and Memorial Hospital of Sweetwater County ("Affiliate"). The above parties shall individually be referred to as a "Party" and collectively as "Parties."

WHEREAS, HCI is a research, academic, and patient care organization that integrates clinical and hospital care with research and education, and has deep tertiary clinical resources and a reputation as a recognized leader in the provision of quality research and health care services; and

WHEREAS, HCI is a National Cancer Institute ("NCI") Designated Cancer Center and a participant in the NCI National Clinical Trials Network ("NCTN"), functioning as Lead Academic Participating Site ("LAPS");

WHEREAS, Affiliate operates a general acute care hospital and other health care facilities and services, including its Affiliate MHSC Cancer Center program; and

WHEREAS, HCI and Affiliate desire to make available to the patients of Affiliate advanced clinical care and research, multi-disciplinary approaches to patient care, and to potentially provide educational opportunities for Affiliates' physicians and staff; and

WHEREAS, the Parties desire to enter into this Agreement to enhance the quality and breadth of patient care and research opportunities provided in the region through an affiliation (the "Affiliation") that will facilitate Affiliate's participation in certain NCTN research initiatives;

WHEREAS, the Parties previously entered into a Management Agreement as of October 15, 2015, which agreement and any past or future amendments thereto continue in full force and effect and, to the extent not inconsistent with this Agreement, governs the parties' obligations to each other under this Agreement.

NOW, THEREFORE, in consideration of the foregoing premises, and the mutual covenants and promises contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

1. RESEARCH AFFILIATION

In order to enable Affiliate to participate as a research site in NCTN clinical research projects, Affiliate must be considered an affiliate of an NCI Central Institutional Review Board ("NCI-CIRB") Signatory Institution. Subject to the terms of this Agreement, HCI agrees to serve as the Signatory Institution with the NCI-CIRB to enable Affiliate to function as an "Affiliate Institution" of HCI for the purposes of NCI-CIRB. Additionally, HCI agrees to treat Affiliate as an HCI Aligned Affiliate ("LAPS-AA") for purposes of participation in NCTN research projects. Except as otherwise indicated below, this Agreement applies to NCTN research activities undertaken by Affiliate either in coordination with HCI or independently and the obligations and expectations of

this Agreement do not apply to Affiliate's conduct of its own investigator-initiated or commercially sponsored research activities.

2. COORDINATION AND OVERSIGHT

2.1 NCTN Affiliation Committee. HCI and Affiliate shall establish an NCTN Affiliation Committee that will be co-chaired by administrative representatives from HCI and Affiliate. HCI and Affiliate shall each appoint at least one (1) physician from its respective medical staff to serve as a member of the NCTN Affiliation Committee. The NCTN Affiliation Committee shall be responsible for oversight and guidance of the overall relationship contemplated by this Agreement, monitoring activities pursued under this Agreement, providing regular communication channels between HCI and Affiliate, as well as assisting with the resolution of any disputes that may arise, as outlined in Section 10.4 below. The NCTN Affiliation Committee shall meet at least quarterly. Meetings may be convened in person, telephonically, or electronically.

2.2 Projects. To facilitate the conduct of research projects performed pursuant to this Agreement ("Projects"), the Parties will enter into Project-specific agreements ("Project Agreements") that specify rights and responsibilities of the Parties with respect to the applicable Project. Unless otherwise expressly stated in a Project Agreement, the terms of this Agreement shall govern all Projects. Nothing in this Agreement shall be interpreted as requiring HCI to offer or otherwise facilitate Affiliate participation in any particular NCTN research activity. Affiliate may seek participation in NCTN projects independent of HCI, provided that prior to Affiliate pursuing any activity in connection with independent efforts to seek such participation, Affiliate must inform the NCTN Affiliation Committee of its intention and provide the NCTN Affiliation Committee sufficient details about the proposal to enable adequate evaluation. HCI may require regular updates on the status of NCTN research activity that Affiliate pursues independent of HCI and may, in its sole discretion, decline to allow Affiliate to pursue an NCTN research activity to the extent such participation is conditioned upon Affiliate's NCTN aligned affiliate status with HCI. HCI will complete an evaluation and communicate any questions or provide approval or disapproval to Affiliate within ten (10) business days after Affiliate's informing HCI of a desire to make independent efforts to participate in NCTN research activity. If HCI fails to respond within ten (10) business days, Affiliate can presume approval to participate in NCTN research.

2.3 Communications. The NCTN Affiliation Committee will facilitate and oversee regular communications between various counterparts of the Parties.

3. FINANCIAL RESPONSIBILITIES

Affiliate shall be treated as an NCTN aligned affiliate. The Parties shall each be responsible for their own costs and expenses incurred in connection with Projects, and Affiliate shall be solely responsible for all costs and expenses incurred related to any NCTN research activity independently pursued by Affiliate. For the purposes of clarifying the foregoing, the Parties acknowledge and agree that neither Party is entitled to payment or compensation from the other for any work or expenses associated with this Agreement unless otherwise expressly agreed to by

the authorized representatives of the Parties in a properly executed Project Agreement or other written agreement.

4. AFFILIATION RESPONSIBILITIES

4.1 Projects and NCTN Research Activities: Affiliate Responsibilities. With respect to the conduct of all activities associated with a Project or NCTN research activities pursued independently by Affiliate, Affiliate shall comply with all applicable law, the applicable protocol, and NCTN and NCI-CIRB direction. Without limiting the foregoing obligations, the following requirements shall also apply:

- (a) Affiliate will comply, and will require its authorized investigators, employees, agents, and contractors to comply, with all applicable laws, including, without limitation, IRB approval or clearance requirements (unless exempt) inclusive of any required ancillary and committee reviews, Good Clinical Practices requirements (or, in the case of non-clinical studies Good Laboratory Practice requirements, as applicable) and other applicable regulatory and ethical standards, including the requirement to obtain ethics committee approval and informed consent from research participants (where applicable), as well as applicable adverse event reporting requirements.
- (b) Affiliate shall ensure HCI is listed on any HIPAA documents related to a Project or other NCTN research activity subject to this Agreement and that such documents expressly authorize disclosure of protected health information and research data to HCI and authorize HCI's use of such information.
- (c) Affiliate shall maintain source documents of each subject's participation with a Project and create, collect, and maintain all the information related to a subject's participation with a Project. Affiliate shall ensure data recorded for Projects is traceable to the subject's source documentation.
- (d) Affiliate shall ensure data for clinical trials is timely, accurate, complete, and entered in a timely* manner, so that data generated for publication is valid, high-quality, reliable, and statistically sound. *As defined by project specific requirements.
- (e) Affiliate shall record, handle, code, and report to the FDA, adverse events in accordance with applicable law.
- (f) Affiliate shall maintain adequate training and delegation of authority documentation detailing Project staff responsibilities and delegation.
- (g) Ensure study drug accountability is maintained and records are accurate and complete.

- (h) Ensure that any Project documentation and the conduct of any Project conforms to local laws and authorities applicable to Affiliate.

4.2 Affiliate Notification Responsibilities. In the event of the following situations, Affiliate must provide notification to HCI, via the NCTN Affiliation Committee, as soon as is reasonably practicable but in no event later than two (2) business days:

- (a) Affiliate's receipt of a FDA Form 482, Notification of Inspection or other written or verbal notice of an FDA inspection connected with any research activity subject to this Agreement. *see 4.2.e
- (b) Any determination of serious and/or continuing noncompliance with respect to any research activity subject to this Agreement. *see 4.2.e
- (c) Unanticipated problems or deviations associated with a Project or NCTN research activity independently pursued by Affiliate requiring notification to the IRB. *see 4.2.e
- (d) Findings of any internal or external audit noting problems or deficiencies relevant to Affiliate's performance under this Agreement. *see 4.2.e
- (e) Affiliate agrees to notify HCI of situations described in 4.2.a - 4.2.d, however Affiliate will not share details of such situations with HCI if the disclosure would breach a contract between Affiliate and Sponsor, or, unless a Third Party Agreement for Confidentiality and PHI has been fully executed between HCI and the Sponsor of the research.

4.3 HCI Training and Assistance. Subject to resource availability, which HCI shall determine in its sole discretion, HCI will make personnel available to Affiliate to provide general guidance and training opportunities relevant to the actions contemplated by this Agreement. Any information or support provided by HCI in connection with this Agreement is provided solely as a courtesy to Affiliate and does not constitute legal advice. Affiliate acknowledges that any questions concerning interpretation of applicable laws, rules, policies, or agreements should be discussed with Affiliate's own legal counsel. ALL INFORMATION PROVIDED BY HCI HEREUNDER IS PROVIDED AS IS WITHOUT ANY WARRANTIES OR REPRESENTATIONS OF ANY KIND. Affiliate acknowledges that it retains ultimate responsibility for its own acts or omissions with respect to the implementation of processes relevant to this Agreement and its performance under this Agreement, any Project Agreement, and any research activity undertaken independent of HCI.

4.4 Communication Expectations and Responsibilities. HCI may use Affiliate's name and disclose information about Affiliate's research activities in connection with grant applications and as otherwise deemed reasonably necessary by HCI to fully and accurately describe HCI's research program, inclusive of affiliation arrangements. HCI will make reasonable efforts to notify Affiliate of the type of information that may be disclosed pursuant to this section and will promptly correct any errors identified by Affiliate. Nothing in this section shall be interpreted as permitting HCI to make any representations or

warranties on Affiliate's behalf or to otherwise obligate Affiliate to take or refrain from taking any action.

4.5 HCI Audit and Oversight Rights. HCI may review and audit Affiliate's performance under this Agreement or any Project Agreement at any time. When practicable, HCI shall give Affiliate at least five (5) business days advance notice of any contemplated review or audit activity. HCI may perform on-site reviews at Affiliate and/or request documentation and other information reasonably necessary to enable HCI to assess compliance with this Agreement or any Project Agreement. Permitted oversight activities are not confined to specific Projects and may include assessment of Affiliate's clinical research compliance programs, clinical research infrastructure, and similar aspects of Affiliate's operation to enable HCI to reasonably assess the adequacy and quality of Affiliate's clinical research program, subject to applicable laws and regulation, and Affiliate's contractual obligations to others.

4.6 Suspension. In the event HCI reasonably determines that Affiliate is not complying with the terms of this Agreement or any Project Agreement or otherwise reasonably determines that the safety of research participants or the integrity of research data is in question, HCI may temporarily suspend NCTN research activity at Affiliate, or freeze enrollment of participants in NCTN research activities at Affiliate.

5. TERM AND TERMINATION

5.1 Initial Term. The initial term of this Agreement shall commence on the Effective Date and continue for an initial term of five (5) years (the "Initial Term"), unless sooner terminated as hereinafter provided. One year prior to expiration of the Initial Term, the Parties shall review the Projects that have been performed, the development of the Affiliation, and engage in good faith discussions to consider pursuit of a renewal term of this Agreement.

5.2 Termination — for Cause. Either party may terminate this Agreement for cause, in the event the other party breaches any material term of this Agreement and fails to cure such breach within thirty (30) days of receiving written notice of breach.

5.3 Termination — Without Cause. Either party may terminate this Agreement without cause at any time, upon sixty (60) days written notice to the other party.

5.4 Termination — Immediate. This Agreement may be terminated immediately by any Party by providing written notice to the other Party, upon the occurrence of an event involving the other Party that is likely to have a material adverse effect in the aggregate upon the noticing Party's operations, reputation, perception in the marketplace, or financial well-being. In addition, in the event that the NCTN or NCI-CIRB determines that Affiliate does not meet applicable criteria to function as an HCI affiliate for purposes of NCTN or NCI-CIRB participation, or in the event of NCTN or NCI-CIRB suspension of Affiliate, HCI may immediately terminate this Agreement by providing written notice to Affiliate.

5.5 Effect of Termination on Project Agreements. Affiliate's ability to participate in activities contemplated by Project Agreements is conditioned upon continuing performance of this Agreement.

5.6 Wind-Down Procedures. In the event of expiration or termination of this Agreement, the Parties shall meet and confer in good faith to identify appropriate wind-down procedures and timelines for the termination of the Agreement and each Project.

6. REPRESENTATIONS AND WARRANTIES OF THE PARTIES

6.1 HCI. HCI is a duly organized and validly existing entity in good standing under the laws of the State of Utah. The execution, delivery, and performance of this Agreement by HCI and all other agreements referenced herein, or ancillary hereto, and the consummation of the transactions contemplated herein by HCI are within its powers, are not in contravention of law or of the terms of its organizational documents, have been duly authorized by all appropriate corporate action, and will neither conflict with, nor result in any breach or contravention of, any contract, agreement, instrument or understanding to which it is a party or by which it is bound.

6.2 Affiliate. Affiliate is a duly organized and validly existing entity in good standing under the laws of the State of -----, The execution, delivery, and performance of this Agreement by Affiliate and all other agreements referenced herein, or ancillary hereto, and the consummation of the transactions contemplated herein by Affiliate is within its powers, are not in contravention of law or of the terms of its organizational documents, have been duly authorized by all appropriate action, and will neither conflict with, nor result in any breach or contravention of, any contract, agreement, instrument or understanding to which it is a party or by which it is bound. Affiliate further warrants that it shall obtain any necessary authorizations to enable HCI to receive protected health information associate with Projects and other NCTN research activity of Affiliate.

7. COMPLIANCE

By entering into this Agreement, the Parties specifically intend to comply with all applicable laws, rules, and regulations, including: (i) the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7(b)), (ii) the Physician Self-Referral law, also referred to as the "Stark Law" (42 U.S.C. § 1395nn); and (iii) all applicable antitrust laws. Each Party shall ensure that it operates an effective compliance program. Accordingly, no part of any consideration paid hereunder is intended to be a prohibited payment for the recommending or arranging for the referral of business or the ordering of items or services; nor are the payments intended to induce illegal referrals of business. In the event that any part of this Agreement is determined to violate federal, state, or local laws, rules, or regulations, the Parties agree to negotiate in good faith revisions to the provision or provisions which are in violation. In the event the Parties are unable to agree to new or modified terms as required to bring the entire Agreement into compliance, any Party may terminate this Agreement on sixty (60) days written notice to the other Party.

8. INSURANCE

Throughout the term of this Agreement, each of the Parties shall secure and maintain, where appropriate, commercial general liability insurance, professional liability insurance, property insurance, workers compensation insurance, and such other insurance coverage or properly reserved self-insurance, in such forms and amounts as may be reasonable and appropriate in the performance of the obligations assumed hereunder. Upon request, each Party shall provide the other with certificates of proof of the insurance coverage required herein.

9. INDEMNIFICATION

Each party to the agreement shall assume the risk of any liability arising from its own conduct. No party agrees to indemnify any other party. MHSC is a governmental entity and hereby expressly reserves its governmental immunity, pursuant to W.S. 1-39-101 et. seq. University is a governmental entity and hereby expressly reserves its governmental immunity, pursuant to Utah Code Ann., Section 63G-7-101 et seq. (the "Act"). Nothing in this Agreement shall be construed as a waiver by the University of any protections, rights, or defenses applicable to the University under the Act, including without limitation, the provisions of Section 63G-7-604 regarding limitation of judgments. It is not the intent of either party to incur by contract any liability for the operations, acts, or omissions of the other party or any third party and nothing in this Agreement shall be so interpreted or construed.

10. MISCELLANEOUS.

10.1 Access to Information and Disclosure of Information. To the extent permitted by law, the Parties may, from time to time, provide to one another information reasonably needed for their cooperative endeavors and for each Party's financial accounting and reporting, audit, reimbursement, and administration. Each Party shall maintain the confidentiality of the other Party's Confidential Information. Without limiting the foregoing, all data and information that is not generally known to the public, furnished by any Party to any other Party in connection with the performance of each Party's duties and obligations under this Agreement, which is identified as confidential or which the receiving Party should reasonably know to be confidential and proprietary (collectively, "Confidential Information") shall be kept confidential and shall remain and be deemed to be the exclusive property of the Party furnishing Confidential Information and shall not be used by the other Party for any purpose other than those set forth in this Agreement and any Project Agreement. In the event that this Agreement terminates, each Party shall either destroy or return all Confidential Information in its possession, including all copies, extracts, summaries, and analyses thereof, to the Party furnishing Confidential Information, except to the extent that such Party is required to maintain any such Confidential Information pursuant to any applicable laws, rules or regulations. The Party returning Confidential Information agrees that it shall continue to hold such Confidential Information in strict confidence and not use such Confidential Information for any purpose whatsoever following termination of this Agreement, except to the extent required by law or expressly permitted under the terms of a Project Agreement. Anything in this Agreement to the

contrary notwithstanding, the Parties acknowledge that any information filed for public record shall not be considered to be Confidential Information hereunder. In the event that any Party becomes subject to any legal or regulatory process pursuant to which disclosure of Confidential Information is sought, such Party will give the other Party prompt notice thereof and provide such parties with a reasonable opportunity at its own expense to seek a protective order or other appropriate remedies with respect thereto and will disclose such Confidential Information in connection therewith only to the extent that such Confidential Information is legally required to be disclosed. Affiliate acknowledges that HCI is subject to the Utah Government Records Access and Management Act, Section 63G-2-101, *et. seq.*, Utah Code Ann. ("GRAMA"), as amended; that certain records in connection with this Agreement may be subject to public disclosure; and that HCI's confidentiality obligations shall be subject in all respects to compliance with GRAMA. Pursuant to Section 63G-2-309 of GRAMA, any confidential information (other than patient information) provided to HCI that Affiliate believes should be protected from disclosure must be accompanied by a written claim of confidentiality and a concise statement of reasons supporting such claim. This Section 11.1 shall survive the termination of this Agreement.

10.2 Public Announcements. No Party hereto shall release, publish, or otherwise make available to the public in any manner whatsoever any information or announcement regarding the transactions herein contemplated without the prior written consent of the Parties.

10.3 Confidentiality of Terms. The terms of this Agreement and all Project Agreements, in particular any provisions regarding the compensation paid by any Party, shall remain confidential and shall not be disclosed by HCI or Affiliate, without the prior written consent of the other Party, except as necessary for the performance of this Agreement or any applicable Project Agreement, or as required by law, including without limitation, GRAMA. If any Party becomes subject to compulsory process to disclose the terms of this Agreement, a Project Agreement, or the substance of any related negotiations, such Party shall provide the other Party with immediate oral and written notice of such process. The obligations under this Section 11.3 shall survive termination of this Agreement.

10.4 Dispute Resolution. The Parties shall negotiate all matters of joint concern in good faith, with the intention of resolving issues between them in a mutually satisfactory manner. If a disagreement between the Parties cannot be resolved through informal discussions, or a Party believes that the relationship is not progressing in a mutually beneficial manner, the declaring Party shall present the dispute to the NCTN Affiliation Committee, specifying the nature and cause of the dispute and the action that the declaring Party deems necessary to resolve the dispute. The NCTN Affiliation Committee shall use good faith efforts to resolve the dispute. If a dispute is not resolved by the NCTN Affiliation Committee within 30 days, the NCTN Affiliation Committee shall present the dispute to each Party's Chief Executive Officer. The Chief Executive Officers shall engage in good faith discussions to further attempt to resolve the dispute. If a dispute is not resolved by the Chief Executive Officers within 30 days, any Party may pursue all other available remedies. The Parties agree that all aspects of the dispute resolution process shall be conducted in confidence.

10.5 Waiver of Breach. The waiver by any Party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any subsequent breach of the same or any other provision hereof.

10.6 HIPAA Compliance. The Parties agree to reasonably cooperate with each other in order to ensure compliance by each of them with the federal Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and any current and future regulations promulgated under either the HITECH Act or HIPAA, including without limitation the federal privacy standards, the federal security standards, and the federal standards for electronic transactions, all as may be amended from time to time, and all collectively referred to herein as "Confidentiality Requirements." Each party agrees to enter into any further agreements as necessary to facilitate compliance with Confidentiality Requirements.

10.7 Compliance with Laws. Each Party shall comply, at its own cost and expense, with the provisions of all applicable federal, state, county and municipal laws, ordinances, and regulations pertaining to the performance and provision of its services under this Agreement as they exist now and as they may be amended from time to time ("Applicable Laws"). In the event of any notice of a violation of the Applicable Laws, or an investigation into an alleged violation, each Party will promptly notify the other Party in writing of such notice. Each Party shall take all measures necessary to promptly remedy any violations(s) of any Applicable Law.

10.8 Excluded Provider Representation and Warranty. Each Party represents and warrants that it: (i) is not currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. § 1320A-7B-(f) (the "Federal health care programs"); and (ii) is not under investigation or otherwise aware of any circumstances which may result in it being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement. The Parties shall immediately notify one another of any change in the status of the representation and warranty set forth in this section.

10.9 Governing Law. This Agreement shall be governed by the laws of the State of Utah.

10.10 Amendments. This Agreement may be amended from time to time by mutual agreement of the Parties, but no such amendment shall be effective until it is incorporated into a formal written agreement, duly approved and executed by each of the Parties.

10.11 Independent Contractor Relationship. The Parties agree that they shall at all times be and act as independent contractors with respect to one another and that employees of a Party performing services under this Agreement are not and shall not be deemed to be employees of any other Party. No relationship of employer-employee, partner-partnership, principal-agent, or joint ventures is created by this Agreement.

10.12 Third Party Beneficiaries. This Agreement is not intended, and shall not be deemed or construed, to confer upon any person or entity, other than the Parties hereto, any right or interest, including, without limiting the generality of the foregoing, any third party beneficiary status or any right to enforce any provision of this Agreement.

10.13 Assignment; Change in Control. The Parties acknowledge that each is relying on the particular performance of the other to accomplish the unique goals and purposes of this Agreement. Because of this reliance and because this Agreement involves the close cooperation and continued involvement of the Parties, no assignment, pledge, encumbrance or transfer by any Party or successor to any Party to this Agreement of any interest, in whole or part, in this Agreement shall be valid or effective without the prior written consent of the other Party. In addition, upon a Change in Control of a Party, the continued participation of that Party in this Agreement shall be subject to the written consent of the other Parties. For the purposes of this Agreement, the term "Change in Control" means, whether accomplished in a single transaction or series of related transactions, (i) the acquisition by, or conveyance or other transfer to, a third party of more than fifty percent (50%) of the voting rights, stock, membership interest or similar ownership or control interest in a Party, (ii) the sale, transfer or other disposition of all or substantially all of the assets of a Party; or (iii) the merger, consolidation or other reorganization of a Party if, immediately following such merger, consolidation or reorganization, a controlling interest in the issued and outstanding voting securities or interests of the surviving, consolidated or reorganized entity are held by persons other than those holding voting rights, voting securities, membership interests or other interests of the Party, as of the Effective Date. Any consent required under this Section 11.13 may be granted or denied at the sole and absolute discretion of the Party from whom such consent is requested.

10.14 Entire Agreement. This Agreement, together with all Exhibits and Schedules hereto, represents the entire agreement of the Parties with respect to the subject matter hereof, and supersedes any previous agreements between the Parties relating to the same subject matter.

10.15 Notices. Any notice, approval or consent required or permitted under the terms of this Agreement shall be in writing and sent by certified mail, postage prepaid, return receipt requested, or by nationally recognized overnight delivery service, addressed to each Party, or to such other address as either may designate by written notice to the other, as follows:

To Affiliate:

Memorial Hospital of Sweetwater County (MHSC)
Cancer Center
1180 College Drive
Rock Springs WY 82901

To HCI:

University of Utah

Office of General Counsel
201 South, Presidents Circle, Room 309
Salt Lake City, UT 84112

Notices are effective upon written receipt if delivered by hand or by overnight delivery, or 3 days after the date of postmark if sent by certified mail.

10.16 Severability. In the event any provision of this Agreement is held to be invalid, illegal or unenforceable for any reason and in any respect, such invalidity, illegality, or unenforceability shall in no event affect, prejudice, or disturb the validity of the remainder of this Agreement, which shall be and remain in full force and effect, enforceable in accordance with its terms.

10.17 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one and the same document.

[Signatures on following page.]

IN WITNESS WHEREOF, the duly authorized representatives of the Parties hereto have executed this Agreement as of the Effective Date.

**UNIVERSITY OF UTAH
HUNTSMAN CANCER INSTITUTE**

By: _____
Name: Scott S. Lloyd
Title: Executive Director of Operation

AFFILIATE CONTACT

By: _____
Name:
Title:

This Agreement must be presented to the Sweetwater County Commission for approval as is required by Wyo. Stat. 8-8-301. Such approval is required prior to this Agreement being effective.

SWEETWATER COUNTY COMMISSIONERS

By: _____
Reid West, Chairman

ATTEST:

Dale Davis

Contract Check List

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

1. Name of Contract: **US BANK Master Services Agreement**
2. Purpose of contract, including scope and description:
US Bank Payment Consolidator will allow us to process our accounts receivable payments more efficiently. The new system will have the functionality to sort all remittance data, whether sourced from the clearing house or US Bank, into separate 835 files sent to separate AR systems, Affinity, the hospital system, or eMDs, the clinic system. The included lockbox program will provide mail processing of our insurance checks. They will open all correspondence, scan the documents and create an 835 claims file that will be allow us to automatically post the payments and adjustments.
3. Effective Date: **When approved and signed by MHSC**
4. Expiration Date: **N/A**
5. Rights of renewal and termination: **Not applicable. If we close accounts the agreement would end.** Is this auto-renew? **NA**
6. Monetary cost of the contract and is the cost included in the department budget?
The estimated monthly cost will be \$2,700. This is net of the additional earnings credit we will receive from having our deposits directly collected into a new US Bank account. We have included this cost into the FY19 operating budget for Patient Financial Services.
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **NA**
8. Any confidentiality provisions? **NA**

9. Indemnification clause present? **NA**

10. Is this contract appropriate for other bids? **Received proposals from US Bank, Key Bank and Wells Fargo**

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

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



Master Services Agreement (Governmental Entities)

Customer Tax Identification Number: 83-6000295

I, Irene Richardson, HEREBY CERTIFY that I am Chief Executive Officer of Memorial Hospital of Sweetwater County ("Customer"). I further certify that I have full power and lawful authority to execute this Master Services Agreement ("MSA") on behalf of Customer. I further certify that Customer has taken all action required by its resolutions and other organizational documents, records or agreements to authorize the individuals listed below to act on behalf of Customer in all transactions contemplated under this MSA. Customer shall not be bound by the terms and conditions for those specific services described, to the extent Customer elects not to use such service(s). Customer hereby agrees as follows:

DEPOSIT ACCOUNTS:

1. U.S. Bank National Association ("Bank") is hereby designated as Customer's banking depository. Customer has received a copy of the deposit account terms and conditions and agrees that such terms shall govern the deposit account services provided by Bank. All transactions between Customer and Bank involving any of Customer's accounts at Bank will be governed by the deposit account terms and conditions, this MSA and other disclosures provided to Customer. Customer agrees to provide Bank with a copy of documents requested by Bank.

2. Any one (1) of the persons whose names and signatures appear in Appendix A (individually, an "Account Signer") are hereby authorized to open, add, modify, or close accounts in the name of Customer or its subsidiaries or affiliates, or if applicable, as an agent for another entity, and to sign, on behalf of Customer, its subsidiaries or affiliates or as an agent for another entity, checks, drafts or other orders for the payment, transfer or withdrawal of any of the funds or other property of Customer, whether signed, manually or by use of a facsimile or mechanical signature or otherwise authorized, including those payable to the individual order of the person or persons signing or otherwise authorizing the same and including also those payable to the Bank or to any other person for application, or which are actually applied to the payment of any indebtedness owing to the Bank from the person or persons who signed such checks, drafts or other withdrawal orders or otherwise authorized such withdrawals; and are also authorized to endorse for deposit, payment or collection any check, bill, draft or other instrument made, drawn or endorsed to the accounts governed by this MSA for deposit into these accounts. The authorization contained in the preceding sentence includes transfers of funds or other property of Customer to accounts outside of those accounts Customer maintains at Bank. Any one of the Contract Signers (as defined below) is also authorized to execute any documentation that Bank may require to add or delete Account Signers.

3. Unless Customer otherwise advises Bank in writing and Bank has a reasonable opportunity to act on such writing, the Account Signers listed in Appendix A will be Account Signers on any future deposit accounts that Customer maintains with Bank.

4. Customer acknowledges and agrees that Bank is not required to obtain the consent of or otherwise contact an Account Signer for transactions other than those listed in paragraph 2 above, including, but not limited to, transfers between accounts Customer maintains at Bank, advances on loans Customer has with Bank and transfers to pay down loans Customer has with Bank.

TREASURY MANAGEMENT SERVICES:

5. Bank's treasury management services ("Treasury Management Service(s)") are described in the U.S. Bank Services Terms and Conditions, any supplements thereto, any implementation documents, user manuals, operating guides and other related documentation and disclosures provided by Bank, and any addendum to any of the foregoing (collectively the "Services Agreement"). Customer has received and reviewed the Services Agreement and desires to use one or more of the Treasury Management Services.

6. Any one (1) of the persons whose names and signatures appear in Appendix B (individually, a "Treasury Management Signer") are empowered in the name of and on behalf of the Customer to enter into all transactions contemplated in the Services Agreement including, but not limited to, selecting Treasury Management Services, appointing agents to act on behalf of Customer in the delivery of Treasury Management Services, signing additional documentation necessary to implement the Treasury Management Services and giving Bank instructions with regard to any Treasury Management Service, including without limitation, wire transfers, ACH transfers, and any other electronic or paper transfers from or to any account Customer may maintain with Bank. Bank may, at its discretion, require Customer to execute additional documentation to implement or amend certain Treasury Management Services. In such cases, documentation necessary to implement or amend such Services shall be signed by a Treasury Management Signer. Customer further acknowledges and agrees that Bank may implement or amend Services based on the verbal, written, facsimile, voice mail, email or other electronically communicated instructions that it believes in good faith to have been received from a Treasury Management Signer. Any one of the Contract Signers (as defined below) is also authorized to execute any documentation that Bank may require to add or delete Treasury Management Signers.

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Master Services Agreement (Governmental Entities)

MONEY CENTER AND SAFEKEEPING SERVICES:

7. Any one (1) of the persons referenced in Appendix M (individually, a "Money Center Signer") are each authorized and empowered in the name of and on behalf of the Customer to transact any and all depository and investment business through the Bank's Money Center division (the "Money Center") and any securities custodial business through the Bank's Safekeeping Department (the "Safekeeping Department"), which such person may at any time deem to be advisable, including, without limiting the generality of the foregoing, selecting any services that may from time to time be offered by the Money Center or the Safekeeping Department (collectively referred to herein as "Money Center Services" and "Safekeeping Services", respectively), appointing additional Money Center Signers or agents to act on behalf of Customer with respect to Money Center Services and Safekeeping Services, signing additional documentation necessary to implement the Money Center Services and Safekeeping Services and giving Bank instructions with regard to any Money Center Service and Safekeeping Service. Customer has received and reviewed the Services Agreement and may use one or more of the Money Center Services or Safekeeping Services from time to time. Bank may, at its discretion, require Customer to execute additional documentation to implement or amend certain Money Center Services or Safekeeping Services. In those cases, the required documentation shall be signed by a Money Center Signer. Customer further acknowledges and agrees that Bank may take any action with respect to any Money Center Services or Safekeeping Services requested by a Money Center Signer based on the verbal, written, facsimile, voice mail, email or other electronically communicated instructions that Bank believes in good faith to have been received from a Money Center Signer. Any one of the Money Center Signers is also authorized to execute any documentation that Bank may require to add or delete Money Center Signers.

FOREIGN EXCHANGE:

8. Bank is authorized by Customer to enter into foreign exchange transactions. Customer has received a copy of the Services Agreement and agrees that the terms contained in the Services Agreement, this MSA and other disclosures provided to Customer shall govern the foreign exchange services provided by Bank. Customer agrees to provide Bank with a copy of documents requested by Bank.

FOREIGN CURRENCY ACCOUNTS:

9. Bank is hereby designated as Customer's banking depository for one or more Foreign Currency Account(s) (the "Foreign Account(s)"). Any one (1) of the persons whose names and signatures appear in Appendix C (individually, a "Foreign Currency Account Signer") are hereby authorized to open, add, modify, or close any Foreign Account(s) in the name of Customer or its subsidiaries or affiliates and to make, on behalf of Customer, orders for payment or transfer of any of the funds or other property of Customer, whether signed, manually or by use of a facsimile or mechanical signature or otherwise authorized, including those payable to the individual order of the person or persons signing or otherwise authorizing the same. Customer hereby expressly authorizes and directs Bank to accept written and oral instructions any payment orders, by telephone or otherwise, consistent with the Services Agreement. Customer has received a copy of the Services Agreement and agrees that the terms contained in the Services Agreement, this MSA and other disclosures provided to Customer shall govern the Foreign Accounts. Any one of the Contract Signers (as defined below) is also authorized to execute any documentation that Bank may require to add or delete Foreign Currency Account Signers.

OTHER SERVICES:

10. A Contract Signer is authorized and empowered on behalf of Customer to transact any and all other depository and investment business with and through Bank, and, in reference to any such business, to make any and all agreements and to execute and deliver to Bank any and all contracts and other writings which such person may deem to be necessary or desirable.

GENERAL:

11. All Account Signers, Treasury Management Signers, Foreign Currency Account Signers and/or Money Center Signers (whether designated in this MSA or in a prior document [for example, a Certificate of Authority or a Treasury Management Services Agreement] executed by Customer) will remain in place until Bank receives written notice of any change and has a reasonable time to act upon Customer's written notice.

12. Any and all transactions by or in behalf of Customer with the Bank prior to the adoption of this MSA (whether involving deposits, withdrawals, Treasury Management Services, or otherwise) are in all respects ratified, approved and confirmed. Page 331 of 342

13. Customer agrees to furnish Bank with the names and signatures (either actual or any form or forms of facsimile or mechanical signatures adopted by the person authorized to sign) of the persons who presently are Account Signers, Treasury Management Signers, Foreign Currency Account Signers and/or Money Center Signers. Bank shall be indemnified and saved harmless by Customer from any claims, demands, expenses, loss or damage resulting from or growing out of honoring or relying on the signature or other authority (whether or not properly used and, in the case of any facsimile signature, regardless of when or by whom or by what means such signature may have been made or affixed) of any officer or person whose name and signature was so certified, or refusing to honor any signature or authority not so certified.



Master Services Agreement (Governmental Entities)

Each of the undersigned (individually and collectively, the "Contract Signers") certifies that, based on his or her review of Customer's books and records, Customer has, and at the time of adoption of this MSA had, full power and lawful authority to adopt the MSA and to confer the powers herein granted to the persons named, and that such persons have full power and authority to exercise the same.

Each of the Contract Signers further certifies that he or she has the full power and lawful authority to execute this MSA on behalf of Customer, its subsidiaries and affiliates, or if applicable, as an agent for another entity who has entered into an agreement with Customer authorizing Customer to act on such entity's behalf.

Each of the Contract Signers further certifies that the Account Signers, Treasury Management Signers, Foreign Currency Account Signers and/or Money Center Signers have been duly elected to and now hold the offices of Customer set opposite their respective names, and the signatures appearing opposite their names are the authentic, official signatures of the said signer.

The undersigned Contract Signers have executed this MSA as of the _____ day of _____, 20 ____.

Contract Signer
Signature: _____
Print Name: _____
Print Title: _____

Contract Signer
Signature: _____
Print Name: _____
Print Title: _____

Contract Signer
Signature: _____
Print Name: _____
Print Title: _____

Contract Signer
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Contract Signer
Signature: _____
Print Name: _____
Print Title: _____

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For Internal Use Only:

Review _____ Validation Method _____ TL Review _____ Imaged _____

Contract Check List

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

1. Name of Contract: **Delta Dental Administrative Services contract**
2. Purpose of contract, including scope and description: **Contract with Delta Dental for dental insurance for employees. Outlines the definitions, covered procedures, billing terms etc for our dental insurance. Delta dental is our TPA for dental insurance**
3. Effective Date: **July 17, 2018**
4. Expiration Date: **June 30 2019**
5. Rights of renewal and termination: **can terminate if give notice 60 days before the end of the term** Is this auto-renew? **Yes**
6. Monetary cost of the contract and is the cost included in the department budget? Delta Dental is a third party administrator for our dental insurance. **Hospital pays 3.80 per subscriber per month as administrative fee which totals approximately \$17,000.00 a year. Based on 393 subscribers @ \$3.80 each subscriber x 12.**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Wyoming law**
8. Any confidentiality provisions? **no**
9. Indemnification clause present? **no**
10. Is this contract appropriate for other bids? **no**
11. In-house Counsel Reviewed: **yes**
12. Is County Attorney review required?

Contract Check List

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

1. Name of Contract: **FOCUS ONE**
2. Purpose of contract, including scope and description: **This is a contract with Focus Cone for finding traveling professional staff such as nurses, scrub techs, respiratory therapists etc. Focus One works with staffing agencies to find us the contract employees we need short term. Focus One pre-screens for us (see Attachment B). They don't send them to us unless they meet our qualifications. The salary for the found employee is paid by MHSC to the Focus One and then they pay the agency that has the staff under contract. Attachment A is the hourly rate we pay to Focus One for each specialty. The only time there is a cost to us (other than salary) under this contract is if we direct hire one of the travelers. That fee is 25% of the projected first year total compensation.**
3. Effective Date: **August 9, 2018**
4. Expiration Date: **August 9, 2021**
5. Rights of renewal and termination: **can terminate with 90 days written notice** Is this auto-renew? **Yes for another 3 year term unless we terminate with 90 days notice**
6. Monetary cost of the contract and is the cost included in the department budget? **Recruiting costs to hire an employee from Focus One would come out of HR's budget. There is money in the HR budget.**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **There was a provision of Ohio law but I asked them to change that and the language to either common law/choice of law or remove. They agreed to remove.**

8. Any confidentiality provisions? **Yes as to the terms of this agreement**
9. Indemnification clause present? **yes**
10. Is this contract appropriate for other bids? **Found this through the bid process**
11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required?

Contract Check List

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

1. Name of Contract: **iContracts Master Agreements**
2. Purpose of contract, including scope and description: **Renewal of PolicyStat which is our in-house policy, procedure, guidelines and forms database. Where we draft, store, update, and archive all working documents for MHSC.**
3. Effective Date: **November 1, 2018**
4. Expiration Date: **Three years or October 31, 2021**
5. Rights of renewal and termination: **Not addressed so I assume that we can terminate at any time as there is no liquidation damages provisions or termination provisions** Is this an auto renew? **no**
6. Monetary cost of the contract and is the cost included in the department budget? **\$401.00 per month for 36 months \$14,436.00 or \$4812.00 a year. YES Administration**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **Had another database program and did not work well. This one works for us.**
11. In-house Counsel Reviewed: **Yes**

12. Is County Attorney review required? **no**

Contract Check List

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

1. Name of Contract: **Ovid Technologies**
2. Purpose of contract, including scope and description: **Ovid is the hospital's online library. This site works as a real library in that staff and physicians can run literature reviews. We went with the lowest/least expensive version of OVID. Last year 328 articles were accessed. The hospital has to have a 24/7 online library per Joint Commission regs.**
3. Effective Date: **August 31, 2018**
4. Expiration Date: **August 31, 2019**
5. Rights of renewal and termination: **Not addressed in this renewal quote**
Is this auto-renew? **No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$14,918.00 annual cost and it is in Education's budget**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Not addressed in this renewal quote.**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **No**
10. Is this contract appropriate for other bids? **No**
11. In-house Counsel Reviewed: **Yes**
12. Is County Attorney review required?

Contract Check List

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

1. Name of Contract: **State of Wyoming Victim Services Division-SANE Program funding**
2. Purpose of contract, including scope and description: **State of Wyoming Victim Services Div. is a flow through funder for federal funds. As such they receive VOCA (Victims of Crime Act) federal funds and then give those funds to local SANE (Sexual Assault Nurse Examiners) programs.**
3. Effective Date: **July 1, 2018**
4. Expiration Date: **June 30, 2019**
5. Rights of renewal and termination: **We would have to terminate our SANE program and let the state know and then we would not be eligible to receive any more reimbursements from the state for the SANE Program. 30 day written notice to terminate Is this auto-renew? NO**
6. Monetary cost of the contract and is the cost included in the department budget? **No monetary cost to MHSC. We receive funds from the state to help pay for our SANE program. Will receive \$65,641.00 over the next year.**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Wyoming**
8. Any confidentiality provisions? **No**
9. Indemnification clause present? **Yes**
10. Is this contract appropriate for other bids? **NA**
11. In-house Counsel Reviewed: **Yes**

12. Is County Attorney review required?

Contract Check List

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

1. Name of Contract: **UASI-United Audit Systems Inc**
2. Purpose of contract, including scope and description: **UASI is an offsite coding and audit service that will help with our inpatient coding. When our HIM inpatient coder has questions or concerns HIM would send the charts to UASI for review and to give our coder feedback as to whether she coded correctly and if not how to code. We need this auditing services to audit our inpatient claims based on MHSC's Utilization Committee protocols to verify that we are capturing everything we can in coding to get optimum reimbursement from Medicare. Exhibit A is the fees/costs for the audits. Exhibit B would only be used if our in-patient coder was out for extended period of time (over a week) but would rarely be used as we do have another employee who could do inpatient coding so this is a backup.**
3. Effective Date: **Targeted start date is within 30 days of a fully executed Master Agreement.**
4. Expiration Date: **On going until cancelled by either party with 30 days notice.**
5. Rights of renewal and termination **See above** Is this auto-renew? **No**
6. Monetary cost of the contract and is the cost included in the department budget? **\$990.00 month for up to 15 inpatient cases per month. If we go over 15 per month it will be \$85.00 per hour. HIM Director will monitor so we don't go over 15 charts a month but it is part of the contract. It is included in HIM's budget and is actually under the budgeted amount. This monthly fee also includes quarterly coding educational webinars. TOTAL ANNUAL COST \$11,880.00**
7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so. **Ohio company so Ohio law would govern.**

8. Any confidentiality provisions? **HIPAA provisions and the nature of the services provided is confidential but this agreement is not marked confidential.**

9. Indemnification clause present? **No**

10. Is this contract appropriate for other bids? **HIM Director did contact other audit companies and they all declined to provide services. UASI is the only one that would provide services to us based on our budget for these services.**

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