



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

BOARD OF TRUSTEES Official Resolution No. 2019-01

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Sherif Philips, MD	Medicine	Nephrology	September 30, 2020
Milliecor Fojas, MD	Pediatrics	Pediatrics	September 30, 2020

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 on September 26, 2018 and the Joint Conference and Professional Affairs Committee on October 11, 2018 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 listed practitioners to Active Medical Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator/CEO 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

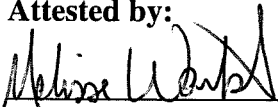
DULY AND REGULARLY ADOPTED ON THIS 7th DAY OF NOVEMBER 2018.

Certified by:



Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:



Melissa Waibel
Secretary, Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-02

“RELATIVE TO THE APPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Jennifer Chang, MD	Medicine	Internal Medicine	September 30, 2020

WHEREAS, the above listed practitioner 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 on September 26, 2018 and the Joint Conference and Professional Affairs Committee on October 11, 2018 recommended approval of Active Medical Staff Membership appointment for the above listed practitioner; 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 appoint the above-named practitioner to Active Medical Staff as recommended; and, be it further

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

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

DULY AND REGULARLY ADOPTED ON THIS 7th DAY OF NOVEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-03

“RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Shih Hao Lin, MD	Medicine	Internal Medicine	September 30, 2019

WHEREAS, the above listed practitioner 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 on September 26, 2018 and the Joint Conference and Professional Affairs Committee on October 11, 2018 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 practitioner to Provisional Medical Staff as recommended; and, be it further

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

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

DULY AND REGULARLY ADOPTED ON THIS 7th DAY OF NOVEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-04

“RELATIVE TO APPROVING FORTY-TWO (42) NEW FEES”

WHEREAS, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the GMHA Board of Trustees; and

WHEREAS, the GMHA Board of Trustees has reviewed the Public Law 26-66; and

WHEREAS, a Public Hearing was held on September 28, 2018 and oral comments and written testimony have been solicited for the forty-two (42) new fees comprised of the following Hospital departments: Pediatric, Radiology, Pharmacy, Operating Room and Special Services; and

WHEREAS, the GMHA Board of Trustees has reviewed the list of new fees and found the same to be in order; now, therefore be it

RESOLVED, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to continue to proceed with the adjudication process of these 42 new fee items; and, be it further

RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 34th Guam Legislature
Public Hearing on September 28, 2018

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT
1	1705311	CATHETER EXTENSION W/LL 6"	\$ 288.14	PEDIATRICS
2	1729001	TRAY DBL POLYURTH C-V CATH	\$ 745.70	PEDIATRICS
3	1729002	SET ART PRESSURE C-PMS-401-FA	\$ 268.44	PEDIATRICS
4	1729003	SET ART PRESSURE C-PMS-301-RA	\$ 237.72	PEDIATRICS
5	2100435	CATH DAWSON MUELLER 12FR 25CM	\$ 566.62	RADIOLOGY
6	2100826	STENT CVD BALN 7FR 26CM 80CM	\$ 3,380.00	RADIOLOGY
7	2100837	STENT CVD BALN 7FR 37CM 80CM	\$ 3,380.00	RADIOLOGY
8	2101038	STENT CVD BALN 8FR 38CM 80CM	\$ 3,380.00	RADIOLOGY
9	2101058	STENT CVD BALN 8FR 58CM 80CM	\$ 3,380.00	RADIOLOGY
10	2101430	GLW ANG ADV .014X1CMX300CM	\$ 390.78	RADIOLOGY
11	2101806	GLW ANG STD .018X3CMX180CM	\$ 373.02	RADIOLOGY
12	2102504	GLW ANG STD .025X3CMX150CM	\$ 286.32	RADIOLOGY
13	2109001	BALN CUTTING PERI DIA 6CM 90CM	\$ 1,592.50	RADIOLOGY
14	2109091	TUBE CONNECTTING MALE	\$ 141.59	RADIOLOGY
15	2115044	CATHETER BLN PTA 4F .018X150CM	\$ 1,067.38	RADIOLOGY
16	2118180	GLIDEWIRE GT GW .018X180CM	\$ 726.73	RADIOLOGY
17	2135060	GLW ANG STF .035X3CMX150CM	\$ 313.36	RADIOLOGY
18	2152251	CATHETER BLN PTA5-35-135-4-4.0	\$ 655.25	RADIOLOGY
19	2152280	CATHETER BLN PTA5-35-135-8-6.0	\$ 635.00	RADIOLOGY
20	2152281	CATHETER BLN PTA5-35-135-8-8.0	\$ 635.00	RADIOLOGY
21	2163050	GLW ANG STF .035X3CMX260CM	\$ 345.92	RADIOLOGY
22	4213213	LAMIVUDINE 10MG/ML DOSE OS	\$ 1.30	PHARMACY
23	4220080	GASTROGRAFIN 37% O/S 30ML	\$ 19.11	RADIOLOGY
24	7009001	CONE BX EXCISOR FISHER LGE	\$ 243.25	OPERATING ROOM
25	7020041	RETROPUBIC SYSTEM GYNECARE TVT	\$ 1,050.00	OPERATING ROOM
26	7020151	CONE BX EXCISOR FISHER MED	\$ 215.73	OPERATING ROOM
27	7020154	CONE BX EXCISOR FISHER MED EXT	\$ 215.73	OPERATING ROOM
28	7020300	CONE BX EXCISOR FISHER SML	\$ 215.73	OPERATING ROOM
29	7080001	CABLE MONOPOLAR HIGH FREQUENCY	\$ 90.87	OPERATING ROOM
30	9300035	CATHETER GUIDE CURVE JL40 6FR	\$ 294.92	SPECIAL SERVICES
31	9300040	CATHETER GUIDE CURVE JL50 6FR	\$ 294.92	SPECIAL SERVICES
32	9300315	BALLOON SPRINTER NC 3MMX15MM	\$ 672.50	SPECIAL SERVICES
33	9300318	BALLOON SPRINTER NC 3MMX18MM	\$ 672.50	SPECIAL SERVICES
34	9300326	BALLOON SPRINTER NC 3MMX26MM	\$ 672.50	SPECIAL SERVICES
35	9303215	BALLOON SPRINTER NC 3.25MMX15MM	\$ 672.50	SPECIAL SERVICES
36	9303218	BALLOON SPRINTER NC 3.25MMX18MM	\$ 672.50	SPECIAL SERVICES
37	9303226	BALLOON SPRINTER NC 3.25MMX26MM	\$ 672.50	SPECIAL SERVICES

38	9306193	CATHETER GUIDING JR4.0 6FR	\$	294.92	SPECIAL SERVICES
39	9306194	CATHETER GUIDING AR1.0 6FR	\$	294.92	SPECIAL SERVICES
40	9306195	CATHETER GUIDING MB 1 6FR	\$	294.92	SPECIAL SERVICES
41	9380001	CATHETER GUIDING AR2 6FR	\$	284.79	SPECIAL SERVICES
42	9387100	CATHETER GUIDE SBS4 7FR	\$	294.92	SPECIAL SERVICES

***** LAST ITEM *****

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.

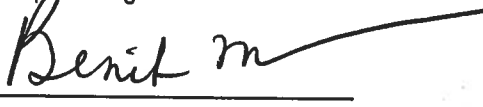


Frumer A. Patacsil
Hospital Quality Improvement Specialist

9/18/18
Date

1st Endorsement of Concurrence:

I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and in compliance with Title10 GCA Part 2 Division 4 Chapter 80 §80109



Benita A. Manglona
Chief Financial Officer

9/18/18
Date



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BOARD OF TRUSTEES Official Resolution No. 2019-05

“RELATIVE TO APPROVING REVISIONS TO THE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS”

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

WHEREAS, as a result of the review, proposed revisions to the Medical Staff Bylaws, Article V: Appointment and Reappointment, Article VII: Allied Health Professionals, and Medical Staff Rules and Regulations, Section I: General and Section IIL Medical Records; and

WHEREAS, on December 3, 2018, the Joint Conference and Professional Affairs subcommittee reviewed and recommended that the Board of Trustees approve the proposed revisions to the Medical Staff Bylaws and Rules and Regulations; 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 Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified By:

Eloy S. Lizama
Chairman, Board of Trustees

Attested By:

Melissa Waibel
Secretary, Board of Trustees

**GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE**

PROPOSED REVISIONS FORM

Item: Medical Staff Bylaws

Existing	Proposed	Rationale
<p><u>Medical Staff Bylaws</u></p> <p>ARTICLE V: APPOINTMENT AND REAPPOINTMENT 5.1 <u>APPLICATION FOR INITIAL APPOINTMENT</u> 5.1- <u>Information</u> N. Copy of Driver’s License or Passport and Passport size photo taken within the last year. O. The applicant’s signature; P. Such other information as the Board may require</p> <p>ARTICLE VII: ALLIED HEALTH PROFESSIONAL 7.2 <u>APPOINTMENT AND REAPPOINTMENT</u> 7.2-2 <u>Content of Application</u> M. Agreement to abide by those regulations imposed on the hospital by regulatory agencies and laws.</p> <p>7.1 <u>GENERAL</u> 7.1-3 <u>Prerogatives</u> Allied Health Professionals may: A. Provide specified patient care services upon direct order and</p>	<p><u>Medical Staff Bylaws</u></p> <p>ARTICLE V: APPOINTMENT AND REAPPOINTMENT 5.1 <u>APPLICATION FOR INITIAL APPOINTMENT</u> 5.1-1 <u>Information</u> N. Applicants must submit a police and court clearance. Clearances must be less than three (3) months from date of application. Off-island applicant shall obtain the police and court clearance from the last place of residence. O. Copy of Driver’s License or Passport and Passport size photo taken within the last year. P. The applicant’s signature; Q. Such other information as the Board may require.</p> <p>ARTICLE VII: ALLIED HEALTH PROFESSIONAL 7.2 <u>APPOINTMENT AND REAPPOINTMENT</u> 7.2-2 <u>Content of Application</u> M. Applicants must submit a police and court clearance. Clearances must be less than three (3) months from date of application. Off-island applicant shall obtain the police and court clearance from the last place of residence. N. Agreement to abide by those regulations imposed on the hospital by regulatory agencies and laws.</p> <p>7.1 <u>GENERAL</u> 7.1-3 <u>Prerogatives</u> Allied Health Professionals may: A. Those AHPs who by law require supervision may provide services upon direct order and under the</p>	<p>To comply with the recommendation of the Board of Trustees that all physicians, allied health professionals in GMHA comply with policy 8650-1.205 Background Screening/Criminal Charges or Convictions</p> <p>To establish consistency throughout Medical Staff Bylaws and Rules and Regulations governing Allied Health Professionals in compliance with CMS citation tag# A-353</p>

under the supervision and direction of the Guam Memorial Hospital Medical Staff.

7.5 TERM OF APPOINTMENT

7.5-2 Assignment of Sponsor

All Allied Health Professionals shall be assigned to a department and supervised by one or more sponsoring practitioners assigned to the Allied Health Professional.

Medical Staff Rules and Regulations

SECTION I: GENERAL

1.8-6 Orders by Allied Health Professional (AHP)

B. Any authorized order by an AHP must be countersigned by the responsible supervising practitioner within the time frame required by Guam law.

SECTION II: MEDICAL RECORDS

2.3 CONTENT OF THE RECORD

2.3-15 When Allied Health Professionals are involved in patient care, sufficient evidence should be documented in the medical records to substantiate the active participation in, and supervision of, the patient's care by the responsible attending physician.

supervision and direction of the Guam Memorial Hospital medical staff. AHPs who by law may practice independently may provide services within their scope of practice without additional supervision.

7.5 TERM OF APPOINTMENT

7.5-2 Assignment of Sponsor

All Allied Health Professionals shall be assigned to a department. Those AHPs who by law require supervision will be supervised by one or more sponsoring practitioners assigned to the AHP. AHPs who by law may practice independently may provide services within their scope of practice without additional supervision and thus do not require the assignment or sponsorship of another medical staff member.

Medical Staff Rules and Regulations

SECTION I: GENERAL

1.8-6 Orders by Allied Health Professional (AHP)

B. AHPs who are permitted by Guam law to practice independently are exempted from the requirement for a counter signature.

SECTION II: MEDICAL RECORDS

2.3 CONTENT OF THE RECORD

2.3-15 If an Allied Health Professional is required by Guam law to have supervision and they are involved in patient care, sufficient evidence should be documented in the medical records to substantiate the active participation in, and supervision of, the patient's care by the responsible attending physician.

Reviewed by Bylaws: 11/9/18

Approved:

Bylaws Committee: 11/9/18

Credentials Committee: 11/27/18

MEC: 11/28/18

Medical Staff 1st Reading: 11/29/18

JCPAC: 12/03/18

BOT: 12/27/18



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BOARD OF TRUSTEES Official Resolution No. 2019-06

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Aaron Johansen, MD	Emergency Room	Emergency Medicine	October 31, 2020

WHEREAS, the above listed practitioner 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 on October 24, 2018 and the Joint Conference and Professional Affairs Committee on December 3, 2018 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



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**BOARD OF TRUSTEES
Official Resolution No. 2019-07**

“RELATIVE TO THE APPOINTMENT OF FULL ALLIED HEALTH STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Adrian Medina, CNM	Ob/Gyn	Cert. Nurse Midwife	October 31, 2020

WHEREAS, the above listed practitioner met the basic requirements for Full Allied Health Professional Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article VII, Section 7.2; and

WHEREAS, the Medical Executive Committee on October 24, 2018 and the Joint Conference and Professional Affairs Committee on December 3, 2018 recommended approval of Full Allied Health Staff Membership appointment for the above listed practitioner; and

WHEREAS, all appointments to Full Allied Health Professional 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 Full Allied Health Professional 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-08

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Marlon Ramilo, MD	Medicine	Cardiology	October 31, 2020
Esther Park-Hwang, MD	OB/GYN	Obstetrics/Gynecology	October 31, 2020

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 on October 24, 2018 and the Joint Conference and Professional Affairs Committee on December 3, 2018 recommended approval of Active Associates Medical Staff Membership reappointment for the above listed practitioners; 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-09

“RELATIVE TO THE APPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Rose Todd, MD	OB/GYN	Obstetrics/Gynecology	October 31, 2020

WHEREAS, the above listed practitioner 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 on October 24, 2018 and the Joint Conference and Professional Affairs Committee on December 3, 2018 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner; and

WHEREAS, all appointments 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 practitioner to Active Medical Staff as recommended; and, be it further

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

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

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-10

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
George Bocobo, MD	Radiology	Radiology	November 30, 2020
Michael Fenton, MD	Radiology	Radiology	November 30, 2020
Edward Blounts, DO	Medicine	Internal Medicine	November 30, 2020
Felix Cabrera, MD	Medicine	Internal Medicine	November 30, 2020

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 on November 28, 2018 and the Joint Conference and Professional Affairs Committee on December 3, 2018 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner; 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-11

“RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Ketty Maurice, DO	Medicine	Family Practice	November 30, 2019

WHEREAS, the above listed practitioner 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 on November 28, 2018 and the Joint Conference and Professional Affairs Committee on December 3, 2018, 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 practitioner to Provisional Medical Staff as recommended; and, be it further

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

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

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL: 647-2444 or 647-2330
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BOARD OF TRUSTEES Official Resolution No. 2019-12

“RELATIVE TO THE APPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES FOR PETER GO, M.D. ON THE CONDITION THAT HE BE PLACED ON A FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)”

WHEREAS, Peter Go, M.D. 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 on October 24, 2018 recommended approval of Active Medical Staff Membership reappointment for Peter Go, MD: and

WHEREAS, the Joint Conference and Professional Affairs Subcommittee on December 3, 2018 recommended approval of Active Medical Staff Membership reappointment for Peter Go, M.D. with a FPPE to address concerns brought forth to the committee with respect to his compliance with meeting attendance requirements; now, therefore be it

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify Peter Go, M.D. and all Hospital Medical Departments of this reappointment; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-13

“RELATIVE TO SUPPORTING THE DEVELOPMENT & IMPLEMENTATION OF GMHA’S 5-YEAR STRATEGIC PLAN (2018-2022).”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) Board of Trustees (BOT) Governance, Bylaws, and Strategic Planning Subcommittee completed a comprehensive Environmental Assessment, which then enabled the Subcommittee to recommit itself to GMHA’s Mission, Vision, and Values, as well as keenly reviewing, refocusing and revising GMHA’s Strategic Goals, Objectives and Strategies for Success; and

WHEREAS, these painstaking efforts led to the successful development of GMHA’s 5-Year Strategic Plan (2018-2022) so that GMHA can proceed with its full implementation, which shall have profound positive present and future impacts on the safe, quality care that TEAM GMHA provides to its Hospital Patients, Skilled Nursing Residents and their Families; and

WHEREAS, this critical Strategic Plan has been reported to and approved by the GMHA BOT Governance, Bylaws, and Strategic Planning Subcommittee; and recommends approval of the same by GMHA’s Board of Trustees; now, therefore be it

RESOLVED, that the GMHA Board of Trustees has reviewed GMHA’s 5-Year Strategic Plan (2018-2022) and gives its full support and approval of the same; and, be it further

RESOLVED, the Hospital Administrator/CEO is directed to fully implement GMHA’s 5-Year Strategic Plan (2018-2022); and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 27th DAY OF DECEMBER 2018.

Certified by:

Eloy S. Lizama
Chairman, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Guam Memorial Hospital Authority

Strategic Plan (2018-2022)



850 Governor Carlos G. Camacho Road
Tamuning, Guam 96911

The Board of Trustees for
the Guam Memorial Hospital Authority
is pleased to present the

STRATEGIC PLAN
(2018-2022)

We are proud to present our plans for improving our organization and enhancing the delivery of quality health care on Guam. We commend the Medical Staff, the Executive Management Council and the Hospital staff for their commitment to providing excellent patient care. We offer our support and look forward to continued success.

Eloy S. Lizama
Board Chairperson and Treasurer

Lillian Q. Perez-Posadas
Board Vice-Chair

Melissa Waibel
Board Secretary

Sharon J. Davis
Trustee

Sonia Siliang
Trustee

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Section I: GMHA Environmental Assessment

The Guam Memorial Hospital Authority (GMHA) provides a wide array of acute care inpatient and outpatient services at its community-based Guam Memorial Hospital (GMH) facility located in Oka, Tamuning, Guam; and skilled nursing care for its residents at its Skilled Nursing Unit (SNU) located in Barrigada, Guam approximately six (6) miles Northeast of GMH. Its primary service market is the civilian population on Guam. The secondary markets are the residents of the neighboring Pacific Islands, tourists/visitors and active duty military personnel and their dependents. As the population changes, GMHA must prepare to accommodate changes in healthcare needs. GMHA’s planning efforts focus mainly on Guam's civilian population, although utilization by regional neighbors is certainly taken into consideration.

COMMUNITY SERVED

Guam’s resident population has grown steadily over the years and its growth rate is expected to continue to rise in the future. Table 1 tracks the population growth experience since 2010 and projected through 2022. However, the figures are not reflective of Guam’s Civilian Military Buildup population growth projection of approximately 5,000 marines that are expected to be relocated to Guam sometime between 2018 to 2020. Aside from the near future anticipated population spikes that may result from the Civilian Military Buildup, Guam’s resident population is projected to increase 6% by 2020. Projections of the resident population released by the Census Bureau are based on the 2010 Census and projected forward using historical trends in vital statistics, and intercensal change.

TABLE 1
Civilian Population
Projections
Guam: 2010 - 2022

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Population	159,358	159,600	159,914	160,378	161,001	161,785	162,742	163,875	165,177	166,658	168,322	170,002	171,699

Sources: Guam Bureau of Statistics and Plans (2010-2020)
Guam Memorial Hospital Authority Projection (2021-2022)

The ongoing growth in the Island's civilian population supports the need for continuous improvement of Guam's healthcare services. By examining the aging of the population, GMHA can project the types of services it may be expected to provide. Table 2 details Guam's civilian population by age from 2000 through 2010. Although the island's population is relatively young, the population projections indicate that the Community is aging.

TABLE 2
Civilian Population
by Age Groups
Guam: 2000-2010

Age Group	2010	2000	1990	1980
Under 5 years	14,289	16,785	15,097	13,002
5-9	13,984	16,090	13,078	12,632
10-14	15,046	14,281	11,777	11,338
15-19	14,407	12,379	12,121	10,993
SubTotal	57,726	59,535	52,073	47,965
20-24	12,379	11,989	14,379	11,108
25-29	10,746	12,944	13,490	10,324
30-34	10,346	12,906	11,786	9,289
35-39	11,404	12,751	10,186	6,246
40-44	11,659	10,390	8,143	5,049
SubTotal	56,534	60,980	57,984	42,016
45-49	11,072	9,042	5,471	4,189
50-54	9,203	7,506	4,808	3,983
55-59	7,715	4,993	4,059	2,914
60-64	6,361	4,534	3,527	1,927
SubTotal	34,351	26,075	17,865	13,013
65-69	3,889	3,399	2,433	1,418
70-74	3,030	2,461	1,368	809
75+	3,828	2,355	1,429	-
SubTotal	10,747	8,215	5,230	2,227
TOTAL:	159,358	154,805	133,152	105,221

Source: U.S. Census Bureau, 2010 Census Guam

The youngest segment of the population, **ages under 5 years**, shows a 15% decrease when comparing 2000 to 2010 census data. This may result in a decline for maternity services, as well as nursery and neonatal care over time. A population decrease of 13% for **ages 5 through 9 years** has similar implications. However, GMHA has experienced

an annual average of approximately 2,531 deliveries from FY2012 – FY2016. Therefore, we anticipate the provision of patient care services within the L&D, Nursery and Pediatrics Units to remain fairly steady for the foreseeable future.

Between 2000 and 2010, the populations of young and middle-aged adults, **ages 20 through 24 years** and **ages 40 through 44**, show increases of 3% and 12% respectively. However, the population for **ages 25 through 39** (both male and female) shows a significant 16% decrease when comparing ¹2000 to 2010 census data, which was probably due to the result of out-migration for employment, education and better opportunities for families with young children. Of those populations that are female, there was a 3% increase. This segment of the population represents the working-age population; and they also represent women of child-bearing age, which make up 29% of GMHA's FY2016 inpatient discharges.

In addition, GMHA is seeing more patients, from **ages 45 through 64 years**, with complications of chronic diseases of hypertension and diabetes (i.e. Myocardial Infarction, Cerebrovascular Accident or CVA, which is the medical term for Stroke). Comparing 2010 to 2000, this age group is showing a 32% population increase. Thus, it is no surprise that inpatient admissions are high for this age group, which is presenting at GMH with acute illnesses that require longer lengths of stay. This will mean longer patient days in the following Nursing Units: Intensive Care Unit/Critical Care Unit (ICU/CCU), Telemetry Unit, Progressive Care Unit (PCU), Medical Surgical Unit and Surgical Unit. The senior population, **ages 65 years and above**, is also reflecting a significant increase of 31%. As the population ages and the life expectancy increases, there will be a growing need for long-term care.

The growth in specific age groups suggests an increase in the utilization. **Seniors** will be requiring skilled nursing care at the Skilled Nursing Unit; **adults** will continue to use emergency room services as well as receiving treatment for complications of chronic diseases; and **children/young adults** will also require services in the Emergency Department (ED) in addition to the Pediatrics Unit.

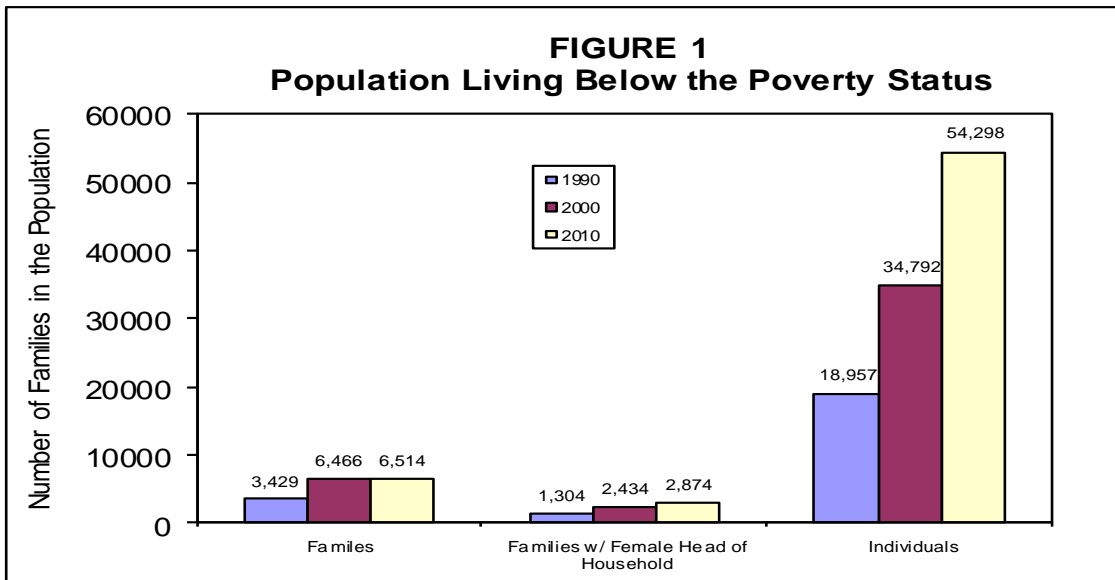
¹ Source: U.S. Census Bureau, 2000 and 2010 Census Guam

The changes in the Island's population affect the demand for hospital acute care and associated professional support services. This is evident when we compare inpatient acute care beds to the population. In the 1990s through 2003, GMHA's bed capacity was 192 acute care beds that provided 1.17 beds per 1,000 population. In FY2004, the number of beds reduced after converting the four-bed wards to semi private rooms. This brought the total bed capacity down to 158 acute care beds and the bed ratio to 1 per 1,000 population (using 2010 population projection of 159,358), unlike the U.S. national average, which is approx. 2.5 acute care beds per 1,000 population. Hawaii, in comparison, manages 2.6 beds per 1,000 population; the U.S. Pacific census division hospitals has 2.1 beds; Alaska 2.3 beds; and California manages 2.1 beds per 1,000 population.

GMHA's current acute care bed capacity, which is at 161, as well as outpatient services (e.g., ED, Urgent Care) has slightly increased to meet the current and future healthcare needs of Guam's growing population. Of course, in CY2015, the opening of the new private, for-profit hospital (namely, the Guam Regional Medical City) significantly enhanced Guam's acute care bed capacity and services as well. ²More specifically, GRMC manages a 132-bed acute care hospital (this does not include their NICU capacity of 10). A portion of their acute care services began operating in July of 2015 (40-bed acute care capacity) and their Emergency Room began operating in September of 2015. However, it is important to keep in mind that due to staffing and other issues, their acute care bed capacity fluctuated between 40 to 90 acute care beds during the timeframe from July of CY2015 through CY2016. Throughout CY2016, their average daily census was approximately 70 acute care patients per day, which equates to a 78% average occupancy rate after the average patients per day are divided by the total number of "available" acute care beds (in this case, 90 beds). It is also noteworthy that GRMC is currently working towards opening and operating its full 132-bed acute care capacity during CY2017.

² Source: Guam Regional Medical Center (GMRC)

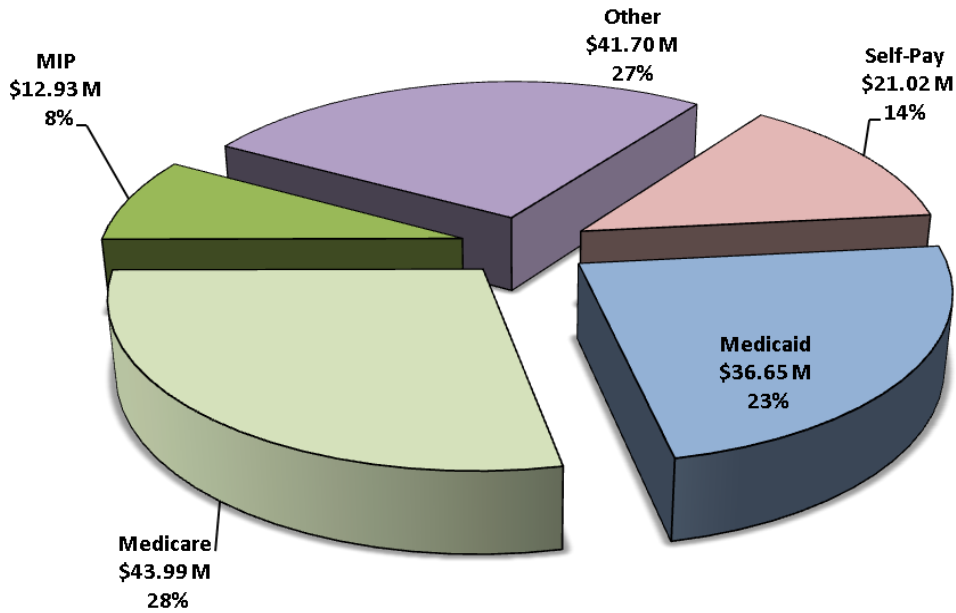
Figure 1 shows the population below the poverty level nearly doubling from 23,690 in 1990 to 43,692 in 2000, when approximately 28% of the population was living within the poverty status. The 2010 Census continued an upward trend, as that number increased to 63,686, which means that approximately 40% of the population is now living within the poverty status. Education attainment, employment opportunities, childcare and cost of living may all have contributed to the increased numbers of poor and uninsured people.



Source: Guam Bureau of Statistics and Plans and the 2010 Census.

Figure 2 illustrates an analysis of billings for FY2016 by payor. Forty-five percent (45%) of GMHA's patients either received medical assistance from the Department of Public Health and Social Services or were uninsured self-payers. Often the indigent or uninsured seek healthcare services when their condition has deteriorated to the point whereby hospitalization has become essential rather than routine or preventative.

FIGURE 2
PAYOR MIX
FISCAL YEAR 2016

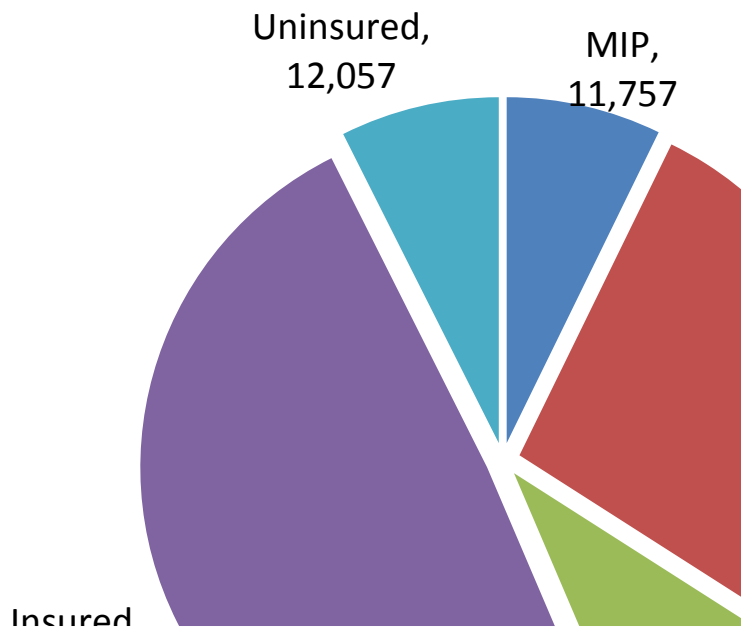


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Source: GMHA, Fiscal Services Division

In Figure 3 the Department of Public Health and Social Services (DPHSS) estimates **82,998** individuals on Guam are uninsured or underinsured. The cost of care for this population is borne by GMHA and private providers, at an expense of \$30 million per year (inpatient services only) and for GMHA, is an unfunded mandate by the Government of Guam to provide such services.

Figure 3
Insured vs. Uninsured/Underinsured Population
FY2016



Source: Department of Public Health and Social Services
 CMS/Office of Enterprise Data & Analytics May 2017

LEADING HEALTH ISSUES

When planning health care for a Community, it is also important to consider the patterns of illnesses within the Community. There are two (2) health indicators that GMHA includes in its environmental assessment: Guam’s leading causes of death and GMHA’s most common discharge diagnoses. Evaluating and understanding this information offers insight as to where GMHA will need to focus its efforts and plans for the future.

Leading Causes of Death

Guam’s Office of Vital Statistics reports that **heart disease, malignant neoplasms and cerebrovascular disease** have consistently ranked as the top three (3) leading causes of death on Guam from FY2012 through FY2016 (refer to Table 3). Although the leading causes do not necessarily represent the most common reasons for hospitalization, the

statistics do reflect the Community's health status and therefore, should be taken into consideration when planning for GMHA's services.

Table 3
Top 10 Leading Causes of Death

	<u>2012</u>	<u>R</u>	<u>2013</u>	<u>R</u>	<u>2014</u>	<u>R</u>	<u>2015</u>	<u>R</u>	<u>2016</u>	<u>R</u>
Diseases of the Heart	235	<i>1</i>	286	<i>1</i>	297	<i>1</i>	277	<i>1</i>	360	<i>1</i>
Malignant Neoplasms	167	<i>2</i>	166	<i>2</i>	175	<i>2</i>	195	<i>2</i>	170	<i>2</i>
Influenza and pneumonia			39	<i>5</i>	29	<i>7</i>			55	<i>3</i>
Cerebrovascular Disease	82	<i>3</i>	71	<i>3</i>	71	<i>3</i>	71	<i>3</i>	47	<i>4</i>
Septicemia	32	<i>6</i>	50	<i>4</i>	43	<i>5</i>	36	<i>6</i>	47	<i>5</i>
Suicide	26	<i>8</i>	26	<i>7</i>	27	<i>8</i>	35	<i>8</i>	43	<i>6</i>
Nephritis, Nephrotic Syndrome			21	<i>10</i>	10	<i>10</i>			39	<i>7</i>
Disease of the Digestive System									35	<i>8</i>
Other Accidents	24	<i>9</i>	50		47	<i>4</i>	33	<i>9</i>	34	<i>9</i>
Chronic Lower Respiratory Diseases	55	<i>4</i>	27	<i>6</i>	21	<i>9</i>	55	<i>4</i>	29	<i>10</i>
Diabetes Mellitus	40	<i>5</i>	25	<i>8</i>	40	<i>6</i>	52	<i>5</i>		
Hypertensive Disease	27	<i>7</i>					36	<i>7</i>		
Certain conditions originating in the perinatal period	24	<i>10</i>					28	<i>10</i>		
Chronic Liver Disease			25	<i>9</i>						

Source: Department of Public Health and Social Services

Inpatient Types of Treatments

In addition to the leading causes of death, GMHA analyzes its inpatients by types of treatments in no particular order, as depicted in Table 4 for FY2012 through FY2016. For FY2016, aside from childbirth, heart disease, certain infectious and parasitic diseases, influenza and malignant neoplasms ranked highest.

TABLE 4
Inpatient Types of Treatment

	FY12	<i>R</i>	FY13	<i>R</i>	FY14	<i>R</i>	FY15	<i>R</i>	FY16	<i>R</i>
Other not specified	2,939	2	2,973	2	5,340	1	6,009	1	5,539	1
Pregnancy, childbirth and the puerperium	4,230	1	4,255	1	2,742	2	2,556	2	2,401	2
Other forms of heart disease	929	3	813	3	489	4	454	4	398	3
Certain infectious and parasitic diseases	829	4	721	4	412	5	754	3	320	4
Ischemic heart disease	594	5	548	6	394	6	375	6	276	5
Influenza and pneumonia	546	6	613	5	1046	3	347	7	267	6
Malignant neoplasm (Cancer)	518	7	507	7	297	7	386	5	203	7
Cerebrovascular disease	422	8	380	8	271	8	223	8	186	8
Diabetes mellitus	358	9	332	9	172	9	148	9	182	9
Other Chronic obstructive pulmonary disease	123		88		62		67	10	68	10
Asthma	161	10	157	10	75	10	43		44	
Epilepsy	21		19		12		31		28	
Drugs, medicaments/biological substances causing adverse effects in therapeutic use	9		15		17		18		20	
Mental and Behavior Disorders	99		99		21		16		20	
Transport accidents	9		6		14		5		15	
Congenital Malformations, deformations and chromosomal abnormalities	86		100		17		16		13	
Exposure to smoke, fire and submersion	0		3		1		2		1	
Falls	47		41		46		42		0	
Assault	7		9		23		28		0	
Intentional self-harm	9		8		17		16		0	

Source: GMHA Information Technology Department

In FY2016, GMHA's leading inpatient treatments are those that present to GMH with heart diseases admitted to the adult acute care units (674); certain infectious and parasitic diseases ranked 2nd (320); with influenza and malignant neoplasms ranking 3rd (267) and 4th (203) respectively.

For those treatments related to childbirth, we believe that Sagua Managu (a private birthing center and the only other childbirth delivery system on Guam) and the recent opening of GRMC, has contributed to the decreases that resulted in lower admissions in the Obstetrics (OB) Ward from FY2012 to FY2016.

Inpatient Types of Treatments for Infants & Pediatrics

Included in GMHA's Inpatient Types of Treatments are those infants and pediatric patients served by its Maternal & Child Health Center (MCH Center), which is comprised of the Labor & Delivery (L&D), Nursery/Neonatal Intensive Care Unit (NICU), Obstetrics Ward (OB Ward) and Pediatrics/Pediatric Intensive Care Unit (PICU). More specifically, the patient population served consists of infants and young children from birth through adolescence and young adulthood up to the age of seventeen (17) inclusive of their families. Table 5 reflects the types of treatments that GMHA provided to this patient population from FY2012 - FY2016.

Although we are blessed to have such dedicated, experienced staff, it is GMHA's responsibility to provide them with progressive, state-of-the-art healthcare industry modalities and technologies that are vitally needed in order to meet our patients' complex healthcare conditions. For the past decade or so, it is known that Guam's infant mortality has been significantly higher than the national average of 6.1 per 1,000 live births. To address this disparity, Guam launched both public health and hospital-based efforts which both directly and indirectly resulted in decreased infant mortality numbers. In FY2014, Guam's infant mortality rate was 7.65 infant deaths per 1,000 live births. However, in the last two years, Guam's infant mortality rates are showing a very concerning trend reflected by the fact that by the end of FY2016, the rate rose to 12.49 infant deaths per 1,000 live births, an increase of 61% compared to the previously mentioned FY2014 number of 7.65 infant deaths per 1,000 live births.

In addition, the transfer numbers from outside healthcare facilities to our MCH Center has been fairly steady over the past decade; they have shown an increase in FY2016; and we anticipate that this trend will continue into the foreseeable future. Aligned with this trend, the PICU Census increased in the last six (6) months of FY2016. Therefore, it is no surprise that GMHA was recently recognized for being the only Guam acute care hospital with a PICU that successfully delivers the high quality U.S. Standard of Care not previously offered on Guam. For example, GMHA's PICU offers sophisticated and

advanced therapies, such as pediatric peritoneal hemodialysis and high-frequency oscillator ventilation for its critically ill pediatric patients.

TABLE 5
Infant/Pediatric Types of Treatments

	FY12	R	FY13	R	FY14	R	FY15	R	FY16	R
Other not specified	784	2	703	2	744	2	735	2	1,460	1
Pregnancy, childbirth, and the puerperium	2,642	1	2,716	1	2,664	1	2,647	1	840	2
Influenza and pneumonia	61	3	53	3	76	3	61	3	94	3
Certain infectious and parasitic diseases	18	5	6		16	5	15	4	48	4
Asthma	23	4	32	4	17	4	13	5	31	5
Congenital malformations, deformations, and chromosomal abnormalities	8		8		12		8		15	
Epilepsy	13		13	5	12		6		8	
Other forms of heart disease	6		3		4		7		6	
Diabetes mellitus	3		8		7		6		6	
Malignant neoplasm (Cancer)	1		5		4		3		5	
Drugs, medicaments/biological substances causing adverse effects in therapeutic use	0		2		6		3		3	
Cerebrovascular disease	1		0		0		1		2	
Mental and behavior disorders	3		1		0		0		1	
Falls	1		0		0		0		1	
Transport accidents	0		0		0		0		1	
Intentional self-harm	0		0		0		0		1	
Other chronic obstructive pulmonary disease	4		3		4		3		0	
Ischemic heart disease	0		0		0		1		0	
Exposure to smoke, fire and submersion	0		0		0		0		0	
Assault	0		0		0		0		0	

Source: GMHA Information Technology Department

GMHA's MCH Center has physicians and staff whom have been proudly and professionally serving the people of Guam for nearly half a century; and some of our subspecialists are offered only at GMH. This unique set of subspecialty services includes High-Risk Obstetrics/Gynecology (OB/GYN), Neonatology, Pediatric Intensive Care, Pediatric Cardiology, Pediatric Interventional Cardiology, and Pediatric Pulmonology. Not only serving the patients clinically, these highly educated and specialized GMHA medical staff, nursing staff and professional support staff (aka allied health professionals) are actively engaged in elevating the standard of health care in our

Community. The MCH subspecialists offer Continuing Medical Education (CME), Continuing Nursing Education (CNE) and Continuing Education (CE) programs for our clinicians within our Medical Services, Nursing Services and Professional Support Services Divisions, as well as offering them to external clinicians that choose to participate in our training and education programs. Many of them teach American Heart Association (AHA) Pediatrics Advanced Life Support (PALS) and Neonatal Advanced Life Support (NALS) Certification Courses offered by GMHA, which is the leading AHA Accredited Training Facility on Guam.

The World Health Organization (WHO) emphasizes training and education of the staff personnel in critical care as one of the key corner stones for decreasing that infant mortality rate. Therefore, GMHA's MCH Team is extremely dedicated and committed towards participating in life long training and education programs and sharing that gained knowledge, as well as partnering with the Guam community in all respects relative to their respective MCH disciplines. By doing so, our MCH Team strives to bring the U.S. Standard of Care to Guam, which the infants, children and their families have long awaited and richly deserve. As well, Guam's MCH Healthcare Providers (both public and private) and the Community at large shall need to continue to plan, coordinate, collaborate and implement preventative measures focused on addressing the multi-faceted risk factors previously mentioned within this Environmental Assessment.

Through this ongoing, steadfast and focused dedication and commitment, GMHA has been and continues to be an MCH Center that "provides quality patient care in a safe environment" for both "healthy" and "high risk" mothers, infants, children and their families. This experience has led to GMHA's excellent reputation for serving as Guam's MCH Transfer Center because, as previously mentioned, some of our subspecialties are offered only at GMH. Therefore, we stand continuously ready to accept infant and pediatric transfers from other healthcare facilities, whose patients require GMHA's higher level of specialized MCH Care to **ALL** that present at our hospital doors. In particular, when the infant and pediatric patients suffer life-threatening illnesses or

injuries, they are quite often transferred to GMH as quickly as possible. GMHA has the only full-time Pediatrics Intensive Care Unit (PICU) on the island with experienced PICU Nurses, Pediatricians, and a PICU Physician. GMHA's Anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) stand ready to assist within thirty (30) minutes to offer their expertise in emergency intubation, central line placement, and to attend any Surgery or OB/GYN Cases.

GMHA's Pediatric Cardiology Services are also the only such specialized services offered on Guam. Our Pediatric Cardiologists offer life-saving interventions, such as Interventional Cardiology Procedures and Comprehensive Echocardiograms, including Fetal Echo, an especially vital part of MCH pre-natal care that detects any heart abnormalities prior to birth. The services cover from neonates to young adults with congenital heart disease; and through its service partnership with the Children's Hospital of Los Angeles, GMHA has direct Cardiologist-to-Cardiologist communications when caring for our cardiac pediatric patients. As well, GMHA's Pediatrics and Orthopedic Surgeons are partnering with the Shriner's Children's Hospital, a non-profit world class orthopedic hospital. Through these partnerships, GMHA is provided specialized pediatric consults, which significantly enhances the quality of care provided to our pediatric patients.

Lastly, for all of the previously mentioned reasons, GMHA's MCH Center is considered a higher level of patient care and a trusted healthcare facility on the Island. Furthermore, it has become the hub for present and future physician and nursing training and education programs on Guam. For example, many pre-med and nursing students from the University of Guam (UOG), the Guam Community College (GCC) and the U.S. Mainland are joining GMHA's NICU, PICU and Pediatric Morning Rounds and are being mentored by our highly dedicated, knowledgeable and skillful physicians, nurses and professional support staff. GMHA therefore anticipates that this shall lead to even more excellent opportunities in the future for furthering the practice of specialized MCH Medicine, Nursing and Professional Support Care at GMH, all

focused on healthy outcomes for the patients and families that we so proudly and professionally serve.

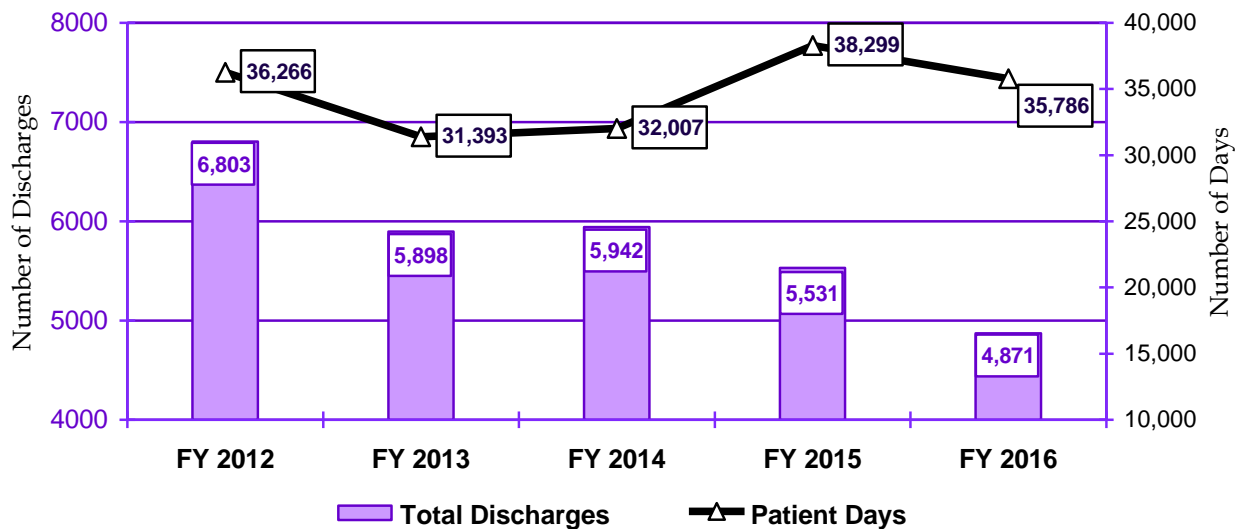
UTILIZATION

In addition to evaluating the inpatient types of treatment, GMHA must assess the volume of its hospital services. GMHA monitors the utilization of inpatient services, the number and type of Emergency Room and Urgent Care visits, the number and type of surgeries, and trends in the use of outpatient services. Data related to hospital utilization is a significant factor in GMHA’s plans for services and programs.

Inpatient Care: Discharges and Patient Days

When evaluating inpatient statistics, GMHA considers patient days and discharges for each Nursing Unit. Figure 4 depicts acute care trends in patient days and discharges.

FIGURE 4
GMHA DISCHARGES AND PATIENT DAYS
ACUTE CARE UNITS
FY 2012 - FY 2016



Note: Excludes Labor Room and Nursery (RNUR, INUR, NICU)

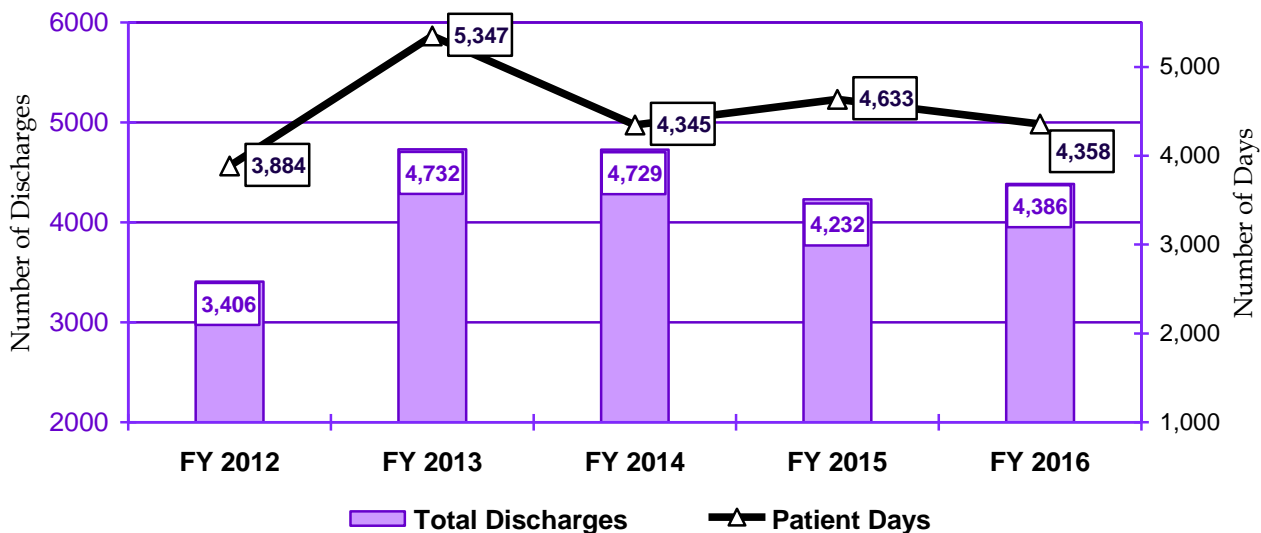
Source: GMHA Medical Records Department

The GMHA uses the number of discharges and patient days to measure inpatient utilization. From FY2012 through FY2016, the total number of discharges in the acute care units decreased by 40%. This reflects a 7.9% average annual decline. However, the total number of patient days slightly decreased by 1% from FY2012 through FY2016. This also represents an average decrease of .3% each year during the 5-year period.

Declining numbers of discharges and patient days suggest fewer admissions with shorter stays in the acute care units. Contributing factors may be alternate care services offered by GRMC and the private clinics. The opening of GRMC provides the community with the option for acute care services and more clinics available to deliver quality primary care to prevent acute illnesses requiring hospital stays. Other factors are the opening of the Department of Public Health and Social Services' satellite clinics to provide services to its clientele.

Figure 5 represents utilization within the Obstetric Unit. Since obstetric cases comprise nearly half of all GMHA's inpatient discharges at 47%, the utilization for the maternity ward is studied separately and apart from the other acute care units.

FIGURE 5
DISCHARGES AND PATIENT DAYS - OBSTETRICS
Guam Memorial Hospital:
FY 2012 - FY 2016



Source: GMHA Medical Records Department

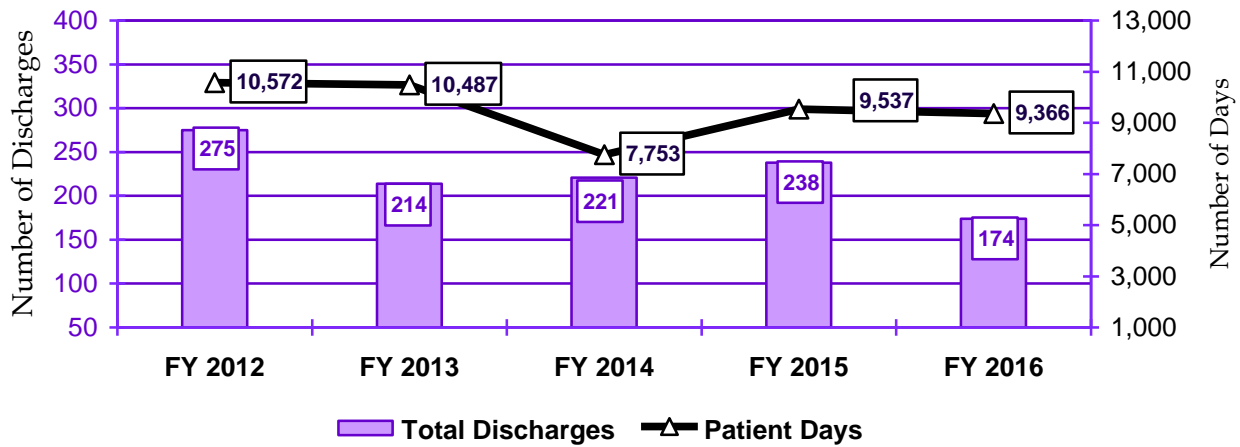
Obstetrics patient days range from a low 3,884 to 4,361 spread over the 5-year period. Overall, the Unit experienced an 11% increase in patient days and 22% increase in total discharges from FY2012 through FY2016.

The increase in patient days is reflective of longer stays for maternity patients. Obstetric patients who are low risk with prenatal care average a 2-day stay at GMH after delivery. However, we also experience a large number of high risk maternity patients that present with complications as a result of little to no prenatal care or underlying medical conditions, which average a 3-5 day stay.

Regarding the decrease in total discharges, we believe that Sagua Managu (a private birthing center) along with the option to receive services at the newly opened GRMC, has contributed to the decreases that resulted in lower admissions in the maternity ward from FY2012 to FY2016. However, it is noteworthy to point out that GMHA's Family Birth Center, which includes its L&D Unit, OB Ward and NICU/Nursery, remains the only such center of excellence prepared to provide quality, safe, specialized care to all of Guam's "high risk" mothers and infants. All other such centers (e.g., GRMC, Naval Hospital Guam, and Private Clinics/Centers) refer their "high risk" mothers to GMHA.

Figure 6 represents the Skilled Nursing Unit (SNU) and reflects that the average number of patient days dropped 12% from FY2012 through FY2016.

FIGURE 6
DISCHARGES AND PATIENT DAYS
SKILLED NURSING UNIT
FY 2012 - FY 2016



Source: GMHA Medical Records Department

The annual total discharges significantly decreased by 58% from FY2012 through FY2016. However, FY2012 appears to have been a deviation from the standard/average compared to the other years. The decrease ~~rise~~ in patient days as well, suggests that the length of stay also decreased during that period. Long-term medical conditions associated with strokes, diabetes, orthopedic injuries and other accidents are factors that contribute to the length of stays in the Skilled Nursing Unit.

Inpatient Care: Occupancy Rates

GMHA’s occupancy rate measures utilization in relation to staffed bed capacity. As seen in Table 6, utilization of the acute care units show mid to high occupancy percentages in FY2016. More specifically, the Telemetry Unit maintained an extremely high occupancy rate of 112%. Other units with high occupancy rates were Progressive Care Unit (PCU) at 99%, ICU/CCU at 61% and Medical Surgical at 94%. The other acute care units had occupancy rates as follows: Surgical at 84%, Obstetrics at 60%, PICU at 33% and Pediatrics at 39%. Telemetry’s high occupancy rate signaled to GMHA that it needed to expand its ICU/CCU to meet the demand for these specialized acute care services.

TABLE 6
OCCUPANCY RATES IN ACUTE CARE UNITS
Guam Memorial Hospital
FY 2016

Acute Care Units	Patient Days	Max Bed Capacity	Staffed Bed Capacity	Staffed Bed Occupancy Rate (Percent)
Surgical	10,171	33	33	84.44%
Medical Surgical	9,620	43	28	94.13%
Telemetry	8,180	20	20	112.05%
Progressive Care Unit(PCU)	2,168	6	6	99.00%
ICU/CCU	2,197	14	6	110.91%
Pediatrics	3,092	22	12	70.59%
PICU	358	3	1.5	65.39%
Obstetrics	4,358	20	20	59.70%
TOTAL		161	138	

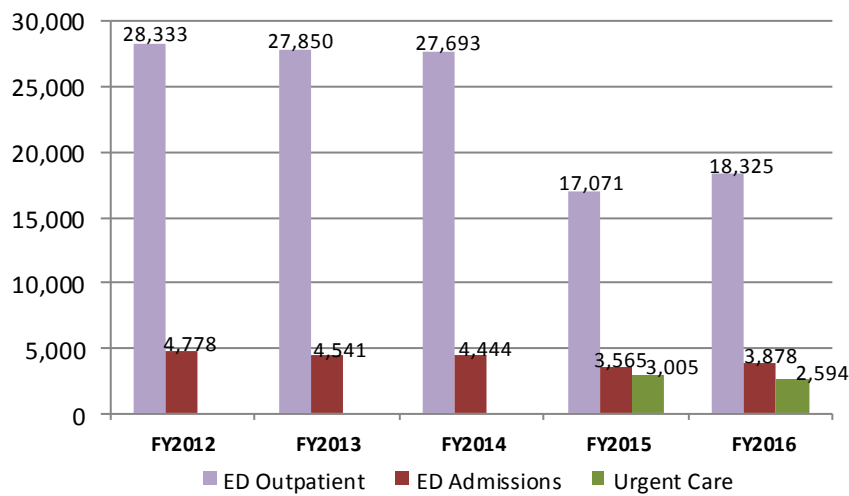
Source: Medical Records Department

Outpatient Services

There are several sources of outpatient services at GMHA: the Emergency Medicine Department, Urgent Care Clinic, Operating Room (OR), Radiology, Respiratory Care, Rehabilitative Services, Special Services, and Laboratory. For hospital planning purposes, outpatient visits and the number of procedures are evaluated in terms of service volume.

Figure 7, reflects that the number of **Emergency Department (ED)** outpatient and inpatient visits remained fairly steady during FY2012 through FY2014. However, GMHA's ED visits experienced significant decreases during FY2015 through FY2016 with the implementation of Urgent Care Services and the opening of GRMC in July of 2015 for acute care services and September of 2015 for Emergency Room Services.

FIGURE 7
EMERGENCY DEPARTMENT and URGENT CARE SERVICES
Guam Memorial Hospital:
FY 2012 - FY 2016

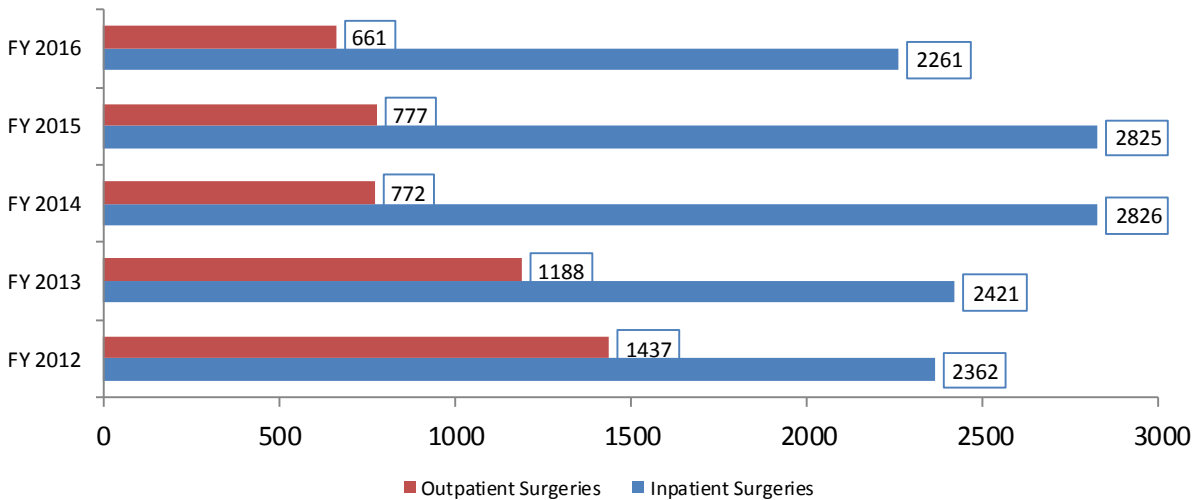


Source: GMHA Emergency Department and Urgent Care Clinic

What has also been helpful is that the Department of Public Health and Social Services' Northern Regional Health Center has extended its hours to provide services for MIP and Medicaid patients.

The Urgent Care Services provide services primarily on Sundays through Fridays from 12:00 pm to 10:00 pm, to treat injuries or illnesses requiring immediate care, but are not serious enough to require an ED visit and offers an alternative to waiting for hours in the hospital's Emergency Department, which would have otherwise inundated the ED for services that does not appear to be life-threatening.

FIGURE 8
SURGICAL SERVICES
Guam Memorial Hospital
FY 2012 - FY 2016



Source: GMHA Operating Room

Figure 8, reflects that the **Operating Room (OR)** outpatient surgeries showed a steady decline in the five (5) succeeding years through 2016. This declining trend in GMHA’s outpatient surgeries may be attributed in part to services being provided at the Guam Surgicenter, a Medicare approved ambulatory surgery center and Hafa Adai Specialists; more outpatient surgeries being performed in physicians’ offices, such as Island Surgical Center; the opening of the GRMC; and the use of off-island health care providers’ array of surgery services.

GMHA’s inpatient surgeries had upward spikes in FY2014 and FY2015 followed by a decline in FY2016 back to numbers more in line with those generated in FY12 and FY13. The initial rise in surgeries may be partly due to the number of patients requiring the increase in the provision of specialized procedures (e.g., GMHA’s Heart Project). The following decline in FY2016 in GMHA’s inpatient surgeries may be attributed to physician referrals for specialized care either to other Guam clinics (e.g., Surgicenter, etc.), the GRMC or off-island referrals.

The GMHA **Hemodialysis Unit** currently provides inpatient dialysis services only. Its former **Outpatient Unit** closed on September 30, 2011, as those services were able to be absorbed by the Private Sector Outpatient Dialysis Clinics (specifically, the chain of U.S. Renal Care Clinics). The Unit's reduction of shifts, accompanied by the availability of initially four (4) private centers providing outpatient dialysis services on Guam, led to the closure. There are still a total of four (4) U.S. Renal Care Clinics on Guam located in the following villages: Dededo, Tumon, Tamuning, and Sinajana. However, a 5th Clinic is projected to open in the near future.

The **Inpatient Unit**, located within the Medical Surgical Unit on the 3rd floor A-Wing, can accommodate a total of 9 (5 in the annex and 4 in room 322) for those acute patients who are admitted or those in the Emergency Medicine Department (EMD) waiting for a room. Additionally, if a patient is not stable and is unable to be moved to the unit, portable dialysis machines are available to address this situation. In FY2016, a total of **3,829 inpatient dialysis treatments** were administered by the **Hemodialysis Unit**.

Radiology statistics show a dramatic decrease in outpatient procedures of 57% from FY2012 through FY2014 followed by an increase of 14% from FY2015 to FY2016. Outpatient procedures were the highest in FY2012 at 2,602 procedures. The significant declines in radiology outpatients/procedures in FY2013 and FY2014 were due to the temporary lack of Interventional Radiology, MRI and Portable Ultrasound services, as well as, private clinics that were expanding their radiology programs such as the Guam Radiology Consultants imaging clinic. Discontinuation of Nuclear Medicine and Mammography procedures as well as less outpatient visits seen in the ED also contributed to the decrease in radiology outpatient procedures.

Respiratory Care's outpatient services decreased 12% from FY2012 to FY2013, however slightly increased in FY2014, but then significantly decreased 48% through FY2016. Outpatient services were the highest in FY2012 at 13,601 procedures. The following year the numbers dropped slightly to 11,929 in FY2013. Much of the decrease stems from the decline in the number of outpatients seen in the Emergency Department.

However, it is noteworthy to point out that GMHA's Respiratory Department was and continues to be the only provider performing Pulmonary Function Tests on Guam.

The **Special Services Department**, led by a group of Hospitalists and healthcare professionals (e.g., Registered Nurses, Technicians and Technologists, etc.), which provides diagnostic procedures such as Echocardiograms (Stress; Dobutamine); Electroencephalogram (EEG); Electrocardiogram (EKG); Cardiac Stress Test and Cardiac MIBI to both inpatients and outpatients. In addition to these numerous diagnostic tests, they also provide Adult Cardiology, Pediatric Interventional Cardiology, Pediatric Echo Cardiograms, and Orthopedic consultations. The department provides these services on a 24/7 operation to all inpatients. For FY2016, these different services were rendered to both inpatient and outpatients totaling **15,020 patients**.

Additionally, the **Special Services Department** maintains a comprehensive, high quality cardiac program, namely the "Heart Project," which is the only one of its kind, to date, on Guam. A combined effort with the GMHA and a team of health professionals from the Valley Heart Associates from Modesto, California (Cardiologists; Cardiothoracic Surgeons; Cardiac Anesthesiologists; Per fusionists and Cardiac Surgery ICU and Cardiothoracic Operating Room Registered Nurses) conduct the Diagnostic Cardiac Catheterizations typically four (4) times per year and Open Heart Surgeries typically two (2) times per year to the people of Guam and neighboring islands.

During FY2012 through FY2014, these "Heart Program" specialists performed a total of **150 cardiac catheterization procedures** and **1,731 Cardiology consultations**. Additionally, since the Project's inception in 2005, a total of **86 open heart surgeries** were performed without any major complications. Unfortunately, due to funding issues, as well as the unavailability of a regularly scheduled Cardiologist, the Program ceased from 2014 through 2015.

However, in November of 2015, GMHA was able to bring on board two (2) Cardiologists who rotate with one another, providing consistency of services for cardiac

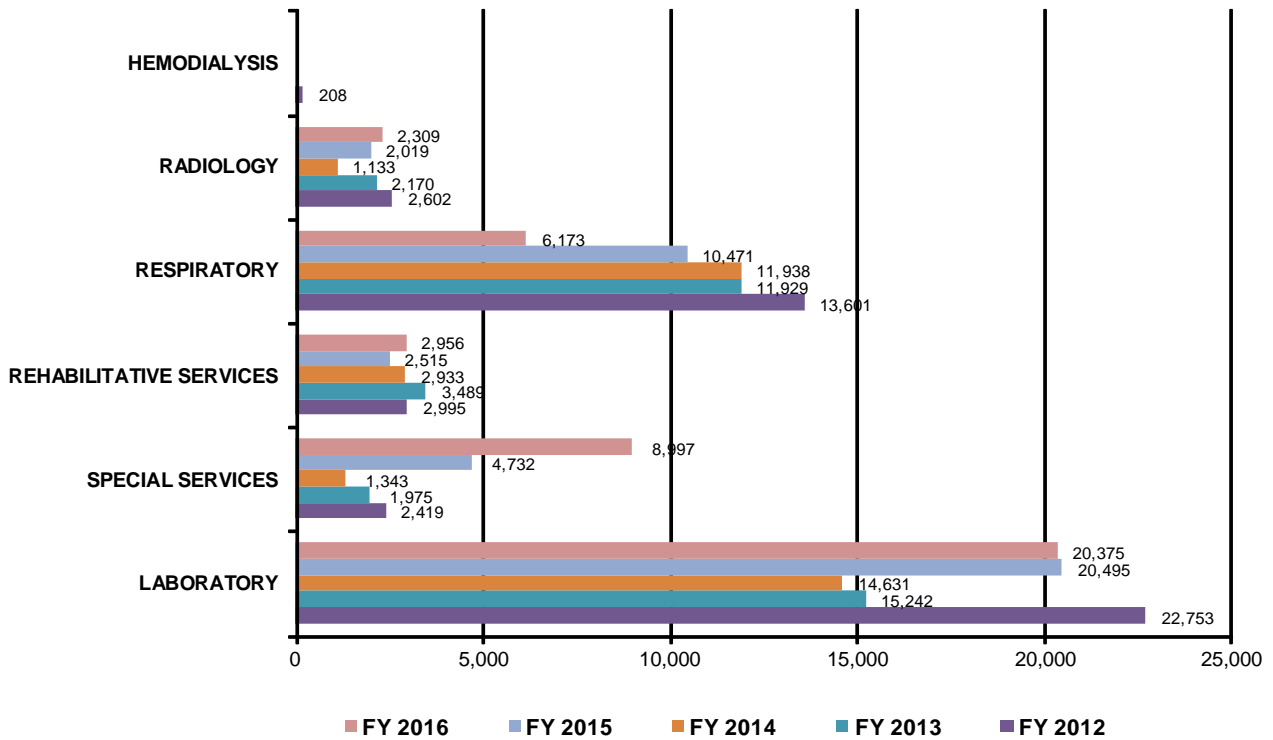
catheterization and cardiology consultations. As a direct result of the availability of these services, difficult situations are alleviated such as long distance travel; increased financial burden; lack of emotional support from family while off island; and potential death while each respective patient is waiting or planning for off island treatment. Unfortunately, open heart surgeries are not available at this time because it is a much more complicated process and additional funding is required.

Rehabilitative Services experienced a slight increase of 17% in FY2013 but went through 14% declines in both FY2014 and FY2015. The decrease can be attributed to the loss of physical therapists, services being provided by GMRC and patients that sought services with Home Health Care Services. However, in FY2016 a total of 2,956 procedures were performed, which brought about an increase of 18%.

Laboratory Services saw a significant decrease in outpatient procedures from FY2012 to FY2014 of 36% followed by significant 40% increase in FY2015 back up to similar levels previously generated in FY2012. The Laboratory maintained that FY2015 level in FY2016. Some factors which may have impacted laboratory services include limiting pre-operative and pre-admissions for Labor patients' services and the increase of outpatient test services conducted by the Guam Cancer Center for patients that were previously being sent to GMHA for services either thru the ED or inpatient Laboratory Services. Furthermore, the discontinued drug screens for GMHA employees, as well as, other GovGuam agencies contributed to the decline in outpatient services.

FIGURE 9

OUTPATIENT PROCEDURES
Guam Memorial Hospital Authority:
FY 2012 - FY 2016



Source: GMHA, Hemodialysis, Radiology, Respiratory, Rehabilitative, Special Services, and Laboratory Services

AVAILABILITY OF RESOURCES

In addition to examining the use of hospital services, GMHA must consider the resources available for delivery of services when outlining its plans for the future. The Hospital reviews the number of specialties and certifications of physicians, nurses and professional support, as well as hospital employees.

Physician Resources

Table 7, indicates that as of June 2, 2017, there were 141 members of GMHA’s medical staff. The members represent broad spectrums of clinical specialties; and notably

absent are Neurosurgeons, Oral/Maxillofacial Surgeons, Plastic Surgeons and Pulmonary Disease/Critical Care Specialists.

Of the total medical staff membership, the Hospital employs fifty (50) physicians including pathologists, anesthesiologists and EMD physicians. Board certification has been achieved by 74% of all physicians.

The growing percentage of board certified physicians attests to the quality of care provided by GMHA. These certifications suggest that the Community will receive quality and continuity in the delivery of medical care over the next several years.

Despite, the medical staff's size and diversity, there are still critical physician shortages within the Community that need to be filled, such as, orthopedics and neuro-surgery, cardiac surgery, urology and oncology. Although GMHA has previously not been responsible for recruiting physicians for the Island, there is an active effort among the administration and the medical staff to recruit qualified physicians who can address the medical needs of the Community.

GMHA is very proud of the following highly dedicated and professional staff and/or departments that comprise the Medical Services Division:

Medical Services Division

Associate/ Assistant Medical Directors

Medical Staff (employed/contracted)

Medical Staff Office

Utilization Review

Risk Management

Employee Health

Infection Control

TABLE 7
GMHA Medical Staff
 By Specialty and Board Certification
 June 2, 2017

CLINICAL SPECIALITY	BOARD CERTIFIED	OTHER	% OF BOARD CERTIFIED
Anesthesiology	3	1	75%
Cardiology	3	0	100%
Certified RN Anesthesia	5	0	100%
Certified RN Midwife	5	0	100%
Emergency Medicine	9	2	82%
Endocrinology	3	0	100%
Family Medicine/Practice	7	1	88%
General Surgery	9	5	64%
Hand Surgery	1	1	50%
Hematology/Oncology	1	0	100%
Infectious Diseases	1	1	50%
Internal Medicine	7	11	63%
Nephrology	5	0	100%
Neurosurgery	0	1	0%
Obstetrics & Gynecology	10	3	77%
Oral/Maxillofacial Surgery	0	1	0%
Orthopedics	2	1	66%
Otolaryngology	1	0	100%
Pathology	2	0	100%
Pediatric Cardiology	1	0	100%
Pediatric Intensive Care	1	0	100%
Pediatric Pulmonology	1	0	100%
Pediatrics	12	5	42%
Physician Assistants	3	0	100%
Plastic Surgery	0	1	0%
Podiatry	4	0	100%
Pulmonary Disease/Critical Care	0	1	0%
Radiology	6	1	86%
Urology	2	1	67%
TOTAL	104	37	

Source: Guam Memorial Hospital Authority, Medical Staff Department

Nursing Resources

In line with our Nursing Code of Ethics, as well standards and guidelines promulgated by *The Joint Commission (TJC)* and the *Centers for Medicare and Medicaid Services (CMS)*, the nurses at GMHA provide patient and family centered care and therefore put Patients and Families First. The core of patient and family centered care is to guarantee opportunity for information sharing, collaboration, quality care, patient safety, and empathy for the fundamental human needs during hospitalization.

It is our Responsibility to value corporate and individual integrity, do the right thing and ensure fiscal accountability. All GMHA Nurses are held to standards that are in accordance with the American Nurse Association (ANA)/Guam Nurses Association (GNA) Code of Ethics and Guam's Nurse Practice Act, as implemented and enforced by the Guam Board of Nurse Examiners (GBNE). The ANA/GNA code of Ethics provides a professional guide to nurses of all disciplines and degrees nationally. The Code of Ethics encompasses values that all nurses should practice with good intent, confidentiality, and to continue to seek new knowledge to improve one's self and practice (ANA Code of Ethics, 2008, p.xi).

The GMHA Nurses, as front line caregivers, must practice using innovation and innovative ideas and be adaptable to change; develop and implement patient care plans, policies, and procedures that are based upon evidence-based best practices and that meet or exceed gold standards set by GMHA's accrediting organizations (e.g., *TJC*, *CMS*); and although nurses are not required to obtain nursing certifications, Table 8 on the following page depicts the committed GMHA nurses that achieve greatness by voluntarily seeking higher education and obtaining specialized certifications in their respective areas of expertise.

Dignity and Respect are core guiding values that are vital to our ability to meet GMHA's mission. All GMHA employees are expected to conduct their interactions with others with the highest levels of dignity and respect. The organization values courteous and kind manners, a culture that embraces differences, compassion, empathy, collaborative culture, and accepting the ideas and opinions of others.

Relative to Nursing Standards of Care, Nursing is recognized as one of the most respected professions. The GMHA Nurses are held to a Standard of Excellence. The nurses strive to exceed personal bests and expectations while furthering diversity. Above all, the GMHA Nurse practices with benevolence and an ethically sound Standard of Practice.

There is a growing need for nurses and the changing reality of nursing is hitting the home front fast and furious. Specific to GMHA's Nursing Division, some of the most challenging, underlying causes of our nursing shortage include, but are not limited to the following:

- Hospital acuity;
- Lack of a Recruitment and Retention Incentives Program; and
- Declining enrollments and baby boom effects or when one generation grows, the other shrinks;

Nation-wide, Hospitals' patient acuity has been rapidly rising due to the declining average length of stay and to new technology that allows rapid assessment, treatment and discharge. Hospitals are increasingly becoming large intensive care units, with cardiac monitoring, respiratory assistance and intense treatment as a growing part of the average patient's plan of care. Thus, skilled and specialized nurses are in great demand.

The following Table 8 provides a snap-shot, as of June 2017, of education and certification in nursing specialty, which demonstrates a commitment to advancing the knowledge and skillsets of this area of staffing resources within the GMHA. However, Table 8 does not reveal the full extent of GMHA's Nursing Shortage. Though GMHA needs more nurses hospital-wide, our greatest challenges present in our Specialty Care Units (e.g., ICU/CCU, PICU, Emergency Department and Telemetry Unit). For example, due to GMHA's long-term shortage in our ICU/CCU (with a max capacity of 14 Beds), we have only been able to staff about 8 ICU/CCU Beds on average. This has a negative cascading effect on other units, such as the Emergency Department and the

Telemetry Unit, which then have to staff ICU/CCU level care until staffed beds become available in the CCU/ICU.

TABLE 8
GMHA Nursing Certification & Education
 June 2017

American Heart Association	TOTAL
Pediatric Advanced Life Support (PALS)	66
Basic Life Support (BLS)	421
Advanced Cardiac Life Support (ACLS)	222
Neonatal Resuscitative Program (NRP)	110
National Nursing Certifications	
Certified Acute/Critical Care Nursing (CCRN)	4
Certified Dialysis Nurse (CDN)	1
Certified Emergency Room Nurse (CEN)	19
Certified Correctional Health Provider (CCHP)	2
Certified Pediatric Nurse (CPN)	6
Progressive Care Certified Nurse (PCCN)	3
Registered Nurse Certified in Maternal Newborn Nursing (RNC-MNN)	1
Registered Nurse Certified in Maternal Child (RNC)	35
Certified Medical Surgical Nursing (RN-BC)	6
Registered Nurse Certified in Cardiovascular (RN-BC)	5
Certified MDS Registered Nurse (MDS)	3
Certified Nurse Operating Room (CNOR)	7
Certified in Other Areas	
Nursing Administration	3
Operating Room	7
Hemodialysis	1
Intensive Care Unit (ICU)	4
Emergency Department (ED)	16
Medical Surgical Ward	6
Telemetry	7
Surgical Ward	3
Pediatrics	6
Labor & Delivery (L&D)	21
Obstetrics (OB) Ward	5
Neonatal Intensive Care Unit (NICU)	11
Skilled Nursing Unit (SNU)	2
Advanced Degrees	
Masters in Nursing (MN)	2
Masters of Science in Nursing Administration (MSN/ADM)	1
Masters of Science in Education (MSN/ED)	2
Masters of Science in Nursing (MSN)	5

Source: Guam Memorial Hospital Authority, Nursing Department

Professional Support Resources

Patients, residents and their families also have access to a broad array of healthcare services provided by our allied health professionals that comprise our Professional Support Services Division. These diverse allied health professionals possess educational certifications and educational backgrounds from the following fields: Radiology, Laboratory, Respiratory, Pharmacy, Dietetic Services, Special Services, Rehabilitative Services, Social Services, and Education Department. Working together as a close knit division responding to medical referrals, they provide these services to better our patients' and residents' health and well-being. Table 9 reflects that wide array of certifications and educational backgrounds of GMHA's Professional Support Staff that are truly proud and professional in their service to the Guam community.

TABLE 9
GMHA Professional Support Certification & Education
 June 2017

American Heart Association	
Basic Life Support (BLS)	90
Advanced Cardiac Life Support (ACLS)	14
Pediatric Advanced Life Support (PALS)	16
Advanced Cardiac Life Support Instructor (ACLS-I)	1
Neonatal Resuscitation Program (NRP)	12
Certifications or Specialties	
Certified Hand Therapists	2
Certified Stroke Rehabilitation Specialists	2
Certified Wound Specialists	3
Certified Vestibular Rehabilitation Specialists	1
Certified Lymphedema Specialists	1
Cardiac Rehabilitation Specialists	1
Dysphagia	3
Registered Respiratory Therapist (RRT)	14
Registered Respiratory Therapist/ Neonatal Pediatric Specialty (RRT/NPS)	9
CPFT (Certified Pulmonary Function Therapist)	1
Certified Respiratory Therapist (CRT)	4
Certificate in Radiologic Technology	2
Certificate - U.S. Army Academy of Health Science-Radiologic Specialist	1
Certificate - Naval School of Health Science	2
American Society of Clinical Pathology (ASCP)	10
Association of Nutrition & Foodservice Professionals (ANFP)	2
Licenses	
Guam License, L-Bachelor of Social Work	4
Guam License, L-Master of Social Work	2
Licensed Professional Counselor (LPC)	1
Guam Board Of Allied Health Licensure	18
Guam Licensed Practical Nurse (LPN)	1
Board of Pharmacy Specialties (BPS) - Pharmacotherapy	2
Correctional Health Professional	1

Education	
Associate's in Occupational Therapy Assistant/Licensed	1
B.S. Occupational Therapy	3
B.S. Physical Therapy	5
B.A. Recreational Therapy	1
Bachelor of Social Work (BSW)	6
A.S. in Respiratory Care	9
B.A. Anthropology	1
B.S. Business Marketing	2
B.S. Health Care Management	1
B.S. Nursing (Philippine Graduate)	2
B.S. Respiratory	1
Associate of Occupational Science	1
Associate of Diagnostic Medical Sonography	1
Associate of Radiologic Technology	2
Bachelor of Health Science	1
Bachelor of Radiologic Technology	6
Bachelor of Science in Nursing	2
College - Diploma (Food Technology)	1
College - Certificate (undeclared)	1
Associate's in Culinary Art	1
Bachelor of Consumer & Family Science	2
Bachelor of Health Science	1
Bachelor of Nutrition & Dietetics	3
Bachelor of Business Administration	1
Bachelor of Foods & Nutrition	3
Bachelor of Foods Science & Nutrition	1
Bachelor of Foods Science & Human Nutrition	1
Bachelor of Hotel & Restaurant Management	1
Bachelor of Agriculture Education	1
Bachelor of Agriculture	1
Bachelor of Elementary Education	1
Bachelor of Holistic Nutrition w/Culinary	1
College - Diploma (Medical Assistant)	1
College - Certificate (undeclared)	1
Bachelor of Medical Lab Science	1
Bachelor of Medical Technology	21
Bachelor of Health Science	2
Bachelor of Biology	2
Bachelor of Medical Technology & Pharmacy	1
Bachelor of Nursing	2
Bachelor of Microbiology	1
Bachelor of Forensic Science	1
College - Certificate (Nurse Assistant)	1
Bachelor of Pharmacy	4
Bachelor of Chemistry	1
Bachelor of Physical Therapy	1
Bachelor of Medical Technology	1
Bachelor of Psychology	1
Advanced Degrees	
Master of Social Work (MSW)	1
Master of Social Work (MSW) & Master of Public Administration (MPA)	1
M.S. Occupational Therapy	3
M.S. Speech - Language Pathology	2
M.A. Exercise Physiology	1
Doctorate in Organization & Management Specialization	1
Doctorate in Physical Therapy	4
Master of Nutrition & Dietetics	1
Master of Pharmacy	1
PHD in Pharmacy	12

Source: GMHA, Professional Support Depts. & Human Resources Dept.

Fiscal Services & Operations/Administration

On the non-clinical side of the House, the invaluable managers and staff that comprise the Fiscal Services and Operations/ Administration Divisions keep the heart of GMHA's facilities pumping in order for the organization to be able to deliver its full array of safe, quality acute care inpatient and outpatient services. The departments that comprise those divisions are listed below:

<u>Fiscal Services Division</u>	<u>Operations/ Administration Division</u>
Chief Financial Officer	Hospital Administrator/CEO
Assistant CFO	Compliance Office
Medical Records	Planning Department
Accounting	Facilities Maintenance
Patient Registration	Materials Management
Patient Affairs	Information Technology
Payroll Services	Environmental Services
	Human Resources
	Safety & Security
	Guest Relations
	Communications
	EEO Officer

Overall Staff Composition

Understanding that a successful acute care hospital and skilled nursing unit require management of patient and resident care along with the staffing of professionals who perform these services, GMHA is also concerned with the ratio of health care providers in relation to the staffing level of the entire organization. Therefore, GMHA continues to monitor the staffing patterns of full time, clinical and non-clinical employees, in an effort to meet GMHA's staffing requirements in order to meet its mission "to provide quality patient care in a safe environment," which extends to both the Guam Memorial Hospital and GMHA's Skilled Nursing Unit.

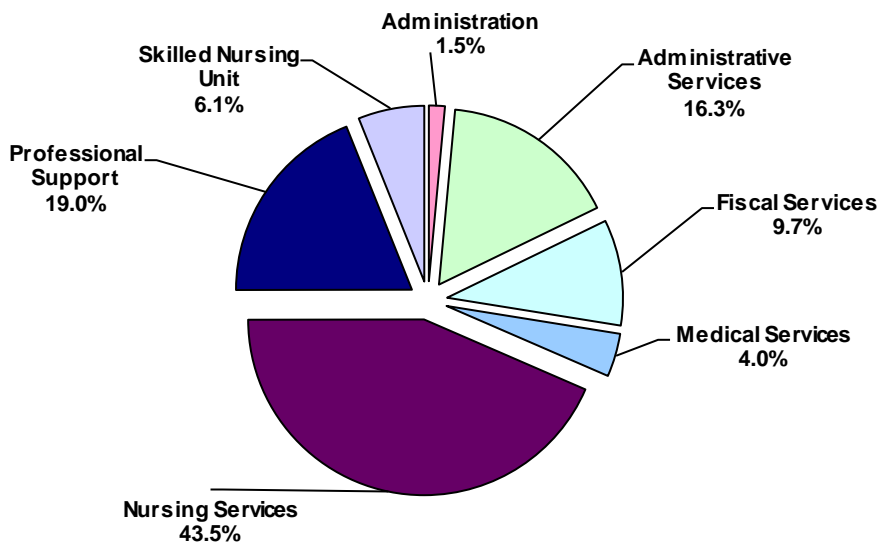
Figure 10 depicts the staffing levels for full-time employees (FTEs) by division and in relation to the GMHA’s total budget. A greater percent of full-time employees are distributed among Nursing Services (43.5%) and Professional Support Services (19%). These divisions make up 62.5% of GMHA’s total budget and are directly related to patient care services.

FIGURE 10

FULL TIME EMPLOYEES

Guam Memorial Hospital and Skilled Nursing Unit:

FY 2016



Source: Guam Memorial Hospital Authority Human Resources Department

Some ongoing challenges that GMHA faces are how to successfully recruit and retain qualified professionals. With respect to recruitment and retention, one set of key strategies is to improve recruitment efforts and expand staff development programs; expand services and capabilities to attract and support specialists and subspecialists; and provide additional avenues for healthcare professionals to work, educate, learn and/or provide services.

Section II:

Strategic Goals, Objectives & Strategies for Success

Five (5) strategic goals were determined to be most important in fulfilling GMHA's mission and vision as outlined in Section III. Those strategic goals are as follows:

1. Achieve Financial Stability

GMHA's historical financial results, cash flow and cost-saving measures have not been adequate to fund the ongoing operations and needed technological and capital improvement requirements. The costs of providing patient care are consistently greater than the ability of the federal or local governments to pay/reimburse for those patients who have insurance through government programs (e.g., Medicare, Medicaid and Medically Indigent Program) and those self-insured or uninsured patients who cannot afford to pay for hospital or medical care on Guam.

None-the-less, GMHA is mandated by law to provide care to all persons, regardless of their ability to pay; and the gap between the cost of providing care to the members of the Guam community and the government's abilities or willingness to pay for acute care, urgent care, long term care, and skilled nursing services constrains GMHA's capacity and performance.

This is a problem that continues to drain GMHA of cash, making it difficult, if not impossible, for the organization to fulfill its mission; and it is a problem that is not likely to be resolved soon. However, it is imperative that GMHA continue to forge ahead with multiple strategies/initiatives (outlined in Section IV) to achieve the financial stability that is so crucial for GMHA to fulfill its mission and vision.

2. Leadership Team Development

The GMHA Board of Trustees, Management Team and Staff are held accountable for their leadership, management, services and systems. To ensure staff responsibility and accountability, GMHA is working on improving its internal systems to ensure greater accountability and improved internal communications. It is developing and implementing new training programs for staff and management to enhance their skill sets specific to the provision and implementation of their respective services and systems.

3. Establish and Sustain Safety & Quality Culture

GMHA is committed to the Hippocratic Oath, "First, do no harm." The staff and management recognize that this commitment is not limited to ensuring just the physical

safety of patients. It also applies to the security and privacy of the families of patients and their visitors. In order to be able to meet this value, GMHA will establish a culture of Safety and Quality inclusive of all patients, families, employees, visitors, volunteers, contractors, etc.

4. Training and Education Assessment & Implementation

In order to provide excellent and safe services in its acute care and skilled nursing environments, GMHA is committed to providing its dedicated staff with the training and education programs that they will need to meet all pertinent standards, guidelines, rules, regulations, policies, procedures, etc.

5. Capital Improvement Planning & Implementation

In order to meet the needs of a rapidly growing population, as well as local/federal mandates and compliance requirements, GMHA must continue to assess and meet its needs in the areas of Facilities, Capital Improvement Projects (CIPs) and Information Technology (IT). This assessment shall include immediate, intermediate and long term planning to include various forms of hospital modernization to better serve the Guam community.

Section III: Mission, Values, Vision and Strengths, Weaknesses, Opportunities and Threats (SWOT)

Mission

To provide quality patient care in a safe environment.

Values

GMHA serves by the following core values, abbreviated as *ACES + Q*:

- i. Accountability;
- ii. Cost Efficiency;
- iii. Excellence in Service;
- iv. Safety; plus
- v. Quality.

A. Accountability

The GMHA Board of Trustees, Management Team and Staff are held accountable for their leadership, management, services and systems. Since achieving accountability at all levels requires strong internal and external communications, GMHA will improve its internal systems to meet those communications requirements. For example, the planned upgrade to integrated financial systems will allow executive and departmental leaders to develop and monitor metrics by which processes, outcomes and staff will be measured, reported, evaluated, etc. GMHA shall also develop and implement new training programs for staff and management to enhance their skill sets specific to the provision and implementation of their respective services and systems.

B. Cost Efficiency

The staff and management of GMHA are dedicated to delivering its services in the most cost efficient manner possible. Fiscal accountability and responsibility must operate on all levels including GMHA's

- i. ability to generate new revenue and maximize reimbursement;
- ii. ability to submit claims and collect for all services rendered to patients;
- iii. development of fiscal, cost and other reports for managing operations and services;
- iv. use of benchmarks from other hospitals having a similar patient mix;
- v. development of department budget reports to which managers will be held accountable; and
- vi. development of new services (e.g., medical programs) that meet the needs of the Community and which maximize the use of GMHA's campus.

C. Excellence in Service

GMHA is focused on delivering excellent services to the Guam community. Excellence in the provision of services will be measured and reported by

- i. patient and staff satisfaction surveys;
- ii. measuring performance improvement activities and outcomes against national benchmarks; and
- iii. achieving "excellent" results from certification and accreditation agencies.

D. Safety

GMHA is committed to the Hippocratic Oath, "First, do no harm." The staff and management recognize that this commitment is not limited to ensuring just the physical safety of patients. It also applies to the security and privacy of the families of patients and their visitors to the best of the hospital's capability.

E. Quality

GMHA continually strives to meet the highest quality standards that it must comply with specific to hospitals and skilled nursing facilities. In line with this quality focus, GMHA has achieved and now continues to maintain certification by the Centers for Medicare and Medicaid Services (CMS). In addition, though GMHA recently lost its hospital accreditation by *The Joint Commission* (TJC) on July 16, 2018, our GMHA A-TEAM continues to plan, review, complete and implement various multi-disciplinary A-Team Self Assessments and Action Plans to guide any future GMHA efforts to regain TJC Accreditation. This is because GMHA strongly believes that maintaining CMS certification and regaining and sustaining TJC accreditation are extremely important towards assuring the community of GMHA's commitment to quality patient care and safety. In demonstrating this commitment, GMHA actively maintains a continuum of care that supports patients and their families becoming more involved and informed regarding their own health care decisions. GMHA also recruits board-certified or board eligible physicians and other licensed providers to ensure that services meet the local and regional needs of the Guam community.

In maintaining and striving to meet and sustain these nationally recognized guidelines and standards respectively, GMHA is also a benefactor of the many opportunities for staff and management to review and improve governance, internal communications, quality standards and management systems. From these opportunities, GMHA and its staff sustain their commitment to a code of conduct based upon Trust, Respect, Integrity, and Professional Standards.

In addition, the process has reinforced the commitment to evaluation systems that increase management effectiveness and confidence that resources are effectively utilized. Finally, CMS certification and striving to meet and sustain TJC accreditation has reinforced a GMHA culture reflective of commitment to continuous improvement ... a commitment to provide verifiable assurance to the Community that the Guam Memorial Hospital Authority maintains the highest standards of patient care and safety comparable to any other accredited institution in the United States.

Vision

Based on the core values of the organization, the BOT Subcommittee on Governance, Bylaws and Strategic Planning developed the following vision statement that guides all efforts and actions moving forward:

To achieve a culture and environment of safety and quality patient care meeting national standards and addressing the needs of the Community in a fiscally responsible, autonomous hospital.

Strengths, Weaknesses, Opportunities, and Threats

The GMHA Management Team is continually analyzing the organization's internal strengths and weaknesses as well as the external opportunities and threats facing the organization (e.g., Cost Cutting Taskforce, Performance Improvement Committee, Environment of Care Committee, BOT Facilities/CIP/IT Subcommittee, etc.). The assessment of internal strengths and weaknesses identified major challenges and achievements from the perspective of those who work at GMHA. Identification of external opportunities and threats, projected changes in the economy and the community as predicted by government planners and private sector sources were reviewed and incorporated into the Strategic Plan.

Key GMHA "Strengths:"

- i. dedication and leadership of its Board of Trustees, its management team, and staff both clinical and non-clinical, as well as the strong support provided by the GMH Volunteers' Association;
- ii. constant focus on improving services and facilities - GMHA's certification by the *Centers for Medicare and Medicaid Services* (CMS) validates the excellence and quality in its medical services; and
- iii. support from the Legislature and the Governor's Office for initiatives to improve GMHA's financial stability.

Key GMHA "Weaknesses:"

- i. critical infrastructure is well beyond its useful life and currently posing a significant life safety risk to the organization to include our need to expedite the removal and replacement of our Hospital Electrical Distribution Panel (manufactured in 1974), demolish and replace our dilapidated Z-Wing, develop a new Parking Structure to remedy a severe parking shortage, and other capital improvement requirements;
- ii. existing Electronic Health Record (EHR) Technology (namely, Optimum) continuously performs sub-optimally, as it is not an efficient IT System capable of managing and processing large amounts of patient information and other key data sets; and this sub-optimal system performance in turn negatively impacts the performance of our staff and other hospital-wide systems/modules (e.g., Billing, Collections, Procurement, Performance

- Improvement, Human Resources, monitoring & documentation for clinical compliance, etc.);
- iii. modern clinical care technologies are absent in the following medical specialties: Cardiac Care, Stroke Care, Interventional Radiology and Surgical Care;
- iv. significant staff shortages in specialized medical, nursing and professional support areas;
- v. financial instability and untimely vendor payments causing continuous shortages in medical supplies and inability to replace obsolete medical equipment/systems; and
- vi. the recent loss of GMHA hospital accreditation by TJC on July 16, 2018.

At the same time, the continuing increase in population, as well as our economy, adversely impacted by cuts in federal programs, has generated an increase in the number of individuals who do not have access to health insurance, choose not to be covered by health insurance, or do not qualify for the Medicare, Medically Indigent Program (MIP) or the Medical Assistance Program (MAP) because they are unable to meet the respective program eligibility requirements. These individuals frequently do not consider medical treatment as a priority. This contributes to acute medical conditions which generate high medical expenses when the patients seek care at the Hospital in its Emergency Department or when hospitalized as an inpatient. These individuals usually cannot pay for the care they have received from GMHA.

The cash flow deficiencies caused by uncompensated care and underpayments has limited GMHA's ability to provide needed resources, updating its facilities, acquiring new technologies, and adequately compensating its staff. The operating shortfalls have also prevented GMHA from expanding its human and capital resources and have contributed to a negative public image and ongoing maintenance of a significantly deficient, organization-wide IT System.

GMHA does have several opportunities to improve the situation. The organization benefits from the strong support offered by the GMH Volunteers Association (GMHVA). The Community recognizes the need to explore private and public partnerships to accelerate the development of acute care facilities on Guam. GMHA intends to capitalize on these partnership opportunities and good will to generate more resources, better planning, and the support required to engage in any future hospital-wide efforts to regain and sustain accreditation by *The Joint Commission (TJC)* and maintain conditions of participation certification by the *Centers for Medicare and Medicaid Services (CMS)*. Additionally, the Government of Guam must identify a dedicated funding source that will address the underfunded and unfunded critical infrastructure, key resources, and services provided by GMHA.

Section IV: Strategic Goals

Goal 1: Achieve Financial Stability

In order to achieve financial stability, GMHA must address seven (7) distinct issues:

- i. generating and maximizing revenues;
- ii. continuing effort to obtain underpayment reimbursement of Medicare services through Annual Adjustment and Permanent Rebasing requests with the Centers of Medicare and Medicaid Services;
- iii. updating of fee schedules and collection of charges for services provided;
- iv. assisting uninsured patients in obtaining coverage through Medicaid or Medically Indigent;
- v. working with the Government of Guam to identify dedicated funding sources for its operational shortfalls and capital improvement requirements;
- vi. changing the “care model” from primarily “inpatient hospital-based” to “outpatient hospital-based;” and
- vii. Providing resources and ongoing training to Fiscal Services (accounting, patient affairs, patient registration, and medical records) to keep up with constantly changing rules and regulations with the health industry

GMH generates its own revenues from charges for services provided during a patient’s encounter at the Guam Memorial Hospital. Collection of that revenue creates cash flow for GMHA. However, due to its payer mix, GMHA incurs substantial underpayment and uncompensated care which has negatively contributed to GMHA’s perennial operating shortfall. The following are provided as examples:

- i. Based on the FY2017 Audit, 55% of GMHA’s patients are under Medicare, Medicaid, and Medically Indigent (commonly referred to as the “3 Ms”), which have generated under-compensation that has ranged over \$40 million for many years negatively impacting GMHA’s finances;
- ii. Self-pay and uninsured patients account for 13% of uncompensated care from this group, which averaged \$15 million for the past six (6) years, and GMHA does not have the legal or governmental means to actively pursue payment, unlike its counterparts, the utility agencies;
- iii. While GMHA utilizes collection agencies, the cash collected represents only a portion of the total charges due; and
- iv. Even if a patient does not have the ability to pay, services are provided regardless.

Objective 1: To improve cash flow by addressing the seven (7) issues noted above and improving organization-wide services and systems delivered and managed by properly led and staffed departments.

Strategies:

- 1.1 Ensure that patients and residents receive proper levels of care by the appropriately trained and licensed staff; ensure that all appropriate charges are documented in a timely and professional manner at the “point of care;” and improve IT/MIS Systems (Electronic Health Records, Revenue Cycle Management, General Financials, Materials Inventory Management, Clinical iMed, eMAR, CPOE and Pharmacy-RX, e-billing, physician professional fees inputted into billing module within 72 hours of patient discharge, etc.) to allow for this timely and professional documentation to occur.
- 1.2 Tighten, improve, and enhance management, accountability, monitoring and reporting throughout the Fiscal Services Division. Restructuring of the Fiscal Division to include an Internal Audit Unit and Charge Master Unit to improve accountability, maximization of revenues and collection.
- 1.3 Review and assess processes, define accountability, responsibility, and establish mechanisms for maximizing billing of and collections of services. Examples are reviewing and improving business practices to enhance collections and cash flow (garnishments, coding, billing to clients for denials, billing to insurance providers, billing to other GovGuam agencies such as DOC, GFD, GPD for GMHA services) and reviewing and implementing OPA Audit Findings and Recommendations timely.
- 1.4 In addition to actively pursuing TEFRA rebasing and Annual Adjustments, explore and propose alternate funding mechanisms and products (especially for self-pays and comparable insurance programs);work with the Government of Guam and Insurers to modify the Prompt Payment Act from 45 to 30 days; and collaborate with other GovGuam agencies to change MIP reimbursement to reflect the actual cost of services provided.
- 1.5 Materials Management: (1) Assess, revise and adopt a new set of procurement rules, regulations and processes that will result in lower costs while maintaining quality; and (2) Review and improve utilization of hospital resources throughout the organization (at all levels) to include: oversight/management of the procurement process; proper processing of departmental requests for supplies/equipment; maintenance of product

standardization when appropriate; and maintenance of accountability/security of supplies and equipment.

- 1.6 All Departments (Contract Management): Maintain, monitor, evaluate and replace hospital resources and services needed in the provision of excellent GMHA services in the most cost effective manner. This shall also include reviewing Hospitalist contracts and ensuring that all such staff with hours in excess of 2,080 per year are justified and properly processed for approval.
- 1.7 Conduct staffing assessment/analysis focusing on utilization of staffing resources and staffing levels (e.g., staffing types, numbers, distribution, utilization, and effectiveness). This can include departmental staff time and motion studies and development of department-specific benchmarks.
- 1.8 Explore and leverage strategic alliance opportunities (new hospital, integration of other islands).
- 1.9 Explore revenue and service enhancements/modifications (e.g., Wound Care, Out-patient Services, etc.).
- 1.10 Continue reviewing all GMHA revenue producing departments and evaluate and implement ways to maximize revenues and minimize losses. This shall include respective departments conducting cost benefit analyses of low volume services to determine viability of such services relative to the best interests of GMHA and the Guam community.

Goal 2: Leadership Team Development

Objective 2: To develop a Leadership Team capable of properly leading, managing and holding accountable the staff that comprise GMHA's divisions/departments.

Strategies:

- 2.1 Assess existing leadership capabilities and identify gaps, define GMHA leadership, membership and knowledge deficits (i.e. address leadership and accountability deficiencies at all levels).
- 2.2 Identify and fill key vacancies for new leadership team with clear accountability and performance expectations.

- 2.3 Assess, define and communicate clear accountability expectations at all levels of leadership through training and development programs; ongoing monitoring, evaluation and improvement opportunities (e.g., Medical Committees, Executive Management Council, Performance Improvement Committee, Environment of Care Committee, Divisional and Departmental Meetings & Activities, etc.).
- 2.4 Provide training and education programs specific to leadership (Six Sigma, Lean, TJC, HR disruptive behavior, etc.).
- 2.5 Establish accountability measures, monitoring and expectations for leadership relative to addressing all top priorities (ACES + Q).

Goal 3: Establish & Sustain Safety and Quality Culture

Objective 3: To effectively establish & sustain GMHA's safety and quality culture.

Strategies:

- 3.1 Assess and identify existing issues and areas that negatively impact our Safety and Quality Culture (i.e. disruptive behaviors, staff morale, vacancies, etc.); and plan to address and improve each area that negatively impacts our Safety and Quality Culture (especially for Medical Staff, eliminate disruptive and self-serving behaviors, recognize/reward those that are exemplary).
- 3.2 Improve recruitment, compensation, and retention of key critical vacancies (e.g., request GovGuam remove barriers, such as all GMHA requests needing to go to BBMR for pre-approval).
 - 3.2.1 GMHA's Medical Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key physician shortfalls (e.g., Outpatient Services, Neurosurgeons, Oral/Maxillofacial Surgeons, Plastic Surgeons and Pulmonary Disease/Critical Care Specialists, etc.).
 - Creative Recruitment may include, but not be limited to:
 - Local as well as the National Practitioner Data Base (NPDB);
 - Online Recruitment;

- Healthcare Industry-Focused and General Job Fairs;
- University of Guam (UOG) Graduates;
- Guam Community College (GCC) Graduates;
- Contingent Recruiters as well as Retained Recruiters;
- Improving hiring flexibility in highly central systems;
- Maintaining a pre-screened applicant pool;
- Realistic Job Previews;
- Word of Mouth;
- Targeted Recruitment;
- Interns; and
- Other creative recruitment strategies.

3.2.2 GMHA's Nursing Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively fill key nursing resource shortfalls in the Specialty Care Areas (e.g., ICU/CCU, Telemetry, ED).

- The Recruitment Plan will center on identifying the real recruitment needs of the Nursing Division and tying it to the overall Strategic Plan. The Nursing Division needs range and vary from the immediate to medium and long term needs.
- Recruitment of nursing professionals involves utilization of several methods to accomplish the goal to include, but not limited to:
 - Local Advertisements;
 - National Advertisements;
 - Travel Companies;
 - Collaborating with Guam's local Colleges (e.g., GCC) and Universities (e.g., UOG);
 - Healthcare Industry-Focused and General Job Fairs;
 - Foreign Recruitment; and
 - Other Government Agencies to include the Department of Labor and the Professional and International Programs.

3.2.3 GMHA's Professional Support Services Nursing Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key human resource shortfalls in various Professional Support Departments.

- 3.2.4 GMHA's Fiscal Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key human resource shortfalls in various Fiscal Services Departments.
- 3.2.5 GMHA's Operations/Administration Services Division recruitment efforts shall be aligned with this Strategic Plan to include creative recruitment, compensation and retention programs and activities in order to effectively address key human resource shortfalls in various Operations/Administration Services Departments.
- 3.3 Continue to implement ACES+Q as GMHA's core values, as we value Accountability, Cost Efficiency, Excellence in Service, Safety, plus Quality.
- 3.4 Assess and refine current dashboards and quality indicators; and develop and implement accountability measures relative to governance, leadership and management effectiveness, and patient outcomes.
- 3.5 Engage in ongoing hospital-wide efforts to maintain conditions of participation certification by the *Centers for Medicare and Medicaid Services (CMS)*; and engage in any future hospital-wide efforts to regain and sustain accreditation by *The Joint Commission* and compliance with all applicable standards and expectations (e.g., convert to CMS "Deemed Status"), as directed and guided by GMHA's Executive Leadership Team.
- 3.6 Develop mechanisms to improve communications throughout the organization starting with the Medical Staff and Executive Management/Leadership and then up and down the organizational chain to include all employees, patients, families, visitors, volunteers, contractors, etc.
- 3.7 Engage Medical Staff as champions and leaders in all initiatives.
- 3.8 Assess all unsafe practices and make necessary improvements.
- 3.9 Develop staff and physician recognition/incentive programs to reward cost savings and safety recommendations and initiatives.
- 3.10 Develop program(s) to involve the Guam community in GMHA initiatives (i.e., physicians, groups, media, etc.).

Goal 4: Training & Education

Assessment, Development and Implementation

Objective 4: To effectively assess, develop and implement GMHA's Training & Education Plan.

Strategies:

- 4.1 In alignment with Goal 2, Leadership Team Development (Strategy 2.1 on page 48), (1) assess existing Board of Trustees, Management and Staff Leadership Capabilities and identify Gaps; and (2) based upon that assessment, identify or detail opportunities for improving GMHA's BOT, Management and Staff Leadership and Management knowledge Gaps (i.e. address leadership and accountability deficiencies at all levels).
- 4.2 Develop and provide ongoing educational programs for quality and safety (i.e., disruptive behaviors, accountability, JC Accreditation, etc.).
- 4.3 Review and improve communication mechanisms throughout the organization.
- 4.4 Identify trainer(s) and establish a formal training program/schedule to provide leadership, management and quality/safety improvement training to Governance, Leadership, and Management (e.g., "Lean and Six Sigma" effectiveness principles, tools and techniques). In so doing, GMHA may benefit from partnering with local and international institutions of higher learning (e.g., UOG and their Professional and International Program).
- 4.5 Provide billing and coding training (to include the Medical Staff).

Goal 5: Capital Improvement Planning & Implementation

Objective 5: To effectively develop and implement GMHA's Capital Improvement Plan to include modernization of its Facilities and replacement of obsolete Capital Infrastructure, which includes, but is not limited to, Clinical and Non-Clinical Space Design & Construction/Renovation Projects, Utility Systems, Medical Equipment and Information Technology (IT).

Strategies:

- 5.1 Coordinate and complete all currently funded Capital Improvement Projects (CIPs) with oversight leadership provided by the GMHA BOT Facilities/CIP/IT Subcommittee; and seek out new funding sources to fund future priority capital facilities (e.g., plant and buildings) and equipment upgrades, projects, initiatives, etc.
- 5.2 Review, assess and implement immediate, intermediate and long term modernization needs relative to and in alignment with GMHA's existing plans (e.g., Hospital Expansion Feasibility Study, Business Development Plan, Strategic Plan, etc.), facilities and properties (both GMH and Skilled Nursing Facility) to include such projects as the Z-Wing Demolition & Replacement that is so critically needed in order to fully implement hospital-based outpatient services model to include both Clinical and Non-Clinical Services such as Medical, Nursing, Professional Support, Fiscal Services and Operations Divisions; Parking Structure Development; and Electrical Distribution & Generation; etc.).
- 5.3 Develop or refine GMHA's Master Plan for a new or expanded Guam Memorial Hospital, as it is critical that GMHA have a roadmap for building its future facility.
- 5.4 Review, assess and implement needed Information Technology upgrades (to include integrated hardware and software systems between both internal and external partners) to enhance services and staff productivity wherever possible.

The End.



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BOARD OF TRUSTEES Official Resolution No. 2019-14

RELATIVE TO THE DECLARATION OF OFFICERS OF THE GUAM MEMORIAL HOSPITAL AUTHORITY BOARD OF TRUSTEES

WHEREAS, at the May 16, 2019 regular meeting of the GMHA Board of Trustees open floor nominations were made for and accepted by the following individuals to serve as officers of the Guam Memorial Hospital Authority Board of Trustees.

Name	Position
Theresa Obispo	Chairperson
Melissa Waibel	Vice-chairperson
Sarah Thomas-Nededog	Secretary
Byron Evaristo	Treasurer

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees approves the election of the aforementioned to serve as officers until their successor(s) are duly elected, unless he or she resigns, is removed from office, or is otherwise disqualified from serving as an officer of this Board; and

BE IT FURTHER RESOLVED, that the Board of Trustees directs the Hospital Administrator/CEO to duly notify the hospital and medical staff of this election of officers; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified by:

Chairperson

Attested by:

Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-15

“RELATIVE TO THE APPROVAL OF THE GUAM MEMORIAL HOSPITAL AUTHORITY FISCAL YEAR 2020 BUDGET REQUEST”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) is a public corporation and autonomous instrumentality of the Government of Guam; and

WHEREAS, on March 6, 2019, the Guam Legislature’s Committee on Appropriations and Adjudication and the Office of Finance and Budget instructed the GMHA to submit its Fiscal Year (FY) 2020 Budget request by Friday, March 29, 2019; and

WHEREAS, on March 29, 2019, the GMHA was granted an extension until April 15, 2019, to allow time for the Board of Trustees to establish a quorum for the review and approval of the GMHA’s FY 2020 Budget request; and

WHEREAS, due to continued challenges in establishing a quorum, the Board of Trustees Finance & Audit Subcommittee reviewed the proposed FY 2020 Budget on April 12, 2019, and forwarded their recommendation for approval to the Governor of Guam; and

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees hereby ratifies the Finance and Audit Subcommittee’s recommendation to the Governor of Guam for approval of FY 2020 Budget request; and

BE IT FURTHER RESOLVED, that the Board of Trustees hereby acknowledges the Governor of Guam’s approval of the FY 2020 Budget request, and further ratifies the FY 2020 Budget request submitted to the Guam Legislature on April 15, 2019; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-16

RELATIVE TO AMENDING THE MINIMUM QUALIFICATION REQUIREMENTS OF THE HOSPITAL PHARMACY TECHNICIAN I POSITION

WHEREAS, on March 12, 2019, the Hospital Administrator/CEO approved the amendment of the Class Specification of the Hospital Pharmacy Technician I position at the request of the Pharmacy Manager; and

WHEREAS, the amendment of the minimum qualification requirements are necessary to fill positions in meeting the objectives of the Pharmacy Department and the provisions of the Consolidated Cooperative Agreement between the Department of Corrections and the Hospital for medical services inclusive of pharmaceutical care; and

WHEREAS, recruitment efforts reveal an insufficient number of qualified applicants meeting the current minimum qualification requirements for the position; and

WHEREAS, requirements have been met as per the Department of Administration (DOA) Policy HRD 07-0426 (2), *Amendment of Positions*; and

WHEREAS, the class specification of this position is hospital specific and there is no impact on any other agency outside the Authority; and

WHEREAS, the Human Resources Subcommittee on March 19, 2019 recommended approval to amend the class specification for the Hospital Pharmacy Technician I position.

NOW, THEREFORE, BE IT RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee's recommendation and approves the amendment to the class specification (the amendment has no effect on the compensation of the position); and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-17

“RELATIVE TO RESUMING THE TWO (2) PERCENT JOB DIFFERENTIAL PAY FOR NURSES IN THE ADULT INTENSIVE CARE UNIT (ICU)”

WHEREAS, on June 1, 2017, the Guam Memorial Hospital Authority Board of Trustees adopted Official Resolution 2017-57 (Relative to Approving a Two (2) Percent Job Differential Pay Pilot Program for Nurses in the Adult Intensive Care Unit (ICU) Needed to Attract Nurses into a Unit Highly Specialized in Caring for Critically Ill Adult Patients); and

WHEREAS, the 2% job differential pay was piloted for a period of one year after adoption; and

WHEREAS, on June 22, 2018, the Human Resources Subcommittee conducted a review of the pilot program and came to the consensus that the outcome was beneficial for the Intensive Care Unit; and

WHEREAS, on June 22, 2018, and again on February 12, 2019, the Human Resources Subcommittee recommended the Board of Trustees approval to resume the 2% job differential pay for nurses in the adult Intensive Care Unit retroactively.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees approves the Human Resources Subcommittee’s recommendation to resume a two (2) percent job pay differential for nurses in the adult Intensive Care Unit retroactively; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified by:

Chairperson

Attested by:

Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-18

“RELATIVE TO INCREASING THE JOB DIFFERENTIAL PAY FOR NURSES IN THE ADULT INTENSIVE CARE UNIT, AND INCLUSION OF NURSES CARING FOR CRITICALLY ILL ADULT PATIENTS IN ALL AREAS OF THE HOSPITAL”

WHEREAS, the Assistant Administrator of Nursing Services expressed the continued challenges with recruiting and retaining nurses in the adult Intensive/Critical Care Unit (ICU) to the Human Resources Subcommittee; and

WHEREAS, the Assistant Administrator of Nursing Services also presented the need to incentivize nurses from other adult units (i.e., Emergency Room, Telemetry/PCU, PACU, Surgical and Medical Surgical units) who provide care for adult ICU level of care patients whenever ICU beds are unavailable resulting from the limited adult ICU bed capacities due to the staffing shortage in the ICU; and

WHEREAS, recruitment and retention for ICU nurses continue to be extremely difficult due to the shortage of nurses locally and nation-wide; and

WHEREAS, adult ICU patients are distinguished from general hospital patient care units by a higher staff-to-patient ratio and access to advanced medical resources and equipment that are not routinely available elsewhere to treat common conditions found in adult ICU, including: ARDS, trauma, multiple organ failure, acute/new on-site myocardial infarction, cardiogenic shock, acute/new onset stroke, drug overdose and sepsis; and

WHEREAS, pursuant to 4GCA §6229.10, *Job Incentives*, states “Whenever possible, nursing and other healthcare professionals shall be given job incentives, including, but not limited to, educational opportunities and improved work environment; and

WHEREAS, after thorough discussions, the Human Resources Subcommittee came to the consensus that action was needed to address these matters; respectively recommending the Board of Trustees approval to increase the job pay differential from 2% to 5% (for hours worked), and inclusion of nurses from other units assigned to care for adult ICU overflow patients.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees authorizes the Guam Memorial Hospital Authority to increase the job differential pay for nurses in the ICU from two (2) to five (5) percent, effective May 26, 2019; and

BE IT FURTHER RESOLVED, that the Board of Trustees authorizes the Guam Memorial Hospital Authority to implement a 5% job differential pay for nurses in other units assigned to care for adult ICU overflow patients, effective May 26, 2019; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified by:



Chairperson

Attested by:



Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

BOARD OF TRUSTEES Official Resolution No. 2019-19

“RELATIVE TO IMPLEMENTING A SIXTEEN PERCENT (16%) INCENTIVE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) has and continues to experience challenges with recruitment and retention of nursing professionals, especially in the specialty units throughout the hospital; and

WHEREAS, the scope of nursing practice and skillsets in hospital settings are vastly different as compared to school, community health and behavioral health nursing; hospital nurses are required to be certified in Advanced Cardiac Life Support (ACLS), Neonatal Advanced Life Support (NALS), Pediatrics Advanced Life Support (PALS), Intravenous (IV) Therapy, and other various treatment modalities and bedside procedures; and

WHEREAS, data obtained through the hospital’s exit interview surveys indicate compensation as one of the top reasons why registered nurses decide to separate from the hospital; and

WHEREAS, the current compensation plan for nursing professionals is 25% lower compared to national averages in the United States mainland for similar duties and responsibilities for registered nurses and licensed practical nurses; and

WHEREAS, GMHA expends quadruple the amount to bring travel nurses to staff ER, ICU/CCU, and Interventional Radiology – more than \$1.7M has been expended for nurses since April 2018; and

WHEREAS, after thorough discussions, the Board of Trustees Human Resources Subcommittee, at its March 19, 2019 meeting, recommended the Board of Trustees approval to implement a 16% incentive for registered nurses and licensed practical nurses pursuant to 4 GCA, Ch.6, §6229.10, *Job Incentives*.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees authorizes the Guam Memorial Hospital Authority to implement a sixteen percent (16%) incentive for registered nurses and licensed practical nurses, effective May 26, 2019; and

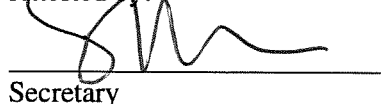
BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified by:


Chairperson

Attested by:


Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-20

RELATIVE TO THE USE OF RECRUITER FIRMS FOR PHYSICIAN, NURSING, AND ALLIED HEALTH PROFESSIONALS

WHEREAS, the Guam Memorial Hospital Authority (“the Hospital”) is a public corporation and autonomous instrumentality of the government of Guam; and

WHEREAS, in its efforts to recruit qualified staff for critically needed positions not available locally, the Hospital advertises in professional medical, nursing, and allied health print media, internet sites, and solicits professional recruiter services who specialize in the location and placement of hospital personnel; and

WHEREAS, the Board of Trustees has previously approved Resolution No. 13-45 (Relative to the Ratification of Recruiting Services and Employment Contracts) on Feb. 28, 2013, Resolution No. 14-25 (Relative to the Ratification of Recruiting Services and Employment Contracts) on February 27, 2014, and Resolution No. 15-30 (Relative to the Use of Recruiter Firms and Employment Contracts for Nursing and Allied Health Professionals) on April 30, 2015, to obtain qualified individuals to fill critically needed professional positions; and

WHEREAS, said Resolutions appear to limit the professional recruiter firms that may be utilized by the Hospital to those firms specifically named; and

WHEREAS, the use of professional recruiter firms is essential to the Hospital and in the best interest of the Territory of Guam in that they provide for the delivery of critical and necessary medical, nursing, and allied health services to the people of Guam; and

WHEREAS, on April 24, 2019, the Board of Trustees Human Resources Subcommittee recommended that the Board of Trustees expand the Hospital’s ability to utilize any recruiter firm whose current practices are acceptable within the standards of the trade and industry.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees hereby approves the use of recruiter firms, in general, for the recruitment of critically needed physicians, nursing and allied health professionals; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified by:

Chairperson

Attested by:

Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-21

“RELATIVE TO APPROVING THE IMPLEMENTATION OF A HOSPITALIST ICU TRACK PROGRAM”

WHEREAS, administering care for critically ill patients requires more complex treatments and procedures provided by medical professionals who possess advanced training and skillsets; and

WHEREAS, the Human Resources Subcommittee was presented with a proposal that provides training opportunities for members of the GMHA’s hospitalist team to improve their management of ICU-level patients; improve overall patient care; and ensures the continuity of care; and

WHEREAS, to engage physician participation into the program, a \$25 incentive for each hour worked was proposed;

WHEREAS, pursuant to 4 GCA, Ch.6, §6229.10, *Job Incentives*, states “whenever possible, nursing and other healthcare professionals shall be given job incentives, including, but not limited to, educational opportunities and improved work environment; and

WHEREAS, on March 19, 2019, the Human Resources Subcommittee recommended the Board of Trustees approval of a Hospitalist ICU Track Program.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees accepts the recommendation of the Human Resources Subcommittee and approves the implementation of a Hospitalist ICU Track Program; and

BE IT FURTHER RESOLVED, that hospitalists who participate in said program shall be incentivized at a rate of \$25 for hours worked – that is, in addition to his/her base salary; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified By:

Chairperson

Attested By:

Secretary



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES
Official Resolution No. 2019-22

**RELATIVE TO ESTABLISHING MEETINGS OF THE GUAM MEMORIAL HOSPITAL
 AUTHORITY BOARD OF TRUSTEES**

WHEREAS, the governance and control of the Guam Memorial Hospital Authority (GMHA) are vested in a Board of Trustees [Title 10 G.C.A, Section 80105(a)]; and

WHEREAS, meetings of the Board shall be held at a regular time and place as determined by the Board [Title 10 G.C.A., Section 80105.2]; and

WHEREAS, the Board of Trustees regular meetings shall be prescribed by resolution according the GMHA Board of Trustees Bylaws [Article IV, Section 1].

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees will hold regular meetings – no less than quarterly – to conduct regular business, or as often as necessary to conduct business for special matters; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified by:

Chairperson

Attested by:

Secretary



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan



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Board of Trustees
Official Resolution No. 2019-23

RELATIVE TO APPROVING FIFTY-THREE (53) NEW FEES

WHEREAS, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the Board of Trustees; and

WHEREAS, the Board of Trustees has reviewed the Public Law 26-66; and

WHEREAS, a Public Hearing was held on December 21, 2018 and oral comments and written testimony were solicited for the Fifty-Three (53) new fees comprised of the following Hospital departments: ICU, Radiology, Pharmacy, Respiratory, Operating Room and Special Services; and

WHEREAS, on April 12, 2019, the Finance and Audit Subcommittee reviewed and recommended the Board of Trustees approval of said fees.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees accepts and approves the Finance and Audit Subcommittee’s recommendation to approve said fees; and

BE IT FURTHER RESOLVED, that the Board of Trustees directs the Hospital Administrator/CEO to proceed with the adjudication process of said new fee items; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified By:

Chairman

Attested By:

Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 34th Guam Legislature
Public Hearing on December 21, 2018

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT
1	1710900	ENTERAL FEEDING VALVE	\$ 37.97	ICU
2	2318001	ISOVUE 300 16% 1ML	\$ 0.91	RADIOLOGY
3	2318002	ISOVUE 370 76% 1ML	\$ 0.91	RADIOLOGY
4	2318003	PROHANCE MULTIPACK INJ 1ML	\$ 2.36	RADIOLOGY
5	2318004	MULTIHANCE INJ 1 ML	\$ 0.91	RADIOLOGY
6	2318005	MULTIHANCE MULTIPACK INJ 1ML	\$ 1.56	RADIOLOGY
7	2318006	GADOLINIUM-BASED NOS INJ 1ML	\$ 2.58	RADIOLOGY
8	2318007	LOCM 100-199 MG/ML IODINE 1ML	\$ 2.96	RADIOLOGY
9	2318008	LOCM 200-299 MG/ML IODINE 1ML	\$ 3.06	RADIOLOGY
10	4200599	NORMAL SALINE 0.9% FLUSH 10ML	\$ 1.71	PHARMACY
11	4203231	ENALAPRIL 1MG/ML ORAL SUSP	\$ 8.91	PHARMACY
12	4208333	ONCOZENE 100UM 3ML SRN	\$ 898.22	PHARMACY
13	4213249	NIFEDIPINE 90MG ER TAB	\$ 0.92	PHARMACY
14	4223340	PULMOZYME 2.5ML INHAL SOLN	\$ 332.67	PHARMACY
15	4233256	FACTOR VII	\$ 11,628.03	PHARMACY
16	4233305	CAVILON ADV SKIN PROTECT 2.7ML	\$ 25.61	PHARMACY
17	4233335	LIDOCAINE 1% 300MG/30ML SDV	\$ 14.00	PHARMACY
18	4233379	ONCOZENE 75UM 3ML SRN	\$ 898.22	PHARMACY
19	4233395	EMBOZENE 100UM 2ML SRN	\$ 610.55	PHARMACY
20	4233396	EMBOZENE 500UM 2ML SRN	\$ 610.55	PHARMACY
21	4233397	EMBOZENE 700UM 2ML SRN	\$ 610.55	PHARMACY
22	4233398	EMBOZENE 900UM 2ML SRN	\$ 610.55	PHARMACY
23	4233440	MEDI-HONEY GEL 1.5OZ	\$ 60.64	PHARMACY
24	4278931	FONDAPARINUX 5MG/0.4ML SRN	\$ 205.36	PHARMACY
25	5329799	TUBE ENDOTRACHEAL FASTENER	\$ 60.64	RESPIRATORY CARE
26	7001343	SYSTEM HALO VEST LARGE	\$ 3,139.65	OPERATING ROOM
27	7007391	SPLINT PLASTER SPCL 4"X15"	\$ 115.33	OPERATING ROOM
28	7037665	SYSTEM HALO VEST MEDIUM	\$ 3,139.65	OPERATING ROOM
29	9300007	STENT DES 2.25MMX12MM	\$ 2,000.00	SPECIAL SERVICES
30	9300008	STENT DES 2.25MMX26MM	\$ 2,000.00	SPECIAL SERVICES
31	9301611	SHEATH BRITE TIP 6FR 11CM	\$ 157.60	SPECIAL SERVICES
32	9301711	SHEATH BRITE TIP 7FR 11CM	\$ 157.60	SPECIAL SERVICES
33	9301811	SHEATH BRITE TIP 8FR 11CM	\$ 157.60	SPECIAL SERVICES
34	9301911	SHEATH BRITE TIP 9FR 11CM	\$ 157.60	SPECIAL SERVICES
35	9302259	STENT DES 2.25MMX8MM	\$ 2,000.00	SPECIAL SERVICES
36	9302453	GUIDEWIRE DIAG .038 260CM	\$ 121.96	SPECIAL SERVICES
37	9302454	GUIDEWIRE DIAG .032 260CM	\$ 121.96	SPECIAL SERVICES
38	9302526	GUIDEWIRE DIAG .032 150CM	\$ 121.96	SPECIAL SERVICES

39	9302752	STENT COR DES 2.75MMX12MM	\$ 2,570.00	SPECIAL SERVICES
40	9302754	STENT COR DES 2.75MMX14MM	\$ 2,570.00	SPECIAL SERVICES
41	9302758	STENT DES 2.75MMX18MM	\$ 2,000.00	SPECIAL SERVICES
42	9304606	SHEATH AVANTI 6FSTD	\$ 127.43	SPECIAL SERVICES
43	9304607	SHEATH AVANTI 7FSTD	\$ 127.43	SPECIAL SERVICES
44	9304608	SHEATH AVANTI 8FSTD	\$ 127.43	SPECIAL SERVICES
45	9304609	SHEATH AVANTI 9FSTD	\$ 127.43	SPECIAL SERVICES
46	9310124	GUIDEWIRE INTERV .014X180CM	\$ 400.71	SPECIAL SERVICES
47	9310126	CATHETER GUIDE JL 3.5 6FR	\$ 471.82	SPECIAL SERVICES
48	9310127	CATHETER GUIDE JL 3.5 5FR	\$ 471.82	SPECIAL SERVICES
49	9310128	CATHETER GUIDE HS .070 6FR	\$ 471.82	SPECIAL SERVICES
50	9310129	CATHETER GUIDE EBU 3.5	\$ 471.82	SPECIAL SERVICES
51	9320000	STENT DES 2.25MMX18MM	\$ 2,000.00	SPECIAL SERVICES
52	9325238	GUIDEWIRE DIAG .038 150CM	\$ 121.96	SPECIAL SERVICES
53	9334670	CATHETER RCB F6INF TL 100CM	\$ 150.90	SPECIAL SERVICES

***** LAST ITEM *****

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.

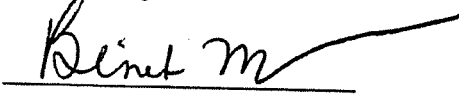


Frumen A. Patacsil
Hospital Quality Improvement Specialist

12/10/18
Date

1st Endorsement of Concurrence:

I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and in compliance with Title 10 GCA Part 2 Division 4 Chapter 80 §80109



Benita A. Manglona
Chief Financial Officer

12/10/18
Date



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan



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Board of Trustees
Official Resolution No. 2019-24

**RELATIVE TO APPROVING FIFTY-TWO (52) NEW FEES AND UPDATING
 EIGHT THOUSAND EIGHT HUNDRED AND FORTY-FOUR (8,844) PROFESSIONAL FEES**

WHEREAS, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the GMHA Board of Trustees; and

WHEREAS, the GMHA Board of Trustees has reviewed the Public Law 26-66; and

WHEREAS, a Public Hearing was held on February 27, 2019 and oral comments and written testimony were solicited regarding the Fifty-Two (52) new fees comprised of the following Hospital departments: Radiology, Pharmacy, Operating Room and Special Services; and

WHEREAS, the Public Hearing held was also for updating Eight Thousand Eight Hundred and Forty-Four (8,844) Professional Fees; and

WHEREAS, on April 12, 2019, the Finance and Audit Subcommittee reviewed and recommended the Board of Trustees approval of said fees.

NOW, THEREFORE, BE IT RESOLVED, that the GMHA Board of Trustees accepts and approves the Finance and Audit Subcommittee’s recommendation to approve said fees; and

BE IT FURTHER RESOLVED, that Board of Trustees directs the Hospital Administrator/CEO to proceed with the adjudication process of said fees items; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 16th DAY OF MAY 2019.

Certified By:

Chairman

Attested By:

Secretary

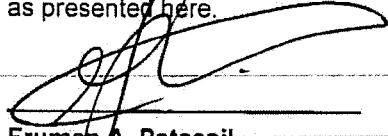
GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 35th Guam Legislature
Public Hearing on February 27, 2019

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT
1	2032562	LYSE VIA CHEST TUBE/CATH SUBQ	\$ 620.01	RADIOLOGY
2	2050390	ASPIRATE/INJ RENAL CYST/PELVIS	\$ 579.34	RADIOLOGY
3	2100015	ARGON CLEANER 15MM 65CM 7FR	\$ 1,680.40	RADIOLOGY
4	2100972	DILATOR .035 20CM 5FR	\$ 136.56	RADIOLOGY
5	2101411	CATH INTRO BRITE TIP 11CM 4FR	\$ 157.60	RADIOLOGY
6	2101615	TUBE FEEDING MIC*GJ 15CM 16FR	\$ 821.00	RADIOLOGY
7	2102010	BALLOON SABER PTA4-18-150-2-10	\$ 835.80	RADIOLOGY
8	2102333	CATH BALLOON PTA5-35-80-4-8-0	\$ 232.88	RADIOLOGY
9	2102346	BALLOON PTA PTA5-35-80-6-6	\$ 655.25	RADIOLOGY
10	2102347	BALLOON PTA PTA5-35-80-6-8	\$ 655.25	RADIOLOGY
11	2103010	BALLOON SABER PTA4-18-150-3-10	\$ 835.80	RADIOLOGY
12	2103508	GLIDEWIRE HYDRO .035 180CM	\$ 275.57	RADIOLOGY
13	2103857	STENT VASC 6-35-80-8-60	\$ 1,500.50	RADIOLOGY
14	2104010	BALLOON SABER PTA3.9-18-150-4-10	\$ 835.80	RADIOLOGY
15	2106339	SET DRAIN THAL .038 41CM 16FR	\$ 711.21	RADIOLOGY
16	2106343	SET DRAIN THAL .038 41CM 18FR	\$ 711.21	RADIOLOGY
17	2106345	SET DRAIN THAL .038 41CM 20FR	\$ 711.21	RADIOLOGY
18	2110860	TRAPEZOID RX BSK 1.5 CHNL 3.2	\$ 925.03	RADIOLOGY
19	2110870	TRAPEZOID RX BSK 2.0 CHNL 3.2	\$ 925.03	RADIOLOGY
20	2110880	TRAPEZOID RX BSK 2.5 CHNL 3.2	\$ 925.03	RADIOLOGY
21	2110958	CATH DRN CURVE 8.25CM 5FR	\$ 110.12	RADIOLOGY
22	2123503	CATH BERESTEIN .035 40CM 5FR	\$ 50.75	RADIOLOGY
23	2130791	WIRE GUIDE MICRO CTO 12	\$ 720.28	RADIOLOGY
24	2130935	BALN PTA .018 2MMX80MMX150CM	\$ 800.00	RADIOLOGY
25	2132440	CATHETER COBRA C1 65CM 4FR	\$ 129.03	RADIOLOGY
26	2132462	CATHETER RDC A2(1) 65CM 4FR	\$ 129.03	RADIOLOGY
27	2136213	CATHETER PIG FL .035 100CM 5FR	\$ 79.88	RADIOLOGY
28	2137666	TRAPEZOID RX BSK 3.0 CHNL 3.2	\$ 925.03	RADIOLOGY
29	2151418	CATHETER VIS UNISEL I 80CM 4FR	\$ 129.03	RADIOLOGY
30	2151515	CATHETER BRNSTEIN II 100CM 4FR	\$ 129.03	RADIOLOGY
31	2160267	FILTER ELITE 33MM 70CM	\$ 1,587.50	RADIOLOGY
32	2319001	TECHNETIUM TC 99M MEBROFENIN	\$ 94.59	RADIOLOGY
33	2319002	TECHNETIUM TC 99M PENTETATE	\$ 3,136.32	RADIOLOGY
34	2319003	TC 99M MACRO (MAA)	\$ 51.30	RADIOLOGY
35	2319004	TECHNETIUM TC 99M LABELED RBC	\$ 159.72	RADIOLOGY
36	2319005	TECHNETIUM TC 99M FANOSELOMAB	\$ 2,159.80	RADIOLOGY
37	4200586	MAGNESIUM SO41GM/D5W 100ML PX	\$ 28.36	PHARMACY
38	4204385	DEXTROSE 50% 50ML IV SYRINGE	\$ 30.05	PHARMACY
39	4220012	BIARIUM SULFATE SUSP 58% 1900ML	\$ 168.64	PHARMACY

40	4223484	BUTORPHANOL 1MG/ML INJ	\$	16.07	PHARMACY
41	4231110	FLUORESCHEIN SOD OPHTH STRIP	\$	3.83	PHARMACY
42	4233050	LIDOCAINE W/PRILOCAINE 5GM CRM	\$	6.62	PHARMACY
43	4233288	RIVAROXABAN 2.5MG TAB	\$	24.74	PHARMACY
44	4233289	RIVAROXABAN 10MG TAB	\$	26.54	PHARMACY
45	4233390	BARIUM SULFATE SUSP 450ML	\$	31.51	PHARMACY
46	4240006	DELFLX 1.5% 5000ML	\$	74.84	PHARMACY
47	7031310	LIGATOR ENDO 9.5-11.5MM 122CM	\$	713.79	OPERATING ROOM
48	7034589	PACEMAKER AZURE W1DR01 XT DR	\$	9,010.00	OPERATING ROOM
49	9305046	INTRODUCER SHEATH AVANTI 6FR	\$	219.72	SPECIAL SERVICES
50	9307114	GUIDEWIRE STEER .014 180CM	\$	594.73	SPECIAL SERVICES
51	9312580	STENT GRAFTMASTER 2.87MMX16MM	\$	3,360.50	SPECIAL SERVICES
52	9325581	STENT GRAFTMASTER 2.87MMX16MM	\$	3,360.50	SPECIAL SERVICES

***** LAST ITEM *****

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.

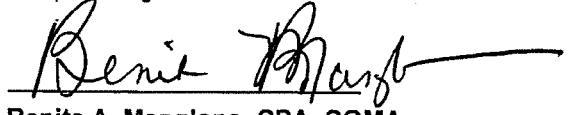


Frumen A. Patacsil
Hospital Quality Improvement Specialist

2/18/19
Date

1st Endorsement of Concurrence:

I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and in compliance with Title 10 GCA Part 2 Division 4 Chapter 80 §80109



Benita A. Manglona, CPA, CGMA
Chief Financial Officer

2/18/19
Date



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan

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**BOARD OF TRUSTEES
Official Resolution No. 2019-25**

RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
M.K. Mallikarjunappa, MD	Radiology	Radiology	May 31, 2020
Jeffrey Shay, MD	Radiology	Radiology	May 31, 2020
Roberto Martinez, MD	Radiology	Radiology	May 31, 2020
Ashish Khandewal, MD	Radiology	Radiology	May 31, 2020
Maida Ribati, MD	Radiology	Radiology	May 31, 2020
Peachy Piana, MD	Radiology	Radiology	May 31, 2020

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 on May 29, 2019 and the Joint Conference and Professional Affairs Committee on June 19, 2019 recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioners; 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 reappoint 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 reappointments; and

BE IT FURTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-26

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES FOR BEN NUMPANG, M.D.”

WHEREAS, Ben Numpang, M.D. 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 on May 29, 2019 recommended approval of Active Medical Staff Membership reappointment for Ben Numpang, M.D.; and

WHEREAS, the Joint Conference and Professional Affairs Subcommittee on June 19, 2019 recommended approval of Active Medical Staff Membership reappointment for Ben Numpang, M.D. for a period of three months with a FPPE to address concerns brought forth to the committee;

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 directs the Hospital Administrator to duly notify Ben Numpang, M.D. and all Medical Departments of this reappointment; and

BE IT FUTTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTESS Official Resolution No. 2019-27

“RELATIVE TO THE REVOCATION OF ALLIED HEALTH PROFESSIONAL PRIVILEGES FOR BRADLEY D. PATRICK, CRNA”

WHEREAS, the Medical Executive Committee (MEC) summarily suspended Bradley D. Patrick’s allied health professional clinical privileges on January 23, 2019, and recommended that his privileges be revoked; and

WHEREAS, per the Medical Staff Bylaws, Mr. Patrick requested Fair Hearing which took place on March 14, 2019; and

WHEREAS, the Fair Hearing Committee determined that Mr. Patrick knowingly omitted and failed to disclose information related to the revocation of his privileges at Colusa Regional Medical Center in September of 2014, and the action filed against him before the California Board of Registered Nursing on May 19, 2017, on his Initial Application for Allied Health Professional Privileges at the GMHA in 2015, and on his Reappointment Applications for Allied Health Professional Privileges in 2016 and 2017; and

WHEREAS, Special Notice of the Fair Hearing Committee Recommendation was sent to Mr. Patrick on March 20, 2019, and he acknowledged receipt on March 21, 2019.

WHEREAS, the time allowed for Mr. Patrick to file an appeal (within 15 days of receipt) has since passed; and

WHEREAS, the Board of Trustee’s Joint Conference and Professional Affairs Subcommittee on April 23, 2019 approved revocation of Medical Staff Membership for Bradley D. Patrick, CRNA based on the recommendation of the MEC;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify Bradley D. Patrick, CRNA, and all Hospital Medical Departments of this revocation; and

BE IT FURTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES
Official Resolution No. 2019-28

RELATIVE TO AMENDING THE CLASS SPECIFICATIONS FOR THE HOSPITAL LABORATORY TECHNOLOGIST I, II, AND III; THE LABORATORY SERVICES ASSISTANT ADMINISTRATOR AND THE ADMINISTRATOR, HOSPITAL LABORATORY SERVICES POSITIONS

WHEREAS, the Hospital Administrator/CEO approved the amendment of the Class Specifications of the Hospital Laboratory Technologist I, II, and III; the Laboratory Services Assistant Administrator and the Administrator, Hospital Laboratory Services; and

WHEREAS, the American Society of Clinical Pathology (ASCP) Board of Certification (BOC) has announced that effective October 14, 2014 all American Society of Clinical Pathology International (ASCPi) applicants will take the same examination as U.S. applicants; and

WHEREAS, the transition to utilize the same examination database for both ASCP and ASCPi demonstrates the essential equivalence of the ASCP and ASCPi certification credentials; and

WHEREAS, the amended Class Specifications will now be more specific as to the equivalency clause under the "Necessary Special Qualification" requirement of the abovementioned positions; and

WHEREAS, an additional amendment to the abovementioned positions is necessary due to the merging of the American Society for Clinical Pathology Board of Registry (BOR) with the National Credentialing for Laboratory Personnel (NCA) as one single agency, the American Society for Clinical Pathology Board of Certification (BOC); and

WHEREAS, the provisions of DOA Policy HRD 07-0426(2), Amendment of Positions on Transparency and Disclosure have been met; and

WHEREAS, the Human Resources Subcommittee Committee on May 23, 2019 recommended approval of the amendments of the class specification for the Hospital Laboratory Technologist I, II, and III; the Laboratory Services Assistant Administrator and the Administrator, Hospital Laboratory Services;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees accepts the recommendation of the Human Resources Subcommittee and approves to amend the class specifications. The amendments have no effect on the compensation of the positions; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-29

RELATIVE TO EXTENDING 15% CERTIFICATION PAY DIFFERENTIAL TO RADIOLOGIC TECHNOLOGISTS WITH NATIONAL CERTIFICATION

WHEREAS, Title 4 G.C.A, Section 6229.6, provides a minimum certification pay differential for all nurses and other healthcare professionals, who have a national or Guam board certification, calculated at the rate of their regular wage plus fifteen percent (15%); 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, Title 10 G.C.A. Section 12101(b) defines the healing arts as “the art of prevention, detecting or attempting to detect the presence of any disease; of determining or attempting to determine the nature and state of any disease, if present; or preventing, relieving, correcting or curing of or attempting to prevent, relieve, correct or cure any disease; of safeguarding or attempting to safeguard the life of any woman or infant through pregnancy and parturition; and of doing or attempting to do any of the acts enumerated in this Subsection. The healing arts include, but are not limited to, optometry, nursing, chiropractic, dentistry, medicine and surgery, physician assistants, podiatry, psychology, osteopathic, pharmacy, physical therapy, acupuncture, speech language pathology, audiology, respiratory therapy, nutritionist/ clinical dietician, cosmetology and veterinary medicine”; and

WHEREAS, under Guam law, the definition of healing arts does not specifically include allied health positions related to radiology sciences; a field that uses ionizing radiation, sound waves, and magnetic fields to produce medical images for diagnostic purposes; and

WHEREAS, the GMHA Board of Trustees (the “Board”) recognizes the value of radiologic technologists in assisting physicians who interpret medical images to diagnose diseases and injuries, and that such positions are difficult to fill and retain; and

WHEREAS, the Board also recognizes that certain specialized radiologic technologists (such as angiography technologists, bone density technologists, CT technologists, mammography technologists, MRI technologists, and sonographers) may perform diagnostic imaging

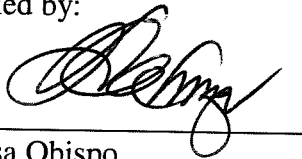
examinations which would fit the definition of practicing the healing arts in Guam as “detecting or attempting to detect the presence of any disease;”

NOW, THEREFORE, BE IT RESOLVED, the Board has determined it to be in the best interests of the GMHA to extend the 15% certification pay differential provided by Title 4 G.C.A, Section 6229.6 to radiologic technologists with national certification who are employed at the GMHA; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

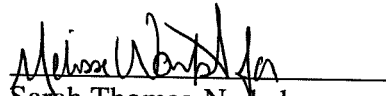
DULY AND REGULARY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:



Theresa Obispo
Chairperson

Attested by:


Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan

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BOARD OF TRUSTEES
Official Resolution No. ~~2019-24~~ 2019-30

RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Jared Carlson, MD.	Surgery	Gen./Hand Surgery	May 31, 2021
Mariana Cook-Huyuh, MD.	Ob/Gyn	Family Medicine	May 31, 2021

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 on May 29, 2019 and the Joint Conference and Professional Affairs Committee on June 19, 2019 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sakah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-31

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
James Last, MD	Emergency Room	Emergency Medicine	June 30, 2021
John Ray Taitano, MD	Medicine	Internal Medicine	June 30, 2021
Ann Fenton, MD	Surgery	Urology	June 30, 2021
Ruben Arafiles, MD	Surgery	Orthopedic	June 30, 2021
Melinda Sangalang, DPM	Surgery	Podiatry	June 30, 2021
Dustin Prins, DPM	Surgery	Podiatry	June 30, 2021

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 on June 26, 2019 and the Joint Conference and Professional Affairs Committee on July 12, 2019 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF JULY 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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**BOARD OF TRUSTEES
Official Resolution No. 2019-32**

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Mohamad Alsabban, MD	Surgery	Pathology	June 30, 2021

WHEREAS, the above listed practitioner 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 on June 26, 2019 and the Joint Conference and Professional Affairs Committee on July 12, 2019 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner; 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 practitioner to Active Medical Staff as recommended; and

BE IT FURTHER RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of this reappointment; and

BE IT FURTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF JULY 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-33

RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Scott Shay, MD	Radiology	Interventional Rad.	June 30, 2020
Qi Chen, MD	Radiology	Tele-Radiology	June 30, 2020

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 on June 26, 2019 and the Joint Conference and Professional Affairs Committee on July 12, 2019, recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioners; 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF JUNE 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-34

RELATIVE TO THE CREATION OF THE HOSPITAL PHARMACY TECHNICIAN SUPERVISOR POSITION

WHEREAS, on June 13, 2019, the Hospital Administrator/CEO approved the creation of the Hospital Pharmacy Technician Supervisor position in the classified service at the request of the Pharmacy Manager; and

WHEREAS, the Pharmacy Department determined the need for lead technician positions primarily due to the evolution of hospital pharmacy work wherein pharmacy technicians are being given a larger role in the inventory, storage, preparation, verification, and distribution of medications; and

WHEREAS, an additional position in the pharmacy technician series will provide upward employee mobility and much needed support in the delivery of quality patient and medical services; and

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

WHEREAS, the class specification of this position is hospital specific and that there is no impact on any other agency outside the Authority; and

WHEREAS, the Human Resources Subcommittee on June 20, 2019 recommended approval to create and establish the position of Hospital Pharmacy Technician Supervisor;

NOW, THEREFORE BE IT RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee's recommendation and approves the creation of position and establishment of the class specification as recommended by the Human Resources Department; and

BE IT FURTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF JULY 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

HOSPITAL PHARMACY TECHNICIAN SUPERVISOR

NATURE OF WORK IN THIS CLASS:

This is supervisory and complex sub-professional hospital pharmacy work.

Employees in this class supervise a staff of pharmacy technicians and aides responsible for providing assistance to pharmacists by dispensing drugs and medications prescribed by medical practitioners. Work includes planning work assignments and work schedules, and monitoring performance to ensure that quality production and customer service standards are maintained. May assist in the recruitment of pharmacy technicians and aides. The position reports to the Chief Hospital Pharmacist or a designated Hospital Pharmacist.

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.)

Plans, assigns, and evaluates the work of subordinates.

Provides technical support in all phases of pharmacy operations to include, but not limited to packaging and dispensing prescriptions, requisitioning, storage and distribution, maintaining supplies, ordering and receiving drugs, inventory and maintaining appropriate records.

Develops and maintains work schedules.

Identifies training needs, develops training programs and conducts training for subordinates.

Conducts meeting to discuss changes in procedures and to resolve problems or issues.

Reviews and evaluates operations and recommends improvements.

Maintains records and prepares reports.

Performs related work as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles and practices of supervision.

Knowledge of hospital pharmacy practices, techniques, and operations.

Knowledge of pharmaceutical inventory, requisitioning, storage and distribution methods.

Knowledge of federal and local laws, rules and regulations, policies and procedures regulating pharmacy operations.

Knowledge of the uses and application of automated pharmacy information systems.

Knowledge of the uses and maintenance of pharmaceutical apparatus, instruments, and equipment.

Ability to evaluate activities and to take actions necessary to implement desired changes.

Ability to make recommendations to improve program services.

Ability to communicate effectively, orally and in writing.

Hospital Pharmacy Technician Supervisor

Ability to work effectively with the public and employees.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

- a) Graduation from High School and four years of work experience as a Hospital Pharmacy Technician II; or
- b) Any equivalent combination of experience and training which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of current registration as a pharmacy technician from the Guam Board of Pharmacy Examiners; and possession of a U.S. Pharmacy Technician Certificate from a National Board, or from the Pharmacy Technician Certification Board (PTCB), or from the National Health Association (NHA).

ESTABLISHED:

PAY GRADE/PLAN:	K (GPP)	
<u>HAY EVALUATION</u>		
KNOW HOW:	D+I2	175
PROBLEM SOLVING:	D3(29%)	50
ACCOUNTABILITY:	D1C	57
TOTAL POINTS -		282



THERESA OBISPO, Chairperson
Board of Trustees



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BOARD OF TRUSTEES Official Resolution No. 2019-35

RELATIVE TO THE CREATION OF THE CLINICAL NURSE INFORMATICS SUPERVISOR AND SPECIALIST POSITIONS

WHEREAS, on June 18, 2019, the Hospital Administrator/CEO approved the creation of the Clinical Nurse Informatics Supervisor and the Clinical Nurse Informatics Specialist positions in the classified service at the request of the Assistant Administrator, Nursing Services; and

WHEREAS, there has been a dynamic change in the utilization of technology at GMHA in recent years and that the nursing department has determined that there is an increasing need for nurses to be involved in building and implementing new clinical systems; and

WHEREAS, the integration of the clinical nursing experience with the strategic planning, execution, education, research and systems implementation is essential to the success of GMHA in meeting the present and future regulatory requirements for quality patient-centered care; and

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

WHEREAS, the 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 June 20, 2019 recommended approval to create and establish the positions of Clinical Nurse Informatics Supervisor and Clinical Nurse Informatics Specialist;

NOW, THEREFORE BE IT RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee's recommendation and approves the creation of positions and establishment of the class specificationa as recommended by the Human Resources Department; and

BE IT FURTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF JULY 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

CLINICAL NURSE INFORMATICS SPECIALIST

NATURE OF WORK IN THIS CLASS:

This is complex nurse work dedicated to the delivery of high-quality patient care through efficient management of data and technical systems in a hospital.

Employees in this class monitor, evaluate, select, and participate in the implementation of health information technology that supports safe, high quality, patient-centered care. Work involves translating nursing practices between end-users and IT experts, and evaluating computer and information technologies to determine applicability to nursing practice, education, administration, and research. The position reports to the Clinical Nurse Informatics Supervisor.

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.)

Educates nursing/clinical end-users on the most successful way to use and navigate the hospital's clinical information systems.

Trains new nursing staff on current electronic health records (EHR) system and other associated applications; trains others in the building of new clinical applications for current EHR and/or associated systems.

Evaluates the hospital's clinical information systems to provide assistance and/or implement solutions to assist with system issues that hinder or prevent quality patient care.

Identifies, collects, records, and/or monitors data that are relevant to the nursing care of patients.

Evaluates processes, existing systems, and technologies; recommends revisions to increase productivity and efficiency of patient care in accordance with standards of nursing informatics practice.

Coordinates and/or facilitates project activities involving hospital clinical staff and IT experts to ensure the successful implementation of optimal work flows and processes in the use of clinical systems.

Collects and audits data that will aid in improving and/or implementing new clinical systems and to ensure that project goals and objectives are met; provides regular reports that clearly communicate the results and/or status of clinical system improvement initiatives.

Builds new approved content for existing clinical systems; incorporates computer, nursing and information science to manage data and information that will translate into improved nursing practices.

Ensures compliance with HIPPA, JCAHO, and CMS requirements in the documentation and use of electronic health record (EHR) systems.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices and theory of professional nursing.

Knowledge of computer and information science.

Knowledge of hospital electronic health record systems.

Clinical Nurse Informatics Specialist

Knowledge of HIPPA, JCAHO, and CMS requirements for documenting and/or using electronic health records.

Ability to collect and analyze data and/or clinical statistics.

Ability to be creative and to maintain and/or improve the application of clinical information systems.

Ability to make recommendations to improve program services.

Ability to lead and train others.

Ability to communicate effectively, orally and in writing.

Ability to work effectively with the public and employees.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

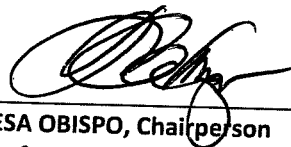
- a) Master's degree in nursing informatics from a recognized college or university and three years of experience in professional hospital nursing work; or
- b) Master's degree in nursing from a recognized college or university and four years of experience in professional hospital nursing work; or
- c) Bachelor's degree in nursing from a recognized college or university and five years of experience in professional hospital nursing work; or
- d) Any equivalent combination of experience and training beyond the Associate's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a current license as a Registered Professional Nurse on Guam, possession of a current Basic Life Support certification, and possession of a current certification in nurse informatics is preferred.

ESTABLISHED:

PAY GRADE/PLAN:	N-N (NPP)	
<u>HAY EVALUATION</u>		
KNOW HOW:	E+I2	230
PROBLEM SOLVING:	E3+(38%)	87
ACCOUNTABILITY:	E1C+	<u>100</u>
TOTAL POINTS -		417



**THERESA OBISPO, Chairperson
Board of Trustees**

CLINICAL NURSE INFORMATICS SUPERVISOR

NATURE OF WORK IN THIS CLASS:

This is complex supervisory nurse work dedicated to the delivery of high-quality patient care through efficient management of data and technical systems in a hospital.

Employees in this class supervise the evaluation, selection, and implementation of health information technology that supports safe, high quality, patient-centered care. Work involves project management activities, and overseeing the translation of nursing practices between end-users and IT experts, and evaluating computer and information technologies to determine applicability to nursing practice, education, administration, and research. The position reports to the Assistant Administrator, Nursing services.

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.)

Supervises clinical nursing informatics as well as project team members; implements information systems that support nursing practices.

Participates as a member of the nurse leadership team and ensures that all clinical information systems implemented within the nursing departments are based on current standards of nursing practice and are in accordance with standards of nursing informatics; assesses the need for clinical systems to support and enhance nursing practices.

Facilitates the integration of data and the delivery of information and knowledge to support patients, nurses, and other providers in the decision-making process.

Leads the measurement, analysis and evaluation of the outcomes of clinical system studies and reviews; guides the selection of technologies that utilize patient and client data to support clinical decision-making in nursing services.

Facilitates the introduction and implementation of electronics health record (EHR) systems with key stakeholders and identifies support systems that will integrate technologies into nursing practices; coordinates with nursing leadership to match resources to support new nursing applications within the EHR system.

Ensures compliance with HIPPA, JCAHO, and CMS requirements in the documentation and use of electronic health record (EHR) systems.

Coordinates with nursing leadership, staff and IT experts in the development, implementation, monitoring, and maintenance of clinical information systems.

Assists in the development of policies, production of protocols when implementing new clinical systems.

Oversees nursing meaningful use program and ensures that nursing documentation is in accordance with regulatory requirements.

Develops strategies for introducing, evaluating or modifying technologies applied to nursing practice, administration, education or research.

Conducts research in a variety of informatics topics that affect both providers and end-users.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices and theory of professional nursing.

Knowledge of HIPPA, JCAHO, and CMS requirements for documenting and/or using electronic health records.

Knowledge of nurse informatics.

Knowledge of the principles and practices of supervision.

Knowledge of the principles and practices of project management.

Ability to analyze data and evaluate activities and to take actions necessary to implement desired changes.

Ability to lead and train others.

Ability to communicate effectively, orally and in writing.

Ability to work effectively with the public and employees.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

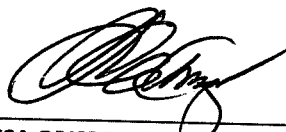
- a) Master's degree in nursing informatics from a recognized college or university and five years of experience in professional hospital nursing work including two years as a supervisor; or
- b) Master's degree in nursing from a recognized college or university and six years of experience in professional hospital nursing work including two years as a supervisor; or
- c) Bachelor's degree in nursing from a recognized college or university and seven years of experience in professional hospital nursing work including two years as a supervisor; or
- d) Any equivalent combination of experience and training beyond the Bachelor's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a current license as a Registered Professional Nurse on Guam, possession of a current Basic Life Support certification, and possession of a current certification in nurse informatics is preferred.

ESTABLISHED:

PAY GRADE/PLAN:	N-O (NPP)	
<u>HAY EVALUATION</u>		
KNOW HOW:	E+I3	264
PROBLEM SOLVING:	E3+(38%)	100
ACCOUNTABILITY:	E1P	<u>132</u>
TOTAL POINTS -		496



THERESA OBISPO, Chairperson
Board of Trustees



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-36

RELATIVE TO APPROVING ONE HUNDRED TWENTY (120) NEW FEES

WHEREAS, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the GMHA Board of Trustees; and

WHEREAS, the GMHA Board of Trustees has reviewed the Public Law 26-66; and

WHEREAS, a Public Hearing was held on June 21, 2019 and oral comments and written testimony have been solicited for the One Hundred Twenty (120) new fees comprised of the following Hospital departments: Nursing, Radiology, Pharmacy, Operating Room, Hemodialysis and Special Services; and

WHEREAS, the GMHA Board of Trustees has reviewed the list of new fees and found the same to be in order;

NOW, THEREFORE BE IT RESOLVED, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to proceed with the adjudication process of these 120 new fee items, and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF JULY 2019.

Certified By:

Theresa Obispo
Chairperson

Attested By:

Sarah Thomas-Nededog
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 35th Guam Legislature
Public Hearing on June 21, 2019

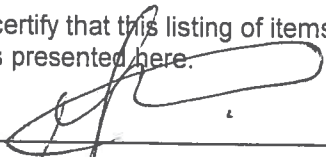
NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT
1	1451798	BLADDER SCANNING, NON-IMAGING	\$ 55.90	NURSING
2	2036573	INSERT PICC, W/IMG GUIDE, 5YRS+	\$ 1,093.63	RADIOLOGY
3	2078227	HEPATOBIILIARY IMAGING W/DRUG	\$ 908.00	RADIOLOGY
4	2078582	PULMONARY VENT&PERF IMAGING	\$ 672.00	RADIOLOGY
5	2100037	WIRE BREAST DUALOK 20GX3.7CM	\$ 288.78	RADIOLOGY
6	2100057	WIRE BREAST DUALOK 20GX5.7CM	\$ 288.78	RADIOLOGY
7	2100077	WIRE BREAST DUALOK 20GX7.7CM	\$ 288.78	RADIOLOGY
8	2100107	WIRE BREAST DUALOK 20GX10.7CM	\$ 288.78	RADIOLOGY
9	2100429	CATHETER TEMPO AQUA 135* 100CM	\$ 428.07	RADIOLOGY
10	2100600	SET BAG DRAIN 600ML	\$ 155.14	RADIOLOGY
11	2100601	INTRODUCER CHK-FL RCFW-6.0-35	\$ 193.73	RADIOLOGY
12	2101373	NEEDLE BIOPSY COAX 19GX13.8CM	\$ 208.32	RADIOLOGY
13	2101410	NEEDLE BIOPSY COAX 13GX10CM	\$ 117.54	RADIOLOGY
14	2101413	NEEDLE BIOPSY COAX 13GX13CM	\$ 117.54	RADIOLOGY
15	2101416	NEEDLE BIOPSY COAX 13GX16CM	\$ 117.54	RADIOLOGY
16	2102732	COIL NESTER MWCE-18-3-3	\$ 555.50	RADIOLOGY
17	2102994	INTRODUCER SHEATH .018 45CM 6F	\$ 399.62	RADIOLOGY
18	2104291	CATHETER ST PIER 5FR 65CM	\$ 129.03	RADIOLOGY
19	2128783	GW AMPLATZ STIFF STR .035 80CM	\$ 452.53	RADIOLOGY
20	2131410	NEEDLE BIOPSY MAGNUM 14GX13CM	\$ 172.04	RADIOLOGY
21	2138051	SET DRAINAGE LOCK 12FR 25CM	\$ 793.42	RADIOLOGY
22	2161410	NEEDLE BX MAGNUM 14GX16CM	\$ 172.04	RADIOLOGY
23	2165017	ULTRACLIP II 17GX10CM	\$ 500.09	RADIOLOGY
24	2165517	ULTRACLIP II 17GX15CM	\$ 500.09	RADIOLOGY
25	2173100	WIRE BREAST DUALOK 20GX13.7CM	\$ 288.78	RADIOLOGY
26	2176301	NEEDLE BIOPSY MAGNUM 14GX10CM	\$ 172.04	RADIOLOGY
27	2319006	DOTAREM 376.9GM/ML 120ML VIAL	\$ 538.15	RADIOLOGY
28	2319007	TECHNETIUM TC-99M OXIDRONATE	\$ 75.12	RADIOLOGY
29	2319008	REGADENOSON 0.1MG INJ	\$ 86.60	RADIOLOGY
30	4200471	CLINDAMYCIN 300MG CAPSULE	\$ 1.30	PHARMACY
31	4204196	PYRIDOXINE 12.5MG TAB	\$ 0.91	PHARMACY
32	4204334	CEFOTAXIME 1000MG/50ML IV SYR	\$ 31.38	PHARMACY
33	4204501	LABETALOL 100MG TABLET	\$ 1.57	PHARMACY
34	4212469	ZOSYN 2.25GM INJ	\$ 54.03	PHARMACY
35	4212472	ZOSYN 4.5GM INJ	\$ 65.60	PHARMACY
36	4213111	GLIPIZIDE 2.5MG TABLET	\$ 0.91	PHARMACY
37	4213127	AMIODARONE 100MG TABLET	\$ 0.94	PHARMACY
38	4213134	UNASYN 1500MG/50ML IV SYR	\$ 47.24	PHARMACY
39	4213250	METHYLPREDNISOL 125MG/50ML SYR	\$ 63.41	PHARMACY
40	4213520	IMIPENEM 500MG/100ML IV SYR	\$ 53.66	PHARMACY
41	4213524	CEFOXITIN 1000MG/50ML IV SYR	\$ 49.28	PHARMACY

42	4213733	RANITIDINE 50MG/50ML IV SYR	\$	64.34	PHARMACY
43	4213740	INFLUENZA VIRUS VACC SYR-ADULT	\$	62.12	PHARMACY
44	4213795	HEPARIN LOCK 50U/5ML SYRINGE	\$	5.76	PHARMACY
45	4214731	INFLUENZA VIRUS VACC SYR-PEDS	\$	74.82	PHARMACY
46	4217156	CEFAZOLIN 1000MG/50ML IV SYR	\$	28.15	PHARMACY
47	4217210	ACYCLOVIR 1000MG/150ML IV SYR	\$	227.39	PHARMACY
48	4217421	ZOSYN 3.375GM/50ML IV SYR	\$	110.43	PHARMACY
49	4219001	ASCORBIC ACID 100MG/ML OS	\$	8.00	PHARMACY
50	4219002	CAFFEINE CITRATE 10MG/ML OS	\$	53.02	PHARMACY
51	4219003	CAPTOPRIL 1MG/ML SUSP	\$	8.00	PHARMACY
52	4219004	CIPROFLOXACIN 50MG/ML SUSP	\$	8.00	PHARMACY
53	4219005	DEXAMETHASONE 4MG/ML OS	\$	8.00	PHARMACY
54	4219006	DILTIAZEM 12MG/ML SUSP	\$	8.00	PHARMACY
55	4219007	SUCRALFATE 100MG/ML SUSP	\$	8.00	PHARMACY
56	4219008	ETHAMBUTOL 50MG/ML SUSP	\$	8.00	PHARMACY
57	4219009	FOLIC ACID 1MG/ML OS	\$	8.00	PHARMACY
58	4219010	GABAPENTIN 100MG/ML SUSP	\$	8.00	PHARMACY
59	4219011	HYDROCHLOROTHIAZIDE 5MG/ML SUS	\$	8.00	PHARMACY
60	4219012	HYDROCORTISONE 1MG/ML SUSP	\$	8.00	PHARMACY
61	4219013	HYDROXYUREA 40MG/ML SUSP	\$	8.00	PHARMACY
62	4219014	INDOMETHACIN 5MG/ML SUSP	\$	8.00	PHARMACY
63	4219015	ISONIAZID 10MG/ML SYRUP	\$	8.00	PHARMACY
64	4219016	LEVOFLOXACIN 50MG/ML SUSP	\$	8.00	PHARMACY
65	4219017	LEVOTHYROXINE 25MG/ML SUSP	\$	8.00	PHARMACY
66	4219018	LORAZEPAM 1MG/ML SUSP	\$	8.00	PHARMACY
67	4219019	METRONIDAZOLE 50MG/ML SUSP	\$	8.00	PHARMACY
68	4219020	METOPROLOL TART 10MG/ML SUSP	\$	8.00	PHARMACY
69	4219021	NIFEDIPINE 4MG/ML SUSP	\$	8.00	PHARMACY
70	4219022	OSELTAVIMIR 6MG/ML SYRUP	\$	8.00	PHARMACY
71	4219023	PROPRANOLOL 1MG/ML SUSP	\$	8.00	PHARMACY
72	4219024	PYRAZINAMIDE 10MG/ML SUSP	\$	8.00	PHARMACY
73	4219025	PYRIDOXINE 1MG/ML OS	\$	8.00	PHARMACY
74	4219026	QUETIAPINE 2.5MG/ML OS	\$	8.00	PHARMACY
75	4219027	RIFAMPIN 25MG/ML SUSP	\$	8.00	PHARMACY
76	4219028	SILDENAFIL 2.5MG/ML SUSP	\$	8.00	PHARMACY
77	4219029	SPIRONOLACTONE 5MG/ML SYRUP	\$	8.00	PHARMACY
78	4219030	URSODIOL 50MG/ML SUSP	\$	8.00	PHARMACY
79	4219031	ZINC GLUCONATE 10MG/ML OS	\$	8.00	PHARMACY
80	4220122	OMNIPAQUE 350MG I/ML 100ml	\$	34.26	PHARMACY
81	4223237	METOCLOPRAMIDE 5MG TABLET	\$	0.91	PHARMACY
82	4225069	DAKIN'S 0.025% SOLN 500ML	\$	21.29	PHARMACY
83	4225439	HYDROMORPHONE 1MG/ML INJ	\$	8.12	PHARMACY
84	4228500	WARFARIN 0.5MG TABLET	\$	8.02	PHARMACY
85	4230851	MISOPROSTOL 50MG TABLET	\$	4.68	PHARMACY
86	4232071	CEFTRIAXONE 1000MG/50ML IV SYR	\$	29.00	PHARMACY
87	4233326	LEVETIRACETAM 1000MG/100ML PMX	\$	67.96	PHARMACY
88	4233345	TOBRAMYCIN 30MG/5ML INHAL SOLN	\$	54.33	PHARMACY

89	4233360	CLONIDINE 0.1MG/DAY PATCH	\$ 39.97	PHARMACY
90	4233365	FLUTICASONE/SALMETEROL 250/50	\$ 364.98	PHARMACY
91	4233460	MINOCYCLINE 100MG INJ	\$ 376.51	PHARMACY
92	4233510	INSULIN GLARGINE 100U/ML 3ML	\$ 112.43	PHARMACY
93	4236662	CEFTAZIDIME 1000MG/50ML IV SYR	\$ 49.59	PHARMACY
94	4236868	METOPROLOL 6.25MG TAB	\$ 0.91	PHARMACY
95	4237541	VANCOMYCIN 125MG/5ML OS	\$ 26.96	PHARMACY
96	4241960	PYRIDOXINE 6.25MG TAB	\$ 0.91	PHARMACY
97	4247631	CEFEPIME 1000MG/50ML IV SYR	\$ 54.93	PHARMACY
98	4250692	DAKIN'S 0.125% SOLN 500ML	\$ 21.29	PHARMACY
99	4250731	AZITHROMYCIN 500MG/250ML IV SYR	\$ 56.27	PHARMACY
100	4258031	MISOPROSTOL 25MCG TABLET	\$ 4.68	PHARMACY
101	4260419	PYRIDOXINE 25MG TAB	\$ 0.91	PHARMACY
102	4264100	LEVETIRACETAM 500MG/5ML PO UD	\$ 10.97	PHARMACY
103	4268683	METOPROLOL 12.5MG TAB	\$ 0.91	PHARMACY
104	4269200	HEPARIN LOCK 300U/3ML SYRINGE	\$ 2.74	PHARMACY
105	4277002	AMPHOTERICIN LIP 50MG/100ML IV	\$ 459.90	PHARMACY
106	4277161	CLINDAMYCIN 900MG/50ML IV SYRINGE	\$ 38.83	PHARMACY
107	4283600	MEROPENEM 1000MG/50ML IV SYR	\$ 136.85	PHARMACY
108	4290930	VANCOMYCIN 500MG/100ML IV SYR	\$ 68.18	PHARMACY
109	4290931	VANCOMYCIN 750MG INJ	\$ 60.23	PHARMACY
110	4292211	NAFCILLIN 1000MG/50ML IV SYR	\$ 88.92	PHARMACY
111	4292506	DAKIN'S 0.25% SOLN 500ML	\$ 13.29	PHARMACY
112	7000145	ROD REAM 2.5MM 950MM W/BTIP	\$ 764.50	OPERATING ROOM
113	7000150	ROD REAM 2.5MM 950MM W/BTP EXT	\$ 764.50	OPERATING ROOM
114	7034640	PACEMAKER AZURE W3SR01 S SR	\$ 6,365.00	OPERATING ROOM
115	7054900	SPLINT NASAL W/AIRWAY	\$ 152.99	OPERATING ROOM
116	9000655	DIALYZER HI-FLUX	\$ 89.49	HEMODIALYSIS
117	9300150	SHEATH RETRIEVAL BENT TIP 4FR	\$ 1,010.03	SPECIAL SERVICES
118	9300190	SYTEM FILTER WIRE 3.5-5.5MM	\$ 2,083.38	SPECIAL SERVICES
119	9360012	GW PT FLOPPY STR .014 182CM	\$ 732.52	SPECIAL SERVICES
120	9371190	SYTEM FILTER WIRE 2.25-3.5MM	\$ 2,083.38	SPECIAL SERVICES

***** LAST ITEM *****

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.

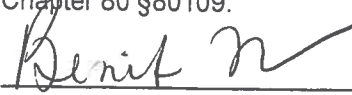


Frumen A. Patacsil
Hospital Quality Improvement Specialist

6/11/19
Date

1st Endorsement of Concurrence:

I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and in compliance with Title 10 GCA Part 2 Division 4 Chapter 80 §80109.



Benita A. Manglona
Chief Financial Officer

6/11/19
Date



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**BOARD OF TRUSTEES
Official Resolution No. 2019-37**

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Milton Kim, MD	Surgery	General Surgery	July 31, 2021
Jerone Landstrom, MD	Surgery	General/Hand Surgery	July 31, 2021
Daniel Medina, MD	Surgery	General Surgery	July 31, 2021
Shih Hao Lin, MD	Medicine	Internal Medicine	July 31, 2021
Marcin Czerniakow, MD	Medicine	Internal Medicine	July 31, 2021
Rengaragu Ramasamy, MD	Medicine	Internal Medicine	July 31, 2021
Brinda Rengaragu, MD	Medicine	Internal Medicine	July 31, 2021
Robert Nerves, MD	Medicine	Nephrology	July 31, 2021
Elliot Ross, MD	Emergency	Emergency Medicine	July 31, 2021
Mary Ann Legaspi, MD	Emergency	Emergency Medicine	July 31, 2021
Johnny Kim, MD	Emergency	Emergency Medicine	July 31, 2021

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 on July 24, 2019 and the Joint Conference and Professional Affairs Committee on August 20, 2019 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 21st DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-38

“RELATIVE TO THE CONDITIONAL APPROVAL OF REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Samir Ambrale, MD	Medicine	Hematology/Oncology	July 31, 2021

WHEREAS, the above listed practitioner 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 on July 24, 2019 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner, and the Joint Conference and Professional Affairs Committee on August 20, 2019 recommended the Board’s approval of said privileges on the condition that Dr. Ambrale completes the required HIPAA Training; 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 practitioner to Active Medical Staff as recommended; and

BE IT FURTHER RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of this reappointment; and

BE IT FURTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 21st DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-39

RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Maria Alano, MD	Pediatrics	Neonatology	July 31, 2020

WHEREAS, the above listed practitioner 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 on July 24, 2019 and the Joint Conference and Professional Affairs Committee on August 20, 2019, 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 practitioner to Provisional Medical Staff as recommended; and

BE IT FURTHER RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of this appointment; and

BE IT FURTHER RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 21ST DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



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BOARD OF TRUSTEES Official Resolution No. 2019-40

RELATIVE TO APPROVING REVISIONS TO THE MEDICAL STAFF BYLAWS

WHEREAS, the Medical Staff Bylaws and Medical Executive committees, had reviewed the Medical Staff Bylaws; and

WHEREAS, as a result of the review, proposed revisions were made to the Medical Staff Bylaws, Article VII: Allied Health Professionals, Section 7.10: Department Review; and Article IV: Categories of the Staff, Section 4.2 Active Staff; and

WHEREAS, on August 20, 2019, the Joint Conference and Professional Affairs subcommittee reviewed and recommended that the Board of Trustees approve the proposed revisions to the Medical Staff Bylaws;

NOW, THEREFORE BE IT RESOLVED, that the Board of Trustees accepts and approves the Joint Conference and Professional Affairs subcommittee's recommendations; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 21ST DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

**GUAM MEMORIAL HOSPITAL AUTHORITY
MEDICAL STAFF OFFICE**

PROPOSED REVISIONS FORM

Item: Medical Staff Bylaws

Existing	Proposed	Rationale
<p>ARTICLE VII: ALLIED HEALTH PROFESSIONALS 7.10 DEPARTMENT REVIEW Nothing contained in these Bylaws should be interpreted to entitle an Allied Health Professional to the Fair Hearing Plan for Medical Staff Members set forth in Article VIII of these Bylaws.</p> <p>7.10-1 Grievance Procedure A. When any Allied Health Professional receives written notice from the Department Chairperson, Medical Executive Committee, or Administrator that will adversely affect that appointment or re-appointment and delineation of privileges, his or her hospital's status or exercise of privileges, that individual shall be entitled to file an appeal. Such grievance shall be filed with the Chairperson of the Department to which the Allied Health Professional has applied or been assigned and in which he/she has applied for or has exercised privileges. This must be submitted within fifteen days of receiving notice.</p> <p>B. Upon receipt of such an appeal, the Department Chairperson shall appoint a Committee to review the proposed action. The Department Committee shall include if</p>	<p>ARTICLE VII: ALLIED HEALTH PROFESSIONALS 7.10 DEPARTMENT REVIEW Allied Health Professional shall be entitled to the same Fair Hearing Plan as other Medical Staff Members as set forth in Article VIII of these Bylaws.</p>	<p>GMHA Bylaws amended to bring GMHA in-line with February 2018 law granting full practice authority to Allied Health Professionals (AHPs). GMHA Bylaws now allow for full practice authority (i.e. independent practice) by licensed AHPs, subject to their scope of practice and the privileges granted to them by their respective departments as deemed appropriate to their level of experience. Certain elements of the Bylaws remain skewed with regard to AHPs, however, including a clear indication of voting rights and practitioner rights to fair hearing. The following proposal aims to make the bylaws consistent with regard to providing appropriate privileges and rights to all independently practicing providers. (Please note that "Allied Health Professionals" is clearly defined in the bylaws and thus requires no further definition in the following sections.)</p> <p><i>Section 7.10 denies to AHPs the right to Fair Hearing as outlined for MDs/DOs. Section 7.10-1 outlines a completely separate grievance process for AHPs.</i></p> <p>Given their independent practice authority, eliminate Section 7.10-1 in its entirety, to read as proposed</p>

available, one or more Allied Health Professionals having the same or similar license or certification as the affected Allied Health Professional.

C. The Committee shall initiate an investigation and the Allied Health Professional shall be afforded the opportunity for an interview before the Departmental Committee within 45 days of receipt of the appeal. At the interview, the Allied Health Professional may provide information relevant to the circumstances giving rise as to the proposed action.

D. A record of the findings and recommendations of such review shall be made to the Medical Executive Committee.

E. The decision of the Medical Executive Committee shall be final.

No existing section. New Section

4.2 ACTIVE STAFF

4.2-1 Qualifications

The Active Staff shall consist of physicians, dentists and podiatrists each of whom:

4.2 ACTIVE STAFF

4.2-1 Qualifications

The Active Staff shall consist of physicians, dentists, podiatrists, and allied health professionals, each of whom:

Section 4.2 lists the categories of Active Staff to "consist of physicians, dentists and podiatrists, each of whom."
This section will be amended to add AHPs, to read as proposed

Reviewed by Bylaws: 5/10/19

Approved:

Bylaws Committee:

MEC: 05/29/2019

Medical Staff 1st Reading: 07/25/2019

JCPAC:

BOT:



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BOARD OF TRUSTEES Official Resolution No. 2019-41

“RELATIVE TO THE CREATION OF THE CLINICAL NURSE WOUND CARE SUPERVISOR AND SPECIALIST POSITIONS”

WHEREAS, on July 8, 2019, the Hospital Administrator/CEO approved the creation of the Clinical Nurse Wound Care Supervisor and the Clinical Nurse Wound Care Specialist positions in the classified service at the request of the Assistant Administrator, Nursing Services; and

WHEREAS, GMHA is faced with many challenges in improving and maintaining its wound care standard of practices; and

WHEREAS, in order to effectively treat problem wounds utilizing universal state-of-the-art procedures and techniques, it is imperative that permanent specialized nurse positions be established to promote, develop, and implement wound care programs and methods that are in accordance with the latest standards of nursing practices; and

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

WHEREAS, the 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 July 15, 2019 recommended approval to create and establish the positions of Clinical Nurse Wound Care Supervisor and Clinical Nurse Wound Care Specialist;

NOW, THEREFORE BE IT, RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee's recommendation and approves the creation of positions and establishment of the class specifications as recommended by the Human Resources Department; and

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 21ST DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

CLINICAL NURSE WOUND CARE SUPERVISOR

NATURE OF WORK IN THIS CLASS:

This is complex supervisory nurse work accountable for overseeing the delivery of high quality wound care in a hospital.

Employees in this class function as a consultant, oversee patient care and education, and collaborate or coordinate with interdisciplinary health care teams on wound care nursing. Work involves assessment, planning, development, implementation and evaluation of plan of care and patient care programs that enhance outcomes. The position reports to the Assistant Administrator, Nursing Services.

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.)

Participates as a member of the leadership and/or interdisciplinary team; assesses, plans, implements and evaluates wound care nursing management throughout the hospital; ensures that treatment and rehabilitation within the nursing units are evidence-based wound care nursing in accordance with standards of nursing practice.

Supervises all clinical functions on wound care nursing; works with wound care physicians and/or interdisciplinary teams to provide a comprehensive treatment program for patients; addresses patient issues and works through all patient/staff-related matters for the wound care program.

Collaborates with nursing management in the assessment of staff competencies and learning needs; assesses and analyzes data to identify practice environment and patient care issues to develop appropriate programs and change processes to improve clinical nursing practice.

Facilitates the integration of wound care education with other healthcare disciplines to support patients and staff in the wound care management decision-making process.

Assesses the need for new wound care modalities and policies to support and enhance nursing practices; implements new dressing techniques and wound care supplies and equipment that support nursing practices and promotes holistic wound care healing.

Leads the evaluation and measurement of wound care outcomes; participates in the development of policies and the production of protocols (workflow) as needed in the implementation of new hospital clinical systems.

Coordinates the introduction and the implementation of wound care practices and systems with key stakeholders; coordinates with nursing leadership and/or interdisciplinary team with development, implementation, maintenance and monitoring of increasingly complex wound care management, care coordination and transition from the hospital to community settings.

Coordinates with nursing leadership to allocate resources that support wound healing (treatment, management and rehabilitation).

Participates in research, evidence-based practice and performance improvement activities related to wound care nursing; supports integration of research into nursing practice.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

- Knowledge of the principles, practices and theory of professional nursing.
- Knowledge of CMS, TJC, and HIPPA requirements in the nursing management and treatment of different classification of wounds and associated modalities.
- Knowledge of wound care nursing.
- Knowledge of the principles and practices of supervision.
- Ability to evaluate and problem-solve complex wound management plan of care.
- Ability to exercise independent judgment.
- Ability to analyze data and evaluate activities and to take actions necessary to implement desired changes.
- Ability to lead and train others.
- Ability to communicate effectively, orally and in writing.
- Ability to work effectively with the public and employees.
- Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

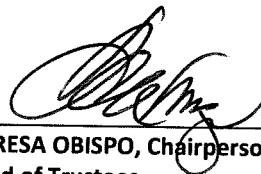
- a) Master’s degree in wound care nursing from a recognized college or university and five years of experience in professional hospital nursing work including two years as a wound care nurse; or
- b) Master’s degree in nursing from a recognized college or university and six years of experience in professional hospital nursing work including two years as a wound care nurse; or
- c) Bachelor’s degree in nursing from a recognized college or university and seven years of experience in professional hospital nursing work including two years as a wound care nurse; or
- d) Any equivalent combination of experience and training beyond the Bachelor’s degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a current license as a Registered Professional Nurse on Guam, possession of a current Basic Life Support certification, and possession of a current certification in wound care nursing is preferred.

ESTABLISHED: August 21, 2019

PAY GRADE/PLAN:	N-O (NPP)	
<u>HAY EVALUATION</u>		
KNOW HOW:	E+I3	264
PROBLEM SOLVING:	E3+(38%)	100
ACCOUNTABILITY:	E1P	<u>132</u>
TOTAL POINTS -		496



THERESA OBISPO, Chairperson
Board of Trustees

CLINICAL NURSE WOUND CARE SPECIALIST

NATURE OF WORK IN THIS CLASS:

This is complex nurse work accountable for supporting the delivery of high quality wound care in a hospital.

Employees in this class function as a consultant, provide direct patient care and education, and collaborate or coordinate with wound care teams on complex wound care nursing. Work involves assessment, planning, development, implementation and evaluation of plan of care and patient care programs that enhance outcomes. The position reports to the Clinical Nurse Wound Care Supervisor.

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.)

Participates as a member of the wound care team; assesses, plans, implements and evaluates wound care nursing management throughout the hospital; ensures that treatment and rehabilitation within the nursing units are evidence-based wound care nursing in accordance with standards of nursing practice.

Provides consultation to associates and/or direct patient care in the management of complex wounds of varying classifications, types, forms and severity.

Assists patients and families in understanding the latest information related to wound management and treatment.

Develops and presents the latest wound management information and materials for associates, patients and families through facilitation of support groups and/or education programs.

Participates in program data collection, interpretation, evaluation and recommendation.

Assesses the need for new wound care modalities and policies to support and enhance nursing practices; assists in the development of policies and the production of protocols (workflow) as needed in the implementation of new hospital clinical systems.

Participates in research, evidence-based practice and performance improvement activities related to wound care nursing; supports integration of research into nursing practice.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices and theory of professional nursing.

Knowledge of the practices, methods and techniques of wound care nursing.

Knowledge of CMS, TJC, and HIPPA requirements in the nursing management and treatment of different classification of wounds and associated modalities.

Ability to evaluate and problem-solve complex wound management plan of care.

Ability to exercise independent judgment.

Ability to collect and analyze data and/or clinical statistics.

Clinical Nurse Wound Care Specialist

Ability to make recommendations to improve program services.

Ability to lead and train others.

Ability to communicate effectively, orally and in writing.

Ability to work effectively with the public and employees.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

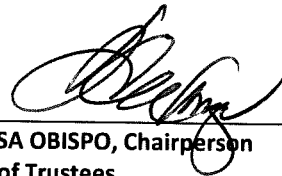
- a) Master's degree in wound care nursing from a recognized college or university and three years of experience in professional hospital nursing work; or
- b) Master's degree in nursing from a recognized college or university and four years of experience in professional hospital nursing work; or
- c) Bachelor's degree in nursing from a recognized college or university and five years of experience in professional hospital nursing work; or
- d) Any equivalent combination of experience and training beyond the Associate's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a current license as a Registered Professional Nurse on Guam, possession of a current Basic Life Support certification, and possession of a current certification in wound care nursing is preferred.

ESTABLISHED: August 21, 2019

PAY GRADE/PLAN:	N-N (NPP)	
<u>HAY EVALUATION</u>		
KNOW HOW:	E+I2	230
PROBLEM SOLVING:	E3+(38%)	87
ACCOUNTABILITY:	E1C+	<u>100</u>
TOTAL POINTS -		417



THERESA OBISPO, Chairperson
Board of Trustees



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-42

“RELATIVE TO EXTENDING HAZARDOUS PAY TO ALL GMHA EMPLOYEES WHILE PERFORMING DUTIES AT THE DEPARTMENT OF CORRECTIONS”

WHEREAS, Title 4 G.C.A. Section 6222(a), provides, in relevant part, that “any employee of the government who performs the duty of guarding prisoners or supervising or counseling parolees, shall be entitled to hazardous pay, calculated at the rate of his or her regular wage, plus ten percent (10%), for all periods he or she is on such duty. The differential shall be applicable only during the time of exposure.”

WHEREAS, the Department of Administration’s 1996 Personnel Rules and Regulations Appendix D (Hazardous/Environment Pay Policy) defines the parameters of hazardous pay and states, in relevant part, that “any employee of the government who performs the duty of guarding prisoners in transit, **or is otherwise exposed to a life-threatening environment with respect to incarceration of prisoners** shall be entitled to hazardous pay for all periods he or she is on such duty. The differential shall be applicable only during time of exposure.” (Emphasis added).

WHEREAS, the Office of the Attorney General Opinion Memorandum Ref No. DOC 16-0015, dated January 21, 2016, and attached herein (“OAG Opinion”), determined the allowance for hazardous pay under 4 G.C.A, Section 6222(a) and DOA rules for “those GMH health care employees whose base salaries do not reflect the inherent dangers of working in a correctional setting, which is a highly dangerous environment.”

WHEREAS, the OAG Opinion concluded that classified employees of the GMHA are entitled to hazardous pay while working at the Department of Corrections Mangilao and Hagatna prison and detainee facilities.

WHEREAS, GMHA Board of Trustees (the “Board”) recognizes that all GMHA employees – whether classified or unclassified – are exposed to a life-threatening environment while working at the Department of Corrections Mangilao and Hagatna prison and detainee facilities.

NOW, THEREFORE, BE IT RESOLVED, the Board has determined it to be in the best interests of the GMHA to extend the 10% hazardous pay differential provided by Title 4 G.C.A, Section 6222(a) and DOA rules to all classified and unclassified employees of the GMHA while working at the Department of Corrections Mangilao and Hagatna prison and detainee facilities.

BE IT FURTHER RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARY ADOPTED ON THIS 21st DAY OF AUGUST 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Neddog
Secretary



Office of the Attorney General of Guam

590 S. Marine Corps Dr., Ste. 706, Tamuning, Guam 96913



January 21, 2016
Ref: DOC 16-0015

OPINION MEMORANDUM

TO: Director, Department of Corrections

FROM: Attorney General

SUBJECT: **Hazardous Pay for Guam Memorial Hospital Employees Working at DOC Clinic**

This office is in receipt of your letter dated January 14, 2016, in which you requested an opinion on the following issue:

REQUEST: Are Guam Memorial Hospital (GMH) employees entitled to hazardous pay while performing duties at the Department of Corrections (DOC) clinic?¹

ANSWER: Yes.

STATEMENT OF FACTS:

As a result of the Stipulated Judgment in the District Court case of *United States v. Government of Guam*, Guam District Court Civil Case No. 91-00020, DOC and GMH entered into a Consolidated Cooperative Agreement ("Agreement"), effective June 26, 2015, for the provision of health care services to the Department of Corrections' Clinic ("DOC Clinic"). Classified employees from GMH, such as registered nurses, LPNs, certified nurse assistants, ward clerks, clerks, medical records personnel, pharmacists, and pharmacy technicians have been performing medical duties at the DOC Clinic in conformity with efforts to assure full compliance with the Stipulated Judgment.

The DOC Clinic is housed in two locations under the control of DOC: the Mangilao and Agana facilities. Due to the nature of the medical services being provided (medical intake, health records, sick call, screening, etc.) and the size and layout of both facilities, GMH employees are in close proximity and often face-to-face with incarcerated inmates and detainees. Additionally,

¹ The request addressed "non-contractual" employees, but upon further discussion with the agency, the intent of the request was to address primarily the classified staff of GMH. Classified employees from other agencies may also be called upon to perform services at the DOC Clinic; however, we have not been requested by those agencies to specifically address similar concerns. This opinion, therefore, is applicable only to the classified employees of the Guam Memorial Hospital.

employees are often called upon to administer medication, collect and respond to sick call requests, and to respond to medical emergencies at various residential posts and other areas within the prison and lock-up facilities.

The intent of the Agreement between DOC and GMH was to establish a fully operational medical clinic within the jurisdiction of the DOC that would comport with all standards for prisoner health care as required by the National Institute of Corrections and the National Commission on Correctional Health Care. Inter-governmental processes and procedures were established for the operation of a fully functioning correctional medicine outpatient clinic, never heretofore administered nor embodied within the GMH. As a result, GMH questioned the entitlement of its staff to hazardous pay, a benefit normally accruing to law enforcement work. GMH has declined, under funding provided pursuant to the Agreement, to compensate its nurses or on-call staff for work performed at the DOC Clinic without clear direction that hazardous pay is legally allowable.

DISCUSSION:

Title 4 G.C.A. § 6222(a) governs generally entitlement to hazardous pay as follows:

“A corrections officer or a parole officer or *any employee* of the government who performs the duty of *guarding prisoners* or supervising or counseling parolees, shall be entitled to hazardous pay, calculated at the rate of his or her regular wage, plus ten percent (10%), for all periods he or she is on such duty. The differential shall be applicable only during the time of exposure” (emphasis added).

Historically, hazardous pay was first recognized as compensation due for work solely involving the guarding of prisoners or for those positions requiring close proximity to prisoners or detainees. It was expanded by health statutes and personnel regulations to cover other forms of hazardous conditions related to dangerous environmental conditions and temporary exposure to life-threatening situations. For purposes of this opinion, we focus only on conditions related to the traditional role of government work done in proximity to inmates and detainees within a prison or jail setting, and more specifically, to the work of medical personnel from GMH working in a correctional health care clinic.²

With regard to hazardous pay related to the “guarding of prisoners” referred to in Section 6222(a), the Department of Administration’s (DOA) 1996 Personnel Rules and Regulations APPENDIX D (Hazardous/Environment Pay Policy) define the parameters of such pay in the following manner:

² This opinion does not apply to law enforcement personnel whose base pay incorporates the inherent hazardous nature of law enforcement work in the first instance, as well as recent across-the-board pay increases for all law enforcement positions within the government of Guam.

GUARDING OF PRISONERS

A Uniformed Officer *or any employee of the government* who performs the duty of guarding prisoners in transit, *or is otherwise exposed to a life-threatening environment with respect to incarceration of prisoners shall* be entitled to hazardous pay for all periods he or she is on such duty. The differential shall be applicable only during time of exposure (emphasis added).

The regulatory interpretation by DOA is consistent with the long history of defining the numerous situations where government employment involved work in close proximity to prisoners, whether or not it specifically involved guarding, security, or the supervision of prisoners. This interpretation permitted law enforcement agencies greater flexibility and usage of hazardous pay for purposes of compensating government employees who, by virtue of their proximity to prisoners, faced life-threatening conditions. Working at the DOC Mangilao and Agana prison and detainee facilities is inherently dangerous. Therefore, compensation to the class of positions providing medical care in prisons/jails must include compensation for the inherent danger associated with such duties and responsibilities, which differ greatly from the administration of medical care to the general population.

Throughout the United States, there are numerous accounts of nurses and medical personnel working alongside corrections officers in very violent, dangerous and stressful jail and prison work environments. Some recent examples include incidents of attacks on nurses at jails in Missouri's Saginaw County, California (Costa County), and Mahoning County in Youngstown, Ohio. Injuries to nurses have also been reported in prison settings at Central Prison in North Carolina and Folsom State Prison in California.

Prison health care is an emerging, although not yet fully developed field, across the nation and on Guam. Compensation to address the hazards related to working within a prison/jail setting is necessarily unaccounted for within the normal base pay structure for health care professionals not otherwise employed full time by DOC. The allowance for hazardous pay under the statute and DOA rules provide special compensatory benefits to those GMH health care employees whose base salaries do not reflect the inherent dangers of working in a correctional setting, which is a highly dangerous environment.

CONCLUSION:


We support the sound definitions of hazardous conditions incorporated into DOA's personnel regulations, and believe they are consistent and comport with the overall intent of the statutes and the history of hazardous pay compensation within a correctional system. It is therefore our opinion that under 4 G.C.A. § 6222(a) and DOA's Personnel Rules and Regulations, classified employees of GMH including registered nurses, LPNs, certified nurse assistants, health administrators, ward clerks, clerks, medical records personnel, pharmacists, and

pharmacy technicians are entitled to the payment of hazardous pay at the rate of ten percent (10%) for all periods on duty at the DOC facilities. A copy of Executive Order No. 2001-10 (GMH's adoption of DOA Personnel Rules and Regulations) is attached hereto as Attachment 1.

Such compensation is legally allowable, and GMH classified employees are entitled by law to hazardous pay accruing, as of June 26, 2015, the effective date of the Agreement between DOC and GMH.

THIS IS AN OPINION OF THE ATTORNEY GENERAL OF GUAM. IN MAKING ANY INQUIRY TO OUR OFFICE IN REGARD TO THIS OPINION PLEASE USE THE REFERENCE NUMBER SHOWN.

OFFICE OF THE ATTORNEY GENERAL

By: 
ELIZABETH BARRETT-ANDERSON
Guam Attorney General

Enclosure: Attachment 1

cc: Dr. Larry Lizama, DOC Medical Director and
Acting GMH Hospital Administrator
Zennia Pecina, Clinical Administrator
Director of Administration



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-43

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Yolanda Carrera, MD	Pediatric	Pediatrics	August 31, 2021
John Garrido, MD	Pediatric	Pediatrics	August 31, 2021
Russel Aubin, DO	Anesthesia	Anesthesiology	August 31, 2021
Gilbert Lopez, MD	Anesthesia	Anesthesiology	August 31, 2021
Tedd Grohsong, DO	Emergency	Emergency Medicine	August 31, 2021
Frank Reda, MD	Radiology	Tele Radiology	August 31, 2021
Florencio Lizama, MD	Medicine	Internal Medicine	August 31, 2021
Pichet Iampornpipopchai, MD	Medicine	Internal Medicine	August 31, 2021
Faraz Ouhadi, MD	Medicine	Internal Medicine	August 31, 2021
Brigido Legaspi, MD	Medicine	Internal Medicine	August 31, 2021

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 on September 11, 2019 and the Joint Conference and Professional Affairs Committee on September 18, 2019 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 25th DAY OF SEPTEMBER 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-44

RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Frankie Mendiola, MD	Emergency	Emergency Medicine	August 31, 2020
Tim Riesenberger, MD	Emergency	Emergency Medicine	August 31, 2020
David Bogolub, DO	Emergency	Emergency Medicine	August 31, 2020
Xavier Packianathan, MD	Radiology	Radiologist	August 31, 2020
Nathaniel Berg, MD	Radiology	Radiologist	August 31, 2020

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 on September 11, 2019 and the Joint Conference and Professional Affairs Committee on September 18, 2019 recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioners; 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 25th DAY OF SEPTEMBER 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-45

“RELATIVE TO THE APPOINTMENT OF FULL ALLIED HEALTH STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Sangwook Kang, CRNA	Anesthesia	Certified Registered Nurse Anesthetist	August 31, 2021

WHEREAS, the above listed practitioners met the basic requirements for Allied Health Professional Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article VII, Section 7.2; and

WHEREAS, the Medical Executive Committee on September 11, 2019 and the Joint Conference and Professional Affairs Committee on September 25, 2019, recommended approval of Full Allied Health Staff Membership appointment for the above listed practitioner; and

WHEREAS, all reappointments to Full Allied Health Professional 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 Full Allied Health Professional Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of this reappointment; and be it further

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

DULY AND REGULARLY ADOPTED ON THIS 25th DAY OF SEPTEMBER 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-46

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Ben Numpang, MD	Pediatrics	Pediatrics	May 31, 2021

WHEREAS, the above listed practitioner 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 Board of Trustees approved Active Medical Staff Membership reappointment for Ben Numpang, M.D. for a period of three months with a Focused Professional Practice Evaluation (FPPE); and

WHEREAS, on September 18, 2019, the Joint Conference and Professionals Affairs subcommittee reviewed Dr. Numpang’s case further and recommended the Board’s approval for the full term of Active Medical Staff Membership with a continuation of a FPPE;

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

RESOLVED, that the Board of Trustees approves the Joint Conference and Professional Affairs subcommittee’s recommendation to grant Ben Numpang, MD the full term of Active Medical Staff Privilege status; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all hospital and medical departments of this reappointment; and be it further

RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 25th DAY OF SEPTEMBER 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-47

“RELATIVE TO THE REASSIGNMENT OF PAY GRADES FOR THE HOSPITAL OCCUPATIONAL THERAPIST II, THE HOSPITAL OCCUPATIONAL THERAPIST ASSISTANT, AND THE HOSPITAL PHYSICAL THERAPIST ASSISTANT POSITIONS”

WHEREAS, in January 2014, the Department of Administration implemented the results of the Government of Guam Competitive Wage Act Classification and Compensation Study which resulted in the down-grade (right-size) in pay grade of the Hospital Occupational Therapist II and Assistant positions, and the Hospital Physical Therapist Assistant position; and

WHEREAS, on January 13, 2017, the Chief of Rehabilitative Services’ requested that the salary levels be reviewed for the Hospital Occupational and Physical Therapist series of positions; and

WHEREAS, a review of the Occupational and Physical Therapist series of positions was conducted by the Human Resources Department and the results concluded that the salary levels of the Occupational Therapist II and Assistant, and the Physical Therapist Assistant positions should not have been down-graded; and

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

WHEREAS, the 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 August 13, 2019 recommended approval to reassign the pay grades of the Hospital Occupational Therapist II, the Hospital Occupational Therapist Assistant (Licensed), the Hospital Physical Therapist Assistant (Licensed), and a change in job evaluation for the Hospital Occupational Therapist I; now, therefore be it

RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee’s recommendation and approves the proposed amended class specifications by the Human Resources Department; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 25th DAY OF SEPTEMBER 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

HOSPITAL PHYSICAL THERAPIST ASSISTANT (LICENSED)

NATURE OF WORK IN THIS CLASS:

This is routine professional physical therapy work in the hospital.

Employees in this class assist in the treatment of patients under the direct and/or indirect supervision of a licensed physical therapist.

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.)

Provides direct patient care to patients referred to physical therapy in the hospital or other related setting after an initial evaluation has been completed by a licensed physical therapist.

Provides support and assistance to registered licensed physical therapist to maximize effectiveness and efficiency to treatment.

Assists physical therapist in the evaluation of inpatients and outpatients of all age groups referred to physical therapy; assist physical therapist in performing standardized or non-standardized assessments utilized to collect data to establish baseline functioning, to identify problem areas, and to formulate a treatment plan.

Completes patient progress notes and/or weekly summaries under the indirect supervision of the licensed physical therapist as per hospital or other regulatory policy and guidelines.

Attends patient or client care conferences on behalf of the licensed physical therapist.

Adjusts schedules accordingly to provide uninterrupted patient care services.

Maintains records and prepares reports.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices and techniques of professional physical therapy.

Knowledge of the pathology of physical illness, psychology, human anatomy, kinesiology, physiology, and related sciences relevant to physical therapy work.

Knowledge of the modalities used in the treatment of a wide range of physical disabilities.

Knowledge of the operation of varied physical therapy equipment.

Ability to carry out prescribed physical therapy treatment as prescribed by the licensed physical therapist.

MINIMUM EXPERIENCE AND TRAINING:

Graduation from a recognized college or university with an Associate's degree from an approved school for physical therapy assistant in the United States.

NECESSARY SPECIAL QUALIFICATIONS:

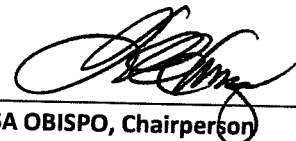
Possession of a current license as a Physical Therapist Assistant with the Guam Board of Allied Health Examiners.

ESTABLISHED: September 2006
Amended: September 25, 2019

PAY GRADE/PLAN: K (GPP)

HAY EVALUATION

KNOW HOW:	EI2	175
PROBLEM SOLVING:	D3 (29%)	50
ACCOUNTABILITY:	D1C	57
TOTAL POINTS -		282



THERESA OBISPO, Chairperson
Board of Trustees

HOSPITAL OCCUPATIONAL THERAPIST ASSISTANT (LICENSED)

NATURE OF WORK IN THIS CLASS:

This is routine professional occupational therapy work in the hospital.

Employees in this class assist in the practice of occupational therapy and work under the direct and/or indirect supervision of a licensed occupational therapist.

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.)

Provides direct patient care to patients referred to occupational therapy in the hospital or other related settings after an initial evaluation has been completed by a licensed occupational therapist.

Assists licensed occupational therapist in the evaluation of inpatients and outpatients of all age groups referred to occupational therapy; assists occupational therapist in performing standardized or non-standardized assessments utilized to collect data to establish baseline functioning, to identify problem areas, and to formulate a treatment plan.

Completes patient progress notes and/or weekly summaries under the indirect supervision of the occupational therapist as per hospital or other regulatory policy and guidelines.

Attends patient or client care conferences.

Adjusts schedules accordingly to provide uninterrupted patient care services.

Maintains records and prepares reports.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices and techniques of professional occupational therapy.

Knowledge of the pathology of physical and mental illness, psychology, human anatomy, kinesiology, physiology, and related sciences relevant to occupational therapy work.

Knowledge of the modalities used in the treatment of a wide range of physical and mental disabilities.

Knowledge of the operation of varied occupational therapy equipment.

Ability to carry out prescribed occupational therapy treatment.

MINIMUM EXPERIENCE AND TRAINING:

Graduation from a recognized college or university with an Associate's degree or certificate in Occupational Therapist Assistant from the United States or from a foreign program recognized by the National Board for Certification in Occupational Therapy (NBCOT).

NECESSARY SPECIAL QUALIFICATIONS:

Possession of a current license as an Occupational Therapist Assistant with the Guam Board of Allied Health Examiners.

ESTABLISHED: September 2006
Amended: September 25, 2019

PAY GRADE/PLAN: K (GPP)

HAY EVALUATION

KNOW HOW:	E12	175
PROBLEM SOLVING:	D3 (29%)	50
ACCOUNTABILITY:	D1C	<u>57</u>
TOTAL POINTS -		282



THERESA OBISPO, Chairperson
Board of Trustees

HOSPITAL OCCUPATIONAL THERAPIST I

NATURE OF WORK IN THIS CLASS:

This is moderately complex professional occupational therapy work in the hospital.

Employees in this class perform routine to moderately complex professional occupational therapy duties independently after initial training and participate in the full range of complex professional duties under closer supervision.

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.)

Administers occupational therapy evaluations, testing and treatment procedures following the instructions of a medical doctor and/or a higher level occupational therapist.

Consults with higher level occupational therapist in deciding types of treatment modalities to administer.

Sets up and applies progressive schedules of treatment for individual cases, ranging from pediatric level to geriatric levels.

Evaluates treatment performed, condition, reaction, and progress of patient.

Attends team conferences, grand rounds, and discussion meetings of individual patients with attending physician on weekly or daily basis.

Cooperates with other occupational therapists on staff in the planning of quality assurance evaluations of department.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, procedures and techniques of professional occupational therapy.

Knowledge of the pathology of physical and mental illnesses, psychology, human anatomy, kinesiology, physiology, and related sciences relevant to occupational therapy work.

Knowledge of the modalities used in the treatment of a wide range of occupational disabilities.

Knowledge of the operation of varied occupational therapy equipment.

Ability to carry out prescribed occupational therapy treatment.

Ability to set-up treatment schedules and detect when therapies should be changed or discontinued.

Ability to explain objective of occupational therapy to patients.

Ability to inspire confidence and motivate patients to carry out treatment.

Ability to work effectively with the public and employees.

Ability to keep records and prepare reports, and maintain quality assurance plans and audits.

MINIMUM EXPERIENCE AND TRAINING:

Graduation from a recognized college or university with an Bachelor's degree or certificate in Occupational Therapy from the United States or from a foreign program recognized by the National Board for Certification in Occupational Therapy (NBCOT).

NECESSARY SPECIAL QUALIFICATIONS:

Possession of current certification or eligible for certification as an occupational therapist with the American Occupational Therapy Association (AOTA) or the National Board for Certification in Occupational Therapy (NBCOT); and

Possession of a current license in Occupational Therapy with the Guam Board of Allied Health Examiners.

ESTABLISHED: September 1982
Amended: September 25, 2019

PAY GRADE/PLAN: L (GPP)

HAY EVALUATION

KNOW HOW:	EI2	175
PROBLEM SOLVING:	D3 (33%)	57
ACCOUNTABILITY:	D1C	66
TOTAL POINTS -		298



THERESA OBISPO, Chairperson
Board of Trustees

HOSPITAL OCCUPATIONAL THERAPIST II

NATURE OF WORK IN THIS CLASS:

This is complex professional occupational therapy work in the hospital.

Employees in this class perform the full range of hospital occupational therapy work. Employees lead and guide the work of lower level professional and sub-professional staff.

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.)

Independently plans and administers the full range of occupational therapy evaluation and testing procedures and treatment modalities for all hospital inpatients and outpatients.

Reviews physician's diagnosis and referral orders; plans and administers the proper therapy which includes extensive hospital rehabilitation programs and psychiatric supportive programs at all levels.

Sets up and applies progressive schedules of treatment for individual cases, ranging from pediatric level to geriatric levels.

Observes and reports unusual patient reactions to the charge nurse or attending physician.

Explain types of treatment and probable reactions to the patients and/or their families.

Keeps professional and technical records on clinic and ward activities and makes reports thereof. Documents all pertinent information into patient's hospital medical records.

Attends all team conferences related to direct patient care, medical committee meetings, grand rounds, and department meetings.

Instructs volunteers and occupational therapy assistants in routine crafts, treatment methods and precautions.

Supervises sub-professional therapy workers and gives guidance to lower level occupational therapists.

Plans and coordinates program activities for the psychiatric unit of the hospital at all levels.

Maintains hospital quality assurance plans and evaluation of services on a concurrent basis.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, procedures and techniques of professional occupational therapy.

Knowledge of the pathology of physical and mental illnesses, psychology, human anatomy, kinesiology, physiology, and related sciences relevant to occupational therapy work.

Knowledge of the technical procedures and modalities used in the treatment of all types of occupational disabilities.

- Knowledge of the operation and care of occupational therapy equipment.
- Ability to lead the work of others.
- Ability to make work decisions in accordance with program guidelines.
- Ability to set up treatment schedule and detect when therapy should be changed or discontinued.
- Ability to demonstrate techniques and teach objectives of occupational therapy.
- Ability to inspire confidence and motivate patients to carry out treatment.
- Ability to work effectively with the public and employees.
- Ability to communicate effectively, orally and in writing.
- Ability to keep records and prepare reports, and maintain on-going quality assurance plans and audits.

MINIMUM EXPERIENCE AND TRAINING:

- a) Two years of professional experience as an occupational therapist and graduation from a recognized college or university with an Bachelor's degree or certificate in Occupational Therapy from the United States or from a foreign program recognized by the National Board for Certification in Occupational Therapy (NBCOT); or
- b) Any equivalent combination of experience and training beyond the Bachelor's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

Possession of current certification as an occupational therapist with the American Occupational Therapy Association (AOTA) or the National Board for Certification in Occupational Therapy (NBCOT); and

Possession of a current license in Occupational Therapy with the Guam Board of Allied Health Examiners.

ESTABLISHED:	September 1982
Amended:	September 25, 2019

PAY GRADE/PLAN: M (GPP)

HAY EVALUATION

KNOW HOW:	EI2	200
PROBLEM SOLVING:	E3 (33%)	66
ACCOUNTABILITY:	E1C	76
TOTAL POINTS -		342



THERESA OBISPO, Chairperson
Board of Trustees



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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BOARD OF TRUSTEES Official Resolution No. 2019-48

“RELATIVE TO THE AMENDMENT OF JOB QUALIFICATION REQUIREMENTS FOR THE THERAPEUTIC RECREATIONAL ACTIVITIES COORDINATOR POSITION”

WHEREAS, on March 29, 2019, the Hospital Administrator/CEO approved the Chief of Rehabilitative Services’ request to amend the job qualifications of the Therapeutic Recreational Activities Coordinator position; and

WHEREAS, GMHA historically has had difficulty obtaining adequate, appropriately trained applicants for the Therapeutic Recreational Activities Coordinator position to meet the current needs of the department and the community; and

WHEREAS, in order to make it possible to expand the pool of qualified applicants, it would be necessary to amend the current job qualification requirements of the Therapeutic Recreational Activities Coordinator by including work experience as an occupational therapist or an occupational therapist assistant (and not just therapeutic recreation), and to allow for certification from other nationally recognized United States accrediting bodies for the profession (and not just the National Council for Therapeutic Recreation); and

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

WHEREAS, the class specification of the position is hospital specific and that there is no impact on any other agency outside the Authority; and

WHEREAS, the Human Resources Subcommittee on August 13, 2019 recommended approval to amend the job qualifications of the Therapeutic Recreational Activities Coordinator; now, therefore be it

RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee’s recommendation and approves the proposed amended class specification by the Human Resources Department; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 25th DAY OF SEPTEMBER 2019.

Certified by:

Theresa Obispo
Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

THERAPEUTIC RECREATIONAL ACTIVITIES COORDINATOR

NATURE OF WORK IN THIS CLASS:

This is professional work involved in coordinating therapeutic recreational activities for the geriatric/mentally/physically challenged clients in a healthcare setting or physically challenged program.

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.)

Coordinates therapeutic recreational activities for the disabled elderly and other patients/clients.

Corroborates with outside individuals and agencies in supporting recreational programs.

Develops and implements activity policies, procedures and guidelines in compliance with regulatory requirements.

Confers with other medical personnel to assess and determine type of recreational activity to complement the phases of total rehabilitative or treatment programs.

Performs administrative aspects of the recreational service.

Completes evaluations, maintain records, collect data, and prepare reports. Oversees subordinate technical staff.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles and practices of therapeutic recreation.

Knowledge of human development especially for the geriatric population.

Knowledge of human disease pathology and abnormal physical and psychological development.

Knowledge of human behavior and human adaptation to disease processes.

Ability to coordinate therapeutic recreational programs and activities for clients in various settings.

Ability to make decisions in accordance with program guidelines.

Ability to interpret and apply pertinent laws, rules, regulations and other program guidelines.

Ability to relate to disabled clients.

Ability to work effectively with employees and the public.

Ability to communicate effectively, orally, and in writing.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

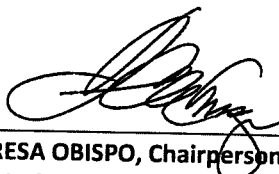
- A) Two years of experience in coordinating or working in the area of therapeutic recreation, or working as an Occupational Therapist; or working as an Occupational Therapist Assistant in a patient client activities program and graduation from a recognized college or university with a Bachelor's degree in behavioral sciences, recreation, education or related fields; **or**
- B) Four years of experience in coordinating or working in the area of therapeutic recreation, or working as an Occupational Therapist; or working as an Occupational Therapist Assistant in a patient client activities program and graduation from a recognized college or university with an Associate's degree in behavioral sciences, recreation, education or related fields; **or**
- C) Any equivalent combination of experience and training beyond the Associate's degree which provides the minimum knowledge, abilities and skills.

NECESSARY SPECIAL QUALIFICATIONS:

- A) Possession of a current license as a registered Occupational Therapist or Licensed Occupational Therapy Assistant from the Guam Board of Allied Health Professionals; **or**
- B) National certification provided by any one of the following: the National Council for Therapeutic Recreation Certification (NCTRC); the American Therapeutic Recreation Association (ATRA); the National Council of Certified Activity Professionals (NCCAP); and/or any other nationally recognized United States accrediting body for activity professionals; **and**
- C) Possession of a current Basic Life Support (BLS) certificate from the American Heart Association (AHA).

ESTABLISHED: January 1982
 Amended: August 2010; September 25, 2019

PAY GRADE/PLAN: M (GPP)
HAY EVALUATION
 KNOW HOW: EI2 200
 PROBLEM SOLVING: E3 (33%) 66
 ACCOUNTABILITY: D2C 76
 TOTAL POINTS - 342



 THERESA OBISPO, Chairperson
 Board of Trustees