

MEETING IN PROGRESS

GMHA Board of Trustees

Thursday, September 30, 2021 | 5:00 p.m.

Zoom Video Conference

GMHA Board of Trustees Meeting

ATTENDANCE SHEET

Thursday, September 30, 2021 | 5:00 p.m. | Zoom Video Conference

	NAME:	TITLE:	SIGNATURE:
Board of Trustees	Theresa Obispo	Chairperson	
	Melissa Waibel	Vice-chairperson	Zoom
	Sarah Thomas-Nededog	Secretary	Zoom
	Byron Evaristo	Treasurer	
	Sharon Davis	Trustee	
	Sonia Siliang	Trustee	Zoom
	Glynis Almonte	Trustee	Zoom
	Michael Um	Trustee	Zoom
	Evangeline Allen	Trustee	
Executive Management/Medical Staff	Lillian Perez-Posadas	Hospital Administrator/CEO	<i>Lillian Posadas</i>
	William N. Kando	Associate Administrator, Operations	<i>W. N. Kando</i>
	Annie Bordallo, MD	Associate Administrator, Medical Services	<i>off island</i>
	Joleen Aguon, MD	Associate Administrator, Clinical Services	<i>in Zoom</i>
	Don Rabanal	Assistant Administrator, Administrative Services	Zoom
	Ana Belen Rada	Assistant Administrator, Professional Support Services	Zoom
	Christine Tuquero	Assistant Administrator, Nursing Services	Zoom
	Liezl Concepcion	Acting, Deputy Asst. Administrator, Nursing Services	Zoom
	Yukari Hechanova	Chief Financial Officer	<i>Atcharay</i>
	Dustin Prins, DPM	Medical Staff President	
	Guest(s)	<i>Mai Habel</i>	<i>PIO</i>
<i>Rayna Cruz</i>		<i>Program Coordinator</i>	Zoom
<i>Paula Mangon</i>		<i>Clinical Informatics Supervisor</i>	Zoom
<i>PNC Digital</i>			Zoom

AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

September 30, 2021 | 5:00 p.m. | Zoom Video Conference

BOARD MEMBERS: Theresa Obispo, Chairperson; Melissa Waibel, Vice-chairperson; Sarah Thomas-Nededog, Secretary; Byron Evaristo, Treasurer; Sharon Davis, Trustee; Sonia Siliang, Trustee; Glynis Almonte, Trustee; Michael Um, MD, Trustee; Evangeline Allen, Trustee

Item	Owner
I. Welcoming Call Meeting to Order and Determination of Quorum	Trustee Obispo
II. Review and Approval of the Minutes A. August 25, 2021	All Trustees
III. Old Business	All Trustees
IV. New Business	All Trustees
V. Management's Report	Executive Management
VI. Board Subcommittee Reports	
A. Joint Conference and Professional Affairs	Trustees Dr. Um, Waibel
1. Res. 2021-50, Relative to Approving Renewal of the Medical Staff Rules and Regulations for the Emergency Medicine Department and Pediatrics Department	
2. Res. 2021-51, Relative to the Reappointment of Active Medical Staff Privileges	
3. Res. 2021-52, Relative to the Appointment of Active Associate Medical Staff Privileges	
4. Res. 2021-53, Relative to the Appointment of Provisional Medical Staff Privileges	
B. Human Resources	Trustees Waibel, Obispo
1. Res. 2021-54, Relative to Extending a 25% Working Differential Pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Medical Laboratory Science and Respiratory Therapy	
2. Res. 2021-55, Relative to the Amending the Position of Long Term Care Administrator	
C. Finance and Audit	Trustees Evaristo, Nededog
1. August 2021 Financial Dashboard	
D. Quality and Safety	Trustees Almonte, Allen
E. Facilities, Capital improvements Projects, and Information Technology	Trustees Davis, Evaristo
F. Governance, Bylaws, and Strategic Planning	Trustees Nededog, Siliang
VII. Public Comment	
VIII. Adjournment	Trustee Obispo

**Regular Meeting of the
 Guam Memorial Hospital Authority
 Board of Trustees**
 Wednesday, August 25, 2021 | 5:00 p.m.
 Zoom Video Conference

ATTENDANCE

Board Members

Present: Theresa Obispo, Melissa Waibel, Sarah Thomas-Nededog, Byron Evaristo, Sharon Davis, Sonia Siliang, Dr. Michael Um, Evangeline Allen

Absent: Glynis Almonte

Leadership

Present: Lillian Perez-Posadas, William Kando, Dr. Annie Bordallo, Don Rabanal, Ana Belen Rada, Christine Tuquero, Liezl Concepcion, Yukari Hechanova

Absent: Dr. Joleen Aguon, Dr. Dustin Prins

Guests

Paula Manzon, George Castro, Rayna Cruz, Mindy Aguon, PNC Digital, Edlyn Dalisay, Tyler Matanane, Danielle Manglona, Oyaol Ngirairiki

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM				
	After notices were duly issued pursuant to Title 5 GCA, Chapter 8, Open Government Law, Section 8107(a) and with a quorum present, Chairwoman Obispo called to order the regular meeting of the GMHA Board of Trustees at 5:03 p.m. on Wednesday, August 25, 2021 via Zoom Video Conferencing.	Chairperson	None	None
II. EXECUTIVE SESSION				
	At the written request of Chairwoman Obispo, Trustee Davis motioned, and it was seconded by Trustee Allen to hold an executive session to discuss a personnel matter. The Motion carried with all ayes. The Board of Trustees went into executive session at 5:04 p.m. <hr/> At 5:26 p.m., the Board reconvened for regular session.	All Board Members	None	None
III. REVIEW AND APPROVAL OF MINUTES				
A. July 30, 2021	Trustee Evaristo motioned, and it was seconded by Trustee Davis, to approve the July 30, 2021 minutes with corrections. The motion carried with all ayes.	All Board Members	None	Approved
IV. OLD BUSINESS				
	There were no old business matters for discussion.	None	None	None
V. NEW BUSINESS				
	There were no new business matters for discussion.	None	None	None

VI. MANAGEMENT'S REPORT				
A. Patient Census	<ul style="list-style-type: none"> ❖ Covid Census (as of August 25, 2021): 14 (3 ICU, 7 Telemetry, 1 Med-Surg, 1 OB, 1 Peds) ❖ Non-Covid Census (as of August 25, 2021): 129 	Executive Management	None	Informational
B. Covid Care Units	<ul style="list-style-type: none"> ❖ Care 1 was opened and is being used for Regencov infusion therapy for Covid positive individuals who meet the monoclonal antibody infusion eligibility. The area can also be used for ER overflow if needed. ❖ Care unit 2 is an ICU extension for Covid patients and is ready if needed. It can also be used for other services. ❖ Care 4 (3rd-floor telemetry) is where most of the Covid Adult patients are located. 	Executive Management	None	Informational
C. Vaccination Clinic	<ul style="list-style-type: none"> ❖ Percentage of vaccinated employees and physician providers: 95.7% Increased rate is attributed to the implementation of mandatory vaccination. <p>GMHA launched weekly swabbing and is using the PCR for those who do not want to get vaccinated for reasons such as medical or religious reasons.</p> <p>GMHA plans to roll out the Pfizer booster shot for employees in September.</p> <p>Dr. Aguon reported that the Pfizer vaccine received FDA approval for individuals 12 years and older. The Public Health Vaccine Committee approved the third shot for those that have moderate or are severely immunocompromised. Guidelines are forthcoming, and GMHA is planning to start offering the third shot to patients upon discharge. GMHA has over 266 patients that have been vaccinated prior to discharge, so the new criteria will be added.</p>	Executive Management	None	Informational
D. Travel Nurses	GMHA continues to rely on staffing solutions for travel nurses, mainly because the census continues to rise. However, GMHA is up against the rest of the nation, and the hourly rate is now \$175.	Executive Management	None	Informational
E. Skilled Nursing Facility	Capacity was increased from 14 to 26 and possibly will be at 28 by the end of the day to decompress acute care beds to accommodate the influx of Covid and Non-Covid acute care patients.	Executive Management	None	Informational

F. Outpatient Services	GMHA has suspended cardiac cath lab, interventional radiology, rehab, respiratory outpatient services, and special services. GMHA continues to do elective and emergent surgeries.	Executive Management	None	Informational
G. GMH Volunteers Association	The volunteers will be opening their gift shop on August 26, 2021, with limited hours. The association donated two vehicles, and GMHA is excited and pleased that they continue to help.	Executive Management	None	Informational
H. U.S. Army Corps Meeting	Mrs. Perez-Posadas reported that she has had meetings with the Governor; Army Corps Commander, Honolulu District Commander, Lt. Coronel Eric Marshall; Congressman Michael San Nicolas; and some senatorial leadership to discuss the plans for the new hospital. They gave their input for the new hospital and want to see how they could support it. They were also given a tour of the current acute facility.	Executive Management	None	Informational
V. BOARD SUBCOMMITTEE REPORTS				
A. <u>Joint Conference and Professional Affairs</u>		Chair & Vice-chair, JCPA	None	Approved
<ol style="list-style-type: none"> 1. <u>Res. 2021-45, Relative to the Reappointment of Active medical Staff Privileges</u> <ol style="list-style-type: none"> a. <u>Gilbert Lopez, MD</u> b. <u>Annie Bordallo, MD</u> c. <u>Robert Leon Guerrero, MD</u> d. <u>Frank Reda III, MD</u> e. <u>Martin Springer, MD</u> f. <u>Tedd G. Groshong, DO</u> g. <u>Ronald Kobayashi, MD</u> h. <u>Faraz Ouhadi, MD</u> i. <u>Florencio Lizama, MD</u> j. <u>Pichet Iampornpipopchai, MD</u> 2. <u>Res. 2021-46, Relative to the Appointment of Provisional Medical Staff Privileges</u> <ol style="list-style-type: none"> a. <u>Heidi Griffiths, MD</u> 	Trustee Dr. Um motioned, and it was seconded by Trustee Davis to approve Res. 2021-45 through 47. The motion carried with all ayes.			

<p>3. <u>Res. 2021-47, Relative to the Reappointment of Full Allied Health Professional Staff Privileges</u></p> <p>a. <u>Sangwook Kang, CRNA</u></p> <p>b. <u>Page Kimball, CRNA</u></p> <p>c. <u>Tina Heinrich, PA-C</u></p>				
<p>B. <u>Facilities, Capital Improvement Projects, and Information Technology</u></p> <p>1. <u>Evaluation of Effectiveness for CY2020</u></p> <ul style="list-style-type: none"> • <u>Medical Equipment Management Program</u> • <u>Utilities System Management Plan/Program</u> <p>2. <u>Electronic Health Record (EHR)</u></p>	<p>Trustee Davis motioned, and it was seconded by Trustee Dr. Um, to accept the Medical Equipment Management Program and Utilities Management Plan/Program Evaluations for CY2020. The motion carried with all ayes.</p> <p>Ms. Cruz reported the following highlights:</p> <ul style="list-style-type: none"> • Project Status: 74% complete • SoftLab LIS: The team finished up some training and are currently doing unit testing for various aspects. • The integrated testing event took place in July. Test scripts yielded a total of 865 steps (671 passed, and 194 failed), resulting in a grade of 78%. The team identified 54 issues to date and has closed 40. The team continues to work daily to resolve the issues. • The clinical team was pulled from the project because of the ongoing Covid surge. The top priority is patient care. The small group that remains continues to do what they can to keep the project moving forward. Typhoon season is another project risk because the classroom is used for expectant mothers when needed. • The wound care team went live with Net Health. • Goals: <ul style="list-style-type: none"> ➤ August: Resolving integrated testing issues. 	<p>Chair & Vice-chair, Fac, CIP, & IT</p>	<p>None</p>	<p>Informational</p>

<p>3. <u>Capital Improvement Projects (CIPs)</u></p>	<ul style="list-style-type: none"> ➤ September: The 2nd round of integrated testing will take place, and the team will be heavily involved in super user and end-user train for the Carevue System. ➤ October: The team plans to do super user training. ➤ November and December: End-user training. <ul style="list-style-type: none"> • Go live date is to be determined and is heavily dependent on getting through integrated testing, resolving all the issues, and then getting all super users and end-users trained. • There will be about two to four super users per department, and they will need to take a pre-training assessment and receive a passing score of 80% prior to their super training enrollment. A schedule has been shared with the units. Medsphere created an e-learning portal and software that will provide the pre-training assessment and classes. <p>Mr. Kando reported the following:</p> <p><u>Roof and Envelope Upgrade</u> The project is in the design phase. The first areas of focus are the laboratory and HVAC systems on the rooftops. The package for the first phase is being prepared for bid and will be launched as soon as possible.</p> <p>Other phases are slowly being designed at the same time to launch each phase as quickly as possible.</p> <p>When the full assessment is complete, the typhoon shutters replacement will be packaged as well. GMHA may not have enough funding but wants to package it because there may be a possibility to go after a hazard mitigation grant through Guam homeland security.</p> <p><u>Z-Wing Demolition, Retrofit and Parking Project</u> The abatement phase was completed in August. Medi Inc. removed all the lead paint on the walls and asbestos under the flooring on the 2nd floor.</p>			
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	<p>Design for demolition is expected to be complete by the end of October.</p> <p>The A&E design firm was asked to package pre-demolition work that would have been a part of the demolition and provide the work scope so it could be launched.</p> <p><u>HVAC, Heating Ventilation, AC Upgrades</u> Upgrades are ongoing. 2 out of 64 AHUs have been completed.</p> <p>GMHA is ready to launch a smaller package for the procurement of one-to-one replacements.</p>			
<p>C. <u>Human Resources</u></p> <p>1. <u>Res. 2021-48, Relative to Appointing Mrs. Lillian Perez-Posadas as Hospital Administrator/CEO of the GMHA in the Unclassified Service</u></p> <p>2. <u>Res. 2021-49, Relative to Amending the Minimum Qualification Requirements for the Hospital Laboratory Phlebotomist I and II</u></p>	<p>➤ Trustee Waibel explained that Mrs. Lillian Perez-Posadas will no longer be on a contract and will be hired in the unclassified service.</p> <p>It was noted that there will be no change in the financial impact and benefits will remain the same.</p> <p>Trustee Davis motioned, and it was seconded by Trustee Allen to approve Resolution 2021-48. The motion carried with all ayes.</p> <p>➤ Trustee Waibel reported that adjustments were made to minimum qualification requirements in order to try and fill the positions.</p> <p>Trustee Davis motioned, and it was seconded by Trustee Dr. Um to approve Resolution 2021-49. The motion carried with all ayes.</p>	<p>Chair & Vice-chair, HR</p>	<p>None</p>	<p>Approved</p> <p>Approved</p>

<p>D. <u>Quality and Safety</u></p>	<p>Trustee Allen reported the following highlights based on the August 20, 2021 Subcommittee Meeting:</p> <ul style="list-style-type: none"> • Quality data collection and analysis of indicators is conducted on an ongoing basis at department and division levels. • The top three QAPI themes discussed monthly by the subcommittee are CMS QAPI online training for employees, QAPI program updates to meet CIHQ accreditation standards, and the patient safety updates & SLS events. • Ms. Danielle Manglona and the A-Team continue to move forward with the CIHQ Accreditation process. A virtual CIHQ webinar took place a couple of weeks ago. 	<p>Chair & Vice-chair, Q&S</p>	<p>None</p>	<p>Informational</p>
<p>E. <u>Governance, Bylaws, and Strategic Planning</u></p>	<p>Trustee Nededog and Trustee Siliang reported the following:</p> <ul style="list-style-type: none"> • Annual Board Review/Orientation is expected to be done in January 2022. • Board members must complete their Board Self-Evaluations by September 10, 2021. • The Education Department continues to work on a training plan for leadership and staff and is researching various platforms for the training. • The committee encourages board members to participate in leadership walkthroughs at least twice a year. • The committee would like to see that an annual or bi-annual meeting with the Governor is arranged. • The Hospital will need to start preparing to do a new five-year strategic plan. Leadership continues to update actions that have been taken and submits them to the Bureau of Statistics and Plans. • PIO maintains her communications tracker and provides information to the media and the public if they have concerns. • Dan Dor will be on-island to give a 5-day advance leadership training October 20-24, 2021. 	<p>Chair & Vice-chair, GBSP</p>	<p>None</p>	<p>Informational</p>

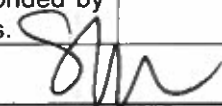
	<p>Mrs. Perez-Posadas will find out if Board members can join the training.</p> <ul style="list-style-type: none"> • Mrs. Perez-Posadas informed the Board that she is waiting for Mr. Clifford Guzman to provide his availability to discuss strategic thinking and planning. • The Board is actively engaged in the CEO's evaluation. • The subcommittee hopes to collaborate with regional hospital boards and CEOs, discuss challenges, and share ideas and resources. • The subcommittee recommended that the Board meet with the Legislative Committee on Health bi-annually. The second meeting should take place before the end of the year. 			
F. <u>Finance and Audit</u>	Trustee Evaristo informed the board that the subcommittee will meet in September. There were no updates to report.	Chair & Vice-Chair, F&A	None	None
VI. PUBLIC COMMENT				
	<p>Ms. Oyaol Ngirairiki asked where the Hospital is with overall capacity, both in staff and in beds. Has GRMC approached the Hospital about either taking on more folks with Covid patients or maybe transferring COVID patients to GMHA, considering that GMHA is the primary Covid Hospital for Guam?</p> <p>Mrs. Perez-Posadas reported that Care 1 (Urgent Care Unit) has four beds and is used as an overflow for ER and patients who need Regeneron. Urgent Care services are suspended. Care 2 is four-bed unit primarily used for ICU that is available if needed. Care 4 is the telemetry unit with a 26-bed capacity.</p> <p>GMHA is challenged with staffing, continues to use travel nurses, and has requested additional travel nurses, particularly for ICU and ER. Travel nurses are in high demand throughout the nation, and the market rate has increased. The Hospital is getting inquiries and applicants because of the recent base salary adjustment.</p>	Public	None	None

	<p>The Hospital is working collaboratively with the Department of Labor as they start an apprenticeship program to train more individuals to become nurse aides because support staff is also needed.</p> <p>As for GRMC, they are getting slammed with an influx of Covid and Non-Covid patients. They have asked if GMHA can take some of their patients who do not need to be in an acute care bed but can be transferred over to the SNF. Capacity has been increased at SNF to 26-28.</p> <p>Trustee Evaristo expressed that aside from the challenge of getting travel nurses, there are also financial constraints and having to pay for them. GMHA has been dealing with a budget that has been the same since pre-COVID. Yet our expenses and cost of these travel nurses are much, much higher.</p> <p>Ms. Oyaol Ngirairiki inquired if GMHA has been working with Senator Torres to push her bill to increase salaries for nurses.</p> <p>Mrs. Perez-Posadas explained that the Governor's proposal of a 15% salary adjustment to the base pay of nurses went into effect and has been implemented. She will take a look at the senator's bill.</p>			
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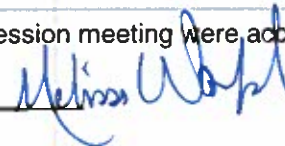
VII. ADJOURNMENT

	<p>There being no further business matters for discussion, Chairwoman Obispo declared the meeting adjourned at 6:46 p.m. motioned by Trustee Davis and seconded by Trustee Waibel. The motion carried with all ayes.</p>	<p>All Board members</p>	<p>None</p>	<p>Approved</p>
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Transcribed by: 
 Justine A. Camacho
 Administrative Officer

Submitted by: 
 Sarah Thomas-Nededog
 Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the August 25, 2021, regular session meeting were accepted and approved by the GMHA Board of Trustees on this 30th day of September 2021.

Certified by: 
 Theresa Obispo
 Chairperson



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



BOARD OF TRUSTEES Official Resolution No. 2021-50

“Relative to Approving Renewal of the Medical Staff Rules and Regulations for the Emergency Medicine Department and Pediatrics Department”

WHEREAS, the Medical Staff Bylaws and Medical Executive Committees had reviewed the Medical Staff Rules and Regulations; and

WHEREAS, as a result of the review, the committees accept and approve the renewal of the Medical Staff Rules and Regulations; and

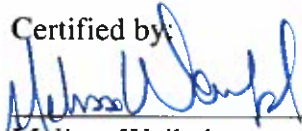
WHEREAS, on September 15, 2021, the Joint Conference and Professional Affairs subcommittee reviewed and recommended that the Board of Trustees approve the renewal to the Medical Staff Rules and Regulations for the Emergency Medicine Department and Pediatrics Department; now, therefore, be it

RESOLVED, that the Board of Trustees accepts and approves the Joint Conference and Professional Affairs subcommittee’s recommendation; and, be it further

RESOLVED, that the Board of Trustees Vice-Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

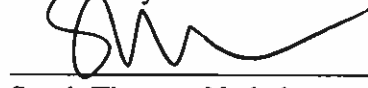
DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF SEPTEMBER 2021.

Certified by:



Melissa Waibel
Vice-Chairperson

Attested by:



Sarah Thomas-Nededog
Secretary

MEDICAL STAFF RULES AND REGULATIONS

EMERGENCY MEDICINE DEPARTMENT

SECTION I: GENERAL

- A. This Department shall be under the direction of the elected Chairperson, Department of Emergency Medicine who shall be responsible to the President of the Medical Staff, the Medical Executive Committee, and the Board of Trustees.
- B. All full-time emergency physicians shall be members of the Emergency Medicine Department (EMD). Part-time (at least 30 hours per month) physicians may be members of the Department. Should you not work for 6 months you will not have voting rights.
- C. All patients who present to the EMD will be seen by the EMD physician. Exceptions are on a case by case basis and at the discretion of the ED attending.

SECTION II: RESPONSIBILITIES OF THE CHAIRPERSON

- A. Please see Medical Staff Bylaws Article VI, Section 2.
- B. The Chair shall prepare scheduling of the physician duty roster.

SECTION III: DEPARTMENT CHAIRPERSON QUALIFICATIONS

- A. See Medical Staff Bylaws Article VI, Section 2- "Qualifications, Selection and Tenure, and Removal of Department Chairperson".
- B. Have demonstrated administrative skills and experience.
- C. The Chairperson of the Emergency Medicine Department is also the Hospital Disaster Committee Chairperson.

SECTION IV: QUALIFICATIONS AND PRIVILEGES

- A. The physician must qualify for Hospital privileges based on the Medical Staff Bylaws and Rules & Regulations.
- B. Eligibility for emergency privileges must be based on an individual's education, training, experience, and demonstrated current clinical competence and shall be delineated on the Emergency Medicine Department Privilege form approved by the Department of

Department Review and Approval:

ER: 07/09/2021

By Laws: 8/13/2021

MEC: 8/25/2021

JCPA: 9/15/2021

BOT: 9/30/2021

Rules and Regulations
Emergency Medicine Department
Page 2

Emergency Medicine, Credentials Committee, Medical Executive Committee and the Board of Trustees.

- C. Acceptable education will consist of graduation from a medical school approved by the Council on Medical Education of the American Medical Association, or graduation from an osteopathic school approved by the Bureau of Professional Education of the American Osteopathic Association, or from a foreign school acceptable to the Guam Board of Medical Examiners, plus post graduate training leading to qualification as an Emergency Physician.
- D. An Emergency Physician is defined as a physician who:
 - 1. Is board certified by the American Board of Emergency Medicine as approved by the American Board of Medical Specialties; or
 - 2. By reason of his/her education, training, and/or experience, has been judged eligible for board certification by the American Board of Emergency Medicine; or
 - 3. Has completed an approved U.S. residency in Surgery, Family Practice, Internal Medicine, or Pediatrics, has documented Emergency Medicine Department experience and current clinical competence in emergency medicine, whose primary clinical role is in the Emergency Department, and who shows a commitment to emergency medicine.
- E. The granting and continuation of emergency medicine privileges will be based upon the staff member's record of demonstrated performance as evaluated by an established hospital peer review mechanism and as specified in the Department's Quality Improvement Plan.
- F. Requests for privileges not generally associated with the field in which the applicant has been trained must be specifically requested and documented with evidence of appropriate training, experience, and current clinical competence.
- G. All non-boarded physician members of this Department must be certified in Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS). It is highly recommended that physician members of this Department are Advanced Trauma Life Support (ATLS) certified. All physicians board-certified or board eligible in Emergency Medicine are not required to be certified in ACLS or PALS.

Other Department members with Emergency Department Privileges may be called to work in the ER under emergency staffing situations only. It is highly recommended that these physicians be certified in ACLS and PALS.

- H. Upon initial application all applicants requesting for privileges under the Emergency

Department Review and Approval:

ER: 07/09/2021

By Laws: 8/13/2021

MEC: 8/25/2021

JCPA: 9/15/2021

BOT: 9/30/2021

Medicine Department must complete the delineation form column pertaining to the number of cases performed over the past two years. Applicants for Re-Appointment may not be required to indicate the number of cases performed over the past two years.

SECTION V: PROCTORSHIP

A. Requirements

1. The Department Chairperson shall assign one or more EMD physicians with active privileges the responsibility of proctoring the services rendered by the newly appointed physician.
2. The proctoring physician(s) shall review the first thirty (30) patients attended to in the Emergency Department, and the proctorship shall include at least 5 pediatric cases, one Code 72, and one trauma case. The newly appointed physician has the responsibility of notifying his/her proctor of the cases for review. After the first thirty (30) patient encounters are proctored, or the first two months of practice, the Chair shall confer with the proctor(s) and submit a written recommendation to the Emergency Medical Service Department for extension or removal of proctorship.
3. The proctoring physician(s) shall assist the newly appointed physician in becoming familiar with Hospital policies and will review the clinical performance of the newly appointed physician.

B. Reporting

1. The proctoring physician is encouraged to exercise professional judgment and to completely review the medical care, documentation, and outcomes of the patients.
2. The proctorship report forms shall be confidential and shall not be photocopied nor shared with anyone except the proctored physician and the Department Chairperson. Summaries of proctorship activities shall be forwarded by the Chairperson of the Department to Credentials Committee and Medical Executive Committee.

SECTION VI: FUNCTIONS OF THE DEPARTMENT

- A. As a Level II Emergency Department, emergency care will be offered 24 hours a day, with at least one physician experienced in emergency medicine on duty in the Department. Specialty consultation will be available within approximately twenty (20) minutes by members of the Medical Staff.
- B. If the emergency patient requires admission, a private physician will write orders for admission.

- C. For house patients, the appropriate physician or consulting specialist on-call will be contacted for consultation. If a patient requests a certain physician or physician specialist who is not on-call, the physician or physician specialist may or may not accept the case if he/she is not on-call. A house patient is defined as a patient presenting to the EMD who does not have a private physician and does not request or is unable to identify a physician.

SECTION VII: ATTENDING AND CONSULTANT RESPONSIBILITIES

- A. The attending physician shall be defined as the physician who follows the patient on a regular basis and is identified by both the patient and the physician as such.
- B. The attending physician will be notified by the EMD physician of the possible admission of the patient. If there are questions regarding admission, the attending physician may be asked to evaluate the patient in the Emergency Department.
- C. The EMD Consultant shall be defined as any physician from the GMHA Medical Staff who is contacted by the EMD physician for consultation. This may be the on-call physician, a specialist with consulting privileges, or the attending physician. The physician, on-call physician, or consulting specialist must accept the case or arrange for appropriate follow-up care by another physician. The EMD physician shall generate the appropriate documentation.
- D. In the event the EMD patient requests a physician who is not on call or not his/her attending physician, the EMD physician may discuss the case with the requested physician. The requested physician may or may not accept the case.
- E. The Emergency Department will display an on-call list for Consultants as determined by the Medical Staff Departments. The EMD patient will be referred to consultants on this list if they have do not have an attending physician and they do not request a specific consultant, unless they belong to a managed care plan which has its own call list.
- F. Both the attending physician and the EMD consultant shall respond to calls from the EMD within a reasonable amount of time. Both shall have the capability (e.g., phone, beeper) to receive emergency calls from the Emergency Department.
- G. It is the responsibility of the attending physician and the EMD Consultant to notify the GMHA Operator of vacation schedules and when another physician will be answering calls for them.

SECTION VIII: READMISSION OF OB/GYN AND SURGERY PATIENTS

- A. The private OB/GYN physician for “private patients”, or on call OB/GYN house staff physician for “house patients” will be notified and /or consulted by the EMD physician for the readmission of any returning post-partum or GYN post-op patient who presents to the ED within six weeks of their delivery or surgery. If there are questions regarding readmission, attending OB/GYN physician may be asked to examine the patient in the Emergency Department.

- B. Except in cases of emergencies, all OB/GYN patients who are within six weeks following Delivery or GYN surgery and who present to the Emergency Department for readmission with post-partum or post-operative complications, will be admitted under their original Attending OB/GYN physician for private patients or the on call OB/GYN hospitalist for “house patients”. The attending OB/GYN will then oversee their clinical management as appropriate. Such patients may be readmitted to the OB unit if there are no contraindications.

- C. These rules and regulations will be at all times in accord with the Emergency Medical Treatment & Active Labor Act (EMTALA) and all other federal and local Guam laws.



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MEDICAL STAFF RULES AND REGULATIONS

PEDIATRICS DEPARTMENT

SECTION I: GENERAL

- A. This Department shall be under the direction of the Chairperson, Department of Pediatrics who shall be responsible to the President of the Medical Staff of Guam Memorial Hospital Authority.
- B. Patients from birth through seventeen (17) years of age will be attended in this Department.

SECTION II: DEPARTMENT CHAIRPERSON QUALIFICATIONS

- A. See Medical Staff Bylaws Section 11.6-2, "Qualifications of Department Chairpersons".
- B. Be Board Certified by the American Board of Pediatrics or possess the knowledge and skills comparable to those expected of a corresponding American Board Certified physician in Pediatrics.
- C. Have demonstrated administrative skills and experience or be board eligible.

SECTION III: QUALIFICATIONS AND PRIVILEGES

- A. Eligibility for pediatric privileges must be based on an individual's education, training, experience, and demonstrated current clinical competence and shall be delineated on the Pediatric Department Privilege form approved by the Department of Pediatrics, Credentials Committee, Medical Executive Committee and the Board of Trustees.
- B. Acceptable education will consist of graduation from a medical school approved

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by the Council on Medical Education of the American Medical Association, or graduation from an osteopathic school approved by the Bureau of Professional Education of the American Osteopathic Association, or from a foreign school acceptable to the Guam Board of Medical Examiners, plus education leading to qualification as a Pediatrician.

C. A Pediatrician is defined as a physician who:

1. Is certified by an American Pediatric specialty board approved by the American Board of Medical Specialties; or
2. By reason of his/her education, training, and experience, has been judged eligible by such a board for its examination; or
3. Is a Fellow of the American Academy of Pediatrics or American Board of Pediatrics; or
4. Has obtained in a country outside the United States, graduate Pediatric education which satisfies the training requirements for Fellowship in the American Academy of Pediatrics or American Board of Pediatrics.

D. It is recognized that pediatric privileges may also be granted to physicians who do not meet this definition, under the following conditions:

1. A physician who renders pediatric care in an emergency or an area of limited population where a pediatrician is not available; or
 2. A physician who has just completed formal training in an approved pediatric residency program as defined in his/her specialty, but has not passed the Board. This would not exceed one year plus the Board's practice requirement, if any; or
 3. A physician, who by reason of his/her education, training and experience in another specialty, is granted selective pediatric privileges within the scope of that specialty. These selective pediatric privileges must be delineated in the physician's clinical privileges and must be approved by the Credentials Committee of the Medical Staff.
4. Family Practice Physicians who are American Board Certified in Family Practice or equivalent may request core pediatric privileges as delineated on the Family/General Practice privileges form. These core pediatric privileges will be under the auspices of the Pediatrics department and will be proctored by the

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Pediatric physicians with privileges. Any additional pediatric privileges outside the core privileges will be delineated on the Family/General Practice privileges form and also reviewed and proctored by the Pediatric Department. All pediatric privileges for Family/General Practice Physicians must be approved by the Credentials Committee of the Medical Staff.

- E. The granting and continuation of pediatric privileges will be based upon the staff member's record of demonstrated performance as evaluated by an established hospital peer review mechanism and as specified in the Department's Quality Improvement Plan.

- F. Requests for privileges not generally associated with the field in which the applicant has been trained must be specifically requested and documented with evidence of appropriate training, experience, and current clinical competence.

- G. All staff members with privileges under the Pediatrics Department must be certified in Basic Life Support (BLS). All staff members with PICU admitting privileges must be certified in Pediatric Advance Life Support (PALS). All staff members with NICU admitting privileges must be certified in Neonatal Resuscitation Program (NRP). All staff members who attend deliveries are required to maintain current NRP. Members without current PALS or NRP need to maintain separate BLS certification.

SECTION IV: PROCTORSHIP

- A. Requirements
 - 1. Pediatricians

The Department Chairperson shall assign one or more pediatricians with active privileges the responsibility of monitoring/proctoring the services rendered by a pediatrician to the first twenty (20) patients admitted to GMHA. The monitoring shall include a minimum of five (5) newborn, five (5) pediatric, and five (5) patients admitted to NICU/PICU, if NICU/PICU privileges are desired by the proctored physician. Except for NICU/PICU patients, proctorship should be completed within the first six months of practice.

B. Procedure and Reporting

1. For each admission, the proctoring physician will review the chart and complete the appropriate proctor form. The form shall be returned to the Medical Staff Office. The proctoring physician will be encouraged to exercise professional judgment and to completely review the medical care, documentation, and outcomes of the patients.
2. Upon review of the proctorship worksheet forms and consultation with the proctors, the Chair will submit a written recommendation or progress report to the Medical Executive Committee for extension or satisfactory completion of proctorship, after the first 6 months of practice.
3. The proctorship report forms shall be confidential and shall not be photocopied nor shared with anyone except the proctored physician and the Department Chairperson. Summaries of proctorship activities shall be forwarded to the Credentials Committee and Medical Executive Committee.

SECTION V: NICU/PICU PHYSICIAN DIRECTOR

A. Qualifications

1. The Medical Director of the NICU/PICU (Neonatal Intensive Care Unit and Pediatric Intensive Care Unit) should be currently U.S. Board Certified in Pediatrics and be a member of the Department of Pediatrics in accordance with Section III of the Department of Pediatric Rules & Regulations and the Medical Staff Bylaws.

Fellowship training in NICU and/or PICU is recommended but not required. In lieu of such Fellowship, training in a Pediatrics Residency Program followed by at least two years of demonstrated competence and privileges in NICU and PICU plus current NICU/PICU privileges are required.

2. The Director should also have demonstrated administrative ability.

B. Appointment Process

The Medical Director of the NICU/PICU is recommended by the Associate Administrator of Medical Services with the concurrence of the Department of Pediatrics and approval of the Hospital Administrator.

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C. Duties and Responsibilities

1. Ensures that the NICU and PICU policies and procedures established by the medical staff and the appropriate standards of the current Joint Accreditation of Healthcare Organization's "Accreditation Manual for Hospitals" for the continuing operation of the units are implemented through close liaison with the NICU and PICU head nurses and nursing administration.
2. Ensures that good medical care is rendered through the above methods and through regular communication with attending physicians when appropriate. Assists in the development and implementation of NICU and PICU Quality Improvement (QI) Plan.
3. Documents review of the hospital QI activities as they apply to the NICU and PICU and ensures the identified problems are properly addressed, corrected and evaluated for effectiveness of corrective actions. Reports monthly to the Department of Pediatrics on the above matter and any other issues.
4. Monitors to ensure appropriate utilization management of the NICU and PICU. Determines bed priority in consultation with the appropriate head nurse or Nursing Supervisor and the physician(s) responsible for the patient for the disposition of a patient when patient load exceeds optimal operational capacity, when necessary.
5. Approves, with consultation with the Nursing Supervisor(s), the identification and implementation of planned appropriate orientation, in-service training and continuing education programs for the physician, registered nurses and support staff who perform patient care services in NICU and PICU.
6. Provides appropriate information to the Pediatrics Department Chairperson and Vice-Chairperson to assist with the delineation of privileges for physicians at initial appointment and reappointment who request NICU/PICU and Pediatric privileges.

SECTION VI: ALLIED HEALTH PROFESSIONAL: ADVANCED PRACTICE
REGISTERED NURSE (APRN)

- A. These rules and regulations will define the scope of practice for pediatric nurse practitioners under the oversight of the pediatric department.
- B. A pediatric nurse practitioner is an Advanced Practice Registered Nurse (APRN) who is a registered nurse who is certified to practice as an APRN as set out in the Nurse Practice Act as defined in section §12313 in the Act.
- C. Furthermore, a pediatric nurse practitioner is an APRN who has either completed specific training or has previous experience in the care of pediatric patients and newborns, specifically within an inpatient environment, for a period of not less than 6 months.
- D. Supervision of pediatric nurse practitioners shall be the responsibility of the attending pediatrician on-call scheduled concurrently with the nurse practitioner.
- E. No pediatric nurse practitioner at GMH shall be authorized to practice independently without oversight from an attending pediatrician.
- F. All orders and notes by pediatric nurse practitioners shall require a countersign by a supervising pediatrician. Subject to this limitation, the scope of practice of pediatric nurse practitioners shall be defined as follows:
- G. Pediatric Nurse Practitioners are authorized to perform the initial assessment of pediatric patients and newborns, enter admission orders and write an admission history and physical.
- H. Pediatric Nurse Practitioners are authorized to do daily rounds on pediatric patients and newborns, enter orders and write daily notes.
- I. Pediatric Nurse Practitioners are authorized to discharge pediatric patients and newborns.
- J. Pediatric Nurse Practitioners are authorized to attend newborn deliveries requiring the presence of an attending physician in their stead to supervise advance resuscitation as needed.

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SECTION VII: ALLIED HEALTH PROFESSIONAL: OTHER

A. Qualifications/Privileges

Qualifications and privileges for other Allied Health Professionals shall be defined and developed by the department as the need arises.

SECTION VIII: ON CALL COVERAGE

The Pediatric Department has implemented a Hospitalist Program that will provide on-call coverage and care for all pediatric patients admitted to GMHA. In the event that there is insufficient Hospitalist coverage, other active members of the Department will be placed on the Pediatric On-Call Schedule on a rotating basis unless exempted by the Department.

The On Call Hospitalist is responsible for providing care to all newborn and pediatric patients regardless of their insurance status and whether or not they have an identified primary care physician.

A. Responsibilities of the Pediatric Hospitalist:

With regards to section 3.3-1 the GMHA Medical Staff Rules and Regulations which, as a basic requirement of membership, requires medical staff to:

“Provide patients with care at the professionally highest level of quality, safety and efficiency and with care and compassion.”

The Pediatric department has defined the following parameters by which quality, safety and efficient care is minimally defined:

1. Initiation of patient rounds before 12 p.m.
2. Discharge orders entered for well normal newborns who are eligible for discharge by 3 p.m.
3. Not refusing transfers from outside facilities on the basis of bed space availability and nursing staffing. Bed space and nursing staffing are the concerns of the nursing supervisor and are thus not reasonable grounds for the pediatrician on call to refuse accepting transfers.

Failure to repeatedly comply with the above defined parameters, defined as 3 incidents within the space of 12 months, will result in the initiation of corrective action, which is defined in section 8.1-1 of the GMHA Medical Staff Rules and Regulations as follows:

“Whenever the activities or professional conduct of any Staff member are believed to be detrimental to patient safety or to the delivery of quality patient care, or believed to be disruptive to hospital operations, or are believed to be in violation of these Bylaws, Staff Rules and Regulations, Department Rules or other hospital policies, corrective action against such staff member may be initiated by any officer of the Staff, by the Chairperson of any department of standing committee of the Staff, by the Administrator or by the Board.”

The pediatric department will specifically request that corrective action will take the form of revocation of staff appointment and termination of employment. The department will also consider submitting a report to the National Physician Data Bank.

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BOARD OF TRUSTEES Official Resolution No. 2021-51

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Steven Hayashida, MD	Surgery	Neurosurgery	August 31, 2023
Doris Sophia Li, MD	Surgery	General Surgery	August 31, 2023
Ma. Elizabeth Hernandez, MD	Pediatric	Pediatric/Pulmonary	August 31, 2023
Amanda River, MD	ER	Emergency Medicine	August 31, 2023
William Vercio, MD	OB/Gyn	Obstetrics/Gynecology	August 31, 2023
Jeffrey Gabel, DO	OB/Gyn	Obstetrics/Gynecology	August 31, 2023

WHEREAS, the above listed practitioners met the basic requirements for Active Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.2; and

WHEREAS, the Medical Executive Committee met on August 25, 2021 and the Joint Conference and Professional Affairs Committee met on September 15, 2021 and recommended approval of Active Medical Staff Membership reappointment for the above listed practitioners; and

WHEREAS, all reappointments to Active Medical Staff Membership require Board approval; now, therefore be it

RESOLVED, that the Board of Trustees approves this recommendation to reappoint the above named practitioners to Active Medical Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioners listed above and all Hospital and Medical Departments of these reappointments; and be it further

RESOLVED, that the Board of Trustees Vice-Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF SEPTEMBER 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2021-52

“RELATIVE TO THE APPOINTMENT OF ACTIVE ASSOCIATE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
August Uwah, MD.	Medicine	Internal Medicine	August 31, 2023
Susie White, MD.	Emergency Room	Emergency Medicine	August 31, 2023

WHEREAS, the above listed practitioners met the basic requirements for Active Associate Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.2; and

WHEREAS, the Medical Executive Committee met on August 25, 2021 and the Joint Conference and Professional Affairs Committee met on September 15, 2021 and recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioner; and

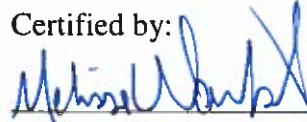
WHEREAS, all reappointments to Active Associate Medical Staff Membership require Board approval; now, therefore be it

RESOLVED, that the Board of Trustees approves this recommendation to reappoint the above named practitioners to Active Associate Medical Staff as recommended; and, be it further


RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioners listed above and all Hospital and Medical Departments of these reappointments; and be it further

RESOLVED, that the Board of Trustees Vice-Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF SEPTEMBER 2021.

Certified by: 

 Melissa Waibel
 Vice-Chairperson

Attested by: 

 Sarah Thomas-Nededog
 Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2021-53

“RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Nadia B. Pietrzykowska, MD	Medicine	Internal Medicine	August 31, 2022
Kevin Brady, MD	Medicine	Telemedicine	August 31, 2023
Patrick Smith, DO	Medicine	Telemedicine	August 31, 2023

WHEREAS, the above listed practitioners met the basic requirements for Provisional Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.3; and

WHEREAS, the Medical Executive Committee met on August 25, 2021 and the Joint Conference and Professional Affairs Committee met on September 15, 2021 recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioner; and

WHEREAS, all appointments to Provisional Medical Staff Membership require Board approval; now, therefore be it

RESOLVED, that the Board of Trustees approves this recommendation to appoint the above named practitioners to Provisional Medical Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioners listed above and all Hospital and Medical Departments of these appointments; and be it further

RESOLVED, that the Board of Trustees Vice-Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF SEPTEMBER 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2021-54

“RELATIVE TO EXTENDING A 25% WORKING DIFFERENTIAL PURSUANT TO 4GCA, §6229.7 TO GMHA EMPLOYEES CERTIFIED OR LICENSED IN MEDICAL LABORATORY SCIENCE AND RESPIRATORY THERAPY”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) has experienced and continues to experience challenges with recruitment and retention of allied health professionals, especially in the specialty of medical laboratory sciences and respiratory therapy; and

WHEREAS, Title 4 G.C.A., Section 6229.7 provides for additional compensation as it relates to work essential to the delivery of patient care services such as overtime pay, weekend pay, holiday leave and work pay, leave accumulation, and monetary compensation as applicable; and

WHEREAS, Title 4 G.C.A., Section 6229(c) defines healthcare professionals as employees essential to the delivery of patient/client care services as defined in Title 10 G.C.A., Section 10101 and PL 22-87 Section 5; and

WHEREAS, Title 10 G.C.A., Section 10101(b) defines healthcare professionals as any person licensed or certified to practice the healing arts within the territory of Guam; and

WHEREAS, the employees of the laboratory and respiratory departments are being offered employment elsewhere with comparable salaries to the National Average; and

WHEREAS, the latest (2020) data average from U.S. Bureau of Labor Statistics and Medical Group Management Association shows a mean wage for Laboratory Technologists at \$27.56 per hour (\$55,597 per annum); and the latest (2020) data average from U.S. Bureau of Labor Statistics, Medical Group Management Association, Local Private Hospital, and GMHA Travelers shows a mean wage for respiratory therapists at \$38.75 per hour (\$80,600 per annum); and

WHEREAS, the actual salaries (as of August 2021) mean wage of GMHA medical laboratory technologist employees is \$25.31 per hour (\$36,943 per annum), and mean wage of GMHA Respiratory Therapist employees is \$30.70 per hour (\$63,853 per annum); and

WHEREAS, the 2021 Nurse Pay Plan and Structure Differential (the “2021 NPPSD) implemented and effective August 1, 2021 has increased the wages of the licensed and certified nursing staff to be comparable to the national average; and

RESOLVED, that the Board has determined it is in the best interest of the GMHA to extend a 25% working pay differential provided by Title 4 G.C.A., Section 6229.10 to certified or licensed medical laboratory technologists and respiratory therapists who are employed at the GMHA, be it further

RESOLVED, that the Board of Trustees Vice-Chairperson certifies and the Secretary attests to the adoption of this Resolution.

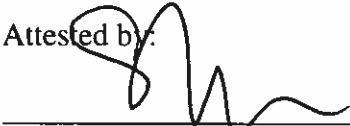
DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF SEPTEMBER 2021.

Certified by:



Melissa Waibel
Vice-Chairperson

Attested by:



Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES

Official Resolution No. 2021-55

“RELATIVE TO AMENDING THE POSITION OF LONG TERM CARE ADMINISTRATOR”

WHEREAS, the Human Resources Department coordinated efforts with the Assistant Administrator, Nursing Services and the Hospital Quality Management Administrator in recommending changes to the minimum experience and training requirements and the necessary special qualification requirements for the position of Long Term Care Administrator (SNF); and

WHEREAS, the Human Resources Department submitted its recommendation to the Hospital Administrator/CEO on August 5, 2021 to amend the minimum experience and training requirements and the necessary special qualification requirements of the Long Term Care Administrator position; and

WHEREAS, on August 5, 2021, the Hospital Administrator/CEO, Lillian Perez-Posadas, approved the Human Resources Department’s recommendation to amend the position; and

WHEREAS, the provisions of 4 GCA, Chapter 6, § 6303.1(a) - Transparency and Disclosure for the amendment of positions have been met; and

WHEREAS, the proposed amended class specifications of the positions are hospital specific and that there is no impact on any other agency outside the Authority; and

WHEREAS, the Human Resources Subcommittee on September 14, 2021 recommended approval to accept the Hospital Administrator’s petition to amend the position of Long Term Care Administrator (SNF); now, therefore be it

RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee’s recommendation and approves the final proposed class specification for the Long Term Care Administrator (SNF) position; and, be it further

RESOLVED, that the Board of Trustees Vice-Chairperson certifies and the Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF SEPTEMBER 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

LONG TERM CARE ADMINISTRATOR (SNF)

NATURE OF WORK IN THIS CLASS:

The Long Term Care Administrator is responsible for the administrative and clinical supervisory work in the coordination of program services, facility maintenance, compliance and operational aspects of the Skilled Nursing Facility.

An employee in this class manages all departments by providing leadership and strategic direction and will report directly to the Hospital Administrator/CEO of the Guam Memorial Hospital Authority.

ILLUSTRATIVE EXAMPLES OF WORK: (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Manages the daily operations of the administrative, clinical, facilities, compliance and operational aspects of the Skilled Nursing Facility.

Plans, organizes, supervises and monitors the delivery of care to residential patients and establishes priorities for strategic planning and development, and coordinates activities and resources necessary to achieve objectives.

Ensures that nursing services are planned, implemented, and evaluated to maximize resident quality of life and quality of care with the integration of resident rights with all aspects of resident care.

Ensures that the facility is in compliance with and adheres to the latest healthcare regulations for high-quality service.

Coordinates the development and evaluation of resident care goals and policies with healthcare teams.

Oversees various federally regulated documentation and clinical requirements of the MDS and Restorative Nursing Programs.

Attends meetings and collaborates with physicians, therapists, families, and local governing boards; establishes and implements new and existing policies and procedures ensuring the quality of care for residents admitted to the Skilled Nursing Facility.

Observes, monitors, and evaluates outcomes of all the facility programs, policies and procedures to ensure effectiveness and to fulfill administrative and professional responsibility.

Ensures the coordination and collection of data for performance and quality improvement activities of the facility.

Maintains the fiscal accountability and management of the Skilled Nursing Facility in conjunction with Hospital Administration and the Budget and Accounting Offices.

Conducts and chairs staff and department meetings, and attends resident care conferences and medical staff meetings.

Responds to calls for emergencies.

Performs related work as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of Long Term Care operational standards set forth in Federal and State regulations. Knowledge of performance management and effective leadership skills.

Knowledge of Centers for Medicare and Medicaid Services (CMS) regulations.

Knowledge of budget and financial processes.

Knowledge of basic computer systems and Microsoft Office Suite.

Excellent verbal and written communication skills.

Skill in effective supervision and conflict management.

Skill in interpersonal relations and team building; self-directed and flexible in fulfilling obligations.

Ability to develop and administer skilled nursing programs of the hospital.

Ability to evaluate program effectiveness and implement recommended changes in organizational policies and procedures to enhance effectiveness.

Ability to maintain records, reports and other statistical data.

MINIMUM EXPERIENCE AND TRAINING:

- A. Five (5) years of hospital or nursing home administration work experience including two (2) years in a supervisory or administrator capacity and a Bachelor's degree in public health administration, health care administration, health science, public administration, business administration or other related field; or
- B. Four (4) years of hospital or nursing home administration work experience including two (2) years in a supervisory or administrator capacity and a Master's degree in long term care administration, public health administration, health care administration, health science, public administration, business administration or other related field.

NECESSARY SPECIAL QUALIFICATIONS:

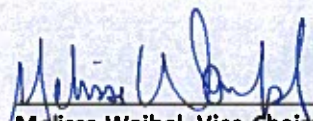
Current license to practice as a Nursing Home Administrator by the Guam Board of Allied Health Examiners or from another U.S. jurisdiction provided that the standards for licensure are equivalent to those prevailing on Guam, and a valid Basic Life Saving (BLS) certification.

ESTABLISHED: June 1, 2017
 AMENDED: September 30, 2021

PAY GRADE/PLAN: Q (GPP)

HAY EVALUATION

KNOW HOW:	F13	304
PROBLEM SOLVING:	E4 (43%)	132
ACCOUNTABILITY:	E1P	<u>152</u>
TOTAL POINTS -		588



Melissa Waibel, Vice-Chairperson
Board of Trustees



Financial Dashboard

Guam Memorial Hospital Authority

August 2021

(Comparing to July 2021)

Benchmark

1.8%

GMHA

Total Margin

-16.6%

(-15.0%)

46

Days in A/R

124

(126)

61

Payment Days

62

(61)

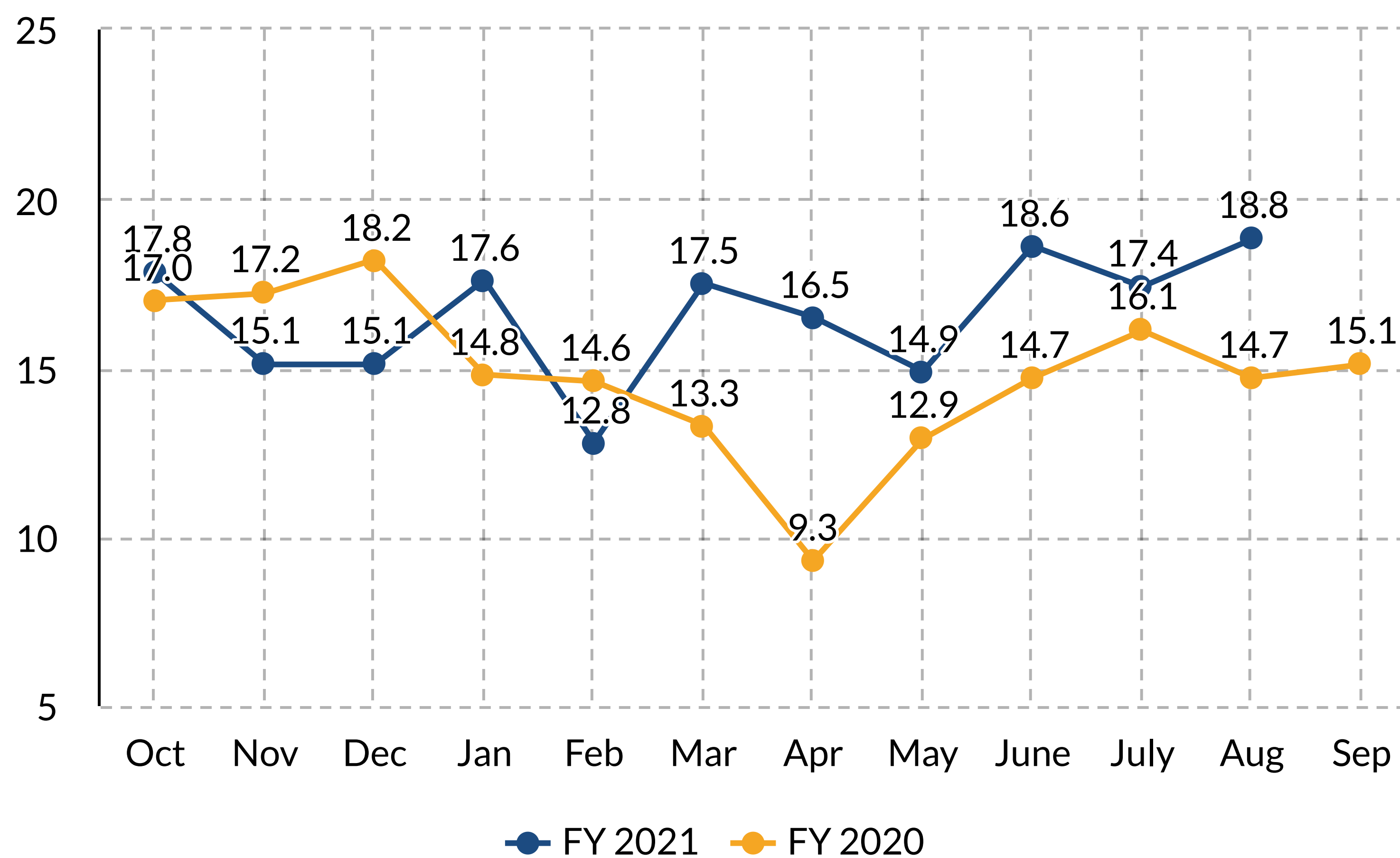
30

Days Cash on Hand

7

(7)

Gross Revenue (in millions)



Other Financial Snapshots

Cash Balance

\$1.3M

(\$576K)

Vendor Payables

\$14.2M

(\$16.4M)

Change in Net Position

\$-2.8M

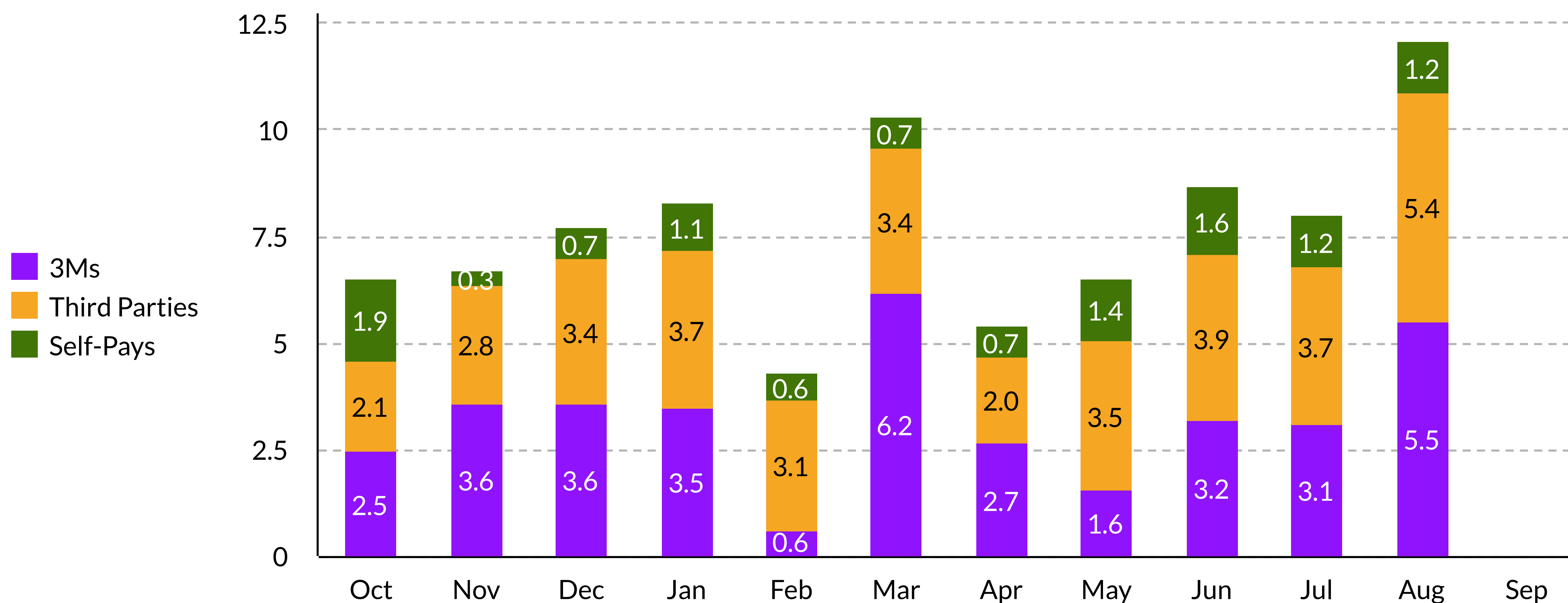
(\$2.6M)

FTEs

1,055

(1,041)

Collection Per Payor Group (in millions)



Treat your loved ones to a delicious lasagna dinner this week

By Bill Pesch

For The Guam Daily Post

Sometimes cooking can be a labor of love and a bit of a drain to the pocketbook. Then again, sometimes the work and expense are worth it!

This week, I feature one of my favorite dinner recipes - lasagna. Because this recipe takes longer than many of my other recipes, I usually make lasagna on a weekend and save it for special occasions. Last Saturday, my son, Keoni, asked if he could invite his girlfriend, Brianna, and her cousin, Camy, over for dinner. Without a moment of hesitation, I answered: "Yes!" Brianna and Camy are both extremely warm, charming, generous and funny. Corman and I love their company.

I gave the matter some thought, then I asked Keoni if lasagna would be a good

The 52-Week Recipe Challenge

To submit a recipe for the 52-Week Recipe Challenge, send it to goodnews@postguam.com or message us @postguam on Instagram or Facebook. Bill looks forward to getting new recipes to try out and add to his collections, while sharing some of his favorites with you: "Send me some of your favorite recipes before I run out of my own!"

dinner choice. His face broke out into a broad smile, and he said "Yes!" The deal was sealed. I drove to Cost-U-Less and bought the ingredients.

The basic recipe I use is by John Chandler, called "World's Best Lasagna." I found it online at AllRecipes.com. Over the years I've modified it somewhat, so



SATURDAY GET-TOGETHER:

Keoni, Brianna, Koein, Bill and Camy are ready to dig into some lasagna. Bill Pesch/For The Guam Daily Post

the recipe I give you today differs a bit from the original one. As usual, I substitute ground turkey for the ground beef. To be candid, no one I've served this meal to has ever noticed the substitution because the flavors blend together so well. My recipe includes more onions,

garlic and cheese than the original. I also like a little spice in my lasagna, so I add some red pepper flakes.

A perfect complement to this meal is either No-Knead Bread, featured as my Week 4 recipe, or Breadsticks, my Week 18 recipe. I love to dip bread into the sauce and savor the rich flavors. Of course, a side salad is a great addition as well. For dessert I made my Chocolate Eclair Cake, which was my Week 1 recipe. If you haven't tried it yet, please do. It really is a crowd pleaser!

Our Saturday dinner went really well. As always, we laughed our way through most of the meal. I really enjoy dinner get-togethers. It's a time to relax and engage in some lively conversation. Brianna and Camy were delightful dinner companions and we look forward to our next communal dinner. Hmmm ... what should I make next time?

Week 49: Lasagna

Adapted from the AllRecipes.com recipe for "World's Best Lasagna."

Serves 10

Ingredients

1 pound ground turkey or lean ground beef

12 ounces sweet Italian sausage

3/4 cup minced onions

3 cloves garlic

1 (28-ounce) can crushed tomatoes

1 (12-ounce) can of tomato paste

1 (15-ounce) can of tomato sauce

1/2 cup water

2 tablespoons white sugar

1 1/2 teaspoons dried basil leaves

1/2 teaspoon fennel seeds

1 teaspoon Italian seasoning

1 tablespoon salt

1/2 teaspoon ground black pepper

4 tablespoons chopped fresh parsley

1/2 teaspoon red pepper flakes (optional)

12 lasagna noodles

16 ounces ricotta cheese

1 egg

1/2 teaspoon salt

1 pound mozzarella cheese, sliced

1 cup grated Parmesan cheese

Steps

1. In a Dutch oven, or large pot, cook the ground meat and sausage, onion and garlic over medium heat until well-browned. (If you didn't use lean meat, you may have to drain the oil.) Stir in the crushed tomatoes, tomato paste, tomato sauce and water. Season with sugar, basil, fennel seeds, Italian seasoning, 1 tablespoon of salt, pepper and red pepper flakes, and 2 tablespoons of parsley. Bring to a boil, then turn stove to simmer and cook covered for about 1 1/2 hours, stirring occasionally.

2. Bring a large pot of lightly salted

water to a boil. Cook lasagna noodles for 8-10 minutes. Drain noodles and rinse with cold water. In a medium bowl, combine the ricotta cheese and the egg, remaining 2 tablespoons of parsley and 1/2 teaspoon of salt.

3. Preheat oven to 375 degrees F.

4. To assemble, spread 1 3/4 cups of meat sauce onto the bottom of a 9 x 13-inch baking dish. Arrange 6 noodles lengthwise over the meat sauce. Spread with one-half of the ricotta cheese mixture.

Top with a third of the mozzarella cheese slices. Spoon 1 1/2 cup of meat sauce over mozzarella and sprinkle with 1/3 cup of Parmesan cheese. Arrange the remaining 6 noodles over the meat sauce and repeat the layering - add the other

half of ricotta cheese mixture, 1/3 of the mozzarella cheese slices and remaining meat sauce. Top with remaining mozzarella cheese slices and Parmesan cheese.

5. Cover pan with foil, but before you do, spray the foil with cooking spray so it won't stick to the cheese.

6. Bake in preheated oven for 25 minutes. Remove foil, and bake an additional 25 minutes. Cool for 15 minutes before serving.

Notes

I usually serve this with a loaf of my No-Knead Bread or Breadsticks.

It's a good idea to cook a few extra noodles, because sometimes some will catch on the bottom of the pot and break apart.

MAKING A MESS WITH PESCH



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudad Guahan

117 Bien Venida Avenue, Sinajana, GU 96910
Phone: (671) 477-9851 · Fax: (671) 300-7565 · TTY: (671) 472-3701
Website: www.ghura.org



Lourdes A. Leon Guerrero
Governor of Guam

Joshua F. Tenorio
Lieutenant Governor of Guam

INVITATION FOR BID

IFB#GHURA-COCC-021-010 IT EQUIPMENT

Desktop Computers, Laptop Computers, Uninterruptible Power Supply (UPS), Servers, Impact Printers, Laser Printers and AIO Color Laser Printers

This ad is paid with HUD funds by GHURA

Guam Housing and Urban Renewal Authority (GHURA) will receive sealed bids for IT Equipment – Desktop Computers, Laptop Computers, Uninterruptible Power Supply (UPS), Servers, Impact Printers, Laser Printers and AIO Color Laser Printers until 10:00 am on September 30, 2021 in the Board Room located at the Main Office in Sinajana.

In compliance with Executive Order 2020-14 enforcing a six-foot social distance and limiting large gatherings in enclosed spaces, GHURA has redesigned its pre-bid conference and IFB/RFP process. GHURA will conduct the pre-bid meeting on **September 16, 2021 at 10:00 a.m. via Zoom video conference**; the bid specifications and Zoom meeting details are available on GHURA's website. The Bid specifications are available beginning September 9, 2021. Please visit the link below for further IFB information:
<https://www.ghura.org/doing-business-us/bidproposalsrelease-funds/invitation-bids>

A \$50.00 non-refundable deposit (exact cash, money order, or company check) is required for each IFB packet. **Personal checks will not be accepted.** GHURA reserves the right to waive any minor informalities, cancel this solicitation at any time and reject any and all proposals.

GHURA is an Equal Opportunity Employer
/s/ Ray S. Topasna, Executive Director

GHURA does not discriminate against persons with disabilities.
The Chief Planner has been designated as Section 504 Coordinator.
The Coordinator can be contacted at the above address and telephone numbers.



Guam Memorial Hospital Authority

Aturidat Espetat Mimuriat Guahan

Board of Trustees Meeting



Date: Thursday, September 30, 2021
Time: 5:00 p.m.

Meeting will take place via Zoom Video Conferencing.
Meeting ID: 913 5266 3119
Passcode: 556240

Agenda: I. Call to Order; II. Approval of the Minutes: A. August 25, 2021 Regular Board Meeting; III. Old Business; IV. New Business; V. Management's Report; VI. Board Subcommittee Reports: A. Joint Conference and Professional Support, 1. Res. 2021-50, Relative to Approving Renewal of the Medical Staff Department Rules and Regulations for Emergency Medicine and Pediatrics, 2. Res. 2021-51, Relative to the Reappointment of Active Medical Staff Privileges, 3. Res. 2021-52, Relative to the Appointment of Active Associate Medical Staff Privileges, 4. Res. 2021-53, Relative to the Appointment of Provisional Medical Staff Privileges; B. Human Resources, 1. Res. 2021-54, Relative to Extending a 20% Working Differential Pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Medical Laboratory Science and Respiratory Therapy, 2. Res. 2021-55, Relative to the Amendment of Position for Long Term Care Administrator; C. Finance and Audit, 1. August 2021 Financial Dashboard; D. Quality and Safety; E. Facilities, CIP and IT; F. Governance, Bylaws, and Strategic Planning; VII. Public Comment; VIII. Adjournment

For special accommodations, please contact Theo Pangelinan, EEO Officer, at 647-2104, Monday through Friday from 8:00 a.m. to 5:00 p.m.

/s/ Lillian Perez-Posadas, MN, RN
Hospital Administrator/CEO

This advertisement was paid for with government funds.

Residents must explain religious reason to get vaccine exemption

By **Phill Leon Guerrero**
phill@postguam.com

Those seeking a religious exemption from workplace COVID-19 vaccination requirements will be asked to prove their "bona fide" beliefs that prevent them from receiving the vaccination.

Beginning Monday, employees of certain businesses, including restaurants, bars and fitness centers, are required to show proof they have received at least one dose of an approved COVID-19 vaccine.

Employees can receive an exemption from the Department of Public Health and Social Services for medical or religious reasons, but will be subject to weekly testing for the disease, just like their co-workers who decline to be vaccinated as a personal choice.

Official applications for the exemptions were released over the weekend. For religious exemptions, residents

MANDATE:
Employees of certain businesses are now required to show proof they are at least partially vaccinated for COVID-19. Haruo Simion/The Guam Daily Post



are asked to provide supporting statements that indicate the vaccine "is against bona fide doctrines/tenets" of their religious beliefs or practices. Applicants may explain for themselves, instead of attaching documents such as religious orders or testimony from church leaders.

Residents seeking this exemption also are asked to affirm a number of

statements, including: "I understand that by not taking the COVID-19 immunization, I am susceptible to the COVID-19 disease."

The affirmation also explains the exemption does not prevent exclusion from vaccine-mandated activities – such as dining-in at restaurants or attending organized sports.

While medical exemptions don't

include a similar affirmation section, a licensed physician must certify the application.

Applicants are asked to describe their "contraindications or precautions" that inform the decision not to become vaccinated. The terms are used by the federal government to outline who may be at medical risk by getting the vaccine.

According to the U.S. Centers for Disease Control and Prevention, contraindications to the COVID-19 vaccine include a history of severe or immediate reactions following a previous dose of the vaccine, or to one of its components.

Other medical concerns, such as those of pregnant mothers, are not included in the CDC guidance on how to triage people with histories of allergies or allergic reactions.

Completed applications can be submitted via email to publichealth@dphss.guam.gov or in person to the DPHSS Immunization Program, located at Castle Mall, Unit 9, 130 University Drive, Mangilao, from 8 a.m. to noon, Monday through Friday.

Employees who submit requests for these exemptions may continue to work while their applications are being processed.

Bill that would bar firearms in police precincts fails to proceed

By **John O'Connor**
john@postguam.com

An amended version of Bill 106-35, a measure that would add Guam Police Department precincts into the list of government facilities barring the carrying of firearms, failed to proceed during session Monday. The bill did not muster enough votes to survive an objection to placing it into the Legislature's third reading file.

"Presently one can basically walk into the police station with a fire-

arm, which is a concern with GPD. The act does not take away the right of anyone to bear arms, rather it prevents the carrying of a firearm into a police station," Sen. James Moylan said before the vote, adding that the bill would place police precincts in the same company as courthouses, schools, the Legislature and all other areas where carrying a firearm is already prohibited for non-officers.

Despite the setback, Moylan said he would try to push the bill again later this week.

Bill 106 initially included all other government of Guam offices but was refocused to just GPD in the version

placed on the session floor. There were some concerns with the original language.

For example, during the bill's public hearing, Lester Carlson, director of the Bureau of Budget and Management Research, said he supported the inclusion of police property in the list of prohibited places, but could not personally support the addition of government offices to the exclusion rule for firearms.

"I personally would like to be able to continue to find myself confident in being able to be prepared and react in a responsible manner if an unfortunate incident arose," Carlson said in

part during the public hearing.

During session Monday, Sen. Jose Terlaje said he also didn't want to be restricted from carrying his own weapon in his office, making a reference to a potential active-shooter situation.

Sen. Telo Taitague said she was concerned that Bill 106 only refers to certain carrying licenses and not the firearm itself. Moylan said the bill would apply to registered weapons when coming into GPD, except when coming in to register a weapon. A non-registered firearm is already illegal, he added.

Taitague objected to placing the bill into the third reading file.

Guam Memorial Hospital Authority

Aturidåt Espetåt Mimuriåt Guåhan

Board of Trustees Meeting

Date: Thursday, September 30, 2021
Time: 5:00 p.m.

Meeting will take place via Zoom Video Conferencing.
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Agenda: I. Call to Order; II. Approval of the Minutes: A. August 25, 2021 Regular Board Meeting; III. Old Business; IV. New Business; V. Management's Report; VI. Board Subcommittee Reports: A. Joint Conference and Professional Support, 1. Res. 2021-50, Relative to Approving Renewal of the Medical Staff Department Rules and Regulations for Emergency Medicine and Pediatrics, 2. Res. 2021-51, Relative to the Reappointment of Active Medical Staff Privileges, 3. Res. 2021-52, Relative to the Appointment of Active Associate Medical Staff Privileges, 4. Res. 2021-53, Relative to the Appointment of Provisional Medical Staff Privileges; B. Human Resources, 1. Res. 2021-54, Relative to Extending a 25% Working Differential Pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Medical Laboratory Science and Respiratory Therapy, 2. Res. 2021-55, Relative to the Amendment of Position for Long Term Care Administrator; C. Finance and Audit, 1. August 2021 Financial Dashboard; D. Quality and Safety; E. Facilities, CIP and IT; F. Governance, Bylaws, and Strategic Planning; VII. Public Comment; VIII. Adjournment

For special accommodations, please contact Theo Pangelinan, EEO Officer, at 647-2104, Monday through Friday from 8:00 a.m. to 5:00 p.m.

/s/ Lillian Perez-Posadas, MN, RN
Hospital Administrator/CEO

This advertisement was paid for with government funds.

The **Commission on Decolonization** will convene their regular monthly meeting on Tuesday, October 5, 2021 at 3:00pm via Zoom (link below). The meeting will also be livestreamed via COD's Facebook.

<https://us02web.zoom.us/j/89492749174?pwd=WVdlMFhXSO9UenVxKzQ3VlhGU0JhZz09>

Meeting ID: 894 9274 9174 Passcode: COD21

The detailed meeting agenda, Zoom link, and livestreaming link can be found at <https://linktr.ee/guamcod>

FOR MORE INFORMATION/FOR INDIVIDUALS REQUIRING SPECIAL ACCOMODATIONS, AUXILIARY AIDS, OR SERVICES, PLEASE CONTACT

MELVIN WON PAT-BORJA at email decol@guam.gov
Call +1 (671) 475-9545

SCAN ME

This ad paid for with government funds by the Commission on Decolonization

From: Justine Camacho <justine.camacho@gmha.org>
Sent: Thursday, September 23, 2021 5:51 PM
Subject: NOTICE of GMHA Board of Trustees Meeting - September 30, 2021

FOR IMMEDIATE RELEASE – September 23, 2021

NOTICE OF PUBLIC MEETING

In accordance with the Open Government Law relative to notice of meetings and, in addition to notices published on the Government of Guam Public Notices Portal and in The Guam Daily Post, this serves as public notice for the regular meeting of the GMHA Board of Trustees on Thursday, September 30, 2021 at 5:00 p.m. via Zoom Video Conferencing. Meeting ID: 913 5266 3119; Password: 556240.

Agenda:

- I. Call to Order;
- II. Approval of the Minutes:
 - A. August 25, 2021 Regular Board Meeting
- III. Old Business
- IV. New Business
- V. Management’s Report
- VI. Board Subcommittee Reports:
 - A. Joint Conference and Professional Support
 - 1. Res. 2021-50, Relative to Approving Renewal of the Medical Staff Department Rules and Regulations for Emergency Medicine and Pediatrics
 - 2. Res. 2021-51, Relative to the Reappointment of Active Medical Staff Privileges
 - 3. Res. 2021-52, Relative to the Appointment of Active Associate Medical Staff Privileges
 - 4. Res. 2021-53, Relative to the Appointment of Provisional Medical Staff Privileges
 - B. Human Resources
 - 1. Res. 2021-54, Relative to Extending a 20% Working Differential Pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Medical Laboratory Science and Respiratory Therapy
 - 2. Res. 2021-55, Relative to the Amendment of Position for Long Term Care Administrator
 - C. Finance and Audit
 - 1. August 2021 Financial Dashboard
 - D. Quality and Safety
 - E. Facilities, CIP and IT
 - F. Governance, Bylaws, and Strategic Planning
- VII. Public Comment
- VIII. Adjournment

For special accommodations, please contact Theo Pangelinan, EEO Officer, at 647-2104, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Thank you,



Justine A. Camacho
Administrative Officer
Guam Memorial Hospital Authority
850 Governor Carlos G. Camacho Road
Tamuning, GU 96913
Phone: (671) 648-7997 | Fax: (671) 649-0145










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GMHA Board of Trustees Meeting | 5:00 p.m., September 30, 2021

GMHA Board of Trustees Meeting | 5:00 p.m., September 30, 2021

Meeting

-  Posted on: 09/23/2021 05:16 PM
-  Posted by: Justine Camacho, Justine Camacho, Administrative Officer
-  Department(s): GUAM MEMORIAL HOSPITAL AUTHORITY (/notices?department_id=51)
-  Division(s): HOSPITAL ADMINISTRATION (/notices?division_id=178)
-  Notice Topic(s): BOARD MEETING (/notices?topic_id=71)
-  For Audience(s): PUBLIC (/notices?public=1)
-  Share this notice

Hafa Adai!

The GMHA Board of Trustees will hold its regular meeting on Thursday, September 30, 2021 at 5:00 p.m. via Zoom Video Conferencing.
Meeting ID: 913 5266 3119
Password: 556240

Agenda:

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- III. Old Business
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GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



Date: **10 19 21**

VIA ELECTRONIC MAIL

Honorable Lourdes A. Leon Guerrero
I Maga'hågan Guåhan
Ricardo J. Bordallo Governor's Complex
Adelup, GU 96910

RE: Reporting Requirements for Boards and Commissions

Dear Governor Leon Guerrero:

To comply with Ch. 8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, the GMHA hereby submits the materials presented and discussed at the September 30, 2021 Meeting of the GMHA Board of Trustees.

Please contact Justine Camacho, Program Coordinator – Board Office, at 648-7997 or by email at justine.camacho@gmha.org for any questions or clarifications.

Kindest Regards,

Lillian Perez-Posadas, RN, MN
Hospital Administrator/CEO

sent via electronic mail 10/19/21 gc



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÁHÁN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



Date: 10 19 21

VIA ELECTRONIC MAIL

Honorable Therese M. Terlaje
Speaker of I Minatrentai Sais Na Liheslaturan Guáhan
163 Chalan Santo Papa
Hagåtña, GU 96910

RE: Reporting Requirements for Boards and Commissions

Dear Speaker Terlaje:

To comply with Ch. 8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, the GMHA hereby submits the materials presented and discussed at the September 30, 2021 Meeting of the GMHA Board of Trustees.

Please contact Justine Camacho, Program Coordinator – Board Office, at 648-7997 or by email at justine.camacho@gmha.org for any questions or clarifications.

Kindest Regards,

Lillian Perez-Posadas, RN, MN
Hospital Administrator/CEO

Submitted via electronic mail 10/19/21 jc



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



Date: 101121

VIA ELECTRONIC MAIL

Benjamin J.F. Cruz
Public Auditor
Office of Public Accountability
Suite 401 DNA Building
238 Archbishop Flores Street
Hagåtña, GU 96910

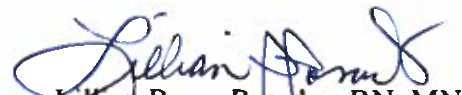
RE: Reporting Requirements for Boards and Commissions

Dear Mr. Cruz:

To comply with Ch. 8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, the GMHA hereby submits the recording for the September 30, 2021 GMHA Board of Trustees Meeting via Google Drive as guided by your office.

Please contact Justine Camacho, Program Coordinator – Board Office, at 648-7997 or by email at justine.camacho@gmha.org for any questions or clarifications.

Sincerely,


Lillian Perez-Posadas, RN, MN
Hospital Administrator/CEO

submitted via electronic mail 10/11/21 ge