



Messages and Communications: GMHA, Board of Trustees Meeting Packet - September 26, 2013

1 message

Speaker Won Pat <speaker@judiwonpat.com>
To: Guam Legislature Clerks Office <clerks@guamlegislature.org>

32-13-839
Clerks

Thu, Oct 3, 2013 at 3:35 PM

10/3/2013 9/26/2013 Guam Memorial Hospital Authority GMHA, Board of Trustees Meeting Packet - September 26, 2013 *emailed

Del. 10.3.13
Time 3:35 PM
Received by

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From: **esther@gmha.org** <esther.sablan@gmha.org>
Date: Thu, Oct 3, 2013 at 3:26 PM
Subject: GMHA, Board of Trustees Meeting Packet - September 26, 2013
To: centralfiles@guam.gov, speaker@judiwonpat.com
Cc: joseph.verga@gmha.org, lwebber@mdaguam.com

2013 OCT -3 PM 3: 37

Hafa Adai Ali,

The attached documents provides a copy of the GMHA, Board of Trustees Meeting packet for Thursday, September 26, 2013. If you have any question, please feel free to contact me at 671 647-2104.

Thank you,
Esther S. Sablan
Administrative Secretary II
Board Office/GMHA Administration
(671) 647-2104
(671) 649-0145 - fax

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GUAM MEMORIAL HOSPITAL AUTHORITY
BOARD OF TRUSTEES
MEETING

Thursday, September 26, 2013
6:00 pm
GMHA – Daniel L. Webb
Conference Room



Guam Memorial Hospital Authority
Board of Trustees

Regular Meeting

Thursday, September 26, 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
 - Resolutions - Appointments, Re-Appointments of Professional Staff Privileges
 - C. *Quality & Safety Committee* – Edna V. Santos, MD & Rose Grino, BSN, RN
 - Performance Improvement Dashboard Division – Month 2
 - Performance Improvement Dashboard Division – Month 3
 - D. *Finance & Audit Committee* – Rose Grino, BSN, RN & Frances Taitague-Mantanona
 - August financials with Accounts Receivables
 - Resolution – Fees
 - Resolution – F'2013 Appropriations
 - Resolution – Bank Account (New)
 - E. *Facilities, Capital Improvement Projects (CIP), Information Technology (IT) Committee* – Joseph P. Verga, MS, FACHE
 - F. *Governance, Bylaws, Strategic Planning Committee* – Ricardo M. Terlaje, MD & Lee Webber
 - 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 – Jon Sidell, MD

J. Chief Financial Officer's Report – Alan Ulrich

- GEDA Financing
- NTT Update
- Perry Point and Medicare Updates
- Meaningful Use Funding for EHR
- Medical Records Deficiencies
- ChargeMaster RFP
- Collection Agency RFP
- F'2013 Audit

K. Unfinished Business

L. New Business

M. Public Comment

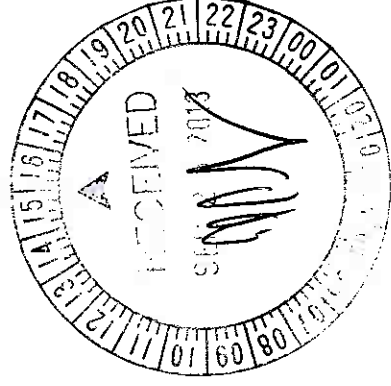
N. Adjournment

FISHER & ASSOCIATES
ATTORNEYS AT LAW

26 September 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

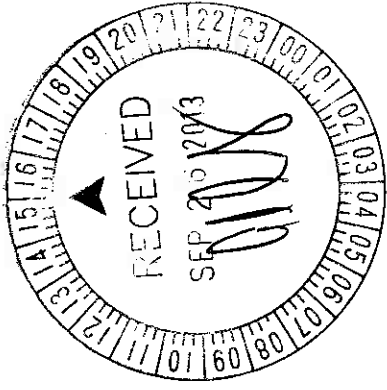
Dear GMHA Board of Trustees:

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, appearing to read "Minakshi V. Hemlani". The signature is fluid and cursive.

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 August 29, 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 or 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 26th day of September, 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

EXECUTIVE

SESSION

OPEN SESSIONS

Approval Of Regular Session Minutes

**Approval
Board
Committee
&
Staff
Reports**

**HUMAN
RESOURCES
COMMITTEE**

**Joint
Conference
&
Professional
Affairs
Committee**

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



BOARD OF TRUSTEES
Official Resolution
No. 13-82

Relative to the appointment of Allied Health Provisional Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
<i>Janna Melsness, CNM.</i>	<i>Ob/Gyn</i>	<i>Certified Midwife</i>	<i>August 31, 2014</i>

WHEREAS, the above listed practitioners met the basic requirements for Allied Health Provisional Professional Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 7.1 and

WHEREAS, the Medical Executive Committee on August 28, 2013 and the Joint Conference and Professional Affairs Committee on September 12, 2013 recommended approval of Allied Health Provisional Professional Staff Membership reappointment for the above listed practitioners; and

WHEREAS, all appointments to Allied Health 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 Allied Health 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 26th DAY OF SEPTEMBER, 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. 13-83

Relative to the appointment of Provisional Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
<i>Vincent S. Duenas, DO.</i>	<i>Medicine</i>	<i>Internal Medicine</i>	<i>August 31, 2014</i>
<i>Maroslav Harasym, MD.</i>	<i>Anesthesia</i>	<i>Anesthesiology</i>	<i>August 31, 2014</i>
<i>Kimberly Walton, MD.</i>	<i>Ob/Gyn</i>	<i>Ob/Gyn</i>	<i>August 31, 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 August 28, 2013 and the Joint Conference and Professional Affairs Committee on September 12, 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

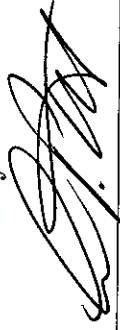
RESOLVED, that the Board of Trustees approves this recommendation to appoint the above named practitioners to Provisional Professional Staff as recommended; and, be it further

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 26th DAY OF SEPTEMBER, 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. 13--84

Relative to the reappointment of Active Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
<i>Young Chang, MD.</i>	<i>Medicine</i>	<i>Internal Medicine</i>	<i>August 31, 2015</i>

WHEREAS, the above listed practitioners 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 August 28, 2013 and the Joint Conference and Professional Affairs Committee on September 12, 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 26th DAY OF SEPTEMBER, 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. 13-85

Relative to the reappointment of Active Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
<i>Jeffrey Cruz, MD.</i>	<i>Medicine</i>	<i>Internal Medicine</i>	<i>August 31, 2015</i>
<i>Fernan DeGuzman, MD.</i>	<i>Anesthesia</i>	<i>Anesthesiology</i>	<i>August 31, 2015</i>

WHEREAS, the above listed practitioners 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 August 28, 2013 and the Joint Conference and Professional Affairs Committee on September 12, 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 26th DAY OF SEPTEMBER, 2013.

Certified by:


 Lee Webber
 Chairperson, Board of Trustees

Attested by:


 Edna Santos, MD.
 Secretary, Board of Trustees

Quality

&

safety

Committee



Guam Memorial Hospital Authority

Performance Improvement Dashboard - Divisions Month 2

PERFORMANCE KEY:		Expected		Use as more work		Worse than expected		No Data Collected	
CORE VALUES	DEPT.	INDICATORS / MEASURES	GOAL	1Q	2Q	3Q	4Q (July only)	2013	
NURSING SERVICES DIVISION - CY2013-MAY-JUNE-JULY									
Q	HEMO, ER	Pain Management	90%	90%	95%	94%	89%	92%	
Q		Weight Monitoring	90%	78%	94%	95%	96%	91%	
A, Q	HEMO	Infection Control Monitoring Tool	100%	93%	92%	96%	94%	94%	
A, Q		Nursing Care Plans	90%	100%	100%	93%	100%	98%	
A, Q	OR	Surgical Site Infection SURVEY RESPONSE	95%	36%	96%	98%	100%	83%	
A, S		Nitrous Oxide Monitoring	100%	100%	100%	93%	100%	98%	
A, S	ER	ER Annex Crashcart Checklist	90%	89%	95%	86%	86%	89%	
S		Suicide Risk Management	90%	ND	84%	85%	89%	86%	
A, Q	PATIENT EDUCATION	Smoking Cessation Counseling (overall)	95%	85%	86%	74%	82%	81%	
		GIMHA Patient Education Teaching (overall)	95%	98%	100%	98%	99%	99%	
		SNU Patient Education Teaching (overall)	95%	95%	100%	100%	100%	99%	
FISCAL SERVICES DIVISION - CY2013-MAY-JUNE-JULY									
		Clear Claims Released 5 Business Days following Discharge	90%	Started in 3Q	64%	97%	81%		
A, C	PATIENT AFFAIRS (BUSINESS OFFICE)	Outgoing Calls concerning Balances resulting in Actual Contact	70%	Started in 3Q	24%	35%	30%		
		Actual Contact resulting in Payment Agreements / Payroll Deductions	70%	Started in 3Q	17%	21%	19%		
		Statements Mailed to Patients within 2 Days of Required Date	100%	Started in 3Q	100%	100%	100%		
OPERATIONS DIVISION - CY2013-MAY-JUNE-JULY									
A, S	FACILITIES MAINTENANCE	Weekly Testing of Emergency Generators	100%	90%	90%	90%	90%		
		Equipment with Completed Preventative Maintenance	90%	Calendar Year 2012	96%	94%	ND		
A, S	SAFETY	Utilities with Completed Preventative Maintenance	90%	99%	99%	99%	99%		
		Bi-Weekly Inspection Submission	90%	Calendar Year 2012	89%	92%	ND		
		Comprehensive Inspections Conducted	90%	started Calendar Year 2013	67%	47%	47%		
A, C, E	ENVIRONMENTAL SERVICES	% Discharges during AM Shift	100%	started March 2013	46%	4%	4%		
		Cleanliness of High Touch Areas - Failures	100%	started June 2013	9,887	9,887	9,887		
		Square Feet per FTE per day - AM SHIFT	100%		20,184	23,549	21,867		
		Square Feet per FTE per day - PM SHIFT	100%		19,358	24,198	21,778		
		Square Feet per FTE per day - GRAVEYARD SHIFT	100%						
		Top 12 Linen losses total based on cost value	90%	started July 2013	\$ 43,749.01	\$ 43,749.01	\$ 43,749.01		
LABORATORY DIVISION - CY2013-MAY-JUNE-JULY									
A, C, S	PHARMACY	Missing Medications from Patient Cassettes	90%	0.78%	0.47%	0.45%	0.42%	0.53%	
		Medication Errors per 100 dispensed medications	90%	0.29	0.09	0.14	0.10	0.16	
		Drug Interventions	90%	0.49%	0.15%	0.12%	0.09%	0.21%	
A, E, S, Q	DIETARY	Accurate Patient Weights taken by Nursing	90%	71%	71%	60%	85%	72%	
		Interdisciplinary Plan of Care	90%	34%	43%	81%	100%	65%	
		Nutrition Care Process	90%	50%	74%	97%	100%	80%	
		Patient/Family Education on FDI	90%	52%	28%	96%	82%	65%	
		Patient Assessment - Low Albumin	90%	36%	70%	95%	95%	58%	
A, S, Q		Kitchen Facility for Patient Safety	90%	94%	97%	96%	92%	95%	
		Transcription Report Turn Around Time (within 24 hours)	90%	89%	65%	91%	ND	80%	
A, E, S, Q		Patient/Family Education on Central Line Insertion	90%	68%	ND	ND	ND	ND	
		Infection Control Central Line Checklist	90%	100%	ND	ND	ND	ND	
A, S	RADIOLOGY	Pre-Procedural Sedation (both Physician and Nurse compliance)	90%	98%	ND	ND	ND	ND	
		Time-Out (Universal Protocol) for Radiology	100%	98%	ND	100%* only reflects months of May and June	ND	98%	
		Informed Consent for Invasive Procedures	90%	98%	ND	ND	ND	ND	
MEDICAL SERVICES DIVISION - CY2013-JUNE-JULY									
A		Medical Staff Scheduled Meetings	90%	60%	77%	78%	ND	72%	
		Physicians trained on Informed Consent	90%	60%	61%	64%	ND	62%	
		Monitoring of FPPE for New Applicants (less than 3 months in-state)	90%	74%	81%	73%	data at quarter-end	76%	
A, S, Q	MEDICAL STAFF OFFICE	Monitoring of FPPE for New Applicants (greater than 3 months in-state)	90%	33%	50%	50%	data at quarter-end	44%	
		Monitoring of FPPE for New Privileges	90%	67%	100%	None	data at quarter-end	84%	
		Monitoring of FPPE for Quality Concerns	90%	50%	0%	0%	data at quarter-end	25%	
		Monitoring of CPPE	90%	25%	ONLY BI-ANNUALLY		data at quarter-end	25%	

SKILLED NURSING UNIT - PLEASE SEE ATTACHED DASHBOARD
EXIT INTERVIEW SURVEY - PLEASE SEE ATTACHED



Guam Memorial Hospital Authority

Performance Improvement Dashboard - Divisions Month 3

CORE VALUES		DEPT.	INDICATORS / MEASURES	GOAL	1Q	2Q	3Q	4Q (July & August only)	2013
					★ Better than Expected ★ Expected ★ Needs more work ★ Worse than expected ★ No Data Collected	★ Better than Expected ★ Expected ★ Needs more work ★ Worse than expected ★ No Data Collected	★ Better than Expected ★ Expected ★ Needs more work ★ Worse than expected ★ No Data Collected	★ Better than Expected ★ Expected ★ Needs more work ★ Worse than expected ★ No Data Collected	★ Better than Expected ★ Expected ★ Needs more work ★ Worse than expected ★ No Data Collected
NURSING SERVICES DIVISION - FY2013-JUNE-JULY-AUGUST									
A, E, Q	OB, NURSERY, L&D, PEDS	OB, NURSERY, PEDS (up until 3Q)	Pain Management	90%	94%	94%	96%	96%	95%
			HLJV Maintenance	90%	97%	98%	99%	99%	98%
A, Q, S	OB, NURSERY	OB, NURSERY	Approved Abbreviations	90%	95%	98%	99%	100%	98%
			Time-Out for Bedside Procedures	90%	100%	100%	97%	100%	99%
A, Q	NURSERY, L&D, PEDS	NURSERY, L&D, PEDS	Informed Consent	90%	99%	99%	100%	100%	100%
			Initial Discharge Assessment Updates	90%	80%	95%	87%	100%	90%
A, Q, S	PEDS	PEDS	MD Order Compliance for Pain Medication	90%	82%	90%	96%	100%	92%
			OB Trachea Documentation	90%	85%	95%	93%	98%	92%
HISAL SERVICES DIVISION - FY2013-JUNE-JULY-AUGUST									
A	FINANCE	FINANCE	CFO Correspondence Completion	100%			73%	54%	64%
			Accurate Accounts Payable Documentation	100%			99%	100%	100%
A, C			Financials Completed by 10th Business Day	100%			100%	100%	100%
			Budget to Actual Reports Released by 15th Day	100%			100%	100%	100%
			Accurate Payroll	100%			99.7%	99.8%	99.8%
A	PAYROLL	PAYROLL	Payroll Daily/Weekly Reports Submitted Timely	100%			51%	60%	56%
			Payroll Daily/Weekly Reports with documented Manager Responses	100%			55%	75%	65%
			Timekeeping Adjustments performed by Payroll Staff	100%			7%	4%	6%
OPERATIONS DIVISION - CY and FY2013-JUNE-JULY-AUGUST									
A, E, S	SECURITY	SECURITY	Response to Fire Exit Door Alarm Activations within 10 minutes	90%			100%	100%	100%
			Employees not wearing ID Badges	0%			0%	0%	0%
A, E			Distribution - % of stock items issued from warehouse within 7 days of request:	90%	80%	66%	74%	77%	72%
			Stock Control - % of total stock items available for issue from the warehouse	95%	87%	88%	90%	91%	90%
A, E, S	MATERIALS MANAGEMENT	MATERIALS MANAGEMENT	CSR - Total critical care inventory available & ready for issue in CSR	95%	84%	87%	87%	90%	88%
A, C			Report of Survey - % of total inventory disposed relative to total value of inventory	0%	1%	1%	2%	0.2%	1%
A, S			Recall & Alert Notice Reports - Responses from Departments	100%	100%	no recall reports	100%	74%	87%
A, S	PLANNING	PLANNING	National Incident Management Systems (NIMS) Completion - Managers/Supervisors	90%			98%	98%	98%
			National Incident Management Systems (NIMS) Completion - Staff	90%			97%	95%	96%
PERIOPERATIVE DIVISION - FY2013-JUNE-JULY-AUGUST									
A, C, E	RESPIRATORY	RESPIRATORY	Respiratory Flowsheet Documentation	90%	92%	98%	95%	99%	97%
			Interdisciplinary Plan of Care Documentation	90%	95%	91%	90%	92%	91%
A, S, Q			Charge Comparison - manual count (Respiratory Dept.) versus bill acknowledged charges	100%	8%	8%	12%	15%	14%
A, C, E	REHABILITATIVE SVCS.	REHABILITATIVE SVCS.	Outpatient Medication Reconciliation	90%	88%	90%	85%	98%	92%
			Interdisciplinary Plan of Care Documentation	90%	90%	85%	96%	100%	97%
			Daily Charge Entry	90%	94%	98%	96%	97%	97%
			SNU Documentation	90%	91%	91%	100%	96%	99%
A, E, Q	SOCIAL SERVICES	SOCIAL SERVICES	Case closures in 7 days of Discharge	90%	41%	49%	81%	87%	84%
			Home Health Care Referrals ordered 48 hrs or more prior to Discharge	90%	84%	83%	87%	87%	87%
			Cases referred within 1 hour post MD order via OC	90%	81%	81%	82%	85%	83%
			Cases acknowledged by SW within 2 hours	90%	80%	82%	90%	93%	91%
			Cases with SW intervention within 4 hours	90%	90%	92%	88%	96%	92%
MEDICAL SERVICES DIVISION - CY2013-JUNE-JULY-AUGUST									
A, C, Q	QUALITY IMPROVEMENT	QUALITY IMPROVEMENT	Surgical Care Improvement Project (SCIP) Process of Care Measures	100%					
			CVS Abstraction and Reporting Tool (CART) - Core Measures - (Adult, HF, Pkg)	100%					
	RISK MANAGEMENT	RISK MANAGEMENT							

Medical Services Division will meet after the 25th (rescheduled), reporting will be combined with next month's departments

PATIENT SAFETY COMMITTEE DASHBOARD - PLEASE SEE ATTACHED

SKILLED NURSING UNIT

DASHBOARD

FY 2013- 3rd Quarter

Apr June 2013

REPORT DATE: July 17, 2013

GUAM
MEMORIAL
HOSPITAL
AUTHORITY



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%					
CALL LIGHT RESPONSE TIME	>90 >80 >70 <70	>80%					Nursing Assistants who retired, resigned, or on sick leave were not replaced because of the lack of applicants for the position. This significantly changes SNU staffing pattern, affecting some services such as the call light response time.
INTERDISCIPLINARY PLAN OF CARE	>90 >80 >70 <70	>80%					This indicator is still worst than expected. In service has been conducted among nurses on the first week of June and trending results for last month for this quarter shows positive outcome. We are expecting an increase on the results of this indicator for next quarter.
PATIENT OUTCOMES-PATIENT WEIGHT	>90 >80 >70 <70	>80%					
DIETARY ORDER	>90 >80 >70 <70	>80%					
PRESSURE ULCER MGMT	>90 >80 >70 <70	>80%					

PERFORMANCE MEASURES	TARGET KEYS	TARGET GOAL	1Q	2Q	3Q	4Q	COMMENTS
MEDICATION STORAGE	>90 >80 >70 <70	>80%	85%	92%	94%		
MD NOTIFICATION	>90 >80 >70 <70	>80%	79%	60%	77%		Nursing staff have improved in notifying the MD for any change in patient condition. SNU Medical Director has taken an active role in assisting to remind for MD visits.
INFECTION CONTROL-CROSS CONTAMINATION (OTHER PROCEDURE)	>90 >80 >70 <70	>80%	83%	84%	87%		
INFECTION CONTROL-CROSS CONTAMINATION (FOLEY CARE)	>90 >80 >70 <60	>80%	77%	85%	82%		
HOUSEKEEPING	>90 >80 >70 <70	>80%	100%	100%	100%		
CONTACT ISOLATION	>90 >80 >70 <70	<80%	85%	98%	89%		The decrease on this indicator was due to the shortage of supplies, especially the isolation gowns were insufficient to meet the increase in contact isolation residents.
FLU/PNEUMOCOCCAL VACCINATION	>90 >80 >70 <70	>80%	45%	90%	63%		Although the flu and pneumococcal vaccine is being administered in the hospital, the problem in this indicator is the failure of the admitting nurse and immunization nurse to document the screening and immunization schedule on the form nor is there any acknowledgement documented if residents received education on immunization.
BOWEL MOVEMENT PROTOCOL	>90 >80 >70 <70	>80%	81%	92%	76%		A decrease in this indicator. The sequencing of the medications of the bowel protocol as originally cited is not the problem, the failure of the medication nurses to monitor and document bowel movement each shift remains a struggle. Last months data shows significant improvement on the monitoring.

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

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 >80 >70 <70	>80%					
HAND HYGIENE COMPLIANCE	>90 >80 <70 <70	>80%					
MDS TIMELY SUBMISSION	>90 >80 <70 <70	>80%					
PATIENT IDENTIFIERS	>90 >80 <70 <70	>80%					
PATIENT IDENTIFIERS-- LABELING SPECIMENS	>90 >80 <70 <70	>80%					
FALL RATE	<1.5 <3.5 <5.0 >5.0	<3.5%					
PRESSURE ULCER INCIDENCE RATE	<5.0 <7.0 <10.0 >10.0	<7.0					
SUICIDE PRECAUTIONS	>90 >80 <70 <70	>80%					
RESTRAINT USE	>90 >80 <70 <70	>80%					

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%						
	>80							
	>70							
	<70						87%	
FIRE SAFETY-R.A.C.E	>90	>80%						
	>80							
	>70							
	<70					100%		
FIRE SAFETY DRILL	>90	>80%						
	>80							
	>70							
	<70					100%		
THERAPY MINUTES	>90	>80%						
	>80						Refusal of some residents to participate in therapy program is the problem for this indicator. Hemo dialysis residents are who usually refuse treatment due to exhaustion after dialysis. The goal is to maximize the therapy minutes for each resident. A refusal for at least one day may have an impact on the reimbursement.	
	>70						This indicator shows some improvement mainly because of the repair of the walk-in freezer. The maintenance of the 3 day emergency supply remains a struggle because of purchasing issue.	
	<70					73%		
KITCHEN SANITATION/EQUIPMENT	>90	>80%						
	>80							
	>70							
	<70					54%		
CLEANING AND DISINFECTING	>90	>80%						
	>80							
	>70							
	<70					73%		
HEMO SCHEDULING AND TRANSPORT	>90	>80%						
	>80							
	>70							
	<70					100%		
PSYCHOTROPIC DRUG USE	>90	>80%						
	>80							
	>70							
	<70					48%	This is a new indicator on medication use. An In service was conducted by the pharmacy department for the implementation of CMS rule regarding the use of psychotropic medication and use of non pharmacological intervention.	

PERFORMANCE MEASURES	TARGET KEYS	TARGET GOAL	1Q	2Q	3Q	4Q	COMMENTS	
SECURITY VOLUME INDICATORS	# 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		

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

PATIENT SAFETY DASHBOARD (NPSG)



**GUAM
MEMORIAL
HOSPITAL**

JOINT COMMISSION PERFORMANCE IMPROVEMENT MANDATORY INDICATORS

CALENDAR YEAR 2013
REPORT DATE: September 16, 2013

TARGET KEY: ★ Better than Expected ◆ Expected ■ Needs More Work ● Worse Than Expected

TARGET KEY	Target Goal	NPSG 1: PATIENT IDENTIFIERS				NPSG 2: EFFECTIVE COMMUNICATION			
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
Patient Identifiers	# of observations in compliance	★	★	★	★	★	★	★	★
	Total number of observations	>95%	>90%	>90%	>75%	★	■	●	
Patient Identifiers- Labeling of specimens	# of observations in compliance	★	★	◆	★	★	★	★	★
	Total number of observations	>95%	>90%	>90%	>75%	★	■	●	
NURSING - Critical Test/Critical Results Documentation	# of documented MD notification of critical	★	●	●	●	★	●	●	●
	# of critical test/critical results	>90%	>85%	>85%	>75%	★	■	●	
	sample	★	★	★	★	★	★	★	★
	# of MD notification within 60 minutes of report time	>90%	>85%	>85%	>75%	★	★	★	★
NURSING - Critical Test/Critical Results Reporting	# of MD notification documented	★	★	★	★	★	★	★	★
	# of critical test/critical results	>90%	>85%	>85%	>75%	★	★	★	★
	minutes of report time	★	★	★	★	★	★	★	★
	MD notification documented	>90%	>85%	>85%	>75%	★	★	★	★
NURSING - Critical Test/Critical Results Reporting - ER Documentation - ER	Nursing staff taking action to contact patients whether successful or not	★	★	★	★	★	★	★	★
	MD Documentation in Medical Record	>90%	>85%	>85%	>75%	★	■	●	
	Documentation compliance	★	★	★	★	★	★	★	★
	# of documented MD notification of critical	>90%	>85%	>85%	>75%	★	■	●	
COMMENTS									
Some nurses are not documenting in the appropriate Critical Test-Value Reporting assessment; instead, they are documenting in their Nurses' Notes. Still some nurses have no documentation of receiving and reporting the critical result.									
*Only reflects the month of July; August pending submission									

TARGET KEY: ★ Better than Expected ◆ Expected ■ Needs More Work ● Worse Than Expected

TARGET KEY	Target	1Q				2Q				3Q				4Q				COMMENTS
		>90%	>85%	>85%	>75%	>90%	>85%	>85%	>75%	>90%	>85%	>85%	>75%	>90%	>85%	>85%	>75%	
LABORATORY - Critical Results Reporting	# of critical test result samples with documented readback on LIS	★	◆	■	●	★	◆	■	●	★	◆	■	●	★	◆	■	●	
		total # of critical test result samples audited				95%				97%				94%				
RESPIRATORY - Critical Results Reporting	# of critical test result samples correctly reported and documented on logsheet	★	◆	■	●	★	◆	■	●	★	◆	■	●	★	◆	■	●	
		total # of critical test result samples audited				90%				91%				85%				
SPECIAL SERVICES - Critical Results Reporting	# of critical test result samples correctly reported and documented on logsheet	★	◆	■	●	★	◆	■	●	★	◆	■	●	★	◆	■	●	
		total # of critical test result samples audited				>85%				>85%				>85%				
RADIOLOGY - Critical Results Reporting	# of critical test result samples correctly reported and documented on logsheet	★	◆	■	●	★	◆	■	●	★	◆	■	●	★	◆	■	●	
		total # of critical test result samples audited				>85%				>85%				>85%				
Medication Errors Rate per 1000 medication doses billed (NEAR MISSES & ACTUAL ERRORS)	# of reported medication errors/ # of medication doses billed	★	◆	■	●	★	◆	■	●	★	◆	■	●	★	◆	■	●	
		cases where there are one or more instances of INR < 5.0 and evidence that Warfarin dose was still given without				0.2				0.2				0.3				
		Clinical Staff Error				90				123				83				
		MD Error				368				303				175				
Anticoagulation Therapy Management (ATM)	Total # of cases reviewed	★	◆	■	●	★	◆	■	●	★	◆	■	●	★	◆	■	●	
		cases where there are one or more instances of INR < 5.0 and evidence that Warfarin dose was still given without				2%				0%				*0%				
		Pharmacy Error				139				215				64				
		VOLUME INDICATOR				90				123				83				

NPSG 3: MEDICATION SAFETY

Please see Medication Error Attachment for more information

April - Heparin Drip improper dose (calculated to a higher dose) (1); June - Heparin Drip Protocol not followed and initiated without initial blood draw/labs (1). *Only reflects the month of July; August is pending submission.

TARGET KEY: Better than Expected Expected Needs More Work Worse Than Expected

TARGET KEY	TARGET KEY Goal	1Q	2Q	3Q	4Q	COMMENTS
	VOLUME INDICATOR	1	2	0		
	Total # of errors related to ATM					
Anticoagulation Therapy Management - FDI Coumadin Teachings	# of FDI consults ordered for Dietary Staff					*Only reflects the month of July; August pending submission. Dietary lost one RD in 3Q due to resignation.
	# of patients discharged with FDI		96%	*82%		
	# of FDI consults ordered for Dietary Staff		90%			
Anticoagulation Usage	# ON ENOXAPARIN		207	168	*58	
	# ON HEPARIN DRIP AND HEPARIN SQ		116	283	*28	*Only reflects the month of July; August pending submission
	# ON WARFARIN		73	107	*22	
NPSSG 7: INFECTION CONTROL						
Hospital Acquired Infections	# of HAI					
	# of discharges		2.23	*1.76		
HAI Occurrences (CONT)	Gastrointestinal Infections	0	1	9		
	Blood Stream Infections	0	3	5		
	Urinary Tract Infections	0	11	15		
	Surgical Site Infection	0	2	3		
	Hospital Acquired Pneumonia	0	6	4		
	Ventilator Associated Pneumonia	0	1	4		
	Skin and Soft Tissue Infection	0	39	20		
	HAI Occurrences	0	2.23	*1.76		
Hospital Acquired Infections	# of HAI					
	# of discharges		2.23	*1.76		*reflects months of April and May only, June is pending
HAI Occurrences	Gastrointestinal Infections	0	1	9		
	Blood Stream Infections	0	3	5		
	Urinary Tract Infections	0	11	15		
	Surgical Site Infection	0	2	3		
	Hospital Acquired Pneumonia	0	6	4		
	Ventilator Associated Pneumonia	0	1	4		
	Skin and Soft Tissue Infection	0	39	20		
	HAI Occurrences	0	2.23	*1.76		
Urinary Catheter Device Usage per ICU Patient Days	# of urinary catheter days					
	# of ICU Patient Days		0.50	0.49		
Catheter Associated UTI Infections per 1000 Catheter Days in ICU	# of CA-UTI *1000					
	# of ICU Catheter days		3.1	3.1		

TARGET KEY: Better than Expected Expected Needs More Work Worse Than Expected

	TARGET KEY	1Q	2Q	3Q	4Q	COMMENTS
Central Line Device Usage Rate	ICU Central Line Days	<0.38	★			
	ICU Patient Days	<0.49	★	0.26	0.29	
Catheter Related BSI per Central Line Days in the ICU	# of ICU CR-BSI *1000	<1.6	★	★		
	ICU Central Line Days	<3.1	■	4.57	0	
	Total cases compliant-administered 1 hour prior to cut time	>95%	★	◆		
Propylactic Antibiotic Administration	Total cases reviewed	>85%		94%	83%	
	Total cases compliant	>95%	★	◆		
Propylactic Antibiotic discontinued within 24 hours post operatively	Total cases reviewed	>85%		97%	90%	
	Total cases compliant	>95%	★	◆		
STERILIZATION FLASH	Total # of Flash sterilization	VOLUME INDICATOR	4	0		
	Total Survey Response Rec'd	>95%	★	★	★	*Only reflects the month of July; August pending submission
Surgical Site Infection Survey Response	Total SSI Survey Sent out	>75%		98%	*100%	
	Total SSI	>0.5	★	◆	◆	Corrected the 1Q rate based on recalculation. 2Q had total of 4 SSI and all 4 were from General Surgery cases. *Only reflects the month of July; August pending submission
Surgical Site Infection Rate (based on SSI Survey Rec'd)	Total Survey Response Rec'd	<1.32	◆	1.26	1.09	*reflects month of July only; August pending submission
	# of VAP*1000/ # of ventilator days	<8.1	★	★	◆	
Ventilator Associated Pneumonia Rate-ICU	# of ventilator days	>10.0	■	2.5	5.3	
	# of VAP*1000/ # of ventilator days	>10.0	■	2.5	5.3	

TARGET KEY: Better than Expected Expected Needs More Work Worse Than Expected

TARGET KEY	TARGET	1Q				2Q				3Q				4Q				COMMENTS
		Goal				Goal				Goal				Goal				
NP&SG 9: FALL PREVENTION																		
HOME MEDICATION COMPLETED (REHAB)	# OF HOME MEDICATION LISTING COMPLETED ON ADMISSION	>98%			>90%				90%	85%	98%							
		# OF CHART REVIEWS	>90%			>90%			90%	85%	98%							
	Total Fall Occurrences	# of falls**1000/	>3.5			>2.0%				1.66	2.68	2.54						
			# of patient days	<3.5			>2.0%				13	20	11					
NP&SG 15: SUICIDE RISK																		
Initial Suicide Assessment	# of complete suicide assessments	>90%			>85%				94%	95%	**100%							
		# of identified suicide risk patients	>85%			>85%			94%	95%	**100%							
	# of completed on going assessments per protocol	# of identified suicide risk patients	>90%			>85%			71%	*86%	**76%							
			>85%			>85%			71%	*86%	**76%							
Ongoing Suicide Assessment	# of environmental assessment completed	>90%			>85%				55%	*99%	**100%							
		# of identified suicide risk patients	>85%			>85%			55%	*99%	**100%							
	Completed Environmental Assessment	# of patients directly transferred to Mental Health for consultation	>90%			>85%			94%	*100%	**89%							
			# of identified suicide risk patients	>85%			>85%			94%	*100%	**89%						
Suicide Risk Referred to Mental Health Consult	# of patients directly transferred to Mental Health for consultation	>90%			>85%				94%	*100%	**89%							
		# of identified suicide risk patients	>85%			>85%			94%	*100%	**89%							
	Completed Environmental Assessment	# of patients directly transferred to Mental Health for consultation	>90%			>85%			94%	*100%	**89%							
			# of identified suicide risk patients	>85%			>85%			94%	*100%	**89%						
<p>*2Q Data reported from Nursing Division PI audits; **For 3Q so far, 3 nursing units had suicide risk patients while other units did not - and out of the 3 contributing units, only 1 had data up to August, while the other 2 only had July data submitted.</p> <p>Please see Fall Rate Attachment for more information</p>																		

Finance

&

Audit

Committee

GUAM MEMORIAL HOSPITAL AUTHORITY
 ACCOUNTS RECEIVABLE SUMMARY AS OF 8/31/2013

PATIENT RECEIVABLES	0-0030	31-0060	61-0090	91-0120	121-0150	151-0180	181-0999	TOTAL
GOVERNMENT								
Gov Guam Departments	\$37,333	44,350	48,314	91,791	18,950	30,229	1,739,590	\$2,010,557
Other Government(CNMI)							1,692,316	1,692,316
Medicare	3,358,500	2,341,032	2,308,146	1,096,269	742,745	714,002	5,853,718	16,414,413
Medically Indigents Program	1,010,249	921,991	908,234	634,653	341,606	292,974	2,473,257	6,582,963
Medicaid	2,954,338	2,090,810	1,930,833	1,109,650	770,788	354,688	4,003,971	13,215,079
Sub- total	7,360,420	5,398,182	5,195,527	2,932,364	1,874,090	1,391,893	15,762,851	39,915,327
HEALTH INSURANCE								
Others(Misc)	217,854	248,854	196,674	225,696	236,238	51,403	3,657,751	4,834,468
Fed Govt(Champus, Tricare, VA)	110,537	17,708	93,036	58,439	26,020	10,462	1,603,046	1,919,248
Netcare	141,435	192,211	268,036	92,895	19,382	20,556	135,906	870,421
Takecare	625,201	795,104	588,208	183,636	280,046	108,107	797,150	3,377,452
Calvos	1,386,276	1,290,881	332,104	120,664	55,295	33,997	668,202	3,887,419
Staywell	193,276	363,237	390,003	249,328	19,880	27,195	1,069,908	2,312,825
Sub- total	2,674,578	2,907,995	1,868,060	930,657	636,860	251,721	7,931,961	17,201,833
SELF PAY								
Current -A/R	1,874,145	1,248,463	1,200,960	1,588,951	1,481,524	1,751,634	41,559,562	50,705,239
Freely Associated States	445,959	351,827	49,040				7,036,871	7,883,698
Sub- total	2,320,105	1,600,290	1,250,000	1,588,951	1,481,524	1,751,634	48,596,434	58,588,937
Total Trade Receivable	\$12,355,103	9,906,468	8,313,587	5,451,972	3,992,474	3,395,248	72,291,246	115,706,097
FULLY RESERVED RECEIVABLES								
Department of Rev and Tax							\$71,424,876	71,424,876
Collection Agencies Referrals							42,813,944	42,813,944
Total Fully Reserved Receivables	0	0	0	0	0	0	114,238,820	114,238,820
Totals	\$12,355,103	\$9,906,468	\$8,313,587	\$5,451,972	\$3,992,474	\$3,395,248	\$186,530,067	\$229,944,917

GMHA
Comparative Income Statement - July and August 2013

	July	August	CHANGE	TOTAL YTD
STATEMENT OF REV AND EXP				
Gross Patient Revenues	\$11,926,449	\$11,078,140	-\$848,309	\$129,701,918
Contractual Adjustments	-\$4,064,615	-\$3,945,564	\$119,051	-\$44,913,099
Bad Debts Expense	-\$1,885,105	-\$1,863,622	\$21,483	-\$20,159,345
NET PATIENT REVENUES	\$5,976,729	\$5,268,954	-\$707,775	\$64,629,474
Other Operating Revenue	\$48,744	\$32,162	-\$16,582	\$441,599
Food Sales, Cafeteria	\$13,631	\$27,796	\$14,165	\$233,991
Other				
Total Other Oper Revenues	\$62,375	\$59,958	-\$2,417	\$675,590
TOTAL REVENUES	\$6,039,104	\$5,328,912	-\$710,192	\$65,305,064
OPERATING EXPENSES:				
Salaries	\$4,753,824	\$4,482,191	-\$271,633	\$49,158,801
Fringe Benefits	\$1,406,335	\$1,418,131	\$11,796	\$15,126,595
Travel & Mileage Reimbursement	\$1,758	\$1,102	-\$656	\$18,165
Training	\$114	\$1,195	\$1,081	\$26,069
Contractual Services	\$428,977	\$591,128	\$162,151	\$5,790,737
Supplies & Materials	\$1,226,251	\$968,419	-\$257,832	\$11,914,609
Minor Equipment	\$26,044	\$3,630	-\$22,414	\$145,228
Miscellaneous	\$15,695	\$2,323	-\$13,372	\$168,108
Utilities	\$375,250	\$355,176	-\$20,074	\$3,274,849
TOTAL OPERATING EXPENSES	\$8,234,248	\$7,823,296	-\$410,953	\$85,623,161
OTHER EXPENSES:				
Interest Expense	\$164,787	\$164,831	\$44	\$1,972,218
Sick & Annual Leave Exp	\$236,250	\$35,885	-\$202,365	\$689,016
Depreciation Expense	\$367,609	\$365,982	-\$1,627	\$4,055,658
Gain/Loss on Disposal				\$4,595
Bioterrorism Expenses	\$127	\$119,392	\$119,265	\$237,048
FEMA/DOI CIP Expenses				
Compact Impact Expenses	-\$195	\$25,618	\$25,813	\$62,958
GO Bond PL 29-19 Expenses	\$1,535	\$24,375	\$22,840	\$32,609
Expired/Surveyed Supplies				
Inventory Adjustment	\$1,485	\$17,077	\$15,592	\$311,488
TOTAL OTHER EXPENSES	\$773,598	\$753,160	-\$20,438	\$7,365,590
TOTAL EXPENSES	\$9,007,846	\$8,576,455	-\$431,391	\$92,988,751
REVENUES OVER EXPENSES	-\$2,968,742	-\$3,247,543	-\$278,801	-\$27,683,687
NON-OPERATING REVENUES				
GOVGUAM SUBSIDY				
Trans GovGuam-Ret Health	\$1,128,387		-\$1,128,387	\$6,083,062
FEMA/DOI CIP Revenues				
GovGuam Reimbursement				
GO Bond Revenue	\$598,081	\$258,347	-\$339,734	\$4,803,062
Compact Impact	\$122,432	\$298,055	\$298,055	\$6,553,087
Bioterrorism Grant				
Misc Revenue NPO White Contributions		\$18,125	\$18,125	\$211,645
TOTAL NON-OPERATING REVE	\$1,848,900	\$681,794	-\$1,167,106	\$17,887,118
PROFIT(+)/LOSS (-)	-\$1,119,842	-\$2,565,749	-\$1,445,907	-\$9,796,569

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADDITIONAL PROCEDURES WITH NEW FEES
SEPTEMBER 26, 2013**

GUAM MEMORIAL HOSPITAL AUTHORITY
OPERATING ROOM AND RECOVERY ROOM FEE INCREASES - SEPTEMBER 2013

<u>CHARGE CODE DESCRIPTION</u>	<u>GMHA's Est. Current Fee</u>	<u>Proposed % Change</u>	<u>Adjusted Price September 2013</u>	<u>% Change</u>
MAJOR SURGERY, 1ST HOUR	\$1,323.87	125.10%		
MAJOR SURGERY, ADD 15 MIN	\$214.47	125.10%		
MINOR SURGERY, 1ST 30MIN	\$501.16	125.10%		
MINOR SURGERY, ADD 15 MIN	\$104.04	125.10%		
SURGERY, LEVEL 1 1ST 30 MIN				
SURGERY, LEVEL 1 ADD 15 MIN	\$230.38	125.10%		
OR P.E. TUBE, 1ST 15 MIN				
OR P.E. TUBE, ADD 15 MIN	\$125.46	125.10%		
POST-OP RECOVERY ROOM, 1ST HOUR	\$26.25	125.10%		
POST-OP RECOVERY ROOM, ADD 15 MIN				
POST-OP RECOVERY ROOM, LEVEL 1 1ST HOUR			\$350.00 NA	
POST-OP RECOVERY ROOM, LEVEL 1 ADD 15 MIN			\$75.00 NA	
POST-OP RECOVERY ROOM, LEVEL 2 1ST HOUR			\$500.00 NA	
POST-OP RECOVERY ROOM, LEVEL 2 ADD 15 MIN			\$125.00 NA	
POST-OP RECOVERY ROOM, LEVEL 3 1ST HOUR			\$750.00 NA	
POST-OP RECOVERY ROOM, LEVEL 3 ADD 15 MIN			\$175.00 NA	
SURGERY, LEVEL 2 1ST 30 MIN			\$1,450.00 NA	
SURGERY, LEVEL 2 ADD 15 MIN			\$450.00 NA	
SURGERY, LEVEL 3 1ST 30 MIN			\$1,900.00 NA	
SURGERY, LEVEL 3 ADD 15 MIN			\$550.00 NA	
SURGERY, LEVEL 4 1ST 30 MIN			\$2,300.00 NA	
SURGERY, LEVEL 4 ADD 15 MIN			\$650.00 NA	
SURGERY, LEVEL 5 1ST 30 MIN			\$2,700.00 NA	
SURGERY, LEVEL 5 ADD 15 MIN			\$825.00 NA	

GUAM MEMORIAL HOSPITAL AUTHORITY
EMERGENCY ROOM FEES - SEPTEMBER 2013

<u>CHARGE CODE DESCRIPTION</u>	<u>GMHA's Est. Current Fee</u>	<u>Proposed % Change</u>	<u>Adjusted Price September 2013</u>
DEFIBRILLATION/CARDIOVERSION	\$123.41	181.70%	
EMERGENCY ROOM - NON-EMERGENT	\$70.85	181.70%	
ER-OB/GYN SERVICE FEE	\$121.25	181.70%	
ER-OBSERVATION SERVICE FEE	\$88.58	178.30%	
ER-SPECIALTY SERVICE FEE	\$60.25	181.70%	
ER-TRAUMA SERVICE FEE	\$1,049.80	181.70%	
LARYNGOSCOPY			\$250.00
LEVEL 5			\$500.00
LEVEL 4			\$1,000.00
LEVEL 3			\$1,500.00
LEVEL 2			\$2,750.00
LEVEL 1 TRAUMA ACTIVATE FULL			\$2,400.00
LEVEL 1 TRAUMA ACTIVATE LIMITED			\$2,200.00
LEVEL 1			\$105.00
NURSE TRIAGE			

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADDITIONAL PROCEDURES WITH NEW FEES
SEPTEMBER 26, 2013**

**GUAM MEMORIAL HOSPITAL AUTHORITY
LABOR AND DELIVERY FEES - SEPTEMBER 2013**

<u>CHARGE CODE DESCRIPTION</u>	<u>GMHA's Est. Current Fee</u>	<u>Proposed % Change</u>	<u>Adjusted Price September 2013</u>
ABC ROOM			
DELIVERY ROOM			
EPIDURAL ANEST MONITOR	\$845.06	209.20%	\$2,1512.93
FETAL NON-STRESS TEST	\$744.25	209.20%	\$2,301.22
HIGH RISK DELIVERY 1ST HOUR	\$136.41	209.20%	\$418.69
HIGH RISK DELIVERY EACH ADD'L 15MIN			\$1,200.00
LABOR LEVEL 1 <12 HRS			\$300.00
LABOR LEVEL 2 >12 HRS			\$2,200.00
LR-INPT OBSERVATION	\$621.39	209.20%	\$1,921.34
LR-OUTPT OBSERVATION NO DELIVERY	\$201.22	209.20%	\$622.17
MATERNAL-FETAL INTENSIVE CARE	\$1,229.93	209.20%	\$3,802.94
NB HEARING SCREEN 1ST STEP	\$62.15	209.20%	\$161.25
NORMAL DELIVERY 1ST HR			\$900.00
NORMAL DELIVERY EACH ADD'L 15MIN			\$200.00
NORMAL LABOR 1ST HR			\$0.00
NORMAL LABOR ADD'L HOUR			\$0.00
NORMAL RECOVERY 1ST HR			\$180.00
NORMAL RECOVERY EACH ADD'L 15MIN			\$45.00
O2 PER HOUR-LABOR & DELIVERY			\$24.00
O2 PER HOUR-LABOR & DELIVERY			\$24.00
O2 PER HOUR-LABOR & DELIVERY			\$24.00
O8 TRIAGE EST >12 HRS			\$2,200.00
O8 TRIAGE EST 0-2 HRS			\$950.00
O8 TRIAGE EST 2-4 HRS			\$1,250.00
O8 TRIAGE EST 4-8 HRS			\$1,400.00
O8 TRIAGE EST 8-12 HRS			\$1,800.00
O8 TRIAGE NEW >12 HRS			\$2,200.00
O8 TRIAGE NEW 0-2HRG			\$950.00

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADDITIONAL PROCEDURES WITH NEW FEES
SEPTEMBER 26, 2013**

GUAM MEMORIAL HOSPITAL AUTHORITY
LABORATORY FEE SCHEDULE - REFERENCE LAB TESTS
SEPTEMBER 2013

CHARGE CODE DESCRIPTION	CMS Charge	Lab Fee (% of RSLAB)
ACTH (SMOOTH MUSCLE) AS IGG	\$37.95	\$89.45
AFP NON-MATERNAL - SERUM	\$25.00	\$46.00
ANCA SCREEN REFLEX TO TITER	\$81.95	\$149.97
ANCA TITER AND PATTERN	\$330.00	\$603.50
ATRISSARO & SSBILA SERUM	\$51.37	\$84.01
AUTOLOGOUS TEST PANEL	\$66.00	\$120.76
BLOOD SMEAR, PERIPHERAL INTERPR PH	\$23.75	\$49.48
BLOOD GROUP AND RH	\$13.08	\$23.90
BRAF	\$293.10	\$536.37
C3 COMPLEMENT	\$24.15	\$44.19
C DIFFICILE SDR TOXIN REFLEX TO S	\$97.38	\$28.41
C DIFFICILE NUCLEIC ACID AMPLIFY	\$54.89	\$100.06
C4 COMPLEMENT	\$21.15	\$44.19
CARDIOLIPIN AB IGA	\$36.84	\$72.54
CARDIOLIPIN AB IGG	\$39.54	\$72.54
CARDIOLIPIN AB IGM	\$39.54	\$72.54
CATECHOLAMINES, FRACT & CREAT, 24	\$77.55	\$141.82
CEA	\$40.48	\$74.08
CELL MARKERS	\$1,550.31	\$2,837.07
CHLAMYDIA GC, PCR	\$96.20	\$185.07
CORTISOL A.M.	\$93.81	\$61.51
CORTISOL P.M.	\$93.81	\$61.51
CORTISOL FREE, SERUM	\$69.82	\$127.88
CULTURE, FUNGAL (NON-HAIR) NA/SKIN/BLD	\$24.15	\$44.19
CULTURE, SPUTUM W/GRAM STAIN	\$34.48	\$63.12
CULTURE, STOOL W/SHIGA TOXIN IGA	\$74.08	\$135.53
CULTURE, VIRAL & IDENTIFICATION	\$146.30	\$287.72
EGFR	\$1,476.59	\$2,691.02
EOSINOPHILS, NOT NAS/SPUT	\$19.34	\$18.92
FTALAB5	\$36.95	\$72.01
GUMMERULAR BASEMENT MEMBR, AS, O	\$78.10	\$142.92
GRAM NEG ROD SENSU ISOLATE 1	\$28.73	\$46.92
GUAM 4EROBIC ID, 1 ISOLATE	\$18.87	\$19.53
GUAM ORG ID, UR, PRESUMF, 1 ISOLAT	\$18.87	\$19.53
HOVARINA QUANT, TADMAN	\$133.53	\$244.55
HEMOGLOBIN A1C	\$37.80	\$50.97
HEPATITIS B DNA QNT, TADMAN	\$86.01	\$161.06
HEPATITIS B SURFACE ANTIBODY	\$33.24	\$42.52
HEPATITIS B cAb, IGM	\$18.04	\$33.01

GUAM MEMORIAL HOSPITAL AUTHORITY
 ADDITIONAL PROCEDURES WITH NEW FEES
 SEPTEMBER 26, 2013

CHARGE CODE DESCRIPTION	DLS Charge	Lab Fee (5% of Ref Lab)
HEPATITIS C ANTIBOD	\$2.89	\$80.19
HERPES SIMPLEX TYPE 1 & 2 AB IGG	\$48.98	\$85.93
HERPES SIMPLEX VIRUS IZ ANTIBODY	\$12.21	\$112.14
IDENT AEROBIC ISOL 1	\$10.67	\$18.53
IDENT MOLD ISOLATES 1	\$11.28	\$20.84
IDENT YEAST ISOLATE 1	\$22.55	\$20.84
IFE -SERUM	\$88.17	\$88.17
LA DRAGT MIX	\$18.50	\$30.20
LA NEUT 11 MIX	\$24.75	\$45.29
LA PROSPHILIPD NEUT	\$24.75	\$45.29
LDH CSF	\$11.25	\$20.59
M. AMNH PROBE, DNA PROBE	\$77.00	\$140.91
MICRODISSECTION LASER	\$191.40	\$350.26
MOROSPOF	\$11.25	\$20.59
MICROBACTERIUM TR COMPLEX DNA	\$77.00	\$140.91
MYCOPLASMA PNEUMONIAE AB IGM	\$49.72	\$90.98
MYCOPLASMA PNEUMONIAE AB IGG	\$69.55	\$127.28
P STAIN IMMUNOPEROX	\$112.16	\$205.29
PSA TOTAL SCREENING	\$39.25	\$55.23
PTH BIOCONTACT	\$76.84	\$144.28
PTFTT	\$23.82	\$43.59
RA RHEUMATOID FACTOR	\$12.93	\$23.88
RENAL BIOFSY IMMUNOHISTOLOGY 9 AB	\$365.06	\$648.78
REVAL BX ELECTRON MICROSCOPY	\$699.09	\$931.62
RSV RNA REAL-TIME PCR	\$65.21	\$119.33
RUBELLA	\$4.00	\$5.92
STAFF SENS1 ISOLATE 1	\$26.73	\$48.92
TBI	\$68.97	\$128.22
TREPO NEMA PALLIDUM AB CSF	\$80.03	\$139.85
TSI	\$137.30	\$287.86
UOBL QUANTITATIVE	\$8.17	\$14.95
UTAMIN B1 (TRIPANINE) 8ED	\$37.00	\$87.71
UTAMIN B1 WHOLE BLOOD	\$33.25	\$115.75
UTAMIN B12 FOLATE	\$68.92	\$136.12
UVA RANDOM URINE	\$38.95	\$143.93

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADDITIONAL PROCEDURES WITH NEW FEES
SEPTEMBER 26, 2013**

GUAM MEMORIAL HOSPITAL AUTHORITY
ANESTHESIA PROCEDURES AND CASE UNITS

<u>CHARGE CODE</u>	<u>CHARGE CODE DESCRIPTION</u>	<u>NUMBER OF UNITS PER CASE</u>
0030	ANESTH. PROCEDURES ON MED.	1
0031	ANESTH. INTRATHORACIC PROCEDURES	1
0032	ANESTH. TRACHEOSTOMIAL RECONSTRUCTION	10
0034	ANESTH. ONE LUNG VENTILATION	10
0035	ANESTH. STERNAL DEBRIDEMENT	10
0036	ANESTH. HEART SURG. / AGE 1	25
0037	ANESTH. HYPOTHERMIC CIRCULATORY ARREST	10
0038	ANESTH. CABG WITH PUMP	10
0039	ANESTH. PROCEDURES FOR SPINE AND SPINAL CORD	10
0040	ANESTH. PROCEDURES THORACIC SPINE AND CORD	15
0041	ANESTH. MANIPULATION OF SPINE OR OLD LESD PROCEDURES ON THE CERVICAL SPINE	10
0042	ANESTH. FOR INTRAPERITONEAL PROCEDURES UPPER ABDOMEN	10
0043	ANESTH. CRANIUM THIRD CRANIAL NERVE SURG. OF RIGHT ARM	10
0044	ANESTH. HERMA REPAIRS / AGE 1	10
0045	ANESTH. PROCEDURES MALE GENITALIA	10
0046	ANESTH. PROCEDURES UPPER LEG	10
0047	ANESTH. PROCEDURES FOREARM, WRIST AND HAND	10
0048	ANESTH. FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES CARDIAC OR DOROMPHY	10
0049	ANESTH. FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INTRACRANIAL INTRACARDIA	10
0050	ANESTH. THERAPEUTIC INTERVENTIONAL RADIOLOGY PROCEDURES VENOUS LUMBARATIC SYSTEM	10
0051	ANESTH. THERAPEUTIC INTERVENTIONAL RADIOLOGY PROCEDURES VENOUS LUMBARATIC SYSTEM INPAT	10
0052	ANESTH. THERAPEUTIC INTERVENTIONAL RADIOLOGY PROCEDURES VENOUS LUMBARATIC SYSTEM INTRAC	10
0053	ANESTH. THERAPEUTIC INTERVENTIONAL RADIOLOGY PROCEDURES ON SPINE AND SPINAL CORD. DIAGNOSTIC	10
0054	ANESTH. PERCUTANEOUS IMAGE GUIDED PROCEDURES ON SPINE AND SPINAL CORD. THERAPEUTIC	10
0055	ANESTH. VAGINAL DELIVERY	10
0056	ANESTH. URGENT HYSTERECTOMY	10
0057	ANESTH. FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGE ANALGESIA	10
0058	ANESTH. FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAL LABOR ANALGE ANALGESIA	10
0059	ANESTH. DRUGS OF THERAPEUTIC NERVE BLOCKS AND INJECTIONS, PRONE	10
0060	UNLISTED ANESTHESIA PROCEDURE	10

The number of new physician procedures will be deferred until the fee schedule in entirety is presented.



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
13- 86

“RELATIVE TO THE APPROVAL OF THE REVISED FISCAL YEAR 2013 FINANCIAL PLAN”

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, for the Fiscal Year 2013, the Hospital’s management team initially projected the operational needs of the Hospital at Ninety Three Million Four Hundred Fifty Nine Thousand Seven Hundred Thirty Four Dollars (\$93,459,734); and

WHEREAS, the Fiscal Year 2013 Appropriation Budget did not accurately project expenditures totaling Thirteen Million Six Hundred Seventy Four Thousand Six Hundred Forty Two Dollars (\$13,670,642) for salaries, employee benefits and operating costs required to provide clinical services to the People of Guam; and

WHEREAS, the Fiscal Year 2013 Appropriation Budget did not identify sufficient funding to support the additional expenditures; and

WHEREAS, the Hospital must maintain its emergency, in-patient, out-patient, ancillary, domiciliary and physician services 24/7 – twenty four hours each day and seven days per week; and

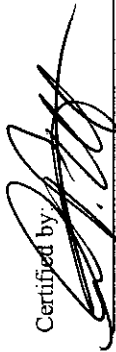
WHEREAS, the Board of Trustee Finance and Audit Committee has evaluated the Hospital’s revised 2013 financial plan and recommends to the Board of Trustees to approve the additional appropriations of Thirteen Million Six Hundred Seventy Four Thousand Six Hundred Forty Two Dollars (\$13,670,642); now, therefore be it

RESOLVED, the Board of Trustees directs management and staff to sustain efforts to improve the financial position of the Hospital in order to meet the health needs of our community; and be it further

RESOLVED, the Board of Trustees hereby accepts the proposed modification to the Fiscal Year 2013 Financial Plan as presented by the Board of Trustees Finance and Audit Committee in which Hospital management is authorized to incur Thirteen Million Six Hundred Seventy Four Thousand Six Hundred Forty Two Dollars (\$13,670,642) in projected total expenditures to a total of One Hundred Four Million Seven Hundred Seventeen Thousand Eight Hundred Thirteen Dollars (\$104,717,813) to ensure that patient care, quality of care and patient safety meet community and regulatory standards; 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 I. Won Pat, Speaker *I Mina’ Trentai Dos Liheslaturan Guahan*.

DULY AND REGULARLY ADOPTED ON THIS 26TH DAY OF Sept, 2013.

Certified by: 

LEE P. WEBBER
Chairman, Board of Trustees

Attested by: 

EDNA SANTOS, MD
Secretary, Board of Trustees

**Facilities,
Capital Improvement
Project
&
Information
Technology**

GUAM MEMORIAL HOSPITAL AUTHORITY
Capital Improvement Projects (CIPs) Status Report
 As of August 2013

No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description	Responsible Parties	Project Status	Obligated Funding	Liquidated Funding	Unliquidated Funding
1	Emergency Department Build Expansion Project (ED) & CCU/ICU Design-Bond (GOB) Proceeds. GMHA not having sufficient funds for the Project's medical equipment and furnishings will have to tap Building from the 2008 GOB Proceeds of \$2M designated for the Replace Main Electrical Distribution System & one (1) 1.6 Meg Genest. GE/CA has been informed and requires no formal request from GMHA. Funding not enough to cover development of GMHA's As-Built drawings, which are focused upon complying with Joint Commission Standards have proper drawings that detail GMHA's critical Utility Management, Fire Safety Management, and Life Safety Management Systems.	\$1,588,000 under 2009 General Obligation Bond (GOB) Proceeds. (see comments above). These (GOB) Proceeds were shifted away from the Replace Main Electrical Distribution System & one (1) 1.6 Meg Genest (Construction Phase) to meet this ED & CCU/ICU Expansion need.	GMHA-approved Change Orders in support of the ED & CCU/ICU Design-Build Planning and Materials Management Departments to lead and implement the Procurement Process; and Planning shall lead the funding coordination DVA.	<ul style="list-style-type: none"> Contractor Design-Build Team to be determined, as GMHA in Negotiation providing a full set to RFP this past week and GMHA getting an 11 x 17 version as well. GMHA still needs DB Team to review and incorporate its Design Submittal. Phase I Construction started 8-2012 with (1) the CCU CCD of 7-2013. GMHA anticipates purchase of CCU/ICU by mid August 2013. Anticipated RFP procurement will be ready to occur in 10-2013. Anticipated start of construction is projected at 1st week of 9-2013. Design will start to occur through 8-2013 with all procurements and final construction to proceed by DB Team. Starts over 2011. Phase one, DB Team wants to meet with GMHA Team on pre-issues. (1) No installation narrative (2) 2173 with building sewerage 	<ul style="list-style-type: none"> Phase II Final Design Submittal process also continues with the DB-Team providing a full set to RFP this past week and GMHA getting an 11 x 17 version as well. GMHA still needs DB Team to review and incorporate its most recent set of comments provided last week of 7-2013 on the Final Design Submittal. Phase I Construction started 8-2012 with (1) the CCU CCD of 7-2013. GMHA anticipates purchase of CCU/ICU by mid August 2013. Anticipated RFP procurement will be ready to occur in 10-2013. Anticipated start of construction is projected at 1st week of 9-2013. Design will start to occur through 8-2013 with all procurements and final construction to proceed by DB Team. Starts over 2011. Phase one, DB Team wants to meet with GMHA Team on pre-issues. (1) No installation narrative (2) 2173 with building sewerage 	\$ 7,563,273.00	\$ 3,455,112.87	\$ 2,107,160.13
2	ED & CCU/ICU Expansion Change Orders.	\$500,000 under 2009 General Obligation Bond (GOB) Proceeds (see comments above). These (GOB) Proceeds were shifted away from the Replace Main Electrical Distribution System & one (1) 1.6 Meg Genest (Construction Phase) to meet this ED & CCU/ICU Expansion need.	GMHA-approved Change Orders in support of the ED & CCU/ICU Design-Build Planning and Materials Management Departments to lead and implement the Procurement Process; and Planning shall lead the funding coordination DVA.	<ul style="list-style-type: none"> Critical End-users, Facilities Maintenance Approved Change Orders as of 2-19-13: COs 1-9 = \$ 13,843.00; CO 10 = \$ 8,305.00; CO 11 = \$ 3,075.00 (being processed week of 8-3-2013). Other potential change orders being reviewed and worked with potential vendors. Review process is on-going. 	<ul style="list-style-type: none"> GMHA and Design Build Team not able to come to an agreement after approx. 1 year of efforts towards striking to do so with numerous formal letters and meetings between us. GMHA now proceeding with the procurement of the following contents FFE items: Pharmacy Sterile IV Prep Laminar Flow Hoods (Qty 2), Biological Safety Cabinet (Qty 1), and others in order to complete the Project. GMHA shall plan on addressing these items through the Endorsements Bonds. As of 6-2013, GMHA has encumbered the following for ED & CCU/ICU Expansion Project: Furnishings & Equipment: \$ 1.2M from 2009 GOB Proceeds; \$ 420,407 from HFP Funds; and \$ 272,746 from DOI C1 Funds. GMHA's procurement of these FFE needs to be expedited to complete the Project in a timely manner (the notes in contractor construction section 300001) 	\$ 500,000.00	\$ 305,000.00	\$ 195,000.00
3	ED & CCU/ICU Expansion Equipment & Furnishings (FOI or OFCI)	\$1.4M under 2009 General Obligation Bond (GOB) Proceeds (see comments above). These GOB Proceeds were shifted away from the Replace Main Electrical Distribution System & one (1) 1.6 Meg Genest (Construction Phase) to meet this ED & CCU/ICU Expansion need.	GMHA's portion of the FFE requirement in support of the ED & CCU/ICU Design-Build Expansion Project.	<ul style="list-style-type: none"> Critical End-users, Facilities Maintenance, Planning and Materials Management, Planning and Materials Management Departments to lead and implement the Procurement Process; Planning shall lead the funding coordination DVA. 	<ul style="list-style-type: none"> GMHA and Design Build Team not able to come to an agreement after approx. 1 year of efforts towards striking to do so with numerous formal letters and meetings between us. GMHA now proceeding with the procurement of the following contents FFE items: Pharmacy Sterile IV Prep Laminar Flow Hoods (Qty 2), Biological Safety Cabinet (Qty 1), and others in order to complete the Project. GMHA shall plan on addressing these items through the Endorsements Bonds. As of 6-2013, GMHA has encumbered the following for ED & CCU/ICU Expansion Project: Furnishings & Equipment: \$ 1.2M from 2009 GOB Proceeds; \$ 420,407 from HFP Funds; and \$ 272,746 from DOI C1 Funds. GMHA's procurement of these FFE needs to be expedited to complete the Project in a timely manner (the notes in contractor construction section 300001) 	\$ 1,400,000.00	\$ 1,287,424.87	\$ 112,575.13
4	Electronic Health Record (EHR) Certified Upgrade	<ul style="list-style-type: none"> Years 1-5 Total in GMHA Operational Funds is \$2,761,163.00 Year 4: \$704,607.49 in GMHA Operational Funds for Upgrade Hardware and General Financial Systems and \$270,338.48 for Upgrade Software, Installation and Support Year 5: \$704,607.49 in GMHA Operational Funds for Upgrade Hardware and General Financial Systems and \$270,338.48 for Upgrade Software, Installation and Support Year 6: \$704,607.49 in GMHA Operational Funds for Upgrade Hardware and General Financial Systems and \$270,338.48 for Upgrade Software, Installation and Support Year 7: \$704,607.49 in GMHA Operational Funds for Upgrade Hardware and General Financial Systems and \$270,338.48 for Upgrade Software, Installation and Support Year 8: \$704,607.49 in GMHA Operational Funds for Upgrade Hardware and General Financial Systems and \$270,338.48 for Upgrade Software, Installation and Support Year 9: \$704,607.49 in GMHA Operational Funds for Upgrade Hardware and General Financial Systems and \$270,338.48 for Upgrade Software, Installation and Support Year 10: \$704,607.49 in GMHA Operational Funds for Upgrade Hardware and General Financial Systems and \$270,338.48 for Upgrade Software, Installation and Support 	<ul style="list-style-type: none"> GMHA has contacted Keane to upgrade GMHA's existing EHR to a Certified Keane Optimum EHR Hospital System. The Plan is to use 1 Year Medical Incentive of \$2M by GMHA to demonstrate EHR Meaningful Use in order to pay off balance of Vendor Financing. Keane has been acquired by NTT Data and effective Feb. 2012 all formerly Keane Systems will now be referred and called NTT Data such as Certified and Annual Support. Year 2: \$470,338.48 in GMHA Operational Funds for Upgrade Software, Installation and Support (Year 2 of 50-Months Financing @ 5% per year @ \$98,196.04/mth). Additional \$174,954.00 needed for Hardware Upgrade for Optimum Clinical Systems. 	<ul style="list-style-type: none"> Contractor is NTT Data (Keane). Information Services Departments responsible for complete and effective EHR implementation to include start training. Accounting Dept. is responsible for the Accounts Payables. 	<ul style="list-style-type: none"> Contractor is NTT Data (Keane). Information Services Departments responsible for complete and effective EHR implementation to include start training. Accounting Dept. is responsible for the Accounts Payables. 	\$ 2,761,163.00	\$ 1,349,899.00	\$ 1,411,264.00

B. GMHA CIPs in Progress in CY2013

GUAM MEMORIAL HOSPITAL AUTHORITY
Capital Improvement Projects (CIPs) Status Report
 As of August 2013

No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Obligated Funding	Liquidated Funding	Unliquidated
5	A/E Design Services to Replace Hospital Electrical Power Distribution System	\$270,000 under 1983 General Obligation Bond (GOB) Proceeds.	GMHA, starting with the A/E Design Phase, needs to replace its Hospital Electrical Power Distribution System to allow for efficient electrical distribution (both normal and emergency power distribution) throughout the Hospital and to also allow for any potential future hospital expansion needs. This includes the need to replace one of its 1.6 Meg Gensets.	<ul style="list-style-type: none"> Contractor is EMCE Facilities Maintenance Department is monitoring A/E Design work progress with the 50% Submittal completed in 6/2011. Planning Dept. is leading the funding drawdown process coordinating w/ DOA. 	<ul style="list-style-type: none"> Phase I of the A/E Design Project (Assessment Phase), 100% Submittal, 08-11 Final Submittal was received on 4-02-2012; however, still pending GMHA's review and comments. Phase II (Design Phase): GMHA received the preliminary proposal from producers. GMHA submitted its counter proposal to A/E firm (initially, [A/E]B (consulting) on 7-10-2011 and received the following, acceptable revised amount costs on 7-12-11 as follows: \$122,457.00 for Contingency; \$40,217 for Services During Construction; GMHA new Contingency; and \$40,217 for Services During Construction. GMHA new Contingency. GMHA Contract is have the expoument process straight under Phase II. 	\$270,000.00	\$43,867.85	\$226,132.15
6	Computers for end users of new EHR System	\$125,000.00 under FY2013 GOVUAM Budget Chapter III, Health, Part I - Guam Memorial Hospital Authority, Section 5, GMHA General Fund Appropriation, Public Law 31-233.	GMHA needs 102 new computers and 88 additional new computers (88 total) for end users hospital wide to use on the new EHR System Upgrades for Optimum Revenue Cycle Management, Optimum Clinicals, and Optimum part of the purchase of the EHR System. Upgrades and there was no funding source identified until now Public Law 31-233.	<ul style="list-style-type: none"> Administration, Finance, Information Services and Materials Management. 	<ul style="list-style-type: none"> Public Law 31-233 approved Oct. 2012. Administration directive to proceed with procurement process on 2-7-2013. Requestion, invitation for bids specifications and updated computer assessment by department completed and submitted for budget approval on 2-12-2013. approved for project on February 18, 2013, package sent to Materials Management on this same day. Materials Management prepared invitation for bid package for advertisement and IRB 006-2013 went out on 7-9-2013. Several vendors picked up their respective P.O.'s on 7-26 & 7-31 and their respective checks delivered to IRB on 8-01-13. 	\$125,000.00	-	\$125,000.00
7	Inpatient Kidney Dialysis Machines Replacement Project	\$451,266.53 (\$344k under FY11 Compact Impact Funds and \$107,266.53 under FY11 HPP Funds)	enable GMHA replace inventory of inpatient Kidney Dialysis Machines (GMHA currently has an inventory of 17 machines) and to establish inventory to ensure a robust response and recovery capability during emergency/disaster situations. Machines shall be stand-alone machines in that they shall have integrated RO Systems.	<ul style="list-style-type: none"> Nursing Services, Planning, Procurement and Facilities Maintenance Departments 	<ul style="list-style-type: none"> According to MM, JV determined intent to Award will be issued to Medpharm for the Gambro systems. Also, HHS/ASPR granted Medpharm a 90-Days Extension, which gives GMHA a new HPP liquidation deadline of 9-30-2013. GMHA issued PO to Medpharm on 7-17-2013; received Medpharm's 1st invoice on 7-31 to commence HPP drawdown of \$107,266.53; and still updated to DPA on 8-1-2013 regarding GMHA's procurement determination 	\$451,266.53	-	\$451,266.53
Grand Totals:						\$13,070,702.53	\$6,858,184.22	\$5,605,176.13

GUAM MEMORIAL HOSPITAL AUTHORITY
Capital Improvement Projects (CIPs) Status Report
 As of August 2013

No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Obligated Funding	Liquidated Funding	Unliquidated Funding
1	Vertical Transportation	completed modernization of Elevators #1 & #2 under 2008 General Obligation bond (GOB) Proceeds. Lowest and sole bidder came in at \$424,566.00; however, contract still in Signature Phase. Upon issuance of Contract, PO and NTP, remaining balance of approx. \$500k should be reserved for A/E Design Phase of Electrical Distribution System, completion of Main Chiller & CR HVAC Project and other critical CIPs.	GMHA needs to procure Contractor Services to modernize its Elevators #3 & #4, which are considered (via posted signage) to be the "Staff Elevators".	<ul style="list-style-type: none"> Contractor to be determined, as Bid Package under review by AG's Office prior to GMHA announcing formal bid. Facilities Maintenance Department shall monitor Contractor's work progress upon issuance of NTP. Planning Dept. shall lead the funding drawdown process in coordination with BMR and DOA. 	<ul style="list-style-type: none"> IFB approved for announcement in 7-2012; IFB announced 7-18-2012; Bid opening took place 8-10-2012; only bidder was determined to be responsive and responsible; and Formal Contract reviewed by GMHA legal counsel prior to finalizing Contract Signature Phase. After issuance of NTP, FM proposes a very minor Change Order to add informational sign plates in each cab units 1 through 4; and repair of all call signals. From issuance of NTP, Project Completion will take approx. 240 calendar days or eight (8) months. FM and Planning are expecting price escalation upon price of lowest responsible/responsible bidder, and Materials Requestion revised to R-13 and recertified at \$500,000 on 6-5-2013 based on price of lowest responsible/responsible bidder. 	\$ 500,000.00	\$ 500,000.00	\$ 500,000.00
2	Back-up Chiller Repair	GMHA presented on 7-18-2012 to Assistant Secretary of Interior for Insular Affairs, Anthony ("Tony") Babauta, urgent need for GMHA repair / upgrades or replacement of Back-up Chiller System; GMHA submitted FY09 Compacted Impact Assistance Requesting Reuse during week of 8-23-2012 to apply balance of \$110K to procure new Compressor and AC Cooling Unit. Other required funding TBD. Anticipate cost at \$300K, so we shall need approx. \$190K in 2009 GOB Proceeds.	<ul style="list-style-type: none"> Back-up Chiller System provides a redundant AC back of the Main Chiller System and provides AC to critical hospital areas only. GMHA requires replacement of following system components: Back-up Condenser Pump @ \$75K (mgs); Back-up Air Cooling Condensing Unit (ACCU) @ \$175K. 	<ul style="list-style-type: none"> Facilities Maintenance Department is responsible for maintaining the initial IFB, as sole bidder far exceeded projected costs of approx \$250K. The Scope of Work (SOW) is being revised in an attempt to better align project intent with approved funding appropriation. Federal Funding is only \$110K. FM revised scope of work required and processed requisition in mid 4-2013; Materials Management advised IFB on 7-7-2013; and the Evaluation Team recommended a lowest responsible/responsible bidder on 7-23-2013, as that bidder's price came within budget at \$297,031.00. FM now responsible for issuing IFB Status (e.g. Notice of Intent to Award and PO) to the Bidder. 	<ul style="list-style-type: none"> FM, Planning and Administration decided in 1-2012 to cancel initial IFB, as sole bidder far exceeded projected costs of approx \$250K. The Scope of Work (SOW) is being revised in an attempt to better align project intent with approved funding appropriation. Federal Funding is only \$110K. FM revised scope of work required and processed requisition in mid 4-2013; Materials Management advised IFB on 7-7-2013; and the Evaluation Team recommended a lowest responsible/responsible bidder on 7-23-2013, as that bidder's price came within budget at \$297,031.00. FM now responsible for issuing IFB Status (e.g. Notice of Intent to Award and PO) to the Bidder. 	\$ 300,000.00	\$ -	\$ 300,000.00
3	Main Chiller System	GMHA made presentation on 7-18-2012 to Insular Affairs, Anthony ("Tony") Babauta, urgent need for GMHA to make replacement of existing Main and Back-up Chiller Systems. GMHA will pending funding source for Main Chiller Upgrade Project.	<ul style="list-style-type: none"> Back-up Chiller System provides a redundant AC back of the Main Chiller System and provides AC to critical hospital areas only. GMHA requires replacement of following system components in order of priority: Back-up Chiller Cooling Towers (Qty. 2) at \$500K; Main Chiller Automated Tube Brush Cleaning System (ATB) @ \$200K. 	<ul style="list-style-type: none"> Facilities Maintenance Department is responsible for maintaining the System. Upon award of federal funding, Planning Dept. shall lead the funding drawdown process in coordination with BMR & DOA. 	<ul style="list-style-type: none"> System upgrades pending sourcing of a new funding source valued at \$700,000.00. 	\$ -	\$ -	\$ -
4	Telephone System	Estimate one time cost between \$75,000.00 and \$200,000.00 with estimated annual recurring cost of \$25,000.00 and \$75,000.00 (the annual recurring cost of existing legacy Centrex Telephone System at main GMH campus and at SNU \$306,000.00).	<ul style="list-style-type: none"> Project to replace existing cost-prohibitive legacy Centrex Business Telephone System with new cost effective technology Telephone System to include: 466 phone lines and instruments, 40 fax lines, 4 dedicated Hot Lines to Guam Fire Dept., 4 dedicated credit card lines, 2 dedicated TTY lines; with option to consider expanding existing Emergency VoIP Communication System from existing 64 VoIP Phones/Lines to additional 466 plus to replace All Legacy Centrex Phones/Lines and the other legacy 40 fax lines and 10 dedicated lines, and reducing the annual cost from \$306,000.00 down to an est. less than 1/4 that cost. 	<ul style="list-style-type: none"> Communications Center to provide inventory count and locations of all existing legacy centrex phones/dedicated lines - and provide for replacement specifications. Information technology work together with Communications Center to develop the Bid Package Specifications for this project. And will provide technical coordination with Comm. Ctr. and awarded vendor. Planning Dept. shall assist to find funding source for this project. MM shall complete the Bid procurement. 	<ul style="list-style-type: none"> IFB No. 018-2012 advertised in PDN on 9-05-2012 w/ a proposal submission due date of 9-20-2012; however, IFB had issued several amendments to clarify questions from potential bidders and new IFB submission date was revised to 11-08-2012. Materials Buyer called meeting for Comm. Ctr. and IT to perform Bids Evaluation on 12-20-2012. Bid evaluations completed and bid selection recommendation letter provided to Materials Buyer on 12-20-2012. MM requested for receiption of funds for the original requisition for the new phone system on 2-11-2013 since estimated cost is less than the selected Bid cost - within 90-day procurement window, and therefore covered in 6-2013 CFC working with management and staff to identify projects to reduce telephone expenses, and plans to revisit and re-issue IFB. 	\$ 168,000.00	\$ -	\$ 168,000.00

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**Hospital
Administrator
CEO's
Report**

**Associate
Administrator
of
Medical
Services
Report**

Medical Staff

President's

Report

Chief Financial Officer's Report

Unfinished

Business

New Business

Public Comment

Adjournment