



Speaker Won Pat <speaker@judiwonpat.com>

Messages and Communications : GMHA, Board of Trustees Meeting Packet 12/15/13

1 message

Speaker Won Pat <speaker@judiwonpat.com>

Mon, Dec 16, 2013 at 4:10 PM

To: Guam Legislature Clerks Office <clerks@guamlegislature.org>, Jean Cordero <jean@tinamunabames.com>

12/16/2013 12/5/2013

Guam Memorial Hospital Authority

GMHA Board of Trustees Meeting December 5, 2013 *emailed

32-13-1081

----- Forwarded message -----

From: **Esther Sablan** <esther.sablan@gmha.org>
Date: Mon, Dec 16, 2013 at 3:52 PM
Subject: GMHA, Board of Trustees Meeting Packet 12/15/13
To: centralfiles@guam.gov, speaker@judiwonpat.com
Cc: "Joseph.verga" <Joseph.verga@gmha.org>, lwebber@mdaguam.com

32-13-1081
Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 12.16.13
Time 4:11 PM
Received by: [Signature]

Good Afternoon All,

The attached provides a copy of the GMHA, Board of Trustees Meeting packet for Thursday, December 5, 2013. If you have any questions, please feel free to contact me at my direct number listed below.

2013 DEC 16 PM 4:17
PAUL

Happy Holidays!

Best Regards,

Esther S. Sablan

Board Office

Guam Memorial Hospital Authority

850 Gov. Carlos G. Camacho Road

Tamuning, Guam 96913-3128

(671) 647-2104 -phone

(671) 649-0145 - fax

Esther.sablan@gmha.org

1081

Ufisinan I Etmås Ge'helo'Gi Liheslaturan Guåhan

Office of Speaker Judith T. Won Pat Ed.D.

Kumiten Idukasion yan Laibirihan Publeko

Committee on Education and Public Libraries & Women's Affairs

155 Hesler Place, Suite 201, Hagatna, Guam 96910

Tel: (671) 472-3586 Fax: (671) 472-3589

www.guamlegislature.com / speaker@judiwonpat.com

 **Board of Trustees Meeting 12-5-13.pdf**
2887K

GUAM MEMORIAL HOSPITAL AUTHORITY

**BOARD OF TRUSTEES
MEETING**

Thursday, December 5, 2013
1800hrs.

GMHA – Daniel L. Webb
Conference Room

**GUAM MEMORIAL HOSPITAL AUTHORITY
BOARD OF TRUSTEES
MEETING**

(EXECUTIVE SESSION)

Thursday, December 5, 2013
6:00 pm

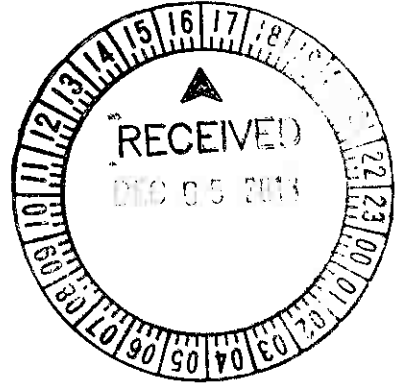
GMHA – Daniel L. Webb
Conference Room

FISHER & ASSOCIATES
ATTORNEYS AT LAW

5 December 2013

VIA HAND DELIVERY

Board of Trustees
Guam Memorial Hospital Authority
850 Gov. Carlos G. Camacho Rd.
Tamuning, GU 96913



Re: Request for Executive Session

Dear GMHA Board of Trustees:

Pursuant to Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111(c)(1) and (2), this letter serves as written recommendation from the law firm of Fisher & Associates, as counsel for GMHA, that the Board hold an executive session to discuss matters related to ongoing litigation.

Sincerely,

A handwritten signature in blue ink that reads "Minakshi V. Hemlani". The signature is written in a cursive style.

Minakshi V. Hemlani, Esq.

AFFIDAVIT OF ATTORNEY
5 Guam Code Ann. §8111(c)(5)

I, MINAKSHI V. HEMLANI, hereby declare that:

1. I am an adult over the age of eighteen and otherwise competent to testify in a court of law.
2. I attended an executive session of the Board of Directors, Guam Memorial Hospital Authority on September 26, 2013.
3. In accordance with 5 Guam Code Ann. §8111(c)(5), I swear or affirm that only matters relating to litigation, pending litigation and personnel issues were discussed.

I swear of affirm under penalty of perjury that the foregoing is true to the best of my knowledge or belief.

FURTHER your Affiant sayeth naught,

IN WITNESS WHEREOF, I have hereunto set my hand this 5th day of December, 2013.



A handwritten signature in blue ink, appearing to read "Minakshi V. Hemlani".

Minakshi V. Hemlani, Esq.
FISHER & ASSOCIATES
Suite 101 De La Corte Building
167 East Marine Corp. Drive
Hagåtña, Guam 96910

**GUAM MEMORIAL HOSPITAL AUTHORITY
BOARD OF TRUSTEES
MEETING**

**REGULAR
SESSION**

Thursday, December 05, 2013
6:00 p.m.

GMHA – Daniel L. Webb
Conference Room



Guam Memorial Hospital Authority
Board of Trustees



Regular Meeting

Thursday, December 5, 2013

Daniel L. Webb Conference Room

AGENDA

- I. Call to Order & Determination of Quorum
- II. Executive Session
- III. Reconvene to Open Session
- IV. Approval of Regular Session Minutes
- VI. Board Committee / Staff Reports:
 - A. Human Resources Committee – Frances Taitague-Mantanona
 - B. Joint Conference and Professional Affairs Committee – Lee Webber & Edna Santos, MD
 - C. Facilities, Capital Improvement (CIP), Information Technology (IT) Committee – Mr. Joseph P. Verga, MS, FACHE
 - D. Governance, Bylaws, & Strategic Planning Committee – Ricardo Terlaje, MD & Mr. Lee Webber
 - E. Quality & Safety Committee – Edna Santos, MD & Rose Grino, BSN, RN
 - F. Finance & Audit Committee – Rose Grino, BSN, RN & Frances Taitague-Mantanona
 - G. Hospital Administrator/CEO's Report – Joseph P. Verga, MS, FACHE
 - H. Associate Administrator Medical Services Report – Larry Lizama, MD
Felix Cabrera, MD
 - I. Medical Staff President's Report – Hao Nguyen, MD
 - J. Chief Financial Officer's Report – Alan Ulrich

K. Unfinished Business

L. New Business

M. Public Comment

N. Adjournment



GUAM MEMORIAL HOSPITAL AUTHORITY

BOARD OF TRUSTEES MEETING
Thursday, August 29, 2013



Present:	Absent:
Lee Webber, Chairperson	
Frances T. Mantanona, Vice-Chair	
Edna V. Santos, MD, Secretary	
Rose Grino, RN, Treasurer	
Ricardo M. Terlaje, MD, Board Member	
Joseph Verga, MS, FACHE, Hospital Administrator/CEO	
Larry Lizama, MD, Assoc. Administrator, Medical Services	
Jon Sidell, MD, President of Medical Staff	
Christine Tuquero, MSN, BSN, RN, Acting Nursing Admin.	
Jemmabeth Simbillo, BSN, RN, Deputy Assistant Admin. Nursing Services	
Alan Ulrich, CFO	
Minakshi Hemlani, Esq. (Executive Session)	
George Castro, Court Reporter (Executive Session)	
Brian San Nicolas, Gov. Office	
Senator Tony Ada, Guam Legislature	
Senator Tommy Morrison, Guam Legislature	
Senator Dennis Rodriguez, Jr., Guam Legislature	

	<p>Ron Teehan, Staff of Guam Legislature</p> <p>James Murphy, MD</p> <p>Yolanda Carrer, MD</p>	
--	--	--

CALL TO ORDER & DETERMINATION OF QUORUM

After notices were duly timely made pursuant to the Open Government and with a quorum present, Chair called to order the Regular Meeting of the Guam Memorial Hospital Authority Board of Trustees at 6:10 p.m. in the GMHA, Daniel L. Webb Conference Room of the Guam Memorial Hospital Authority, located in Tamuning, Guam.

EXECUTIVE SESSION

Chairman Lee Webber read the request for an Executive Session; pursuant to Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111 (c) (1) and (2). The letter from the law firm of Fisher & Associates – requested of GMHA – that the Board hold an Executive Session to discuss matters relating to ongoing litigation.

The Chair adjourned to Executive Session at 7:30 p.m. with (4) Board of Trustees, Hospital Administrator/CEO, Chief Financial Officer, and Legal Counsel.

Motion by: Trustee Rose Grino, BSN, RN
 Seconded by: Trustee Ricardo Terlaje, MD

All were in favor and no further discussion.
 Motion Carried.

OPEN SESSION

The Chair called the meeting to order at 8:40 pm with the (4) Board of Trustees, Executive Management, Staff, and visitors. Therefore, the Board of Trustees reconvened to Open Session.

APPROVAL OF REGULAR SESSION MINUTES:

Approval of minutes of April 29, 2013 and May 16, 2013 Regular Session Meeting was approved with corrections.

Motion By: Trustee Frances Taitague-Mantanona
 Seconded By: Trustee Rose Grino, BSN, RN

All were in favor and no further discussion.
 Motion Carried.

And with unanimous votes, the Board accepted and approved the minutes of 29th of April 2013 and 16th of May 2013 are attached and made part of these minutes.

All were in favor and no further discussion.
 Motion Carried.

ISSUE	DECISION(S)/ACTION(S) MADE	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
<p>1. Appointees to GMHA Board</p>	<p>Was not discussed during the meeting.</p>	<p>Chair, Lee Webber</p>		<p>Tabled</p>
<p>1. Finance & Audit Committee</p>	<p>The Committee met on August 21, 2013. Below are the highlights, discussion, and updates on the following:</p> <p>Trustee Rose Grino mentioned that we all are aware of the hospital's financial situation that GMH is in dire need of money. So, at this time Trustee Rose Grino would defer the financial status of GMHA to Mr. Ulrich the Hospital Chief Financial Officer to present the current financial data of GMHA.</p> <ul style="list-style-type: none"> Mr. Verga commented to give an overview of what has been happening with the hospital financial. That over the summer GMH suddenly had an unexpected lost about 60% of which represent the 3M's. With the Medicare garnishment GMHA has lost an estimate of \$1 million dollars each month. 3M's represent about 60% of GMHA's cash flow. Mr. Verga mentioned that Leadership has been working closely with Governor and Adelup who is aware of the financial situation and he has continued to come to the aide of the GMH. Received an opinion by legal (Mr. Clark) to GEDA that in fact GMHA does have the legal authority based on the first and second law authorizing the full use of the \$25 million Bond. They are currently working on the RFP. During this time GMH continues to accumulate interest in the debts. There is a significant amount of receivables that are owed by Gov. Guam, various Gov. Guam Agencies, please refer to the attached financials. To have 60% of the hospitals cash flow disappear in 1-month with 2-months left creates a very dire situation for the hospital. Vendor payments have not been paid since the beginning of July and they can't continue to sell products to the hospital and not collect. The Governor is concern about GMH's financial and he did ensure that GMH will receive \$4 million dollars to help GMH met payroll of \$2.7 million and the additional monies to be paid to vendors. 	<p>Trustee Rose Grino, BSN, RN</p>		<p>Information/ongoing</p>
<p>2. Human Resources Committee</p>	<p>The Committee had met on August 27, 2013. Below are the highlights, discussion, and updates on the following:</p> <ul style="list-style-type: none"> The committee continues to look at critical positions and position staffing. These are the critical positions that were discuss: <ol style="list-style-type: none"> Radiology Emergency Room Staffing <p>Currently the hospital is depending on Locums which is costly to the hospital. We do have applicant that are interest in the ER and administration is trying to bring them on Board.</p> 	<p>Trustee Frances Taitague-Mantanona</p>		<p>Informational</p>

	<ul style="list-style-type: none"> The other critical positions are followed. 1. Assistant Associate Administrator of Medical Services (Unclassified) – The employee will be responsible in assisting for the planning, monitoring and evaluation of the Medical Services of the Hospital. Assist in providing leadership and direction to Department Directors. Employee reports to the Associate Administrator of Medical Services. This position is subject to being condense at a later date to one position. This position gives some flexibility. Mr. Verga commented that he would defer the resolution as to re-define the job description in reference to salary. Will be brought back to BOT Human Resources for review and discussion. <p>Chairman Lee Webber commented that it does not need to come back to the Board to modify a budget this should be a management decision and this is not a Board decision. The Board has entrusted Leadership to manage the hospital. The Board Members are seeking for clarification of responsibility for the position and clarification on the resolution that was presented to the Board. (DEFERRED)</p>		
<p>2. Joint Conference and Professional Affairs Committee</p>	<p>The Joint Conference and Professional Affairs Committee presented the resolutions for Medical Staff privileges. The committee requested BOT approval of Medical Staff privileges.</p> <p style="text-align: center;">Medical Staff Privileges:</p> <p style="text-align: center;">Resolution No. 13-75</p> <p style="text-align: center;"><u>Relative to the Reappointment of Active Professional Staff Privileges for:</u></p> <p>Reynald Lim, MD Ricardo Eusebio, MD W. Chris Perez, MD</p> <p style="text-align: center;">Resolution No. 13-76</p> <p style="text-align: center;"><u>Relative to the Appointment of Provisional Professional Staff Privileges for:</u></p> <p>Virgilio Lopez, MD Johnny Kim, MD</p> <p style="text-align: center;">Resolution No. 13-77</p> <p style="text-align: center;"><u>Relative to the Appointment of Active Professional Staff Privileges for:</u></p> <p>Dennis DeJesus, MD</p>	<p>Trustee Edna Santos, MD and Chair Lee Webber</p>	<p>Closed</p>

Resolution No. 13-78

Relative to the Appointment of Courtesy Professional Staff Privileges for:

Annakutty Mathew, MD

Resolution No. 13-79

Relative to the Appointment of Provisional Professional Staff Privileges for:

Saravana Sivashanker, MD
Pichet Iampornpipochai, MD

Resolution No. 13-80

Relative to the Reappointment of Active Professional Staff Privileges for:

Alix Chenet, MD
James Murphy, MD
Glenn Cunningham, MD

The reporting on the Medical Staff Checklist in reference to this item was discussed during the BOT – JCPAC Meeting. The discussion was whether or not settlement should be reported and the committee member agreed that there is a need to know this important information as well as the Board Members needs to be informed. Will be discussing further during the next BOT – JCPAC Meeting.

Resolution No. 13-81

Relative to the Reappointment of Active Associate Professional Staff Privileges for:

Glenn Richard, DO

*Motion by: Trustee Edna Santos, MD
Seconded by: Trustee Rose Grino, BSN, RN*

And with unanimous votes, the Board adopted the Joint Conference and Professional Affairs Committee recommendation on the resolution for Reappointments of Active Professional, Appointments Provisional Professional Staff, Appointment of Active Professional Staff, Appointment of Courtesy Professional Staff and Reappointment of Action Associate Professional Staff Privileges.

*All were in favor and no further discussion.
Motion Carried.*

Dr. Jon Sidell commented his appreciation and thanks to the Administration Office for doing a good job in hiring physicians for the Emergency Room Department.

<p>3. Quality & Safety Committee</p>	<p>The Committee had met on August 15, 2013. Below are the highlights, discussion, and updates on the following:</p> <ul style="list-style-type: none"> • Trustee Edna Santos mentioned as we all knew about Ms. Danielle Manglona since has resigned from GMH. Still need a replacement for the Quality Management Administrator; however, there is (2) possible candidates that have been identified for that position. There has been some re-structure on-going a finalization an update status will be given during the next meeting • Skilled Nursing Unit – The last visit was on January they are due for a visit from CMS. Still an on-going issue in reference to the gowns for isolation room. • GMH is also due for a survey from CMS at any time now. Mr. Verga had commented to apply for Diem Status. Mountain Pacific is inquiring who will be their direct contact employee in reference to any issues/concern that they may have now, since Ms. Manglona is no longer employed with the hospital. Mountain Pacific would like GMH to improve with the hospital proper endorsement from inpatient going to outpatient with the physician and submission of HNP's within 48-hours. They would like to see direct endorsement because there was an issue on continue of care coordination. • For Joint Commission GMHA was awarded full accreditation with some MOS's that are pending approval. Still currently working on the pain management and legibility on HNP's. GMH was granted compliant with the OPPE but not for the Leadership vacancies. GMH was denied compliance; action plan would be submitted in reference to the Leadership vacancies. • Division Summary are as following for GMH: <ol style="list-style-type: none"> 1. Nursing Division – They are continuing to work on the pain management and restrains. 2. Fiscal Division – GMH is compliant with Discharge Summaries. However on the OR Reports GMH is not in compliant with are at a 72% complaint. 3. Operation Division – Human Resources is occurring some challenges in reference to Performance Evaluation submission. Human Resources have been sending disciplinary notices to Department Heads and if they are not meeting their deadline and a notice will be sent to the Hospital Administrator/CEO. Employees whose evaluations are not completed do not get their increments. The Department Heads should be held responsible and accountable for completing the Performance Evaluation for their employee in a timely manner. However, it is the employee's responsibility that knowing that the evaluation needs to be done it is the employee's responsibility to constantly remind their respective Department Heads. 4. Pro-Support Division - There is a need for Lab Manager this position has be vacant for some time and no submission received on their PI reports. 	<p>Trustee Edna Santos, MD & Trustee Rose Grino, BSN, RN</p>	<p>Informational</p>
---	--	---	----------------------

	Mr. Verga mentioned that he recommends changing the hospital's status to "Diem Status" as to eliminate CMS to survey the hospital.			
5. Facilities, Capital Improvement Projects, & Information Technology Committee	<p>Mr. William Kando will be report for this committee and the key focus and discussion are on the following items below:</p> <ul style="list-style-type: none"> The key focus currently is on the on-going ED & CCU/ICU Expansion Project – Pending ongoing procurement issues with the Central Monitor System for both ED & CCU. Phillips Medical is scheduled to come out mid to late October; when the PO was issued the time line typically would have been sometime in September. This may or may not cause an additional cost to GMHA. When Phillips Medical Group arrives in the middle of October they would be focusing on the ED unless any changes occur. The problem is moving the existing ER staff into the new ED as soon as possible that DCK will be able to start to renovate the existing ER. Looking at ribbon cutting for the new ED in October and the following week should follow with CCU/ICU. The CCU/ICU would not be delayed by much. There is no anticipation of any major cost if there were a delay on GMHA 	Mr. William Kando		Informational
6. Governance, Bylaws, Strategic Planning Committee	Mr. Verga commented that he and Mr. Kando have been working on the "Strategic Plan" implementation report. They have come up with a mechanism to assess the hospital's "Strategic Plan" in grading and rating several key areas. They are developing a matrix's and hopefully should be done by September and will be presented to the committee. This would be a mechanism to measure how well GMHA is doing.	Trustee Ricardo Terlaje, MD & Mr. Joseph Verga, MS, FACHE		Informational
STAFF REPORT (S):				
1. Hospital Administrator – CEO Report	<p>Mr. Joseph Verga, MS, FACHE; mentioned that his report was consolidated within the committee reporting; just couple items that he would like to mentioned.</p> <ul style="list-style-type: none"> Urgent Care Planning Committee the first meeting is scheduled for September 17, 2013. Mr. Verga mentioned that he is working with Public Health in developing a liaison committee to be part of the discharge team. To assist the patient with the community resources that is available to them. 	Mr. Joseph Verga, MS, FACHE		Informational
2. Associate Administrator Medical Services	Dr. Lizama consolidated his report and comments within the Board committee's reporting's.	Dr. Larry Lizama, MD		Closed
3. President, Medical Staff Report	<p>Dr. Jon Sidell, MD reported on the following:</p> <ul style="list-style-type: none"> Blue Sheet Form – It has been revised and stream line in reference to "Disruptive Physician"; which should be help with credentialing. Effective October 2013, Dr. Nugyen will be Medical Staff, President. ER Physicians our not happy that GMH is not assisting them with recruiting more physicians and are under paid. 	Dr. Jon Sidell, MD		Closed

<p>4. Chief Financial Officer Report</p>	<p>Mr. Ulrich had discussed finances with the BOT Finance & Audit Committee. He discussed on the following items below.</p> <ul style="list-style-type: none"> • Payroll – Mr. Ulrich mentioned that currently payroll is short by \$1.8 million and he had communicated with the Governor Office about Government Agencies that owes the hospital. The total amount of payroll \$2.7 million which is due for tomorrow and currently GMH has no funds. <ol style="list-style-type: none"> 1. Adelup owes \$1.7 million for agency receivables. 2. Medicaid - \$25 million for gross and \$15 million net. 3. About \$5 million dollars that has not paid to the hospital for Medicaid/MIP claims. • GMH did receive \$700K to be paid directly to GPA and the hospital is now current. • Increment – Received \$1.8 million for receivables that government owes the hospital. Mr. Ulrich mentioned that he was instructed to use that funding for increments and retro. The total amount needed to fund the increments is an additional \$130K dollar taken out of the savings account. • Revenue Cycle – Has not been managed over the last few years. The manager who was there has been was reassigned. There is currently no manager overseeing the Business Office. • Reconcile – Mr. Ulrich has been trying to reconcile against the hospital's current receivables. In June, Mr. Ulrich had received information that the hospitals interim reimbursement will increase from \$1,000 to \$1,100. • NTT – Extension with NTT for 6-months until February 14, 2014. NTT continues to providing the hospital with support. • Mr. Verga express to the Governor's Office that GMH needs about \$15 million dollars to cover the hospital monthly expenses of \$8.5 million and to be able to meet payroll for the fiscal year. • Dr. Lizama commented that GMH has a problem reconciling what Medicaid & MIP owes the hospital Trustee Frances T. Mantionona commented that from an accounting prospective need to know if this items are true write-off's, stale billing and that we as an institution did not follow-up on any documentation. When the hospital does a write-off need to be very clear if we are writing-off because of bad debt, stale billing these are things that we need to itemize and would need to be presented to the BOT Finance & Audit Committee. Mr. Ulrich mentioned that there is a conference call tomorrow at 8:30 am with Perry Point. • Mr. Ulrich commented that GMH had received legal opinion approval for the \$25 million to pay off Bank of Guam. The RFP will go out next week and Mr. Verga asked Mr. Ulrich to participate in the RFP development and negotiations. Waiting for final confirmation from Department of Interior in reference to the Compact Impact funds for GMHA. • Mr. Ulrich commented that he would be submitting the application for meaningful use for the EHR. • 	<p>Mr. Alan Ulrich, CFO</p>	<p>Informational</p>
--	--	---------------------------------	----------------------

	<ul style="list-style-type: none"> • Mr. Ulrich mentioned that he is currently working with Dr. Lizama and Dr. Sidell in deciphering of the Bylaws reflectively medical chart to the delinquency. • Mr. Ulrich mentioned that he is currently working with Ms. Claros and Mr. Verga on the staffing pattern and upon completion will be presented to the BOT – Human Resources Committee. • Mr. Ulrich mentioned that the OPA is finishing up an audit on the non-highly compensated employees and should be receiving their report by next week. • Mr. Ulrich asked if an official resolution from GMH would be needed in reference to the increment. Mr. Verga commented that GMH should have an official resolution from the Board not only authorizing the increments and retro-pay. GMH currently does not have the funding source to pay merit raises. • 		
<p>OTHER BUSINESS(S)</p> <p>Presentation – Basic Skills Training for Board & Commission Members</p>	<p>There is a new Public Law #32-031- Responsible Board/Commission Education Act. Requires all Directors of which a Board/Commission is associated with to establish an Educational Program which covers procurement laws as applicable statutes, executive orders, and rules and regulation which govern the Board or Commission and their respective areas. The tools and instruction is to assist all Board/Commission members toward reaching full compliance.</p> <p>This will provide basic information was developed to deliver basic information on Board Members responsibilities in general. However this presentation is made for GMHA specific enhancement to this presentation.</p> <p style="text-align: center;"><u>Ethics in Government</u></p> <p style="text-align: center;">Six Ethical Values Relevant to Public Service</p> <ul style="list-style-type: none"> • Trustworthiness • Responsibility • Respect • Compassion • Fairness • Citizenship <p><u>Conflict of Interest</u> – Clashes between the person’s self-interest and professional interest or public interest; and which a party’s responsibility to second-party limits its ability to discharge its responsibility to a third-party.</p> <p><u>GMHA BOT Bylaws, Article III, COI (pg. 4)</u></p> <ul style="list-style-type: none"> A. No Trustee shall be actively engaged in the selling of services or good to the hospital in excess of \$100K per year. This shall not apply to health care professionals who provide patient care services to GMHA. B. No Trustee shall act when a conflict of interest occurs. The Trustee shall disclose the nature of the conflict of interest to the members present and abstain from and discussion or voting on the issue. <p><u>GMHA BOT Bylaws, Article III, COI (pg. 5)</u></p> <ul style="list-style-type: none"> C. The vote of the conflicted Trustee shall not count for the purpose of D. constituting official Board action. 	<p>Mr. William Kando & Ms. Renee Veksler</p>	<p>Informational</p>

- E. Failure to disclose a conflict of interest shall be subject to immediate removal from the Board by the Governor.
- F. A file will be retained in the Administrator's Office and a written statement from each Board Member disclosing a conflict of interest.

• **Steps to take during a conflict of interest situation that will require a decision:**

1. Determine any conflict or potential conflict of interest.
2. Communicate the potential conflict.
3. Abstain from voting or otherwise influencing the decision.

Gifts

- GMHA leadership and staff are guided by GMHA Policy 8400-1.9, Solicitation & Acceptance of Gifts.
- It is unlawful for Gov Guam employee or employees association to solicit gifts from general public for any reason.
- It is unlawful for Gov Guam employee to accept gratuities or gifts.
- It shall be a breach of ethical standards for any payment, gratuity, or offer of employment as an inducement for the award of a subcontract or order.
- GMHA shall not allow solicitation of employees, patient or other individuals on hospital property by other employees, associations, outside solicitors, etc.
- GMHA's Exception is – GMH Volunteers Association (GMHVA), are licensed non-profit organization that is an authorized to engage in fundraising activities for the purpose of improving.

Robert's Rules of Order

- These rules are the Nation's recognized guide to smooth, orderly, and fairly conducted meetings.
- The 5 biggest mistakes using Robert's Rules of Order.
 1. Not teaching members the basics.
 2. Relying on just institutional knowledge.
 3. Not restarting the motion (both Chair and Members).
 4. Using Robert's Rules of Order as a weapon.
 5. Going to fast through meetings.

• **Parliamentary Procedure At a Glance**

- Moves – "I move to postpone discussion until..." Should be reflected in the minutes or "I move to refer the matter to committee.

The Role of the Board

- The role of the Board is at the policy level.
- It includes such function as guiding policy and determining strategic agency/organization direction.

Open Government

- What is Open Government?
 1. Is open to the public and transparent with respect to its ongoing improvement efforts and business operations.
 2. Allows for public participation in public hearings, meetings, deliberations,

	<p>etc.</p> <ol style="list-style-type: none"> 3. Allows for accessibility to its public documents, etc., with the exception of protected health information and/or other legal documents that may not be for public information. <ul style="list-style-type: none"> • Transparency attempts to reduce <ol style="list-style-type: none"> 1. Unethical and unlawful behavior. 2. Hidden Agendas. 3. Public Distrust. • Accountability in ethics and governance <ol style="list-style-type: none"> 1. Promotes Open Government. 2. Discourages unethical and unlawful behavior. 3. Upholds the Public's Trust. • Types of Accountability <ol style="list-style-type: none"> 1. Political Accountability 2. Ethical Accountability 3. Administrative Accountability 4. Individual Accountability within Organizations. • What is Guam's open government policy? <ol style="list-style-type: none"> 1. Open Government Law, the Legislature declares that the formation of public policy and decisions is public and shall not be conducted in secret. • What is Guam's open government – open meeting policy? <ol style="list-style-type: none"> 2. Every meeting of a public agency shall be open and public and any person shall be permitted to attend any public agency meeting except as otherwise stated in 5 GCA Government Operations, Ch.8 Open Government Law. 3. Notice of Regular and Special Meeting Requirements. 		
	<p><u>Freedom of Information Requests</u></p> <ul style="list-style-type: none"> • What is the Freedom of Information Act? <ol style="list-style-type: none"> 1. Sunshine Law 2. Every person has the right to inspect and take copy of any public document of Guam except as otherwise expressly prohibited by law. • Information Request Guidelines <ol style="list-style-type: none"> 1. Anyone can make a request for information and there are no restrictions. 2. They can request directly to the Organization either in writing or via email; and they must indicate their name, address, and detailed description of their request. 3. 4 working days from receipt of request to provide a response. An extension of 10 calendar days may be allowed only for special circumstances and will include weekends and legal holidays. <p><u>Procurement Laws</u></p> <ul style="list-style-type: none"> • What is procurement? <ol style="list-style-type: none"> 1. Procurement mean buying, purchasing, renting, leasing or otherwise acquiring any supplies, services or construction. 		

2. Includes all functions that pertain to the obtaining of any supply, service or construction, including description of requirements, selection and solicitation of sources, preparation and award of contracts.

3. All phases of contract administration.

• Who is covered?

1. Employees – any individual drawing a salary from a governmental body, whether elected or not, and any non-compensated individual performing services for any governmental body.
2. Governmental Body – any department, commission, council, board, bureau, committee, institution, agency, government corporation, authority or other establishment or official of the executive branch of government of Guam, except for GCC, UOG, GPSS, AND GMHA.

• Note: GMHA is an autonomous Government Body with its own Board and its own Procurement Authority.

Procurement of Small Purchases

- Threshold, for small purchase on supplies, services, or equipment, is \$14,999.00.
- Threshold, for small purchase on construction, is \$25,000.00.
- Small purchases require a request for quotation from at least three (3) vendors (off-island).

• Note: The above thresholds apply to locally funded supplies & service. Federally funded supplies & services have a small purchase threshold of \$100,000.00.

Procurement of Formal Bid

- Threshold for formal bid purchasing for supplies, services or equipment is \$15,000.00 or more.
- Threshold for formal bid purchasing of construction over \$25,000.00 or more.
- Formal Bid – means we must advertise in the local news media for at least a minimum of 15 days where bidders/offers are required to submit a sealed bid envelope to the Materials Management Office for the supplies, services, equipment or construction.
- Awards are based on the lowest responsive and responsible bidder for IFB/Multi-Step Bid and the best qualified offer based on points for RFP's.

In Closing

- You were appointed as Board Members because people believed in you and had confidence in your ability to “do the right thing” for our island community.
- Public respect is earned and is also very fragile; therefore, public perception of our Board is extremely important to GMHA and the Guam community.

Thank you very much for your invaluable service!

<p>Public Comment</p>	<p>1. Distinguish guest from the Legislature our Senators and we thank them for being here and taking the time out of there session to come visit with us. Chairman Webber opened the floor to the Senators if they would like to discuss or share any matters or concern of their visit.</p> <p>Senator Dennis Rodriguez, Jr. – Chairperson of the Committee on Health and Human Services; commented that there visit tonight was based on an invitation that they received from the Medical Staff Office to listen to a presentation. He mentioned that the hospital is very important to all the Senators they had recess on their session to be presence during the presentation.</p> <p>Senator Vice-Speaker Benjamin Cruz; commented on their visit was that one of the things is that they were told that GMH is in dire financial astray. So the Senators felt they need to come tonight to see if they could be of assistance to GMH. Senator Cruz commented that they had to come because GMH is not complaining with the law. He also mentioned that he had reminded Mr. Verga at the hearing that there is a bi-weekly financial report that is supposed to be publishing on the website and no update since June 2013.</p> <p>Mr. Verga had commented that he had giving instructions to the hospital's IT Department to ensure that the bi-weekly financial report was posted on the website.</p> <p>Senator Tina Muna Barnes, had commented and for the record that the Senators had received an invitation on August 28, 2013 at 3:59 pm and it stated as the following. Dear Honorable Senator the Guam Memorial Hospital would like to invite each of you to attend the GMH Board of Trustees meeting to be held on August 29, 2013 at 6:00 pm in the GMH DL Webb Conference Room, 1st Floor Administration Wing. The dire financial state of our islands only hospital would be presented and your attendance is appreciated. Senator Tina M. Barnes was taken aback and the interpretation that she personally got was that GMH needs financial assistance.</p> <p>Chairman Webber commented that the request did not come from the Board.</p> <p>Dr. James Murphy commented that the Medical Executive Committee met on Friday and what was part of their presentation was on the hospital's finances. Dr. Jon Sidell was asked if he could invite the Senators to be present for the Board of Trustee meeting</p> <p>Trustee Ricardo Terlaje commented that he believes that the finances are important to the hospital and if possible if the Trustees can motion to move the meeting and to discuss the Finance & Audit Committee report. Which is where the Board Members receive the report on the finances of the hospital and what is needed. This report is the state of affairs of the finances of the hospital.</p> <p>There is a motion and recommendation to the Board Members to proceed to section 6- D for the Finance & Audit Committee Report presentation.</p> <p>Motion by: Trustee Ricardo Terlaje, MD Seconded by: Trustee Edna Santos, MD</p>	<p>Chairman Lee Webber</p>	<p>Closed</p>
------------------------------	--	--------------------------------	---------------

		<p>All were in favor and no further discussion.</p> <p>Motion Carried.</p> <p>Mr. Ulrich commented that the correspondence has gone out to the Senators and to Governor's Office relative to information that were presented in the first budget bill. Relating to appropriation for the hospital and appropriation for Medicaid and MIP. GMH Leadership did present a balance budget for FY 2014 predicated on four important components.</p> <ol style="list-style-type: none"> 1. Rebasement updated reimbursement for Medicare. GMH is going through with an RFP and contract is being finalize. 2. Propose a fee increases of 60% - Notice for a Public Hearing is schedule on the 3-week of September. Fee increases are for 7,000 line-items for the hospital. Many of the line-items have not been updated for many years. Mr. Ulrich and Mr. Verga had presented to the insurance companies new contract for them to review and define the neurons since the last contract with the insurance companies was since 2009. 3. 3rd & 4th component - Based on what GMH puts into the Budget and what was anticipated it does not appeared on the budget that sufficient funds for MIP and Medicaid were included. To secure \$25 million in debt this would allow GMH to pay the existing debt to Bank of Guam but to pick up additional funds of \$14 million. The hospital payable balance is over \$20 million with the \$14 million for the debt financing will still be inadequate. Need to ensure that cash flow is equal to the hospitals expenses. <p>Dr. Larry Lizama commented on the FY 2013 budget has been exceeded. There are budget modification request without identified revenue source. Part of the concern of the Medical Staff is been how do we continue to fund the health care services that we deliver here at GMH, when we do not have any money in the hospital budget or any identified source of funding for the next 6-week.</p> <p>Senator BJ Cruz commented that the Legislature had given GMH the authority to proceed with the loan to pay down that \$20 million and to reduce the annual payment.</p>		
1.	Other Discussion	<p>Dr. Lizama would like to point out on a comment that Chairman Lee Webber made in reference to the \$14 million dollars that we should pay Perry Point. However, historically when the GMH is approve for those loans the local vendors will be fighting or wanting that proceeds from the loan. Chairman Lee Webber commented that Perry Point is the priority.</p>	Dr. Larry Lizama, MD	Closed
NEXT MEETING DATE	<i>Next Board meeting has been tentatively scheduled for September 26, 2013 at 6:00 p.m.; may be subject to change.</i>			

ADJOURNMENT

With no further discussion, the meeting was adjourned at 9:50 p.m.

Motion by: Trustee Rose Grino, BSN, RN

Seconded by: Trustee Edna Santos, MD

Motion Carried.

All were in favor and no further discussion.

Submitted by:



Edna V. Santos, MD
GMHA, Board of Trustees, Secretary

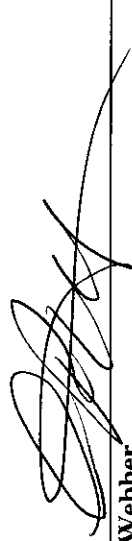
Recorder:

Esther S. Sablan, Administrative Secretary II

CERTIFICATION OF APPROVAL OF MINUTES

The minutes of the Open Session of August 29, 2013 Regular Meeting were approved by the Board of Trustees on December 5, 2013.

Certified By:



Lee Webber
GMHA, Board of Trustees, Chairman



GUAM MEMORIAL HOSPITAL AUTHORITY

BOARD OF TRUSTEES MEETING
Thursday, September 26, 2013



Present:

Lee Webber, Chairperson

Frances T. Mantanona, Vice-Chair

Edna V. Santos, MD, Secretary

Rose Grino, RN, Treasurer

Ricardo M. Terlaje, MD, Board Member

**Joseph Verga, MS, FACHE,
Hospital Administrator/CEO**

**Larry Lizama, MD, Assoc.
Administrator, Medical Services**

**Felix Cabrera, MD
Assoc. Medical Director**

**Jon Sidell, MD, President of Medical
Staff**

**Christine Tuquero, MSN, BSN, RN,
Acting Nursing Admin.**

**Jemmabeth Simbillo, BSN, RN, Deputy
Assistant Admin. Nursing Services**

Alan Ulrich, CFO

**Minakshi Hemlani, Esq.
(Executive Session)**

**George Castro, Court Reporter
(Executive Session)**

Brian San Nicolas, Gov. Office

Absent:

CALL TO ORDER & DETERMINATION OF QUORUM

After notices were duly timely made pursuant to the Open Government and with a quorum present, Chair called to order the Regular Meeting of the Guam Memorial Hospital Authority Board of Trustees at 6:10 p.m. in the GMHA, Daniel L. Webb Conference Room of the Guam Memorial Hospital Authority, located in Tamuning, Guam.

EXECUTIVE SESSION

Chairman Lee Webber read the request for an Executive Session; pursuant to Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111 (c) (1) and (2). The letter from the law firm of Fisher & Associates – requested of GMHA – that the Board hold an Executive Session to discuss matters relating to ongoing litigation.

The Chair adjourned to Executive Session at 7:30 p.m. with (4) Board of Trustees, Hospital Administrator/CEO, Chief Financial Officer, and Legal Counsel.

Motion by: Trustee Rose Grino, BSN, RN
 Seconded by: Trustee Ricardo Terlaje, MD

All were in favor and no further discussion.
 Motion Carried.

OPEN SESSION

The Chair called the meeting to order at 8:40 pm with the (4) Board of Trustees, Executive Management, Staff, and visitors. Therefore, the Board of Trustees reconvened to Open Session.

APPROVAL OF REGULAR SESSION MINUTES:

Approval of minutes of August 26, 2013 Regular Session Meeting were deferred.

ISSUE	DECISION(S)/ACTION(S) MADE	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
OLD BUSINESS(S):				
1. Appointees to GMHA Board	Mr. San Nicolas commented on the recommendation from Board in reference to inquire a need for fill the vacancies for Board members. The names of potential candidates were submitted and none have responded.	Chair, Lee Webber		Open
Board Committee Report (s)				
1. Human Resources Committee	The Committee did not meet for September 2013, no report at this time.	Trustee Frances Taitague-Mantanona		Information/ongoing
2. Joint Conference and Professional Affairs Committee	The Joint Conference and Professional Affairs Committee presented the resolutions for Medical Staff privileges. The committee is requesting and recommending Board approve of the Medical Staff privileges. Medical Staff Privileges:	Dr. Larry Lizama, MD		Closed

	<p style="text-align: center;">Resolution No. 13-82 <u>Relative to the appointment of Allied Health Provisional Professional Staff Privileges for:</u></p> <p>Janna Melsness, CNM</p> <p style="text-align: center;">Resolution No. 13-83 <u>Relative to the Appointment of Provisional Professional Staff Privileges for:</u></p> <p>Vincent S. Duenas, DO Maroslav Harasym, MD Kimberly Walton, MD</p> <p style="text-align: center;">Resolution No. 13-84 <u>Relative to the Reappointment of Active Professional Staff Privileges for:</u></p> <p>Young Chang, MD</p> <p style="text-align: center;">Resolution No. 13-85 <u>Relative to the Reappointment of Active Professional Staff Privileges for:</u></p> <p>Jeffrey Cruz, MD Fernan DeGuzman, MD</p> <p>Note: Confidential Medical Checklist was distributed to Board members.</p> <p><i>Motion by: Trustee Edna Santos, MD</i> <i>Seconded by: Trustee Rose Grino, BSN, RN</i></p> <p><i>And with unanimous votes, the Board adopted the Joint Conference and Professional Affairs Committee recommendation on the resolution for Appointment of Allied Health Provisional Professional Staff. Appointment of Provisional Professional Staff, and Active Professional Staff Privileges.</i></p> <p><i>All were in favor and no further discussion.</i> <i>Motion Carried</i></p>		
3.	<p>Quality & Safety Committee</p> <p>The Committee had met on September 24, 2013. Below are the highlights, discussion, and updates on the following:</p> <ul style="list-style-type: none"> • CMS Updates – As reported by Mr. Verga; overall SNU did pretty well during the CMS survey and there's no substantial quality care issues found during the survey. No significant findings to the following departments, Administration, Nursing, Physician Services and Pharmacy. 	Trustee Edna Santos, MD & Trustee Rose Grino, BSN, RN	Informational

The following areas with findings are:

1. Physical Environment
 - Fire alarm not available during the survey.
 - Outside overgrowth and cleanliness.
2. Rights
 - Notification issues on documentation of any significant changes.
 - Reassessment and notification.
3. Care Plan
 - 1 Patient with foley and no documentation of indication in the Medical Records.
 - Psych evaluation not completed.
 - Portable suction use was not inspected.
4. Dietary
 - Therapeutic diets – peaches not smashed/diced.
 - Unlabeled food in the kitchen (rice).
5. Infection Control
 - Hand washing
 - Training
 - Staff needs training on defibrillator.

The final report from CMS will be expected 10-days from the survey and corrective actions plans must be submitted in 10-days. Ongoing process of correction to the listed citations.

- Joint Commission Updates
- 1. Continue to be monitored Pain Management for Nursing
- 2. Legibility of H&P's for physicians

Note: Short on Compliance Officer – Actively recruiting.

Division Dashboard Reports:

1. Nursing Division – They are meeting all there indicators and will continue to monitor pain management.
2. Fiscal Division – To focus on accuracy of payroll.
3. Operations Division
 - Materials Mgmt. – Monitoring of timeliness of requisition of supplies from time of request, to approval of purchase orders and purchase.
 - Planning Dept. – Focusing on the improvement exercise per their AAR to ensure completion.
 - Security Doors that are found open is still an issue.
4. Pro-Support
 - Rehab – There are no issues they are meeting their indicator goals.

		<ul style="list-style-type: none"> • Respiratory Care – Difficulty with critical value reporting. They are piloting on reporting directly to physicians for Emergency Room and ICU/CCU on the critical lab values and documentation into IMED. 5. Medical Services – Medical Staff and UR <ul style="list-style-type: none"> • Lack of leadership oversight. • Standing Committee from MEC. • Communication report from OPPE to Credentialing and to the Board. Mr. Verga commented that the OPPE information was discussed during the meeting with JCPAC needs to be ultimately conveyed to the Board. Need to develop and implement a mechanism by which the OPPE information confidentially goes to the JCPAC and the Board on an on-going basis. <p>Comment – Ms. Jemmabeth Simbillo, BSN, RN In regards to Nursing Leadership with the acting unit supervisor there are several challenges to fill those positions in a full time capacity (Emergency Room, Operating Room, ICU/CCU and Telemetry).</p> <p>Mr. Verga commented “Kudos” to SNU staffed they had did very well. There was no substantial quality of safety issues, no immediate treats, no life safety code deficient, no follow-up deficient that were cited last visit. Improvements are sustained and most of the findings in the physical environment our either in the process of being corrected or are corrected now. Mr. Ulrich did inform the insurance companies that GMH will be moving forward with the increase on fees by 60%.</p>		
4.	Finance & Audit Committee	<p>The Finance & Audit Committee met on September 24, 2013. Below are the highlights, discussion and updates on the following:</p> <ul style="list-style-type: none"> • TEFERA Updates – Working with legal counsel the contract is finalize can still retro-active for prior fiscal years still can go back and revise fiscal year. • Perry Point – Mr. Ulrich is working with Region 9 of what was paid and what was unpaid claims there no actually accounting on the payments received. Mr. Ulrich commented that GMH had received a preliminary report. Mr. Ulrich prepared a request for data they did send a preliminary list of garnished payments and as of earlier today Mr. Ulrich did received word from Perry Point, which talked about what they had received as far as payments. There are two different reports that Mr. Ulrich is looking into and trying to balance both reports. They have identified about \$1.4 million dollars in garnished payments. With Perry Point need to find out how much interest they had charged GMH and what invoices are posted. • Charge Master – Is the line items that support all hospitals billing. The RFP out for agencies to do audit and to work at the hospital for a period of time. As to define what that hospital’s services our and to ensure that the hospital’s billing is accurate with the many different codes. Selection will be most likely be next week. • RFP Collection – The RFP has been push back for September 30, 2013. In the process of responding to the responses and should be evaluating those responses sometime next week. 		

- Insurance Contract – The revise contract was sent to legal to review on all the fee changes, reimbursement, and inclusive was also the prompt payment act. Mr. Ulrich commented that he had meet with the insurances CEO's on the contract and they have sent a revise contract and Mr. Ulrich will be discussing with them further on the new insurance contract. Mr. Ulrich had briefly mentioned to the insurance companies that GMH will be moving forward with the fee increases of 60%.
- FY 2013 Budget Modification – The modification and errors that went into the FY2013 Budget and based on the projected expenditures the appropriations are increases to \$93.4 million. The resolution is an authorization to management to expend up to \$104 million. This resolution does not address the funding for the \$104 million dollars or the additional monies. Mr. Verga mentioned that this resolution will enable management to continue to run the hospital beyond the appropriate budget. They will certify expenditure based on the available funding that comes in regardless of the source. The financials are on an accrual basis and working with BBMR for appropriations.

Official Resolution No. 13-86

Motion to approved resolution “ Relative to the Approval of the Revised Fiscal Year 2013 Financial Plan”.

**Motion by: Trustee Edna Santos, MD
Seconded by: Trustee Rose Grino, BSN, RN**

**All approved and with no further discussion.
Motion Carried.**

Financials Updates:

- Gross Revenue – For the month of August the gross revenue of \$11.1 million which is down about \$800K from last month. The net total expenses were \$8.6 million from \$9 million last month. On an accrual basis and base on the patient shared distribution there was a loss of \$3.2 million dollars in August versus a loss of \$3 million last month. While revenues went down the hospital fix expenses did not go done. Base on the funds received by grants there was a loss of \$2.6 million dollar. In July we had \$1.1 million dollars from Gov. Guam subsidy coming in and leaving a loss of \$1.1 million dollars.

The hospital's operating expenses is \$8.6 million dollars. In the correspondence to Mr. Rios, even with the \$7.6 million dollars that was received from Gov Guam the hospital is short of \$1 million dollars short from a cash flow standpoint. For August and September the hospital will be about \$4 million dollars short. Management is looking into ways to manage revenue, enhance revenue, and reduce cost to ensure adequate funding.

There was discussion on the hospital's receivables show \$230 million dollars in

	<p>receivables. In the process of reconciling on the monthly basis the hospital receivables with all the local insurance companies. We are also focusing on MIP/Medicaid because that reconciliation had not been previously taken placed; there were claims that have never been address. Patient Affairs Department will be working specifically with the government to find out what claims they have or why claims add up to \$14 million dollars. They should be paying clean claims within 14-days and if the claims are not clean we should be respondent immediately to them. There are receivables that go back as far as 4-years and if the claims was denied and not re-billed to the patients we will be writing-off these claims. GMH might have miss the time of filling for those claims which is 1-year of from date of discharge or service.</p> <ul style="list-style-type: none"> • Fee Adjustment – There were initiatives to increase the fees to an average of 60% for Fiscal 2014 budget. Under the current law the hospital is able to introduce new fees or new procedures. The Finance & Audit Committee did recommend this methodology to the Board and it will be up to the Board if they would like to proceed with these initial initiatives to increase the fees or wait for the entire package. Mr. Verga's recommendation is to defer this resolution for now until we have more information on the new fee package. • In the Finance the meeting there was a suggestion to open a new bank account for the financing on taxes for the gaming device. This will be defer until the next meeting pending resolution. 		
5.	<p>Facilities, Capital Improvement Projects, & Information Technology Committee</p> <p>Mr. William Kando will be report for this committee and the key focus and discussion are on the following items below:</p> <ul style="list-style-type: none"> • The ER expansion received a certificate of substantial compliance with the new ER the first phase has been completed. Equipments continue to arrive, pending installation certification. Timeframe for ribbon cutting and opening at the end of October 2013. The new CCU/ICU will follow approximately two weeks after looking at mid November 2013. • Elevator Modernization Project - is preceding pending approval with AG's Office. • Chiller Replacement Project – The purchase order have been issued. • The volunteers have purchase 6 new scopes inclusive of one scope for the Pediatric Unit. 	Mr. Joseph Verga	Informational
6.	<p>Governance, Bylaws, Strategic Planning Committee</p> <p>Mr. Verga commented that the only update that was explain at the previous meeting was that there is a strategic Planning score card that had been developed by Planning Department. This will be introducing at the Executive Management Committee on their next scheduled meeting. There will be a base line score for all the strategic areas on the strategic plan. Once there is base line scores should be implementing a mechanism to have a regularly updates to the indicators. The intention is to have a score card which will be an annually evaluation of the strategic plan. This will be introduced this month to the EMC and the Board before the end of the year. This will be an ongoing process.</p>	Mr. Joseph Verga, MS, FACHE	Informational
STAFF REPORT (S):			
1.	<p>Hospital Administrator – CEO Report</p> <p>Mr. Joseph Verga, MS, FACHE; mentioned that his report was consolidated within the committee reporting; just couple items that he would like to mentioned.</p>	Mr. Joseph Verga, MS, FACHE	Informational

		<ul style="list-style-type: none"> Urgent Care Planning Committee was implemented last month. In the first meeting compose of members of Public Health and Community Physicians. There was an agreement on the framework of how we should operate and the location. The committee was divided into two groups one is the staffing and budget subcommittee and operations subcommittee. Will be meeting bi-weekly, need to submit plan to the Legislature within 90-days. Next schedule meeting is on October 1, 2013. Ms. Jemma Simbillo has graciously accepted to become the Nursing Administrator and Ms. Rhodora Cruz has accepted to become Deputy Assistant Administrator of Nursing Services. As for the Compliance Officer will be recruiting from within the hospital there are some respective candidates. Medical Records Administrator – The position had been vacant for some time now, unable to find a candidate that is qualified. At this time we might have to look at the mainland. <p>In the matter of clarification from Chairman Lee Webber, the Board cannot vote electronically unless the Board is in session. The electronic voting is for a Board member is not presence during the session.</p>			
2.	Associate Administrator Medical Services	<p>Dr. Lizama commented that there are still some challenges in recruiting for critical physician positions. The Board has been working on the challenge of recruiting and utilizing recruiting agencies for the finder's fees and we have not move anywhere with Bill #45. At this point there is a critical need for physicians specifically in the Emergency Room and Internal Medicine Departments. There are some potential applicants that are going through recruiting agencies. Dr. Lizama would like to recommend to the Board to move forward in on the resolution for hiring of more physicians for those critical departments.</p> <p>Dr. Cabrera commented on the Lab that they will be moving forward in doing a few test locally as oppose to sending them out. Not only in terms of cost but on the turnaround time and inclusive with patient safety of care as well.</p> <p>In regards to the Urgent Care with the census from the tour the location was recommended for the ER Annex. However this will be for further discuss at the next scheduled Urgent Care meeting.</p>	Dr. Larry Lizama, MD		Informational
3.	Associate Medical Director		Dr. Felix Cabrera, MD		Informational
4.	President, Medical Staff Report	<p>Dr. Jon Sidell, MD reported on the following:</p> <ul style="list-style-type: none"> Effective October 2013, Dr. Ngyen will be Medical Staff, President. 	Dr. Jon Sidell, MD		Closed
5.	Chief Financial Officer Report	<p>Mr. Ulrich had discussed finances with the BOT Finance & Audit Committee. He discussed on the following items below.</p> <ul style="list-style-type: none"> Mr. Ulrich mentioned that there was a memo went out from Medical Staff with Dr. Sidell's consent in regards to having all the data completed to be able to submit claims 	Mr. Alan Ulrich, CFO		Informational

	<p>on time. Mr. Ulrich mentioned that there where discussion with Dr. Lizama, Dr. Sidell and Ms. Sera Rios in regards to deficiency. The deficiency were on not completing discharge summary, OR reports, and etc. The Medical Staff Bylaws due require that certain items be completed within a timeframe. However, there are 1069 charts that are over 30-days. There are still many physicians that are not compliant with closing of medical charts.</p> <ul style="list-style-type: none"> • GEDA - The financing is moving forward and the responses will be due by 10/11/13 and the GEDA Board will be meeting on the 10/18/13. • NTT - Mr. Ulrich mentioned that he had received responses from NTT. He would be discussing those responses on the relationship with NTT and GMH with Mr. Verga, Dr. Lizama and Dr. Cabrera. GMH has 90-days to resolve those issues with NTT. 	
OTHER BUSINESS (S)		
1.	Unfinished Business	None
1.	Public Comment	None
<p>NEXT MEETING DATE</p> <p><i>Next Board meeting has been tentatively scheduled for December 5, 2013 at 6:00 p.m.; may be subject to change.</i></p>		

ADJOURNMENT

With no further discussion, the meeting was adjourned at 9:50 p.m.

Motion by: Trustee Rose Grino, BSN, RN

Seconded by: Trustee Edna Santos, MD

Motion Carried.
All were in favor and no further discussion.

Submitted by:


 Edna V. Santos, MD
GMHA, Board of Trustees, Secretary


 Esther S. Sablan, Administrative Secretary II

Recorder:

CERTIFICATION OF APPROVAL OF MINUTES

The minutes of the Open Session of September 26, 2013 Regular Meeting were approved by the Board of Trustees on December 5, 2013.

Certified By:



**Lee Webber
GMHA, Board of Trustees, Chairman**

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
#850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96931



BOARD OF TRUSTEES
Official Resolution
No. 14-03

Relative to the reappointment of Active Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
<i>Kathleen Fedack, MD.</i>	<i>Anesthesia</i>	<i>Anesthesiology</i>	<i>September 30, 2015</i>

WHEREAS, the above listed practitioner met the basic requirements for Active Professional 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 27, 2013 and the Joint Conference and Professional Affairs Committee on October 10, 2013 recommended approval of Active Professional Staff Membership reappointment for the above listed practitioner; and

WHEREAS, all reappointments to Active 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 Active 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 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 5th DAY OF DECEMBER, 2013.

Certified by:



Lee Webber
Chairperson, Board of Trustees

Attested by:



Edna Santos, MD.
Secretary, Board of Trustees

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
#850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96931



BOARD OF TRUSTEES
Official Resolution
No. 14-04

Relative to the appointment of Active Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Trenton Scheibe, MD.	Emergency Med.	Emergency Med	September 30, 2015

WHEREAS, the above listed practitioner met the basic requirements for Active Professional 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 27, 2013 and the Joint Conference and Professional Affairs Committee on October 10, 2013 recommended approval of Active Professional Staff Membership reappointment for the above listed practitioner; and

WHEREAS, all appointments to Active 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 Active 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 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 5th DAY OF DECEMBER, 2013.

Certified by:

Lee Webber
Chairperson, Board of Trustees

Attested by:

Edna Santos, MD.
Secretary, Board of Trustees

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
#850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96931



BOARD OF TRUSTEES
Official Resolution
No. 14-05

Relative to the appointment of Provisional Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
<i>Eugene De Guzman, MD.</i>	<i>Medicine</i>	<i>Internal Medicine</i>	<i>September 30, 2014</i>
<i>Golda Sol Fernandez, MD.</i>	<i>Medicine</i>	<i>Internal Medicine</i>	<i>September 30, 2014</i>
<i>Shishin Miyagi, MD.</i>	<i>Family Practice</i>	<i>Family Practice</i>	<i>September 30, 2014</i>

WHEREAS, the above listed practitioners met the basic requirements for Provisional Professional 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 27, 2013 and the Joint Conference and Professional Affairs Committee on October 10, 2013 recommended approval of Provisional Professional Staff Membership reappointment for the above listed practitioners; and

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

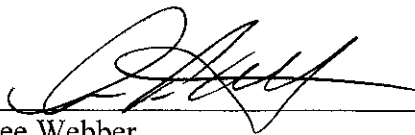
RESOLVED, that the Board of Trustees approves this recommendation to appoint the above named practitioners to Provisional Professional Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of 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 5th DAY OF DECEMBER, 2013.

Certified by:



Lee Webber
Chairperson, Board of Trustees

Attested by:



Edna Santos, MD.
Secretary, Board of Trustees



BOARD OF TRUSTEES
Official Resolution

No. 14-06

Relative to the reappointment of Active Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
<i>Felipe Cortez, MD.</i>	<i>Anesthesia</i>	<i>Anesthesiology</i>	<i>October 31, 2015</i>

WHEREAS, the above listed practitioner met the basic requirements for Active Professional 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 23, 2013 and the Joint Conference and Professional Affairs Committee on November 20, 2013 recommended approval of Active Professional Staff Membership reappointment for the above listed practitioner; and

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

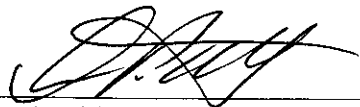
RESOLVED, that the Board of Trustees approves this recommendation to reappoint the above named practitioners to Active Professional Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of 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 5th DAY OF DECEMBER, 2013.

Certified by:



Lee Webber
Chairperson, Board of Trustees

Attested by:



Edna Santos, MD.
Secretary, Board of Trustees

Guam Memorial Hospital Authority
Autoridad Hospitalaria Memorial de Guam
#850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96931



BOARD OF TRUSTEES
Official Resolution

No. 14-07

Relative to the appointment of Provisional Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
David Austin, MD.	Pediatrics	Pediatrics	October 31, 2014
Ben Thebaut, MD.	Surgery	Orthopedics	October 31, 2014
Hieu Campus, MD.	Family Practice	Family Practice	October 31, 2014

WHEREAS, the above listed practitioners met the basic requirements for Provisional Professional 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 October 23, 2013 and the Joint Conference and Professional Affairs Committee on November 20, 2013 recommended approval of Provisional Professional Staff Membership reappointment for the above listed practitioners; and

WHEREAS, all appointments to Provisional 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 Provisional 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 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 5th DAY OF DECEMBER, 2013.

Certified by:

Lee Webber
Chairperson, Board of Trustees

Attested by:

Edna Santos, MD.
Secretary, Board of Trustees



Guam Memorial Hospital Authority

Performance Improvement Dashboard - Divisions Month 2

PERFORMANCE KEY: ★ Better than Expected ● Expected ■ Needs more work ■ Worse than expected ⊗ No Data Collected

CORE VALUES	DEPT.	INDICATORS / MEASURES	GOAL	1Q	2Q	3Q	4Q	2013	Oct. 2013
NURSING SERVICES DIVISION - Specialty Units FY2013 TO FY2014 - AUGUST-SEPTEMBER-OCTOBER									
Q	HEMO, ER	Pain Management	90%	90%	95%	94%	92%	92%	95%* HEMO ONLY
Q	HEMO	Weight Monitoring	90%	78%	94%	95%	98%	91%	99%
A, Q		Infection Control Monitoring Tool	90%	93%	92%	96%	86%	92%	90%
A, Q		Nursing Care Plans	90%	100%	100%	93%	100%	98%	100%
A, Q	OR	Surgical Site Infection SURVEY RESPONSE	95%	36%	96%	98%	98%	82%	100%
A, S	ER	Nitrous Oxide Monitoring	100%	100%	100%	93%	100%	98%	100%
A, S		ER Annex Crashcart Checklist	100%	89%	95%	86%	82%	88%	NO
S		Suicide Risk Management	90%	NO	84%	85%	89%* ONLY JULY	86%	NO
A, Q	PATIENT EDUCATION	Smoking Cessation Counseling (overall)	90%	85%	84%	74%	80%	81%	73%
		GMHA Patient Education Teaching (overall)	95%	98%	100%	98%	97%	98%	97%
		SNU Patient Education Teaching (overall)	90%	95%	100%	100%	100%	99%	100%
FISCAL SERVICES DIVISION - FY2013 TO FY2014 - AUGUST-SEPTEMBER-OCTOBER									
A, C	PATIENT AFFAIRS (BUSINESS OFFICE)	Clean Claims Released 7 Business Days following Discharge	75%		Started in 3Q	64%	90%	77%	NO
		Outgoing Calls concerning Balances resulting in Actual Contact	70%		Started in 3Q	24%	27%	26%	NO
		Actual Contact resulting in Payment Agreements / Payroll Deductions	70%		Started in 3Q	31%	39%	35%	NO
		Statements Waived to Patients within 2 Days of Required Date	100%		Started in 3Q	100%	100%	100%	NO
OPERATIONS DIVISION - CY2013-AUGUST-SEPTEMBER-OCTOBER									
A, S	FACILITIES MAINTENANCE	Weekly Testing of Emergency Generators	100%		90%	90%	100%	93%	100%
		Equipment with Completed Preventative Maintenance	90%	Calendar Year 2012	96%	94%	NO	95%	NO
		Utilities with Completed Preventative Maintenance	90%		99%	99%	NO	99%	NO
A, S	SAFETY	Bi-Weekly Inspection Submission	90%	Calendar Year 2012	89%	92%	92%	91%	NO
		Comprehensive Inspections Conducted	90%		100%	67%	67%	78%	NO
A, C, E	ENVIRONMENTAL SERVICES	% Discharges during AM Shift	+80%	started Calendar Year 2013	46%	47%	46%	46%	NO
		Cleanliness of High Touch Areas - Failures	+30%	started March 2013	3%	4%	dropped indicator	4%	dropped
		Square Feet per FTE per day - AM SHIFT				9,887	9,887	9,887	NO
		Square Feet per FTE per day - PM SHIFT	+12,000 ft	started June 2013		20,184	23,549	21,867	NO
		Square Feet per FTE per day - GRAVEYARD SHIFT				19,358	24,198	21,778	NO
	Top 12 Linen losses total based on cost value	-3.7%	started July 2013;	reflects Jan 2013 - Aug 2013 -->		\$ 60,852.72	\$ 60,852.72	NO	
PHARMACY SUPPORT DIVISION - FY2013 TO FY2014 - AUGUST-SEPTEMBER-OCTOBER									
A, C, S	PHARMACY	Missing Medications from Patient Cassettes	<0.0%	0.78%	0.47%	0.45%	0.40%	0.53%	0.26%
		Medication Errors per 100 dispensed medications	<0.0%	0.29	0.09	0.14	0.10	0.16	0.04
		Drug Interventions	<0.0%	0.49%	0.15%	0.12%	0.09%	0.21%	0.08%
A, E, S, Q	DIETARY	Accurate Patient Weights taken by Nursing	90%	71%	71%	60%	85%	72%	NO
		Interdisciplinary Plan of Care	60%	34%	43%	81%	94%	63%	dropped?
		Nutrition Care Process	85%	50%	74%	97%	100%	80%	dropped?
		Patient/Family Education on FDI	90%	52%	28%	96%	92%	67%	dropped?
	Patient Assessment - Low Albumin	90%	29%	36%	70%	3%* Sept. data	52%	NO	
	Kitchen Facility for Patient Safety	90%	94%	97%	96%	92%	95%	dropped?	
A, S, Q	RADIOLOGY	Transcription Report Turn Around Time (within 24 hours)	95%	83%	65%	91%	92%	83%	94%
A, E, S, Q		Patient/Family Education on Central Line Insertion	90%	68%	85%	86%	85%* no Sept. data	81%	100%
		Infection Control Central Line Checklist	90%	100%	81%	83%	91%	89%	100%
		Pre-Procedural Sedation (both Physician and Nurse compliance)	100%	98%	96%	97%	97%	97%	100%
A, S		Time-Out (Universal Protocol) for Radiology	100%	98%	100%	100%	100%	100%	94%
		Informed Consent for Invasive Procedures	100%	98%	97%	91%	95%	95%	94%
MEDICAL SERVICES DIVISION - CY2013-AUGUST-SEPTEMBER-OCTOBER									
A	MEDICAL STAFF OFFICE	Medical Staff Scheduled Meetings	90%	60%	77%	78%	NO	72%	NO
		Physicians trained on iVivid	30%	60%	61%	64%	NO	62%	NO
		Monitoring of FPPE for New Applicants (less than 3 months timeframe)	90%	74%	81%	73%	NO	76%	NO
		Monitoring of FPPE for New Applicants (greater than 3 months timeframe)	90%	33%	50%	50%	NO	44%	NO
		Monitoring of FPPE for New Privileges	90%	67%	100%	None	NO	84%	NO
		Monitoring of FPPE for Quality Concerns	90%	50%	0%	0%	NO	25%	NO
		Monitoring of OPPE	90%	25%	ONLY BI-ANNUALLY		NO	25%	NO
SKILLED NURSING UNIT - PLEASE SEE ATTACHED DASHBOARD									
EXIT INTERVIEW REPORT (July-Sept 2013) - PLEASE SEE ATTACHED									



**GUAM
MEMORIAL
HOSPITAL
AUTHORITY**

SKILLED NURSING UNIT DASHBOARD

FY 2013- 4th Quarter

July August Sept 2013

REPORT DATE: October 14, 2013

Note: Operational Definitions can be viewed in the trending sheet.

TARGET KEYS: ★ Better than Expected ◇ Expected ■ Needs More Work ● Worse Than Expected

PERFORMANCE MEASURES	TARGET KEYS	TARGET GOAL	1Q	2Q	3Q	4Q	COMMENTS
PATIENT OUTCOMES--HYGIENE CARE	★ >90		◇	◇	◇	◇	
	◇ >80						
	■ >70						
	● <70	>80%	83%	82%	88%	86%	
CALL LIGHT RESPONSE TIME	★ >90		●	◇	■	★	
	◇ >80						
	■ >70						
	● <70	>80%	65%	85%	75%	91%	
INTERDISCIPLINARY PLAN OF CARE	★ >90		●	●	●	■	
	◇ >80						
	■ >70						
	● <70	>80%	42%	60%	60%	76%	All care plans are not interdisciplinary. More training will be conducted to ensure all interdisciplinary members are compliant.
PATIENT OUTCOMES--PATIENT WEIGHT	★ >90		●	■	◇	★	
	◇ >80						
	■ >70						
	● <70	>80%	69%	76%	88%	96%	
DIETARY ORDER	★ >90		★	★	★	★	
	◇ >80						
	■ >70						
	● <70	>80%	100%	100%	100%	100%	
PRESSURE ULCER MGMT	★ >90		◇	◇	★	★	
	◇ >80						
	■ >70						
	● <70	>80%	80%	85%	93%	97%	

TARGET KEYS: ★ Better than Expected ◇ Expected Needs More Work ● Worse Than Expected

PERFORMANCE MEASURES	TARGET KEYS	TARGET GOAL	1Q	2Q	3Q	4Q	COMMENTS
MEDICATION STORAGE	★ >90		◇	★	★	★	
	◇ >80						
	● >70	>80%	85%	92%	94%	91%	
MD NOTIFICATION	★ >90		●	●	●	★	
	◇ >80						
	● >70	>80%	79%	60%	77%	96%	
INFECTION CONTROL--CROSS CONTAMINATION (OTHER PROCEDURE)	★ >90		◇	◇	◇	★	
	◇ >80						
	● >70	>80%	83%	84%	87%	98%	
INFECTION CONTROL--CROSS CONTAMINATION (FOLEY CARE)	★ >90		●	◇	◇	◇	
	◇ >80						
	● >70	>80%	77%	85%	82%	88%	
HOUSEKEEPING	★ >90		★	★	★	★	
	◇ >80						
	● >70	>80%	100%	100%	100%	100%	
CONTACT ISOLATION	★ >90		◇	★	◇	★	
	◇ >80						
	● >70	>80%	85%	98%	89%	94%	
FLU/PNEUMOCOCCAL VACCINATION	★ >90		●	★	●	●	Although the hospital is helping SNU on compliance of the Immunization requirement before admission, the head nurse has identified a second nurse to check on the immunization paper works.
	◇ >80						
	● >70	>80%	45%	90%	63%	75%	
BOWEL MOVEMENT PROTOCOL	★ >90		◇	★	●	★	
	◇ >80						
	● >70	>80%	81%	92%	76%	94%	

TARGET KEYS: ★ Better than Expected ◇ Expected Needs More Work Worse Than Expected

PERFORMANCE MEASURES	TARGET KEYS	TARGET GOAL	1Q	2Q	3Q	4Q	COMMENTS
INDEPENDENT URINARY ELIMINATION	★ >90		★	★	★	★	The nurses are completing the bladder assessment, however, they miss to post the appropriate icon at the bedside. Clarification also have been made to also include those residents who are continent with the offering of the restroom or bed pan..
	◇ >80		◇	◇	◇	◇	
	◇ >70						
	● <70	>80%	59%	45%	84%	69%	
HAND HYGIENE COMPLIANCE	★ >90		★	★	★	★	
	◇ >80		◇	◇	◇	◇	
	◇ >70						
	● <70	>80%	75%	85%	98%	87%	
MDS TIMELY SUBMISSION	★ >90		★	★	★	★	
	◇ >80		◇	◇	◇	◇	
	◇ >70						
	● <70	>80%	91%	93%	90%	84%	
PATIENT IDENTIFIERS	★ >90		★	★	★	★	
	◇ >80		◇	◇	◇	◇	
	◇ >70						
	● <70	>80%	100%	100%	100%	100%	
PATIENT IDENTIFIERS-- LABELING SPECIMENS	★ >90		★	★	★	★	
	◇ >80		◇	◇	◇	◇	
	◇ >70						
	● <70	>80%	100%	97%	100%	100%	
FALL RATE	★ <1.5		★	★	★	★	
	◇ <3.5		◇	◇	◇	◇	
	◇ <5.0						
	● >5.0	<3.5%	0.67%	4.21%	2.6%		
PRESSURE ULCER INCIDENCE RATE	★ <5.0		★	★	★	★	
	◇ <7.0		◇	◇	◇	◇	
	◇ <10.0						
	● >10.0	<7.0	2.6%	5.7%	0.0%	0.0%	
SUICIDE PRECAUTIONS	★ >90		★	★	★	★	
	◇ >80		◇	◇	◇	◇	
	◇ >70						
	● <70	>80%	N/A	N/A	N/A	N/A	
RESTRAINT USE	★ >90		★	★	★	★	
	◇ >80		◇	◇	◇	◇	
	◇ >70						
	● <70	>80%	80%	N/A	N/A	N/A	

TARGET KEYS: ★ Better than Expected ◇ Expected Needs More Work Worse Than Expected

PERFORMANCE MEASURES	TARGET KEYS	TARGET GOAL	1Q	2Q	3Q	4Q	COMMENTS
PAIN MANAGEMENT	★ >90		◇	◇	◇	◇	
	◇ >80						
	★ <70	>80%	87%	87%	87%	89%	
FIRE SAFETY-R.A.C.E	★ >90		★	★	★	★	
	◇ >80						
	★ <70	>80%	100%	100%	100%	100%	
FIRE SAFETY DRILL	★ >90		★	★	★	★	
	◇ >80						
	★ <70	>80%	100%	100%	100%	100%	
THERAPY MINUTES	★ >90			◇	◇	★	
	◇ >80						
	★ <70	>80%					
KITCHEN SANITATION/EQUIPMENT	★ >90		N/A	83%	69%	93%	Most of kitchen equipments has been repaired on this quarter Except for the steamer. Problem includes the incomplete 3 days emergency supplies as required by CMS.
	◇ >80						
	★ <70	>80%	N/A	54%	73%	74%	
CLEANING AND DISINFECTING	★ >90				★	★	
	◇ >80						
	★ <70	>80%	N/A	73%	92%	93%	
HEMO SCHEDULING AND TRANSPORT	★ >90			★	★	★	
	◇ >80						
	★ <70	>80%	N/A	100%	100%	100%	
PSYCHOTROPIC DRUG USE	★ >90				◇	◇	training is still on going on the use of psychotropic medications. Pharmacy is helping Nursing on the requirements on the use of the medications.
	◇ >80						
	★ <70	>80%	N/A	N/A	48%	39%	

TARGET KEYS: ★ Better than Expected ◇ Expected Needs More Work ● Worse Than Expected

PERFORMANCE MEASURES	TARGET KEYS	TARGET GOAL	1Q	2Q	3Q	4Q	COMMENTS
VOLUME INDICATORS							
SECURITY							
# OF THEFTS			0	0	0	0	
# OF ASSAULTS/HARRASSMENTS			0	0	0	0	
# OF VANDALISMS -			0	0	0	0	
# OF DISTURBANCES/CODE 60s			0	0	0	0	
# OF SMOKING VIOLATORS			2	0	0	0	
# OF ALCOHOL CONSUMPTION VIOLATION			2	1	0	0	
# OF UNSECURED AREAS REPORTED			2	0	2	0	
# OF LOST AND FOUND			0	0	0	0	
VOLUME INDICATORS							

GMHA
Comparative Income Statement - August and September 2013

	August	September	CHANGE	TOTAL YTD
STATEMENT OF REV AND EXP				
Gross Patient Revenues	\$11,078,140	\$11,526,424	\$448,284	\$141,228,342
Contractual Adjustments	-\$3,945,564	-\$4,025,489	-\$79,925	-\$48,938,588
Bad Debts Expense	-\$1,863,622	-\$1,879,814	-\$16,192	-\$22,039,159
NET PATIENT REVENUES	\$5,268,954	\$5,621,121	\$352,167	\$70,250,595
Other Operating Revenue				
Food Sales, Cafeteria	\$32,162	\$35,456	\$3,294	\$477,055
Other	\$27,796	\$25,857	-\$1,939	\$259,848
Total Other Oper Revenues	\$59,958	\$61,313	\$1,355	\$736,903
TOTAL REVENUES	\$5,328,912	\$5,682,434	\$353,522	\$70,987,498
OPERATING EXPENSES:				
Salaries	\$4,482,191	\$4,509,725	\$27,534	\$53,668,526
Fringe Benefits	\$1,418,131	\$1,368,950	-\$49,181	\$16,495,546
Travel & Mileage Reimbursement	\$1,102	\$788	-\$314	\$18,953
Training	\$1,195		-\$1,195	\$26,069
Contractual Services	\$589,850	\$459,497	-\$130,353	\$6,248,957
Supplies & Materials	\$970,317	\$1,289,371	\$319,054	\$13,205,875
Minor Equipment	\$3,630	\$106,218	\$102,588	\$251,446
Miscellaneous	\$2,323	\$5,060	\$2,737	\$173,169
Utilities	\$356,190	\$333,664	-\$22,526	\$3,609,527
TOTAL OPERATING EXPENSES	\$7,824,929	\$8,073,273	\$248,344	\$93,698,068
OTHER EXPENSES:				
Interest Expense	\$168,022	\$141,610	-\$26,412	\$2,117,020
Sick & Annual Leave Exp	\$35,885	\$162,715	\$126,830	\$851,731
Retiree Health Cost		\$1,991,175	\$1,991,175	\$1,991,175
Depreciation Expense	\$365,982	\$361,920	-\$4,062	\$4,417,579
Gain/Loss on Disposal				\$4,595
Bioterrorism Expenses	\$119,392	-\$107,725	-\$227,117	\$129,322
FEMA/DOI CIP Expenses				
Compact Impact Expenses	\$25,618	\$43,426	\$17,808	\$106,384
GO Bond PL 29-19 Expenses	\$24,375	\$50,507	\$26,132	\$83,116
Expired/Surveyed Supplies				
Inventory Adjustment	\$17,077	\$277,786	\$260,709	\$589,274
TOTAL OTHER EXPENSES	\$756,351	\$2,921,414	\$2,165,063	\$10,290,196
TOTAL EXPENSES	\$8,581,280	\$10,994,687	\$2,413,407	\$103,988,264
REVENUES OVER EXPENSES	-\$3,252,368	-\$5,312,253	-\$2,059,885	-\$33,000,766
NON-OPERATING REVENUES				
GOVGUAM SUBSIDY		\$1,800,000	\$1,800,000	\$9,683,062
Trans GovGuam-Ret Healt		\$1,991,175	\$1,991,175	\$1,991,175
FEMA/DOI CIP Revenues				
GovGuam Reimbursement				
GO Bond Revenue	\$258,347	\$668,007	\$409,660	\$5,471,070
Compact Impact	\$298,055		-\$298,055	\$6,553,087
Bioterrorism Grant	\$107,267		-\$107,267	\$236,262
Misc Revenue NPO Write				
Contributions	\$18,125		-\$18,125	\$211,646
TOTAL NON-OPERATING REVE	\$681,794	\$4,459,182	\$3,777,388	\$24,146,302
PROFIT(+)/LOSS (-)	-\$2,570,574	-\$853,071	\$1,717,503	-\$8,854,464

GMHA
Comparative Balance Sheet

	AUGUST 2013	SEPTEMBER 2013	CHANGE
CURRENT ASSETS			
Cash - Operations	\$2,257,429	\$2,762,390	\$504,961
Patient Accts Receivable-Current	\$115,706,097	\$118,292,437	\$2,586,340
Patient Accts Receivable-Reserve	\$114,238,820	\$113,713,601	-\$525,219
Receivables	\$307,887	\$305,692	-\$2,195
Suspense Accounts	-\$3,509,254	-\$1,165,721	\$2,343,533
Less: Reserve for Cont Allow	-\$92,734,844	-\$96,078,466	-\$3,343,622
Less: Reserve for Bad Debts	-\$114,238,820	-\$114,238,820	
Other Receivables	\$102	\$93	-\$9
Inventories	\$3,877,581	\$2,716,056	-\$1,161,525
Prepaid Expenses	\$56,821	\$50,871	-\$5,950
Total Current Assets	\$25,961,819	\$26,358,133	\$396,314
Property, Plant and Equipment	\$39,959,263	\$39,864,997	-\$94,266
Total unrestricted funds	\$65,921,082	\$66,223,130	\$302,048
LIABILITIES & FUND BALANCE			
CURRENT LIABILITIES			
Current Portion of Long Term Debt	\$10,796,030	\$10,746,929	-\$49,101
Deferred Revenue			
Accounts Payable, Trade	\$25,361,990	\$24,180,709	-\$1,181,281
Accounts Payable, Government	\$2,936,327	\$2,996,688	\$60,361
Other Accrued Liabilities	\$1,415,000	\$1,410,000	-\$5,000
Accrued Payroll & Benefits	\$1,260,341	\$1,634,208	\$373,867
Current Portion Accrued AL & SL	\$3,820,344	\$3,904,731	\$84,387
Total Current Liabilities	\$45,590,032	\$44,873,265	-\$716,767
Deferred Retire Fund Contribution			
Accrued AL & SL- Non Current	\$3,254,368	\$3,326,252	\$71,884
Total Long-Term Liabilites	\$3,254,368	\$3,326,252	\$71,884
Fund Balance	\$17,076,682	\$18,023,612	\$946,930
Total unrestricted funds	\$65,921,082	\$66,223,129	\$302,047



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guáhan
850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL.: (671) 647-2544 or (671) 647-2330
FAX: (671) 649-0145



Board of Trustees
Official Resolution
No. 14-01

“RELATIVE TO DEBT FINANCING FROM BANK OF GUAM”

WHEREAS, the Guam Memorial Hospital Authority is a component unit of the Government of Guam whose sole responsibility is to provide and deliver quality health care to the people of Guam notwithstanding one's financial ability; and

WHEREAS, the I MINA'TRENTA NA LIHESLATURAN GUAHAN 2010 (SECOND) approved Bill No 479-30 that allowed Guam Memorial Hospital to “arrange a line of credit, a revolving loan fund, and/or a direct loan, the total cumulative amount not to exceed Twenty-five Million Dollars (\$25,000,000.00); and,

WHEREAS, the Guam Memorial Hospital Authority established a banking relationship with the Bank of Guam on February 7, 2011 that included, as part of that relationship, a Twelve Million Dollar (\$12,000,000.00) loan with a minimum interest rate of 6.5% per annum and a maximum interest rate of 9.5% per annum with amortization of principal and interest based upon a fifteen (15) year amortization for with the note maturing in seven (7) years; and,

WHEREAS, Guam Memorial Hospital Authority has made principal and interest payments that result in an outstanding balance of Ten Million Six Hundred Forty Seven Thousand Seven Hundred Sixty Nine Dollars and Fifty Cents (\$10,647,769.50) as of October 31, 2013; and,

WHEREAS, the Honorable Governor of Guam Eddie Baza Calvo has committed annual payments of Two Million Dollars (\$2,000,000) from the Department of Interior's payment of Compact Impact funds for a period of ten (10) years; and,

WHEREAS, I MINA'TRENTAI DOS NA LIHESLATURAN GUAHAN 2013 (FIRST) passed Bill No. 132-20 that authorized the Guam Memorial Hospital Authority to increase its debt financing an additional Thirteen Million Dollars (\$13,000,000.00) and, as later confirmed by the Government of Guam's legal counsel, increase the debt financing by the difference between the outstanding liability and the Twenty Five Million dollars (\$25,000,000.00) originally authorized; and,

WHEREAS, the Guam Economic Development Authority issued a Request for Proposal 13-008 in accordance with Bill 132-20; and issued a Notice of Award on November 25, 2013 to the Bank of Guam; and,

WHEREAS, representatives of the Guam Economic Development Authority and the Guam Memorial Hospital Authority negotiated financing terms with representatives of the Bank of Guam and received an amended provision of services on November 13, 2013 that included the following terms: A. Financing of \$25,000,000.00; B. Full amortization of the debt over 120 (one hundred twenty) months; C. Interest calculated at Two percent (2.00%) over the Wall Street Journal Prime Rate with a minimum rate of Five and One Half percent (5.50%) and a maximum rate of Eight percent (8.00%); D. An initial interest rate of Five and One Quarter percent (5.25%) for the first eighteen (18) months of the loan; E. Collateral to include: 1. Pledge and Assignment of One million dollar (\$1,000,000.00)

payment from the Healthy Futures Fund; 2. Pledge and Assignment of funds from the State Attorney General Tobacco Litigation deposited in the Health and Human Services Fund; 3. Pledge and Assignment of Two Million dollars (\$2,000,000.00) payment from the Compact Impact Funds; 4. Assignment of the Health Maintenance Organization (HMOs) receivables; F. Other terms that include the following but not all of the following terms: 1. The Guam Memorial Hospital Authority must maintain a savings account with the Bank of Guam where the annual payment of Two Million dollars (\$2,000,000.00) from Compact Impact Fund is to be deposited; 2. The Savings Accounts must maintain a minimum balance of Two Hundred Thousand dollars (\$200,000.00); 3. Execution of Pledge and Assignment of the Healthy Futures Fund, Health and Human Fund, Compact Impact Fund, and Receivables from the various Health Maintenance Organizations; and 4. Guam Memorial Hospital Authority will have up to twelve (12) months to fully draw the Twenty Five Million dollar (\$25,000,000.00) loan; and,

WHEREAS, the Board of Directors of the Guam Economic Development Authority must approve the debt financing and Loan Agreement before the Bank of Guam can finalize the Loan; and,

WHEREAS, the Guam Memorial Hospital Authority wants to realize the financial and funding benefits of the additional debt financing; and,

WHEREAS, the Guam Memorial Hospital Authority must sign certain documents and pledges to finalize Loan Agreement,

RESOLVED, the Board of Trustees authorizes the Hospital to enter into the Loan Agreement with the Bank of Guam at the terms and conditions cited above and as outlined in the Bank of Guam's November 13, 2013 correspondence to the Guam Economic Development Authority that is attached as Attachment A to this resolution; and,

And, be it further RESOLVED, that the Board of Trustees is informing the Administration of the Guam Economic Development Authority of this Resolution so that its Board of Directors is aware of the Board of Trustees' action;

And, be it further RESOLVED, the Board of Trustees authorizes the Hospital's Chief Executive Officer to commit the Hospital to the debt financing and terms in accordance with this Resolution;

And, be it further RESOLVED, that the Board of Trustee Chairperson certify to and the Board of Trustee Secretary attest the adoption hereof and that copies of the same be transmitted to the Honorable Judith T. Won Pat, Speaker *I Mina' Trentai Dos Liheslaturan Guahan.*

DULY AND REGULARLY ADOPTED ON THIS 5TH DAY OF Dec., 2013

Certified by:



LEE P. WEBBER
Chairman, Board of Trustees

Attested by:



EDNA SANTOS, MD
Secretary, Board of Trustees



Guam Memorial Hospital Authority

Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL.: (671) 647-2544 or (671) 647-2330
FAX: (671) 649-0145



Board of Trustees
Official Resolution
No. 14-02

“RELATIVE TO THE APPROVAL OF THE REVISION OF FEE METHODOLOGY”

WHEREAS, the Guam Memorial Hospital Authority is a component unit of the Government of Guam whose sole responsibility is to provide and deliver quality health care to the people of Guam notwithstanding one's financial ability; and

WHEREAS, the annual operational needs of the Hospital is translated into a financial plan that is driven by its mission statement and principally supported by Hospital revenues; and

WHEREAS, the Hospital maintains a ChargeMaster permanent data file that contains all services and supplies charged by the Hospital together with its fees; and

WHEREAS, the Hospital is following a pricing methodology developed in 1992 by Deloitte Consulting; and,

WHEREAS, the Hospital is allowed under Section 80 of the Guam Code Annotated to adjust its methodology for calculating and adjusting fees in order to that the Hospital's has sufficient funds for its operating expenses, capital expenditures and other expenses; and,

WHEREAS the Hospital has not developed fees for new services or adjusted its fees to realize net revenues sufficient to meet its expenditures;

RESOLVED, the Board of Trustees authorizes the Hospital to contract with an organization that completes reviews of ChargeMaster; and be it further

RESOLVED, the Hospital to add the services and supplies that are not presently included in its ChargeMaster to include:

- Operating Room levels of care 1 – 5
- Recovery Room levels of care 1 – 3
- Emergency Room levels of care 1 – 5 based on the published “Emergency Severity Index”
- Labor and Delivery care distinguished between high risk and low risk patients, hours of care provided to the patients
- Laboratory and pathology services purchased from third parties
- Pharmacy medications provided to patients
- Anesthesia and physician services that are presently excluded from the ChargeMaster
- Other fees for clinical services and supplies that are presently missing from the ChargeMaster as identified by the organization

And, be it further

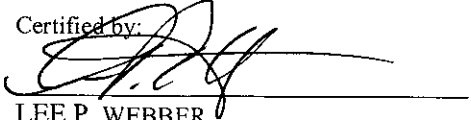
RESOLVED, that the Hospital fee structure remove its “ceiling” that defines a maximum margin for certain supplies and services; and be it further

RESOLVED, that the Hospital adjust its fees to achieve the financial goals established under Section 80 of the Guam Code Annotated that, when computed for its current fees as of November 2013 result in a blended increase of fifty (50) percent; and, be it further

RESOLVED, that the Board of Trustee Chairperson certify to and the Board of Trustee Secretary attest the adoption hereof and that copies of the same be transmitted to the Honorable Judith T. Won Pat, Speaker *I Mina' Trentai Dos Lihestaturan Guahan*.

DULY AND REGULARLY ADOPTED ON THIS 5TH DAY OF Dec., 2013

Certified by:



LEE P. WEBBER
Chairman, Board of Trustees

Attested by:



EDNA SANTOS, MD
Secretary, Board of Trustees

GMHA
Comparative Income Statement - August and September 2013

	August	September	CHANGE	TOTAL YTD
STATEMENT OF REV AND EXP				
Gross Patient Revenues	\$11,078,140	\$11,526,424	\$448,284	\$141,228,342
Contractual Adjustments	-\$3,945,564	-\$4,025,489	-\$79,925	-\$48,938,588
Bad Debts Expense	-\$1,863,622	-\$1,879,814	-\$16,192	-\$22,039,159
NET PATIENT REVENUES	\$5,268,954	\$5,621,121	\$352,167	\$70,250,595
Other Operating Revenue				
Food Sales, Cafeteria	\$32,162	\$35,456	\$3,294	\$477,055
Other	\$27,796	\$25,857	-\$1,939	\$259,848
Total Other Oper Revenues	\$59,958	\$61,313	\$1,355	\$736,903
TOTAL REVENUES	\$5,328,912	\$5,682,434	\$353,522	\$70,987,498
OPERATING EXPENSES:				
Salaries	\$4,482,191	\$4,509,725	\$27,534	\$53,668,526
Fringe Benefits	\$1,418,131	\$1,368,950	-\$49,181	\$16,495,546
Travel & Mileage Reimbursement	\$1,102	\$788	-\$314	\$18,953
Training	\$1,195		-\$1,195	\$26,069
Contractual Services	\$589,850	\$459,497	-\$130,353	\$6,248,957
Supplies & Materials	\$970,317	\$1,289,371	\$319,054	\$13,205,875
Minor Equipment	\$3,630	\$106,218	\$102,588	\$251,446
Miscellaneous	\$2,323	\$5,060	\$2,737	\$173,169
Utilities	\$356,190	\$333,664	-\$22,526	\$3,609,527
TOTAL OPERATING EXPENSES	\$7,824,929	\$8,073,273	\$248,344	\$93,698,068
OTHER EXPENSES:				
Interest Expense	\$168,022	\$141,610	-\$26,412	\$2,117,020
Sick & Annual Leave Exp	\$35,885	\$162,715	\$126,830	\$851,731
Retiree Health Cost		\$1,991,175	\$1,991,175	\$1,991,175
Depreciation Expense	\$365,982	\$361,920	-\$4,062	\$4,417,579
Gain/Loss on Disposal				\$4,595
Bioterrorism Expenses	\$119,392	-\$107,725	-\$227,117	\$129,322
FEMA/DOI CIP Expenses				
Compact Impact Expenses	\$25,618	\$43,426	\$17,808	\$106,384
GO Bond PL 29-19 Expenses	\$24,375	\$50,507	\$26,132	\$83,116
Expired/Surveyed Supplies				
Inventory Adjustment	\$17,077	\$277,786	\$260,709	\$589,274
TOTAL OTHER EXPENSES	\$756,351	\$2,921,414	\$2,165,063	\$10,290,196
TOTAL EXPENSES	\$8,581,280	\$10,994,687	\$2,413,407	\$103,988,264
REVENUES OVER EXPENSES	-\$3,252,368	-\$5,312,253	-\$2,059,885	-\$33,000,766
NON-OPERATING REVENUES				
GOVGUAM SUBSIDY		\$1,800,000	\$1,800,000	\$9,683,062
Trans GovGuam-Ret Health		\$1,991,175	\$1,991,175	\$1,991,175
FEMA/DOI CIP Revenues				
GovGuam Reimbursement				
GO Bond Revenue	\$258,347	\$668,007	\$409,660	\$5,471,070
Compact Impact	\$298,055		-\$298,055	\$6,553,087
Bioterrorism Grant	\$107,267		-\$107,267	\$236,262
Misc Revenue NPO Write				
Contributions	\$18,125		-\$18,125	\$211,646
TOTAL NON-OPERATING REVE	\$681,794	\$4,459,182	\$3,777,388	\$24,146,302
PROFIT(+)/LOSS (-)	-\$2,570,574	-\$853,071	\$1,717,503	-\$8,854,464

GMHA
Comparative Balance Sheet

	AUGUST 2013	SEPTEMBER 2013	CHANGE
CURRENT ASSETS			
Cash - Operations	\$2,257,429	\$2,762,390	\$504,961
Patient Accts Receivable-Current	\$115,706,097	\$118,292,437	\$2,586,340
Patient Accts Receivable-Reserve	\$114,238,820	\$113,713,601	-\$525,219
Receivables	\$307,887	\$305,692	-\$2,195
Suspense Accounts	-\$3,509,254	-\$1,165,721	\$2,343,533
Less: Reserve for Cont Allow	-\$92,734,844	-\$96,078,466	-\$3,343,622
Less: Reserve for Bad Debts	-\$114,238,820	-\$114,238,820	
Other Receivables	\$102	\$93	-\$9
Inventories	\$3,877,581	\$2,716,056	-\$1,161,525
Prepaid Expenses	\$56,821	\$50,871	-\$5,950
Total Current Assets	\$25,961,819	\$26,358,133	\$396,314
Property, Plant and Equipment	\$39,959,263	\$39,864,997	-\$94,266
Total unrestricted funds	\$65,921,082	\$66,223,130	\$302,048
LIABILITIES & FUND BALANCE			
CURRENT LIABILITIES			
Current Portion of Long Term Debt	\$10,796,030	\$10,746,929	-\$49,101
Deferred Revenue			
Accounts Payable, Trade	\$25,361,990	\$24,180,709	-\$1,181,281
Accounts Payable, Government	\$2,936,327	\$2,996,688	\$60,361
Other Accrued Liabilities	\$1,415,000	\$1,410,000	-\$5,000
Accrued Payroll & Benefits	\$1,260,341	\$1,634,208	\$373,867
Current Portion Accrued AL & SL	\$3,820,344	\$3,904,731	\$84,387
Total Current Liabilities	\$45,590,032	\$44,873,265	-\$716,767
Deferred Retire Fund Contribution			
Accrued AL & SL- Non Current	\$3,254,368	\$3,326,252	\$71,884
Total Long-Term Liabilites	\$3,254,368	\$3,326,252	\$71,884
Fund Balance	\$17,076,682	\$18,023,612	\$946,930
Total unrestricted funds	\$65,921,082	\$66,223,129	\$302,047