

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY
REGULAR MEETING OF THE BOARD OF TRUSTEES
September 14, 2022
2:00 p.m.
Hospital Classrooms 1, 2 & 3**

AGENDA

- I. Call to Order Barbara Sowada
 - A. Roll Call
 - B. Pledge of Allegiance
 - C. [Our Mission and Vision](#) Barbara Sowada
 - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. [Minutes](#) *(For Action)* Barbara Sowada
- IV. Community Communication Barbara Sowada
- V. Old Business Barbara Sowada
 - A. Outstanding – Not Ready for Board Consideration *(Placed on the agenda as a reminder of uncompleted business)*
 - 1. Professional Practice Review Plan
- VI. New Business *(Review and Questions/Comments)* Barbara Sowada
 - A. Green River Meeting Barbara Sowada
 - B. Proposed Changes to Medical Staff Bylaws and Rules and Regulations *(For Action)* Kerry Downs,
Director of Medical Staff Services
 - C. [Physician Initial Application](#) *(For Review)* Kerry Downs
 - D. [Governance Charter](#) *(For Review)* Barbara Sowada
 - E. [Plan for Providing Patient Care Services and Scopes of Care](#) *(For Review)* Ann Marie Clevenger,
Chief Nursing Officer
- VII. Chief Executive Officer Report Irene Richardson
- VIII. Committee Reports
 - A. [Quality Committee](#) Taylor Jones
 - B. [Human Resources Committee](#) Kandi Pendleton
 - C. [Finance & Audit Committee](#) Ed Tardoni
 - 1. [Bad Debt](#) *(For Action)*
 - D. [Building & Grounds Committee](#) Marty Kelsey
 - E. Foundation Board Taylor Jones
 - F. [Compliance Committee](#) Kandi Pendleton
 - G. [Governance Committee](#) Barbara Sowada
 - H. Executive Oversight and Compensation Committee Barbara Sowada
 - I. Joint Conference Committee Barbara Sowada

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- | | | |
|-------|--|--|
| IX. | Contract Review | Suzan Campbell, <i>In House Counsel</i> |
| | A. Consent Agenda (<i>For Action</i>) | |
| | 1. Neurophysiology Monitoring Agreement and Training | |
| X. | Board Education | Barbara Sowada |
| | A. FRONTLINE: The Healthcare Divide Season 2021 Episode 11 | |
| XI. | Medical Staff Report | Dr. Brianne Crofts, <i>Medical Staff President</i> |
| XII. | Good of the Order | Barbara Sowada |
| XIII. | Executive Session (W.S. §16-4-405(a)(ix)) | Barbara Sowada |
| XIV. | Action Following Executive Session | Barbara Sowada |
| XV. | Adjourn | Barbara Sowada |



Memorial Hospital

OF SWEETWATER COUNTY

OUR MISSION

*Compassionate care for
every life we touch.*

OUR VISION

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

OUR VALUES

Be Kind

Be Respectful

Be Accountable

Work Collaboratively

Embrace Excellence

OUR STRATEGIES

Patient Experience

Quality & Safety

Workplace Experience

Growth, Opportunity & Community

Financial Stewardship

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

August 3, 2022

The Board of Trustees of Memorial Hospital of Sweetwater County met via Zoom in regular session on August 3, 2022, at 2:00 p.m. with Dr. Barbara Sowada, President, presiding.

CALL TO ORDER

Dr. Sowada welcomed everyone and called the meeting to order and announced there was a quorum. The following Trustees were present online at the call to order: Mr. Taylor Jones, Mr. Marty Kelsey, Dr. Barbara Sowada, and Mr. Ed Tardoni. Excused: Ms. Kandi Pendleton.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Dr. Brianne Crofts, Medical Staff President; and Mr. Geoff Phillips, Legal Counsel.

Dr. Sowada welcomed guests Ms. Mary Thoman and Mr. Jeff Smith from the Sweetwater County Board of County Commissioners and thanked them for attending.

Pledge of Allegiance

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

Our Mission and Vision

Mr. Tardoni read aloud the mission and vision statements.

Mission Moment

Ms. Richardson shared positive comments from recent Press Ganey OB patient surveys. Dr. Sowada said staff do amazing work and it is so nice to hear comments from the community. She said it is fortunate for our community to have a hospital of this size with the services offered.

AGENDA

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

APPROVAL OF MINUTES

The motion to approve the minutes of the July 6, 2022, regular meeting as presented was made by Mr. Jones; second by Mr. Tardoni. Motion carried.

COMMUNITY COMMUNICATION

There were no comments.

OLD BUSINESS

Taylor Jones Recognition

Dr. Sowada thanked Mr. Jones for all he has done. She said he is a fearless leader with optimism. Mr. Tardoni said Mr. Jones managed to keep us all together. Mr. Kelsey said Mr. Jones did a wonderful job and was always self-assured and calm. Mr. Kelsey said he likes Mr. Jones' leadership style. Ms. Richardson said Mr. Jones was always available for leadership and guidance. She said his level-headedness helped guide us through all we dealt with and made sure we looked at every angle of things. She said she appreciated everything he has done for us. Mr. Jones thanked everyone and said the comments mean more than people know. He said there is no way he could do anything alone. Mr. Jones said it was a group effort at the Board level. He said folks doing the work should get the credit and he appreciates what everyone has done the past three years. He said it is sometimes hard to believe what has been accomplished and it is through incredible teamwork. Commissioner Smith said on behalf of the County he is grateful for Mr. Jones' service. He said he is a good leader and a great man. Commissioner Smith said it has been an honor to get to know him and we are grateful for his service. The Board presented Mr. Jones with a framed print featuring words that describe Mr. Jones provided by Trustees and hospital leadership, a compass paperweight, and a local restaurant gift certificate.

NEW BUSINESS

Professional Practice Review Plan

Ms. Kara Jackson, Director of Quality, Accreditation, Patient Safety and Risk, said staff have been working on this for about a year. It has been approved by the Medical Executive Committee. Dr. Sowada asked if the governing body needs to be advised following a triggered event. Ms. Jackson and Ms. Kerry Downs, Director of Medical Staff Services, said they will investigate and review. Dr. Crofts said the medical staff is happy with the update to the plan. Dr. Sowada thanked everyone for the nice work.

Conflict of Interest Annual Disclosure

Dr. Sowada asked Trustees to complete the annual disclosure prior to the next meeting.

Miner's Hospital Board Appointment

Dr. Sowada reported Ms. Suzan Campbell, In House Counsel, would like to be recommended to the Board of County Commissioners to serve on the Miner's Board. Ms. Richardson said Ms. Campbell volunteered and Ms. Richardson feels Ms. Campbell would be a wonderful representative. Ms. Richardson is grateful Ms. Campbell is willing to make that commitment. Ms. Richardson thanked Mr. Tardoni for his service on the Miner's Board. The motion to authorize the President of the Board to send a letter to the County Commissioners recommending

Ms. Campbell as a representative to the Miner's Hospital Board was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

MHSC Think Tank Proposal

Mr. Tardoni said a think tank project involves inviting a limited number of people for a limited amount of time to engage in mind power. The topic was brought up and discussed at the July meeting. Mr. Tardoni said he volunteered to put some ideas together. He said when a group reports back on their thoughts, there are a lot of potential outcomes. He said a group can be organized in a lot of different ways. Dr. Sowada thanked Mr. Tardoni for bringing forward a new idea. There was a recommendation to try it for 30 days. Ms. Richardson said she hopes Mr. Tardoni will help chair the project. Mr. Tardoni suggested he serve as an aid to Ms. Richardson in executing the Think Tank Ad Hoc Committee. They plan to report on the progress at the October meeting.

September Board of Trustees Meeting Date

Dr. Sowada said the Wyoming Hospital Association annual meeting is September 7 and 8. Many senior leaders are participating. The motion to move the monthly meeting to September 14 was made by Mr. Jones; second by Mr. Tardoni. Motion carried.

State Land Investment Board Projects

Mr. Tardoni referenced two grant application resolutions in the meeting packet. He said we have two projects with three potential outcomes: both approved, only one approved, neither approved. He said the Board of County Commissioners showed their support and the MHSC Foundation gave their support for a total of \$4M in promised funds. The projects and request for support were presented at a July Board of County Commissioners meeting. We are grateful for their support. The timing did not allow hospital staff to finalize funding plans. Mr. Tardoni reviewed the process including a special finance meeting on August 1. The motion to approve the Board submitting both grant applications as shown to the State Land Investment Board (SLIB) was made by Mr. Tardoni; second by Mr. Jones. Motion carried. Mr. Kelsey said he is okay to submit both, but no one should assume he is in favor of both projects. He said he is conservative and concerned about financials. Ms. Tiffany Marshall, Foundation Executive Director, said the grant applications are due August 12. She anticipates hearing back mid-to-late September. She said the process took two to three months last time for contracts to be out. Ms. Marshall said quarter one of 2023 is the anticipated timeline. Dr. Sowada thanked Ms. Marshall, Ms. Tami Love-Chief Financial Officer, staff, and the Finance and Audit Committee for their work. She said a lot of time and thought have been given to these two projects. She said we look forward to updates as the process moves forward.

Credentials Policy

Ms. Downs reported legal counsel suggested having a policy that matches the information in the bylaws and will match updated applications. The motion to approve the credentials policy as presented was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

CHIEF EXECUTIVE OFFICER REPORT

Ms. Richardson reported we continue work with person-centered care initiatives. We continue work on improving Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) results. We are working with Cerner on the open ticket process. Auditors will be onsite later in the week. Ms. Richardson will conduct a Town Hall Meeting via Zoom. She met with the Commissioners July 19. Ms. Richardson thanked them for their generous contributions to our projects and for their continued support. She said we are working hard to make sure this hospital is here to serve our community for years to come. Ms. Richardson thanked the Foundation Board. She said they are very excited to support the lab remodel project. They also bought a digital mammogram unit in March 2020. It is an incredible state-of-the-art unit, with incredible images. We have received very good feedback from patients and have seen an increase in volume. We continue working together to get better access for our patients. We are participating in a Wyoming Hospital Association economic impact study. We have started working on updating the strategic plan. MHSC won first place in the civic category for the Red Desert Roundup Parade. We have a booth at the county fair, and we are the Friday night concert sponsor. Ms. Richardson invited Trustees to attend the hospital picnic August 13 at Crossroads Park. She thanked Mr. Jones again for his help and service to the Hospital as President. Ms. Richardson thanked staff for their work every day. She thanked the Board and County Commissioners for their support.

COMMITTEE REPORTS

Quality Committee

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

Human Resources Committee

Dr. Sowada said the Committee did not meet in July.

Finance and Audit Committee

Mr. Tardoni said the Committee did not meet in July to allow staff to concentrate on year-end closing and prepare for the audit.

Bad Debt: The motion to approve the net potential bad debt of \$1,094,745.51 as presented was made by Mr. Tardoni; second by Mr. Kelsey. Motion carried.

Foundation

Ms. Marshall said the Foundation Board is developing a new mission statement. She said she will forward the update to the Trustees with a request for feedback and suggestions. The group is also looking at implementing a new vision statement and developing a strategic plan. The Foundation Board continues to discuss ways to provide support. Employee rewards information has been distributed. Ms. Marshall said we are grateful for staff support of the Foundation.

Compliance Committee

Mr. Jones reported the information is in the meeting packet.

Governance Committee

Dr. Sowada said the information is in the meeting packet.

CONTRACT REVIEW

Consent Agenda

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

BOARD EDUCATION

Pandemic Considerations for Maintaining Quality and Safety

Dr. Sowada said the topic was chosen primarily at Ms. Richardson's request. Staff safety is becoming as important as patient safety as they are so inter-related. Some items of note listed are error traps, asking challenging questions, and opportunities for debriefing. Mr. Tardoni said he feels the way our committees function is where the difficult questions are asked.

MEDICAL STAFF REPORT

Dr. Crofts said HCAHPS scores are important to a lot of people. We are creating a small group to review and improve. Dr. Sowada thanked Dr. Crofts for taking on the small group process. Dr. Crofts said we are reviewing the impact of Roe v. Wade being overturned. She said we fully support robotics. When interviewing surgeon candidates, we are seeing it is imperative for us to obtain the robot and include in processes.

GOOD OF THE ORDER

Mr. Jones repeated his appreciation to everyone. He said he has been volunteering his time since his early 20's and has served on boards and commissions. He said to have been thanked in this manner meant a lot. Mr. Jones said some of the words on the framed print included his favorite: accountable. Dr. Sowada said he has made an impression on all of us and made us all a little better. She thanked him again for what he has done and will continue to do. She stressed his time will still be put to good use with his continued service on the Board.

EXECUTIVE SESSION

The motion to go into executive session was made by Mr. Kelsey; second by Mr. Jones. Motion carried. Dr. Sowada thanked Ms. Thoman and Mr. Smith for their participation. She thanked the Board of County Commissioners for their generosity and support of the community's hospital.

RECONVENE INTO REGULAR SESSION

At 5:02 p.m., the motion to leave executive session and return to regular session was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

ACTION FOLLOWING EXECUTIVE SESSION

Approval of Privileges

The motion to approve the list of providers and non-physician providers privileges and appointments to the Medical Staff was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

Credentials Committee Recommendations from July 19, 2022

- Initial Appointment from Locum Tenens to Active Staff (2 years)
 - Dr. Don Dickerson, Radiation Oncology
 - Dr. Wesley Pedicini, Emergency Medicine (U of U)
 - Dr. James Fierbaugh, Emergency Medicine (U of U)
 - Dr. Wesley Williams, Emergency Medicine (U of U)
 - Dr. Nicholas Levin, Emergency Medicine (U of U)
- Initial Appointment to Associate Staff (1 year)
 - Dr. Ahmad Bashirimoghaddam, Hospitalist
 - Dr. Brian Moon, Anesthesia
 - Dr. Karen Hayes, OB/GYN
 - Dr. Claudia Tuffanelli-Bouvier, Emergency Medicine (U of U)
 - Dr. Helen Palatinus, Emergency Medicine (U of U)
- Initial Appointment to Non-Physician Provider Staff (1 year)
 - Alisha Mackie, RN First Assist
- Reappointment to Active Staff (2 years)
 - Dr. Jacob Johnson, Family and Occupational Medicine
 - Dr. Christopher Hunnicutt, Radiology
 - Dr. Cody Christensen, Urology
- Reappointment to Consulting Staff (2 years)
 - Dr. Piotr Tekiela, Tele Stroke (U of U)
- Reappointment to NPP Staff (2 years)
 - Katherine Moczulski, Family Nurse Practitioner

The motion to approve the provider contract and authorize the CEO to sign was made by Dr. Sowada; second by Mr. Tardoni. Motion carried.

The motion to approve the CEO evaluation conducted at the July 6, 2022 meeting was made by Dr. Sowada; second Mr. Jones. Motion carried.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:05 p.m.

Dr. Barbara Sowada, President

Attest:

Ms. Kandi Pendleton, Secretary



Dear Applicant,

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

We appreciate your interest in our organization. Thank you!

Qualifications for Membership and Clinical Privileges

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

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

Signature: _____

Date: _____

Print Name: _____



Intended Practice Plan For Physicians Only

Applicant name, title (please print): _____

Clinical Specialty: _____

Anticipated Office Address: _____

I Will be Practicing as: ☐ Solo Practitioner ☐ Group Practitioner ☐ Employed Provider

If With a Group, list Group Name: _____

If solo, have you contacted anyone to assist in your coverage? ☐ Yes ☐ No

If Yes, Please Explain: _____

I will admit patients in need of hospitalization to Memorial Hospital of Sweetwater County. ☐ Yes ☐ No

If no, to what institution(s) will you be admitting your patients? _____

If yes, approximately how many patients per month will you admit? _____

I will perform procedures at Memorial Hospital of Sweetwater County (MHSC). ☐ Yes ☐ No

I shall be available to Hospital within 30 minutes of Hospital's first attempt to contact me regarding an issue with care of my inpatient. ☐ Yes ☐ No

I will provide consultation at the request of other physicians at MHSC. ☐ Yes ☐ No

If no, please explain: _____

List the physician(s) with whom you will share continuing coverage for your patients (must be physician(s) on active staff at MHSC in the same specialty, with similar privileges): _____

I understand my answers to the above questions will be considered by MHSC and that appointment, if offered, will be contingent on adherence to this practice plan.

Physician Signature: _____ Date: _____

Print Name: _____

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Rock Springs, Wyoming

Thank you for your request for Memorial Hospital of Sweetwater County (MHSC) Medical Staff application materials. You will find those materials enclosed. Please be aware that MHSC will consider this a pre-application until eligibility of the applicant is established. Upon establishment of eligibility, this will become an official application and will be moved forward in the process. If it is determined that the applicant is not eligible for appointment, then MHSC will notify the applicant.

An applicant who does not meet the Minimum Qualifications is ineligible to apply for Medical Staff membership, and the application shall not be accepted for processing. You will be notified if it appears that you do not meet the Minimum Qualifications. An applicant who does not meet the Minimum Qualifications for Medical Staff membership is not entitled to the procedural rights set forth in Article XVIII of the Medical Staff bylaws.

Please return your completed application materials to me as soon as possible. If your application is accepted, processing of your application ordinarily takes a minimum of 60 days. The Credentials Committee will not consider credentials files until the files are complete and all items have been verified. Please note that an application that remains incomplete will be closed after six (6) months of processing.

The members of the Credentials Committee take their responsibilities very seriously. Please don't assume that all privileges will be granted automatically. Although every effort is made to complete the application process as quickly as possible, there are occasionally questions or problems that may cause delays or even denial. Please don't close your current practice and move your family to Sweetwater County, until you have received your Wyoming license, and have been granted privileges at Memorial Hospital of Sweetwater County. Economic and/or professional hardships will not be considered as reason to expedite or approve your application for medical staff privileges at Memorial Hospital of Sweetwater County.

If you need further assistance, please do not hesitate to call me at (307) 352-8129 or email me at jvarley@sweetwatermemorial.com. I look forward to hearing from you very soon.

Sincerely,

Janice Varley
Credentialing Clerk

Enclosures

Completion of this form is mandatory for appointment.

**APPLICATION CHECKLIST
INSTRUCTIONS FOR COMPLETION OF APPLICATION**

PLEASE INCLUDE:

- _____ **Copy of Current Curriculum Vitae**
- _____ **Copy of Medical School, Internship, and Residency Diplomas**
- _____ **Current Copy of Wyoming Licensure**
- _____ **Current Copy of Wyoming Controlled Substance Registration**
- _____ **Current Copy of Federal DEA Certificate (Must have one for the state of Wyoming)**
- _____ **Current Copy of Malpractice Insurance Certificate or Face Sheet**
- _____ **Copy of Board Certificate**
- _____ **Copy of Other Certifications (ACLS, BLS, PALS, NRP, ATLS, etc.)**
- _____ **Medicare Attestation Statement (Attached)**
- _____ **Delineation of Privileges Form (Attached)**
- _____ **Health Statement (Attached)**
- _____ **CME credits and documentation of attendance for education programs/courses since completion of your post-graduate training or during the last three years**
- _____ **Signed CME statement (Attached)**
- _____ **Copy of valid government issued picture ID**
- _____ **Appointment Fee of \$100.00**
- _____ **Documentation of currently required immunizations (See Employee Health Requirements)**
- _____ **Documentation of current PPD or Chest X-Ray**

1. CLINICAL PRIVILEGES REQUEST

You must submit a request of clinical privileges. Enclosed is a delineation of clinical privileges form. Please indicate the privileges you are requesting. Note: If you would like conscious/moderate sedation privileges, in addition to your specialty specific privileges, please notify the Medical Staff Services Office so they can send you the correct form.

2. APPLICATION

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

Sign, date, and return the form and all requested information.

3. RELEASES

Sign, date, and return the release form.

4. FEES

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

**RETURN THE COMPLETED PACKET TO:
Janice Varley, Medical Staff Services Office
Memorial Hospital of Sweetwater County
1200 College Drive, P.O. Box 1359
Rock Springs, WY 82902
FAX: 307-352-8502**

IF ANY QUESTIONS, CALL: 307-352-8129

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
APPLICATION FOR INITIAL APPOINTMENT

GENERAL INSTRUCTIONS:

Complete the application in full. Print or type all responses. Attach additional sheets if there is insufficient space on this form to complete your responses. All professional information (including addresses with zip codes) must be included for application to be considered complete. Submit the completed, signed form to the Medical Staff Services Office.

NOTE: "Refer to CV" will not be accepted and the application will be returned to you for completion. So that it is understood that you did not intentionally omit an item, type or print "N/A" (Not Applicable) beside those items that do not apply to you, unless instructions indicate otherwise.

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

Other Names Used

Date of Birth

Social Security Number

Gender

Group Name

Primary Office Address

City

State

Zip

Office Telephone

Fax

Second Office Address

City

State

Zip

Second Office Telephone

Fax

CAQH User Name

Logon

Password

NPI (Required)

Citizenship

Alien Status

or

Admission #

FOREIGN LANGUAGES:

LANGUAGE	SPEAK	READ	WRITE

SIGN LANGUAGE: ____ Yes ____ No

In what Specialties do you Practice? _____

STAFF CATEGORY

Please indicate the category of staff appointment for which you are applying

____ Associate ____ Consulting ____ Independent Limited Practitioner

PRIMARY CLINICAL AFFILIATION REQUESTED

Please indicate below the Department and Service in which you are requesting appointment.

M.D.'s/D.O.'s:____ **MEDICINE DEPARTMENT**

____ Family Medicine
____ Hematology/Oncology
____ Internal Medicine
____ Medical Imaging
____ Nephrology
____ Neurology
____ Occupational Medicine
____ Pediatrics
____ Pulmonology
____ Radiation Oncology
____ Other (Specify) _____

____ **SURGERY DEPARTMENT**

____ Anesthesia
____ Emergency Medicine
____ ENT/Allergy
____ General Surgery
____ Obstetrics & Gynecology
____ Orthopedics
____ Pathology
____ Plastic & Reconstructive
____ Urology
____ Other (Specify) _____

Independent Limited Practitioners:____ **MEDICINE DEPARTMENT**

____ Chiropractic
____ Other (Specify) _____

____ **SURGERY DEPARTMENT**

____ Dentistry
____ Podiatric
____ Other (Specify) _____

ALTERNATE COVERAGE

List members of the medical staff who will provide care when you are unavailable. These individuals must be in an appropriate specialty.

NAME	SPECIALTY

PERSONAL INFORMATION

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ e-mail _____

Place of Birth _____
Include City and State of Birth or City/Country of Birth if Not Born in the United States

In Case of Emergency Notify (Name, Address, Phone, Relationship) _____

MILITARY SERVICE (If applicable)

_____ From _____ To _____
Mo/Yr Mo/Yr
Discharge Status: _____ Honorable _____ Dishonorable _____ Other _____

SPECIALTY BOARD CERTIFICATION

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

*This means actively in the board examination process with a specified number of years remaining according to the board's requirements in which the process must be completed.

EDUCATION

1. Indicate whether Undergraduate, Professional or Other (U – P – O)

Degrees Awarded

From: _____ To: _____
Mo/Yr Mo/Yr

Date Graduated

School Name and Address

Phone _____ Fax or E-mail _____
Required

2. Indicate whether Undergraduate, Professional or Other (U – P – O)

Degrees Awarded _____ From: _____ To: _____
 _____ Mo/Yr _____ Mo/Yr _____ Date Graduated _____

School Name and Address

Phone _____ Fax or E-mail _____
Required

3. Indicate whether Undergraduate, Professional or Other (U – P – O)

 Degrees Awarded

From: _____
 Mo/Yr

To: _____
 Mo/Yr

 Date Graduated

School Name and Address

Phone _____ Fax or E-mail _____

Required

GRADUATE MEDICAL TRAINING

Internship:

1. Type _____ From: _____ To: _____
Mo/Yr Mo/Yr

Institution

Address City State Zip

Phone _____ Fax or E-mail _____
Required

Program Director _____

Residency:

1. Type _____ From: _____ To: _____
Mo/Yr Mo/Yr

Institution

Address City State Zip

Phone _____ Fax or E-mail _____
Required

Program Director _____

2. Type _____ From: _____ To: _____
Mo/Yr Mo/Yr

Institution

Address City State Zip

Phone _____ Fax or E-mail _____
Required

Program Director _____

Fellowship(s):

1. Type _____ From: _____ To: _____
Mo/Yr Mo/Yr

Institution

Address City State Zip

Phone _____ Fax or E-mail _____
Required

Program Director _____

2. Type _____ From: _____ To: _____
Mo/Yr Mo/Yr

Institution

Address City State Zip

Phone _____ Fax or E-mail _____
Required

Program Director _____

3. Type _____ From: _____ To: _____
Mo/Yr Mo/Yr

Institution

Address City State Zip

Phone _____ Fax or E-mail _____
(Required)

Program Director _____

Were all graduate medical training programs completed? ____ Yes ____ No
If no, please provide explanation on separate sheet.

HOSPITAL STAFF APPOINTMENTS (Include all past and present)

Dates (Mo/Yr)—(Mo/Yr)	Name of Hospital			
Address		City	State	Zip
Telephone		Fax/E-mail/or Verifying Website		
Department/ Chief		Staff Status		

Dates (Mo/Yr)—(Mo/Yr)	Name of Hospital			
Address		City	State	Zip
Telephone		Fax/E-mail/or Verifying Website		
Department/ Chief		Staff Status		

Dates (Mo/Yr)—(Mo/Yr)	Name of Hospital			
Address		City	State	Zip
Telephone		Fax/E-mail/or Verifying Website		
Department/ Chief		Staff Status		

Dates (Mo/Yr)—(Mo/Yr)	Name of Hospital			
Address		City	State	Zip
Telephone		Fax/E-mail/or Verifying Website		
Department/ Chief		Staff Status		

Dates (Mo/Yr)—(Mo/Yr)	Name of Hospital			
Address		City	State	Zip
Telephone		Fax/E-mail/or Verifying Website		
Department/ Chief		Staff Status		

PRACTICE HISTORY (Include all professional affiliations, including private practice and current practice, (S) Solo, (P) Partnership, (G) Single Specialty Group, (MS) Multi-specialty Group, (HMO) Health Management Organization.

Type _____

Dates (Mo/Yr)—(Mo/Yr)	Name of Practice _____			
	Address _____	City _____	State _____	Zip _____
	Telephone _____	Fax or E-mail _____		
	Supervisor _____			

Type _____

Dates (Mo/Yr)—(Mo/Yr)	Name of Practice _____			
	Address _____	City _____	State _____	Zip _____
	Telephone _____	Fax or E-mail _____		
	Supervisor _____			

Type _____

Dates (Mo/Yr)—(Mo/Yr)	Name of Practice _____			
	Address _____	City _____	State _____	Zip _____
	Telephone _____	Fax or E-mail _____		
	Supervisor _____			

Do you have any material interest, either directly or through family business partners, in any nursing homes, laboratories, pharmacies, medical equipment, supply houses or other businesses to which patients from this hospital might be referred or recommended? ☐ Yes ☐ No

If yes, please elaborate:

ACADEMIC APPOINTMENTS (Past and present)

Dates (Mo/ Yr)—(Mo/Yr)	Name of Institution			
	Address	City	State	Zip
	Telephone	Fax or E-mail		
	Department	Rank		

Dates (Mo/ Yr)—(Mo/Yr)	Name of Institution			
	Address	City	State	Zip
	Telephone	Fax or E-mail		
	Department	Rank		

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

CARRIER AND ADDRESS	POLICY NUMBER	AMOUNT	DATES OF COVERAGE

MALPRACTICE HISTORY

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

_____ Yes _____ No

Date of Claim: _____ Amount of Claim: _____

Location of Claim (State, City, and Institution): _____

Insurance Carrier: _____

Civil Action #: _____

Status of Claim: _____

Personal Explanation of Claim: _____

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

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

PROFESSIONAL REFERENCES

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

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

PROFESSIONAL LICENSURE (Include all past and present and attach copies of current licenses. If more room is needed, please attach a second sheet.)

STATE LICENSE	DATE ISSUED	LICENSE NUMBER	TYPE	DATE EXPIRES

CONTROLLED SUBSTANCE REGISTRATION (Attach copy)

Type: S - State F – Federal

TYPE (S or F)	DATE ISSUED	NUMBER	SCHEDULE OF DRUGS (2, 2N, 3, 3N, 4, 5)	DATE EXPIRES

OTHER CERTIFICATIONS (Basic Life Support, Advanced Cardiac Life Support and/ or other clinical certifications. Please attach a copy.)

TYPE	CERTIFYING BOARD NAME	DATE CERTIFIED	EXPIRATION DATE

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

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

DISCIPLINARY ACTIONS

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

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

Attestation:

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

Applicant Name: (Please Print) _____

Applicant Signature: _____ Date: _____

CONDITIONS OF AFFILIATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Printed Name: _____

Signature _____

Date _____

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ACKNOWLEDGEMENT STATEMENT

"MEDICARE/MEDICAID/CHAMPUS payment to hospitals is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws." [412.46 (b)], Physician Acknowledgement.]

ACKNOWLEDGED BY:

Signature

Date

Printed Name

Memorial Hospital of Sweetwater County

Continuing Medical Education Statement

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

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

_____ % of CME's related to privileges requested.

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

Name: _____
(please print)

Signature: _____ Date: _____

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

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Statement of Health

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

OR

I have an impairment that:

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

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

Applicant's Name (Printed or Typed)

Applicant's Signature

Date

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

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

Reasonable accommodation needed: _____

Name (printed or typed)

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

Title

Date

Address

Daytime Phone Number

Board Charter: Governance Committee

Category: Board Committees & Committee Charters

Title: Governance Committee

Original adoption: June 14, 2010

Revision: 2011; 2017; 2020; 2022

Purpose:

The purpose of the committee is to assist the Board of Trustees (Board) in discharging its duties in respect to institutional governance and to Board composition and education.

Responsibilities:

The Governance Committee is responsible for the following activities and functions:

- Prepares and submits to the Board for approval an agenda template to be used for regular monthly meetings of the Board.
- As part of the annual July meeting, assists the Board in electing its officers—president, vice president, secretary, and treasurer—by soliciting potential candidates and presenting a ballot of nominees for Board vote. In addition to the nominees submitted for a Board vote, other nominations may be submitted from the floor by other Board members at the Board meeting.
- In the event an office is vacated, accepts nominees for the open office. The ballot is presented and voted upon within sixty (60) days of the office being vacated.
- Plans and assists senior leadership with new Trustee orientation.
- Pursuant to the Board's duty to carry out its fiduciary and strategic responsibilities, periodically reviews Board bylaws, committee charters, and relevant Board policies to ascertain if any need revisions, or if an addition would be beneficial. Submits any suggested additions or revisions to the Board for review and approval.
- Oversees the process whereby Board bylaws, committee charters, and Board policies are systematically reviewed at least every three years. Working with administrative staff and other Board members as appropriate, monitors progress yearly and helps insure that needed reviews are completed and that changes, if any, are presented to the Board for review and approval.
- Develops, maintains, and updates any written document (aside from bylaws, committee charters, and Board policies) which describe the role, duties and responsibilities of the Board as a whole, and its officers and members. Any document (and changes there to) shall be approved by the Board.
- Confirms compliance with Hospital's conflict of interest policy.

- Conducts an annual evaluation of the Board’s performance. Shares during Executive session the results of the evaluation with all members of the Board and the Chief Executive Officer (CEO).
- Periodically assesses the educational needs of the Board and encourages the Board members to avail themselves of the large variety of educational opportunities —such as, professional meetings, webinars, board workshops, etc. From time to time, suggests specific videos, webcasts, etc. for Board review and discussion at upcoming meetings of the Board.
- May recommend new Trustee candidates to the County Commissioners, who are charged with appointing Board members. In making such recommendations, the Governance committee shall consider the skills and the attributes of the candidate, the needs of the Board, and representation of the residents of Sweetwater County.

Composition

The committee shall consist of the Board president, another Board member and the CEO.

Meeting Schedule

The committee shall meet monthly, or as needed.

Reports

The committee shall produce and/or receive and review the following reports and present a summary report to the Board:

- Board self-assessment survey and follow up improvement plan.
- Annual board education plan.
- In-house Counsel’s and/or the CEO’s report(s) on current legal and regulatory issues affecting governance, plus an analysis of whether any changes to Board bylaws or policies are necessary.

Board Charter: The Governance Committee

Board of Trustees Orientation and Resource Handbook

Category: Board Committees & Committee Charters

Title: Governance Committee

Original adoption: June 14, 2010

Revision: 2011; 2017; 2020

Purpose:

The purpose of the committee is to assist the Board of Trustees (Board) in discharging its duties in respect to institutional governance and to Board composition and education.

Responsibilities:

The Governance Committee is responsible for the following activities and functions:

- ~~• May recommend new Trustee candidates to the County Commissioners, who are charged with appointing Board members. In making such recommendations, the Governance committee shall consider the skills and the attributes of the candidate, the needs of the Board, and representation of the residents of Sweetwater County.~~
- Prepares and submits to the Board for approval an agenda template to be used for regular monthly meetings of the Board.

As part of the annual July meeting, assists the Board in electing its officers—president, vice president, secretary, and treasurer—by ~~accepting suggested soliciting potential candidates nominees~~ and presenting a ballot, ~~subject to nominations made from the floor,~~ of nominees for Board vote. In addition to the nominees submitted for a Board vote, other nominations may be submitted from the floor by other Board members at the Board meeting.

In the event an office is vacated, accepts nominees for the open office. The ballot is presented and voted upon within sixty (60) days of the office being vacated. ~~Nominees from the floor shall also be accepted.~~

Plans and assists ~~management~~ senior leadership with new Trustee orientation. ~~Recommends, for Board approval, by laws and policies in order for the Board to carry out its fiduciary and strategic responsibilities.~~

- Pursuant to the Board's duty to carry out its fiduciary and strategic responsibilities, periodically reviews Board bylaws, committee charters, and relevant Board policies to ascertain if any need revisions or additions to the Board for review and approval. Submits any suggested additions or revisions to the Board for review and approval.
- ~~Reviews and updates Board by laws and policies at least every other year, bringing any changes to the Board for approval.~~
- Oversees the process whereby Board bylaws, committee charters, and Board policies are systematically reviewed at least every three years. Working with administrative staff and other Board members as appropriate, monitors progress yearly and helps insure that needed reviews are completed and that changes, if any, are presented to the Board for review and approval.
- ~~Maintains and updates charters and policy statements regarding roles, responsibilities, duties, and job descriptions for the Board itself and its members, officers, and committees, bringing any changes to the Board for approval.~~
- Develops, maintains, and updates any written document (aside from bylaws, committee charters, and Board policies) which describe the role, duties and responsibilities of the Board as a whole, and its officers and members. Any document (and changes there to) shall be approved by the Board.
- Confirms compliance with hospital's conflict of interest policy.
- Conducts an annual performance. Shares during Executive session with all members of the Board and the Chief Executive Officer.

Periodically, assesses the educational needs of the Board and ~~plans an annual education program that is delivered through a variety of formats~~ encourages the board members to avail themselves of the large variety of educational opportunities —such as, professional meetings, webinars, board workshops, etc.

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Foi

- From time to time, suggests specific videos, webcasts, etc. for Board review and discussion at upcoming meetings of the Board.
- May recommend new Trustee candidates to the County Commissioners, who are charged with appointing Board members. In making such recommendations, the Governance committee shall consider the skills and the attributes of the candidate, the needs of the Board, and representation of the residents of Sweetwater County.

Composition

committee shall consist of two (2) members of the Board; and the Chief Executive Officer (CEO) and In-house Counsel who will be members without voting privileges. of the Board ident, another Board member and the CEO>

Meeting Schedule

The committee shall meet quarterly monthly, or as needed.

Reports

The committee will produce and/or receive and review the following reports and present a summary report to the Board:

- Board self-assessment survey and follow up improvement plan.
- Annual board education plan.
- In-house Counsel's and/or the CEO's report(s) on current legal and regulatory issues affecting governance, plus an analysis of whether any changes to Board bylaws or policies are necessary.

Plan for Providing Patient Care Services and Scopes of Care

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

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

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

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

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

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

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

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

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

Thank you,
Robin Fife
Clinical Administrative Assistant
rfife@sweetwatermemorial.com



Approved N/A
Review Due N/A

Document
Area Administration
Reg. TJC LD
Standards 01.03.01 EP
3, TJC
LD.04.03.01,
TJC
LD.04.03.07

Plan for Providing Patient Care Services and Scopes of Care

STATEMENT OF PURPOSE:

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

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

- **Our Mission** - Compassionate care for every life we touch.
- **Our Vision** - To be our community's trusted healthcare leader.
- **Our Values** - Be kind. Be respectful. Be accountable. Work collaboratively. Embrace excellence.

Accreditations:

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

The plan for providing patient care takes into consideration:

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

5. The plan for improving the quality and safety of patient care in each area.

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

Planning and ongoing evaluation for patient care services is part of the organization's strategic plan as determined by the Board of Trustees and the Chief Executive Officer. Specific strategies have action plans and time frames that define how patient care services will be implemented, maintained or provided. Planning processes for such strategies take into consideration community needs, internal and external valid data resources, the ability to provide a service, internal and external customer and community surveys, medical staff and other provider input, networking with community/state/national agencies, market research, healthcare research, and professional organizations that guide evidence-based practice.

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

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

PLAN FOR PATIENT SERVICES

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

- Case management
 - Chronic care management
 - Clinical documentation improvement
 - Chronic hemodialysis and peritoneal dialysis
 - Diagnostic imaging
 - Cat Scan
 - Mammography
 - MRI
 - Nuclear medicine
 - Ultrasound
 - Dietary and nutritional service
 - Emergency and trauma care
 - Endoscopy
 - Infection prevention and control services
 - Medical records/information technology
 - Nursing care in the specialties of adult and pediatric medical/surgical, outpatient infusion, outpatient wound care, surgical services, obstetrical/newborn care, intensive care, and end stage chronic dialysis
 - Oncology, including outpatient chemotherapy administration and radiation oncology/pathology/histopathology, clinical laboratory and transfusion services
 - Pharmaceutical
 - Physical rehabilitation, occupational therapy, and speech therapy
 - Provider services include orthopedics, obstetrics, pediatrics, general surgery, family medicine, internal medicine, Occupational medicine, pulmonology, nephrology, neurology, urology and ear/nose and throat and a walk-in clinic
 - Quality improvement
 - Social work
 - Telemedicine - stroke and burn
 - Volunteers.
- II. Services not available at the MHSC include acute cardiology and cardiac surgery, acute intensive burn care, neurosurgery, transplantation of major organs, pediatric cancer services, and infectious disease as an advanced specialty. The organization does not have skilled long-term care or inpatient rehabilitation beds.
- III. MHSC is affiliated with the following organizations:
- University of Utah
 - Huntsman Cancer Center

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

IV. Patient services provided by contracted organizations include:

- Emergency medicine
- Pharmacy services
- Radiologist services
- Sterilizer support and maintenance

V. Contractual arrangements for extension of care include:

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

VI. Data related to services in calendar year 2021:

Campus Size	Hospital = 188,470 square feet, Medical Office Building = 77,392 square feet, Specialty Clinic = 14,797 square feet, Central Plant = 19,781 square feet, Paving area = 378,865 square feet and Total lot area = 1,472, 289 square feet or 33.8 acres
Licensed Beds	99
Staffed Beds	58
Employees	550
Full-time employee equivalent (FTE)	487.51
FTEs/Occupied Bed	8.61
Average patient length of stay (LOS)	2.7
Average Daily Inpatient Census	13
Inpatient Discharges	1768
Births	394

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

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

INFRASTRUCTURE

I. PROFESSIONAL PATIENT CARE STAFF

- Professional practice at MHSC is defined in accordance with state licensure laws, applicable Federal and State regulations, standards as established by MHSC and the use of evidence-based practice.
- Professional staff qualifications are listed per specific job description.
- Professional staff members who provide patient care receive an annual performance review based on specific job descriptions and job standards. Each staff member must demonstrate beginning and ongoing competency and education. Self-directed lifelong learning is an expectation. Attainment of advanced and terminal degrees and national certifications in one's area of expertise is desired and encouraged.

II. PATIENT CARE STANDARDS

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

III. PATIENT CARE OUTCOMES

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

IV. PATIENT CARE QUALITY AND PATIENT SAFETY PLAN

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

V. ORGANIZATIONAL STRUCTURE

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

VI. SERVICE AVAILABILITY

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

VII. FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY

- MHSC plans for patient care needs and services through an annual budgeting process, program development planning, capital equipment needs and monthly review of financial resources to meet patient needs. If there are urgent census fluctuations demanding more resources, the areas have plans to respond to those needs. External resources may be considered to achieve safe staffing levels that

take into account the current number of staff, staff qualifications, experience, and education.

- Census trends are evaluated annually. Numbers of staff on-boarded and staff turnover are reviewed. MHSC data trends are compared against industry trends, reimbursement changes, factors that could affect patient volumes, lengths of stay trends, patient day utilization including average number of admits and discharges daily, acuity of patients and service demands of patients as well as other important factors affecting the delivery of patient care. Each director plans for changes and includes anticipated changes in the budget planning process. The annual budget is finalized through the Board Finance and Audit Committee and is approved by the Board of Trustees.

VIII. STAFF EDUCATION

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

IX. PATIENT RIGHTS AND RESPONSIBILITIES

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

X. RISK MANAGEMENT

- Risk Management provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care.
 - Compliance
 - Emergency Management
 - Environmental Safety
 - Guest Relations
 - Occurrence Reporting
 - Patient & Staff Safety
 - Risk Management Program Oversight
- Risk Management services are under the direction and support of Senior Leadership,

medical staff, administrative and other health care providers throughout the organization. The designated officers are notified of any significant occurrences to patients, visitors, volunteers or personnel which have the potential for serious harm or impact. Appropriate documentation of unusual occurrences is performed after investigation.

- Educational support is provided to all personnel and volunteers to ensure the provision and respect of patient rights. Assuring patient rights is the responsibility of all hospital personnel, members of the medical staff and volunteers.

XI. FAIR BILLING PRACTICE

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

XII. CONTRACTED SERVICES

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

GOVERNANCE

I. BOARD OF TRUSTEES

- The hospital Board of Trustees' role is to serve as the governing body of the hospital.
- Board of Trustee (BOT) meetings are open to the public and take place the first Wednesday of every month beginning at 2:00 PM. Hospital Board members also serve on standing board committees committees that meet at various times, dates and hours of the day.
- Board members are assigned to standing committees by the Board President.
- The BOT is responsible for oversight of the hospital.
- The BOT responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing safe, quality care, overseeing the organization's financial well-being, staying educated in health care industry news and best practices, and being a representative of the organization in the community.
- The BOT is not involved in the day-to-day operations of the hospital. The daily operation of the hospital is Senior Leaderships' responsibility.
- The Board of Trustees consists of five (5) members who are citizens of Sweetwater County and appointed by the Sweetwater County Commissioners.

- A County Commission liaison attends monthly Board of Trustee meetings and other meetings attended by Board of Trustee members whenever possible.
- **CONTRACTED SERVICES**
 - Legal services
- **AFFILIATIONS OR SOURCES OF REFERENCE**
 - American Hospital Association (AHA)
 - Wyoming Hospital Association (WHA)

II. SENIOR LEADERSHIP

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

- Wyoming Hospital Association (WHA)
- American Nurses Association (ANA)
- American Organization of Nurse Leaders (AONL)

III. LEADERSHIP TEAM

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

SCOPES OF SERVICE

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

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

SCOPE OF SERVICE: ANESTHESIA

DEFINITION OF SERVICE:

- Chief of Surgery with collaboration of Anesthesiology is responsible for all anesthesia standards of care and practice. All types of non-flammable agents may be provided by an Anesthesiologist where deemed appropriate and necessary. All anesthesia is provided by credentialed anesthesia providers.
- Types of anesthesia services provided are:
 - General
 - Inhalational
 - Major conduction block, caudal, epidural, spinal
 - Local with or without intravenous analgesia and monitored anesthesia care
 - Pain control
 - Airway management
 - Intravenous regional blocks
 - Major vascular access placement

- Approved anesthesia locations are:
 - OR-all types (5 suites and endoscopy)
 - OB-all types (1 Suite and labor and delivery)
 - ED-topical, local, nerve block, intravenous sedation
 - Radiology-local and moderate sedation.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Board of Anesthesiologists
- American Society of Anesthesiologists

SCOPE OF SERVICE: CARDIAC/PULMONARY REHABILITATION

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CARDIOPULMONARY

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The patient population served by Cardiopulmonary Services consists of newborn, pediatric, adolescent, adult and geriatric patients requiring cardiac and respiratory care, services, treatment or testing to maintain optimum physiological maintenance of cardiac and respiratory systems.
- Patient care services provided by the department, through an order of a physician or under formal hospital protocols or guidelines.
- **Services of the Cardiopulmonary Department will include, but are not limited to:**
 - Cardiac Patient Testing:
 1. Stress testing – Cardiolite, Lexiscan/Cardiolite, Stress Echocardiogram, Plain Stress Echocardiogram, and Plain Stress
 2. Holter Monitor recording and scanning
 3. Electrocardiograms (ECG)
 4. Event monitors (3-30 Days)
 - Respiratory Care:
 1. All forms of mechanical ventilation (excluding that provided by anesthesiologist during surgical procedures) including:
 - a. Conventional ventilation in all forms and modes
 - b. Assist physicians with endotracheal intubation and extubation performed outside the surgical suite
 - c. Reposition and stabilize endotracheal tubes
 - d. Tracheostomy care, including changing tracheostomy tubes, and assist with decannulation procedures
 - e. Non-invasive ventilation including BiPap and CPAP
 2. All forms of airway clearance techniques including:

- a. Positive Expiratory Pressure (PEP) therapy
 - b. Chest Physiotherapy (CPT)
 - c. Autogenic Drainage
 - d. Assisted Cough
 - e. Therapy Vest
3. Medications are administered by respiratory therapists via the following routes:
- a. Small and large volume nebulizers
 - b. Metered dose inhalers (MDI)
 - c. Small particle aerosol generators (SPAG)
 - d. Direct instillation via endotracheal tubes or tracheostomy routinely or during emergency resuscitation procedures under direct supervision of a physician
4. Qualified and trained respiratory therapists can perform:
- a. Nasotracheal, nasopharyngeal and oral suctioning, as well as suctioning of all forms of artificial airways
 - b. Placement of nasopharyngeal and oral airways
 - c. Assist with respiratory emergencies and performing CPR as a member of the code team.
 - d. Set-up, monitor and change all oxygen and aerosol therapy equipment and supplies for inpatients
 - e. Manually ventilate patients when required
 - f. Accompany patients requiring assisted ventilation during hospital transports.
 - g. Assessments of respiratory status of patients with recommendations to physicians for the care plan.
 - h. Administration of medical gases, including medical air, medical oxygen, helium/oxygen mixtures, and nitric oxide.
 - i. Administration of high flow Oxygen therapy
 - j. Perform non-invasive Oxygen exchange assessments.
 - k. Directed cough with various devices
5. Diagnostic Services
- a. Complete assessment of respiratory status
 - b. Measurement of pulmonary mechanics
 - c. Capnography & end-tidal monitoring
 - d. Pulse oximetry

- e. Arterial/capillary blood gas drawing
- f.
- g. Exercise testing for evaluation of hypoxemia and/or hypoxia
- h. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
- i. Assist physicians with bronchoscopy procedures
- j. Electroencephalogram (EEG) procedures

6. Sleep Lab

- a. Polysomnography. Reports contract to off-site pulmonologist.
- b. PAP titration studies
- c. Oxygen titration studies
- d. Home Sleep Apnea Testing (HSAT)
- e. Nocturnal Oxygen studies

7. Support Services

- a. Training of nurses and physicians in applied respiratory care
- b. Monitoring, updating, stocking, and maintaining records on code carts
- c. Ordering and maintaining inventory of oxygen and aerosol therapy equipment and supplies
- d. Stocking of respiratory supplies and equipment
- e. Collaborate with biomedical engineering to maintain preventive maintenance records on equipment

8. Education

- a. The hospital serves as a clinical teaching facility for students from Western Wyoming Community College and CoArc approved schools of respiratory therapy. MHSC has formal agreements with both schools and department staff members may be asked to serve as clinical mentors.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CARE MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Interqual for determination of patient criteria of admittance

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINIC DOCUMENTATION IMPROVEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Hours vary between 8:00 a.m. - 12:00 p.m., Monday - Friday but are flexible to match inpatient hospital census.

TYPES OF SERVICES

- CDI specialists perform concurrent reviews of medical records, validate diagnosis codes,

identify missing diagnosis, and query physicians and other health care providers for more specifics so documentation accurately reflects the patient's severity of illness.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINICAL INFORMATICS

DEFINITION OF SERVICE

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

HOURS/DAYS OF THE WEEK OF SERVICE:

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

TYPES OF SERVICES

- Maintain and support the informatics component of the hospital EMR system.
- Education relating to using the EMR.

STAFFING

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

one (1) Clinical Systems Analyst

CONTRACTED SERVICES

- Cerner Community Works
- Visonex

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT (CCM)

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The CCM is typically available 8:00 a.m. - 4:30 p.m., Monday through Friday excluding holidays. On-call services provided everyday - after office hours, weekdays and weekends.

TYPES OF SERVICES

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

- Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life.
 1. Teach patients about how to communicate with healthcare providers.
 2. Coach patient and/or caregivers regarding the importance of follow up with their primary care providers.
- Support patients with chronic diseases to achieve health goals.
- Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care.
- Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals.
- Identify and address patient priority risk factors and symptoms.
- Promote consensus on the plan of care between patients and members of the care team.
- Prevent breakdowns in care when patients have a PCP and multiple specialty care providers.
- Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.
- Focus on characteristics of advanced primary care, such as a continuous relationship with the patient, and the patient with a designated member of the care team.

CONTRACTED SERVICES

- None

STAFFING

- 2 registered nurses

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: COMMUNITY OUTREACH & VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Build mutually beneficial partnerships between employers, community-based organizations and the populations we serve.
- Foster stakeholder and community partnerships to improve the health of the community.
- Create awareness campaigns and education through health events, employer sponsored events, presentations, social media, traditional news outlets, and other venues to reach our community members
- Develop and implement effective employee wellness campaigns in partnership with local employers.
- Responsible for planning and implementing policies under Marketing and Community Outreach, working closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.
- Provide mail service, flower delivery, Comfort Cart, Gift Shop, Chaplain Services, and assistance to departments such as filing, laminating and clerical duties.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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SCOPE OF SERVICE: COMPLIANCE

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Cerner P2 Sentinel HIPAA Compliance
- Code of Conduct

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

STAFFING

- Oversight Compliance Officer
- Compliance auditor

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

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

hemodialysis or peritoneal dialysis augments the medical and nursing care provided by at the MHSC.

HOURS / DAYS OF THE WEEK OF SERVICE

- The MHSC Dialysis Unit hours of operation for hemodialysis are 5:30 a.m. - 6:00 p.m., Monday through Saturday. Holiday coverage is provided according to the patients' needs. Three shifts of patients are treated each day, starting the first shift of patient's at 6:00 a.m. and sending the last patient's home around 5:00 or 6:00 pm.
- Hours for peritoneal dialysis are typically Monday through Friday, 8:00 a.m. – 5:00 p.m. Peritoneal dialysis nursing staff carry an on-call phone 24/7 to field calls from patients on peritoneal dialysis who have questions or concerns.
- Operational hours for the unit may change in accordance to patient census and staffing changes. All patients will be informed in writing of any change in operational hours and/or days. Any changes in patient schedules will result in the patients being informed verbally and in writing no less than 24 hours prior to the patient's time of treatment. Every effort is made to schedule treatment time that is convenient to the patient.

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

- During the hours of operation the hemodialysis unit is covered by two to five staff members, a combination of registered nurses and patient care technicians. One nurse covers the peritoneal dialysis service with additional staff members cross-trained to allow nursing care coverage to patients on peritoneal dialysis. The unit nursing director oversees the day-to-day operations and care of patients. Each dialysis patient is visited monthly by the multidisciplinary care team that includes the nephrologist, registered nurse, social worker, dietician, and patient financial navigator during multidisciplinary (MDR). Once a month the multidisciplinary team meets to discuss patient outcomes and discusses each individual and their care to better provide services to them .

AFFILIATIONS OR SOURCES OF REFERENCE

- End Stage Renal Disease Network #15: <http://www.esrdnet15.org/>
- <http://www.fistularfirst.org/Home.aspx>

- Dialysis Facility Reports
- <http://www.dialysisreports.org/>
- American Nephrology Nurses Association

SCOPE OF SERVICE: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPE OF SERVICE PROVIDED

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

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EMERGENCY DEPARTMENT

DEFINITION OF SERVICE

- The Emergency Department (ED) is a full service, ambulance receiving department that provides emergency services including but not limited to the following:
 - Assessment and prioritizing with triage for all the emergency situations: abdominal, cardiovascular, dental, ENT, environmental, genitourinary, gynecological, neurological, obstetrical, ocular, orthopedic, psychiatric, respiratory, substance abuse, toxicological, and trauma

- Stabilization and care for all patients with transfer by ground/air to tertiary and specialty care centers as needed
- Sexual Assault Nurse Examiner (SANE) program
- The health status of patients ranges from minor illness or injury to acute and/or critically ill or injured.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Emergency services without acute hemodialysis, interventional cardiology, neurosurgery and interventional radiology.
- Access to tele-stroke services.
- The ED is designated as an Area Trauma Hospital by the State of Wyoming which correlates to a Level III trauma designation by the American College of Surgeons.
- The department consists of 22 private patient rooms, including 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.
- Oversees and collaborates with the behavioral health coordinator with monitoring of behavioral health patients
 - Behavioral Health
 - Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.
 - In the absence of social workers, the behavioral health coordinator assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.
 - The behavioral health coordinator notifies all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.

CONTRACTED SERVICES

- University of Utah Emergency Department Physicians

STAFFING

- The ED is staffed by board certified emergency physicians 24/7, and provides physician overlap coverage from 11:00 a.m. - 11:00 p.m.
- Registered nurses (RN) staff the unit by census and acuity trends and work 12 hours shifts that are staggered throughout the day to meet volume demands. Shifts are typically 7:00 a.m.- 7:00 p.m., 10:00 a.m. - 10:00 p.m., and 7:00 p.m. - 7:00 a.m.

- Additional support staff include nursing unit secretaries, ED technicians, EMTs, and certified nursing assistants (CNA) with varying hours and coverage.
- The ED has access to other physician specialties that fulfill call availability to the department including, but not limited to; hospitalist care, pediatrics, orthopedics, general surgery, urology, and obstetrics.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EMERGENCY MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- 24/7

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

- Oversight by the Security Supervisor
- Emergency Management Coordinator

AFFILIATIONS OR SOURCES OF REFERENCE

- NIMS National Incident Management System

SCOPE OF SERVICE: ENVIRONMENTAL SERVICES

DEFINITION OF SERVICE

- The Environmental Services Department is responsible for the hygienic and aesthetic cleanliness of the hospital's internal physical environment. The Department's objectives are to ensure that the services provided by the department are effective in maintaining a hygienic and aesthetically pleasing environment for patient care, also to identify problems in, and opportunities to improve the quality and cost-effectiveness of these services.
- Multi-agency collaboration will encourage familiarity and networking between community partners as well as promote much needed priority setting, information-sharing, and joint decision-making during a true incident.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Fibertech Window Cleaning

- Martin Ray Laundry Equipment Services

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICE:

- Facility Support Services (FSS) is responsible for maintaining the physical health and condition of the hospital, the Medical Office Building, physical plant buildings (including the power house, emergency diesel generator building, and other associated out buildings on campus) plus several off-site facilities. In addition, the Bio-Medical Department is part of FSS and its personnel report to the FSS Director.
- Environmental Safety, in conjunction with Patient and Staff Safety initiatives, allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and or even death. The FSS Director oversees and Facilitates the Environment of Care (EOC) Committee. This Committee's membership includes a cross-section of various hospital disciplines who work collaboratively. The Committee is tasked with managing risks in the environment and intervening in situations that pose a threat to people or property. It manages those risks by collecting a wide variety of information about EOC issues, conducting risk management activities, and then communicating the results of those activities. There is also an Environmental Safety Officer, tasked with actively supporting those listed functions. That officer utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the EOC Committee, and the facility Performance Improvement and Patient Safety Plan. All staff members in FSS aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

HOURS / DAYS OF THE WEEK OF SERVICE

- FSS personnel are available 24 hours a day.
- FSS working hours are typically Monday-Friday from 6:30 a.m. - 5:00 p.m. Saturday, Sunday and holiday hours vary. Typically, on weekends and holidays the on-call staff member will work 10 hours during the day and evening. FSS personnel are assigned on-call for after-hours emergencies or when the Facilities' department is not otherwise staffed.

TYPES OF SERVICES

- FSS provides preventative maintenance, responds to trouble calls or maintenance requests,

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

CONTRACTED SERVICES

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

STAFFING

- Typically, an FSS staff-member is on site for approximately 10.5 hours on week days and 10 hours on weekends. When FSS personnel are not on site, a designated member of FSS Department is on call and available, thereby assuring FSS coverage 24/7. The PBX operator and House Supervisors are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to PBX operators and House Supervisors. The PBX operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX operator and House Supervisor.
- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.
- Environmental Safety Officer

AFFILIATIONS OR SOURCES OF REFERENCE:

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

- Wyoming Department of Environmental Quality (Wyoming DEQ)
- Wyoming Society of Healthcare Engineers (WSHE)
- American Medical Association (AMA)
- Occupational Safety and Health Administration (OSHA)

SCOPE OF SERVICE: FISCAL SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

SCOPE OF SERVICE: GUEST RELATIONS

DEFINITION OF SERVICE

- Guest Relations provides oversight **of multiple disciplines that are critical to successful delivery of quality care.** The department works with both clinical and non-clinical departments within the facility. The department also works with any and all regulatory bodies that govern the operation of health facilities and business function.
- Resolution and appeal processes of patient complaints are accessed through the Director of Infection Prevention, Employee Health & Grievances.

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Health Information Management Department is staffed as follows:
 - **Medical Records Department Access:**
 - Monday through Friday, 6:30 a.m. - 4:30 p.m.

- Saturday and Sunday – Closed
- Holidays Recognized by Hospital – Closed
- **Health Information Management Director**
 - Monday through Friday, 7:00 a.m. - 3:30 p.m.
 - Saturday and Sunday, or after hours, available by cell phone

TYPES OF SERVICES

- All patients – Information faxed to continuing care facilities per request
- Previous patients – We copy charts per patient requests as they walk in or call
- Birth certificate completion and submission to State of Wyoming
- Completing Affidavit Acknowledging Paternity and Affidavit Denying Paternity document with single parents
- Collecting paper chart documentation from all patient care areas in the hospital
- Analyzing and verifying that patient documentation (including orders for admission) are in the correct chart and the documentation is complete
- Scanning paper documents into electronic medical record into the correct section and attaching to the appropriate patient's record
- Verifying that physicians have completed necessary documentation in each patient's chart
- Notifying physician of deficient or delinquent information in patient records
- Locating and accessing microfilm records for patient care
- Verifying that appropriate orders are documented before coding chart
- Verifying appropriate ICD-9 codes to correspond with patient's diagnosis
- Verifying CPT or procedure codes are correct for the patient's procedures
- Verifying inpatient data has correct codes before being submitted to Medicare
- Coding and abstracting charts in a timely manner to allow days in AR to be minimal
- Provide Health Information to requesting physicians from outside clinics or hospitals
- Faxing information to other health care providers for continuing patient care
- Identifying and submitting all cancer cases diagnosed at our hospital to the State of Wyoming
- Locating and copying records for attorneys and patients
- Bill for records copied and submitted to attorneys and patients (usually taken care of by our vendor)
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed
- Maintaining personal health information
- Notifying physicians to complete outstanding dictations or authenticate incomplete patient records
- A notary is located in our office. We will notarize any legal documents for the convenience of patients and staff members

- Working with case managers to improve physician documentation
- Work closely with admission staff to ensure proper identification of patients
- In conjunction with Information Technology, merge together duplicate medical records on the same patient
- In conjunction with Compliance Officer, responsible for policies regarding personal health information
- Locating Advanced Directives for patient, when not present in most recent record.

CONTRACTED SERVICES

- United Auditing Services (external chart review and back-up coding)
- Care Consultants Better Solutions (release of information for legal charts)
- Copier and Supply (copy/fax)
- R1 RCM (back-up coding)

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: HUMAN RESOURCES

DEFINITION OF SERVICE

- Recruits, hires, and orients new employees, with exception of providers.
- Manages employee benefits, including compensation, health insurance, unemployment and workers' compensation.
- Conducts hospital orientation, in collaboration with the Education department for all new hires, with the exception of licensed independent practitioners/providers.
- Works closely with departments and staff to identify and mentor existing staff into advanced training, experiences and leadership opportunities, both formal and informal, in an effort to create depth of experience and aptitude within our workforce.
- Facilitates lifelong learning and professional development activities with the goal of personal

and professional growth, competency and proficiency for all employees at MHSC, including clinical and non-clinical departments.

- Staff in the Human Resources Department provide career and academic counseling and guidance.
- Maintains relationships between employees and leadership by promoting communication and fairness within the organization.
- Interprets and enforces employment and labor laws and regulations.
- Together, through recruitment and retention efforts that focus on the development of a workforce that is competent in knowledge, skill, aptitude and attitude, MHSC continues to be progressive and proactive in taking on the challenges of an ever-changing health care world.
- Maintains and manages MHSC Corrals Intranet website at <https://sweetwater.interactgo.com/>

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

- Compensation Data Exchange (CompuData)

SCOPE OF SERVICE: INFECTION PREVENTION & EMPLOYEE HEALTH

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- An infectious disease MD can be contacted by telephone for consults.

- In addition the Wyoming State Department of Health is available to consult.

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: INFORMATION TECHNOLOGY SERVICES

DEFINITION OF SERVICES

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

- Label Printers
- Core networks including wired and wireless
- Internet connectivity
- Application support

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

AFFILIATION OR SOURCES OF REFERENCE

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

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

DEFINITION OF SERVICE

Intensive Care Unit (ICU) Level I cares for patients with severe and life-threatening severe illnesses and injuries that require constant, close monitoring and support from specialized equipment and medications in order to treat the underlying causes of the illness and ultimately restore or stabilize the patient's health status.

Intensive Care Unit Level II / Step-down Unit - is an intermediary step between ICU and the Med/ Surg floor. These patients still need a high level of skilled nursing care and surveillance but considered to have a less critical medical condition.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- ICU Level I
 - Has a maximum capacity of 4 critical beds located in private rooms. The patient population is predominantly adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms have bedside monitors with central monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO2, respiratory rate, and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has the following, but not limited to: 3 oxygen outlets, compressed air, and 2 suction outlets. Other equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.
- ICU Level II / Step-down Unit
 - Has a capacity of six acute care/step down beds located in private rooms, one of which has a negative pressure relationship. The population is predominately adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the ICU Level 1 status, Medical/Surgical Unit, Obstetrical Services, or from PACU, or admitted directly from physicians' offices. All Step-down rooms have bedside monitors with central monitoring and recording. There is the capability of monitoring of cardiac rhythms, blood pressure, SpO2, and respiratory rate. Each patient head wall has oxygen outlets, compressed air, and suction outlets. Other equipment available includes volumetric pumps, PCA pumps, enteric feeding pumps, BiPAP, and Vapotherm.
- Both units are physically located in the same department.
- In the event of a higher census in other areas, either the step-down or intensive care unit may take non-ICU patients as overflow for patient care needs, care and treatment.

CONTRACTED SERVICES

- University of Utah Tele-ICU

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: LABORATORY & PATHOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday - Friday 7:00 a.m. - 5:30 p.m. and Saturday - Sunday 9:00 a.m. - 2:00 p.m. Walk-in Clinic hours are Monday - Friday 7 a.m. - 7 p.m.

TYPES OF SERVICES

- The Laboratory provides service to all ages of clients. Services provided includes, but are not limited to:
 - Clinical Laboratory
 - General chemistry
 - Special chemistry
 - Therapeutic drug testing
 - Microbiology
 - Bacteriology
 - Parasitology by PCR
 - Urinalysis
 - Hematology
 - Coagulation
 - Immunology

- Drug screens
- Serology and molecular testing
- Point of care (POC) blood gas analysis
- Transfusion/blood bank services
 - Prenatal screening
 - Cord blood workup
 - ABO, Rh
 - Antibody screens
 - Antibody identification
 - Compatibility testing
 - Blood products
 - Packed RBC units
 - Frozen plasma
 - Platelets-by special order
- Histopathology
 - Non-gynecology cytology
 - Complete histology
 - Special stains
 - Frozen sections
 - Testing not provided in house by MHSC Laboratory will be sent to a reputable and licensed reference laboratory.

CONTRACTED SERVICES

- Vitalant – provides blood and blood products
- ARUP Laboratories
- Summit Pathology

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Accupath Diagnostic Laboratories

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

SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

TYPES OF SERVICES

- Create, implement, and measure the success of a comprehensive marketing, communications and public relations programs that include communication and public relations activities and materials including publication, media relations, and community relations.

- Development of an annual department budget to cover advertising, sponsorship requests, digital needs, promotional materials, etc. for Memorial Hospital of Sweetwater County, its Specialty Clinics and its service lines.
- Oversees all branding – including use of logo(s) – for Memorial Hospital of Sweetwater County, its Specialty Clinics, service lines, medical staff, employees, and programs.
- Responsible for creating, editing and designing physical layout of print and digital advertising, as well as marketing materials including all brochures, rack cards, flyers, pamphlets, etc. for anything distributed internally or externally for a clinic, department or the entire organization.
- Oversees planning and implementation of all publicity, advertising, marketing, and promotional activities and material that represent the organization to the press and public.
- Responsible for planning and implementing policies under Marketing and Public Relations, working closely with the MHSC Community Outreach Director, MHSC Events Coordinator and Memorial Hospital Foundation Executive Director.
- Establishes, maintains and monitors all official social media accounts including Facebook, Twitter, Instagram, Snapchat, etc.
- Designs, updates information, and maintains hospital website at <https://sweetwatermemorial.com>

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Vizient

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The normal operating hours for:
 - Diagnostic Radiology section of the Medical Imaging Department are 24 hours per

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

TYPES OF SERVICES

- Diagnostic radiology (X-ray):
 - The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
 - There is a registered and licensed radiologic technologist on duty at all times.
 - Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
 - After hours fluoroscopic procedures, will be performed on an emergent basis only and after direct physician consultation with the radiologist on call.
- Ultrasound:
 - The normal operating hours for Ultrasound are 7:00 am-7:30 pm, Monday through Friday.
 - Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
 - There will be an Ultrasound technologist on call for Ultrasound emergencies from 7:30 pm until 7:00 am Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
 - The normal operating hours for Nuclear Medicine are 7:00 am - 3:30 pm, Monday through Friday. There is no evening, night or weekend coverage available.
 - Due to the specialized nature of Nuclear Medicine these procedures will be performed after normal operating hours for emergencies, and only after direct physician consultation with the radiologist on-call.
- CT:
 1. The normal operating hours for outpatient CT are 7:30 am – 4:00 pm.

2. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, and after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
 - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 5:00 p.m.
 - Due to the specialized nature of MRI and the limited number of time slots available, emergencies or add-on scans must be approved by a radiologist.
 - There will be an MRI technologist on-call for MRI emergencies from 5:00 pm until 6:30 am Monday through Friday and all day Saturday and Sunday.
 - PET Scanning
 - PET Services are provided through a mobile service.
 - The normal operating hours for the PET scanner are every Friday beginning at 8:00 a.m.
 - Due to the specialized nature of the PET/CT exam, scheduling for this exam will cease at noon the day preceding the exam. The mobile service company reserves the right to ask that the PET exam be rescheduled in the event only one patient is scheduled for any day of contracted service.
 - Radiologist Consultation
 - A radiologist is available for consultation 24/7 per the physician call schedule.
 - Imaging studies are read daily.
 - In the event there is a "critical" finding the radiologist will call the report to the requesting physician.
 - Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

CONTRACTED SERVICES

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

STAFFING

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

coverage is provided. Technologists are registered by the American Registry of Radiologic Technologists and certified by the State of Wyoming.

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL ONCOLOGY

DEFINITION OF SERVICE

- Medical Oncology is a branch of medicine that involves the prevention, diagnosis, treatment and post treatment follow up of cancer. Treatment may involve chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer while they are on active treatment with cancer. A medical oncologist also collaborates with hospice to provide end of life care and may coordinate treatment given by other medical specialists. Care is provided by a multidisciplinary patient navigation team of a dietitian, social worker, care coordinator, and financial navigator.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- In the Medical Oncology and Hematology Clinic medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition of the patient. Patients may be discharged home, started on a treatment plan, admitted to the hospital, or referred to another physician.
- In the Medical Oncology and Hematology infusion area, patients may receive chemotherapy,

biotherapy, adjunctive treatments such as zoledronic acid or denusomab, transfusions, iron infusions, education and patient navigation team services. Our care team focuses on symptom management and triage to help patients get through treatment as smoothly as possible.

- Diagnostic bone marrow aspirates and biopsies may be performed as necessary.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- The Medical/Surgical Unit is a 34 bed unit with private and semi-private rooms. This unit provides care for patients requiring observational and inpatient care for medical or surgical needs.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitian, laboratory, respiratory therapy, case managers, physicians and counseling.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Staff Services Office is open Monday through Friday, 8:00 a.m. - 4:30 p.m., with the exception of holidays.

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

- Supports the MHSC organized medical staff leadership and committees by providing expert consultation and assists in ensuring leaders and members adhere to the MHSC Medical Staff Bylaws, Rules and Regulations, and all pertinent policies.
- Ensure current compliance with all state, federal, health plan, and non-federal national regulations and requirements.
- Ensures that all medical staff and Non-Physician Providers (NPP) members are properly vetted according to the requirements of the Medical Staff Bylaws, The Joint Commission, State of Wyoming, Centers for Medicare and Medicaid Services (CMS), and other regulatory requirements by providing primary-source and accurate verification services.
- Facilitates and supports the Ongoing Professional Practice Evaluation (OPPE), and Focused

Professional Practice Evaluation (FPPE) programs of the medical staff, AHP staff and mental health providers. Works with the Quality & Accreditation Department to ensure medical staff quality assurance and improvement.

- Maintains and/or supervises the maintenance of required medical staff documentation and credentialing database.
- Coordinates and manages the Medical Staff Department, committees, subcommittees, and general staff meetings. Ensures all department and committee recommendations and correspondence are channeled from one committee/department to another.
- Arranges for and schedules locum tenens physicians to provide adequate call coverage, arranges housing.
- Oversees completion of provider billing paperwork for Medicare, Medicaid, Blue Cross, and other entities.
- Oversees hospital owned apartment complex and townhouses, coordinates scheduling, maintenance, and cleaning schedules.
- Compiles and distributes monthly emergency on-call schedule.
- Oversees, schedules, and conducts physician orientation.
- Assists the CEO with physician contracts.
- Assists the CEO and Human Resources with J1/H1B waiver requirements.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: NUTRITION SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:00 p.m.

TYPES OF SERVICES

- Both inpatients and outpatients are given a room service menu and have the opportunity to select their menu according to their diet order.
- The hospital cafeteria is open to all employees and visitors.
- The Executive Chef/Manager and Nutrition Services staff prepare a wide range of dishes daily. The cafeteria also offers a salad bar daily to satisfy almost any demand.
- Visitors are welcome to order room service while visiting patients, and are also welcome to utilize the cafeteria for meal service.
- The Nutrition Services staff may cater internal and external events or meetings.
- MHSC offers two full time Registered Dietitians for inpatient and outpatient services based on the needs of the patient.
- The dietitians are responsible for the nutritional care of all Dialysis unit and Cancer Center patients.
- Dietitians assess inpatient and outpatient nutritional needs, develop and implement nutrition care plans and advise people on what to eat in order to achieve specific health related goals.
- Dietitians are part of the community Diabetes Self Management Education and Support (DSMES) program.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OBSTETRICAL SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Populations served include adolescent and adults who are of childbearing age and neonates 0 to 28 days of age.
- **Obstetrical Observational/Antepartum Services:**
 - Obstetrical Triage Services
 - Non-Stress Test
 - External Fetal Monitoring
 - Oxytocin Challenge Test
 - External Version
 - Premature Labor Management
 - Subcutaneous, Oral, and IV tocolytics
 - Betamethasone injections (Intramuscular)
 - Fetal Fibronectin Testing
 - Ultrasound evaluation
 - IV Therapy, Hydration
 - ROM (rupture of membranes) Plus Testing
 - Hyperemesis Gravidarum
 - Pyelonephritis
 - Preeclampsia
- **Intrapartum**
 - Low-Risk Pregnancies
 - Stabilization/Transport of High-Risk Pregnancies
 - Labor and Delivery Care
 - > 35 Weeks Gestation

- External/Internal Fetal Monitoring
- Wireless External Fetal Monitoring
- Cesarean Section Delivery
- Gestational Diabetes
- Preeclampsia, Eclampsia, HELLP Syndrome
- Spontaneous rupture of membranes (SROM) and artificial rupture of membranes (AROM)
- IV Therapy, Hydration
- Fetal Demise
- Induction and Augmentation of labor
- Amnioinfusion
- Epidural Services
- Intrauterine Growth Restriction
- Nitrous oxide administration

- **Postpartum**

- Couplet Care
- Postpartum Care
 - Up to 6 weeks postpartum
- Post-op cesarean section care
- Postpartum tubal ligation
- Preeclampsia, Eclampsia, HELLP
- Post-op Gynecology

- **Nursery**

- Couplet Care
- Newborn Care
 - > 35 Weeks Gestation
- Safe Haven Nursery
- Level II A Nursery and Special Care Nursery
 - Stabilization/Transportation of the High-Risk Newborn
 1. High-Flow Oxygenation
 2. Sepsis
 3. Respiratory Distress Syndrome (RDS)
 4. Continuous Positive Airway Pressure (CPAP)
 5. Ventilation Support
 6. Surfactant administration

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

CONTRACTED SERVICES

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OUTPATIENT SERVICES

DEFINITION OF SERVICE

- Outpatient Services provides for the patients who require infusions of medications, treatments, transfusions, or wound care that doesn't require a hospital stay.
- Outpatient Services operates out of the Outpatient Infusion Clinic located on the main floor of the hospital next to Medical Imaging.

HOURS / DAYS OF THE WEEK OF SERVICE

- Typically, Monday through Friday excluding holidays, 8:30 a.m. - 5:00 p.m., but alternate arrangements can be made for after hours and weekends.

TYPES OF SERVICES

- Services for a diverse patient population includes:
 - blood disorders
 - intravenous antibiotics
 - medication injections
 - central line care
 - hydration therapy
 - antibiotic therapy
 - therapeutic phlebotomy
 - blood transfusions
 - wound care
 - monoclonal antibody therapy

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: PATIENT ACCESS/ADMISSIONS

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Foundation Laboratory Admitting Department is staffed Monday through Friday from 7:00

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

TYPES OF SERVICES

- Initial welcoming of patient's and visitors to our facility.
- Arranges for the accurate, efficient, and orderly scheduling and registration of patients into inpatient, outpatient, and ancillary departments of our facility.
- Ensure that accurate, comprehensive demographic information is acquired and keyed into the hospital's database.
- Available to answer any questions patients might have and works to ensure that the patient's registration is an exceptional experience.

CONTRACTED SERVICES

- Companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification:
 - Cerner

STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 7:00 a.m. - 5:30 p.m., Monday through Friday. College Hill and Walk-in Clinic coverage between 7:00 a.m. – 7:00 p.m. Monday through Saturday. Clinic coverage between 8:00 a.m. – 6:00 p.m., Monday through Friday. Along with 24/7 coverage in the Emergency Department.
- The staff includes a Patient Access Manager, Patient Access Specialists, Lead Pre-Admissions Registrar, Pre-Admissions Registrars, and Operator/Receptionists.
- All personnel report directly to the Director of Patient Financial Services.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Finance Management Association (HFMA)

SCOPE OF SERVICE: PHARMACY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

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

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards

SCOPE OF SERVICE: PROVIDER PRACTICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: QUALITY, ACCREDITATION, PATIENT SAFETY & RISK DEPARTMENT

DEFINITION OF SERVICE

- The Quality, Accreditation, & Patient Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement of patient outcomes and effective delivery of services in acute care and outpatient settings. The department also provides direction, coordination, and facilitation of patient safety through the development of processes that promote and support a strong culture of safety, as well as effective management of identified risks and prevention of adverse events. Every department and service organization – wide is involved in quality improvement and patient safety work. The department is dedicated to providing support and assistance in a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The Quality, Accreditation, Patient Safety, and Risk Department functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety (PIPS) Plan. The Quality, Accreditation, Patient Safety, and Risk Department proactively monitors and works collaboratively to improve system issues that arise in providing health care services to patients. Services provided impact all patients, visitors, advocates, and employees, through a multi-disciplinary, systematic approach. The scope of the organizational quality program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided throughout the hospital.
- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all departments/services and disciplines of the facility in an effort to improve outcomes. A summary of the significant findings is reported at the Medical Executive Committee and the Quality Committee of the Board for further review, evaluation and action, as indicated.
- The Quality, Accreditation & Safety Department maintains Joint Commission accreditation through facilitation of continuous improvement in providing evidence based care, and by ensuring organizational functions that are essential to providing safe, high quality care are in place.
- Patient and Staff Safety in conjunction with Environmental Safety initiatives allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and death. This department utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the facility Performance Improvement and Patient Safety Plan (PIPS). All staff members aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

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

- MHSC Leadership supports continuous performance improvement through:
 - Professional development
 - Efforts towards quality and safety goals
 - Encouraging and engaging all employees in quality improvement initiatives

CONTRACTED SERVICES

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

STAFFING

- Quality Department

AFFILIATIONS OR SOURCES OF REFERENCE

- National Quality Forum (NQF)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- Hospital Improvement and Innovation Network/Health Research and Educational Trust (HIIN/HRET)
- Hospital Quality Improvement Contractor (HQIC)
- The Joint Commission (TJC)
- Centers for Disease Control and Prevention (CDC)
- National Association for Healthcare Quality (NAHQ)
- University of Utah Health Care- Value Affiliate Network (UUHC)
- American Nurses Association (ANA)
- American Society for Quality (ASQ)
- Mountain Pacific Quality Health - Quality Improvement Organization (MPQH)
- Press Ganey
- Kepro – Beneficiary and Family Centered Care Quality Improvement Organization
- Livanta - Beneficiary and Family Centered Care Quality Improvement Organization
- Constellation UMIA

- USI

SCOPE OF SERVICE: RADIATION ONCOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Physics support is provided by Mountain States Medical Physics

STAFFING

- Radiation Oncology is fully staffed from 8:00 a.m. - 4:30 p.m., Monday through Friday. Staff to Patient ratio: A minimum of two (2) radiation therapists per day on the treatment machine, as recommended by the American Society of Radiologic Technologists (ASRT).

- The department is staffed with a receptionist, a nurse, two radiation therapists, a dosimetrist/director, a physicist, a clinical trials facilitator, a social worker and a radiation oncologist.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: REHABILITATION DEPARTMENT

DEFINITION OF SERVICE

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

- Cooperate with physicians by following prescriptions, communicating progress or changes in condition and effectiveness of treatment.
- Promotes an environment that strives for optimum care to the patient
- Schedule treatments at a time most convenient to the patient and to the therapist
- Maintains the established hospital standards through progressive, cooperative attitudes, open communication, and an involvement in hospital internal and external activities and progress.
- Documentation of activities especially the patient care plans and all related data dealing with the patient's visits.
- Assessment of our services enabling positive change.

HOURS / DAYS OF THE WEEK OF SERVICE

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

- Licensed Physical Therapists provide outpatient and inpatient services from 8:00 a.m. - 5:00 p.m., Monday through Friday.
- Licensed Speech Therapist provide services PRN.
- Each therapist's personal hours may be changed in accordance with the patient and department's needs as approved by department head.

TYPES OF SERVICES

- Physical therapy and speech therapy provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not have aquatic therapy available.
 - Treatment occurs in the hospital facilities.

- Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities, and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties

- **Physical Therapy Services**

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

- **Speech Therapy Service**

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

- Work with family members to recognize and change behavior patterns that impede communication and treatment.
- Show them communication-enhancing techniques to use at home

Occupational Therapy Services (Not available at this time)

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

CONTRACTED SERVICES

- None

STAFFING

- Personnel for the Rehabilitation department includes 2 full-time, one acting as the director of the department, and a full-time secretary.
- PRN speech therapist.
- Medical Director

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: SECURITY DEPARTMENT

DEFINITION OF SERVICE

- General conduct and responsibilities include taking the appropriate action to:
 - **Protect life and property**
 - To provide services which contribute to the preservation of life, the protection of property, and safety of the hospital.
 - **Preserve the Peace. Prevent crime. Detect criminal activity**
 - To prevent crime through aggressive patrol which limits the opportunity for a crime to occur. We have a continuing education program through the International Association of Hospital Safety and Security. All Officers are required to complete self-directed training pertaining to security training on multiple levels. The officers provide staff education to reduce the likelihood of them becoming victims.

- **Detect violation of the law.**
 - The Security Department remains vigilant regarding all laws under its jurisdiction. This is done in the following manner:
 1. Location and reporting of all safety violations
 2. Maintaining awareness of equipment theft
 3. Insuring all vehicles are parked in proper areas
 4. Ensuring proper identification is present on persons and vehicles at all times
- **Compliance to ethical standards**
 - To ensure the integrity and adherence to professional standards of the department by receiving and investigating all complaints against departmental personnel of alleged misconduct or misuse of force.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Security Officers provide many services. These services include but are not limited to:
 - Providing a safe secure environment for all persons coming and going from our campus.
 - Patrol the entire campus including our exterior buildings and clinic on a routine basis
 - Traffic control of entire facility
 - Managing of the security access system
 - Managing of the key system
 - Assist ambulance services, flight crews, county coroner's office, and local law enforcement agencies
 - Monitor the CCTV system
 - Controlling and restraining combative patients
 - Removal of the deceased
 - Repair and service locks
 - Customer service as needed
 - Responds to all emergencies including and not limited to Critical Response, trauma level one and two
 - Assist when needed with Title 25 Patients
 - Collaborates with the behavioral health coordinator with monitoring of behavioral health patients

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: SURGICAL SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

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

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

CONTRACTED SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Operating Room Nurses (AORN)

- American Society of Peri-anesthesia Services (ASPAN)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Association of Moderate Sedation Nurses (AAMSN)
- American Academy of Ambulatory Care Nurses (AAACN)
- American Nurses Association (ANA)
- The Association of Operating Room Nurses (AORN), American Society of PeriAnesthesia Nurses (ASPAN), Association for Advancement of Medical Instrumentation (AAMI), Center for Disease Control and Prevention (CDC), and public health department standards are references used in the formulation and review of policies, procedures and standards of practice in the Surgical Services Department, as well as collaborative input from the knowledge and expertise of the surgical staff. To assist in meeting patient core needs, support is readily available from most equipment and instrument manufacturers.

Reviewed and Approved:

MHSC Board of Trustees: 5/5/2021

Approval Signatures

Step Description

Approver

Date



Approved N/A
Review Due N/A

Document Area Administration
Reg. TJC LD
Standards 01.03.01 EP
3, TJC
LD.04.03.01,
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Plan for Providing Patient Care Services and Scopes of Care

STATEMENT OF PURPOSE:

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

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

- **Our Mission** - Compassionate care for every life we touch.
- **Our Vision** - To be our community's trusted healthcare leader.
- **Our Values** - Be kind. Be respectful. Be accountable. Work collaboratively. Embrace excellence.

Accreditations:

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

The plan for providing patient care takes into consideration:

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

5. The plan for improving the quality and safety of patient care in each area.

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

Planning and ongoing evaluation for patient care services is part of the organization's strategic plan as determined by the Board of Trustees and the Chief Executive Officer. Specific strategies have action plans and time frames that define how patient care services will be implemented, maintained or provided. Planning processes for such strategies take into consideration community needs, internal and external valid data resources, the ability to provide a service, internal and external customer and community surveys, medical staff and other provider input, networking with community/state/national agencies, market research, healthcare research, and professional organizations that guide evidence-based practice.

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

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

PLAN FOR PATIENT SERVICES

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

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

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

III. MHSC is affiliated with the following organizations:

- University of Utah

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

IV. Patient services provided by contracted organizations include:

- Emergency medicine
- Pharmacy services
- Radiologist services
- Sterilizer support and maintenance

V. Contractual arrangements for extension of care include:

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

VI. Data related to services in calendar year ~~2020~~2021:

Campus Size	Hospital = 188,470 square feet, Medical Office Building = 77,392 square feet, Specialty Clinic = 14,797 square feet, Central Plant = 19,781 square feet, Paving area = 378,865 square feet and Total lot area = 1,472, 289 square feet or 33.8 acres
Licensed Beds	99
Staffed Beds	58
Employees	550
Full-time employee equivalent (FTE)	454.78 <u>487.51</u>
FTEs/Occupied Bed	8.36 <u>61</u>
Average patient length of stay (LOS)	2.5 <u>7</u>
Average Daily Inpatient Census	12.90 <u>13</u>
Inpatient Discharges	1861 <u>1768</u>

Births	410 394
Non-ED Outpatient Visits	86,909 106,791
ED Visits	14,876 13,357
ED Visits Admitted	1,513 423
Inpatient Surgeries	295 278
Outpatient Surgeries	1,485 414
Medical Office Building Clinic Visits	54,815 56,660

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

INFRASTRUCTURE

I. PROFESSIONAL PATIENT CARE STAFF

- Professional practice at MHSC is defined in accordance with state licensure laws, applicable Federal and State regulations, standards as established by MHSC and the use of evidence-based practice.
- Professional staff qualifications are listed per specific job description.
- Professional staff members who provide patient care receive an annual performance review based on specific job descriptions and job standards. Each staff member must demonstrate beginning and ongoing competency and education. Self-directed lifelong learning is an expectation. Attainment of advanced and terminal degrees and national certifications in one's area of expertise is desired and encouraged.

II. PATIENT CARE STANDARDS

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

III. PATIENT CARE OUTCOMES

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

IV. PATIENT CARE QUALITY AND PATIENT SAFETY PLAN

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

V. ORGANIZATIONAL STRUCTURE

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

VI. SERVICE AVAILABILITY

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

VII. FINANCIAL PLANNING/BUDGETING FOR SERVICE DELIVERY

- MHSC plans for patient care needs and services through an annual budgeting process, program development planning, capital equipment needs and monthly review of financial resources to meet patient needs. If there are urgent census fluctuations demanding more resources, the areas have plans to respond to those needs. External resources may be considered to achieve safe staffing levels that

take into account the current number of staff, staff qualifications, experience, and education.

- Census trends are evaluated annually. Numbers of staff on-boarded and staff turnover are reviewed. MHSC data trends are compared against industry trends, reimbursement changes, factors that could affect patient volumes, lengths of stay trends, patient day utilization including average number of admits and discharges daily, acuity of patients and service demands of patients as well as other important factors affecting the delivery of patient care. Each director plans for changes and includes anticipated changes in the budget planning process. The annual budget is finalized through the Board Finance and Audit Committee and is approved by the Board of Trustees.

VIII. STAFF EDUCATION

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

IX. PATIENT RIGHTS AND RESPONSIBILITIES

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

X. RISK MANAGEMENT

- Risk Management provides logistical and functional oversight of multiple disciplines that are critical to successful delivery of quality care.
 - Compliance
 - Emergency Management
 - Environmental Safety
 - Guest Relations
 - Occurrence Reporting
 - Patient & Staff Safety
 - Risk Management Program Oversight
- Risk Management services are under the direction and support of Senior Leadership.

medical staff, administrative and other health care providers throughout the organization. The designated officers are notified of any significant occurrences to patients, visitors, volunteers or personnel which have the potential for serious harm or impact. Appropriate documentation of unusual occurrences is performed after investigation.

- Educational support is provided to all personnel and volunteers to ensure the provision and respect of patient rights. Assuring patient rights is the responsibility of all hospital personnel, members of the medical staff and volunteers.

XI. FAIR BILLING PRACTICE

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

XII. CONTRACTED SERVICES

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

GOVERNANCE

I. BOARD OF TRUSTEES

- The hospital Board of Trustees' role is to serve as the governing body of the hospital.
- Board of Trustee (BOT) meetings are open to the public ~~occur~~and take place the first Wednesday of every month ~~from beginning at~~ 2:00 ~~-5:00~~-PM. Hospital Board members also serve on ~~several other~~standing board committees committees that meet at various times, dates and hours of the day.
- Board members are assigned to standing committees by the Board President.
- The BOT is responsible for oversight of the hospital.
- The BOT responsibilities include making strategic decisions for the organization, hiring and monitoring an effective CEO, ensuring the organization is providing safe, quality care, overseeing the organization's financial well-being, staying educated in health care industry news and best practices, and being a representative of the organization in the community.
- The BOT is not involved in the day-to-day operations of the hospital. The daily operation of the hospital is Senior Leaderships' responsibility.
- The Board of Trustees consists of five (5) members who are citizens of Sweetwater County and appointed by the Sweetwater County Commissioners.
- A County Commission liaison attends monthly Board of Trustee meetings and other

meetings attended by Board of Trustee members whenever possible.

- **CONTRACTED SERVICES**

- Legal services

- **AFFILIATIONS OR SOURCES OF REFERENCE**

- American Hospital Association (AHA)
- Wyoming Hospital Association (WHA)

II. SENIOR LEADERSHIP

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

- Wyoming Hospital Association (WHA)
- American Nurses Association (ANA)
- American Organization of Nurse Leaders (AONL)

III. LEADERSHIP TEAM

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

SCOPES OF SERVICE

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

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

~~SCOPE OF SERVICE: ADMITTING~~

~~DEFINITION OF SERVICE~~

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

~~HOURS / DAYS OF THE WEEK OF SERVICE~~

- ~~• The Laboratory Admitting Department is staffed Monday through Friday from 7:00 a.m. until~~

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

TYPES OF SERVICES

- Initial welcoming of patient's and visitors to our facility.
- Arranges for the accurate, efficient, and orderly scheduling and registration of patients into inpatient, outpatient, and ancillary departments of our facility.
- Ensure that accurate, comprehensive demographic information is acquired and keyed into the hospital's database.
- Available to answer any questions patients might have and works to ensure that the patient's registration is an exceptional experience.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

SCOPE OF SERVICE: ANESTHESIA

DEFINITION OF SERVICE:

- Chief of Surgery with collaboration of Anesthesiology is responsible for all anesthesia standards of care and practice. All types of non-flammable agents may be provided by an Anesthesiologist where deemed appropriate and necessary. All anesthesia is provided by

credentialed anesthesia providers.

- Types of anesthesia services provided are:
 - General
 - Inhalational
 - Major conduction block, caudal, epidural, spinal
 - Local with or without intravenous analgesia and monitored anesthesia care
 - Pain control
 - Airway management
 - Intravenous regional blocks
 - Major vascular access placement
- Approved anesthesia locations are:
 - OR-all types (5 suites and endoscopy)
 - OB-all types (1 Suite and labor and delivery)
 - ED-topical, local, nerve block, intravenous sedation
 - Radiology-local and moderate sedation.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Board of Anesthesiologists
- American Society of Anesthesiologists

SCOPE OF SERVICE: CARDIAC/PULMONARY

REHABILITATION

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

- The department is assigned a Medical Director and Department Director with the following responsibilities:
 1. The Medical Director will direct the medical administrative activities of the Cardiac/ Pulmonary Rehabilitation Service and will provide medical consultation.
 2. The Department Director will oversee operational activities of the Cardiac/ Pulmonary Rehabilitation Service and provide direction to staff.
- The staffing for the department is determined but not limited by the following:
 1. Patient volume.

2. Staff competencies.
 3. Operational budget.
 4. Scheduling staff to meet core and nonproductive needs.
- Staff may consist of Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) certified RN, Exercise Specialist, Physical Therapist and other certified staff members.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CARDIOPULMONARY

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The patient population served by Cardiopulmonary Services consists of newborn, pediatric, adolescent, adult and geriatric patients requiring cardiac and respiratory care, services, treatment or testing to maintain optimum physiological maintenance of cardiac and respiratory systems.
- Patient care services provided by the department, through an order of a physician or under formal hospital protocols or guidelines.
- **Services of the Cardiopulmonary Department will include, but are not limited to:**
 - Cardiac Patient Testing:
 1. Stress testing – Cardiolute, Lexiscan/Cardiolute, Stress Echocardiogram, Plain Stress Echocardiogram, and Plain Stress
 2. Holter Monitor recording and scanning
 3. Electrocardiograms (ECG)
 4. Event monitors (3-30 Days)
 - Respiratory Care:

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

oxygen, helium/oxygen mixtures, and nitric oxide.

- i. Administration of high flow Oxygen therapy
- j. Perform non-invasive Oxygen exchange assessments.
- k. Directed cough with various devices

5. Diagnostic Services

- a. Complete assessment of respiratory status
- b. Measurement of pulmonary mechanics
- c. Capnography & end-tidal monitoring
- d. Pulse oximetry
- e. Arterial/capillary blood gas drawing
- f. ~~Point of care (POC) blood gas analysis~~
- g. Exercise testing for evaluation of hypoxemia and/or hypoxia
- h. Pulmonary function testing (PFT), including body plethysmography and diffusing capacity of the lungs for carbon monoxide (DLCO)
- i. Assist physicians with bronchoscopy procedures
- j. Electroencephalogram (EEG) procedures

6. Sleep Lab

- a. Polysomnography. Reports contract to off-site pulmonologist.
- b. PAP titration studies
- c. Oxygen titration studies
- d. Home Sleep Apnea Testing (HSAT)
- e. Nocturnal Oxygen studies

7. Support Services

- a. Training of nurses and physicians in applied respiratory care
- b. Monitoring, updating, stocking, and maintaining records on code carts
- c. Ordering and maintaining inventory of oxygen and aerosol therapy equipment and supplies
- d. Stocking of respiratory supplies and equipment
- e. Collaborate with biomedical engineering to maintain preventive maintenance records on equipment

8. Education

- a. The hospital serves as a clinical teaching facility for students from Western Wyoming Community College and ~~Independence University~~ CoArc approved schools of respiratory therapy. MHSC

has formal agreements with both schools and department staff members may be asked to serve as clinical mentors.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CARE ~~TRANSITION~~ MANAGEMENT

~~DEFINITION OF SERVICE~~

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

~~HOURS / DAYS OF THE WEEK OF SERVICE~~

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

~~TYPES OF SERVICES~~

- All ages throughout the life span are served through Care Transition, with the majority of those served are 65 years of age and older.
- The Care Transition nurse is a member of the Case Management Department. The Care Transition nurse visits patients in the hospital setting and then through home visits and to provider appointments as needed to provide the following:
 - Teach disease specific information:
 - Medication management
 - Use of equipment
 - Disease process
- Provide patients with specialized, written material, information and self-management skills
- Prepare patient and caregivers to identify and respond quickly to worsening symptoms
- Assist patient and caregivers to create/update personal health record
- Advocate and encourage patient and/or caregivers to be the leader of their health care in an effort to improve quality of life
- Teach patients about how to communicate with healthcare providers
- Coach patient and/or caregivers regarding the importance of follow up with their primary care providers
- Target patients transitioning from hospital to home who are at high risk for poor outcomes
- Establish and maintain a trusting relationship with the patient and family caregivers involved in the patients' care
- Engage patients in design and implementation of the plan of care aligned with their preferences, values and goals
- Identify and address patient priority risk factors and symptoms
- Promote consensus on the plan of care between patients and members of the care team
- Prevent breakdowns in care from hospital to home by having same clinician involved across these sites, inasmuch as possible
- Promote communication and connections between MHSC providers and the MHSC as an organization and community-based practitioners.

CONTRACTED SERVICE

- None

STAFFING

- 1 FTE Care Transition Registered Nurse.

AFFILIATIONS OR SOURCES OF REFERENCE

- American Case Management Association (ACMA)
- American Nurses Association (ANA)
- National Transitions of Care Coalition (NTCC)

- ~~University of Wyoming Rural Health ECHO Care Transition~~
- ~~Care Coordination and Transition Management (CCTM)~~

SCOPE OF SERVICE: CASE MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Interqual for determination of patient criteria of admittance

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINIC DOCUMENTATION IMPROVEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Hours vary between 8:00 a.m. - ~~5~~12:00 p.m., Monday - Friday but are flexible to match inpatient hospital census.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- ~~United Auditing Services Part time 20 hours - Remote CDI specialist~~
- ~~None~~

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: CLINICAL INFORMATICS

DEFINITION OF SERVICE

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

HOURS/DAYS OF THE WEEK OF SERVICE:

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

TYPES OF SERVICES

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

STAFFING

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

CONTRACTED SERVICES

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

AFFILIATIONS OR SOURCES OF REFERENCE

- American Health Information Management Association (AHIMA)

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

SCOPE OF SERVICE: CHRONIC CARE MANAGEMENT (CCM)

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The CCM is typically available 8:00 a.m. - 4:30 p.m., Monday through Friday excluding holidays. ~~After hour phone calls are to be sent to the house supervisor on shift~~ On-call services provided everyday - after office hours, weekdays and weekends.

TYPES OF SERVICES

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

involved in the patients' care.

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: COMMUNITY OUTREACH & VOLUNTEER/AUXILIARY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Build mutually beneficial partnerships between employers, community-based organizations

and the populations we serve.

- Foster stakeholder and community partnerships to improve the health of the community.
- Create awareness campaigns and education through health events, employer sponsored events, presentations, social media, traditional news outlets, and other venues to reach our community members
- Develop and implement effective employee wellness campaigns in partnership with local employers.
- Responsible for planning and implementing policies under Marketing and Community Outreach, working closely with the MHSC Community Outreach Department, MHSC Events Coordinator and Memorial Hospital Foundation.
- Provide mail service, flower delivery, Comfort Cart, Gift Shop, Chaplain Services, and assistance to departments such as filing, laminating and clerical duties.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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SCOPE OF SERVICE: COMPLIANCE

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday during normal business hours, excluding holidays

TYPES OF SERVICES

- Compliance
 - This department ensures that staff in the facility follow any and all regulations governing the function of MHSC. The goal is to stay current with new regulations as they become available. This is done through compliance monitoring, and proactive survey/audit preparation throughout the Hospital.

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

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

CONTRACTED SERVICES

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

STAFFING

- Oversight Compliance Officer
- Compliance auditor

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: DIALYSIS

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EDUCATION DEPARTMENT

DEFINITION OF SERVICE:

~~The Education Department is an interdisciplinary collaboration between the Nursing Services Department and Human Resources Department.~~

~~The Human Resources Department collaborates with the Education department staff to conduct hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded and individualized orientation for newly hired nurses. Services include, but are not limited to: teaching classes, organizing classes and in-services, administering and managing the organization's learning management system, coordination of American Heart Association courses to meet compliance, conducting competency assessments and assisting in the development of competencies throughout the organization, conducting preceptor training and evaluating the effectiveness of educational activities.~~

~~A nursing professional facilitates and oversees all nursing education in the organization and reports to the Chief Nursing Officer.~~

~~Human Resources staff share education duties and work with all other departments in the organization to meet the learning needs of employees in non-nursing departments.~~

- ~~The Education department staff and the staff in Human Resources Department facilitates lifelong learning and professional development activities with the goal of for personal and professional growth, competency, and proficiency for all employees at MHSC, including clinical and non-clinical departments. Professionals facilitating nursing education use knowledge and skills in educational theory, and application thereof, career development, leadership, curriculum, and program management to assist employees in providing safe, evidence-based and exceptional patient care.~~

~~The Education Department, a collaboration between Nursing and Human Resources, is MHSC's contact for educational resources.~~

~~The Education department maintains resources available to all staff on a variety of educational topics through on-line resources such as Lippincott, NetLearning, UpToDate, and Ovid. Education is also available through the University of Utah with offerings such as Grand Rounds from various disciplines, STABLE, and Tele ICU courses.~~

~~Course certifications through the American Heart Association include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS) are required for specific departments and employees. Additionally, Trauma Nurse Core Course (TNCC) and Neonatal Resuscitation Program (NRP) are required for specific departments and employees.~~

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

The nurse educator and Human Resources staff disseminates information and educational/ learning opportunities to employees who may not otherwise know such opportunities exist, thus expanding growth in knowledge, critical thinking and looking at issues from multiple perspectives.

HOURS / DAYS OF THE WEEK OF SERVICE

- The Human Resource staff facilitating non-nursing education have Education department has standard hours Monday through Friday, no holidays. Educational opportunities are available on weekends on an as -needed basis.
- The Education Department hours are typically 7:00 AM-4:30 PM, Monday through Friday.
- The nurse educator facilitating nursing education has However, hours of availability in the Education Department are flexible hours, dependent on the learning needs of employees who work in an organization that include weekends, but are typically 8:00 a.m. – 4:30 p.m., Monday through Friday. Hours of availability of the nurse educator are flexible dependent on the learning needs of Nursing Services employees who work in an organization that functions twenty-four hours a day, seven days a week.

TYPE OF SERVICE PROVIDED

- Services provided by the staff in the Education staff conducts hospital orientation for all new hires, with the exception of licensed independent practitioners, as well as expanded and individualized orientation for newly hired nurses. Services provided by the staff facilitating education Department include, but are not limited to: teaching classes, organizing classes, and in-services, administering and managing the organization's learning management system, coordination of coordinating American Heart Association courses to meet compliance, conducting competency assessments, and assisting in the development of competencies throughout the organization, writing and assisting in the writing of grants, conducting preceptor training, and evaluating the effectiveness of educational activities. The nurse educator Staff in the Education Department provides career and academic counseling and guidance to those seeking careers in the. The Education Department develops individualized orientation plans for newly hired nurses, certified nursing profession assistants, and medical assistants.
- The MHSC philosophy fosters professional development and self-directed learning and believes that those Education Department allows individuals in specific departments and others with the most appropriate expertise are those best to conduct department-specific orientation and training on the use of using the electronic medical record. The nurse educator and others in the organization with the appropriate experience serve Education Department serves as a resource whenever needed. The nurse educator Education Department routinely shares with the facility the many continuing education activities available in today's environment of in-the-moment online learning. Currently, continuing education units courses are not offered through MHSC's Education Department but are offered available through the Healthcare Source Learning Management System. Lippincott Learning system, the Net Learning system and a plethora of easily accessible outside resources and University of Utah Tele-ICU Courses.

CONTRACTED SERVICES

- Lippincott

OVID

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

STAFFING

- ~~The Education Department consists of a Nurse Education Supervisor and Education Assistant who report to the Chief Nursing Officer, and as well as the Human Resource staff who share education responsibilities and report to the Director of Human Resources.~~
- The Education Department reports to the Chief Nursing Officer and consists of the Director of Education and the Clinical Nurse Educator.
- The Education Department uses a self-directed orientation process. As a result, yearly competencies are developed to reflect the dynamic nature of the health care environment. See Job descriptions.

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EMERGENCY DEPARTMENT

DEFINITION OF SERVICE

- The Emergency Department (ED) is a full service, ambulance receiving department that provides emergency services including but not limited to the following:

- Assessment and prioritizing with triage for all the emergency situations: abdominal, cardiovascular, dental, ENT, environmental, genitourinary, gynecological, neurological, obstetrical, ocular, orthopedic, psychiatric, respiratory, substance abuse, toxicological, and trauma
- Stabilization and care for all patients with transfer by ground/air to tertiary and specialty care centers as needed
- Sexual Assault Nurse Examiner (SANE) program
- The health status of patients ranges from minor illness or injury to acute and/or critically ill or injured.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Emergency services without acute hemodialysis, interventional cardiology, neurosurgery and interventional radiology.
- Access to tele-stroke services.
- The ED is designated as an Area Trauma Hospital by the State of Wyoming which correlates to a Level III trauma designation by the American College of Surgeons.
- The department consists of 22 private patient rooms, including 2 behavioral health rooms, and has a helipad in close proximity as well as laboratory, cardiopulmonary, and medical imaging services. A connected ambulance bay provides covered access for ambulance arrivals.
- Oversees and collaborates with the behavioral health coordinator with monitoring of behavioral health patients
 - Behavioral Health
 - Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.
 - In the absence of social workers, the behavioral health coordinator assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.
 - The behavioral health coordinator notifies all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.

CONTRACTED SERVICES

- University of Utah Emergency Department Physicians

STAFFING

- The ED is staffed by board certified emergency physicians 24/7, and provides physician overlap coverage from 11:00 a.m. - 11:00 p.m.

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: EMERGENCY MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- : 24/7

TYPES OF SERVICES

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

CONTRACTED SERVICES

- : None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

SCOPE OF SERVICE: ENVIRONMENTAL SERVICES

DEFINITION OF SERVICE

- The Environmental Services Department is responsible for the hygienic and aesthetic cleanliness of the hospital's internal physical environment. The Department's objectives are to ensure that the services provided by the department are effective in maintaining a hygienic and aesthetically pleasing environment for patient care, also to identify problems in, and opportunities to improve the quality and cost-effectiveness of these services.
- [Multi-agency collaboration will encourage familiarity and networking between community partners as well as promote much needed priority setting, information-sharing, and joint decision-making during a true incident.](#)

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Fibertech Window Cleaning
- Martin Ray Laundry Equipment Services

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: FACILITY SUPPORT SERVICES

DEFINITION OF SERVICE:

- Facility Support Services (FSS) is responsible for maintaining the physical health and condition of the hospital, the Medical Office Building, physical plant buildings (including the power house, emergency diesel generator building, and other associated out buildings on campus) plus several off-site facilities. In addition, the Bio-Medical Department is part of FSS and its personnel report to the FSS Director.
- Environmental Safety, in conjunction with Patient and Staff Safety initiatives, allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and or even death. The FSS Director oversees and Facilitates the Environment of Care (EOC) Committee. This Committee's membership includes a cross-section of various hospital disciplines who work collaboratively. The Committee is tasked with managing risks in the environment and intervening in situations that pose a threat to people or property. It manages those risks by collecting a wide variety of information about EOC issues, conducting risk management activities, and then communicating the results of those activities. There is also an Environmental Safety Officer, tasked with actively supporting those listed functions. That officer utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the EOC Committee, and the facility Performance Improvement and Patient Safety Plan. All staff members in FSS aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

- Typically, an FSS staff-member is on site for approximately ~~14~~10.5 hours on week days and 10 hours on weekends. When FSS personnel are not on site, a designated member of FSS Department is on call and available, thereby assuring FSS coverage 24/7. The PBX operator and House Supervisors are given the on-call schedule with updates made as needed to ensure 100% availability of FSS personnel. All on-call personnel are provided cell phones and the list of FSS cell numbers are provided to PBX operators and House Supervisors. The PBX operator and House Supervisors know that they can escalate calls for support by contracting the FSS Facility Supervisor or the FSS Director. These phone numbers are also available to the PBX operator and House Supervisor.
- FSS personnel are typically general maintenance personnel trained in a variety of typical building maintenance skills. Some members of the staff have specific trade skills including licensed electrician and licensed plumber. Staff also have specialized certifications such as UST Operator, Certified Welder, Building Automation Specialist, Carpenter and HVAC technician.
- Environmental Safety Officer

AFFILIATIONS OR SOURCES OF REFERENCE:

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

- Wyoming Department of Environmental Quality (Wyoming DEQ)
- Wyoming Society of Healthcare Engineers (WSHE)
- American Medical Association (AMA)
- Occupational Safety and Health Administration (OSHA)

SCOPE OF SERVICE: FISCAL SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Management Financial Association (HFMA)

SCOPE OF SERVICE: GUEST RELATIONS

DEFINITION OF SERVICE

- Guest Relations provides oversight of multiple disciplines that are critical to successful delivery of quality care. The department works with both clinical and non-clinical departments within the facility. The department also works with any and all regulatory bodies that govern the operation of health facilities and business function.
- Resolution and appeal processes of patient complaints are accessed through the Director of Infection Prevention, Employee Health & Grievances.

HOURS / DAYS OF THE WEEK OF SERVICE

- [Monday through Friday during normal business hours, excluding holidays](#)

TYPES OF SERVICES

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

CONTRACTED SERVICES

- [Synergi](#)
- [MSDS Online](#)
- [The Joint Commission \(TJC\)](#)

STAFFING

- [Oversight by Director of Infection Prevention, Employee Health & Grievances](#)

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: HEALTH INFORMATION MANAGEMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Health Information Management Department is staffed as follows:
 - **Medical Records Department Access:**
 - Monday through Friday, 6:30 a.m. - 4:30 p.m.

- Saturday and Sunday – Closed
- Holidays Recognized by Hospital – Closed

General Medical Transcription

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

TYPES OF SERVICES

- All patients – Information faxed to continuing care facilities per request
- Previous patients – We copy charts per patient requests as they walk in or call
- Birth certificate completion and submission to State of Wyoming
- Completing Affidavit Acknowledging Paternity and Affidavit Denying Paternity document with single parents
- Collecting paper chart documentation from all patient care areas in the hospital
- Analyzing and verifying that patient documentation (including orders for admission) are in the correct chart and the documentation is complete
- Scanning paper documents into electronic medical record into the correct section and attaching to the appropriate patient's record
- Verifying that physicians have completed necessary documentation in each patient's chart
- Notifying physician of deficient or delinquent information in patient records
- Locating and accessing microfilm records for patient care
- ~~Identifying and pulling old records from shelf to be microfilmed/archived electronically~~
- Verifying that appropriate orders are documented before coding chart
- Verifying appropriate ICD-9 codes to correspond with patient's diagnosis
- Verifying CPT or procedure codes are correct for the patient's procedures
- Verifying inpatient data has correct codes before being submitted to Medicare
- Coding and abstracting charts in a timely manner to allow days in AR to be minimal
- Provide Health Information to requesting physicians from outside clinics or hospitals
- Faxing information to other health care providers for continuing patient care

~~Transcribing general medical, surgical reports, obstetrical reports, pediatric and Oliver clinic notes.~~

- Identifying and submitting all cancer cases diagnosed at our hospital to the State of Wyoming
- Locating and copying records for attorneys and patients
- Bill for records copied and submitted to attorneys and patients (usually taken care of by our vendor)
- Copying charts requested by Medicare and health insurance companies who request appropriate documentation was completed
- Maintaining personal health information
- Notifying physicians to complete outstanding dictations or authenticate incomplete patient records
- A notary is located in our office. We will notarize any legal documents for the convenience of patients and staff members
- Working with case managers to improve physician documentation
- Work closely with admission staff to ensure proper identification of patients
- In conjunction with Information Technology, merge together duplicate medical records on the same patient
- In conjunction with Compliance Officer, responsible for policies regarding personal health information
- Locating Advanced Directives for patient, when not present in most recent record.

CONTRACTED SERVICES

- United Auditing Services (external chart review and back-up coding)
- ~~Arrendale and Associates (contracted to transcribe backlogs and for dictation and transcription software)~~
- Care Consultants Better Solutions (release of information for legal charts)
- ~~Fair Warning (managed privacy services)~~
- Copier and Supply (copy/fax)
- R1 RCM (back-up coding)

STAFFING

- 1 - Health Information Management Director
- ~~1 - HIM Supervisor~~
- 1 - Inpatient coders
- 3 - Outpatient coders
- ~~1 - General medical transcriptionists (2 PT)~~
- 5 - Health Information Management Technicians (~~4~~5 FT, ~~1~~ PT, ~~1~~ PRN)
- 3 - Pro-Fee Coders

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Healthcare Documentation Integrity (AHDI)

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

SCOPE OF SERVICE: HUMAN RESOURCES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Focus One Staffing Services for contract personnel
- CompHealth for the recruitment of therapist positions

- ComPsych through Unum for the provision of Employee Assistance Program
- Alliance Benefit Group (ABG) for Retirement Benefits
- Arthur J. Gallagher for the Administration of Health/Dental/Vision/Disability and Life insurances

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: INFECTION PREVENTION & EMPLOYEE HEALTH

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- IP&EH provides monitoring and investigation of any infectious diseases, whether occurring in patients or employees; assures that hospital policies regarding infections are correctly followed; evaluates for compliance with immunizations; and instructs all new employees,

students, licensed independent practitioners, volunteers and contracted personnel on infection prevention techniques.

- IP&EH is also responsible for reducing the risk for the transmission of infections in the health care environment for patients, personnel and visitors.
- Other functions include serving as the institution's liaison to regulatory agencies and health departments regarding incidence reporting and other communications concerning communicable diseases and conditions as needed. Hospital acquired infection performance improvement, and emergency management and disaster preparedness are also included in the scope of service.
- IP&EH ensures that a sanitary environment is present to avoid sources and transmission of infections and communicable diseases. The entire campus, departments and all services are included. Construction activities are carefully monitored to ensure a safe and sanitary environment by the IC department.
- This department does not provide on-site Infectious Disease Physician or services of an Infectious Disease physician, except for phone consultation through the affiliation of the University of Utah.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

- Facilities Guideline Institute
- Wyoming Department of Health (WDOH)
- Sweetwater County Public Health

SCOPE OF SERVICE: INFORMATION TECHNOLOGY SERVICES

DEFINITION OF SERVICES

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- None

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

AFFILIATION OR SOURCES OF REFERENCE

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

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

DEFINITION OF SERVICE

Intensive Care Unit (ICU) Level I cares for patients with severe and life-threatening severe illnesses and injuries that require constant, close monitoring and support from specialized equipment and medications in order to ~~ensure normal bodily functions~~ treat the underlying causes of the illness and ultimately restore or stabilize the patient's health status.

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- ICU Level I
 - Has a maximum capacity of 4 critical beds located in private rooms. The patient population is predominantly adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the Medical/Surgical Unit, Obstetrical Services, direct admission, or transferred from PACU. All ICU rooms have bedside monitors with central monitoring and recording. There is the capability of invasive monitoring of arterial blood pressure, central venous pressure lines, cardiac rate and rhythm, SpO2, respiratory rate, and non-invasive cardiac output. There are cameras located in each room. Each patient head wall has the following, but not limited to: 3 oxygen outlets, compressed air, and 2 suction outlets. Other

equipment available includes ventilators, volumetric pumps, external pacers and defibrillators, PCA pumps, enteric feeding pumps, BiPap, and Vapotherm.

- ICU Level II / Step-down Unit
 - Has a capacity of six acute care/step down beds located in private rooms, one of which has a negative pressure relationship. The population is predominately adult, with occasional pediatric patients. Patients may be admitted from the Emergency Department, transferred from the ICU Level 1 status, Medical/Surgical Unit, Obstetrical Services, or from PACU, or admitted directly from physicians' offices. All Step-down rooms have bedside monitors with central monitoring and recording. There is the capability of monitoring of cardiac rhythms, blood pressure, SpO2, and respiratory rate. Each patient head wall has oxygen outlets, compressed air, and suction outlets. Other equipment available includes volumetric pumps, PCA pumps, enteric feeding pumps, BiPAP, and Vapotherm.
- Both units are physically located in the same department.
- In the event of a higher census in other areas, either the step-down or intensive care unit may take non-ICU patients as overflow for patient care needs, care and treatment.

CONTRACTED SERVICES

- University of Utah Tele-ICU

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: LABORATORY & PATHOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Laboratory provides services 24/7/365 for inpatient services. Outpatient hours are Monday - Friday 7:00 a.m. - 9:30 p.m. and Saturday - Sunday 9:00 a.m. - 2:00 p.m. Walk-in Clinic hours are Monday - Friday 7 a.m. - 7 p.m.

TYPES OF SERVICES

- The Laboratory provides service to all ages of clients. Services provided includes, but are not limited to:
 - Clinical Laboratory
 - General chemistry
 - Special chemistry
 - Therapeutic drug testing
 - Microbiology
 - Bacteriology
 - Parasitology by PCR
 - Acid fast smears
 - Urinalysis
 - Hematology
 - Coagulation
 - Immunology
 - Drug screens
 - Serology and molecular testing
 - Point of care (POC) blood gas analysis
 - Transfusion/blood bank services
 - Prenatal screening
 - Cord blood workup
 - ABO, Rh
 - Antibody screens
 - Antibody identification
 - Compatibility testing
 - Blood products
 - Packed RBC units
 - Frozen plasma
 - Platelets-by special order
 - Histopathology
 - Non-gynecology cytology
 - Complete histology

- Special stains
- Frozen sections
- Testing not provided in house by MHSC Laboratory will be sent to a reputable and licensed reference laboratory.

CONTRACTED SERVICES

- Vitalant – provides blood and blood products
- ARUP Laboratories
- [Summit Pathology](#)

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- ~~ARUP Laboratories, Salt Lake City, UT – reference laboratory~~
- ~~American Society of Clinical Pathologists (ASCP)~~
- ~~American Association of Blood Banks (AABB)~~
- ~~Food and Drug Administration (FDA)~~
- ~~The Joint Commission (TJC)~~
- ~~Mayo Laboratories~~
- ~~Colorado Public Health~~
- ~~Wyoming Public Health~~
- ~~Integrated Oncology~~
- ~~Oncotype Dx~~
- ~~Labcorp~~
- ~~Prometheus~~
- ~~Quest Diagnostics~~
- ~~Vitalant~~
- [Accupath Diagnostic Laboratories](#)
- [ARUP Laboratories, Salt Lake City, UT - reference laboratory](#)
- [CARIS MPI, INC, DBA CARIS Life Sciences](#)
- [Colorado Department of Public Health](#)

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

SCOPE OF SERVICE: MARKETING & PUBLIC RELATIONS

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Monday through Friday, except holidays.

TYPES OF SERVICES

- ~~Creating~~[Create, implementing and measuring](#)~~implement, and measure~~ the success of a comprehensive marketing, communications and public relations ~~program~~[programs](#) that ~~includes communications~~[include communication](#) and public relations activities and materials including publication, media relations, and community relations.
- Development of an annual department budget to cover advertising, sponsorship requests, digital needs, promotional materials, etc. for Memorial Hospital of Sweetwater County, its Specialty Clinics and its service lines.

- ~~In charge of~~Oversees all branding – including use of logo(s) – for Memorial Hospital of Sweetwater County, its Specialty Clinics, service lines, medical staff, employees, and programs.
- Responsible for creating, editing and designing physical layout of print and digital advertising ~~and, as well as~~ marketing materials including all brochures, rack cards, ~~flyers~~flyers, pamphlets, etc. for anything distributed internally or externally for ~~a clinic, department or~~ the entire organization.
- ~~Responsible for~~Oversees planning and ~~implementing~~implementation of all publicity, advertising, marketing, and ~~promotion~~promotional activities and material that ~~represents~~represent the organization to the press and public.
- Responsible for planning and implementing policies under Marketing and Public Relations, working closely with the MHSC Community Outreach Director, ~~working closely with the MHSC Community Outreach Department, MHSC~~ Events Coordinator and Memorial Hospital Foundation Executive Director.
- Establishes, maintains and monitors all official social media accounts including Facebook, Twitter, Instagram, Snapchat, etc.
- Designs, ~~implements~~updates information, and maintains hospital website at ~~<https://sweetwatermemorial.com>~~ <https://sweetwatermemorial.com>

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- ~~Maintains MHSC's membership in the Wyoming Press Association.~~
- American Hospital Association's Society for Healthcare Strategy & Market Development
- Wyoming Press Association
- Associated Press Style Guide/MHSC Style Guide

SCOPE OF SERVICE: MATERIALS MANAGEMENT

DEFINITION OF SERVICES:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

▪ ~~Intalere~~

▪ Vizient

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Association for Health Care Resources and Materials Management

SCOPE OF SERVICE: MEDICAL IMAGING

DEFINITION OF SERVICE:

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Diagnostic radiology (X-ray):
 - The normal operating hours for the Diagnostic Radiology section of Medical Imaging are 24 hours per day, seven days a week.
 - There is a registered and licensed radiologic technologist on duty at all times.
 - Diagnostic radiology procedures are available for Emergency Department patients and inpatients 24 hours per day. Services for outpatients are during normal operating hours.
 - After hours fluoroscopic procedures, will be performed on an emergent basis only and after direct physician consultation with the radiologist on call.
- Ultrasound:
 - The normal operating hours for Ultrasound are 7:00 am-5:30 pm, Monday through Friday.
 - Due to the specialized nature of Ultrasound, these procedures will be performed after normal operating hours for emergencies only.
 - There will be an Ultrasound technologist on call for Ultrasound emergencies from 5:30 pm until 7:00 am Monday through Friday and all day Saturday and Sunday.
- Nuclear Medicine:
 - The normal operating hours for Nuclear Medicine are 7:00 am - 3:30 pm, Monday through Friday. There is no evening, night or weekend coverage available.
 - Due to the specialized nature of Nuclear Medicine these procedures will be performed after normal operating hours for emergencies, and only after direct physician consultation with the radiologist on-call.

- CT:
 1. The normal operating hours for outpatient CT are 7:30 am – 4:00 pm.
 2. Due to the specialized nature of CT, these procedures will be performed after normal operating hours for emergencies only, and after direct physician consultation with the radiologist on call. There is a registered technologist with CT competency on duty at all times.
- Magnetic Resonance Imaging (MRI)
 - The normal operating hours for the MRI scanner are Monday-Friday from 7:00 a.m. through 4:50 p.m.
 - Due to the specialized nature of MRI and the limited number of time slots available, emergencies or add-on scans must be approved by a radiologist.
 - There will be an MRI technologist on-call for MRI emergencies from 5:00 pm until 6:30 am Monday through Friday and all day Saturday and Sunday.
- PET Scanning
 - PET Services are provided through a mobile service.
 - The normal operating hours for the PET scanner are every Friday beginning at 8:00 a.m.
 - Due to the specialized nature of the PET/CT exam, scheduling for this exam will cease at noon the day preceding the exam. The mobile service company reserves the right to ask that the PET exam be rescheduled in the event only one patient is scheduled for any day of contracted service.
- Radiologist Consultation
 - A radiologist is available for consultation 24/7 per the physician call schedule.
 - Imaging studies are read daily.
 - In the event there is a "critical" finding the radiologist will call the report to the requesting physician.
- Medical Imaging does not provide conventional angiography using a catheter and contrast injection, intravascular shunt placement, complex biliary drainage procedures, or TIPS procedures.

CONTRACTED SERVICES

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

STAFFING

- Diagnostic Radiology is staffed 24 hours per day with technologist registered by the American Registry of Radiologic Technologists and certified by the state of Wyoming. The techs are

scheduled on staggered shifts to allow for more coverage during peak hours.

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL ONCOLOGY

DEFINITION OF SERVICE

- Medical Oncology is a branch of medicine that involves the prevention, diagnosis ~~and~~, treatment and post treatment follow up of cancer. Treatment may involve chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer while they are on active treatment with cancer. A medical oncologist also ~~gives supportive~~ collaborates with hospice to provide end of life care and may coordinate treatment given by other medical specialists. Care is provided by a multidisciplinary patient navigation team of a dietitian, social worker, care coordinator, and financial navigator.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- In the Medical Oncology and Hematology Clinic medical history, vital signs and history of illness are obtained. Patients are treated with appropriate medical attention, including ordering of necessary tests and procedures. Results of those procedures will determine the disposition

of the patient. Patients may be discharged home, started on a treatment plan, admitted to the hospital, or referred to another physician.

- In the Medical Oncology and Hematology infusion area, patients may receive chemotherapy, biotherapy, adjunctive treatments such as zoledronic acid or denosumab, transfusions, iron infusions, education and patient navigation team services. Our care team focuses on symptom management and triage to help patients get through treatment as smoothly as possible.
- Diagnostic bone marrow aspirates and biopsies may be performed as necessary.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL/SURGICAL UNIT

DEFINITION OF SERVICE

- The Medical/Surgical Unit is a 3534 bed unit with private and semi-private rooms. This unit provides care for patients requiring observational and inpatient care for medical or surgical needs.
- The unit uses a multidisciplinary approach of care which includes services of physical therapy, dietitian, laboratory, respiratory therapy, case managers, physicians and counseling.

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

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

includes physicians, respiratory therapy, counseling services contracted through Southwest Counseling Services, laboratory, and radiology.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: MEDICAL STAFF SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- The Medical Staff Services Office is open Monday through Friday, 8:00 a.m. - 5:00:30 p.m., with the exception of holidays.

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

- Supports the MHSC organized medical staff leadership and committees by providing expert consultation and assists in ensuring leaders and members adhere to the MHSC Medical Staff Bylaws, Rules and Regulations, and all pertinent policies.
- Ensure current compliance with all state, federal, health plan, and non-federal national regulations and requirements.
- Ensures that all medical staff and ~~allied health professional~~ Non-Physician Providers (AHPNPP) members are properly vetted according to the requirements of the Medical Staff

Bylaws, The Joint Commission, State of Wyoming, Centers for Medicare and Medicaid Services (CMS), and other regulatory requirements by providing primary-source and accurate verification services.

- Facilitates and supports the Ongoing Professional Practice Evaluation (OPPE), and Focused Professional Practice Evaluation (FPPE) programs of the medical staff, AHP staff and mental health providers. Works with the Quality & Accreditation Department to ensure medical staff quality assurance and improvement.
- Maintains and/or supervises the maintenance of required medical staff documentation and credentialing database.
- Coordinates and manages the Medical Staff Department, committees, subcommittees, and general staff meetings. Ensures all department and committee recommendations and correspondence are channeled from one committee/department to another.
- Arranges for and schedules locum tenens physicians to provide adequate call coverage, arranges housing.
- Oversees completion of provider billing paperwork for Medicare, Medicaid, Blue Cross, and other entities.
- Oversees hospital owned apartment complex and townhouses, coordinates scheduling, maintenance, and cleaning schedules.
- Compiles and distributes monthly emergency on-call schedule.
- Oversees, schedules, and conducts physician orientation.
- Assists the CEO with physician contracts.
- Assists the CEO and Human Resources with J1/H1B waiver requirements.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: NUTRITION SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- In room dining for patients is available from 7:00 a.m. - 7:00 p.m., Monday through Sunday, 365 days a year. The Cafeteria hours are Monday through Sunday: Breakfast 8:00 a.m. - 10:30a.m.; Lunch 11:30 a.m. - 1:30 p.m.; Dinner 5:00 p.m. - 6:3000 p.m.

TYPES OF SERVICES

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

CONTRACTED SERVICES

- ~~Hobart Services – Dishwasher~~
- ~~DFM – Register System~~
- ~~Western Wyoming Beverage~~
- ~~Coca-Cola Bottling~~
- Dining management services are provided by Unidine (excludes dietitians)
- Hobart Services – Dishwasher
- Shadow Mountain -water and coffee

STAFFING

- Director of Dining Services
- Executive Chef/Manager

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OBSTETRICAL SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

- Fetal Fibronectin Testing
- Ultrasound evaluation
- IV Therapy, Hydration
- ROM (rupture of membranes) Plus Testing
- Hyperemesis Gravidarum
- Pyelonephritis
- Preeclampsia
- **Intrapartum**
 - Low-Risk Pregnancies
 - Stabilization/Transport of High-Risk Pregnancies
 - Labor and Delivery Care
 - > 35 Weeks Gestation
 - External/Internal Fetal Monitoring
 - Wireless External Fetal Monitoring
 - Cesarean Section Delivery
 - Gestational Diabetes
 - Preeclampsia, Eclampsia, HELLP Syndrome
 - Spontaneous rupture of membranes (SRM) and artificial rupture of membranes (ARM)
 - IV Therapy, Hydration
 - Fetal Demise
 - Induction and Augmentation of labor
 - Amnioinfusion
 - Epidural Services
 - Intrauterine Growth Restriction
 - Nitrous oxide administration
- **Postpartum**
 - Couplet Care
 - Postpartum Care
 - Up to 6 weeks postpartum
 - Post-op cesarean section care
 - Postpartum tubal ligation
 - Preeclampsia, Eclampsia, HELLP
 - Post-op Gynecology
- **Nursery**

- Couplet Care
- Newborn Care
 - > 35 Weeks Gestation
- Safe Haven Nursery
- Level II A Nursery and Special Care Nursery
 - Stabilization/Transportation of the High-Risk Newborn
 1. High-Flow Oxygenation
 2. Sepsis
 3. Respiratory Distress Syndrome (RDS)
 4. Continuous Positive Airway Pressure (CPAP)
 5. Ventilation Support
 6. Surfactant administration
 - IV Therapy
 - Glucose Management
 - Transient Tachypnea of the Newborn (TTN)
 - Oxygen Support
 - Premie Feeder and Grower
 - Phototherapy
 - Large for gestational age (LGA), small for gestational age (SGA) newborns
 - Circumcisions up to 12 weeks of age
 - Newborn Hearing Screen
 - Newborn Genetic Screening
 - Back transport to Level I/Special Care Nursery
- Breastfeeding Support (Certified Lactation Counselors)

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: OUTPATIENT SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- Typically, Monday through Friday excluding holidays, 8:0030 a.m. - 5:00 p.m., but alternate arrangements can be made for after hours and weekends.

TYPES OF SERVICES

- Services for a diverse patient population includes:
 - blood disorders
 - intravenous antibiotics
 - medication injections
 - central line care
 - hydration therapy
 - antibiotic therapy
 - therapeutic phlebotomy
 - blood transfusions
 - wound care
 - monoclonal antibody therapy

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- None

SCOPE OF SERVICE: PATIENT ACCESS/ADMISSIONS

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- : Initial welcoming of patient's and visitors to our facility.
- : Arranges for the accurate, efficient, and orderly scheduling and registration of patients into inpatient, outpatient, and ancillary departments of our facility.
- : Ensure that accurate, comprehensive demographic information is acquired and keyed into the hospital's database.
- : Available to answer any questions patients might have and works to ensure that the patient's registration is an exceptional experience.

CONTRACTED SERVICES

- Companies that provide electronic transaction capabilities that allow us to verify insurance coverage and benefits along with patient address verification:
 - Cerner

STAFFING

- The Admitting department uses full-time employees and part-time employees to ensure staffing for the main admitting areas between the hours of 7:00 a.m. - 5:30 p.m., Monday through Friday. College Hill and Walk-in Clinic coverage between 7:00 a.m. – 7:00 p.m. Monday through Saturday. Clinic coverage between 8:00 a.m. – 6:00 p.m., Monday through Friday. Along with 24/7 coverage in the Emergency Department.
- The staff includes a Patient Access Manager, Patient Access Specialists, Lead Pre-Admissions Registrar, Pre-Admissions Registrars, and Operator/Receptionists.
- All personnel report directly to the Director of Patient Financial Services.

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Financial Management Association (HFMA)

SCOPE OF SERVICE: PATIENT FINANCIAL SERVICES

DEFINITION OF THE SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Healthcare Finance Management Association (HFMA)

SCOPE OF SERVICE: PHARMACY SERVICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Pharmaceutical care is provided to patients through monitoring of patient medication therapy, provision of drug information to professional staff, and patient medication education. Specific services include:
 1. Oversight of medication management including establishing policies and practices concerning planning, selection, storage, ordering, dispensing, administering, monitoring, and evaluating to promote safe use
 2. Identifying high-alert drugs (including insulin, anticoagulants, concentrated electrolytes, neuromuscular blockers and others designated by the organization)

- DRAFT
3. Identifying hazardous drugs and implementing policies for safe handling of these agents
 4. Procurement of medications from suppliers approved by the hospital's purchasing organization
 5. Review of medication orders
 6. Evaluation of potential drug interactions
 7. Packaging, labeling, and dispensing all medications, chemicals, and other pharmaceutical preparations to patient care areas consistent with current recommended practices
 8. Provision of a unit-dose drug distribution system
 9. Compounding sterile preparations to meet federal and state requirements
 10. Inspection of all areas where medications are stored, dispensed, or administered
 11. Assessment of patient's medication therapy for potential problems such as adverse drug reactions, drug interactions, inappropriate dose or dosing interval, or allergy
 12. Assessment of drug therapy for renal impaired patients
 13. Ensure rational and appropriate antibiotic therapy based on culture sensitivity results
 14. Participation in patient medication education through counseling selected inpatients and appropriate medication use prior to discharge and participation in selected outpatient education
 15. Monitors, reports, and assesses adverse drug events
 16. Monitors medication usage and identifying opportunities for improvement in cooperation with the Pharmacy and Therapeutics Committee
 17. Participation in in-service education programs for professional and nonprofessional staff of the hospital
- Medication therapy is reviewed by a pharmacist at the time of order entry for inpatients. Medication therapy management includes monitoring and intervention protocols designed to promote positive patient outcomes. Monitoring includes but is not limited to:
 1. Therapeutic dose monitoring of aminoglycosides and vancomycin
 2. IV to PO Conversions
 3. Adverse drug reaction monitoring
 4. Creatinine clearance estimation/renal dosing
 5. Antibiotic streamlining
 6. TPN electrolyte monitoring
 7. Medication use evaluation
 - Medication therapies targeted for specific monitoring include those that are high volume, potentially problem prone, and/or possess a narrow therapeutic index.
 - The Department of Pharmacy is committed to supporting the hospital's mission and goals. This includes but is not limited to: budgetary and financial responsibility, active participation in

multi-disciplinary task forces and committees, and participation in education programs.

- Important functions are identified by hospital leaders as those that have the greatest impact on patient care. Those processes which are high-volume, high risk, or problem prone are the aspects of care given the highest priority for monitoring and evaluation.
- The Pharmacy, in collaboration with other departments, addresses the following important functions and processes:
 1. Infection prevention and control
 2. Management of information
 3. Management of human resources
 4. Management of environment of care
 5. Improving organization performance education
 6. Patient rights and organizational ethics
- The Director of Pharmacy is a co-chair on the Pharmacy and Therapeutics (P&T) Committee. Committee activities include:
 1. Developing medication-related policies and procedures
 2. Developing policies for therapeutic interchange
 3. Developing and maintaining a formulary system and approving a formulary (list of medications) acceptable for use in the facility
 4. Defining and reviewing significant adverse drug events (medication errors, adverse drug events, incompatibilities)
 5. Participating in activities relating to the review and evaluation of medication usage
 6. Participating, as necessary, in establishing standards and protocols for the use of investigational drugs and medications in clinical trials
 7. Communicating decisions to the medical, pharmacy, and patient care area staff
- The Department of Pharmacy provides drug information and education to patient care providers via newsletters, in-service education programs, IV administration guidelines, flow rate charts, and patient medication specific information.
- Pharmacy provides education and information to the medical staff via presentations at medical committees, newsletters, the clinical pharmacy intervention program, the antibiogram, and patient/medication specific information as requested.
- The Pharmacy participates in the organization-wide Performance Improvement and Patient Safety (PIPS) Program.

CONTRACTED SERVICES

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

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

- Reference MHSC Pharmacy Standards

SCOPE OF SERVICE: PROVIDER PRACTICES

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

the philosophy of the Department of Nursing Service; and in compliance with the standards of nursing practice, and all pertinent MHSC hospital policies and procedures.

CONTRACTED SERVICES

- None

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: QUALITY, ACCREDITATION, PATIENT SAFETY & ~~PATIENT SAFETY~~RISK DEPARTMENT

DEFINITION OF SERVICE

- The Quality, Accreditation, & Patient Safety Department at MHSC provides direction, coordination, and facilitation of processes and activities that promote continuous improvement ~~impacting~~of patient outcomes and effective delivery of services in acute care and outpatient settings. The department also provides direction, coordination, and facilitation of patient safety through the development of processes that promote and support a strong culture of safety, as well as effective management of identified risks and prevention of adverse events. Every department and service organization – wide is involved in quality improvement and patient safety work. ~~The scope of services provided assure the integration of services along the health care continuum. We are~~ The department is dedicated to providing support and assistance in a systematic and organized approach in the delivery of safe, effective, patient-centered, timely, efficient, and equitable health care.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The Quality, Accreditation, Patient Safety, and Risk Department functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety ~~Department~~

functions as a resource to support organizational wide performance improvement activities, including annual quality and patient safety goals as defined in the Performance Improvement & Patient Safety (PIPS) Plan. The Quality, Accreditation & Patient Safety, and Risk Department proactively monitors and works collaboratively to improve system issues that arise in providing health care services to patients. Services provided impact all patients, visitors, advocates, and employees, through a multi-disciplinary, systematic approach. The scope of the organizational quality program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided throughout the hospital.

- Objective, measurable and clinically significant indicators of processes and outcomes of care are designed, measured and assessed by all departments/services and disciplines of the facility in an effort to improve outcomes. A summary of the significant findings is reported at the Medical Executive Committee and the Quality Committee of the Board for further review, evaluation and action, as indicated.
- The Quality, Accreditation & Safety Department maintains Joint Commission accreditation through facilitation of continuous improvement in providing evidence based care, and by ensuring organizational functions that are essential to providing safe, high quality care are in place.
- Patient and Staff Safety in conjunction with Environmental Safety initiatives allow MHSC to improve interdisciplinary processes and to eliminate avoidable patient harm, injury and death. This department utilizes monitoring, process improvement initiatives and coordination of services to reach the goal of exceptional patient and employee experience congruent with the facility Performance Improvement and Patient Safety Plan (PIPS). All staff members aid in this endeavor by the completion of on-line occurrence reports which direct the investigations in the areas of most need/highest risk. Occurrence reporting by all staff is advocated as a means to pro-actively resolve hazards, eliminate risks and improve patient and staff safety. Reporting supports learning, safety and improved care quality. The purpose is to identify safety hazards, adverse or sentinel events, accidents or injuries and good catches.
- MHSC Leadership supports continuous performance improvement through:
 - Professional development
 - Efforts towards quality and safety goals
 - Encouraging and engaging all employees in quality improvement initiatives

CONTRACTED SERVICES

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

STAFFING

- Quality Department

AFFILIATIONS OR SOURCES OF REFERENCE

- National Quality Forum (NQF)
- Agency for Healthcare Research and Quality (AHRQ)
- Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)
- Hospital Improvement and Innovation Network/Health Research and Educational Trust (HIIN/HRET)
- Hospital Quality Improvement Contractor (HQIC)
- The Joint Commission (TJC)
- Centers for Disease Control and Prevention (CDC)
- National Association for Healthcare Quality (NAHQ)
- University of Utah Health Care- Value Affiliate Network (UUHC)
- American Nurses Association (ANA)
- American Society for Quality (ASQ)
- Mountain Pacific Quality Health - Quality Improvement Organization (MPQH)
- Press Ganey
- [Kepro – Beneficiary and Family Centered Care Quality Improvement Organization](#)
- [Livanta - Beneficiary and Family Centered Care Quality Improvement Organization](#)
- [Constellation UMIA](#)
- [USI](#)

SCOPE OF SERVICE: RADIATION ONCOLOGY

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

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

CONTRACTED SERVICES

- Physics support is provided by Mountain States Medical Physics

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: REHABILITATION DEPARTMENT

DEFINITION OF SERVICE

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

- Cooperate with physicians by following prescriptions, communicating progress or changes in

condition and effectiveness of treatment.

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

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

TYPES OF SERVICES

- Physical therapy, and speech therapy, ~~and occupational therapy~~ provided for inpatients and outpatients with functional deficits as a result of an injury or disease process.
- Therapist provide services for both outpatients in the Rehabilitation Department and inpatients (Med/Surg, ICU, Same Day Surgery, and the Emergency Department). The department does not have aquatic therapy available.
 - Treatment occurs in the hospital facilities, ~~and/or in the patient's home.~~
 - Patients are comprised of all ages from pediatrics to geriatrics and a variety of injuries, disabilities, and disease process from neurological and orthopedic patients, treatment of pain, wounds, cognitive impairments, ADL deficits, speech and language difficulties, and swallowing difficulties
- **Physical Therapy Services**
 - Provision of modalities and treatments such as hot packs, cold packs, ultrasound,

contrast baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin, Phonophoresis · with 1% hydrocortisone cream, Iontophoresis - with Dexamethasone and/or Lidocaine, and Hydrotherapy

- Provision of physical assessment, therapeutic exercise, proprioceptive neuromuscular facilitation, gait training - with appropriate assistive devices, functional development training, balance and coordination, therapeutic massage, joint and soft tissue mobilization
- Fit for custom made support stocking, prefabricated braces, and orthotics
- Rehabilitative application and use of therapeutic equipment
- Provision wound care

- **Speech Therapy Service**

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

Occupational Therapy Services (Not available at this time)

- *Provision of modalities and treatments such as: Hot packs, cold packs, ultrasound, contrast*

baths, ice massage, electrical stimulation, neuromuscular electrical stimulation, intermittent traction, paraffin

- *Provision of functional, cognitive and visual perceptual assessment and treatment, therapeutic exercise, proprioceptive neuromuscular facilitation, activities of daily living with appropriate adaptive devices, functional development training, gross and fine motor function, therapeutic massage, joint and soft tissue mobilization*
- *Fit for custom made or prefabricated upper extremity braces, splints and orthotics*

CONTRACTED SERVICES

- None

STAFFING

- Personnel for the Rehabilitation department includes 2 full-time, one acting as the director of the department, and a full-time secretary.
- ~~Part-time~~PRN speech therapist.
- Medical Director

~~Occupational therapist services (not available at this time).~~

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: RISK MANAGEMENT & COMPLIANCE

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

- ~~Monday through Friday during normal business hours, excluding holidays~~

TYPES OF SERVICES

• Compliance

- This department ensures that staff in the facility follow any and all regulations governing the function of MHSC. The goal is to stay current with new regulations as they become available, and prepare the facility for regulatory surveys of any kind. This is done through compliance monitoring, and proactive survey preparation within the various departments.

• Risk Management

- Risk Management services are under the direction and support of Senior Leadership, medical staff, administrative and other health care providers throughout the organization. The designated officer is notified immediately of any significant occurrences to patients, visitors, volunteers or personnel which have the potential for serious harm or impact. Appropriate documentation of unusual occurrences is performed within a 24-hour time frame of the occurrence.
- Educational support is provided to all personnel and volunteers to ensure the provision and respect of patient rights. Assuring patient rights is the responsibility of all hospital personnel, members of the medical staff and volunteers. Resolution and appeal processes of patient complaints are accessed through the Director of Risk Management & Compliance.

• Patient, Staff and Environmental Safety

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

• Guest Relations

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

CONTRACTED SERVICES

- MIDAS
- MSDS-Online
- Soleran-eMeditrack

- The Joint Commission (TJC)
- Advanced Medical Reviews

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: SECURITY DEPARTMENT

DEFINITION OF SERVICE

- General conduct and responsibilities include taking the appropriate action to:
 - **Protect life and property**
 - To provide services which contribute to the preservation of life, the protection of property, and safety of the hospital.
 - **Preserve the Peace. Prevent crime. Detect criminal activity**
 - To prevent crime through aggressive patrol which limits the opportunity for a crime to occur. We have a continuing education program through the International Association of Hospital Safety and Security. All Officers are required to complete self-directed training pertaining to security training on multiple levels. The officers provide staff education to reduce the likelihood of them becoming victims.
 - **Detect violation of the law.**
 - The Security Department remains vigilant regarding all laws under its jurisdiction. This is done in the following manner:
 1. Location and reporting of all safety violations
 2. Maintaining awareness of equipment theft
 3. Insuring all vehicles are parked in proper areas
 4. Ensuring proper identification is present on persons and vehicles

at all times

- **Compliance to ethical standards**
 - To ensure the integrity and adherence to professional standards of the department by receiving and investigating all complaints against departmental personnel of alleged misconduct or misuse of force.

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- Security Officers provide many services. These services include but are not limited to:
 - Providing a safe secure environment for all persons coming and going from our campus.
 - Patrol the entire campus including our exterior buildings and clinic on a routine basis
 - Traffic control of entire facility
 - Managing of the security access system
 - Managing of the key system
 - Assist ambulance services, flight crews, county coroner's office, and local law enforcement agencies
 - Monitor the CCTV system
 - Controlling and restraining combative patients
 - Removal of the deceased
 - Repair and service locks
 - Customer service as needed
 - Responds to all emergencies including and not limited to Critical Response, trauma level one and two
 - Assist when needed with Title 25 Patients
 - ~~Oversees and collaborates~~Collaborates with the behavioral health coordinator with monitoring of behavioral health patients

Behavioral Health

- ~~Once patients in this population are evaluated by a Licensed Professional Counselor (LPC), Psychiatric Nurse Practitioner, or attending physician, and it is determined these patients need a higher level of care, the behavioral health coordinator can assist with the discharge planning needs related only to finding a bed and accepting facility for the patient in need.~~
- ~~In the absence of social workers, the behavioral health coordinator assists in coordinating the Title 25 process by attending court hearings as scheduled by the County Attorney's Office.~~

- ~~The behavioral health coordinator notifies all appropriate individuals such as patient, family member, attending physician, Southwest Counseling Service, and MHSC Security personnel.~~

STAFFING

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

AFFILIATIONS OR SOURCES OF REFERENCE

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

SCOPE OF SERVICE: SURGICAL SERVICES DEPARTMENT

DEFINITION OF SERVICE

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

HOURS / DAYS OF THE WEEK OF SERVICE

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

TYPES OF SERVICES

- The patient population served by the Surgical Services Department consists of the newborn, pediatric, adolescent, adult and geriatric patients requiring or seeking surgical intervention to maintain or restore an optimum level of wellness.
- The Surgical Services Department provides a safe and comfortable environment for both patients and personnel in order to provide optimum assistance to the surgeons in meeting the emergency, preventative and restorative health needs of the patients. The Surgical Services staff provides safe, high quality, and cost-effective care with respect for life and dignity.
- Procedures performed in the Surgical Services Department include general, ENT, pediatric dental, limited vascular, urological, orthopedic, pain management, diagnostic and treatment endoscopy, obstetrical and gynecological operative, organ harvesting, and other invasive procedures.
- PICC line placement is also performed in the Surgical Services Department.
- Procedures not performed are thoracic, organ transplant, neurology, spine, and ophthalmology.
- The patient's physical, psychological and social needs are assessed initially upon admission. Intra-operatively and postoperatively, the patient is continually reassessed; modifications to that plan of care are based on reassessment of the patient. In the immediate postoperative phase, the patient is under the direct supervision of the anesthesiologist who maintains responsibility for the needs of the patient until the patient has been appropriately discharged from the PACU. Disposition of the patient from the PACU is based on the complexity of the patient's care needs. This decision is made collaboratively between the anesthesiologist and surgeon, with information related from clinical data provide by the PACU staff. Upon discharge from PACU phase 1, the patient is under the direct supervision of the surgeon who maintains responsibility for the needs of the patient until the patient has been appropriately discharged home or care is transferred to the hospitalist for inpatients.

CONTRACTED SERVICES

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

STAFFING HOURS/PATTERN AND TYPE/ NUMBERS

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

- Surgeons and anesthesiologists who provide care through the Surgical Services Department follow medical staff bylaws, rules and regulations

AFFILIATIONS OR SOURCES OF REFERENCE

- American Association of Operating Room Nurses (AORN)
- American Society of Peri-anesthesia Services (ASPAN)
- Association for Advancement of Medical Instrumentation (AAMI)
- American Association of Moderate Sedation Nurses (AAMSN)
- American Academy of Ambulatory Care Nurses (AAACN)
- American Nurses Association (ANA)
- The Association of Operating Room Nurses (AORN), American Society of PeriAnesthesia Nurses (ASPAN), Association for Advancement of Medical Instrumentation (AAMI), Center for Disease Control and Prevention (CDC), and public health department standards are references used in the formulation and review of policies, procedures and standards of practice in the Surgical Services Department, as well as collaborative input from the knowledge and expertise of the surgical staff. To assist in meeting patient core needs, support is readily available from most equipment and instrument manufacturers.

Reviewed and Approved:

MHSC Board of Trustees: 5/5/2021

Approval Signatures

Step Description

Approver

Date

History

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

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

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

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

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

Quality Chair Report for August 2022

4 mission moments were reported from 4 different departments which is great news.

James Horan reviewed the USI Risk Control Visit Report and the 11 risks discussed in the report, one of which is still the lightning strike protection.

Jodi Corley reviewed the MIPS Payment Adjustment, the statistics show an increase of 7 points. The base adjustment was .10% and the exceptional performance adjustment was 1.57% for a combined adjustment of 1.67% starting January 2023.

We still have a focus on ED-2B and Sepsis.

Going forward, we will discuss informational items for review/discussion as needed with highlights given during the committee meeting.

Taylor Jones

Present:

Voting Members: Taylor Jones (Quality Board Chair), Dr. Kari Quickenden (CCO), Ann Marie Clevenger (CNO), Leslie Taylor (Clinic Director), Dr. Melinda Poyer (CMO), Ed Tardoni (Quality Board Member), Irene Richardson (CEO), Dr. Alicia Gray, Dr. Banu Symington, Kara Jackson (Quality Director),

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

Guests: Robin Jenkins, Jodi Corley, Dr. Barbara Sowada (Board of Trustee), James Horan,

Absent/Excused:

Voting Members: Tami Love (CFO),

Non-voting Members: Kalpana Pokhrel, Karali Plonsky,

Guests: Kandi Pendleton (Board of Trustee)

Chair:

Taylor Jones

Approval of Agenda & Minutes

Meeting was called to order at 8:15 am. Mr. Jones presented the Agenda for approval. Dr. Quickenden motioned to approve, Mr. Tardoni seconded. Motion carried. Mr. Jones then presented the July 20, 2022 Minutes for approval. Dr. Quickenden motioned to approve and Dr. Poyer seconded. Motion carried.

Mission Moment

Dr. Quickenden shared a mission moment from Shauna Erramouspe one of our Clinical Dietitians. Shauna works closely with our Dialysis staff and patients. She said there is a spouse of a patient that stays, and he talks to the other patients and especially the new patients. They were very complimentary and appreciative of all the staff, and that they have been to bigger hospitals, but loved coming here.

Ms. Taylor shared a newspaper story of a new Mom. Her and her husband are from Ukraine, he got a job here and she followed later. They reached out through our website, and working with Dr. Kattan, were able to do telehealth as she traveled across Europe and the US, finally settling in Rock Springs and delivering their new baby August 6th.

Ms. Nelson shared a note regarding Dr. Gray and Med/Surg nursing staff. The daughter of a patient thanked Dr. Gray for "saving her mother's life" and for the compassion shown by Dr. Gray and the staff.

Mr. Jones share a story he heard on the radio this morning, listening to Johnny K. Unfortunately, he didn't hear the full story, only that Johnny K. had recently spent time at the hospital and was extremely complimentary about his stay.

Old Business

Dr. Quickenden reported that our plans of correction had been submitted on Monday for the Lab survey. We will update as we hear more.

New Business

Mr. James Horan, Facilities Director gave a report on the USI Risk Control Visit Report, a survey from an insurance point of view. This report was welcomed as their perspective also included recognizing those things we do well. They looked at our plans and documentation, as well as the physical building. Eleven (11) risks were discussed, one which is lightning protection – an ongoing project that is being discussed today with the UL certified Electrician. Mr. Horan reviewed the highlights, which included pictures. A risk assessment form was provided by the Surveyor, which we have been going through in Environment of Care Committee, and will be sharing with the Performance Improvement and Patient Safety (PIPS) Committee.

Mr. Horan next reviewed the Joint Commission required Bi-Annual EOC Report for End of FY 2022. This report highlights accomplishments for the past 6 months, including: Cardboard Elimination initiative, Lightning strike issues, Job Hazard Assessment, Hazardous spill reporting instituted through Synergi, New PIPS initiative, Risk Assessment from USI, Access Control and Life Safety Audit. PI Indicator updates for each Management Plan was covered, which includes plans for: Fire Safety, Security, Safety, Utility Systems, Medical Equipment and Hazardous Materials/Waste. Lastly an overview of upcoming activities was reviewed.

Ms. Jodi Corley shared updates to MIPS Payment Adjustment. For comparison we reviewed statistics from 2021, showing an increase of 7 points. They did not compare cost points due to COVID, so instead rolled them into Quality point. Not many changes for 2022, other than moving to a new system – moving from Legacy into Cerner. January 1 – April 17th we will be pulling out of our Legacy EMDs and combining that with April 18th through end of year with Cerner. Our minimum score to avoid a penalty has gone from 60 to 75 points, immunization registry and electronic case reporting are now both required, which are set up through Cerner. Quality will go to 30%, Cost 30%, Promoting interoperability 25%, and Improvement Activities 15%. This will be last year for exceptional payment bonus. CMS has not yet released our payment adjustment, but expecting the majority of the exceptional payment bonus. Ms. Taylor thanked Ms. Corley for helping maintaining and imparting the data.

Ms. Robin Jenkins presented the Utilization Management (UM) Plan, which has received approval from the Utilization Committee and MEC. Terminology was updated, MIDAS was updated to Cerner, CMS regulations were clarified, and the highlighted areas show updates. Otherwise, the majority of the plan remains unchanged. The UM Committee is very complex and encompasses a lot of the Case Management activities, where they look at medical necessity, monitor and analysis use and overuse of hospital resources. Ms. Jenkins gave an overview of the clarifications/changes. Committee will be given time to review and plan will be brought back next month for approval.

Medical Staff Update

Dr. Poyer gave the Medical Staff Update. We continue to work on Sepsis, including a cheat sheet and flow sheet. We have 2 Sepsis physician champions (Dr. Crockett for ED, and Dr. Gray for Inpt.) On August 23rd ED will be going live with hand scanning. Sepsis has a lot of moving parts: physician orders, reassessment fluid, resuscitation, but also timing of blood cultures and antibiotics. The hand scanning will help ensure timing.

With HCAHPS we are looking to move from Good to Very Good, with continued consistent improvement. Hospitalist have been tasked with designing a more patient interactive white board, with patient and family questions on one side, physician communication on the other side, to ensure communication as people move in and out of the room, and to avoid overloading patient with information. Once we have a design planned it will be taken to the Surgery committee and then the Foundation to see if they can help with some funding. We now have a consistent extraction form for Mortality data. At this point Dr. Poyer gave a shout out to Corey Worden, who is always extremely organized for the meetings as they go over the Sepsis and Mortality data.

For ED-2b we are working with the ED and Hospitalist teams, with questions about timing of "decision to admit" time. We are going to consistently decide the time for "decision to admit" is when the accepting physician has been reached and has been accepted for Admission to our facility. In the future we may be able to customize that with Cerner.

Informational Items for Review/Discussion

Mr. Jones requested we go through each Information Item, one by one. Ms. Jackson started with ED-2B ED, Admit decision to ED departure for Admit, as Dr. Poyer noted we are working to establish a work flow for data collection. Dr. Clevenger noted a group did meet and identified process mapping, to ensure we are documenting correctly, which was shared with Dr. Poyer. Review of charts showed one standout – the inconsistency in how we are charting decision to Admit.

Dr. Quickenden reviewed Sepsis, which has a lot of work happening, with 5 of 7 cases in June falling out. Dr. Clevenger noted Kim White, ED Director is reviewing charts, hoping to identify timely interventions. We will be implementing scanning devices next week, with the plan for training this week. Today will be the beginning of the Sepsis Advisory implementation, a 6-month process. The Advisory will integrate processes, which should help improve our processes. Dr. Quickenden confirmed review of each case is occurring, with intensive discussion by the committee and mediation with the affected staff and providers.

Ms. Jackson next reviewed the Falls data. We have recently had a few falls, and are looking into improvements we can make. Dr. Clevenger noted some of these recent falls have been by max-assist patients, patients on bed-alarms (patients at known risk for fall, that get up unassisted), and several falls were by one patient several days in a row. In last case we brought in a "sitter" as there was no family to help.

PC-06, Unexpected Complications of the Term Newborn, was next reviewed by Ms. Jackson. Our numerator was only 2, but our denominator was lower this month. Ms. Megan Jacobsen, OB Director reviewed the 2 fallouts, which were essentially the same situations we discussed last month, respiratory complications that kept them more than 2 days. We are continuing to work with our OB/GYNs and Pediatricians to ensure we are doing everything we can to prevent these unexpected complications.

PC-2A Cesarean Birth continues to be on track.

OP-18b is similar to ED-2b, but these are ED arrival to ED departure times. We continue to do well with this measure.

We had one (1) fall out with OP-2 Fibrinolytic Therapy received within 30 minutes of ED Arrival. We do fairly well with this measure, despite this one fallout. But, we did dig deep to ensure we weren't missing anything.

OP-23 Head CT/MRI Interpreted within 45 minutes of Arrival is going really well also.

Readmission's rate came up to 9.41%, which is a significant increase. We had a higher numerator this month. Both Case Management and Providers reviewed for opportunities for improvement. Nothing really stood out, it was just a heavy month for readmissions, with one caveat – we are struggling with correct Patient Status Order (PSO) and getting them entered correctly. That is contributing a little to the Admission rates. Dr. Clevenger stated there are several processes we are addressing.

OP-29 Colonoscopy, Appropriate follow-up documented. We are doing very well with this, with just one fall-out. Dr. Poyer noted we have 30 days to document appropriately after scope, and also that provider received education.

STAR rating refreshed on July 27th and we remain at a 2-star rating.

We have been doing a lot of work with Patient Experience and it is a PIPS priority where we are establishing the strategy for the year. We have had several meetings, led by Ms. Cindy Nelson, Patient Experience Coordinator. We can invite Ms. Nelson next month for a more thorough update. Dr. Clevenger stated Nursing Directors have been working with Ms. Nelson, Dr. Poyer and Dr. Hopkins to review patient comments. Dr. Poyer wanted to note that looking to the positive is beneficial. Sometimes we see 9 out of 10 are positive, we need to look at the 10th as an opportunity for improvement.

Highlights on Patient Safety is work the work being done by Valerie Boggs and Suzan Campbell on Just Culture. We are doing training with Senior leaders first and front line staff soon.

We are completing a staffing adequacy survey which will be administered in August, and report should be available next month.

The Just Culture survey will be administered in October.

Clinical audits were done by Valerie Boggs, Julia Kershisnik-Sweedler, Acute Care Services Director, and Megan Jacobsen, OB Director, reviewing on the floors to ensure we aren't losing the alarms in all the noise. Alarms were set appropriately, and staff responded well – we are doing good with this process.

Risk Dashboard was touched on, specifically delays in care, which occurred due to an unexpected availability of one Radiologist, instead of two doing radiology reads.

Grievances are sometime complicated, a compliment and a complaint can be in the same area, skewing our numbers. One identified issue, is not being able to identify where a complaint is coming from. We are working with Corey Worden and Synergi, to identify locations and better drill down on grievances.

Medication Event Dashboard -Medication Safety is one of our PIPS priorities and we will be reporting on overrides and scanning every meeting, which is included in the summary from Jonathan Beattie, Pharmacy Director. Care Aware are going live next week, which should help with scanning barriers.

Meeting Adjourned

The meeting adjourned at 09:50 am

Next Meeting

September 21, 2022 at 08:15 am via ZOOM.

Respectfully Submitted,

Robin Fife, Recording Secretary

DRAFT

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Human Resources Committee Meeting Minutes - Draft
Monday – August 15, 2022
Zoom

Trustee Members Present by Zoom: Kandi Pendleton, Barbara Sowada
Voting Members Present by Zoom: Amber Fisk, Irene Richardson, Suzan Campbell
Non-Voting Members & Guests Present by Zoom: Ann Marie Clevenger, Kari Quickenden, Amy Lucy, Shawn Bazzanella, Cindy Nelson

Kandi called the meeting to order and welcomed everyone.

APPROVAL OF MINUTES

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

ROUTINE REPORTS

Turnover

Amber said the report shows at least 12 people were discharged in the introductory period. Barbara asked about EVS turnover numbers. Amber said those are tough positions to recruit for. Barbara asked us to look at wages locally for comparison. Kandi said she would think benefits would be a draw. Amber said benefits are probably our biggest recruiting tool. Kari mentioned hearing there may be some concerns over vaccination requirements. The Committee discussed the use of Elwood staff. Kandi asked about Unidine. Kari said we have many open positions and said we may see some migration back from EVS to Nutrition Services.

Open Positions

Amy said there are 60 open positions. She said some are planned to be filled soon. Amy outlined the process and said applications come through HR. She said if a candidate meets the requirements, information goes to the directors. The HR Department feels that we are making progress with our efforts.

Contract Staffing

Kandi said the information in the report was good and she found it interesting. Amber offered to send it again due to scanning issues. Barbara asked how we compare to national data for nurse turnover. Amber offered to pull that out. Ann said the emergency department and ICU took the brunt of Covid patients and we have seen high turnover in those areas. Barbara asked about timing of onboarding. Ann said it depends on the nurse's experience. Ann said she is working with nurse leaders to improve the process and we are taking a balanced approach. She said we are building in education. Irene thanked HR for negotiating the contract staff rates. She said we are banking on decreasing contract staff and decreasing rates to bring the cost down. Irene thanked the directors for looking at ways to do more with less. Ann said it is a delicate balance between finances and the safety piece.

OLD BUSINESS

Employee Policies - Workplace Violence Policy

Suzan asked everyone to send their comments to her and she will make updates and bring back to the Committee. Amber said she will also bring the information from The Joint Commission.

NEW BUSINESS

Worker's Compensation/EE Injury Report(s)

Amber shared information from the report. Barbara asked who is responsible for assessing risk and then mitigating. Amber said she is in charge and Security mitigates. She said we also have a team. Ann said she feels information has been underreported and with the help of Quality and the committee, reporting is improving. The plan is for everyone to get MOAB training. Barbara asked for a definition of workplace violence.

HR Charter Review

Barbara suggested adding workplace violence statistics to the list of reports to review. Charter Review will be added to the next month's agenda.

Executive Session

The Committee said there was no need for an executive session.

Next Meeting

The next meeting is September 19.

The meeting adjourned at 4:06 p.m.

F&A COMMITTEE CHAIR REPORT TO THE BOARD

August 2022 meeting

Chair – Ed Tardoni

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

F&A DATA FOR THE MONTH

Both the June and July financial reports are included in this month's packet. Attention is directed to the rate of decline. The past few months have been in the -0.23 to -0.25 (dcoh/day) range. The rate of decline for July came in at -0.21 (dcoh/day). That is indicative that actions being taken are starting to have an effect. The decline rate for all of FY 2022 was -0.21 (dcoh/day) so the intensity of effort must continue.

CAPITAL EXPENDITURES – none were presented for consideration

Staff continues to recommend optional capital expenditures be frozen.

OTHER BUSINESS

(Bad Debt) Preliminary bad debt, presented at the meeting, was just above \$50,000. Mr. Cheese explained and will be asked to do so at the Board Meeting when presenting certified bad debt.

(Cerner EMR Implementation.) Efforts continue. The impact currently is 24 days unbilled and 75 days in AR. CFO reported progress in the matter during the month of August. Outside help has been secured both in reducing AR and ensuring that all proper charges are being captured by Cerner software.

(Involvement of Physicians on F&A Committee) Discussion occurred related to how to involve physicians on the F&A Committee. Consideration is being given to changing meeting times to make committee activity fit physician schedules.

September Meeting

The F&A Committee will meet Wednesday, September 28, 2022 at 1400 hours. Meeting will be by Zoom.

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

Wednesday~ August 31, 2022 2:00 p.m. Teleconference

Voting Members:

Ed Tardoni, Chair
Kandi Pendleton, Trustee
Irene Richardson
Tami Love
Jan Layne

Non-Voting Members:

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

Guests:

Leslie Taylor

- | | | |
|-------|---|------------|
| I. | Call Meeting to Order | Ed Tardoni |
| II. | Approve Agenda | Ed Tardoni |
| III. | <u>Approve June 29, 2022 & August 1, 2022 Meeting Minutes</u> | Ed Tardoni |
| IV. | <u>Capital Requests FY 23</u> | |
| V. | Financial Report | |
| | A. Monthly Financial Statements & Statistical Data | |
| | 1. <u>Narrative-June 2022</u> | Tami Love |
| | 2. <u>Narrative-July 2022</u> | Tami Love |
| | 3. <u>Financial Information</u> | Tami Love |
| | 4. <u>Self-Pay Report</u> | Ron Cheese |
| | 5. <u>Preliminary Bad Debt</u> | Ron Cheese |
| VI. | Old Business | |
| | A. SLIB projects | Tami Love |
| VII. | New Business | |
| | A. Financial Forum Discussion | Ed Tardoni |
| VIII. | Next Meeting | Tami Love |
| IX. | Adjournment | Ed Tardoni |

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO JUNE 2022 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for June was a loss of \$1,075,999, compared to a loss of \$29,866 in the budget. This yields a -12.83% operating margin for the month compared to -.36% in the budget. The year-to-date operating loss is \$6,579,987, compared to a gain \$650,246 in the budget. The year to date operating margin is -6.33%, compared to .66% in the budget.

The total net loss for June is \$1,806,213, compared to a loss of \$128,091 in the budget. Year-to date, the total net loss is \$4,206,185, compared to a total net gain of \$131,551 in the budget. This represents a YTD profit margin of -4.05% compared to budget of .13%.

REVENUE. Revenue for the month came in over budget at \$16,849,077, over budget by \$41,188. Inpatient revenue is over budget by \$441,077, hospital outpatient revenue is under budget by \$319,546 and the Clinic is under budget by \$80,343. Revenue remained over budget by \$7.776 million year to date.

VOLUME. Inpatient days are over budget in June. The average daily census (ADC) increased to 13.7 and average length of stay (LOS) decreased to 3.4 which is over budget. Emergency Room visits are right at budget for June. Outpatient volumes are slightly under budget for June. Clinic volumes came in over budget. Surgeries are under budget.

Annual Debt Service Coverage came in at 1.14. Days of Cash on Hand decreased to 100 as daily cash expense remained at \$282,000 year to date.

REDUCTION OF REVENUE. Deductions from revenue are 50.8% in June and 50.9% year to date, remaining under budget. Total collections for the month came in at \$6,512,225. The repayment of the Medicare Advanced Payment began in April 2021 and through June 2022 we have paid back \$6.2 million of the \$7.4 million received.

Net days in AR remained steady at 65.76 days, as expected with the Cerner conversion. With the delays in Cerner billing, we have seen an increase in the aging percentages of all payers.

EXPENSES. Total expenses in June remained high at \$9,463,454, over budget by \$1,192,858. Expenses are over budget \$13,067,605 year to date. The following line items were over budget in June:

Contract Labor – Due to continuing staffing shortages in clinical areas there are currently contract labor staff in Med/Surg, ICU, Labor & Delivery, Surgery, Emergency Room, Laboratory, Ultrasound, Respiratory Therapy, Behavioral Health and Social Services. Contract labor rates are slowly beginning to come

back down but were much as 175% higher than pre COVID. We are also working on timelines for decreasing travelers as we fill open positions.

Purchased Services – Behavioral Health patient transports, Nutrition services management fees, IT contractors, and off-site Coding are over budget in June.

Utilities – Fuel, water and trash are over budget in June. We have seen a continued rise in natural gas prices over the last year.

Repairs and Maintenance – Expenses over budget include contract licenses due to the delay in Cerner as we continue to pay for both systems.

Other Operating Expenses – Education & Travel, Physician Recruitment and Employee recruitment are over budget in June.

Depreciation – With the adoption of the GASB 87 accounting rule, leases will now be amortized with the expense categorized under Depreciation rather than Leases and Rentals.

PROVIDER CLINIC. Revenue for the Clinics came in slightly under budget at \$1,961,377. Year to date gross revenue is \$22,629,745, under budget by \$1,354,887. The bottom line for the Clinics in June is a loss of \$113,289 compared to a loss of \$506,046 in the budget. The year to date loss is \$5,898,610, compared to a budgeted loss of \$5,073,720. Clinic volumes increased in June to 5,340 as provider schedules returned to pre-Cerner levels. Visits are over budget year to date with 65,585 visits, over budget by 8,925 visits. Total Clinic expenses for the month are \$1,530,173, under budget by \$154,782. Purchased Services, Contract Maintenance and Insurance are over budget.

YEAR IN REVIEW. The financial impact of the COVID19 pandemic on hospitals will continue beyond the actual pandemic. It will take time to turnaround the effects of the staffing shortages, inflationary impacts on supplies, economic impacts on patient collections and payer mix and the change in the delivery of healthcare.

- Contract staffing became a necessity to maintain staffing levels. As we witnessed nationwide, and have previously reported, we had nurses, respiratory technicians and laboratory technicians leave their jobs to work for traveling wages. We also saw contract traveler rates immediately increase from \$80/hour to as much as \$215/hour.
- In April 2022, after a couple delays, we implemented Cerner, our new electronic medical record (EMR) and patient billing system. As expected with any major conversion, we experienced delays in charge capture, coding, billing and collection of patient accounts. This has impacted our days in accounts receivable and our days cash on hand. We have recently contracted with CLA to do a charge capture analysis. Through data analysis they will compare our current charging practices to industry benchmarks including volumes pre and post Cerner conversion. They will also come onsite and do operational interviews with staff to focus on effective charge entry, reconciliation, coding, provider responsiveness and the impact to reimbursement.

- Cash collections were also reduced as we paid back Medicare for the accelerated payments we received in April 2021. We were able to subsidize our operational cash with the CARES Act funding we received in prior years. However, we have seen our accounts receivable almost double since the Cerner conversion. We are currently seeking proposals from vendors to accelerate collections of aging AR in our legacy systems. This would expedite turning the accounts receivable into cash so we can start building back our days cash on hand. The legacy systems are currently being supported and we would like to archive the systems as soon as possible to save on support costs.
- Inflation and supply chain issues have put pressure on our bottom line. Pharmacy costs, medical supplies, utilities and freight expenses increased by more than the reported 8% inflation. Supply chain issues also impacted expenses with some vendors requiring bulk purchases to guarantee any product. This has now become a storage and risk of expiration issue. We have also seen the impact of inflation and supply chain issues on our facility and construction projects.
- From the economical downfall from the pandemic, we have seen some changes in payer mix and collection rates. Nationwide, tens of thousands of people lost their jobs and health insurance. We have seen a decrease in our commercial payer mix with a corresponding increase in Medicare and Medicaid patients. Our Self-Pay patient mix has remained steady.
- Patients continue to defer care, either because of financial restraints or decreased access. We have experienced higher acuity patients due to delaying or avoiding care which results in longer lengths of stay and higher average daily census. Some of these conditions could have been caught in routine physician visits. We are just now starting to see our clinic, surgical and ancillary visits rise back to pre-pandemic levels.
- Moody's, Fitch and Standard and Poor's expect the healthcare sector to be challenged for the remainder of 2022. Rural hospitals and not-for-profit hospitals should expect a downgrade of rating and outlook. Before the pandemic, almost half of all rural hospitals were losing money. More than 20 rural hospitals have closed since the pandemic began.
- Provider relief funds ended early this year with no new funds allocated to assist with the ongoing impact of the pandemic. Year to date we received about \$3 million in assistance in federal funds and the Wyoming Hospital Association.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

NARRATIVE TO JULY 2022 FINANCIAL STATEMENTS

THE BOTTOM LINE. The bottom line from operations for July is a loss of \$605,103, compared to a loss of \$734,232 in the budget. This yields a -7.02% operating margin for the month compared to -8.50% in the budget.

The total net loss for July is \$616,460, compared to a loss of \$716,923 in the budget. This represents a profit margin of -7.15% compared to budget of -8.30%.

REVENUE. Revenue for the month came in at \$16,233,153, under budget by \$1,243,798. Inpatient revenue is over budget by \$94,921, hospital outpatient revenue is under budget by \$1,179,270 and the Clinic is under budget by \$159,449.

VOLUME. Inpatient days and discharges are right at budget for July. Births came in under budget. The average daily census (ADC) is down slightly to 11.2, right at budget and average length of stay (LOS) is at 3, also right at budget. Emergency Room visits are up slightly in July. Outpatient and Clinic volumes are slightly over budget. Surgeries came in under budget.

Annual Debt Service Coverage came in at .65. Days of Cash on Hand decreased to 94 as daily cash expense decreased slightly to \$273,000 for the month.

REDUCTION OF REVENUE. Deductions from revenue are 48.9% in July, under the budget of 51.5%. Total collections for the month came in at \$6,710,249. The repayment of the Medicare Advanced Payment began in April 2021 and through July 2022 we have paid back \$6.2 million of the \$7.4 million received.

Net days in AR grew to 71.57 days, as expected with the Cerner conversion. With the delays in Cerner billing, we have seen an increase in the aging percentages of all payers.

EXPENSES. Total expenses in July decreased to \$9,222,928, under budget by \$153,365. The following line items were over budget in July:

Contract Labor – Due to continuing staffing shortages in clinical areas there are currently contract labor staff in Med/Surg, ICU, Labor & Delivery, Surgery, Dialysis, Emergency Room, Laboratory, Respiratory, Behavioral Health and Social Services. We are starting to see a decrease in this expense as we hire staff and negotiate traveler rates when renewing contracts.

Utilities – Fuel, water and waste collection are over budget in July.

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

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

PROVIDER CLINIC. Revenue for the Clinics came in under budget at \$1,799,568, under budget by \$159,449. The bottom line for the Clinics in July is a loss of \$670,086 compared to a loss of \$515,093 in the budget. Clinic volumes were down in July at 4,953. Total Clinic expenses for the month are \$1,734,622, over budget by \$77,312. Salary & Wage and Pharmacy Allocation are over budget for July.

OUTLOOK FOR AUGUST. Gross patient revenue for August is projecting to \$19.4 million, over budget by \$1.5 million. Inpatient and outpatient volumes across most departments are projecting higher than budget. The average daily census is currently at 13.1 and average length of stay is down at 2.8.

As with revenue, collections are also starting to rebound, projecting to \$8.7 million for August. Deductions of revenue are expected to come in similar to July, about 49%. Expenses will remain level in August due to continued staffing shortages and the need for contract labor. The bottom line for August is estimated near breakeven compared to a loss in the budget.

We have recently contracted with CLA to do a charge capture analysis. Through data analysis they will compare our current charging practices to industry benchmarks including volumes pre and post Cerner conversion. They will also come onsite for operational interviews with staff to focus on effective charge entry, reconciliation, coding, provider responsiveness and the impact to reimbursement.

We are currently seeking proposals from vendors to help accelerate collection of the aging AR in our legacy systems. This would expedite turning the accounts receivable into cash so we can start building back our days cash on hand. The legacy systems are currently being supported and we would like to archive the systems as soon as possible to save on support costs. The reimbursement of the Medicare Accelerated payments will be complete by mid-September which will also increase our cash collections by about half a million per month.

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

FY2022 AUDIT. We continue to work with the auditors on the FY2022 Financial audit and the Single Audit for the CARES Act funds received in FY2020. The Single Audit is due September 30, 2022. We will keep the FY2022 audit open until we get results from the charge capture analysis in case there is substantial lost revenue we can accrue back into June. The Fiscal Services team is also working on submitting information for the FY2022 Medicare Cost report.

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



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

Unaudited Financial Statements

for

Twelve months ended June 30, 2022

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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ROCK SPRINGS, WY**

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

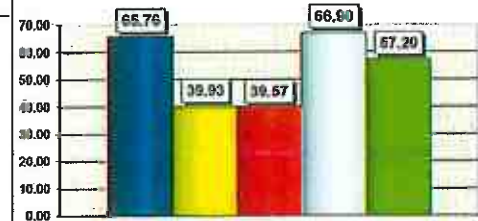
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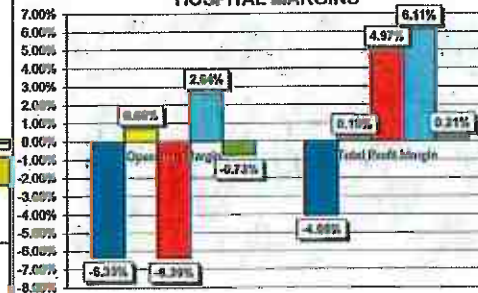
BALANCE SHEET

	YTD 6/30/2022	Prior FYE 6/30/2021
ASSETS		
Current Assets	\$33,058,523	\$28,361,282
Assets Whose Use Is Limited	22,099,344	38,038,595
Property, Plant & Equipment (Net)	71,476,119	68,424,357
Other Assets	1,204,231	210,003
Total Unrestricted Assets	127,838,217	135,034,237
Restricted Assets	434,089	395,362
Total Assets	\$128,272,306	\$135,429,599
LIABILITIES AND NET ASSETS		
Current Liabilities	\$12,011,619	\$10,645,170
Long-Term Debt	26,491,667	27,742,755
Other Long-Term Liabilities	4,126,288	6,644,104
Total Liabilities	42,629,574	45,032,029
Net Assets	85,642,732	90,397,570
Total Liabilities and Net Assets	\$128,272,306	\$135,429,599

NET DAYS IN ACCOUNTS RECEIVABLE



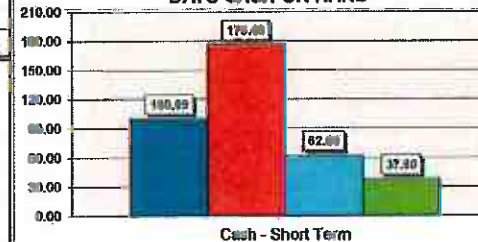
HOSPITAL MARGINS



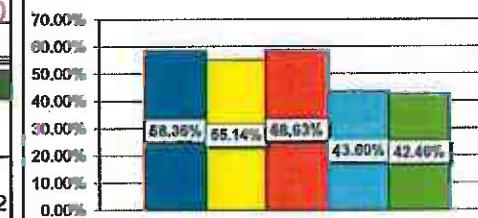
STATEMENT OF REVENUE AND EXPENSES - YTD

	06/30/22 ACTUAL	06/30/22 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$16,849,077	\$16,807,890	\$207,720,393	\$199,944,346
Deductions From Revenue	(8,563,455)	(8,726,442)	(105,769,371)	(103,975,954)
Net Patient Revenues	8,285,622	8,081,448	101,951,022	95,970,392
Other Operating Revenue	101,833	159,282	2,031,072	2,174,330
Total Operating Revenues	8,387,455	8,240,730	103,982,094	98,144,722
Expenses:				
Salaries, Benefits & Contract Labor	5,398,287	4,688,397	64,524,691	54,121,027
Purchased Serv. & Physician Fees	869,015	800,698	9,778,491	9,527,008
Supply Expenses	1,181,337	1,204,624	16,643,113	14,460,656
Other Operating Expenses	983,376	845,559	12,048,196	11,020,430
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	1,031,439	731,318	7,567,590	8,365,355
Total Expenses	9,463,454	8,270,596	110,562,080	97,494,476
NET OPERATING SURPLUS	(1,075,999)	(29,866)	(6,579,987)	650,246
Non-Operating Revenue/(Exp.)	(142,834)	(43,225)	2,373,802	(518,695)
TOTAL NET SURPLUS	(\$1,218,833)	(\$73,091)	(\$4,206,185)	\$131,551

DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	06/30/22 ACTUAL	06/30/22 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	412	308	5,200	4,387
Average Acute Length of Stay	3.4	2.9	3.6	3.2
Total Emergency Room Visits	1,246	1,234	14,991	13,500
Outpatient Visits	7,316	7,335	104,298	95,340
Total Surgeries	141	146	1,643	1,900
Total Worked FTE's	473.34	450.97	462.84	450.97
Total Paid FTE's	508.18	494.77	507.96	494.77
Net Revenue Change from Prior Yr	14.58%	12.57%	11.67%	5.40%
EBIDA - 12 Month Rolling Average			0.95%	9.19%
Current Ratio			2.75	
Days Expense in Accounts Payable			31.47	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Budget	06/30/22
Prior Fiscal Year End	06/30/21
WYOMING	All Hospitals
< \$90M Net Rev.	Rural

FINANCIAL STRENGTH INDEX - (0.85)

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

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Twelve months ended June 30, 2022

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↑ ↓ - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 6/30/2022	Budget 6/30/2022	Speculative Grade Rating	BBB Credit Rating	Prior Fiscal Year End 06/30/21	WYOMING All Hospitals (See Note 1)	National Rural < \$50M Net Rev. (See Note 2)
Profitability:								
Operating Margin	↑	-6.33%	1.90%	1.60%	-1.00%	-6.39%	2.64%	-0.73%
Total Profit Margin	↑	-4.05%	0.76%	2.60%	1.30%	4.97%	6.11%	0.21%
Liquidity:								
Days Cash, All Sources **	↑	100.09	129.76	103.40	228.00	176.49	62.00	37.80
Net Days in Accounts Receivable	↓	65.76	50.02	52.40	51.80	39.57	66.80	57.20
Capital Structure:								
Average Age of Plant (Annualized)	↓	14.13	12.58	14.00	13.90	14.61	9.50	12.40
Long Term Debt to Capitalization	↓	24.14%	25.75%	36.60%	22.30%	24.02%	16.80%	10.00%
Debt Service Coverage Ratio **	↑	1.14	3.97	2.80	2.50	5.03	N/A	2.64
Productivity and Efficiency:								
Paid FTE's per Adjusted Occupied Bed	↓	8.34	8.43			8.61	6.60	4.63
Salary Expense per Paid FTE		\$102,150	\$86,892			\$95,218	\$62,436	\$48,150
Salary and Benefits as a % of Total Operating Exp		58.36%	59.43%			58.63%	43.60%	42.40%

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

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Twelve months ended June 30, 2022

	Current Month 6/30/2022	Prior Month 5/31/2022	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2021
Current Assets					
Cash and Cash Equivalents	\$7,173,928	\$7,076,715	\$97,214	1.37%	\$10,302,741
Gross Patient Accounts Receivable	41,948,878	37,667,100	4,281,778	11.37%	22,751,139
Less: Bad Debt and Allowance Reserves	(23,879,694)	(19,804,272)	(4,075,422)	-20.58%	(12,710,825)
Net Patient Accounts Receivable	18,069,184	17,862,828	206,356	1.16%	10,040,814
Interest Receivable	0	0	0	0.00%	0
Other Receivables	1,779,130	1,915,326	(136,196)	-7.11%	2,073,519
Inventories	4,054,218	3,777,514	276,704	7.33%	3,774,659
Prepaid Expenses	1,982,063	2,089,675	(107,612)	-5.15%	2,169,549
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	33,058,523	32,722,057	336,466	1.03%	28,361,282
Assets Whose Use is Limited					
Cash	(37,762)	12,766	(50,528)	-395.81%	145,904
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	637,426	478,039	159,387	33.34%	3,015,531
Trustee Held Funds - SPT	28,281	28,265	16	0.06%	26,503
Board Designated Funds	6,924,862	9,419,089	(2,494,226)	-26.48%	19,921,794
Other Limited Use Assets	14,546,537	15,037,251	(490,714)	-3.26%	14,928,863
Total Limited Use Assets	22,099,344	24,975,409	(2,876,065)	-11.52%	38,038,595
Property, Plant, and Equipment					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,025,159
Building and Building Improvements	49,597,599	49,597,599	0	0.00%	41,947,846
Equipment	118,780,053	118,647,189	132,863	0.11%	114,615,271
Construction In Progress	731,897	870,965	(139,068)	-15.97%	7,220,982
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	173,351,843	173,358,048	(6,205)	0.00%	167,809,258
Less: Accumulated Depreciation	(101,875,723)	(101,092,845)	(782,878)	-0.77%	(99,384,901)
Net Property, Plant, and Equipment	71,476,119	72,265,202	(789,083)	-1.09%	68,424,357
Other Assets					
Unamortized Loan Costs	1,204,231	1,428,377	(224,146)	-15.69%	210,003
Other	0	0	0	0.00%	0
Total Other Assets	1,204,231	1,428,377	(224,146)	-15.69%	210,003
TOTAL UNRESTRICTED ASSETS	127,838,217	131,391,045	(3,552,828)	-2.70%	135,034,237
Restricted Assets	434,089	436,948	(2,859)	-0.65%	395,362
TOTAL ASSETS	\$128,272,306	\$131,827,992	(\$3,555,687)	-2.70%	\$135,429,599

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Twelve months ended June 30, 2022

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2021
	Current Month 6/30/2022	Prior Month 5/31/2022	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$5,227,646	\$6,626,869	\$1,399,223	21.11%	\$5,787,069
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,787,856	1,486,976	(300,880)	-20.23%	1,555,117
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,804,901	2,765,445	(39,456)	-1.43%	2,537,177
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)	1,562,895	1,142,648	(420,247)	-36.78%	319,366
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	628,321	687,225	58,904	8.57%	446,442
Total Current Liabilities	12,011,619	12,709,163	697,544	5.49%	10,645,170
Long Term Debt					
Bonds/Mortgages Payable	28,054,562	27,720,148	(334,414)	-1.21%	28,062,121
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,562,895	1,142,648	(420,247)	-36.78%	319,366
Total Long Term Debt (Net of Current)	26,491,667	26,577,500	85,833	0.32%	27,742,755
Other Long Term Liabilities					
Deferred Revenue	1,255,068	1,714,834	459,766	26.81%	6,497,997
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	2,871,220	3,374,691	503,471	14.92%	146,106
Total Other Long Term Liabilities	4,126,288	5,089,525	963,237	18.93%	6,644,104
TOTAL LIABILITIES	42,629,574	44,376,188	1,746,614	3.94%	45,032,029
Net Assets:					
Unrestricted Fund Balance	87,459,582	88,046,962	587,380	0.67%	83,129,665
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	430,216	433,075	2,859	0.66%	391,489
Net Revenue/(Expenses)	(4,206,189)	(2,987,351)	N/A	N/A	4,917,296
TOTAL NET ASSETS	85,642,732	87,451,804	1,809,072	2.07%	90,397,570
TOTAL LIABILITIES AND NET ASSETS	\$128,272,306	\$131,827,992	\$3,555,687	2.70%	\$135,429,599

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

Twelve months ended June 30, 2022

	CURRENT MONTH				Prior Year 06/30/21
	Actual 06/30/22	Budget 06/30/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,777,323	\$3,336,247	\$441,077	13.22%	\$2,685,411
Outpatient Revenue	11,110,377	11,429,924	(319,546)	-2.80%	11,118,723
Clinic Revenue	1,679,271	1,715,558	(36,286)	-2.12%	1,448,630
Specialty Clinic Revenue	282,105	326,162	(44,056)	-13.51%	343,674
Total Gross Patient Revenue	16,849,077	16,807,890	41,188	0.25%	15,596,439
Deductions From Revenue					
Discounts and Allowances	(7,197,480)	(7,395,671)	198,190	2.68%	(6,867,239)
Bad Debt Expense (Governmental Providers Only)	(708,216)	(1,132,543)	424,328	37.47%	(1,119,785)
Medical Assistance	(657,759)	(198,228)	(459,532)	-231.82%	(394,216)
Total Deductions From Revenue	(8,563,455)	(8,726,442)	162,986	1.87%	(8,381,239)
Net Patient Revenue	8,285,622	8,081,448	204,174	2.53%	7,215,200
Other Operating Revenue	101,833	159,282	(57,449)	-36.07%	105,054
Total Operating Revenue	8,387,455	8,240,730	146,725	1.78%	7,320,254
Operating Expenses					
Salaries and Wages	3,742,411	3,662,963	(79,448)	-2.17%	5,328,942
Fringe Benefits	769,815	1,011,059	241,244	23.86%	959,361
Contract Labor	886,061	14,375	(871,686)	-6063.90%	285,959
Physicians Fees	327,771	361,807	34,036	9.41%	512,548
Purchased Services	541,244	438,891	(102,354)	-23.32%	639,680
Supply Expense	1,181,337	1,204,624	23,287	1.93%	1,174,639
Utilities	98,423	84,782	(13,641)	-16.09%	91,804
Repairs and Maintenance	857,419	457,194	(400,225)	-87.54%	513,075
Insurance Expense	61,854	48,783	(13,070)	-26.79%	52,887
All Other Operating Expenses	242,792	200,066	(42,727)	-21.36%	199,196
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	(277,111)	54,734	331,846	606.29%	57,770
Depreciation and Amortization	1,031,439	731,318	(300,121)	-41.04%	557,367
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,463,454	8,270,596	(1,192,858)	-14.42%	10,383,228
Net Operating Surplus/(Loss)	(1,075,999)	(29,866)	(1,046,133)	3502.76%	(3,862,975)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	118,125	16,878	101,248	599.90%	19,538
Tax Subsidies (Except for GO Bond Subsidies)	16	0	16	0.00%	(1,786)
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(271,576)	(109,312)	162,265	-148.44%	(111,926)
Other Non-Operating Revenue/(Expenses)	10,800	49,210	(38,609)	-78.46%	2,381,377
Total Non Operating Revenue/(Expense)	(142,834)	(43,225)	(99,610)	230.45%	2,287,193
Total Net Surplus/(Loss)	(\$1,218,833)	(\$73,091)	(\$1,145,743)	1567.57%	(\$775,782)
Change in Unrealized Gains/(Losses) on Investments	(587,380)	(55,000)	(632,380)	967.96%	(17,877)
Increase/(Decrease in Unrestricted Net Assets	(\$1,806,213)	(\$128,091)	(\$1,678,123)	1310.11%	(\$793,659)
Operating Margin	-12.83%	-0.36%			-41.84%
Total Profit Margin	-14.53%	-0.89%			-10.60%
EBIDA	-0.53%	8.51%			-34.26%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Twelve months ended June 30, 2022

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	YEAR-TO-DATE				Prior Year 06/30/21
	Actual 06/30/22	Budget 06/30/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$48,587,269	\$39,984,959	\$8,602,310	21.51%	\$37,846,684
Outpatient Revenue	136,503,379	135,974,755	528,624	0.39%	128,968,469
Clinic Revenue	19,382,594	19,970,693	(588,100)	-2.94%	16,725,565
Specialty Clinic Revenue	3,247,151	4,013,939	(766,788)	-19.10%	3,552,921
Total Gross Patient Revenue	<u>207,720,393</u>	<u>199,944,346</u>	<u>7,776,047</u>	<u>3.89%</u>	<u>187,093,639</u>
Deductions From Revenue					
Discounts and Allowances	(92,016,785)	(88,004,705)	(4,012,080)	-4.56%	(81,445,892)
Bad Debt Expense (Governmental Providers Only)	(11,722,081)	(13,596,519)	1,868,488	13.75%	(12,093,691)
Medical Assistance	(2,030,555)	(2,378,780)	348,176	14.64%	(2,754,698)
Total Deductions From Revenue	<u>(105,769,371)</u>	<u>(103,973,954)</u>	<u>(1,785,417)</u>	<u>-1.73%</u>	<u>(96,293,991)</u>
Net Patient Revenue	<u>101,951,022</u>	<u>95,970,392</u>	<u>5,980,630</u>	<u>6.23%</u>	<u>90,799,648</u>
Other Operating Revenue	<u>2,031,072</u>	<u>2,174,330</u>	<u>(143,258)</u>	<u>-6.59%</u>	<u>2,313,817</u>
Total Operating Revenue	<u>103,982,094</u>	<u>98,144,722</u>	<u>5,837,372</u>	<u>5.95%</u>	<u>93,113,465</u>
Operating Expenses					
Salaries and Wages	44,570,952	41,988,909	(2,602,043)	-6.20%	44,544,751
Fringe Benefits	12,636,825	11,416,708	(1,220,118)	-10.69%	11,656,619
Contract Labor	7,316,914	735,410	(6,581,504)	-894.94%	1,874,887
Physicians Fees	4,297,012	4,428,276	131,264	2.96%	3,485,391
Purchased Services	5,481,479	5,098,732	(382,747)	-7.51%	5,067,608
Supply Expense	16,643,113	14,460,656	(2,182,457)	-15.00%	15,152,632
Utilities	1,173,793	1,117,307	(56,486)	-5.06%	1,110,670
Repairs and Maintenance	7,278,959	6,135,260	(1,143,699)	-18.64%	5,957,993
Insurance Expense	690,287	585,397	(104,890)	-12.79%	511,048
All Other Operating Expenses	2,554,768	2,503,767	(51,001)	-2.04%	2,129,055
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	380,388	678,699	298,310	43.95%	745,509
Depreciation and Amortization	7,567,590	8,365,355	797,765	9.54%	6,826,760
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	<u>110,562,080</u>	<u>97,494,476</u>	<u>(13,067,605)</u>	<u>-13.40%</u>	<u>99,062,923</u>
Net Operating Surplus/(Loss)	<u>(6,579,987)</u>	<u>660,246</u>	<u>(7,230,233)</u>	<u>-1111.92%</u>	<u>(5,949,458)</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	243,145	202,530	40,615	20.05%	299,144
Tax Subsidies (Except for GO Bond Subsidies)	1,778	0	1,778	0.00%	12,158
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(1,330,844)	(1,311,740)	(19,104)	1.46%	(1,314,293)
Other Non-Operating Revenue/(Expense)	3,459,723	590,515	2,869,208	485.88%	11,584,566
Total Non Operating Revenue/(Expense)	<u>2,373,802</u>	<u>(518,895)</u>	<u>2,892,497</u>	<u>-557.65%</u>	<u>10,581,675</u>
Total Net Surplus/(Loss)	<u>(\$4,206,185)</u>	<u>\$131,551</u>	<u>(\$4,337,736)</u>	<u>-3297.38%</u>	<u>\$4,632,117</u>
Change in Unrealized Gains/(Losses) on Investments	<u>(587,380)</u>	<u>(55,000)</u>	<u>(532,380)</u>	<u>967.96%</u>	<u>(154,361)</u>
Increase/(Decrease) in Unrestricted Net Assets	<u>(\$4,793,565)</u>	<u>\$76,551</u>	<u>(\$4,870,116)</u>	<u>-6361.91%</u>	<u>\$4,477,756</u>
Operating Margin	-6.33%	0.66%			-6.39%
Total Profit Margin	-4.05%	0.13%			4.97%
EBIDA	0.95%	9.19%			0.93%

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

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	Actual 6/30/2022	Actual 6/31/2022	Actual 4/30/2022	Actual 3/31/2022	Actual 2/28/2022	Actual 1/31/2022
Gross Patient Revenue						
Inpatient Revenue	\$3,777,323	\$4,251,353	\$3,329,718	\$3,977,177	\$3,576,754	\$3,583,344
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$11,110,377	\$11,073,942	\$11,024,642	\$11,545,845	\$11,321,452	\$11,144,237
Clinic Revenue	\$1,679,274	\$1,584,143	\$1,511,759	\$1,701,127	\$1,734,823	\$1,482,429
Specialty Clinic Revenue	\$282,105	\$142,780	\$278,446	\$433,489	\$170,386	\$315,655
Total Gross Patient Revenue	\$16,849,077	\$17,032,197	\$16,144,564	\$17,657,638	\$16,803,394	\$16,505,665
Deductions From Revenue						
Discounts and Allowances	\$7,197,480	\$7,535,089	\$8,674,512	\$8,147,341	\$7,628,096	\$7,889,958
Bad Debt Expense (Governmental Providers On Charity Care)	\$708,216	\$785,155	\$1,128,374	\$813,826	\$1,205,992	\$1,242,529
	\$667,759	\$40,187	\$216,239	\$311,522	(\$6,688)	\$27,285
Total Deductions From Revenue	8,583,455	8,440,432	8,019,124	9,272,389	8,827,400	9,158,782
Net Patient Revenue	\$8,285,622	\$8,591,766	\$8,125,441	\$8,385,250	\$7,975,994	\$7,346,883
Other Operating Revenue	101,833	133,070	198,584	490,170	158,988	227,288
Total Operating Revenue	\$8,387,455	\$8,725,436	\$8,324,024	\$8,881,419	\$8,132,982	7,574,181
Operating Expenses						
Salaries and Wages	\$3,742,411	\$3,734,120	\$3,824,834	\$3,798,770	\$3,546,337	\$3,679,506
Fringe Benefits	\$769,816	\$971,272	\$1,080,848	\$1,083,304	\$1,455,793	\$1,052,886
Contract Labor	\$886,081	\$1,095,022	\$1,073,901	\$818,922	\$632,212	\$623,830
Physicians Fees	\$327,771	\$331,692	\$331,304	\$443,520	\$377,123	\$402,704
Purchased Services	\$641,244	\$445,141	\$449,588	\$420,057	\$519,889	\$549,353
Supply Expense	\$1,181,337	\$1,157,703	\$1,271,388	\$1,581,189	\$1,282,845	\$1,118,697
Utilities	\$98,423	\$105,411	\$105,551	\$116,195	\$91,746	\$107,927
Repairs and Maintenance	\$857,419	\$653,692	\$639,594	\$558,833	\$627,377	\$543,550
Insurance Expense	\$61,654	\$58,449	\$52,289	\$53,274	\$49,545	\$51,700
All Other Operating Expenses	\$242,782	\$232,000	\$226,221	\$198,212	\$204,287	\$188,182
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	(\$277,111)	\$61,782	\$72,847	\$82,288	\$59,614	\$47,680
Depreciation and Amortization	\$1,931,458	\$737,864	\$602,022	\$824,984	\$681,401	\$580,586
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$8,463,454	\$8,594,040	\$9,742,343	\$9,717,527	\$8,427,682	\$8,943,998
Net Operating Surplus/(Loss)	(\$1,075,999)	(\$868,604)	(\$1,418,319)	(\$836,107)	(\$1,294,699)	(\$1,369,818)
Non-Operating Revenue:						
Contributions						
Investment Income	118,125	17,163	11,223	11,674	7,177	8,304
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	10	255	0	26	29	189
Interest Expense (Governmental Providers Only)	(271,976)	(79,408)	(79,408)	(61,580)	(66,878)	(240,705)
Other Non-Operating Revenue/(Expenses)	30,890	19,933	201,637	106,183	13,064	1,789,876
Total Non Operating Revenue/(Expense)	(\$142,834)	(\$42,067)	\$233,352	\$55,283	(\$18,609)	\$1,537,365
Total Net Surplus/(Loss)	(\$1,218,833)	(\$900,671)	(\$1,184,967)	(\$780,824)	(\$1,311,598)	\$167,548
Change in Unrealized Gains/(Losses) on Investn	(\$87,380)					
Increase/(Decrease in Unrestricted Net Assets	(\$1,806,213)	(\$900,671)	(\$1,184,967)	(\$780,824)	(\$1,311,598)	\$167,548
Operating Margin	-12.63%	-9.84%	-17.04%	-9.41%	-15.92%	-18.09%
Total Profit Margin	-14.63%	-10.32%	-14.24%	-8.45%	-16.13%	2.21%
EBIDA	-0.63%	-1.39%	-9.81%	-2.39%	-8.77%	-10.42%

Actual 12/31/2021	Actual 11/30/2021	Actual 10/31/2021	Actual 9/30/2021	Actual 8/31/2021	Actual 7/31/2021
\$3,901,947	\$3,638,528	\$6,080,930	\$6,033,540	\$3,340,697	\$3,108,991
\$12,775,161	\$11,200,991	\$10,674,893	\$10,841,547	\$11,805,073	\$12,385,219
\$1,987,053	\$1,822,638	\$1,698,739	\$1,419,718	\$1,520,958	\$1,481,938
\$957,797	\$254,659	\$230,826	\$375,846	\$171,175	\$234,229
\$19,001,956	\$16,713,813	\$18,593,188	\$18,370,651	\$16,837,901	\$17,210,347
\$8,555,249	\$7,294,927	\$7,994,841	\$7,861,993	\$7,548,034	\$7,788,266
\$1,000,988	\$1,128,581	\$909,293	\$722,948	\$1,039,023	\$1,087,325
\$235,454	(\$18,194)	(\$17,014)	\$502,179	\$23,400	\$58,415
9,790,791	8,405,294	8,887,120	8,887,120	8,610,457	8,906,006
\$9,211,186	\$8,307,519	\$9,705,068	\$9,483,531	\$8,227,443	\$8,304,341
175,824	89,626	137,282	89,543	112,967	128,489
9,387,790	8,388,144	9,543,350	9,584,074	8,348,410	8,432,830
\$3,657,195	\$3,723,088	\$4,105,038	\$3,770,228	\$3,570,615	\$3,480,834
\$973,861	\$1,065,893	\$1,318,416	\$1,079,997	\$766,740	\$1,008,022
\$459,979	\$410,170	\$361,697	\$354,688	\$293,794	\$308,728
\$408,140	\$364,978	\$382,983	\$308,701	\$295,756	\$321,340
\$380,764	\$461,277	\$359,636	\$433,583	\$364,402	\$646,835
\$1,685,777	\$1,435,668	\$1,394,997	\$1,877,803	\$1,381,763	\$1,476,093
\$105,780	\$92,733	\$91,857	\$88,009	\$84,860	\$86,421
\$531,372	\$731,037	\$612,137	\$533,318	\$514,285	\$476,044
\$51,204	\$51,204	\$51,404	\$50,846	\$75,848	\$52,703
\$189,727	\$241,518	\$222,475	\$189,287	\$180,435	\$238,671
\$50,397	\$55,342	\$50,923	\$54,068	\$52,822	\$63,758
\$380,355	\$621,714	\$525,962	\$581,412	\$561,377	\$558,504
\$9,083,636	\$9,264,501	\$9,483,525	\$9,102,915	\$8,142,405	\$8,615,953
\$394,265	(\$866,357)	\$359,826	\$481,169	\$185,005	(\$183,123)
10,129	14,102	11,918	12,534	9,845	10,961
13	147	853	105	421	21
4,670	(111,555)	(107,774)	(111,369)	(107,625)	(107,827)
285,732	14,504	633,411	11,583	8,743	218,385
\$303,544	(\$82,802)	\$438,108	(\$87,147)	(\$88,611)	\$222,720
\$607,790	(\$949,160)	\$797,933	\$374,012	\$100,395	\$39,597
\$607,790	(\$949,160)	\$797,933	\$374,012	\$100,395	\$39,597
3.24%	-10.33%	3.66%	4.82%	2.37%	-2.17%
6.47%	-11.32%	8.11%	3.91%	1.31%	0.47%
9.42%	-2.92%	9.00%	10.69%	9.10%	4.45%

Statement of Cash Flows

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

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Twelve months ended June 30, 2022

	CASH FLOW	
	Current Month 6/30/2022	Current Year-To-Date 6/30/2022
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(\$1,218,833)	(\$4,206,185)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	737,040	7,273,191
(Increase)/Decrease in Net Patient Accounts Receivable	(206,356)	(8,028,371)
(Increase)/Decrease in Other Receivables	136,196	294,389
(Increase)/Decrease in Inventories	(276,704)	(279,559)
(Increase)/Decrease in Pre-Paid Expenses	107,612	187,486
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	(1,399,223)	(559,423)
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	340,336	500,464
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	(58,904)	181,879
Net Cash Provided by Operating Activities:	(1,838,836)	(4,536,128)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	52,043	(10,324,953)
(Increase)/Decrease in Limited Use Cash and Investments	2,825,537	15,755,585
(Increase)/Decrease in Other Limited Use Assets	50,528	183,666
(Increase)/Decrease in Other Assets	224,146	(994,228)
Net Cash Used by Investing Activities	3,152,253	4,620,070
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	334,414	(7,559)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(963,237)	(2,517,816)
Net Cash Used for Financing Activities	(628,823)	(2,525,375)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(587,380)	(587,380)
Net Increase/(Decrease) in Cash	97,214	(3,128,813)
Cash, Beginning of Period	7,076,715	10,302,741
Cash, End of Period	\$7,173,928	\$7,173,928

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
Twelve months ended June 30, 2022

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Current Month					Year-To-Date			
Actual 06/30/22	Budget 06/30/22	Positive/ (Negative) Variance	Prior Year 06/30/21	STATISTICS	Actual 06/30/22	Budget 06/30/22	Positive/ (Negative) Variance	Prior Year 06/30/21
Discharges								
121	108	13	108	Acute	1,429	1,375	54	1,375
121	108	13	108	Total Adult Discharges	1,429	1,375	54	1,375
31	30	1	30	Newborn	400	402	(2)	393
152	138	14	138	Total Discharges	1,829	1,777	52	1,768
Patient Days:								
412	308	104	290	Acute	5,200	4,387	813	4,179
412	308	104	290	Total Adult Patient Days	5,200	4,387	813	4,179
52	52	0	40	Newborn	643	700	(57)	589
464	360	104	330	Total Patient Days	5,843	5,087	756	4,768
Average Length of Stay (ALOS)								
3.4	2.9	0.6	2.7	Acute	3.6	3.2	0.4	3.0
3.4	2.9	0.6	2.7	Total Adult ALOS	3.6	3.2	0.4	3.0
1.7	1.7	(0.1)	1.3	Newborn ALOS	1.6	1.7	(0.1)	1.5
Average Daily Census (ADC)								
13.7	10.3	3.5	9.7	Acute	14.2	12.0	2.2	11.4
13.7	10.3	3.5	9.7	Total Adult ADC	14.2	12.0	2.2	11.4
1.7	1.7	0.0	1.3	Newborn	1.8	1.9	(0.2)	1.6
Emergency Room Statistics								
69	133	(64)	116	ER Visits - Admitted	1,444	1,500	(56)	1,423
1,177	1,101	76	1,095	ER Visits - Discharged	13,547	12,000	1,547	11,934
1,246	1,234	12	1,211	Total ER Visits	14,991	13,500	1,491	13,357
5.54%	10.78%		9.58%	% of ER Visits Admitted	9.63%	11.11%		10.65%
57.02%	123.15%		107.41%	ER Admissions as a % of Total	101.05%	109.09%		103.49%
Outpatient Statistics:								
7,316	7,335	(19)	8,292	Total Outpatients Visits	104,298	95,340	8,958	106,791
0	94	(94)	94	Observation Bed Days	1,251	1,200	51	1,148
4,887	4,611	276	4,611	Clinic Visits - Primary Care	59,902	50,367	9,535	50,367
453	561	(108)	561	Clinic Visits - Specialty Clinics	5,683	6,293	(610)	6,293
27	20	7	20	IP Surgeries	289	300	(11)	278
114	126	(12)	109	OP Surgeries	1,354	1,600	(246)	1,523
Productivity Statistics:								
473.34	450.97	22.37	455.61	FTE's - Worked	462.84	450.97	11.87	443.11
508.18	494.77	13.41	496.01	FTE's - Paid	507.96	494.77	13.19	486.89
0.0000	1.6099	(1.61)	1.6099	Case Mix Index - Medicare	1.4927	1.6099	(0.12)	1.5068
0.0000	1.1672	(1.17)	1.1672	Case Mix Index - All payers	0.7940	1.1672	(0.37)	1.1954

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY

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06/30/22

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	76.31	44.49
Net Days in Accounts Receivable	65.76	39.57
Number of Gross Days in Unbilled Revenue	24.18	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	19.67%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	3.90%	1.18%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.98%	1.19%
Bad Debts as a % of Gross Patient Revenue - Current Month	4.20%	6.74%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	5.64%	6.80%
Collections as a Percentage of Net Revenue - Current Month	78.60%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	89.62%	100% or >
Percentage of Blue Cross Receivable > 90 Days	4.16%	< 10%
Percentage of Insurance Receivable > 90 Days	26.11%	< 15%
Percentage of Medicaid Receivable > 90 Days	27.73%	< 20%
Percentage of Medicare Receivable > 60 Days	10.00%	< 6%



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

Unaudited Financial Statements

for

One month ended July 31, 2022

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY

EXECUTIVE FINANCIAL SUMMARY

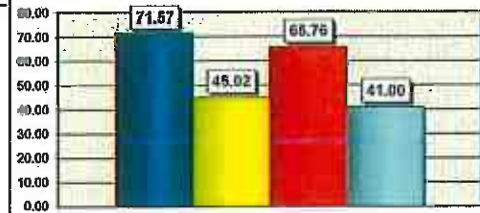
PAGE 2

One month ended July 31, 2022

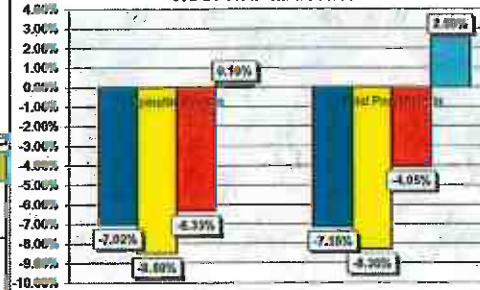
BALANCE SHEET

	YTD 7/31/2022	Prior FYE 6/30/2022
ASSETS		
Current Assets	\$34,970,760	\$33,058,523
Assets Whose Use is Limited	19,810,025	22,099,344
Property, Plant & Equipment (Net)	70,846,181	71,476,119
Other Assets	1,196,069	1,204,231
Total Unrestricted Assets	126,823,036	127,838,217
Restricted Assets	434,089	434,089
Total Assets	\$127,257,124	\$128,272,306
LIABILITIES AND NET ASSETS		
Current Liabilities	\$12,392,519	\$12,011,619
Long-Term Debt	26,405,833	26,491,667
Other Long-Term Liabilities	3,432,500	4,126,288
Total Liabilities	42,230,852	42,629,574
Net Assets	85,026,272	85,642,732
Total Liabilities and Net Assets	\$127,257,124	\$128,272,306

NET DAYS IN ACCOUNTS RECEIVABLE

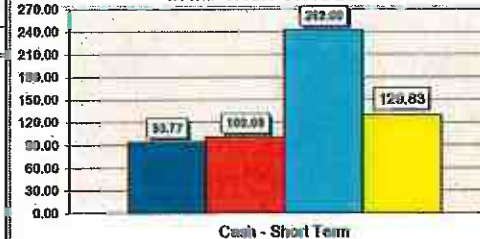


HOSPITAL MARGINS

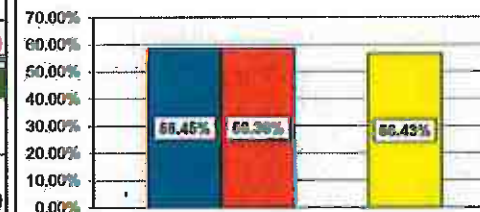


STATEMENT OF REVENUE AND EXPENSES - YTD				
	07/31/22 ACTUAL	07/31/22 BUDGET	YTD ACTUAL	YTD BUDGET
Revenue:				
Gross Patient Revenues	\$16,233,153	\$17,476,951	\$16,233,153	\$17,476,951
Deductions From Revenue	(7,936,303)	(8,997,145)	(7,936,303)	(8,997,145)
Net Patient Revenues	8,296,850	8,479,806	8,296,850	8,479,806
Other Operating Revenue	320,975	162,256	320,975	162,256
Total Operating Revenues	8,617,825	8,642,061	8,617,825	8,642,061
Expenses:				
Salaries, Benefits & Contract Labor	5,391,114	5,471,421	5,391,114	5,471,421
Purchased Serv. & Physician Fees	825,733	849,897	825,733	849,897
Supply Expenses	1,285,843	1,354,867	1,285,843	1,354,867
Other Operating Expenses	980,711	948,671	980,711	948,671
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	739,526	751,437	739,526	751,437
Total Expenses	9,222,928	9,376,293	9,222,928	9,376,293
NET OPERATING SURPLUS	(605,103)	(734,232)	(605,103)	(734,232)
Non-Operating Revenue/(Exp.)	(11,358)	17,308	(11,358)	17,308
TOTAL NET SURPLUS	(\$616,460)	(\$716,923)	(\$616,460)	(\$716,923)

DAYS CASH ON HAND



SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



KEY STATISTICS AND RATIOS

	07/31/22 ACTUAL	07/31/22 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	363	347	363	347
Average Acute Length of Stay	3.2	3.0	3.2	3.0
Total Emergency Room Visits	1,373	1,341	1,373	1,341
Outpatient Visits	6,400	9,575	6,400	9,575
Total Surgeries	111	148	111	148
Total Worked FTE's	417.72	465.19	417.72	465.19
Total Paid FTE's	483.45	511.59	483.45	511.59
Net Revenue Change from Prior Yr	2.19%	2.48%	2.19%	2.48%
EBIDA - 12 Month Rolling Average			0.72%	0.20%
Current Ratio			2.82	
Days Expense in Accounts Payable			33.02	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Budget	07/31/22
Prior Fiscal Year End	06/30/22
CLA \$50-\$100M Net Revenue	6/30/2020

FINANCIAL STRENGTH INDEX - (1.14)

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

Key Financial Ratios

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2022

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- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 7/31/2022	Budget 6/30/2023	Prior Fiscal Year End 06/30/22	CLA \$50-\$100 MM Net Revenue (See Note 1)
Profitability:					
Operating Margin	↑	-7.02%	0.24%	-6.33%	0.10%
Total Profit Margin	↑	-7.15%	0.31%	-4.05%	2.50%
Liquidity:					
Days Cash, All Sources **	↑	93.77	129.83	100.09	242.00
Net Days in Accounts Receivable	↓	71.57	45.02	65.76	41.00
Capital Structure:					
Average Age of Plant (Annualized)	↓	12.70	11.32	14.13	12.00
Long Term Debt to Capitalization	↓	24.22%	19.87%	24.14%	27.00%
Debt Service Coverage Ratio **	↑	0.65	2.42	1.14	2.80
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	↓	8.74	8.43	8.34	NA
Salary Expense per Paid FTE		\$104,966	\$86,892	\$102,150	NA
Salary and Benefits as a % of Total Operating Exp		58.45%	56.43%	58.36%	NA

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

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

Balance Sheet - Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2022

	Current Month 7/31/2022	Prior Month 6/30/2022	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2022
Current Assets					
Cash and Cash Equivalents	\$6,974,080	\$7,173,928	(\$199,848)	-2.79%	\$7,173,928
Gross Patient Accounts Receivable	43,100,291	41,948,878	1,151,413	2.74%	41,948,878
Less: Bad Debt and Allowance Reserves	(23,515,148)	(23,879,694)	364,546	1.53%	(23,879,694)
Net Patient Accounts Receivable	19,585,142	18,069,184	1,515,958	8.39%	18,069,184
Interest Receivable	0	0	0	0.00%	0
Other Receivables	2,244,223	1,779,130	465,094	26.14%	1,779,130
Inventories	4,091,621	4,054,218	37,403	0.92%	4,054,218
Prepaid Expenses	2,075,694	1,982,063	93,631	4.72%	1,982,063
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	34,970,760	33,058,523	1,912,238	5.78%	33,058,523
Assets Whose Use is Limited					
Cash	19,184	(37,762)	56,946	-150.80%	(37,762)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	794,801	637,426	157,375	24.69%	637,426
Trustee Held Funds - SPT	28,290	28,281	9	0.03%	28,281
Board Designated Funds	4,932,214	6,924,862	(1,992,648)	-28.78%	6,924,862
Other Limited Use Assets	14,035,537	14,546,537	(511,000)	-3.51%	14,546,537
Total Limited Use Assets	19,810,025	22,099,344	(2,289,319)	-10.36%	22,099,344
Property, Plant, and Equipment					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	49,597,599	49,597,599	0	0.00%	49,597,599
Equipment	118,825,437	118,714,821	110,616	0.09%	118,714,821
Construction In Progress	796,101	731,897	64,204	8.77%	731,897
Capitalized Interest	0	65,232	(65,232)	-100.00%	65,232
Gross Property, Plant, and Equipment	173,461,431	173,351,843	109,588	0.06%	173,351,843
Less: Accumulated Depreciation	(102,615,250)	(101,875,723)	(739,526)	-0.73%	(101,875,723)
Net Property, Plant, and Equipment	70,846,181	71,476,119	(629,938)	-0.88%	71,476,119
Other Assets					
Unamortized Loan Costs	1,196,069	1,204,231	(8,162)	-0.68%	1,204,231
Other	0	0	0	0.00%	0
Total Other Assets	1,196,069	1,204,231	(8,162)	-0.68%	1,204,231
TOTAL UNRESTRICTED ASSETS	126,823,036	127,838,217	(1,015,182)	-0.79%	127,838,217
Restricted Assets	434,089	434,089	0	0.00%	434,089
TOTAL ASSETS	\$127,257,124	\$128,272,306	(\$1,015,182)	-0.79%	\$128,272,306

Balance Sheet - Liabilities and Net Assets

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2022

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2022
	Current Month 7/31/2022	Prior Month 6/30/2022	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$5,243,238	\$5,227,646	(\$15,682)	-0.30%	\$5,227,646
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	2,081,173	1,787,856	(293,316)	-16.41%	1,787,856
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,768,108	2,804,901	36,793	1.31%	2,804,901
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	1,514,599	1,562,895	48,297	3.09%	1,562,895
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	785,401	628,321	(157,080)	-25.00%	628,321
Total Current Liabilities	12,392,519	12,011,619	(380,980)	-3.17%	12,011,619
Long Term Debt					
Bonds/Mortgages Payable	27,920,432	28,054,562	134,130	0.48%	28,054,562
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,514,599	1,562,895	48,297	3.09%	1,562,895
Total Long Term Debt (Net of Current)	26,405,833	26,491,667	85,833	0.32%	26,491,667
Other Long Term Liabilities					
Deferred Revenue	673,547	1,255,068	581,521	46.33%	1,255,068
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	2,758,953	2,871,220	112,267	3.91%	2,871,220
Total Other Long Term Liabilities	3,432,500	4,126,288	693,788	16.81%	4,126,288
TOTAL LIABILITIES	42,230,852	42,629,574	398,721	0.94%	42,629,574
Net Assets:					
Unrestricted Fund Balance	83,253,397	87,459,582	4,206,185	4.81%	87,459,582
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	430,216	430,216	(0)	0.00%	430,216
Net Revenue/(Expenses)	(616,460)	(4,206,185)	N/A	N/A	(4,206,185)
TOTAL NET ASSETS	85,026,272	85,642,732	616,460	0.72%	85,642,732
TOTAL LIABILITIES AND NET ASSETS	\$127,257,124	\$128,272,306	\$1,015,182	0.79%	\$128,272,306

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2022

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	CURRENT MONTH				Prior Year 07/31/21
	Actual 07/31/22	Budget 07/31/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,436,817	\$3,341,897	\$94,921	2.84%	\$3,108,961
Outpatient Revenue	10,996,767	12,176,037	(1,179,270)	-9.69%	12,385,219
Clinic Revenue	1,799,568	1,959,017	(159,449)	-8.14%	1,481,938
Specialty Clinic Revenue	0	0	0	0.00%	234,229
Total Gross Patient Revenue	16,233,153	17,476,951	(1,243,798)	-7.12%	17,210,347
Deductions From Revenue					
Discounts and Allowances	(5,768,917)	(7,598,008)	832,091	10.96%	(7,790,268)
Bad Debt Expense (Governmental Providers Only)	(1,096,397)	(1,185,311)	88,914	7.50%	(1,057,325)
Medical Assistance	(78,890)	(218,827)	139,837	63.90%	(68,415)
Total Deductions From Revenue	(7,935,303)	(8,997,145)	1,060,842	11.79%	(8,906,008)
Net Patient Revenue	8,296,850	8,479,806	(182,956)	-2.16%	8,304,341
Other Operating Revenue	320,975	162,256	158,719	97.82%	128,489
Total Operating Revenue	8,617,825	8,642,061	(24,236)	-0.28%	8,432,830
Operating Expenses					
Salaries and Wages	3,678,065	3,909,640	231,576	5.92%	3,480,834
Fringe Benefits	1,081,211	1,098,573	17,361	1.58%	1,008,022
Contract Labor	631,838	463,208	(168,630)	-36.40%	306,728
Physicians Fees	328,337	335,058	6,721	2.01%	321,340
Purchased Services	497,397	514,839	17,442	3.39%	546,835
Supply Expense	1,285,843	1,354,867	69,024	5.09%	1,476,093
Utilities	99,735	87,293	(12,442)	-14.25%	86,421
Repairs and Maintenance	546,902	541,098	(5,804)	-1.07%	476,044
Insurance Expense	61,854	62,682	829	1.32%	52,703
All Other Operating Expenses	246,765	239,641	(7,124)	-2.97%	238,671
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	25,455	17,957	(7,498)	-41.76%	63,758
Depreciation and Amortization	739,526	751,437	11,911	1.59%	558,504
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,222,928	9,376,293	153,365	1.64%	8,615,953
Net Operating Surplus/(Loss)	(605,103)	(734,232)	129,129	-17.59%	(183,123)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	15,510	12,265	3,245	26.46%	10,961
Tax Subsidies (Except for GO Bond Subsidies)	9	0	9	0.00%	21
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(99,235)	(79,410)	19,825	-24.97%	(107,627)
Other Non-Operating Revenue/(Expenses)	72,358	84,453	(12,095)	-14.32%	319,365
Total Non Operating Revenue/(Expense)	(11,353)	17,308	(28,666)	-165.62%	222,720
Total Net Surplus/(Loss)	(\$616,456)	(\$716,923)	\$100,463	-14.01%	\$39,597
Change in Unrealized Gains/(Losses) on Investments	0	70,000	(70,000)	-100.00%	0
Increase/(Decrease in Unrestricted Net Assets	(\$616,456)	(\$646,923)	\$30,463	-4.71%	\$39,597
Operating Margin	-7.02%	-8.50%			-2.17%
Total Profit Margin	-7.15%	-8.30%			0.47%
EBIDA	1.56%	0.20%			4.45%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2022

	YEAR-TO-DATE				Prior Year 07/31/21
	Actual 07/31/22	Budget 07/31/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,436,817	\$3,341,897	\$94,921	2.84%	\$3,108,961
Outpatient Revenue	10,996,767	12,176,037	(1,179,270)	-9.69%	12,385,219
Clinic Revenue	1,799,568	1,959,017	(159,449)	-8.14%	1,481,938
Specialty Clinic Revenue	0	0	0	0.00%	234,229
Total Gross Patient Revenue	16,233,153	17,476,951	(1,243,798)	-7.12%	17,210,347
Deductions From Revenue					
Discounts and Allowances	(8,766,917)	(7,593,008)	832,091	10.96%	(7,790,266)
Bad Debt Expense (Governmental Providers Only)	(1,096,397)	(1,186,311)	88,914	7.50%	(1,057,325)
Medical Assistance	(78,990)	(218,827)	139,837	63.90%	(58,415)
Total Deductions From Revenue	(7,938,303)	(8,997,145)	1,060,842	11.79%	(8,806,006)
Net Patient Revenue	8,296,850	8,479,806	(182,956)	-2.16%	8,304,341
Other Operating Revenue	320,975	162,256	158,719	97.82%	128,489
Total Operating Revenue	8,617,825	8,642,061	(24,236)	-0.28%	8,432,830
Operating Expenses					
Salaries and Wages	3,678,065	3,909,640	231,576	5.92%	3,480,834
Fringe Benefits	1,081,211	1,098,573	17,361	1.58%	1,008,022
Contract Labor	631,838	463,208	(168,630)	-36.40%	306,728
Physicians Fees	328,337	335,058	6,721	2.01%	321,340
Purchased Services	497,397	514,839	17,442	3.39%	546,835
Supply Expense	1,285,843	1,354,867	69,024	5.09%	1,476,093
Utilities	99,735	87,293	(12,442)	-14.25%	86,421
Repairs and Maintenance	546,902	541,098	(5,804)	-1.07%	476,044
Insurance Expense	61,854	62,682	829	1.32%	52,703
All Other Operating Expenses	246,765	239,641	(7,124)	-2.97%	238,671
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	25,455	17,957	(7,498)	-41.76%	63,758
Depreciation and Amortization	739,526	751,437	11,911	1.59%	558,504
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,222,928	9,376,293	153,365	1.64%	8,615,953
Net Operating Surplus/(Loss)	(605,103)	(734,232)	129,129	-17.59%	(193,123)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	15,510	12,265	3,245	26.46%	10,961
Tax Subsidies (Except for GO Bond Subsidies)	9	0	9	0.00%	21
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(99,235)	(79,416)	(19,819)	24.97%	(107,627)
Other Non-Operating Revenue/(Expense)	72,358	84,453	(12,095)	-14.32%	319,365
Total Non Operating Revenue/(Expense)	(11,358)	17,308	(28,666)	-165.62%	222,720
Total Net Surplus/(Loss)	(\$616,460)	(\$716,923)	\$100,463	-14.01%	\$39,597
Change in Unrealized Gains/(Losses) on Investments	0	70,000	(70,000)	-100.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(\$616,460)	(\$646,923)	\$30,463	-4.71%	\$39,597
Operating Margin	-7.02%	-8.50%			-2.17%
Total Profit Margin	-7.15%	-8.30%			0.47%
EBIDA	1.56%	0.20%			4.45%

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

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	Actual 7/31/2022	Actual 6/30/2022	Actual 5/31/2022	Actual 4/30/2022	Actual 3/31/2022	Actual 2/28/2022
Gross Patient Revenue						
Inpatient Revenue	\$3,436,817	\$3,777,323	\$4,251,353	\$3,329,718	\$3,977,177	\$3,576,754
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$10,596,787	\$11,110,377	\$11,073,942	\$11,024,842	\$11,545,845	\$11,321,482
Clinic Revenue	\$1,759,598	\$1,679,271	\$1,684,143	\$1,511,758	\$1,701,137	\$1,734,823
Specialty Clinic Revenue	80	\$282,305	\$142,790	\$278,446	\$433,499	\$170,368
Total Gross Patient Revenue	\$16,233,153	\$16,849,077	\$17,032,197	\$16,144,564	\$17,657,638	\$16,803,394
Deductions From Revenue						
Discounts and Allowances	\$6,760,917	\$7,197,480	\$7,635,069	\$6,874,512	\$8,147,341	\$7,628,096
Bad Debt Expense (Governmental Providers On Charity Care)	\$1,096,397	\$708,216	\$785,155	\$1,126,374	\$813,526	\$1,205,982
	\$78,890	\$657,759	\$40,187	\$216,239	\$311,622	(\$6,898)
Total Deductions From Revenue	7,936,303	8,563,455	8,440,432	8,019,124	9,272,389	8,827,400
Net Patient Revenue	\$8,296,850	\$8,285,622	\$8,591,766	\$8,125,441	\$8,385,250	\$7,975,994
Other Operating Revenue	320,975	101,833	133,679	198,584	498,170	188,888
Total Operating Revenue	\$8,617,825	8,387,455	8,725,436	8,324,024	8,883,419	8,132,982
Operating Expenses						
Salaries and Wages	\$3,678,065	\$3,742,411	\$3,734,120	\$3,824,834	\$3,738,770	\$3,548,337
Fringe Benefits	\$1,081,211	\$789,816	\$871,272	\$1,090,848	\$1,083,304	\$1,455,798
Contract Labor	\$631,838	\$868,061	\$1,095,022	\$1,073,901	\$818,922	\$632,212
Physicians Fees	\$328,397	\$327,771	\$331,692	\$331,304	\$443,520	\$377,123
Purchased Services	\$497,397	\$541,244	\$445,141	\$448,586	\$420,057	\$519,899
Supply Expense	\$1,285,843	\$1,181,337	\$1,157,703	\$1,271,366	\$1,581,159	\$1,282,843
Utilities	\$99,735	\$98,423	\$105,411	\$105,551	\$116,195	\$91,748
Repairs and Maintenance	\$546,902	\$857,419	\$653,592	\$639,594	\$558,833	\$627,377
Insurance Expense	\$61,854	\$81,854	\$58,440	\$52,289	\$53,274	\$49,545
All Other Operating Expenses	\$248,785	\$242,792	\$232,006	\$226,221	\$198,212	\$204,287
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$25,455	(\$277,111)	\$61,782	\$72,847	\$82,288	\$89,814
Depreciation and Amortization	\$739,528	\$1,031,439	\$737,864	\$602,022	\$624,984	\$581,401
Interest Expense (Non-Governmental Providers)						
Total Operating Expenses	\$9,222,928	\$9,463,464	\$9,584,040	\$9,742,343	\$9,717,527	\$9,427,882
Net Operating Surplus/(Loss)	(\$605,103)	(\$1,075,989)	(\$858,604)	(\$1,418,319)	(\$834,107)	(\$1,294,898)
Non-Operating Revenue:						
Contributions						
Investment Income	15,510	118,128	17,153	11,223	11,874	7,177
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	9	18	285	0	28	28
Interest Expense (Governmental Providers Only)	(\$9,235)	(\$271,576)	(\$79,408)	(\$79,409)	(\$81,598)	(\$6,878)
Other Non-Operating Revenue/(Expenses)	\$8,048	10,900	19,933	\$01,537	\$55,183	13,984
Total Non Operating Revenue/(Expense)	(\$14,668)	(\$142,834)	(\$42,087)	\$233,352	\$85,293	(\$16,699)
Total Net Surplus/(Loss)	(\$619,771)	(\$1,218,823)	(\$900,671)	(\$1,184,967)	(\$748,814)	(\$1,311,598)
Change In Unrealized Gains/(Losses) on Investm	0	(\$87,380)				
Increase/(Decrease in Unrestricted Net Assets	(\$619,771)	(\$1,306,203)	(\$900,671)	(\$1,184,967)	(\$769,814)	(\$1,311,598)
Operating Margin	-7.02%	-12.83%	-9.84%	-17.04%	-9.41%	-15.32%
Total Profit Margin	-7.19%	-14.53%	-10.32%	-14.24%	-8.45%	-16.13%
EBIDA	1.56%	-0.53%	-1.36%	-9.81%	-2.39%	-8.77%

Actual 1/31/2022	Actual 12/31/2021	Actual 11/30/2021	Actual 10/31/2021	Actual 9/30/2021	Actual 8/31/2021
\$3,663,344	\$3,901,947	\$3,636,626	\$6,090,930	\$8,053,540	\$3,340,697
\$11,144,237	\$12,775,161	\$11,200,991	\$10,574,893	\$10,541,547	\$11,806,073
\$1,482,429	\$1,987,063	\$1,822,638	\$1,696,739	\$1,418,718	\$1,620,958
\$315,665	\$357,787	\$254,659	\$230,626	\$375,846	\$171,176
\$16,505,665	\$19,001,956	\$16,713,813	\$18,593,188	\$18,370,651	\$16,837,901
\$7,868,968	\$8,555,249	\$7,294,927	\$7,994,841	\$7,661,983	\$7,548,034
\$1,242,629	\$1,000,088	\$1,129,561	\$909,293	\$722,948	\$1,039,023
\$27,295	\$235,454	(\$18,194)	(\$17,010)	\$502,179	\$23,400
9,158,782	9,790,791	8,406,284	8,887,120	8,887,120	8,610,457
\$7,346,883	\$9,211,166	\$8,307,519	\$9,706,038	\$9,483,531	\$8,227,443
227,298	176,824	80,626	137,282	80,843	112,957
7,574,181	9,367,799	8,388,144	9,843,359	9,564,074	8,340,410
\$3,679,506	\$3,687,198	\$3,723,066	\$4,105,039	\$3,770,223	\$3,579,615
\$1,052,665	\$973,681	\$1,085,883	\$1,318,418	\$1,079,897	\$766,740
\$623,830	\$459,879	\$410,170	\$361,697	\$364,668	\$293,704
\$402,794	\$408,140	\$364,978	\$382,883	\$309,701	\$295,766
\$549,353	\$390,764	\$461,277	\$359,636	\$433,583	\$364,402
\$1,118,897	\$1,685,777	\$1,435,659	\$1,394,997	\$1,677,803	\$1,361,763
\$107,627	\$105,760	\$92,733	\$91,857	\$88,009	\$84,660
\$543,950	\$531,372	\$731,037	\$612,137	\$533,318	\$514,265
\$51,700	\$51,204	\$51,204	\$51,404	\$50,848	\$75,846
\$186,162	\$186,727	\$241,518	\$222,475	\$189,267	\$180,435
\$47,650	\$50,397	\$55,342	\$56,923	\$54,968	\$52,822
\$580,550	\$580,355	\$621,714	\$525,962	\$561,412	\$561,377
\$8,943,009	\$9,083,636	\$9,254,601	\$9,483,626	\$9,102,915	\$8,142,405
(\$1,389,819)	\$304,255	(\$865,357)	\$359,826	\$461,169	\$188,005
9,304	10,129	14,102	11,918	12,634	9,845
189	13	147	653	108	426
(230,705)	4,670	(111,555)	(307,774)	(171,369)	(197,625)
1,789,676	288,732	14,804	833,411	11,593	8,743
\$1,537,365	\$303,644	(\$82,800)	\$438,198	(\$87,187)	(\$88,611)
\$167,546	\$607,799	(\$949,160)	\$797,933	\$374,012	\$189,395
\$167,546	\$607,799	(\$949,160)	\$797,933	\$374,012	\$189,395
-18.00%	3.24%	-10.33%	3.66%	4.82%	2.37%
2.21%	6.47%	-11.32%	8.11%	3.81%	1.31%
-10.42%	9.42%	-2.92%	9.09%	10.89%	9.10%

Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2022

CASH FLOW

	Current Month 7/31/2022	Current Year-To-Date 7/31/2022
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(\$616,480)	(\$616,460)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	739,526	739,526
(Increase)/Decrease in Net Patient Accounts Receivable	(1,515,958)	(1,515,958)
(Increase)/Decrease in Other Receivables	(465,094)	(465,094)
(Increase)/Decrease in Inventories	(37,403)	(37,403)
(Increase)/Decrease in Pre-Paid Expenses	(93,631)	(93,631)
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	15,592	15,592
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	256,524	256,524
Increase/(Decrease) in Accrued Expenses	0	0
Increase/(Decrease) in Patient Refunds Payable	0	0
Increase/(Decrease) in Third Party Advances/Liabilities	0	0
Increase/(Decrease) in Other Current Liabilities	157,080	157,080
Net Cash Provided by Operating Activities:	(1,559,824)	(1,559,824)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property, Plant and Equipment	(109,588)	(109,588)
(Increase)/Decrease in Limited Use Cash and Investments	2,346,265	2,346,265
(Increase)/Decrease in Other Limited Use Assets	(56,946)	(56,946)
(Increase)/Decrease in Other Assets	8,162	8,162
Net Cash Used by Investing Activities	2,187,893	2,187,893
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(134,130)	(134,130)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(693,788)	(693,788)
Net Cash Used for Financing Activities	(827,918)	(827,918)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0
Net Increase/(Decrease) in Cash	(199,849)	(199,849)
Cash, Beginning of Period	7,173,928	7,173,928
Cash, End of Period	\$6,974,080	\$6,974,080

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2022

Current Month				STATISTICS	Year-To-Date			
Actual 07/31/22	Budget 07/31/22	Positive/ (Negative) Variance	Prior Year 07/31/21		Actual 07/31/22	Budget 07/31/22	Positive/ (Negative) Variance	Prior Year 07/31/21
Discharges								
115	115	0	115	Acute	115	115	0	115
115	115	0	115	Total Adult Discharges	115	115	0	115
37	35	2	35	Newborn	37	35	2	35
152	150	2	150	Total Discharges	152	150	2	150
Patient Days:								
363	347	16	347	Acute	363	347	16	347
363	347	16	347	Total Adult Patient Days	363	347	16	347
63	58	5	58	Newborn	63	58	5	58
426	405	21	405	Total Patient Days	426	405	21	405
Average Length of Stay (ALOS)								
3.2	3.0	0.1	3.0	Acute	3.2	3.0	0.1	3.0
3.2	3.0	0.1	3.0	Total Adult ALOS	3.2	3.0	0.1	3.0
1.7	1.7	0.0	1.7	Newborn ALOS	1.7	1.7	0.0	1.7
Average Daily Census (ADC)								
11.7	11.2	0.5	11.2	Acute	11.7	11.2	0.5	11.2
11.7	11.2	0.5	11.2	Total Adult ADC	11.7	11.2	0.5	11.2
2.0	1.9	0.2	1.9	Newborn	2.0	1.9	0.2	1.9
Emergency Room Statistics								
105	116	(11)	116	ER Visits - Admitted	105	116	(11)	116
1,268	1,225	43	1,225	ER Visits - Discharged	1,268	1,225	43	1,225
1,373	1,341	32	1,341	Total ER Visits	1,373	1,341	32	1,341
7.65%	8.65%		8.65%	% of ER Visits Admitted	7.65%	8.65%		8.65%
91.30%	100.87%		100.87%	ER Admissions as a % of Total	91.30%	100.87%		100.87%
Outpatient Statistics:								
6,400	9,575	(3,175)	8,362	Total Outpatients Visits	6,400	9,575	(3,175)	8,362
0	118	(118)	118	Observation Bed Days	0	118	(118)	118
3,905	4,436	(531)	4,436	Clinic Visits - Primary Care	3,905	4,436	(531)	4,436
406	517	(111)	517	Clinic Visits - Specialty Clinics	406	517	(111)	517
18	23	(5)	23	IP Surgeries	18	23	(5)	23
93	125	(32)	125	OP Surgeries	93	125	(32)	125
Productivity Statistics:								
417.72	465.19	(47.47)	439.78	FTE's - Worked	417.72	465.19	(47.47)	439.78
483.45	511.59	(28.14)	494.85	FTE's - Paid	483.45	511.59	(28.14)	494.85
0.0000	1.7668	(1.77)	1.7668	Case Mix Index - Medicare	0.0000	0.0000	0.00	1.7668
0.0000	1.2356	(1.24)	1.2356	Case Mix Index - All payers	0.0000	0.0000	0.00	1.2356

Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

07/31/22

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	79.12	76.31
Net Days in Accounts Receivable	71.57	65.76
Number of Gross Days in Unbilled Revenue	22.80	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	19.83%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	0.49%	1.25%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.49%	1.25%
Bad Debts as a % of Gross Patient Revenue - Current Month	6.75%	6.78%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	6.75%	6.78%
Collections as a Percentage of Net Revenue - Current Month	80.88%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	80.88%	100% or >
Percentage of Blue Cross Receivable > 90 Days	10.63%	< 10%
Percentage of Insurance Receivable > 90 Days	26.07%	< 15%
Percentage of Medicaid Receivable > 90 Days	32.96%	< 20%
Percentage of Medicare Receivable > 60 Days	18.38%	< 6%

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 13****ROCK SPRINGS, WYOMING****One month ended July 31, 2022**

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	(1,243,798)	-7.12%	(1,243,798)	-7.12%

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

Average Daily Census is 11.7 in July which is over budget by 0.5

Deductions from Revenue	1,060,842	11.79%	1,060,842	11.79%
-------------------------	-----------	--------	-----------	--------

Deductions from revenue are under budget for July and under budget year to date.

They are currently booked at 48.9 for July and 48.9% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.

Bad Debt Expense	88,914	7.50%	88,914	7.50%
------------------	--------	-------	--------	-------

Bad debt expense is booked at 6.8% for July and 6.8% year to date.

Charity Care	139,837	63.90%	139,837	63.90%
--------------	---------	--------	---------	--------

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	158,719	97.82%	158,719	97.82%
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Other Operating Revenue is over budget for the month and is over budget year to date.

Salaries and Wages	231,576	5.92%	231,576	5.92%
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Salary and Wages are under budget in July and are under budget year to date.

Paid FTEs are under budget by 28.14 FTEs for the month and over 28.14 FTEs year to date.

Fringe Benefits	17,361	1.58%	17,361	1.58%
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Fringe benefits are under budget in July and under budget year to date.

Contract Labor	(168,630)	-36.40%	(168,630)	-36.40%
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Contract labor is over budget for July and over budget year to date. Med/surg, OR, L&D, Dialysis, Ultrasound, ER, Lab, Respiratory Therapy and Social Services are over budget.

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 14****ROCK SPRINGS, WYOMING****One month ended July 31, 2022**

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

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

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Physician Fees	6,721	2.01%	6,721	2.01%
Physician fees under budget in July and under budget year to date. ER & Hospitalists and Locums Clinic are over budget in July.				
Purchased Services	17,442	3.39%	17,442	3.39%
Purchased services are under budget for July and under budget year to date. Expenses over budget are Dept Mgmt Service				
Supply Expense	69,024	5.09%	69,024	5.09%
Supplies are under budget for July and under budget year to date. Line items over budget include Radioactive materials, chargeables, implants and maintenance supplies				
Repairs & Maintenance	(5,804)	-1.07%	(5,804)	-1.07%
Repairs and Maintenance are over budget for July and over budget year to date.				
All Other Operating Expenses	(7,124)	-2.97%	(7,124)	-2.97%
This expense is over budget in July and over budget year to date. Other expenses over budget are Physician recruitment, postage, pharmacy floor direct and other expenses.				
Leases and Rentals	(7,498)	-41.76%	(7,498)	-41.76%
This expense is over budget for July and is over budget year to date				
Depreciation and Amortization	11,911	1.59%	11,911	1.59%
Depreciation is under budget for July and is under budget year to date				
BALANCE SHEET				
Cash and Cash Equivalents	(\$198,849)	-2.79%		
Cash decreased in July. Cash collections for July were \$6.7 million. Days Cash on Hand decreased to 94 days.				
Gross Patient Accounts Receivable	\$1,151,413	2.74%		
This receivable increased in July due to Cerner				

Variance Analysis**MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 15****ROCK SPRINGS, WYOMING****One month ended July 31, 2022**

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

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

	Current Month Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	364,546	1.53%		
Bad Debt and Allowances decreased.				
Other Receivables	465,094	26.14%		
Other Receivables increased in July due to county and occ med invoices and retention bonuses.				
Prepaid Expenses	93,631	4.72%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	(2,289,319)	-10.36%		
These assets decreased due to money transferred for operations				
Plant Property and Equipment	(629,938)	-0.88%		
The decrease in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	(15,592)	-0.30%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	(293,316)	-18.41%		
This liability increased in July. The payroll accrual for July was 14 days.				
Accrued Benefits	36,793	1.31%		
This liability decreased in July with the normal accrual and usage of PTO				
Other Current Liabilities	(167,080)	-25.00%		
This liability increased for July due to the accrued interest & principal on the bonds				
Other Long Term Liabilities	693,788	16.81%		
This liability decreased due the payment of accelerated medicare				
Total Net Assets	616,460	0.72%		

The net loss from operations for July is \$605,103



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

PHYSICIAN CLINICS

Unaudited Financial Statements

for

One month ended July 31, 2022

Certification Statement:

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

Certified by:

Tami Love

Chief Financial Officer

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY **PAGE 1**
ROCK SPRINGS, WY
One month ended July 31, 2022

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

	Month to Date 7/31/2022	Year to Date 7/31/2022	Prior Fiscal Year End 06/30/22	MGMA Hospital Owned Rural
Profitability:				
Operating Margin	-62.95%	-62.95%	-6.33%	-36.58%
Total Profit Margin	-62.95%	-62.95%	-4.05%	-36.58%
Contractual Allowance %	43.21%	43.21%	44.30%	
Liquidity:				
Net Days in Accounts Receivable	62.57	58.54	65.76	39.58
Gross Days in Accounts Receivable	66.64	65.09	76.31	72.82
Productivity and Efficiency:				
Patient Visits Per Day	125.97	125.97	155.29	
Total Net Revenue per FTE	N/A	\$175,991	\$204,705	
Salary Expense per Paid FTE	N/A	\$203,495	\$102,150	
Salary and Benefits as a % of Net Revenue	134.59%	134.59%	58.36%	91.26%
Employee Benefits %	16.40%	16.40%	28.35%	6.10%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
ROCK SPRINGS, WY
One month ended July 31, 2022

PAGE 3

	CURRENT MONTH				Prior Year 07/31/21
	Actual 07/31/22	Budget 07/31/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	1,799,568	1,959,017	(159,449)	-8.14%	1,481,938
Specialty Clinic Revenue	0	0	0	0.00%	234,229
Total Gross Patient Revenue	1,799,568	1,959,017	(159,449)	-8.14%	1,716,167
Deductions From Revenue					
Discounts and Allowances	(777,549)	(868,908)	91,359	10.51%	(782,101)
Total Deductions From Revenue	(777,549)	(868,908)	91,359	10.51%	(782,101)
Net Patient Revenue	1,022,019	1,090,109	(68,090)	-6.25%	934,067
Other Operating Revenue	42,516	52,107	(9,591)	-18.41%	54,422
Total Operating Revenue	1,064,536	1,142,217	(77,681)	-6.80%	988,489
Operating Expenses					
Salaries and Wages	1,230,905	1,134,919	(95,986)	-8.46%	1,123,497
Fringe Benefits	201,840	210,536	8,696	4.13%	171,689
Contract Labor	0	0	0	0.00%	0
Physicians Fees	83,765	102,090	18,325	17.95%	65,959
Purchased Services	7,824	7,044	(779)	-11.03%	11,526
Supply Expense	17,868	26,615	8,747	32.87%	25,074
Utilities	991	2,500	1,508	60.34%	1,543
Repairs and Maintenance	13,898	23,972	10,074	42.02%	16,937
Insurance Expense	16,739	16,709	(31)	-0.18%	14,844
All Other Operating Expenses	150,077	122,532	(27,545)	-22.48%	140,054
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	2,604	3,539	935	26.43%	3,252
Depreciation and Amortization	8,110	6,853	(1,257)	-18.34%	11,123
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,734,622	1,657,310	(77,312)	-4.66%	1,585,497
Net Operating Surplus/(Loss)	(670,086)	(515,093)	(154,993)	30.09%	(597,009)
Total Net Surplus/(Loss)	(670,086)	(515,093)	(154,993)	30.09%	(597,009)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(670,086)	(515,093)	(154,993)	30.09%	(597,009)
Operating Margin	-62.95%	-45.10%			-60.40%
Total Profit Margin	-62.95%	-45.10%			-60.40%
EBIDA	-62.18%	-44.50%			-59.27%

Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

One month ended July 31, 2022

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	YEAR-TO-DATE				Prior Year 07/31/21
	Actual 07/31/22	Budget 07/31/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	1,799,568	1,959,017	(159,449)	-8.14%	1,481,938
Specialty Clinic Revenue	0	0	0	0.00%	234,229
Total Gross Patient Revenue	1,799,568	1,959,017	(159,449)	-8.14%	1,716,167
Deductions From Revenue					
Discounts and Allowances	(777,549)	(868,908)	91,359	10.51%	(782,101)
Total Deductions From Revenue	(777,549)	(868,908)	91,359	10.51%	(782,101)
Net Patient Revenue	1,022,019	1,090,109	(68,090)	-6.25%	934,067
Other Operating Revenue	42,516	52,107	(9,591)	-18.41%	54,422
Total Operating Revenue	1,064,536	1,142,217	(77,681)	-6.80%	988,489
Operating Expenses					
Salaries and Wages	1,230,905	1,134,919	(95,986)	-8.46%	1,123,497
Fringe Benefits	201,840	210,536	8,696	4.13%	171,689
Contract Labor	0	0	0	0.00%	0
Physicians Fees	83,765	102,090	18,325	17.95%	65,959
Purchased Services	7,824	7,044	(779)	-11.06%	11,526
Supply Expense	17,868	26,615	8,747	32.87%	25,074
Utilities	991	2,500	1,508	60.34%	1,543
Repairs and Maintenance	13,898	23,972	10,074	42.02%	16,937
Insurance Expense	16,739	16,709	(31)	-0.18%	14,844
All Other Operating Expenses	150,077	122,532	(27,545)	-22.48%	140,054
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	2,604	3,539	935	26.43%	3,252
Depreciation and Amortization	8,110	6,853	(1,257)	-18.34%	11,123
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,734,622	1,657,310	(77,312)	-4.66%	1,585,497
Net Operating Surplus/(Loss)	(670,086)	(515,093)	(154,993)	30.09%	(597,009)
Total Net Surplus/(Loss)	(670,086)	(515,093)	(154,993)	30.09%	(597,009)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(670,086)	(515,093)	(154,993)	30.09%	(597,009)
Operating Margin	-62.95%	-45.10%			-60.40%
Total Profit Margin	-62.95%	-45.10%			-60.40%
EBIDA	-62.18%	-44.50%			-59.27%

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

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	Actual 7/31/2022	Actual 6/30/2022	Actual 5/31/2022	Actual 4/30/2022	Actual 3/31/2022
Gross Patient Revenue					
Clinic Revenue	\$1,799,868	\$1,448,630	\$1,388,860	\$1,588,815	\$1,451,105
Specialty Clinic Revenue	\$0	\$343,674	\$161,692	\$298,050	\$342,942
Total Gross Patient Revenue	\$1,799,868	\$1,792,304	\$1,470,752	\$1,886,871	\$1,793,147
Deductions From Revenue					
Discounts and Allowances	(\$777,549)	(\$814,085)	(\$701,576)	(\$869,032)	(\$928,376)
Total Deductions From Revenue	(\$777,549)	(\$814,085)	(\$701,576)	(\$869,032)	(\$928,376)
Net Patient Revenue	\$1,022,019	\$978,219	\$769,173	\$1,017,838	\$864,777
Other Operating Revenue	\$42,516	\$46,757	\$59,125	\$58,845	\$59,193
Total Operating Revenue	1,064,536	1,024,977	828,299	1,076,684	1,023,890
Operating Expenses					
Salaries and Wages	\$1,239,906	\$1,061,614	\$940,167	\$1,037,689	\$1,142,213
Fringe Benefits	\$201,840	\$149,134	\$184,159	\$206,715	\$216,355
Contract Labor	\$0	\$0	\$0	\$0	\$0
Physicians Fees	\$83,785	\$146,371	\$114,521	\$46,485	\$30,939
Purchased Services	\$7,824	\$15,910	\$13,208	\$12,175	\$15,397
Supply Expense	\$17,868	\$21,967	\$15,954	\$19,891	\$18,648
Utilities	\$991	\$2,404	\$1,933	\$1,872	\$1,875
Repairs and Maintenance	\$13,899	\$16,834	\$16,550	\$16,968	\$18,493
Insurance Expense	\$16,739	\$13,611	\$13,611	\$13,611	\$13,611
All Other Operating Expenses	\$156,077	\$83,557	\$82,775	\$134,676	\$105,518
Bad Debt Expense (Non-Governmental Providers)					
Leases and Rentals	\$2,604	\$4,093	\$4,022	\$3,037	\$3,450
Depreciation and Amortization	\$8,110	\$12,936	\$12,937	\$12,966	\$17,193
Interest Expense (Non-Governmental Providers)					
Total Operating Expenses	\$1,734,622	\$1,506,431	\$1,399,867	\$1,506,056	\$1,593,593
Net Operating Surplus/(Loss)	(\$670,086)	(\$483,454)	(\$571,568)	(\$429,373)	(\$569,703)
Total Net Surplus/(Loss)	(\$670,086)	(\$483,454)	(\$571,568)	(\$429,373)	(\$569,703)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0	0
Increase/(Decrease in Unrestricted Net Assets	(\$670,086)	(\$483,454)	(\$571,568)	(\$429,373)	(\$569,703)
Operating Margin	-62.95%	-47.17%	-69.01%	-39.88%	-54.66%
Total Profit Margin	-62.95%	-47.17%	-69.01%	-39.88%	-54.66%
EBIDA	-62.15%	-45.91%	-67.44%	-38.67%	-52.99%

Actual 2/28/2022	Actual 1/31/2022	Actual 12/31/2021	Actual 11/30/2021	Actual 10/31/2021	Actual 9/30/2021	Actual 8/31/2021	Actual 7/31/2021
\$1,300,886	\$1,410,842	\$1,274,626	\$1,444,993	\$1,435,042	\$1,264,797	\$1,333,361	\$1,366,508
\$281,294	\$311,512	\$321,541	\$326,942	\$234,817	\$351,223	\$165,452	\$414,478
\$1,581,380	\$1,722,154	\$1,696,166	\$1,771,035	\$1,669,859	\$1,616,020	\$1,498,813	\$1,779,986
(\$758,645)	(\$836,394)	(\$741,884)	(\$787,893)	(\$765,733)	(\$741,674)	(\$703,186)	(\$799,056)
(\$758,645)	(\$836,394)	(\$741,884)	(\$787,893)	(\$765,733)	(\$741,674)	(\$703,186)	(\$799,056)
\$822,735	\$885,759	\$954,482	\$983,142	\$904,126	\$874,346	\$795,627	\$980,930
\$65,776	\$70,558	\$67,749	\$70,839	\$74,395	\$75,030	\$75,344	\$72,653
885,510	956,317	1,022,231	1,053,982	978,521	949,376	870,971	1,053,583
\$1,104,879	\$1,132,950	\$1,137,133	\$1,211,751	\$1,086,499	\$1,086,987	\$984,249	\$1,003,558
\$240,814	\$263,028	\$168,192	\$149,894	\$164,048	\$149,004	\$144,807	\$166,187
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$83,378	\$76,208	\$140,001	\$122,288	\$145,489	\$79,510	\$84,093	\$76,774
\$13,204	\$15,924	\$12,233	\$12,756	\$14,882	\$15,580	\$8,196	\$10,752
\$17,037	\$14,851	\$12,388	\$12,806	\$13,359	\$15,225	\$9,216	\$18,937
\$1,836	\$1,810	\$594	\$2,122	\$872	\$647	\$979	\$1,288
\$18,542	\$17,458	\$19,895	\$20,740	\$18,512	\$18,458	\$25,877	\$20,741
\$13,611	\$13,611	\$13,611	\$13,611	\$13,294	\$13,294	\$11,873	\$11,873
\$95,431	\$91,548	\$109,020	\$82,354	\$103,990	\$88,010	\$62,041	\$77,907
\$3,319	\$3,032	\$2,398	\$3,871	\$3,239	\$2,177	\$3,652	\$3,141
\$18,273	\$18,273	\$18,641	\$18,641	\$18,214	\$18,290	\$18,615	\$18,488
\$1,620,324	\$1,647,571	\$1,634,705	\$1,650,804	\$1,582,457	\$1,487,181	\$1,333,588	\$1,412,545
(\$731,814)	(\$691,254)	(\$612,474)	(\$696,823)	(\$603,935)	(\$537,805)	(\$462,618)	(\$358,963)
(\$731,814)	(\$691,254)	(\$612,474)	(\$696,823)	(\$603,935)	(\$537,805)	(\$462,618)	(\$358,963)
0	0	0	0	0	0	0	0
(\$731,814)	(\$691,254)	(\$612,474)	(\$696,823)	(\$603,935)	(\$537,805)	(\$462,618)	(\$358,963)
-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%	-53.12%	-34.07%
-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%	-53.12%	-34.07%
-80.31%	-70.37%	-58.09%	-54.86%	-59.86%	-54.72%	-50.98%	-32.32%

Patient Statistics

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

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ROCK SPRINGS, WY

One month ended July 31, 2022

Current Month				STATISTICS	Year-To-Date			
Actual	Budget	Positive/ (Negative) Variance	Prior Year 07/31/21		Actual	Budget	Positive/ (Negative) Variance	Prior Year 07/31/21
07/31/22	07/31/22				07/31/22	07/31/22		
Outpatient Statistics:								
3,905	4,436	(531)	3,824	Clinic Visits - Primary Care	3,905	4,436	(531)	3,824
406	517	(111)	499	Clinic Visits - Specialty Clinics	406	517	(111)	499
Productivity Statistics:								
61.69	68.58	(6.89)	61.49	FTE's - Worked	61.69	68.57	(6.88)	61.49
71.22	75.35	(4.13)	68.97	FTE's - Paid	71.22	75.35	(4.13)	68.97

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

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	569	8,501,724.08
CAPITAL EQUIPMENT (PLANT FUND)	1	24,262.00
CONSTRUCTION IN PROGRESS (BUILDING FUND)	4	255,211.77
PAYROLL JULY 07, 2022		1,518,243.45
PAYROLL JULY 21, 2022		1,560,267.75
TOTAL CASH OUTFLOW		<u>\$8,781,197.85</u>
CASH COLLECTIONS		\$6,710,259.00
INCREASE/DECREASE IN CASH		-\$2,070,938.85

**PLANT FUND CASH DISBURSEMENTS
FISCAL YEAR 2023**

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

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

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

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

Amount	Description
22,027.16	Advertising Total
2,057.86	Billing Services Total
16,672.77	Blood Total
3,500.00	Building Lease Total
3,664.33	Cellular Telephone Total
39,725.44	Collection Agency Total
433.44	Consulting Fees Total
666,216.50	Contract Maintenance Total
764,331.60	Contract Personnel Total
1,731.36	Courier Services Total
1,071.96	Credit Card Payment Total
22,111.54	Dental Insurance Total
13,254.29	Dialysis Supplies Total
132.60	Dues & Subscriptions Total
6,999.00	Education Material Total
6,369.08	Employee Recruitment Total
6,837.03	Employee Vision Plan Total
101,857.29	Equipment Lease Total
51.74	Fax Services Total
7,263.83	Food Total
8,155.69	Freight Total
765.26	Fuel Total
5,171.53	Garbage Collection Total
612,019.00	Group Health Total
323,623.41	Hospital Supplies Total
13,739.00	Implant Supplies Total
27,325.75	Insurance Premiums Total
15,280.66	Insurance Refund Total
57,343.81	Laboratory Services Total
168,459.72	Laboratory Supplies Total
270.00	Legal Fees Total
250.00	License Renewal Total
25.00	Licenses & Taxes Total
2,274.84	Life Insurance Total
509.28	Linen Total
15,500.00	Lithotripsy Services Total
32,815.31	Maintenance & Repair Total
51,869.51	Maintenance Supplies Total
7,840.86	Marketing & Promotional Supplies Total
535.00	Memberships Total
2,238.64	MHSC Foundation Total
1,935.18	Minor Equipment Total
759.00	Monthly Pest Control Total
12,923.94	Non Medical Supplies Total
250.00	Notary Bond Total
21,441.68	Office Supplies Total
6,970.00	Other Employee Benefits Total

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

Check Number	Date	Vendor Check Name	Amount	Description
187315	7/28/2022	BIG THICKET BROADCASTING	3,189.00	Advertising
187317	7/28/2022	BRIDGER VALLEY PIONEER	520.00	Advertising
187366	7/28/2022	KEMMERER GAZETTE	1,238.00	Advertising
187042	7/7/2022	PILOT BUTTE BROADCASTING	650.00	Advertising
187399	7/28/2022	PINEDALE ROUNDUP	250.00	Advertising
187407	7/28/2022	ROCKET MINER	25.66	Advertising
187410	7/28/2022	SARATOGA SUN	990.66	Advertising
187147	7/15/2022	SCORPION HEALTHCARE LLC	6,169.19	Advertising
187423	7/28/2022	SUBLETTE EXAMINER	250.00	Advertising
187426	7/28/2022	SWEETWATER NOW, LLC	3,400.00	Advertising
187154	7/15/2022	THE RADIO NETWORK	2,916.65	Advertising
187076	7/7/2022	UNEEK GRAPHICS	500.00	Advertising
EFT000000007578	7/8/2022	LAMAR ADVERTISING	412.00	Advertising
EFT000000007580	7/8/2022	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000007599	7/21/2022	LAMAR ADVERTISING	1,236.00	Advertising
187102	7/15/2022	CSG, LLC	757.23	Billing Services
187111	7/15/2022	EXPRESS MEDICAID BILLING SERV	1,181.98	Billing Services
187291	7/21/2022	TRUE COMMERCE, INC	118.65	Billing Services
187080	7/7/2022	VITALANT	3,400.87	Blood
187436	7/28/2022	VITALANT	13,271.90	Blood
187217	7/21/2022	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
187435	7/28/2022	VERIZON WIRELESS, LLC	3,664.33	Cellular Telephone
187081	7/7/2022	WAKEFIELD & ASSOCIATES, INC.	39,725.44	Collection Agency
187356	7/28/2022	HOMEWOOD SUITES	433.44	Consulting Fees
187091	7/15/2022	ABILITY NETWORK INC	25.46	Contract Maintenance
187184	7/21/2022	ABILITY NETWORK INC	848.54	Contract Maintenance
187198	7/21/2022	BISCOM	1,197.58	Contract Maintenance
187103	7/15/2022	CERNER CORPORATION	322,153.83	Contract Maintenance
187323	7/28/2022	CERNER CORPORATION	12,495.15	Contract Maintenance
187104	7/15/2022	CHANGE HEALTHCARE SOLUTIONS, LLC	232.46	Contract Maintenance
187324	7/28/2022	CHANGE HEALTHCARE SOLUTIONS, LLC	115.94	Contract Maintenance
186988	7/7/2022	CONVERGEONE, INC.	9,717.72	Contract Maintenance
187211	7/21/2022	CONVERGEONE, INC.	9,426.88	Contract Maintenance
187114	7/15/2022	FRONT RANGE MOBILE IMAGING, INC.	16,066.00	Contract Maintenance
187005	7/7/2022	GE HEALTHCARE	3,150.00	Contract Maintenance
187349	7/28/2022	HARMONY HEALTHCARE IT	15,454.00	Contract Maintenance
187351	7/28/2022	HEALTHCARESOURCE HR, INC.	2,669.00	Contract Maintenance
187012	7/7/2022	HENRY SCHEIN PRACTICE SOLUTIONS	934.05	Contract Maintenance
187119	7/15/2022	INSIGHT SCREENING LLC	1,214.70	Contract Maintenance
187121	7/15/2022	ISI WATER CHEMISTRIES	2,465.73	Contract Maintenance
187359	7/28/2022	ISI WATER CHEMISTRIES	2,430.75	Contract Maintenance
187367	7/28/2022	KRONOS INCORPORATED	21,353.51	Contract Maintenance
187028	7/7/2022	MEDSPHERE SYSTEMS CORPORATION	65,700.00	Contract Maintenance
187036	7/7/2022	NUANCE COMMUNICATIONS, INC	313.33	Contract Maintenance
187398	7/28/2022	PHILIPS HEALTHCARE	5,454.00	Contract Maintenance
187044	7/7/2022	PLAYNETWORK, INC.	179.70	Contract Maintenance
187402	7/28/2022	PLAYNETWORK, INC.	191.70	Contract Maintenance
187140	7/15/2022	RELIAS LLC	13,905.28	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

187050	7/7/2022	REMI CORPORATION	2,821.96	Contract Maintenance
187270	7/21/2022	RL DATIX	421.00	Contract Maintenance
187054	7/7/2022	SCORPION HEALTHCARE LLC	2,849.00	Contract Maintenance
187274	7/21/2022	SECHRIST TECHNOLOGY GROUP	1,024.00	Contract Maintenance
187056	7/7/2022	SIEMENS MEDICAL SOLUTIONS USA	7,735.42	Contract Maintenance
187276	7/21/2022	SIEMENS MEDICAL SOLUTIONS USA	64,007.45	Contract Maintenance
187415	7/28/2022	SITEIMPROVE, INC.	2,727.43	Contract Maintenance
187073	7/7/2022	TOTAL IMAGING SOLUTIONS, LLC	835.00	Contract Maintenance
187159	7/15/2022	T-SYSTEM, INC	13,616.00	Contract Maintenance
187293	7/21/2022	UNITED AUDIT SYSTEMS, INC.	14,999.75	Contract Maintenance
187085	7/7/2022	WYODATA SECURITY INC.	1,725.00	Contract Maintenance
187299	7/21/2022	WYODATA SECURITY INC.	3,030.00	Contract Maintenance
EFT00000007588	7/15/2022	STATE FIRE DC SPECIALTIES	24,268.30	Contract Maintenance
EFT00000007602	7/21/2022	STATE FIRE DC SPECIALTIES	1,590.00	Contract Maintenance
EFT00000007610	7/28/2022	UP TO DATE	9,134.00	Contract Maintenance
W/T	7/27/2022	OPTIMUS	200.00	Contract Maintenance
W/T	7/20/2022	ORTHO TRIZETTO FEE	237.00	Contract Maintenance
W/T	7/15/2022	CARE CLOUD	349.00	Contract Maintenance
W/T	7/7/2022	ZENITH	420.42	Contract Maintenance
W/T	7/19/2022	CLINIC HYRESSIA FEE	665.80	Contract Maintenance
W/T	7/20/2022	CLINIC TRIZETTO FEE	5,864.66	Contract Maintenance
186998	7/7/2022	ELWOOD STAFFING SERVICES, INC	5,188.78	Contract Personnel
187109	7/15/2022	ELWOOD STAFFING SERVICES, INC	3,799.67	Contract Personnel
187225	7/21/2022	ELWOOD STAFFING SERVICES, INC	2,349.72	Contract Personnel
187333	7/28/2022	ELWOOD STAFFING SERVICES, INC	5,266.38	Contract Personnel
187112	7/15/2022	FAVORITE HEALTHCARE STAFFING, INC.	38,344.18	Contract Personnel
187227	7/21/2022	FAVORITE HEALTHCARE STAFFING, INC.	17,668.70	Contract Personnel
187337	7/28/2022	FAVORITE HEALTHCARE STAFFING, INC.	16,297.00	Contract Personnel
187004	7/7/2022	FOCUSONE SOLUTIONS LLC	307,076.78	Contract Personnel
187231	7/21/2022	FOCUSONE SOLUTIONS LLC	120,404.63	Contract Personnel
187341	7/28/2022	FOCUSONE SOLUTIONS LLC	174,792.76	Contract Personnel
187261	7/21/2022	NURSE ASSIST INC	693.00	Contract Personnel
187146	7/15/2022	SARAH ROTH	180.00	Contract Personnel
187273	7/21/2022	SARAH ROTH	180.00	Contract Personnel
187409	7/28/2022	SARAH ROTH	360.00	Contract Personnel
187149	7/15/2022	SOLJANT HEALTH	33,661.25	Contract Personnel
187278	7/21/2022	SOLJANT HEALTH	4,727.50	Contract Personnel
187416	7/28/2022	SOLJANT HEALTH	33,341.25	Contract Personnel
187304	7/28/2022	PACKAGERUNNER LOGISTICS LLC	847.38	Courier Services
187152	7/15/2022	SUSAN K CROFUTT	883.98	Courier Services
W/T	7/28/2022	UMB BANK	1,071.96	Credit Card Payment
187108	7/15/2022	DELTA DENTAL	22,111.54	Dental Insurance
187232	7/21/2022	FRESENIUS USA MARKETING, INC.	9,215.49	Dialysis Supplies
187343	7/28/2022	FRESENIUS USA MARKETING, INC.	585.80	Dialysis Supplies
187011	7/7/2022	HENRY SCHEIN INC	655.00	Dialysis Supplies
187241	7/21/2022	HENRY SCHEIN INC	281.00	Dialysis Supplies
187352	7/28/2022	HENRY SCHEIN INC	140.50	Dialysis Supplies
187298	7/21/2022	VISIONEX, LLC	2,376.50	Dialysis Supplies
EFT00000007598	7/21/2022	HENRY SCHEIN INC	132.60	Dialysis Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

187134	7/15/2022	MSDS ONLINE, INC	6,999.00	Dues & Subscriptions
EFT000000007585	7/15/2022	MY EDUCATIONAL RESOURCES	138.00	Education Material
187118	7/15/2022	HOLIDAY INN - ROCK SPRINGS	331.08	Employee Recruitment
187354	7/28/2022	HOLIDAY INN - ROCK SPRINGS	100.00	Employee Recruitment
187362	7/28/2022	JESSICA ICE	5,000.00	Employee Recruitment
EFT000000007587	7/15/2022	SST TESTING +, INC.	800.00	Employee Recruitment
187079	7/7/2022	VISION SERVICE PLAN - WY	6,837.03	Employee Vision Plan
186979	7/7/2022	CAREFUSION SOLUTIONS, LLC	26,256.00	Equipment Lease
187214	7/21/2022	COPIER & SUPPLY COMPANY	159.27	Equipment Lease
187330	7/28/2022	COPIER & SUPPLY COMPANY	8,127.35	Equipment Lease
187115	7/15/2022	GE HEALTHCARE FINANCIAL SERVICES	10,692.03	Equipment Lease
187345	7/28/2022	GE HEALTHCARE FINANCIAL SERVICES	48,506.29	Equipment Lease
187401	7/28/2022	PITNEY BOWES INC	798.77	Equipment Lease
187055	7/7/2022	SHADOW MOUNTAIN WATER CO ,WY	952.70	Equipment Lease
187411	7/28/2022	SHADOW MOUNTAIN WATER CO ,WY	59.94	Equipment Lease
187162	7/15/2022	US BANK EQUIPMENT FINANCE	1,419.44	Equipment Lease
187294	7/21/2022	US BANK EQUIPMENT FINANCE	1,164.25	Equipment Lease
187433	7/28/2022	US BANK EQUIPMENT FINANCE	1,096.15	Equipment Lease
EFT000000007684	7/21/2022	TIMEPAYMENT CORP	2,625.10	Equipment Lease
186983	7/7/2022	CLOUDLI COMMUNICATIONS INC.	51.74	Fax Services
187220	7/21/2022	DFA DAIRY BRANDS CORP., LLC	276.47	Food
187002	7/7/2022	F B MCFADDEN WHOLESALE	3,350.91	Food
187228	7/21/2022	F B MCFADDEN WHOLESALE	1,057.95	Food
187338	7/28/2022	F B MCFADDEN WHOLESALE	1,668.90	Food
187251	7/21/2022	LLORENS PHARMACEUTICAL INTERNATIONAL DIVISION INC	909.60	Food
187229	7/21/2022	FED EX	79.35	Freight
187150	7/15/2022	TRIOSE, INC	8,076.34	Freight
187139	7/15/2022	RED HORSE OIL COMPANIES INC	765.26	Fuel
EFT000000007591	7/15/2022	WWS - ROCK SPRINGS	5,171.53	Garbage Collection
W/T	7/22/2022	FURTHER ADMIN FEE	214.50	Group Health
W/T	7/1/2022	FURTHER FLEX 6/29/22	1,406.07	Group Health
W/T	7/15/2022	FURTHER FLEX 7/13/22	1,508.33	Group Health
W/T	7/8/2022	FURTHER FLEX 7/6/22	1,483.30	Group Health
W/T	7/29/2022	FURTHER FLEX 7/27/22	3,225.83	Group Health
W/T	7/22/2022	FURTHER FLEX 7/22/22	5,458.55	Group Health
W/T	7/22/2022	BLUE CROSS BLUE SHIELD 7/15/22	66,581.04	Group Health
W/T	7/8/2022	BLUE CROSS BLUE SHIELD 7/1/22	98,907.20	Group Health
W/T	7/29/2022	BLUE CROSS BLUE SHIELD 7/22/22	115,962.79	Group Health
W/T	7/1/2022	BLUE CROSS BLUE SHIELD 6/24/22	118,120.26	Group Health
W/T	7/15/2022	BLUE CROSS BLUE SHIELD 7/6/22	199,151.13	Group Health
187052	7/7/2022	ABBOTT NUTRITION	351.59	Hospital Supplies
186958	7/7/2022	AESCLAP INC	4,919.30	Hospital Supplies
187186	7/21/2022	AESCLAP INC	804.98	Hospital Supplies
187301	7/28/2022	AESCLAP INC	450.00	Hospital Supplies
187302	7/28/2022	ALLEN MEDICAL SYSTEMS INC	397.10	Hospital Supplies
187189	7/21/2022	AMAZON.COM CREDIT PLAN	1,628.45	Hospital Supplies
187304	7/28/2022	AMAZON.COM CREDIT PLAN	72.33	Hospital Supplies
187305	7/28/2022	AMBU INCORPORATED	153.34	Hospital Supplies
186962	7/7/2022	APPLIED MEDICAL	464.00	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

187190	7/21/2022	APPLIED MEDICAL	750.00	Hospital Supplies
187309	7/28/2022	APPLIED MEDICAL	420.00	Hospital Supplies
186961	7/7/2022	APPLIED MEDICAL TECHNOLOGY	1,195.18	Hospital Supplies
187310	7/28/2022	ARGON MEDICAL	449.00	Hospital Supplies
186963	7/7/2022	ARTHREX INC.	6,324.00	Hospital Supplies
186970	7/7/2022	B BRAUN MEDICAL INC.	1,120.80	Hospital Supplies
187194	7/21/2022	B BRAUN MEDICAL INC.	1,696.40	Hospital Supplies
186968	7/7/2022	BARD PERIPHERAL VASCULAR INC	1,912.05	Hospital Supplies
187312	7/28/2022	BARD PERIPHERAL VASCULAR INC	1,912.05	Hospital Supplies
186969	7/7/2022	BAXTER HEALTHCARE CORPORATION	1,470.00	Hospital Supplies
187313	7/28/2022	BAXTER HEALTHCARE CORPORATION	4,930.65	Hospital Supplies
187193	7/21/2022	BAYER HEALTHCARE LLC	2,195.20	Hospital Supplies
186972	7/7/2022	BECTON DICKINSON	1,075.10	Hospital Supplies
187195	7/21/2022	BECTON DICKINSON	72.50	Hospital Supplies
186973	7/7/2022	BIOMET SPORTS MEDICINE	2,941.08	Hospital Supplies
187196	7/21/2022	BIOMET SPORTS MEDICINE	60.00	Hospital Supplies
187199	7/21/2022	BLUE ENDO	285.65	Hospital Supplies
186975	7/7/2022	BOSTON SCIENTIFIC CORP	4,508.11	Hospital Supplies
187200	7/21/2022	BOSTON SCIENTIFIC CORP	4,310.13	Hospital Supplies
187316	7/28/2022	BOSTON SCIENTIFIC CORP	7,426.83	Hospital Supplies
186990	7/7/2022	C R BARD INC	190.99	Hospital Supplies
187331	7/28/2022	C R BARD INC	190.99	Hospital Supplies
186991	7/7/2022	C2DX, INC.	820.00	Hospital Supplies
187100	7/15/2022	CARDINAL HEALTH/V. MUELLER	26,426.60	Hospital Supplies
187203	7/21/2022	CARDINAL HEALTH/V. MUELLER	14,692.03	Hospital Supplies
187321	7/28/2022	CARDINAL HEALTH/V. MUELLER	4,502.91	Hospital Supplies
187206	7/21/2022	CIVCO RADIOTHERAPY	464.00	Hospital Supplies
186984	7/7/2022	COASTAL LIFE SYSTEMS, INC.	200.02	Hospital Supplies
187325	7/28/2022	CONE INSTRUMENTS	192.27	Hospital Supplies
187326	7/28/2022	CONMED CORPORATION	345.00	Hospital Supplies
187212	7/21/2022	COOK MEDICAL INC.	194.35	Hospital Supplies
187328	7/28/2022	COOK MEDICAL INC.	484.17	Hospital Supplies
186989	7/7/2022	COOK MEDICAL INCORPORATED	1,510.12	Hospital Supplies
187213	7/21/2022	COOK MEDICAL INCORPORATED	1,226.28	Hospital Supplies
187329	7/28/2022	COOK MEDICAL INCORPORATED	2,399.72	Hospital Supplies
187332	7/28/2022	CR BARD, INC	195.00	Hospital Supplies
186994	7/7/2022	DIAGNOSTICA STAGO INC	7,632.49	Hospital Supplies
186995	7/7/2022	DJ ORTHOPEDICS, LLC	74.36	Hospital Supplies
186997	7/7/2022	EDWARDS LIFESCIENCES	616.50	Hospital Supplies
186999	7/7/2022	EMERSON HEALTHCARE, LLC	685.00	Hospital Supplies
187335	7/28/2022	EQUASHIELD LLC	12,647.55	Hospital Supplies
187001	7/7/2022	EXPAND-A-BAND, LLC	21.00	Hospital Supplies
187007	7/7/2022	GENERAL HOSPITAL SUPPLY CORPORATION	451.00	Hospital Supplies
187346	7/28/2022	GENERAL HOSPITAL SUPPLY CORPORATION	748.00	Hospital Supplies
187347	7/28/2022	GETINGE USA SALES, LLC	571.94	Hospital Supplies
187240	7/21/2022	GYNEX CORP	94.45	Hospital Supplies
187010	7/7/2022	HEALTHCARE LOGISTICS INC	23.16	Hospital Supplies
187117	7/15/2022	HEALTHCARE LOGISTICS INC	103.72	Hospital Supplies
187350	7/28/2022	HEALTHCARE LOGISTICS INC	392.06	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

187242	7/21/2022	HOLOGIC, INC.	59,240.63	Hospital Supplies
187355	7/28/2022	HOLOGIC, INC.	6,566.00	Hospital Supplies
187014	7/7/2022	HULL ANESTHESIA INC	180.00	Hospital Supplies
187357	7/28/2022	HULL ANESTHESIA INC	180.00	Hospital Supplies
187244	7/21/2022	INNOVATIVE PRODUCTS INC.	125.00	Hospital Supplies
187016	7/7/2022	INTEGRATED MEDICAL SYSTEMS	78.00	Hospital Supplies
187017	7/7/2022	J & J HEALTH CARE SYSTEMS INC	4,678.09	Hospital Supplies
187360	7/28/2022	J & J HEALTH CARE SYSTEMS INC	6,091.56	Hospital Supplies
187022	7/7/2022	KARL STORZ ENDOSCOPY-AMERICA	133.50	Hospital Supplies
187365	7/28/2022	KARL STORZ ENDOSCOPY-AMERICA	377.10	Hospital Supplies
187069	7/7/2022	LEICA BIOSYSTEMS RICHMOND	59.86	Hospital Supplies
187286	7/21/2022	LEICA BIOSYSTEMS RICHMOND	133.16	Hospital Supplies
187425	7/28/2022	LEICA BIOSYSTEMS RICHMOND	735.62	Hospital Supplies
187258	7/21/2022	M V A P MEDICAL SUPPLIES, INC.	475.00	Hospital Supplies
187026	7/7/2022	MASIMO AMERICAS, INC.	1,914.00	Hospital Supplies
187127	7/15/2022	MASIMO AMERICAS, INC.	900.00	Hospital Supplies
187252	7/21/2022	MASIMO AMERICAS, INC.	1,100.00	Hospital Supplies
187375	7/28/2022	MASIMO AMERICAS, INC.	3,428.00	Hospital Supplies
187253	7/21/2022	MCKESSON MEDICAL-SURGICAL	1,548.57	Hospital Supplies
187377	7/28/2022	MCKESSON MEDICAL-SURGICAL	690.65	Hospital Supplies
187378	7/28/2022	MEDELA LLC	569.60	Hospital Supplies
187029	7/7/2022	MEDTRONIC USA INC	1,301.00	Hospital Supplies
187382	7/28/2022	MEDTRONIC USA INC	441.00	Hospital Supplies
187381	7/28/2022	MEDTRONIC, USA	18,184.00	Hospital Supplies
187030	7/7/2022	MERCURY MEDICAL	196.58	Hospital Supplies
187383	7/28/2022	MERCURY MEDICAL	487.68	Hospital Supplies
187032	7/7/2022	MERIT MEDICAL SYSTEMS, INC	543.10	Hospital Supplies
187384	7/28/2022	MERIT MEDICAL SYSTEMS, INC	468.20	Hospital Supplies
187034	7/7/2022	MES	170.45	Hospital Supplies
187260	7/21/2022	NANOSONICS, INC	210.00	Hospital Supplies
187389	7/28/2022	NANOSONICS, INC	1,062.25	Hospital Supplies
187037	7/7/2022	OLYMPUS AMERICA INC	1,012.58	Hospital Supplies
187262	7/21/2022	OLYMPUS AMERICA INC	96.71	Hospital Supplies
187393	7/28/2022	OLYMPUS AMERICA INC	304.18	Hospital Supplies
187039	7/7/2022	OWENS & MINOR 90005430	14,812.09	Hospital Supplies
187135	7/15/2022	OWENS & MINOR 90005430	9,660.51	Hospital Supplies
187263	7/21/2022	OWENS & MINOR 90005430	21,947.14	Hospital Supplies
187265	7/21/2022	PERFORMANCE HEALTH SUPPLY INC	125.58	Hospital Supplies
187486	7/21/2022	RADIOMETER AMERICA INC	4,931.19	Hospital Supplies
187269	7/21/2022	RYTHMILINK HOLOGICS, LLC	188.00	Hospital Supplies
187275	7/21/2022	SHEATHING TECHNOLOGIES, INC.	95.15	Hospital Supplies
187413	7/28/2022	SHIPPERT MEDICAL TECHNOLOGIES	139.00	Hospital Supplies
187065	7/7/2022	STERIS CORPORATION	4,350.94	Hospital Supplies
187283	7/21/2022	STERIS CORPORATION	313.56	Hospital Supplies
187420	7/28/2022	STERIS CORPORATION	1,524.89	Hospital Supplies
187060	7/7/2022	SUREMARK CO	232.00	Hospital Supplies
187071	7/7/2022	TELEFLEX LLC	146.00	Hospital Supplies
187429	7/28/2022	TIDI PRODUCTS, LC	550.80	Hospital Supplies
187074	7/7/2022	TRI-ANIM HEALTH SERVICES INC	1,624.06	Hospital Supplies

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187290	7/21/2022	TRI-ANIM HEALTH SERVICES INC	981.63	Hospital Supplies
187430	7/28/2022	TRI-ANIM HEALTH SERVICES INC	325.98	Hospital Supplies
187434	7/28/2022	UTAH MEDICAL PRODUCTS INC	292.13	Hospital Supplies
187297	7/21/2022	VERATHON INC.	770.00	Hospital Supplies
187082	7/7/2022	WAXIE SANITARY SUPPLY	5,761.59	Hospital Supplies
EFT00000007576	7/8/2022	BREG INC	335.77	Hospital Supplies
EFT00000007581	7/6/2022	STRYKER INSTRUMENTS	2,541.22	Hospital Supplies
EFT00000007584	7/15/2022	MARSHALL INDUSTRIES	855.40	Hospital Supplies
EFT00000007595	7/21/2022	BREG INC	300.62	Hospital Supplies
EFT00000007596	7/21/2022	BSN MEDICAL INC	276.16	Hospital Supplies
EFT00000007600	7/21/2022	OVATION MEDICAL	449.50	Hospital Supplies
EFT00000007603	7/21/2022	STRYKER INSTRUMENTS	475.14	Hospital Supplies
EFT00000007605	7/21/2022	ZOLL MEDICAL CORPORATION	42.46	Hospital Supplies
EFT00000007607	7/28/2022	HARDY DIAGNOSTICS	4,008.61	Hospital Supplies
187143	7/15/2022	ROCK SPRINGS IV, CENTER	83.04	Hospital Supplies
187300	7/21/2022	ARTHROSURFACE INCORPORATED	7,044.00	Implant Supplies
187157	7/15/2022	TREACE MEDICAL CONCEPTS, INC.	6,695.00	Implant Supplies
187432	7/28/2022	PROVIDENT LIFE & ACCIDENT	27,325.75	Insurance Premiums
187443	7/28/2022	INSURANCE REFUND	4,847.80	Insurance Refund
187442	7/28/2022	INSURANCE REFUND	6,359.77	Insurance Refund
187167	7/15/2022	INSURANCE REFUND	216.00	Insurance Refund
187439	7/28/2022	INSURANCE REFUND	39.01	Insurance Refund
187440	7/28/2022	INSURANCE REFUND	42.26	Insurance Refund
187444	7/28/2022	INSURANCE REFUND	25.43	Insurance Refund
187445	7/28/2022	INSURANCE REFUND	571.80	Insurance Refund
187446	7/28/2022	INSURANCE REFUND	571.80	Insurance Refund
187447	7/28/2022	INSURANCE REFUND	538.01	Insurance Refund
187448	7/28/2022	INSURANCE REFUND	571.80	Insurance Refund
187449	7/28/2022	INSURANCE REFUND	156.77	Insurance Refund
187450	7/28/2022	INSURANCE REFUND	655.25	Insurance Refund
187451	7/28/2022	INSURANCE REFUND	538.01	Insurance Refund
187452	7/28/2022	INSURANCE REFUND	97.66	Insurance Refund
187455	7/28/2022	INSURANCE REFUND	49.29	Insurance Refund
187094	7/15/2022	ALLERMETRIX INC	1,355.00	Laboratory Services
187376	7/28/2022	MAYO COLLABORATIVE SERVICES, INC.	382.88	Laboratory Services
187130	7/15/2022	METABOLIC NEWBORN SCREENING	5,908.16	Laboratory Services
187424	7/28/2022	SUMMIT PATHOLOGY	106.02	Laboratory Services
EFT00000007510	6/2/2022	ARUP LABORATORIES, INC.	49,274.36	Laboratory Services
186960	7/7/2022	ANAEROBE SYSTEMS	25.90	Laboratory Supplies
187308	7/28/2022	ANAEROBE SYSTEMS	25.90	Laboratory Supplies
186971	7/7/2022	BECKMAN COULTER, INC	236.41	Laboratory Supplies
187314	7/28/2022	BECKMAN COULTER, INC	29.18	Laboratory Supplies
186974	7/7/2022	BIOMERIEUX, INC.	8,190.27	Laboratory Supplies
187197	7/21/2022	BIOMERIEUX, INC.	4,698.69	Laboratory Supplies
187318	7/28/2022	CANCER DIAGNOSTICS, INC	101.75	Laboratory Supplies
186978	7/7/2022	CARDINAL HEALTH	20,186.84	Laboratory Supplies
187202	7/21/2022	CARDINAL HEALTH	36,929.79	Laboratory Supplies
187320	7/28/2022	CARDINAL HEALTH	25,385.74	Laboratory Supplies
187205	7/21/2022	CAREFIELD LLC	70.23	Laboratory Supplies

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186980	7/7/2022	CEPHEID	3,420.00	Laboratory Supplies
187322	7/28/2022	CEPHEID	14,672.76	Laboratory Supplies
187003	7/7/2022	FISHER HEALTHCARE	4,502.68	Laboratory Supplies
187230	7/21/2022	FISHER HEALTHCARE	7,705.70	Laboratory Supplies
187340	7/28/2022	FISHER HEALTHCARE	11,830.67	Laboratory Supplies
187250	7/21/2022	LIFELOC TECHNOLOGIES	122.00	Laboratory Supplies
187400	7/28/2022	PIPETTE.COM	530.00	Laboratory Supplies
187277	7/21/2022	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	134.06	Laboratory Supplies
187414	7/28/2022	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	134.06	Laboratory Supplies
187063	7/7/2022	STATLAB MEDICAL PRODUCTS	134.20	Laboratory Supplies
187155	7/15/2022	THERMO FISHER SCIENTIFIC, LLC	9.76	Laboratory Supplies
187289	7/21/2022	THERMO FISHER SCIENTIFIC, LLC	6.30	Laboratory Supplies
187075	7/7/2022	TYPENEX MEDICAL, LLC	211.63	Laboratory Supplies
187292	7/21/2022	TYPENEX MEDICAL, LLC	33.35	Laboratory Supplies
EFT00000007575	7/8/2022	BIO-RAD LABORATORIES	724.20	Laboratory Supplies
EFT00000007578	7/8/2022	PDC HEALTHCARE	1,021.12	Laboratory Supplies
EFT00000007586	7/15/2022	PDC HEALTHCARE	18.26	Laboratory Supplies
EFT00000007590	7/15/2022	SYSMEX AMERICA INC.	1,042.20	Laboratory Supplies
EFT00000007594	7/21/2022	BIO-RAD LABORATORIES	1,154.56	Laboratory Supplies
EFT00000007601	7/21/2022	PDC HEALTHCARE	29.13	Laboratory Supplies
EFT00000007606	7/28/2022	BIO-RAD LABORATORIES	164.51	Laboratory Supplies
EFT00000007609	7/28/2022	SYSMEX AMERICA INC.	25,295.26	Laboratory Supplies
186992	7/7/2022	CROWLEY FLECK ATTORNEYS	270.00	Legal Fees
187207	7/21/2022	CLIA LABORATORY PROGRAM	250.00	License Renewal
187165	7/15/2022	WYOMING SECRETARY OF STATE	25.00	Licenses & Taxes
187391	7/28/2022	NEW YORK LIFE INSURANCE COMPANY	2,274.84	Life Insurance
187417	7/28/2022	STANDARD TEXTILE	509.28	Unen
187164	7/15/2022	WYOMING UROLOGICAL SERVICES, LP	15,500.00	Lithotripsy Services
186957	7/7/2022	A & B HOME IMPROVEMENTS	15,410.00	Maintenance & Repair
187090	7/15/2022	A & B HOME IMPROVEMENTS	3,340.00	Maintenance & Repair
186964	7/7/2022	ASPEN CONSTRUCTION	650.00	Maintenance & Repair
186993	7/7/2022	DAVE'S APPLIANCE	45.00	Maintenance & Repair
187219	7/21/2022	DAVE'S APPLIANCE	110.00	Maintenance & Repair
187224	7/21/2022	DJ'S GLASS PLUS, INC.	445.00	Maintenance & Repair
187234	7/21/2022	GOODWAY TECHNOLOGIES CORPORATION	217.56	Maintenance & Repair
187256	7/21/2022	MINER LTD	2,957.64	Maintenance & Repair
187387	7/28/2022	MINER LTD	3,331.30	Maintenance & Repair
187040	7/7/2022	PACIFIC STEEL HIDES FURS RECYC	47.50	Maintenance & Repair
187041	7/7/2022	PARTSSOURCE	612.63	Maintenance & Repair
187264	7/21/2022	PARTSSOURCE	305.77	Maintenance & Repair
187395	7/28/2022	PARTSSOURCE	211.91	Maintenance & Repair
187043	7/7/2022	PLAN ONE/ARCHITECTS	1,045.00	Maintenance & Repair
187054	7/7/2022	STEALTH TECHNOLOGIES	276.00	Maintenance & Repair
187078	7/7/2022	UTAH CONTROLS INC	2,310.00	Maintenance & Repair
187296	7/21/2022	VAUGHNS PLUMBING & HEATING	1,500.00	Maintenance & Repair
186967	7/7/2022	BARD ACCESS SYSTEMS	941.85	Maintenance Supplies
187192	7/21/2022	BARD ACCESS SYSTEMS	206.00	Maintenance Supplies
186985	7/7/2022	CODALE ELECTRIC SUPPLY, INC	864.72	Maintenance Supplies
187107	7/15/2022	CODALE ELECTRIC SUPPLY, INC	14.45	Maintenance Supplies

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187208	7/21/2022	CODALE ELECTRIC SUPPLY, INC	665.03	Maintenance Supplies
187008	7/7/2022	GRAINGER	169.16	Maintenance Supplies
187235	7/21/2022	GRAINGER	57.56	Maintenance Supplies
187348	7/28/2022	GRAINGER	1,069.59	Maintenance Supplies
187243	7/21/2022	HOME DEPOT	1,295.46	Maintenance Supplies
187245	7/21/2022	INSULATION INC.	5,179.49	Maintenance Supplies
187051	7/7/2022	ROCK SPRINGS WINNELSON CO	18.46	Maintenance Supplies
187144	7/15/2022	ROCK SPRINGS WINNELSON CO	16,839.74	Maintenance Supplies
187272	7/21/2022	ROCK SPRINGS WINNELSON CO	21,930.50	Maintenance Supplies
187077	7/7/2022	UNIPOWER	402.06	Maintenance Supplies
187161	7/15/2022	UNIPOWER	1,954.88	Maintenance Supplies
EFT00000007582	7/15/2022	ACE HARDWARE	89.95	Maintenance Supplies
EFT00000007592	7/21/2022	ACE HARDWARE	170.61	Maintenance Supplies
187306	7/28/2022	MHSC-GIFT SHOP	112.45	Marketing & Promotional
187266	7/21/2022	PURPLE LIZARDS, LLC	4,006.61	Marketing & Promotional Supplies
187404	7/28/2022	PURPLE LIZARDS, LLC	2,921.80	Marketing & Promotional Supplies
187306	7/28/2022	AMERICAN PHYSICAL THERAPY ASSN	385.00	Memberships
187166	7/15/2022	WYAMSS	150.00	Memberships
186951	7/5/2022	MHSC-FOUNDATION	1,079.32	MHSC Foundation
187180	7/19/2022	MHSC-FOUNDATION	1,159.32	MHSC Foundation
187031	7/7/2022	MERCURY DISTRIBUTING (WESTERN RESERVE DISTRIBUTING)	1,425.18	Minor Equipment
187285	7/21/2022	SUPERIOR AUDIOMETRICS, LLC	510.00	Minor Equipment
187072	7/7/2022	TERMINIX OF WYOMING	759.00	Monthly Pest Control
186977	7/7/2022	BROWN INDUSTRIES INC	54.99	Non Medical Supplies
187013	7/7/2022	HOBART CORPORATION	4,759.31	Non Medical Supplies
187020	7/7/2022	J.J. KELLER & ASSOCIATES, INC.	280.76	Non Medical Supplies
187027	7/7/2022	MEDLINE INDUSTRIES INC	235.32	Non Medical Supplies
187128	7/15/2022	MEDLINE INDUSTRIES INC	2,177.06	Non Medical Supplies
187255	7/21/2022	MEDLINE INDUSTRIES INC	140.24	Non Medical Supplies
187380	7/28/2022	MEDLINE INDUSTRIES INC	3,800.85	Non Medical Supplies
187038	7/7/2022	ORIENTAL TRADING COMPANY	252.98	Non Medical Supplies
187168	7/15/2022	POSITIVE PROMOTIONS	887.96	Non Medical Supplies
187058	7/7/2022	SMILEMAKERS	334.47	Non Medical Supplies
187288	7/21/2022	TEGELER & ASSOCIATES-RS	250.00	Notary Bond
187000	7/7/2022	ENCOMPASS GROUP, LLC	3,136.24	Office Supplies
187226	7/21/2022	ENCOMPASS GROUP, LLC	462.90	Office Supplies
187334	7/28/2022	ENCOMPASS GROUP, LLC	3,641.94	Office Supplies
187046	7/7/2022	PROFORMA	523.31	Office Supplies
187061	7/7/2022	STANDARD REGISTER COMPANY	176.44	Office Supplies
187279	7/21/2022	STANDARD REGISTER COMPANY	258.35	Office Supplies
187418	7/28/2022	STANDARD REGISTER COMPANY	492.98	Office Supplies
187062	7/7/2022	STAPLES BUSINESS ADVANTAGE	5,900.91	Office Supplies
187280	7/21/2022	STAPLES BUSINESS ADVANTAGE	4,123.55	Office Supplies
187419	7/28/2022	STAPLES BUSINESS ADVANTAGE	401.06	Office Supplies
EFT00000007606	7/28/2022	SMYTH PRINTING	2,164.00	Office Supplies
187086	7/7/2022	YOUNG AT HEART SENIOR CITIZENS CENTER	6,970.00	Other Employee Benefits
187342	7/28/2022	FOTOS BY JENNI	79.00	Other Purchased Services
187125	7/15/2022	QUICK RESPONSE TAXI	372.00	Other Purchased Services
187249	7/21/2022	QUICK RESPONSE TAXI	51.00	Other Purchased Services

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187371	7/28/2022	QUICK RESPONSE TAXI	83.00	Other Purchased Services
187408	7/28/2022	SANTA FE TRAIL RESTAURANT	152.95	Other Purchased Services
EFT000000007574	7/8/2022	AIRGAS INTERMOUNTAIN INC	372.91	Oxygen Rental
EFT000000007593	7/21/2022	AIRGAS INTERMOUNTAIN INC	164.44	Oxygen Rental
187438	7/28/2022	PATIENT REFUND	79.60	Patient Refund
187441	7/28/2022	PATIENT REFUND	787.20	Patient Refund
187453	7/28/2022	PATIENT REFUND	150.00	Patient Refund
187454	7/28/2022	PATIENT REFUND	60.00	Patient Refund
187456	7/28/2022	PATIENT REFUND	226.80	Patient Refund
186954	7/6/2022	UNITED WAY OF SWEETWATER COUNTY	244.62	Payroll Deduction
187183	7/19/2022	UNITED WAY OF SWEETWATER COUNTY	244.62	Payroll Deduction
187169	7/15/2022	CIRCUIT COURT 3RD JUDICIAL-GR	364.40	Payroll Garnishment
187170	7/15/2022	CIRCUIT COURT 3RD JUDICIAL-GR	307.46	Payroll Garnishment
187171	7/15/2022	CIRCUIT COURT 3RD JUDICIAL-GR	368.38	Payroll Garnishment
187172	7/15/2022	CIRCUIT COURT 3RD JUDICIAL-GR	224.27	Payroll Garnishment
187177	7/19/2022	CIRCUIT COURT 3RD JUDICIAL-GR	311.51	Payroll Garnishment
186950	7/6/2022	DAVID G. PEAKE	3,484.62	Payroll Garnishment
187178	7/19/2022	DAVID G. PEAKE	3,484.62	Payroll Garnishment
186949	7/6/2022	DISTRICT COURT THIRD JUDICIAL DIST	960.60	Payroll Garnishment
187179	7/19/2022	DISTRICT COURT THIRD JUDICIAL DIST	960.60	Payroll Garnishment
186952	7/6/2022	STATE OF WYOMING DFS/CSES	2,232.78	Payroll Garnishment
187181	7/19/2022	STATE OF WYOMING DFS/CSES	2,232.78	Payroll Garnishment
186945	7/6/2022	SWEETWATER CIRCUIT COURT-RS	379.88	Payroll Garnishment
186946	7/6/2022	SWEETWATER CIRCUIT COURT-RS	269.66	Payroll Garnishment
186947	7/6/2022	SWEETWATER CIRCUIT COURT-RS	247.00	Payroll Garnishment
186948	7/6/2022	SWEETWATER CIRCUIT COURT-RS	477.33	Payroll Garnishment
187173	7/19/2022	SWEETWATER CIRCUIT COURT-RS	408.49	Payroll Garnishment
187174	7/19/2022	SWEETWATER CIRCUIT COURT-RS	278.57	Payroll Garnishment
187175	7/19/2022	SWEETWATER CIRCUIT COURT-RS	39.04	Payroll Garnishment
187176	7/19/2022	SWEETWATER CIRCUIT COURT-RS	401.10	Payroll Garnishment
186953	7/6/2022	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
187182	7/19/2022	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	7/1/2022	PAYROLL 12	1,600,000.00	Payroll Transfer
W/T	7/18/2022	PAYROLL 13	1,500,000.00	Payroll Transfer
187204	7/21/2022	CARDINAL HEALTH PHARMACY MGMT	1,010,112.69	Pharmacy Management
187093	7/15/2022	DR. AHMAD BASHIR MOGHADDAM	27,329.00	Physician Recruitment
187412	7/28/2022	SHAWN ROCKEY, PA-C	15,000.00	Physician Recruitment
187070	7/7/2022	TACORE MEDICAL, INC.	12,500.00	Physician Recruitment
187427	7/28/2022	TACORE MEDICAL, INC.	3,000.00	Physician Recruitment
187360	7/28/2022	DR. KYLE SOKOL	789.85	Physician Recruitment
187259	7/21/2022	DR. NAJHA FAROOGI	2,354.36	Physician Recruitment
187201	7/21/2022	DR. BRYTTON LONG	25,000.00	Physician Retention
187105	7/15/2022	DR. CIELETTE KAIN	25,000.00	Physician Retention
187209	7/21/2022	DR. CODY CHRISTENSEN	25,000.00	Physician Retention
187361	7/28/2022	DR. JACQUES DENKER	10,000.00	Physician Retention
186943	7/1/2022	DR. RAHUL PAWAR	25,000.00	Physician Retention
187353	7/28/2022	HMR STAFFING	10,000.00	Physician Retention
186944	7/1/2022	STEVEN CROFT, M.D.	25,000.00	Physician Retention
186946	7/7/2022	COMPHHEALTH, INC.	54,369.22	Physician Services

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187092	7/15/2022	ADVANCED MEDICAL IMAGING, LLC	68,508.00	Physician Services
187185	7/21/2022	ADVANCED MEDICAL IMAGING, LLC	392.09	Physician Services
186976	7/7/2022	DR. BRIAN MOON	10,000.00	Physician Services
187099	7/15/2022	DR. BRIAN MOON	6,000.00	Physician Services
187123	7/15/2022	JOHN A. ILIYA M.D.	27,600.00	Physician Services
187126	7/15/2022	LOCUM TENENS.COM	10,859.35	Physician Services
187133	7/15/2022	IMPLY HEALTHCARE, LLC	21,540.14	Physician Services
187428	7/28/2022	THE SLEEP SPECIALISTS	7,125.00	Physician Services
187431	7/28/2022	UNIVERSITY OF UTAH (UJHC OUTREACH)	116,856.74	Physician Services
187222	7/21/2022	DEPARTMENT OF EDUCATION	1,666.67	Physician Student Loan
187236	7/21/2022	GRANITE STATE MANAGEMENT & RESOURCES	666.67	Physician Student Loan
187237	7/21/2022	GREAT LAKES	1,666.67	Physician Student Loan
187238	7/21/2022	GREAT LAKES EDUCATION LOAN SERVICES	1,000.00	Physician Student Loan
187221	7/21/2022	MOHELA	1,666.67	Physician Student Loan
187295	7/21/2022	US DEPARTMENT OF EDUCATION	2,500.00	Physician Student Loan
187141	7/15/2022	RESERVE ACCOUNT	5,000.00	Postage
187160	7/15/2022	UMIA INSURANCE, INC	108,862.00	Professional Liability Insurance
187110	7/15/2022	CE BROKER	265.36	Professional Service
187336	7/28/2022	CE BROKER	318.16	Professional Service
186982	7/7/2022	CLEANIQUE PROFESSIONAL SERVICES	4,800.00	Professional Service
187025	7/7/2022	CLIFTON LARSON ALLEN LLP	21,000.00	Professional Service
187363	7/28/2022	JOINT COMMISSION RESOURCES	4,495.00	Professional Service
187247	7/21/2022	KEITH WILLIAMS & ASSOCIATES, INC.	4,875.00	Professional Service
187254	7/21/2022	MEDICAL PHYSICS CONSULTANTS, INC	2,125.00	Professional Service
187379	7/28/2022	MEDICAL PHYSICS CONSULTANTS, INC	6,050.00	Professional Service
187132	7/15/2022	MOUNTAIN STATES MEDICAL PHYSICS	7,237.15	Professional Service
187390	7/28/2022	NETDAIS	4,800.00	Professional Service
187392	7/28/2022	NORTHWEST SOLUTIONS LLC	2,340.00	Professional Service
187083	7/7/2022	WELLS FARGO BANK, NA	1,000.00	Professional Service
EFT000000007509	7/15/2022	SWEETWATER MEDICS LLC	8,265.60	Professional Service
187210	7/21/2022	COLLEGE OF AMERICAN PATHOLOGY	69.23	Proficiency Testing
187373	7/28/2022	LGC CLINICAL DIAGNOSTICS, INC.	2,938.00	Proficiency Testing
187405	7/28/2022	RADIATION DETECTION COMPANY	331.08	Radiation Monitoring
EFT000000007583	7/15/2022	LANDAUER INC	173.05	Radiation Monitoring
187033	7/7/2022	MERRY X-RAY	76.59	Radiology Film
187385	7/28/2022	MERRY X-RAY	136.40	Radiology Film
187319	7/28/2022	CAPINTEC, INC	3,300.00	Radiology Material
187216	7/21/2022	CURRUM US LLC	1,270.80	Radiology Material
187358	7/28/2022	INTERMOUNTAIN RADIOPHARMACY - UNIVERSITY OF UTAH	3,650.00	Radiology Material
187024	7/7/2022	LANTHEUS MEDICAL IMAGING, INC	1,554.62	Radiology Material
187248	7/21/2022	LANTHEUS MEDICAL IMAGING, INC	2,496.83	Radiology Material
187370	7/28/2022	LANTHEUS MEDICAL IMAGING, INC	2,496.83	Radiology Material
187006	7/7/2022	GE HEALTHCARE INC	1,498.14	Radiology Supplies
187233	7/21/2022	GE HEALTHCARE INC	749.07	Radiology Supplies
187344	7/28/2022	GE HEALTHCARE INC	1,284.12	Radiology Supplies
187397	7/28/2022	PHARMALOGIC WY, LTD	2,468.20	Radiology Supplies
186966	7/7/2022	AUGUSTO JAMIAS	2,250.00	Reimbursement - CME
187035	7/7/2022	DR MICHAEL BOWERS	970.00	Reimbursement - CME
187053	7/7/2022	DR SAMER KATTAN	322.00	Reimbursement - CME

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187097	7/15/2022	DR. BANU SYMINGTON	612.00	Reimbursement - CME
187019	7/7/2022	DR. JEFFREY WHEELER	1,210.00	Reimbursement - CME
187049	7/7/2022	DR. RASHEEL CHOWDHARY	47.00	Reimbursement - CME
187057	7/7/2022	DR. SIGSBEE DUCK	240.00	Reimbursement - CME
187021	7/7/2022	DOCELYN PALIWEK	82.00	Reimbursement - CME
187129	7/15/2022	MELISSA JEWELL	265.74	Reimbursement - CME
187018	7/7/2022	DR. JANENE GLYN	2,783.06	Reimbursement - Education & Travel
187095	7/15/2022	AMY LUCY	34.50	Reimbursement - Education & Travel
187101	7/15/2022	CASEY CHRISTIANSEN	1,591.54	Reimbursement - Education & Travel
187106	7/15/2022	CINDY NELSON	1,725.91	Reimbursement - Education & Travel
187218	7/21/2022	DANIELLE TURNER	230.00	Reimbursement - Education & Travel
186996	7/7/2022	DONALD SILVEY	679.76	Reimbursement - Education & Travel
187009	7/7/2022	DR. GRZEGORZ PUCHALA	11,000.42	Reimbursement - Education & Travel
187116	7/15/2022	DR. GRZEGORZ PUCHALA	3,768.62	Reimbursement - Education & Travel
187045	7/7/2022	DR. PREETPAL GREWAL	25.01	Reimbursement - Education & Travel
187064	7/7/2022	DR. WILLIAM SARETTE	600.00	Reimbursement - Education & Travel
187163	7/15/2022	DR. WILLIAM SARETTE	600.00	Reimbursement - Education & Travel
187239	7/21/2022	GRETCHEN BALDWIN	577.13	Reimbursement - Education & Travel
187120	7/15/2022	IRENE RICHARDSON	230.85	Reimbursement - Education & Travel
187246	7/21/2022	KAITLYN ICE	460.00	Reimbursement - Education & Travel
187396	7/20/2022	PATTY O'LEKEY	70.00	Reimbursement - Education & Travel
187136	7/15/2022	PHILLIP FLAKE	540.36	Reimbursement - Education & Travel
187142	7/15/2022	ROBIN SNOWBENDER	59.20	Reimbursement - Education & Travel
187060	7/7/2022	STACY WELLS	2,356.97	Reimbursement - Education & Travel
187282	7/21/2022	STEPHANIE DUPAPE	383.84	Reimbursement - Education & Travel
187287	7/21/2022	SUZAN CAMPBELL	549.00	Reimbursement - Education & Travel
187156	7/15/2022	TIFFANY MARSHALL	50.00	Reimbursement - Education & Travel
187364	7/28/2022	JOSEPH J. OLIVER, M.D.	886.73	Reimbursement - Insurance Premiums
187374	7/28/2022	MARIANNE SANDERS	713.79	Reimbursement - Non Hospital Supplies
187372	7/28/2022	LENA WARREN	150.89	Reimbursement - Office Supplies
187122	7/15/2022	JENNY LARGENT	228.45	Reimbursement - Payroll
187153	7/15/2022	TERRANCE WEBB	90.70	Reimbursement - Payroll
187151	7/15/2022	STEVEN SKORCZ, JR	146.59	Reimbursement - Uniforms
W/T	7/6/2022	ABG 6/23/22	171,922.57	Retirement
W/T	7/18/2022	ABG 7/7/22	180,358.80	Retirement
187281	7/21/2022	STATE OF WYO.DEPT.OF REVENUE	683.29	Sales Tax Payment
187303	7/28/2022	ALZHEIMER'S ASSOCIATION	1,000.00	Sponsorship
187307	7/28/2022	AMERICAN LEGION TOWH WHITMORE POST 28	300.00	Sponsorship
187098	7/15/2022	BOYS & GIRLS CLUB OF SWEETWATER COUNTY	600.00	Sponsorship
187138	7/15/2022	RED DESERT HUMANE SOCIETY	300.00	Sponsorship
187131	7/15/2022	MOBILE INSTRUMENT SERVICE	1,892.00	Surgery Equipment
187257	7/21/2022	MOBILE INSTRUMENT SERVICE	525.00	Surgery Equipment
187388	7/20/2022	MOBILE INSTRUMENT SERVICE	620.28	Surgery Equipment
186959	7/7/2022	ALI MED INC	781.10	Surgery Supplies
187187	7/21/2022	ALI MED INC	445.74	Surgery Supplies
186987	7/7/2022	CONMED LINVATEC	592.24	Surgery Supplies
187327	7/20/2022	CONMED LINVATEC	2,670.70	Surgery Supplies
187215	7/21/2022	COVIDIEN SALES LLC, DBA GIVEN IMAGING	840.28	Surgery Supplies
187015	7/7/2022	INTEGRA SURGICAL	101.81	Surgery Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
GENERAL FUND DISBURSEMENTS
7/31/2022

187023	7/7/2022	KEY SURGICAL INC	82.00	Surgery Supplies
187148	7/15/2022	SMITH & NEPHEW ENDOSCOPY INC	1,777.20	Surgery Supplies
187059	7/7/2022	SMITH & NEPHEW INC.	1,278.12	Surgery Supplies
187067	7/7/2022	STRYKER ORTHOPAEDICS	3,025.00	Surgery Supplies
187284	7/21/2022	STRYKER ORTHOPAEDICS	13,416.50	Surgery Supplies
187422	7/28/2022	STRYKER ORTHOPAEDICS	12,560.00	Surgery Supplies
187087	7/7/2022	ZIMMER BIOMET	143.75	Surgery Supplies
EFT00000007577	7/8/2022	COOPER SURGICAL	2,072.26	Surgery Supplies
EFT00000007587	7/21/2022	COOPER SURGICAL	1,863.98	Surgery Supplies
187403	7/28/2022	PRESS GANNEY ASSOCIATES, INC	4,302.92	Survey Expenses
187124	7/15/2022	LANGUAGE LINE SERVICES	5,490.52	Translation Services
187369	7/28/2022	LANGUAGE LINE SERVICES	1,563.17	Translation Services
187047	7/7/2022	QUARTERMASTER	40.00	Uniforms
187188	7/21/2022	ALL WEST COMMUNICATIONS	5,934.76	Utilities
186965	7/7/2022	AT&T	38.13	Utilities
187096	7/15/2022	AT&T	170.15	Utilities
187191	7/21/2022	AT&T	44.91	Utilities
187311	7/28/2022	AT&T	48.02	Utilities
187048	7/7/2022	CENTURY LINK	2,975.02	Utilities
187137	7/15/2022	CENTURY LINK	1,527.31	Utilities
187268	7/21/2022	CENTURY LINK	3,591.78	Utilities
187223	7/21/2022	DISH NETWORK LLC	80.52	Utilities
187267	7/21/2022	DOMINION ENERGY WYOMING	23,822.78	Utilities
187271	7/21/2022	ROCK SPRINGS MUNICIPAL UTILITY	16,829.48	Utilities
187145	7/15/2022	ROCKY MOUNTAIN POWER	40,585.78	Utilities
187437	7/28/2022	WHITE MOUNTAIN WATER & SEWER DISTRICT	58.35	Utilities
187066	7/7/2022	STERICYCLE, INC.	697.64	Waste Disposal
187150	7/15/2022	STERICYCLE, INC.	655.15	Waste Disposal
187421	7/28/2022	STERICYCLE, INC.	155.15	Waste Disposal
187113	7/15/2022	FIBERTECH	2,055.00	Window Cleaning
187339	7/28/2022	FIBERTECH	2,568.00	Window Cleaning
			8,501,724.00	


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

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

FY23 Title 25 Fund Budget from Sweetwater County	\$273,488.00
Funds Received From Sweetwater County	\$0.00
FY23 Title 25 Fund Budget Remaining	\$273,488.00
Total Budgeted Vouchers Pending Submittal to County	\$0.00

FY23 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY23 - July	\$258,289.40
County Maintenance FY23 - August	\$0.00
County Maintenance FY23 - September	\$0.00
County Maintenance FY23 - October	\$0.00
County Maintenance FY23 - November	\$0.00
County Maintenance FY23 - December	\$0.00
County Maintenance FY23 - January	\$0.00
County Maintenance FY23 - February	\$0.00
County Maintenance FY23 - March	\$0.00
County Maintenance FY23 - April	\$0.00
County Maintenance FY23 - May	\$0.00
County Maintenance FY23 - June	\$0.00
	\$258,289.40
FY23 Maintenance Fund Budget Remaining	\$1,189,925.60

MEMO: August 31, 2022

TO: Finance Committee 

FROM: Ronald L. Cheese -- Director Patient Financial Services

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

Potential Bad Debts Eligible for Board Certification

Hospital Accounts	\$	919,179.70
Hospital Payment Plans	\$	7,280.31
Medical Clinic Accounts	\$	24,170.68
Ortho Clinic Accounts	\$	23,976.66
Total Potential Bad Debt	\$	974,607.35

Hospital Accounts Returned	\$ -	-739,742.93	
Net Bad Debt Turned			\$ 234,864.42

Hospital Recoveries Collection Agency	\$	- 147,893.11	
Hospital Recoveries Payment Plans	\$	- 25,093.22	
Medical Clinic Recoveries	\$	- 5,428.57	
Ortho Clinic Recoveries	\$	- 1,711.51	
Total Bad Debt Recoveries			\$- 180,126.41


Net Bad Debt Less Recoveries			\$ 54,738.01
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Largest Account	\$	246,647.63
Emergency Room	\$	240,300.69
Cancer Center	\$	43,471.68
Inpatient Accts.	\$	327,528.34
Surgery Accts.	\$	104,445.30



Memorial Hospital

OF SWEETWATER COUNTY

MEMO: September 4, 2022
TO: Board of Trustees 
FROM: Ronald L. Cheese – Director Patient Financial Services
SUBJECT: August, 2022 Potential Bad Debt Eligible for Board Certification

Hospital Potential Bad Debt Eligible for Board Certification

Hospital Potential Bad Debt	\$ 944,929.56	
Payment Plan Bad Debt	<u>\$ 7,280.31</u>	
		\$ 952,209.87

Clinic Potential Bad Debt Eligible for Board Certification

Medical Clinic Potential Bad Debt	\$ 24,170.68	
Orthopedic Clinic Potential Bad Debt	\$ 23,976.66	
Oral and Maxillofacial	<u>\$ 00.00</u>	
Clinic Bad Debt		<u>\$ 48,147.34</u>
Total Potential Bad Debt		\$ 1,000,357.21

Hospital Certified Bad Debt Recoveries for August 31, 2022

Recoveries Collection Agency	\$ - 175,075.17	
Recoveries Payment Plans	<u>\$ - 25,416.40</u>	
Hospital Bad Debt Recoveries		\$ -200,491.57

Clinic Certified Bad Debt Recoveries for August 31, 2022

Medical Clinic Recoveries	\$ - 6,587.21	
Orthopedic Clinic Recoveries	<u>\$ - 1,711.51</u>	
Clinic Bad debt Recoveries		\$ - 8,298.72

Net Bad Debt Less Recoveries	\$ 791,566.92
Hospital / Clinic Accounts Returned	<u>\$ - 823,720.52</u>

Net Potential Bad Debt	<u>\$ - 32,153.60</u>
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Note: \$739,742.93 were payment plans that were returned from Bad Debt to Accounts Receivable and then reclassified as Bad Debt at the collection agency due to guarantor's failure to maintain their payment plans. The amount of \$83,977.59 was canceled and returned from the collection agency as patient's qualified for our Medical Assistance program.

Misc. Information

ER Accounts	\$253,606.56
Inpatient Accounts	\$329,918.91
Surgery Accounts	\$104,445.30
Cancer Ctr Accts	\$ 45,372.13

MEMORANDUM

To: Board of Trustees
From: Wm. Marty Kelsey
Subject: Chair's Report...August Buildings and Grounds Committee Meeting
Date: September 2, 2022

Pharmacy Chemo Mixing Room...Director of Pharmacy still needs to approve plan...no final decision from staff yet. Trustees Kelsey and Tardoni want to see the plans before the project goes to the Board for consideration.

Dr. Sulentich's Office...Plan is for work to begin work early September.

Building Automation System...Work is progressing slowly with Vaughn's and Harris.

Bulk Oxygen Project...the official kickoff was August 23rd; temporary tank was placed and old tank removed; there is concern about winter weather and the laying of asphalt. Need to move expeditiously to get this project done before cold, freezing temperatures.

Lightening Arrest System...Project is delayed due to the need of a contractor to secure a UL certification stamp. Still have no pricing for the project. Mr. Kelsey and Mr. Tardoni indicated that a risk assessment needs to be done to determine the practical feasibility of installing the arrest system.

OB Shower Project...considerable discussion. Cost estimates came in very high. Concern was expressed about moving forward with the soiled utility area/recovery room...is this really necessary? Discussion occurred with regard to the number of births in Sweetwater County compared to prior years. Mr. Kelsey asked staff to think this project over carefully and come back at the September meeting with a recommendation as to how best to proceed.

Annual Buildings & Grounds Plan...Mr. Kelsey reminded the Committee that the B & G Charter indicates that the Committee approves an annual Buildings and Grounds Plan. Mr. Kelsey asked that the staff bring a rough draft of a plan to the September meeting. Ms. Richardson agreed.

Freeze on Capital Requests...Ms. Richardson recommends that the freeze continue for now.

As usual, for more detail...see the B & G minutes.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
Building and Grounds Committee Meeting
August 23, 2022

The Building and Grounds Committee met in regular session via Zoom on August 23, 2022,
at 3:30 PM with Mr. Marty Kelsey presiding.

In Attendance: Mr. Marty Kelsey, *Trustee - Chair*
 Mr. Ed Tardoni – *Trustee*
 Ms. Irene Richardson, *CEO*
 Ms. Tami Love, *CFO*
 Mr. Gerry Johnston, *Facilities Supervisor*

Absent/Excused: Mr. James Horan, *Director of Facilities*

Mr. Kelsey called the meeting to order.

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

Mr. Kelsey asked for a motion to approve the minutes from the July 19, 2022 meeting. Mr. Tardoni made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

Maintenance Metrics

Mr. Johnston reviewed the new work order report from the new system. He will work on refining the report. He commented there are several open as they wait for parts to complete the work order. The report shows monthly data for July.

Old Business – Project Review

Pharmacy Chemo Mixing Room

Ms. Love said they are still waiting for confirmation from Jonathan Beattie, Director of Pharmacy. She will follow up with the group to make the final decision on the plan. We can then get pricing and drawings to bring to the Committee. Mr. Kelsey reminded the group they would like to see the drawings prior to the committee meeting and before going to the Board for approval.

Dr. Sulentic Office

Ms. Love received an email update from Will Wheatley. He said A Pleasant has a project superintendent prepping and reviewing the job next week to ensure that Jim Jessen did not overlook anything prior to start. That same super will be the one employed for our project. Jim will notify us of the review and if all is good, will plan to meet with Sulentic for his clinic shut down. They are anticipating still using a first week of September as was last updated.

Building Automation System

Mr. Johnston said Harris was onsite last week and completed about 20 more VAV's. Unfortunately, Vaughn's has delayed until September 19. Harris will do what they can while waiting.

Bulk Oxygen

Mr. Johnston said the official kick off was today. The temporary tank was placed last week and the old tank has been dismantled and removed. He is concerned about the timeline for asphalt being planned for the end of October. He has notified them and asked if they can push that to the beginning of October. Mr. Kelsey also asked to remind them about the utility line situation. He said it is good to see progress.

Lightning Arrest System

Mr. Johnston said the Wyoming contractor still needs to get a certification stamp and would like to discuss a potential joint venture in the cost. Mr. Kelsey asked for more information and Mr. Johnston will look into this as there was some confusion, even with the contractor, regarding the request. Mr. Kelsey also asked if we have seen any proposals and we have not. There was discussion regarding doing a cost analysis on moving forward with this project. Mr. Tardoni said we should do a risk management analysis. With lightning season almost behind us, we do have time to look into this further.

Tabled Projects

Ms. Love shared the proposal on the OB Shower project. Included in this proposal is the renovation of the soiled utility area adjacent to the recovery room to add a bathroom. Both of these projects were included separately in the capital project budget. Mr. Kelsey was surprised by the amount of the construction costs for this project. Ms. Love shared the budgeted numbers for these two projects. She said we can use the County Maintenance funds for these projects. Mr. Kelsey and Mr. Tardoni both asked for more information on the need versus want of these two projects. Mr. Kelsey asked Ms. Richardson to meet with the OB staff and the architects to review the architectural estimate and then have a recommendation for this Committee next month. Mr. Tardoni said he is in favor with moving forward with shower/tub project.

Old Business - Other

SLIB Projects

Ms. Richardson said the grants were submitted to the State Land Investment Board. We have not heard of any time line for meetings to discuss the applications and the award of the funds. She said the Wyoming Hospital Association Board meets next week and they may have more information.

Building and Grounds Annual Plan

Mr. Kelsey said the Committee Charter states the Committee will recommend an annual Building and Grounds plan consistent with the annual budget and strategic plan. Mr. Kelsey asked the Mr. Horan and staff come up with an annual plan concept. He would like to see a rough draft at the next meeting. Ms. Richardson agreed and that we should include the plan for the county maintenance funds each year and the prioritization of the projects.

Capital Requests

Ms. Richardson said we are recommending the continuing freeze on capital requests. We would like to wait to see how are financials look before approving any more capital. We have had a few items approved but at this time we are not recommending any capital purchases. She said we should focus on the surgical robots for the capital budget this year. The robots will allow the surgeons to do procedures that are currently being transferred out. The Foundation has also said they would be able to assist with these purchases.

New Business

No new business.

Other

The next meeting will be held September 20, 2022 at 3:30 p.m. Mr. Kelsey adjourned the meeting at 4:18 p.m.

Submitted by Tami Love



**Board Compliance Committee Meeting
Memorial Hospital of Sweetwater County
August 22, 2022**

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

Minutes

Call to Order

The meeting was called to order at 9:03 am by Taylor Jones.

Agenda

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

Meeting Minutes

The meeting minutes from July 2022 were presented. Suzan made the motion to approve the minutes as written and Irene seconded. Motion carried.

Old Business

1. Overtime Audit Report. The finished audit was presented to the committee. Suzan reported that April did a great job on this and then clarified that this was an audit based on what the Department of Labor (DOL) would look at, as well as items that were decided on by Irene and herself. Suzan further stated that the hospital was compliant in all audited areas of a DOL items and that we are doing these things appropriately. She asked the committee how they would like to proceed. Taylor stated that he had looked over the audit and wanted to know of any highlights that we had found. Irene said that this whole process had went well. She continued we met (Suzan, April, Tami, and herself) and decided what we wanted from this audit and that was DOL compliancy and where the hospital sat in regards to the overtime benchmark percentage. Irene reported that this audit will be a great tool for us to use moving forward with improvements. Suzan added that there was a lot of information that we will use for the areas that need improvement. April agreed with it being a great toll and stated that all the DOL items were spot on, the hospital policies cover everything that they need to and the time-keep system does a great job tracking so many different aspects of this audit.
2. Compliance Workplan. The current workplan was presented to the committee and Suzan asked if this should be included in the Board packet. Taylor stated that it should. Suzan reported that this plan started in January 2022 and that this is her current update of the plan. #1-Is and has been completed. #2 has 4 subsections and the report, per Suzan, is as follows; a-we have implemented Red Flag Reporting and it is working very well, we have only received one report but that is normal per the company. #2b-new information regarding compliance and applicable laws will be added to our annual education. #2c- Two of the three audits are completed. The overtime one was presented today and the physical plant one only had one area that involved compliance and that was cybersecurity, which will be addressed in our third audit, starting in September. Suzan added that if this audit is completed early, we will look for another audit to do. #2d-Suzan stated that this checklist is another tool she uses regularly and that she will keep this plan up to date. Irene added that the physical plant walk-through allowed us to recognize risks that might close our doors. She

stated that we “don’t want to get struck by lightning twice” and this walk through helped the hospital in many ways.

New Business

- 1- Top Compliance Issues 2022. Suzan presented this as information for the committee. She spoke to all of the items listed and what the hospital is doing to stay compliant. She clarified “Arrangements with Referral Sources” and said that this is called Stark Law. She gave the following example to better explain the law; if we employ a physician and that physician refers all his patients to a certain x-ray facility that his brother owns, this is a Stark violation. This area also refers to how our physicians are paid and Suzan reported that we are compliant in these areas. Irene stated that she thought “Chargemaster Accuracy” should be moved up on the list. She added that we need to make sure we are capturing all the charges for billing. She stated that the hospital just went to a new data system and it is so important that we stay on top of this one and keep it an ongoing item on our list. Suzan stated that she will add it to our compliance list for review. Suzan reported that we are compliant with this compliance list.
- 2- Top 10 issues in Health Law. Suzan reported that this was added as an information piece for the committee to review and no discussion was needed.
- 3- No Surprise Billing White Paper- Suzan reported that these are new rules to protect self-pay patients and patients that are traveling out of network and need emergency care or an Air Ambulance. Suzan added that signs would be placed in areas basically stating that we won’t send patients a big bill that they are not aware of. The goal is that patients won’t receive huge bills without knowledge and that hospitals provide a “good faith” estimate. Suzan continued that there is a lot to do but that we are actively working on it. Taylor asked when these rules had to be in place and Suzan answered that she didn’t think a hard date had been given but she would check. She added that it was all items we needed to be working towards while updating the given checklist. Irene added that this seemed like more of an insurance issue because they ultimately decide who is out of network. Suzan stated that it is but we have to show that we are working on it and doing our part-any way we are.

Standing Items-Reports

The “Standing Items” report was presented and the following items were spoken to,

- A. Suzan reported that there is currently no internal or external investigation
- B.
 - a. Audits- Suzan reported that the overtime audit is complete and has been presented to this committee.
 - b. Cybersecurity review. This will begin in September.
- C. Hot Line calls- Suzan reported that there were no new reports.
- D. HIPAA Monitoring/Fair Warning Report- Suzan stated that she has worked with Amber and Amber has worked hard to get these done. Amber has gone to the Directors and worked with them to get these taken care of and we only have a few still open. Suzan added the P2Sentinel and Synergy will be the two that we will be receiving reports from now. Taylor asked about a specific “No violation found” incident and April reported that she can’t always see if a co-worker has signed the consent for another co-worker to look at their results or if the person in question has contacted HR about getting reports so it is always filed as a possible HIPAA violation until the investigation is complete. Suzan added that educating staff is an ongoing item. Staff doesn’t fully understand why they cannot look at their own reports or the reports of their household members. Suzan continued that her and Amber are working on more HIPAA training for all employees and they ask employees “If you didn’t work here, you wouldn’t have access to your record, that’s why it’s a HIPAA violation”.

Additional Discussion

Taylor asked for any additional items. Suzan asked if all the items on the agenda should go in the Board packet including the informational only items. Taylor answered that they should and it's good for them to see these things.

Next Meeting

The next meeting will be on September 26th, 2022 @09:00am

Adjournment

The meeting adjourned at 9:34am

Respectfully Submitted,

April Prado, Recording Secretary

Minutes
Governance Committee Meeting
August 29, 2022

Present: Barbara Sowada, Marty Kelsey, and Irene Richardson

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

Agenda was created during the meeting

Minutes had been previously approved

Old Business –

1. Governance Committee charter was reviewed and revised. See attached document
2. Benefits and availability of physician membership on F&A committee was discussed. Decision was left to F&A committee to make at their August committee meeting.

New Business

1. Irene gave update of modest physician approved bylaw change that will be brought to September Board meeting for Board approval.
2. Irene discussed benefits of orienting the three new county commissioners after they are installed in January, 2023.

The meeting was adjourned at 3:00 pm.

Next meeting is Monday, September 26, 2022, at 2:00 pm by Zoom.

Respectfully submitted,

Barbara J. Sowada, Ph.D.

Contract Check List

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

1. Name of Contract: **NEUROPHYSIOLOGY MONITORING AGREEMENT AND TRAINING**
2. Purpose of contract, including scope and description: **This agreement will allow Dr. P Pawar to obtain Electroencephalograms (EEG) services in house. Dr. Pawar and the Cardiopulmonary Department will work with NMT for these services. NMT will also provide a three-day training session on-site for Cardiopulmonary Staff that includes patient preparation, electrode placement, and remote real-time monitoring support.**

****Hospital will be able to bill for EEG and Dr. Pawar's professional services.****

PATIENT TECHNICAL FEE: \$1660

PROFESSIONAL FEE \$ 248.00

3. Effective Date: **October 1, 2022**
4. Expiration Date: **One year from effective date with renewal for one-year periods by mutual agreement of parties**
5. Termination provisions: **Only for specific listed reasons as outlined in paragraph 16 inc. 60 day no cause termination clause**

6. Monetary cost of the contract:

The cost to the hospital will be \$3800.00 (quote for onsite training).

NMT Remote training \$150.00/patient/up to one hour. Greater than 1 hour \$100/patient 41-60 min. (50-70 patients)

(See Technical pricing Appendix A).

Budgeted? **NO**

7. Jurisdiction/Choice of Law provision checked and changed to Wyoming if able to so.

8. Any confidentiality provisions? **Yes section 8 acknowledging medical records and testing are confidential.**

9. Indemnification clause present? **No**

10. Is this contract appropriate for other bids? **No**

11. Is County Attorney review required? **No**



NEUROPHYSIOLOGY MONITORING AGREEMENT

THIS AGREEMENT, made, executed and delivered as of the ____ day of October 2022, by and between Memorial Hospital of Sweetwater County (hereinafter referred to as "Hospital"), and cEEG Neuromonitoring, LLC. d.b.a. Neuromonitoring Technologies (hereafter referred to as "NMT").

WHEREAS, NMT is willing to provide remote recording for routine EEG adult and/or pediatric patients; remote training of EEG recordings according to the ACNS guidelines¹ (hereinafter referred to as the "Services") and

WHEREAS, Hospital desires to obtain the Services as required for its patients and

WHEREAS, NMT is willing to provide the Services to Hospital at a fixed, favorable rate for a specified term; and

NOW THEREFORE, in consideration of the above-recited premises and the mutual promises and agreements hereinafter set forth, each of the parties hereby mutually agree as follows:

1. Hospital hereby agrees to use NMT as the exclusive outsourced provider for the Services performed at Hospital, for a period of one year from the date of acceptance of this Agreement, unless sooner terminated as set forth hereunder. Thereafter, this Agreement may be renewed for additional periods of one (1) year by mutual agreement of the parties.

2. Throughout the term of this Agreement for the Services provided by NMT, Hospital agrees to provide NMT with reasonable notice, patient medical history, means of data access (internet, intranet, virtual private network and/or direct server access), and information which may be required by NMT to perform Services. Time permitting, Hospital shall provide NMT full and complete access to patient information as required by NMT, no less than one (1) hour before commencement of the Services.

3. For the Services rendered hereunder, Hospital agrees to pay NMT the fees set forth on APPENDIX A, which is attached hereto and incorporated herein by reference.

A scheduling time of a minimum of one (1) hour is requested. Services are measured in thirty (30) minute increments commencing with the time NMT first begins remote preparation and recording of EEG and ending when are terminated at the request of the Hospital or when The Joint Commission sign out protocol is complete, and Hospital is responsible for patient.

4. Fair Market Value; No Remuneration or Referrals. The Parties acknowledge and agree that (i) the compensation paid hereunder is consistent with fair market value in arms-length transactions and is not determined

¹ https://journals.lww.com/Hospitalneurophys/Fulltext/2016/08000/American_Hospitalal_Neurophysiology_Society.3.aspx. Internet 2022.

in a manner that takes into account the volume or value of referrals or business otherwise generated between the Parties for which payment may be made by a governmental health care program; (ii) the Services do not involve the counseling or promotion of a business arrangement or other activity that would violate any state or federal law; (iii) the aggregate services contracted for hereunder do not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the Parties; (iv) no amount paid hereunder is intended to be and shall not be construed as an inducement or payment for referral of any patient or business; and (v) none of the benefits conferred hereunder to any Party or any Party's employees, contractors or agents is conditioned upon a requirement that either Party or its employees contractors or agents make referrals or be in a position to make or influence referrals to, or otherwise generate business for, the other Party.

5. Hospital agrees to allow NMT to use Hospital's neurophysiological monitoring equipment to provide the Services. The monitoring equipment shall remain Hospital property and Hospital shall maintain such equipment. Hospital shall be responsible for the failure of its own equipment to operate or to operate properly and shall be liable for false data interpretation arising from the use of malfunctioning, damaged or obsolete equipment. Hospital shall inspect its own equipment not less than annually, and otherwise as often as is required by applicable Hospital policies and procedures, for quality assurance purposes to include electrical safety testing and calibration. Hospital shall be responsible to repair or replace Hospital's equipment that is malfunctioning, damaged, stolen, lost or obsolete. In the event that such equipment or supplies are recalled by the manufacturer, Hospital shall abide by the procedures for recall as specified by the manufacturer.

6. NMT shall invoice Hospital for all Services rendered upon completion of the Services for each patient. All invoices submitted to the Hospital for payment shall include the name of the patient, and the referring physician, reflects the Hospital Purchase Order Number, and shall detail, by patient, all charges for Services as invoiced. Terms of payment will be net thirty (30) days after receipt of invoice. After 30 days a finance charge of 1.5% per month shall be added.

7. The parties agree that all NMT personnel who perform Services at the Hospital shall be authorized, and required, to complete and maintain all patient records in accordance with all Hospital policies, rules and regulations governing such records, and that all patient records shall remain the property of the Hospital and shall be maintained as part of the patient's medical records in Hospital's Medical Records Department.

8. The parties acknowledge that the Services, procedure, mode of operation, and records thereof shall in each case consist of privileged and confidential communications and information. NMT agrees to preserve in each case the patient's right to said privilege and confidentiality and shall refrain from disclosing, communicating, or using in any way, directly or indirectly, other than in the performance of this Agreement, the Services, procedures, mode of operation and or any other records thereof.

9. NMT shall have qualified personnel, who are credentialed by the Hospital according to policy and procedure of the Hospital.

10. All NMT personnel performing Services at the Hospital shall at all time comply with Hospital's standards of care, standards of practice, policies, rules and regulations.

11. NMT agrees that at all times during the term of this Agreement, employees of NMT providing Services to the Hospital shall be responsible for maintaining quality patient care for patients of Hospital. Hospital and NMT shall not be responsible for the acts, omissions, or negligence of any attending or consulting physician who is not its employee or agent. NMT agrees that all services provided will be in concurrence with all applicable standards and criteria established by The Joint Commission, and all federal and state rules and regulations governing such Services.

12. NMT shall be responsible for all operational aspects of delivering the Services required of it by this Agreement, and shall be responsible for the adequate training, supervision, and credentialing of all its personnel performing such procedures. NMT shall be liable and agrees to indemnify Hospital for any and all claims, costs and expenses arising from or out of any alleged negligent act or omission of NMT, its agents or personnel, in the performance of NMT's obligations under this Agreement.

13. Unless otherwise requested, NMT will not provide professional interpretation for the Services to the Hospital. If requested, NMT will provide professional interpretation of the Services and will allow the state licensed affiliated physicians of NMT to bill the patient's insurance company for this professional service. The Hospital shall credential these physicians according to their standard policies of the Medical Staff Office.

14. NMT warrants and represents that:

a. all personnel provided by NMT and engaged in the performance of any Services or procedures described herein, shall be adequately trained, supervised and credentialed to perform all services and procedures as required;

b. NMT and its personnel shall be covered by medical malpractice insurance with limits of not less than \$1 million per case and \$3 million aggregate per year, and shall provide sufficient evidence of such insurance coverage to the Hospital and shall also maintain Workers Compensation coverage for its personnel consistent with the requirements of applicable state law; and

c. NMT agrees to educate its personnel and require all personnel to abide by and adhere to all rules, regulations and bylaws of the Hospital, Nursing Department, and Medical Staff.

15. NMT is and shall be considered an independent contractor and nothing in this Agreement is to be construed to create any other relationship between NMT and Hospital. Neither party to this Agreement shall make any representations to third parties tending to create an agency, employment, or partnership, nor shall either have authority to act for the other in any way to create obligations, debts or responsibilities binding upon the other, except as may be specifically outlined in this Agreement.

16. a. Hospital shall have the right to terminate this Agreement prior to the expiration of the term or any renewal term upon the occurrence or happening of one of the following events:

1) NMT fails to provide the Services with the requisite degree of competence as is generally standard in the area;

2) NMT fails to have qualified technologists to perform the Services;

- 3) NMT no longer provides malpractice insurance coverage as required by this Agreement;
- 4) Gross negligence on the part of NMT while providing the Services;
- 5) Failure to abide by the written standards established by the Hospital, a copy of which shall be provided to NMT;
- 6) Breach by NMT of the warranties and representations contained in this Agreement.

b. In the event any termination event should occur, Hospital shall advise NMT in writing, and NMT shall have fifteen (15) days to respond to Hospital's concerns and rectify the situation to the reasonable satisfaction of Hospital. If the default continues without correction, then Hospital may terminate this Agreement by giving NMT forty five (45) days written notice that it intends to terminate this Agreement as of a date no less than forty five (45) days after such notification.

c. Hospital shall have the right to cancel this agreement without cause prior to the expiration of the term or any renewal term by advising NMT in writing sixty (60) days in advance of the effective date of the termination.

18. Upon the written request of the Secretary of Health and Human Services, the Comptroller General of the Government Accounting Office, or their authorized representatives, Contractor shall make available all contracts, books, documents and records necessary to verify the nature and extent of the costs of providing services under this Agreement. Such inspection shall be available for a period of four (4) years after the furnishing of services hereunder. If Contractor carries out any of the duties of this Agreement through a subcontract with a related organization with a value of \$10,000 or more over a twelve (12) month period, Contractor agrees to include this requirement in any such subcontract. No attorney-client, accountant-client, or other legal privilege will be deemed to have been waived by Facility or Contractor by virtue of this Agreement.

19. Contractor represents and warrants to Facility that Contractor and Contractor's representatives, (i) are 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 healthcare programs"), (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services, but have not yet been excluded, debarred or otherwise declared ineligible to participate in the federal health care programs, and (iii) are not under investigation or otherwise aware of any circumstances which may result in Contractor or any of Contractor's representatives being excluded from participation in the federal healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and Contractor shall immediately notify Facility of any change in the status of the representations and warranty set forth in this section. Notwithstanding any provision of this Agreement to the contrary, any breach of this section shall give Facility the right to terminate this Agreement immediately.

20. This Agreement shall be subject to all rules, regulations, reimbursement standards and procedures, including Medicare and Medicaid, with jurisdiction over Hospital and/or NMT and the parties agree that in the event of a material change in any of said rules, regulations or reimbursement procedures and standards which adversely affect one of the parties hereto, then the affected party may, at its election, terminate this Agreement without any liability to

the non-affected party except payment of fees which will accrue as of the date of termination. However, the affected party shall be required to deliver a sixty (60) day written notification of termination to the non-affected party.

21. The failure of NMT to perform any term or condition of this Agreement as a result of conditions beyond its control such as, but not limited to, war, strikes, fires, floods, acts of God, governmental restrictions, power failures, or damage or destruction of any network facilities or servers, shall not be deemed a breach of this Agreement.

22. Contractor agrees not to advertise, disclose, or otherwise discuss this Agreement and its business relationship with Facility and/or its affiliates without the prior written consent of Facility's Ethics and Compliance Officer. Any violation of this provision shall be considered a material breach of this Agreement, conferring on Facility the right to cancel this Agreement immediately without further obligation to Contractor and to seek any other legal recourse available to it.

23. The parties do hereby appoint the following representatives to be the sole liaison agents between the parties and all communications with respect to this Agreement shall be conducted through said agents:

For Hospital: Memorial Hospital of Sweetwater County
1180 College Drive, 1st Floor
Rock Springs, WY 82901

Atten: _____

For NMT:

cEEG Neuromonitoring Technologies, LLC
dba Neuromonitoring Technologies
6425 Living Place Suite 2
Pittsburgh, PA 15206
Atten: Sabrina Galloway, Director Neurodiagnostic Operations, Managing Partner

24. Failure of either party at any time to require performance by the other party of any provision hereof shall not affect in any way the rights to require such performance at any time hereafter or performance of any other provision hereof; nor shall be waiver by either party of a breach of any provision hereof be taken or held to be a waiver of the provision itself. If either party's consent is necessary pursuant to the terms of this Agreement, such consent shall not be unreasonably withheld.

25. Any provision of this Agreement which is invalid, illegal or unenforceable in any jurisdiction will, as to that jurisdiction, be ineffective to the extent of such invalidity, illegality or enforceability, without affecting any remaining provisions hereof in such jurisdiction or render that or any other provision of this Agreement invalid, illegal or unenforceable in any other jurisdiction.

26. Hospital and NMT each shall have all rights and remedies available at law or in equity and such rights and remedies are not in lieu of or in limitation of such other rights and remedies of each party set forth in this Agreement. Those remedies are cumulative and may be exercised to the extent permitted by the law of the controlling jurisdiction, successively or concurrently and the exercise of one will not bar the other. No failure on the part of either party to

exercise, and no delay in exercising, any right or remedy at law or in equity will operate as a waiver thereof, nor will any single or partial exercise by either party of any right or remedy hereunder preclude any other right or remedy.

27. This Agreement sets forth the full and complete understanding of the parties and any prior agreements, whether they be oral or written, are considered canceled, null and void and are superseded by this Agreement.

28. Any amendment hereto must be in writing and signed by both parties.

29. This Agreement may not be assigned without the written consent of both parties obtained in advance of said assignment.

30. This Agreement shall be interpreted and construed in accordance with the Laws of the State of Pennsylvania.

IN WITNESS WHEREOF, the parties have caused this instrument to be executed by their duly authorized officers, as of the date and year as noted herein.

cEEG Neuromonitoring dba. Neuromonitoring Technologies

Sabrina G. Galloway, BS, R.EEG/EP T., CNIM, CLTM, FASET
Director, Neurodiagnostic Services
Managing Partner

Date:_____

Memorial Hospital of Sweetwater County

Date:_____

APPENDIX A- TECHNICAL PRICING

NMT Services begin with real-time recording and preparation of EEG and ends when Additional Services are terminated or when Joint Commission "Hand-off" protocol is complete, and Hospital is responsible for patient.

CPT CODE	PROCEDURE	PRICE*
95712-95827	Remote Training: Includes Q&A during preparation (H&P, Electrode Application, IMP Check, Troubleshooting); Remote recording training, (Normal EEG, Normal Variants, Sleep Staging, Abnormal Waveforms, Activation Procedures); Chat Box Instructions of analysis of EEG for pattern recognition.	\$150.00/patient/up to 1hr Additional Training post 1 hour \$100.00/hr calculated in 15-minute increments
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes/Remote Recording**	\$100.00
95813	greater than one hour/Remote Recording**	\$100.00/patient/up to 1hr Additional Recording \$80.00/hr calculated in 15-minute increments
95816	Electroencephalogram (EEG); including recording awake and drowsy/Remote Recording**	\$80.00
95819	including recording awake and asleep/Remote Recording**	\$80.00
95822	recording in coma or sleep only/Remote Recording**	\$80.00

* It is anticipated that each practitioner will complete 70 EEG's to be able to record an EEG in the Hospital environment independently.

** Remote recording: Instructions only to on-site practitioner with NMT controlling all aspects of the recording aside from hook-up and electrode clean-up. No training.