



Guam Memorial Hospital Authority
Aturidat Espetat Mimuriat Guahan

850 Gov. Carlos G. Camacho Road
 Tamuning, GU 96913
 Phone| (671) 647-2330/2444 Fax| (671) 649-0145



June 17, 2014

Honorable Judith T. Won Pat, Ed.D.
 Speaker of IMinatrentai Dos Na Liheslaturan Guahan
 155 Hesler Place
 Hagatna, GU 96910


32-14-1747
 Judith T. Won Pat - Ed.D.
 6.17.14
 2:32 PM
 *CD COPY

**RE: GUAM MEMORIAL HOSPITAL AUTHORITY (GMHA) BOARD OF TRUSTEES
 MEETING – MAY 29, 2014**

Dear Speaker Won Pat:

In accordance with Ch .8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, enclosed is a compact disc containing electronic copies of all materials presented and discussed during the GMHA Board of Trustees Regular Meeting held on May 29, 2014 in the GMHA D.L Webb Conference Room.

Senseramente,


 THEO M. PANGELINAN
 Administrative Assistant

2014 JUN 17 PM 2:39

cc: Hospital Administrator/CEO
 GMHA Board Office

- Must be able to work under stress and pressure to meet or exceed demands of customers (both retail and corporate)

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THE GUAM PUBLIC UTILITIES COMMISSION NOTICE OF PUBLIC MEETING

NOTICE IS HEREBY GIVEN that the Guam Public Utilities Commission [PUC] will conduct a regular business meeting, commencing at 6:30 p.m. on May 29, 2014, at Suite 202 GCIC Building, 414 W. Soledad Ave., Hagåtña.

The following business will be transacted:

Agenda

1. Approval of Minutes of April 24, 2014
2. Guam Solid Waste Authority
 - GSWA Docket 12-02, Requests for Disbursement of Reserve Host Community Premium Surcharge Fees to the Host Communities, PUC Counsel Report, and Proposed Order
3. Guam Power Authority
 - GPA Docket 14-08, Petition for Approval of Procurement for Supply of Cylinder Lubricating Oil, PUC Counsel Report, and Proposed Order
 - GPA Docket 14-02, Petition for Implementation of Additional Program Management Services under the PMO Contract, and Status Report
4. Port Authority of Guam
 - PAG Docket 12-02, Review of Transshipment Study, ALJ Report, and Proposed Order
 - PAG Docket 13-01, Status of PAG's Five Year Rate Plan ALJ Report, and Proposed Order
5. Administrative Matters
6. Other Business

Further information about the meeting may be obtained from the PUC's Administrator Lou Palomo at 472-1907. Those persons who require special accommodations, auxiliary aids, or services to attend the meeting should also contact Ms. Palomo.

This Notice is paid for by the Guam Public Utilities Commission

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Guam Memorial Hospital Authority
Aturidat Espetâr Mimuriat Guahan
850 Gov. Carlos G. Camacho Road
Tamuning, Guam 96913



PUBLIC NOTICE Board of Trustees Meeting

Date: Thursday, May 29, 2014
Time: 6:00 p.m.
Place: GMHA, Daniel L. Webb Conference Room
1st Floor, "C" Wing

An Executive Session will take place before regular business.

Persons requiring special accommodations, auxiliary aids, or services may contact Toni Villavicencio, EEO Officer/ADA Coordinator at 647-2218/2418

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PUBLIC NOTICE
 Board of Trustees Meeting

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 or services may contact Toni Villavicencio, EEO Officer/
 ADA Coordinator at 647-2218/2418

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Guam Memorial Hospital Authority Board of Trustees Regular Meeting



AGENDA

Date: Thursday, May 29, 2014
 Time: 6:00 p.m.
 Place: GMHA, Daniel L. Webb Conference Room

- I. Call to Order and Determination of Quorum
- II. Medical Staff President's Report
- III. Approval of Regular Session Minutes
 - a. April 24, 2014
- IV. Board Subcommittee Reports
 - a. Human Resources Subcommittee
 - Resolutions relative to retirements: 14-36 through 14-52
 - b. Joint Conference and Professional Affairs Subcommittee
 - Resolutions relative to appointments and reappointments: 14-53 through 14-57
 - c. Facilities, Capital Improvement, and Information Technology Subcommittee
 - d. Governance, Bylaws, and Strategic Planning Subcommittee
 - 2014 Strategic Plan Implementation Report - "Scorecard"
 - Resolution 14-58, Relative to the Approval of the GMHA Hospital-based Urgent Care Clinic Development Plan
 - e. Quality and Safety Subcommittee
 - PI Division Dashboard – Month 1
 - EOC Dashboard – CY2013, 4Q
 - Patient Satisfaction Survey Report (CY2014, 1Q)
 - Infection control Report (CY2014, 1Q)
 - f. Finance and Audit Subcommittee
- V. Administrators Reports
 - a. Hospital Administrator/CEO
 - b. Associate Administrator of Medical Services (Medical Director)
 - c. Chief Financial Officer
 - Financial Reports – April 2014
- VI. Unfinished Business
- VII. New Business
- VIII. Public Comment
- IX. Adjournment

Distribution:

Board Members

Lee Webber	Chairman	lwebber@mdaguam.com
Frances Taitague-Mantanona	Vice-Chairperson	fmantanona@gmail.com
Edna V. Santos, MD	Secretary	evsantos55@gmail.com
Rose Grino, RN	Treasurer	grino.rose@gmail.com
Ricardo M. Terlaje, MD	Trustee	ricterlaje@guam.net
Theodore Lewis	Trustee	tlewis@guamsda.com
Valentino Perez	Trustee	valentino.perez@uahoo.com

GMH Leadership

Joseph Verga, MS, FACHE	Hospital Administrator/CEO	joseph.verga@gmha.org
Gordon Mizusawa	Acting, Assoc. Administrator of Ops	gordon.mizusawa@gmha.org
Alan Ulrich	Chief Financial Officer	alan.ulrich@gmha.org
Larry Lizama, MD	Medical Director	larry.lizama@gmha.org
Hoa Nguyen, MD	Medical Staff President	hoavannquyen@uahoo.com
Rhodora Cruz, RN	Acting, Assistant Administrator of Nursing Services	rhodora.cruz@gmha.org
Jemmabeth Simbillo, RN	Acting, Deputy Asst. Administrator of Nursing Services	jemmabeth.simbillo@gmha.org
Joygemma Villaruel, RN	Compliance and Quality Management	jougemma.villaruel@gmha.org

GMHA
Comparative Income Statement - March 2014 and April 2014

	March	April	CHANGE	TOTAL YTD
STATEMENT OF REV AND EXP				
Gross Patient Revenues	\$11,861,150	\$11,036,096	-\$825,054	\$82,274,520
Contractual Adjustments	-\$4,102,226	-\$5,102,462	-\$1,000,236	-\$30,052,729
Bad Debts Expense	-\$1,723,832	-\$1,359,436	\$364,396	-\$12,295,582
NET PATIENT REVENUES	\$6,035,092	\$4,574,198	-\$1,460,894	\$39,926,209
PATIENT DAYS-Acute	4,190	3,941	(249)	28,941
PATIENT DAYS-SNU	723	574	(149)	4,805
Other Operating Revenue				
Food Sales, Cafeteria	\$30,734	\$31,963	\$1,229	\$223,259
Other	\$15,289	\$17,902	\$2,613	\$108,148
Total Other Oper Revenues	\$46,023	\$49,865	\$3,842	\$331,407
TOTAL REVENUES	\$6,081,115	\$4,624,063	-\$1,457,052	\$40,257,616
OPERATING EXPENSES:				
Salaries	\$4,796,395	\$4,574,800	-\$221,595	\$32,556,407
Fringe Benefits	\$1,470,320	\$1,429,718	-\$40,602	\$10,114,614
Travel & Mileage Reimbursement	\$4,510	\$2,472	-\$2,038	\$25,993
Training	\$5,091		-\$5,091	\$6,545
Contractual Services	\$708,328	\$659,591	-\$48,737	\$4,333,019
Supplies & Materials	\$1,036,416	\$1,147,290	\$110,874	\$7,115,973
Minor Equipment	\$22,003	\$38,165	\$16,162	\$241,679
Miscellaneous	\$11,856	\$8,240	-\$3,616	\$122,035
Utilities	\$330,633	\$286,991	-\$43,642	\$2,136,057
TOTAL OPERATING EXPENSES	\$8,385,552	\$8,147,267	-\$238,285	\$56,652,322
OTHER EXPENSES:				
Interest Expense	\$175,302	\$176,444	\$1,142	\$998,939
Sick & Annual Leave Exp	\$16,624	\$8,408	-\$8,216	\$553,258
Retiree Health Cost				
Depreciation Expense	\$363,316	\$361,354	-\$1,962	\$2,549,945
Gain/Loss on Disposal				
Bioterrorism Expenses	\$5,694	\$1,895	-\$3,799	\$168,258
FEMA/DOI CIP Expenses				
Compact Impact Expenses	-\$324		\$324	\$21,175
GO Bond PL 29-19 Expenses	\$6,951	\$12,289	\$5,338	\$314,737
Expired/Surveyed Supplies				
Inventory Adjustment	\$81,398	\$26,191	-\$55,207	\$234,093
TOTAL OTHER EXPENSES	\$648,961	\$586,581	-\$62,380	\$4,840,405
TOTAL EXPENSES	\$9,034,513	\$8,733,848	-\$300,665	\$61,492,727
REVENUES OVER EXPENSES	-\$2,953,398	-\$4,109,785	-\$1,156,387	-\$21,235,111
NON-OPERATING REVENUES				
GOVGUAM SUBSIDY	\$630,113	\$630,113		\$8,383,077
CMS Settlement of Fiscal 2012		\$1,048,470	\$1,048,470	\$1,048,470
Trans GovGuam-Ret Healt				
FEMA/DOI CIP Revenues				
GovGuam Reimbursement				
GO Bond Revenue	\$303,698	\$186,065	-\$117,633	\$1,849,834
Compact Impact				\$5,792,887
Bioterrorism Grant	\$65,378	\$8,895	-\$56,483	\$325,065
ARRA Revenue	\$1,302,436		-\$1,302,436	\$1,302,436
Contributions	\$1,349		-\$1,349	\$207,141
TOTAL NON-OPERATING REVE	\$2,302,974	\$1,873,543	-\$429,431	\$18,908,910
PROFIT(+)/ LOSS (-)	-\$650,424	-\$2,236,242	-\$1,585,818	-\$2,326,201

GMHA
Comparative Income Statement
April and YTD April 2013 and 2014

	April 2013	April 2014	Change	YTD April 2013	YTD April 2014	Change
STATEMENT OF REV AND EXP						
Gross Patient Revenues	\$ 11,296,694	\$ 11,036,096	\$ (260,598)	\$ 82,611,043	\$ 82,274,520	\$ (336,523)
Contractual Adjustments	\$ (3,764,396)	\$ (5,102,462)	\$ (1,338,066)	\$ (28,398,266)	\$ (30,052,729)	\$ (1,654,463)
Bad Debts Expense	\$ (1,877,674)	\$ (1,359,436)	\$ 518,238	\$ (13,218,941)	\$ (12,295,582)	\$ 923,359
NET PATIENT REVENUES	\$ 5,654,624	\$ 4,574,198	\$ (1,080,426)	\$ 40,993,836	\$ 39,926,209	\$ (1,067,627)
Other Operating Revenue						
Food Sales, Cafeteria	\$ 44,004	\$ 31,963	\$ (12,041)	\$ 269,260	\$ 223,259	\$ (46,001)
Other	\$ 21,326	\$ 17,902	\$ (3,424)	\$ 181,278	\$ 108,148	\$ (73,130)
Total Other Oper Revenues	\$ 65,330	\$ 49,865	\$ (15,465)	\$ 450,538	\$ 331,407	\$ (119,131)
TOTAL REVENUES	\$ 5,719,954	\$ 4,624,063	\$ (1,095,891)	\$ 41,444,374	\$ 40,257,616	\$ (1,186,758)
OPERATING EXPENSES:						
Salaries	\$ 4,222,878	\$ 4,574,800	\$ 351,922	\$ 31,031,638	\$ 32,556,407	\$ 1,524,769
Fringe Benefits	\$ 1,326,490	\$ 1,429,718	\$ 103,228	\$ 9,549,098	\$ 10,114,614	\$ 565,516
Travel & Mileage Reimburse	\$ 5,486	\$ 2,472	\$ (3,014)	\$ 11,334	\$ 25,993	\$ 14,659
Training	\$ -	\$ -	\$ -	\$ 24,760	\$ 6,545	\$ (18,215)
Contractual Services	\$ 364,547	\$ 659,591	\$ 295,044	\$ 3,513,154	\$ 4,333,019	\$ 819,865
Supplies & Materials	\$ 1,288,314	\$ 1,147,290	\$ (141,024)	\$ 7,657,136	\$ 7,115,973	\$ (541,163)
Minor Equipment	\$ 11,557	\$ 38,165	\$ 26,608	\$ 119,176	\$ 241,679	\$ 122,503
Miscellaneous	\$ 10,549	\$ 8,240	\$ (2,309)	\$ 131,384	\$ 122,035	\$ (9,349)
Utilities	\$ 316,599	\$ 286,991	\$ (29,608)	\$ 2,011,965	\$ 2,136,057	\$ 124,092
TOTAL OPERATING EXPENSE	\$ 7,546,420	\$ 8,147,267	\$ 600,847	\$ 54,049,645	\$ 56,652,322	\$ 2,602,677
OTHER EXPENSES:						
Interest Expense	\$ 164,121	\$ 176,444	\$ 12,323	\$ 1,289,429	\$ 998,939	\$ (290,490)
Sick & Annual Leave Expense	\$ 58,131	\$ 8,408	\$ (49,723)	\$ 369,664	\$ 553,258	\$ 183,594
Retiree Health Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation Expense	\$ 438,746	\$ 361,354	\$ (77,392)	\$ 2,592,134	\$ 2,549,945	\$ (42,189)
Gain/Loss on Disposal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bioterrorism Expenses	\$ 1,981	\$ 1,895	\$ (86)	\$ 108,034	\$ 168,258	\$ 60,224
FEMA/DOI CIP Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Compact Impact Expenses	\$ -	\$ -	\$ -	\$ 35,590	\$ 21,175	\$ (14,415)
GO Bond PL 29-19 Expenses	\$ 545	\$ 12,289	\$ 11,744	\$ 546	\$ 314,737	\$ 314,191
Expired/Surveyed Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Inventory Adjustment	\$ (8,246)	\$ 26,191	\$ 34,437	\$ 57,516	\$ 234,093	\$ 176,577
TOTAL OTHER EXPENSES	\$ 655,278	\$ 586,581	\$ (68,697)	\$ 4,452,913	\$ 4,840,405	\$ 387,492
TOTAL EXPENSES	\$ 8,201,698	\$ 8,733,848	\$ 532,150	\$ 58,502,558	\$ 61,492,727	\$ 2,990,169
REVENUES OVER EXPENSES	\$ (2,481,744)	\$ (4,109,785)	\$ (1,628,041)	\$ (17,058,184)	\$ (21,235,111)	\$ (4,176,927)
NON-OPERATING REVENUES						
GOV GUAM SUBSIDY	\$ 207,883	\$ 630,113	\$ 422,230	\$ 4,746,792	\$ 8,383,077	\$ 3,636,285
CMS Settlement of Fiscal 2012	\$ -	\$ 1,048,470	\$ 1,048,470	\$ -	\$ 1,048,470	\$ 1,048,470
Trans GovGuam-Ret Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FEMA/DOI CIP Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GovGuam Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GO Bond Revenue	\$ 856,968	\$ 186,065	\$ (670,903)	\$ 3,089,493	\$ 1,849,834	\$ (1,239,659)
Compact Impact	\$ -	\$ -	\$ -	\$ 6,132,598	\$ 5,792,887	\$ (339,711)
Bioterrorism Grant	\$ -	\$ 8,895	\$ 8,895	\$ 111,674	\$ 325,065	\$ 213,391
Misc Revenue NPO Write	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Revenues	\$ -	\$ -	\$ -	\$ -	\$ 1,302,436	\$ 1,302,436
Contributions	\$ -	\$ -	\$ -	\$ 193,519	\$ 207,141	\$ 13,622
TOTAL NON-OPER REV	\$ 1,064,851	\$ 1,873,543	\$ 808,692	\$ 14,274,076	\$ 18,908,910	\$ 4,634,834
CHANGE in NET ASSETS	\$ (1,416,893)	\$ (2,236,242)	\$ (819,349)	\$ (2,784,108)	\$ (2,326,201)	\$ 457,907

GMHA
Comparative Balance Sheet

	MARCH 2014	APRIL 2014	CHANGE
CURRENT ASSETS			
Cash - Operations	\$315,752	\$64,881	-\$250,871
Cash - Restricted	\$4,300,242	\$4,668,703	\$368,462
Patient Accts Receivable-Current	\$132,898,742	\$131,128,915	-\$1,769,827
Patient Accts Receivable-Reserved	\$112,725,249	\$112,664,311	-\$60,938
Receivables	\$538,251	\$535,357	-\$2,894
Suspense Accounts	-\$2,501,700	-\$1,134,895	\$1,366,805
Less: Reserve for Cont Allow	-\$116,563,398	-\$117,785,788	-\$1,222,390
Less: Reserve for Bad Debts	-\$111,009,470	-\$110,859,470	\$150,000
Due from GovGuam			
Other Receivables	\$321,485	\$323,881	\$2,396
Inventories	\$3,373,101	\$3,644,389	\$271,288
Prepaid Expenses	\$141,061	\$99,019	-\$42,042
Total Current Assets	\$24,539,315	\$23,349,304	-\$1,190,011
Property, Plant and Equipment	\$39,994,115	\$40,112,311	\$118,196
Total Assets	\$64,533,430	\$63,461,615	-\$1,071,815
LIABILITIES & FUND BALANCE			
CURRENT LIABILITIES			
Current Portion of Long Term Debt	\$1,981,416	\$1,983,174	\$1,758
Deferred Revenue			
Accounts Payable, Trade	\$11,575,705	\$12,527,054	\$951,349
Accounts Payable, Government	\$3,622,940	\$3,683,331	\$60,391
Other Accrued Liabilities	\$1,450,000	\$1,429,000	-\$21,000
Accrued Payroll & Benefits	\$3,199,099	\$3,562,711	\$363,612
Current Portion Accrued AL & SL	\$4,108,374	\$4,093,730	-\$14,644
Total Current Liabilities	\$25,937,534	\$27,279,000	\$1,341,466
Deferred Retire Fund Contribution			
Non-Current Portion of Long Term Debt	\$22,592,737	\$21,192,469	-\$1,400,268
Accrued AL & SL- Non Current	\$3,499,726	\$3,487,252	-\$12,474
Total Long-Term Liabilities	\$3,499,726	\$3,487,252	-\$12,474
Fund Balance	\$12,503,433	\$10,267,191	-\$2,236,242
Total Unrestricted Funds	\$41,940,693	\$41,033,443	-\$907,250

GMHA
Comparative Balance Sheet

	MARCH 2014	APRIL 2014	CHANGE
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Less: Reserve for Bad Debts	-\$111,009,470	-\$110,859,470	\$150,000
Due from GovGuam			
Other Receivables	\$321,485	\$323,881	\$2,396
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Accrued Payroll & Benefits	\$3,199,099	\$3,562,711	\$363,612
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Non-Current Portion of Long Term Debt	\$22,592,737	\$21,192,469	-\$1,400,268
Accrued AL & SL- Non Current	\$3,499,726	\$3,487,252	-\$12,474
Total Long-Term Liabilities	\$26,092,463	\$24,679,721	-\$1,412,742
Fund Balance	\$12,503,433	\$10,267,191	-\$2,236,242
Total Unrestricted Funds	\$64,533,430	\$62,225,912	-\$2,307,518

GMHA
Sources and Uses of Cash
YTD 4/30/2014

FY 2014 CASH FLOW

DESCRIPTION	Oct-13 ACTUAL	Nov-13 ACTUAL	Dec-13 ACTUAL	Jan-14 ACTUAL	Feb-14 ACTUAL	Mar-14 ACTUAL	Apr-14 ACTUAL	YTD TOTAL
CASH - Beginning balance	\$2,805,002	\$3,317,840	\$2,017,334	\$3,783,851	\$3,164,136	\$4,766,889	\$4,615,994	
CASH RECEIPTS								
Patient Revenues	\$7,591,111	\$7,120,366	\$5,555,050	\$6,477,917	\$6,735,325	\$5,120,760	\$6,097,087	\$44,697,616
Other Receipts	\$48,653	\$73,016	\$41,852	\$117,607	\$33,848	\$50,633	\$44,063	\$409,672
Compact Impact Fund	\$131,069		\$2,500,000	\$3,273,071	\$3,567			\$5,907,707
UPCA Settlement	\$3,469	\$3,469	\$3,469	\$3,469	\$3,469	\$3,469	\$3,469	\$24,283
E H R Incentive					\$1,302,436			\$1,302,436
Bioterrorism Grant	\$1,638	\$1,934	\$78,000	\$17,108	\$247,173	\$65,378	\$8,896	\$420,127
Donation	\$50,625							\$50,625
Gen Fund Subsidy	\$496,904		\$1,622,661	\$608,027	\$1,139,228	\$630,113	\$630,113	\$5,127,066
GO Bond	\$176,837	\$787,168		\$291,958	\$43,089	\$303,698	\$186,065	\$1,788,815
BOG Loan Proceeds					\$12,300,000	\$2,175,900		\$14,475,900
Medicare Settlement	\$28,529			\$16,660			\$1,072,864	\$1,118,053
TOTAL CASH RECEIPTS	\$8,528,835	\$7,985,953	\$9,801,052	\$10,805,817	\$20,505,699	\$9,652,387	\$8,042,557	\$75,322,300
CASH DISBURSEMENTS								
Operational Expenses:								
Salaries & Benefits	\$5,706,975	\$6,527,593	\$5,714,903	\$7,951,162	\$6,475,369	\$6,466,619	\$5,830,933	\$44,673,554
Travel & Training	\$3,048	\$10,503	\$2,219	\$6,090	\$6,937			\$28,797
Contractual Services	\$601,259	\$605,071	\$335,478	\$1,123,171	\$610,419	\$1,460,138	\$663,445	\$5,398,981
Supplies & Materials	\$1,289,055	\$1,720,617	\$1,350,964	\$1,996,308	\$1,422,665	\$1,278,527	\$612,474	\$9,671,110
- Payment to Vendors					\$9,011,002			\$9,011,002
Miscellaneous	\$51,333	\$35,473	\$8,106	\$14,126	\$7,155	\$26,169	\$4,341	\$146,703
Utilities - Power	\$0				\$443,976		\$224,378	\$668,354
Water	\$0	\$218,514	\$441,934	\$318,603	\$318,603	\$30,629	\$30,629	\$1,009,680
Telephone	\$0	\$64,054	\$57,216	\$217,645	\$217,645	\$66,192	\$66,192	\$405,107
Boiler Fuel	\$18,756		\$19,081		\$17,149		\$38,270	\$93,256
Capital Outlay	\$240,936			\$235,631		\$296,652	\$186,065	\$959,284
Sub-total	\$7,911,362	\$9,181,825	\$7,929,901	\$11,320,898	\$18,530,073	\$9,535,042	\$7,656,727	\$72,065,828
Other Cash Outlay:								
Debt Service \$12M LOAN	\$104,634	\$104,634	\$104,634	\$104,634	\$372,873	\$268,240	\$268,240	\$1,327,889
Sub-total	\$104,634	\$104,634	\$104,634	\$104,634	\$372,873	\$268,240	\$268,240	\$73,393,717
TOTAL DISBURSEMENTS	\$8,015,996	\$9,286,459	\$8,034,535	\$11,425,532	\$18,902,946	\$9,803,282	\$7,924,967	\$73,393,717
CASH-ENDING BAL	\$3,317,840	\$2,017,334	\$3,783,851	\$3,164,136	\$4,766,889	\$4,615,994	\$4,733,584	

GMHA
COLLECTIONS AND EXPENDITURES FROM OPERATIONS
FISCAL 2014

G M H A PAYOR / SOURCE OF RECEIPTS	MONTHLY COLLECTIONS												YTD Activity
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14						
Calvo's	\$1,077,995	\$669,693	\$979,551	\$1,578,766	\$866,046	\$1,047,953	\$592,235						\$6,752,238
Nelicare (Moylan)	\$165,789	\$44,411	\$110,582	\$10,290	\$42,485	\$14,062	\$7,439						\$995,057
Slaywell	\$188,412	\$186,438	\$189,159	\$244,243	\$199,843	\$190,568	\$336,331						\$1,524,814
Takecare (Pacificare)	\$422,166	\$223,913	\$651,540	\$663,209	\$467,967	\$437,761	\$343,368						\$3,109,904
Miscellaneous	\$284,865	\$161,190	\$89,296	\$389,064	\$437,779	\$303,333	\$177,154						\$1,842,682
Self Pay	\$224,578	\$190,438	\$210,909	\$219,978	\$201,835	\$222,170	\$289,504						\$1,559,412
Self Pay/Admissions	\$154,619	\$185,851	\$169,588	\$201,277	\$124,067	\$165,082	\$134,320						\$1,134,304
Collections on Services - Non-Government	\$2,518,412	\$1,661,934	\$2,300,625	\$3,306,827	\$2,320,757	\$2,390,004	\$1,920,351						\$16,318,910
Medicare	\$2,287,597	\$1,220,037	\$685,547	\$876,022	\$1,351,082	\$823,781	\$1,603,179						\$8,847,225
Medicaid	\$1,300,676	\$3,763,331	\$1,906,356	\$1,528,110	\$2,269,418	\$1,350,458	\$2,252,312						\$14,371,660
MIP	\$963,423	\$325,735	\$433,478	\$524,281	\$627,053	\$38,827	\$352,489						\$3,265,286
GovGuam	\$9,145	\$108,456	\$6,992	\$18,678	\$64,567	\$14,175	\$222,013						\$14,175
DRT-tax offset	\$434,161	\$106,927	\$94,462	\$137,594	\$76,526	\$311,048	\$4,051						\$1,164,769
MAP-GRT				\$0									\$0
Private W/C	\$11,178		\$913	\$44,088			\$1,200						\$91,205
GovGuam W/C	\$17,175		\$8,699	\$13,763	\$31,329	\$64,527	\$1,243						\$135,736
Collections on Services - Government	\$5,023,356	\$5,416,029	\$3,237,911	\$3,131,850	\$4,374,066	\$2,687,034	\$4,228,649						\$28,098,895
GNMS	\$26,275	\$24,546	\$20,382	\$19,452	\$17,943	\$22,886	\$23,407						\$134,519
Coll Agency of Guam	\$23,068	\$21,128		\$19,778	\$22,559	\$20,836	\$24,679						\$152,429
FSM													\$0
Collections on Services - Collection Agencies	\$49,343	\$45,674	\$20,382	\$39,240	\$40,501	\$43,722	\$48,086						\$286,948
Less Collection fees													
GNMS	-\$5,664	-\$12,467		-\$9,376	-\$3,844	-\$5,002	-\$5,001						-\$40,354
Collection Agency	-\$1,294	-\$1,783	-\$1,431	-\$1,295	-\$1,406	-\$1,308	-\$1,308						-\$9,945
Dept of Rev offset	-\$9,225	-\$2,500		-\$3,650	\$1,625	-\$5,050	-\$125						-\$19,525
Medicare Offset(PHS)		-\$26,570	-\$166										-\$26,736
Takecare Offset		-\$12,711	-\$5,520	-\$16,985	-\$5,532	-\$16,424	-\$5,285						\$0
GMHA PRD													-\$73,646
Total Off-sets	-\$27,571	-\$56,031	-\$7,117	-\$39,267	-\$9,217	-\$28,784	-\$11,719						-\$170,706
TOTAL COLLECTIONS ON SERVICES	\$7,591,111	\$7,123,637	\$5,651,801	\$6,447,650	\$6,726,107	\$5,091,976	\$6,085,367						\$44,534,046
Cafeteria sales	\$31,722	\$25,543	\$30,445	\$28,802	\$24,803	\$28,053	\$32,312						\$201,680
Other receipts	\$16,932	\$11,863	\$7,441	\$82,600	\$9,045	\$22,560	\$11,752						\$162,213
Allowment/Subsidy	\$436,091	\$1,622,681	\$1,622,681	\$608,027	\$944,135	\$436,091	\$436,091						\$4,483,116
UPCA Settlement	\$3,469	\$3,469	\$3,469	\$3,469	\$3,469	\$3,469	\$3,469						\$24,283
GRT Pharm Funds						\$194,022	\$194,022						\$388,044
Donation	\$60,625		\$78,000										\$128,625
Sub-Total - Non-Clinical Receipts	\$538,838	\$40,875	\$1,742,038	\$722,899	\$981,462	\$684,215	\$677,645						\$5,387,961
Sub-total - GROSS COLLECTIONS	\$8,129,949	\$7,164,512	\$7,294,837	\$7,170,548	\$7,707,559	\$5,776,191	\$6,763,013						\$49,922,007
OPERATING EXPENSES	\$7,670,426	\$9,181,825	\$7,929,901	\$11,085,267	\$9,519,071	\$9,238,390	\$7,470,662						\$62,095,542
NET CASH FLOW	\$459,523	-\$2,017,313	-\$636,064	-\$3,914,719	-\$1,811,512	-\$3,462,199	-\$707,649						-\$12,173,535

GMHA
AGED ACCOUNTS RECEIVABLES
AS OF 4/30/2014

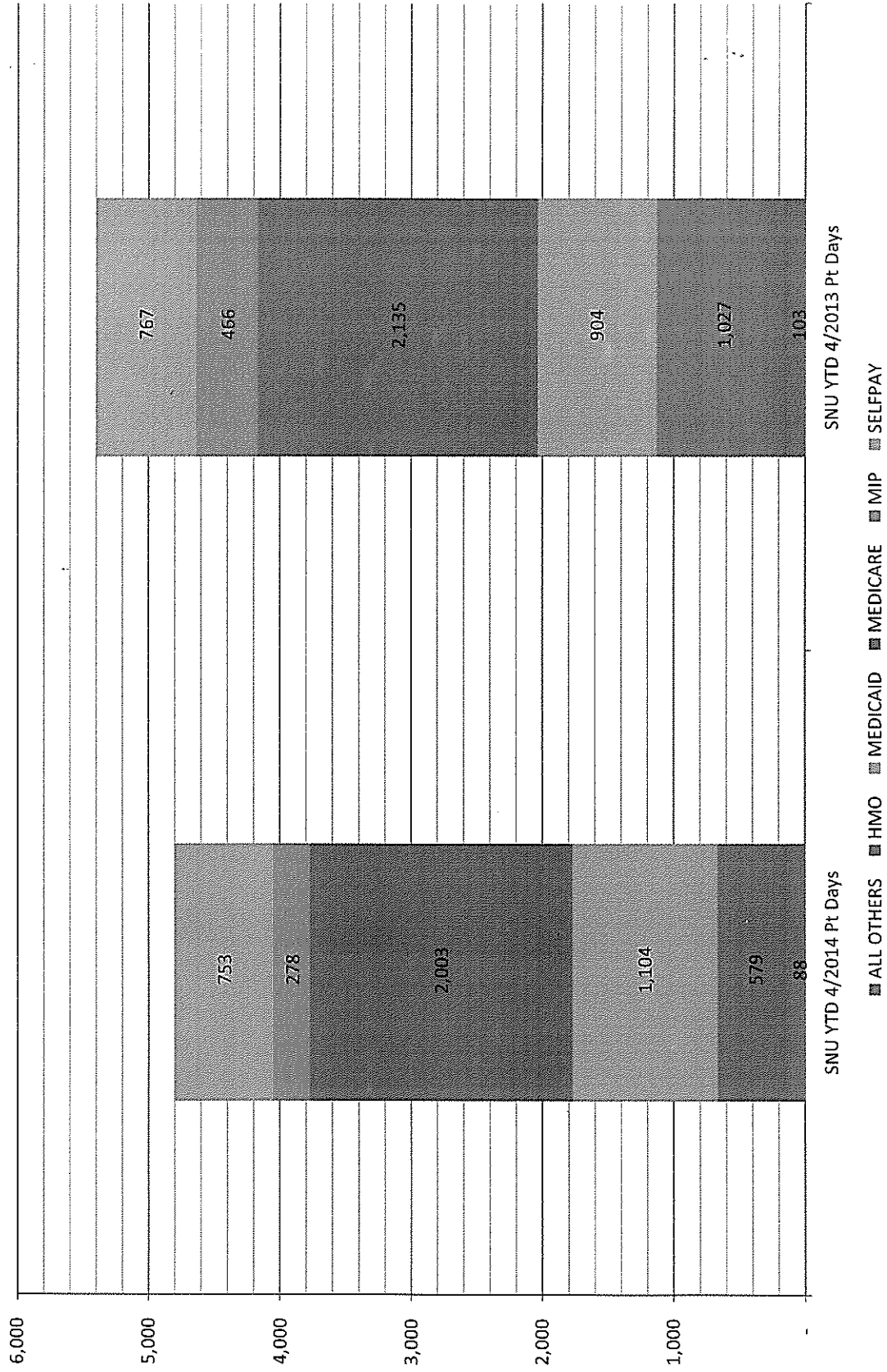
PATIENT RECEIVABLES	0-0030	31-0060	61-0090	91-0120	121-0150	151-0180	181+	TOTAL
GOVERNMENT:								
MEDICAID	\$2,646,351	\$2,476,552	\$2,453,837	\$958,040	\$974,184	\$843,827	\$5,628,706	\$15,981,497
M I P	\$1,095,202	\$818,052	\$1,101,267	\$517,624	\$323,609	\$463,279	\$2,799,506	\$7,118,539
MEDICARE	\$3,488,477	\$1,951,778	\$909,323	\$434,452	\$857,289	\$687,283	\$7,920,616	\$16,249,218
GOVGUAM DEPTS	\$51,498	\$43,399	\$11,203	\$9,199	\$9,428	\$6,685	\$1,241,334	\$1,372,746
OTHER GOV (CNMI, etc)	\$0	\$0	\$0	\$0	\$0	\$0	\$1,692,291	\$1,692,291
GOVERNMENT TOTAL	\$7,281,528	\$5,289,781	\$4,475,630	\$1,919,315	\$2,164,510	\$2,001,074	\$19,282,453	\$42,414,291
HEALTH INSURANCE:								
CALVO'S SELECTCARE	\$1,746,952	\$1,261,107	\$232,103	\$96,009	\$177,867	\$168,862	\$484,647	\$4,167,547
TAKECARE	\$731,444	\$758,102	\$389,221	\$177,311	\$379,383	\$207,526	\$1,075,351	\$3,718,338
STAYWELL	\$491,211	\$270,183	\$70,472	\$53,279	\$19,764	\$32,088	\$1,220,857	\$2,157,854
NETCARE	\$166,022	\$122,700	\$143,096	\$41,163	\$103,457	\$108,147	\$322,968	\$1,007,553
BLUECROSS/CHAMPUS	\$179,182	\$68,767	\$195,358	\$16,647	\$14,881	\$34,113	\$1,624,806	\$2,133,754
COMMERCIAL	\$271,252	\$489,095	\$106,489	\$54,351	\$36,992	\$56,701	\$3,879,225	\$4,894,105
COMMERCIAL TOTAL	\$3,586,063	\$2,969,954	\$1,136,739	\$438,760	\$732,344	\$607,437	\$8,607,854	\$18,079,151
SELF PAY:								
CURRENT A/R	\$1,154,663	\$1,095,961	\$1,121,059	\$1,127,389	\$1,449,902	\$1,602,622	\$51,789,307	\$59,340,903
Freely Associated States	\$515,303	\$322,013	\$625,475	\$578,286	\$370,436	\$386,258	\$8,492,001	\$11,289,772
REV & TAXATION (Garnishment)							\$70,228,376	\$70,228,376
COLL AGENCIES Referrals							\$42,435,935	\$42,435,935
SELF PAY TOTAL	\$1,669,966	\$1,417,974	\$1,746,534	\$1,705,675	\$1,820,338	\$1,988,880	\$172,945,619	\$183,294,986
TOTAL RECEIVABLES	\$12,537,557	\$9,677,709	\$7,358,903	\$4,063,750	\$4,717,192	\$4,597,391	\$200,835,926	\$243,788,428

GMIHA
COMPARATIVE REGISTRATIONS
YTD 4/30/2014 AND 4/30/2013

FISCAL YEAR 2013	% CHANGE FROM APRIL 2013												% CHANGE FROM YTD F'2013	
	OCT	NOV	DEC	JAN	FEB	MAR	APR	YTD 4/30/	2013	2013	2013	F'2013		
TOTAL NUMBER OF ADMISSIONS	4,173	3,840	3,802	3,696	3,290	3,576	3,614	25,991						
EMERGENCY ROOM	2,539	2,382	2,401	2,242	2,010	2,225	2,277	16,076						
INPATIENT														
ACUTE	1,039	1,019	982	981	824	885	849	6,579						
SNU	26	17	21	23	15	21	18	141						
OUTPATIENT	569	422	398	450	441	445	470	3,195						
ER ADMISSIONS	375	402	359	379	348	378	351	2,592						

FISCAL YEAR 2014	% CHANGE FROM APRIL 2013												% CHANGE FROM YTD F'2013	
	OCT	NOV	DEC	JAN	FEB	MAR	APR	YTD 4/30/	2013	2013	2013	F'2013		
TOTAL NUMBER OF ADMISSIONS	4,001	3,942	3,865	3,653	3,416	3,563	3,332	25,772						
EMERGENCY ROOM	2,513	2,459	2,340	2,283	2,130	2,224	2,122	16,071						
INPATIENT														
ACUTE	1,053	1,035	949	975	880	903	828	6,623						
SNU	22	18	15	13	23	22	21	134						
OUTPATIENT	413	430	561	382	383	414	361	2,944						
ER ADMISSIONS	431	372	367	379	366	376	354	2,645						

GMHA SNU YTD PATIENT DAYS COMPARED BY PAYOR TYPE 2014 AND 2013

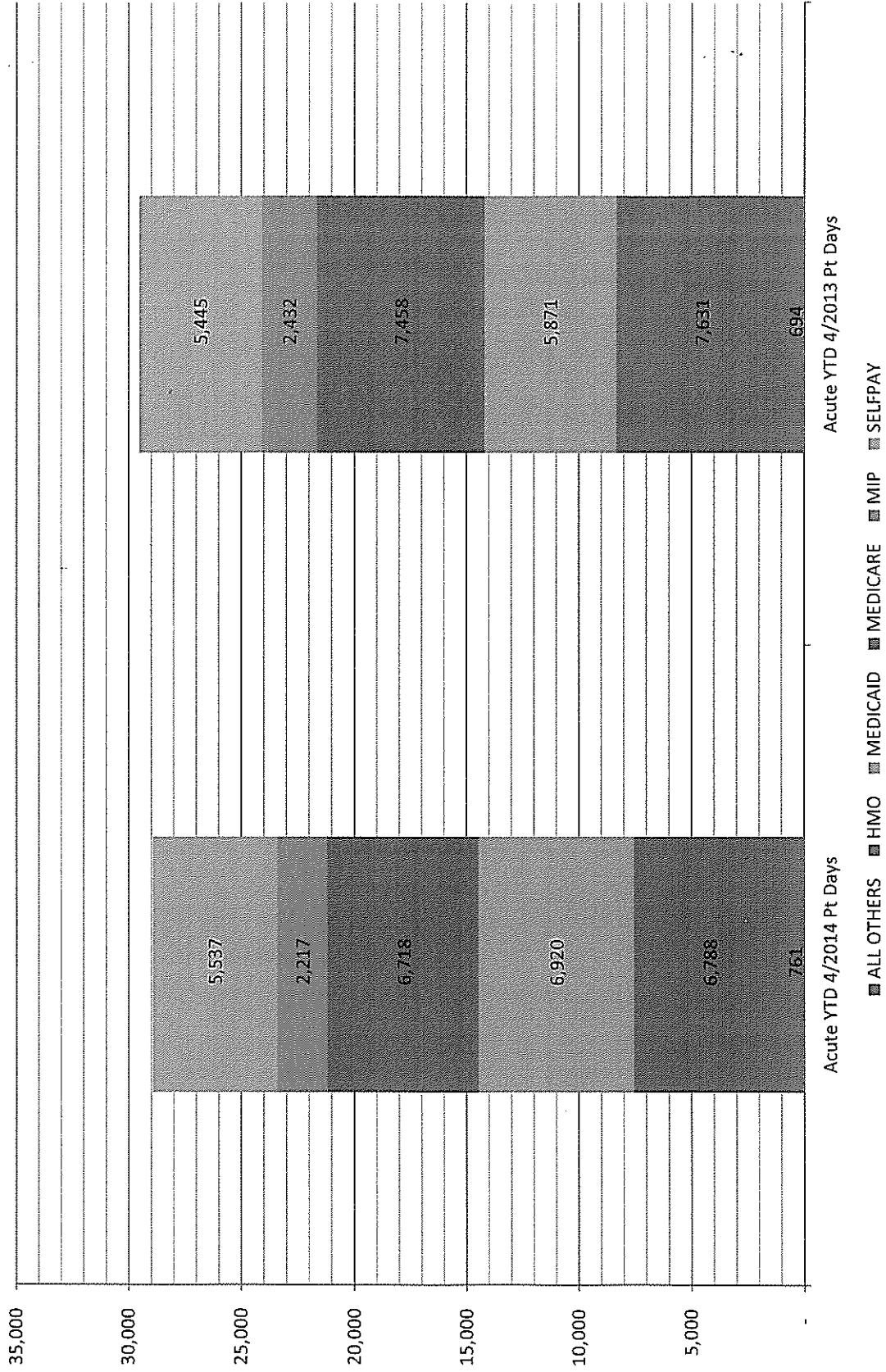


SNU YTD 4/2013 Pt Days

SNU YTD 4/2014 Pt Days

ALL OTHERS
 HMO
 MEDICAID
 MEDICARE
 MIP
 SELEPAY

GMHA YTD APRIL 2014 AND 2013 ACUTE PATIENT DAYS BY INSURER






Guam Memorial Hospital Authority
BOARD OF TRUSTEES MEETING




ATTENDANCE SHEET

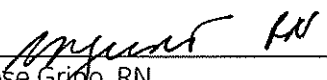
Date: Thursday, May 29, 2014
 Time: 6:00 pm
 Place: GMHA, Daniel L. Webb Conference Room


BOARD MEMBERS:


 Lee P. Webber
 Chairperson


Excused
 Frances Taitague-
 Mantanona
 Vice-chairperson


 Edna V. Santos, MD
 Secretary


 Rose Grifo, RN
 Treasurer


 Ricardo M. Terlaje, MD
 Trustee

Excused
 Theodore Lewis, MBA, FACHE
 Trustee


 Valentino Perez
 Trustee


HOSPITAL LEADERSHIP:

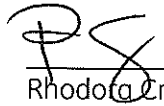

 Joseph P. Verga
 Hospital Administrator/CEO



 Gordon Mizusawa
 Acting, Associate
 Administrator of Operations

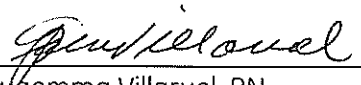

 Alan Ulrich
 Chief Financial Officer



 Florencio Lizama, MD
 Medical Director


 Hoa Nguyen, MD
 Medical Staff President


 Rhodora Cruz, RN
 Acting, Asst. Administrator
 of Nursing Services


 Jennmabeth Simbillo, RN
 Acting, Deputy Asst.
 Administrator of Nursing
 Svcs.


 Joygemma Villaruel, RN
 Compliance/Quality
 Management/Risk
 Management

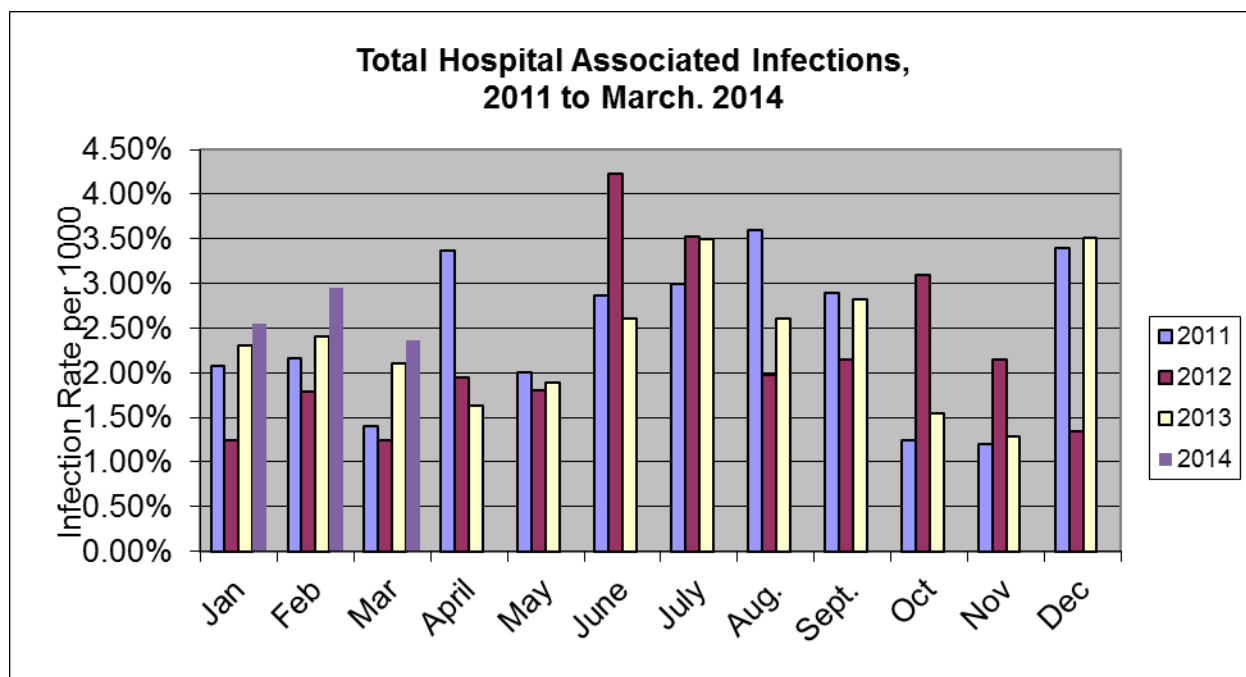

 June S. Perez
 Acting, Public Information
 Officer

GUESTS: (Please print name)

Guam Memorial Hospital Authority
 #850 Governor Carlos Camacho Road
 Oka Tamuning, Guam 96913

Infection Control Report

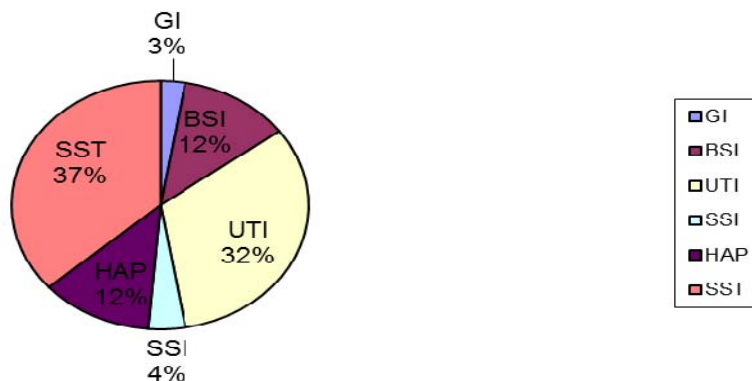
Hospital Acquired Infection (HAI) Attack Rate



The National Nosocomial Infection Surveillance (NNIS) System of the Centers for Disease Control and Prevention estimates that nosocomial infections occur in 5% of all acute-care hospitalizations.

	2011	2012	2013	2014
Jan	2.08%	1.24%	2.25%	2.55%
Feb	2.16%	1.79%	2.38%	2.95%
Mar	1.40%	1.24%	2.06%	2.36%
April	3.36%	1.94%	1.63%	
May	2.01%	1.80%	1.89%	
June	2.86%	4.23%	2.60%	
July	3.05%	3.52%	3.53%	
Aug.	3.55%	1.98%	2.55%	
Sept.	2.91%	2.14%	2.82%	
Oct	1.25%	3.10%	1.55%	
Nov	1.20%	2.15%	1.29%	
Dec	3.39%	1.34%	4.02%	

Hospital Associated Infections, Breakdown by Indicator, January to March, 2014



KEY: GI = gastrointestinal; BSI = blood stream infections; UTI = Urinary Tract Infections; SSI = Surgical Site Infections; HAP = Hospital Associated Pneumonia; SST-DECU = Skin and Soft Tissue Infections Decubitus Ulcer Infection

HEALTHCARE-ASSOCIATED INFECTIONS

In American hospitals alone, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year. Of these infections:

- 32% of all healthcare-associated infection are urinary tract infections
- 22% are surgical site infections
- 15% are pneumonia (lung infections)
- 14% are bloodstream infections

Source: CDC, 2010a.

Table on Total Number of Hospital Associated Infections

	Jan	Feb	March	Qtr total
GI	1	0	1	2
BSI	5	1	3	9
UTI	3	10	11	24
SSI	1	2	0	3
HAP	4	2	3	9
-VAP	1	0	1	2
SST-DECU	11	12	4	27
Total	25	27	22	74

Average Cost Range per Nosocomial Infection:

Infection Type	Low Cost Estimate Per Case	High Cost Estimate Per Case
Skin and Soft Tissue Infections (SST)	\$3,000	\$27,000
Catheter-Associated Blood Stream Infections (CA-BSI)	\$5,000	\$34,000
Hospital Associated Pneumonia (HAP)	\$10,000	\$29,000
Ventilator-Associated Pneumonia (VAP)	\$32,000	\$48,000
Urinary Tract Infections (UTI)	\$700	\$1,100
Surgical Site Infections (SSI)	\$400	\$30,000
Note: Cost range is very wide and dependant on the invaded area.		
Hospital Associated Gastroenteritis/Enterocolitis	Wide Range unpredicted	Wide Range unpredicted

Hand Hygiene Monitoring Report

January to March, 2014	Total Compliant	Total Observed	Percent of Compliance
Nursing	256	287	89%
Tele	31	35	89%
ER	31	40	78%
Hemodialysis	27	33	82%
OBW	30	30	100%
Peds	28	28	100%
Surgical	33	37	89%
MSW	36	44	82%
Nursery/NICU	40	40	100%
Medical Staff	65	90	72%
Ops (housekeeping)	32	51	63%
Pro Support	112	138	81%
Laboratory	19	27	70%
Dietary	18	22	82%
Radiology	12	15	80%
Respiratory	33	41	80%
Rehab	30	33	91%
TOTAL OBSERVED	465	566	82%

Hand Hygiene Related Issues/Findings between January to March, 2014

- This report is provided to appropriate departments as identified above at the end of the quarter.
- Medical Staff observations (physician listings for compliant and noncompliant observations) are provided monthly via an OPPE report.

Patient Surveys on Hand Hygiene

Patient Surveys on HH, February to March, 2014			
	Total Compliant	Total Observed	Percent of Compliance
My Doctor	15	17	88%
My Nurse	19	22	86%
My Nurse Assistant	19	22	86%
Obtained my blood	10	11	91%
Assisted me with muscular strengthening	3	4	75%
Gave me breathing treatments	1	1	100%
Other	2	2	100%
TOTAL	22	76	88%

Patient Hand Hygiene Surveys: Patient observations on hand hygiene were initiated on February 3rd, 2014. These surveys are disseminated by the Guest Relation's department directly to the patient. These surveys were distributed in the following departments: Surg, Tele/PCU, MSW, OBW. Instructions are provided on completion of the survey and submission into the patient survey boxes found in every nursing unit or to Infection Control Office.

- A total of 50 surveys were passed out for February, 2014. 30 of the 50 surveys were submitted by the end of the month (60%)

- 5 of the 30 surveys (16%) submitted were discarded secondary to multiple checks made on the survey where the instructions indicated to check a single profession. As a result, the patient survey was revised to simplify the survey, increase the font size, and bold the instructions.

As a result of some of the survey issues identified in February, the form was revised for simplicity. The new form was disseminated in March 10th, 2014.

- A total of 60 surveys were passed out. 54 of the 60 were submitted by the end of the month (90%)
- 3 of the 54 surveys (5%) submitted were discarded because they were incorrectly completed.

Catheter-Associated Urinary Tract Infections (CA-UTI) and
Device Usage (DU) Rate

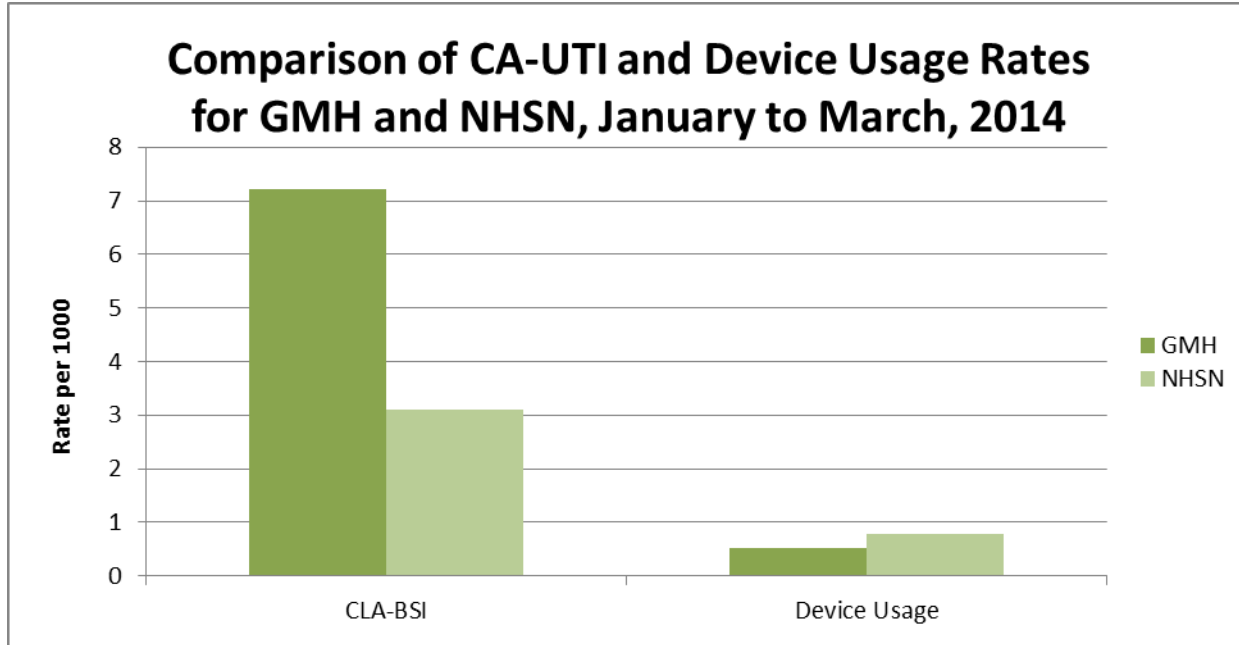


Table 1. Urinary Catheter Device Usage per Patient Days in the ICU

Month	ICU Urinary Catheter Days	ICU Patient Days	Device Usage Rate GMH	Device Usage Rate NHSN
Jan, 2014	214	381	0.57	0.78
Feb, 2014	158	340	0.46	0.78
Mar, 2014	182	358	0.50	0.78
TOTAL	554	1079	0.51	0.78

Table 2. Catheter-Associated Urinary Tract Infections per Urinary Catheter Days in the ICU

Month	ICU CA-UTI's	ICU Urinary Catheter Days	CA-UTI Rate GMH	CA-UTI Rate NHSN
Jan, 2014	2	214	9.35	3.1
Feb, 2014	1	158	6.33	3.1
Mar, 2014	1	182	5.49	3.1
TOTAL	4	554	7.22	3.1

Table: Catheter-Associated Urinary Tract Infection(CA-UTI) Prevention Bundle
October to March, 2014

	Oct, 2013	Nov, 2013	Dec, 2013	Jan, 2014	Feb, 2014	Mar, 2014
Catheter Necessity (n=50)						
Catheter Necessity documentation	90% 45 of 50	100% 50 of 50	85% 34 of 40	66% 31 of 47	65% 15 of 23	61% 23 of 38
Insertion Technique						
Aseptic Technique	100%	100%	100%	None observed	100%	100%
Hand hygiene prior	100%	100%	100%	None observed	100%	100%
Use of single-use sterile gloves, drape and sponge	100%	100%	100%	None observed	100%	100%
Sterile antiseptic solution used appropriately for cleaning urethral meatus	100%	100%	100%	None observed	100%	100%
Single-Use packet of sterile lubricant jelly	100%	100%	100%	None observed	100%	100%
Catheter Maintenance						
Maintenance of sterile, continuous closed drainage system	100% (n=21)	100% (n=11)	100% (n=4)	100% (n=16)	100% (n=25)	100% (n=24)
Maintain unobstructed flow of urine	100% (n=21)	100% (n=11)	100% (n=4)	100% (n=16)	100% (n=25)	100% (n=24)
Collection bag emptied regularly (not allowed to back-flow)	100% (n=21)	100% (n=11)	100% (n=4)	100% (n=16)	100% (n=25)	100% (n=24)
Separate, single-patient use collecting container used.	100% (n=21)	100% (n=11)	--% (n=0)	100% (n=16)	100% (n=25)	100% (n=24)
Avoid touch contamination of the drainage spigot when emptying urinary bag	100% (n=3)	100% (n=1)	None observed	100% (n=8)	100% (n=11)	100% (n=4)
Catheter properly secured for unobstructed flow and drainage	100% (n=21)	96% (n=11)	100% (n=4)	100% (n=16)	100% (n=25)	100% (n=24)
Maintain aseptic technique when obtaining urine specimen/samples	100% (n=3)	100% (n=2)	No observation made	100% (n=8)	100% (n=11)	100% (n=4)

Central Line Associated Blood Stream Infections (CLA-BSI) and Device Usage (DU) Rate

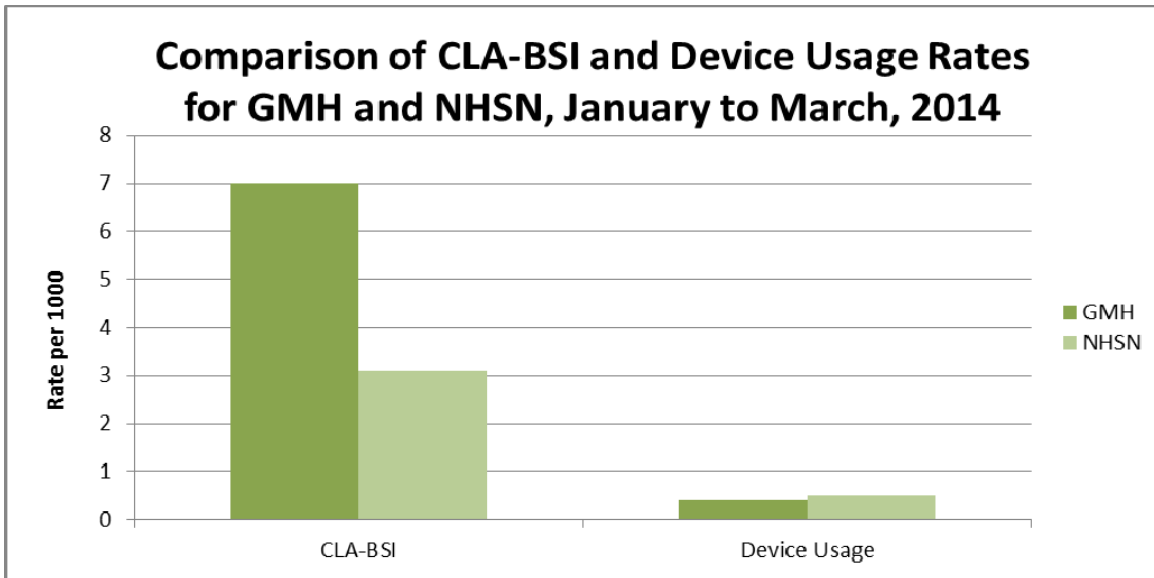


Table 1. Central Line Usage per Patient Days in the ICU

Month	ICU Central Line Days	ICU Patient Days	Device Usage Rate GMH	Device Usage Rate **NNIS
Jan, 2014	159	381	0.42	0.49
Feb, 2014	117	340	0.34	0.49
Mar, 2014	152	358	0.42	0.49
TOTAL	428	1079	0.40	0.49

Table 2. Central Line Associated Blood Stream Infections (CLA-BSI) per Central Line Days in the ICU

Month	ICU CLA-BSI	ICU Central Line Days	CLA-BSI Rate per 1000 GMH	CLA-BSI Rate per 1000 *NNIS
Jan, 2014	2	159	12.57	3.1
Feb, 2014	0	117	0	3.1
Mar, 2014	1	152	6.57	3.1
TOTAL	3	428	7.01	3.1

Surgical Site Infection (SSI) Report

TABLE: Surgical Site Infection Prevention Bundle

	Oct, 2013	Nov, 2013	Dec, 2013	Jan, 2014	Feb, 2014	Mar, 2014
Antibiotic Usage						
Appropriate Selection of Antibiotics for Surgery Type	100%	100%	84%	100%	100%	Footnote 1
Timely Administration of antibiotics preop (≤1 hour prior to cut)	89%	92%	88%	94%	93%	Footnote 1
Timely Discontinuation of prophylaxis postop (discontinued ≤24 hours postoperatively)	94%	98%	96%	100%	96%	Footnote 1
Other SSI Prevention Indicators						
Appropriate hair removal ¹	100%	100%	100%	100%	100%	100%
Postoperative Glucose control (for major cardiac surgery patients)	**	**	**	**	**	**
Postoperative Normothermia (for colo-rectal surgery patients) ²	100%	100%	100%	100%	100%	100%

*During the quarter ending September, 2013, 32 of 115 cases reviewed were noncompliant with administration of antibiotics within one hour prior to surgery (cut-time). 29 of the 32 that were noncompliant had prophylactic antibiotics administered *after* cut-time.

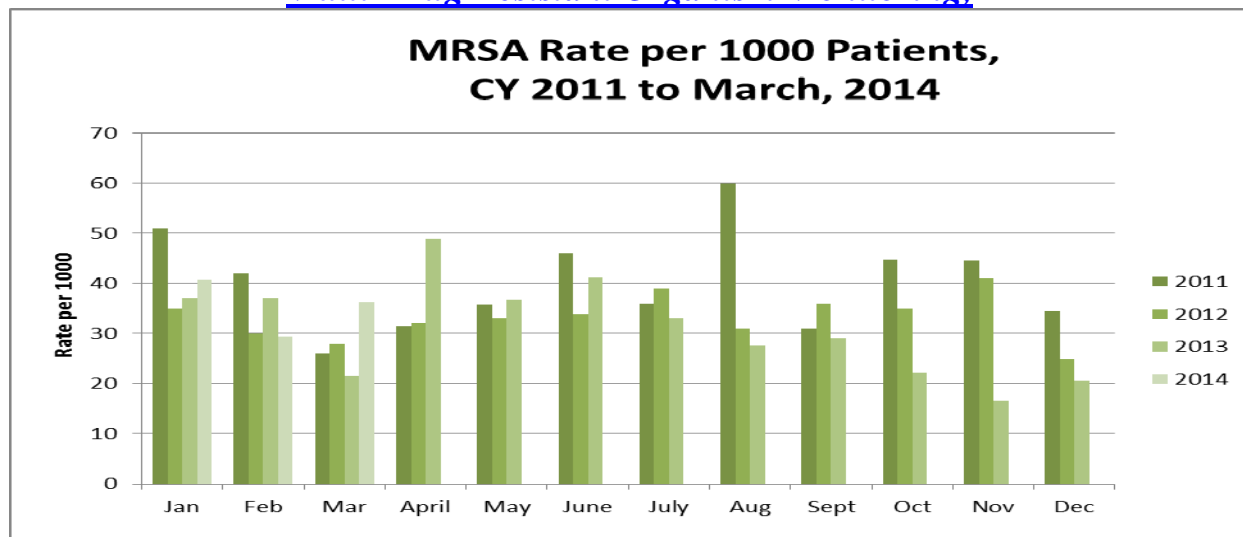
**no major cardiac surgeries observed

1. Review of Antibiotic prophylaxis to be continued by QM

¹Appropriate hair removal such as: No hair removal at all, Clipping, Depilatory use. Inappropriate – razors.

² Hypothermia reduces tissue oxygen tension by vasoconstriction; Reduces leukocyte superoxide production; increases bleeding and transfusion requirements; increases duration of hospital stay even in uninfected patients

Multi-Drug Resistant Organism Monitoring.



*Rate of MRSA cases over a five (5) year period for GMHA, from 2006 to 2010, was 29.5 per 1000 patients.

Table, Below: MRSA Rate Per Thousand by Month

	2010	2011	2012	2013	2014
Jan	28	51	35	37	41
Feb	24	42	30	37	30
Mar	20	26	28	22	36
April	38	31	32	49	
May	39	36	33	37	
June	23	46	34	41	
July	36	36	39	33	
Aug	34	60	31	28	
Sept	41	31	36	29	
Oct	41	45	35	22	
Nov	28	45	41	17	
Dec	45	35	26	20	
Average, above	33.1	40.3	33.3	35.5	

	MDR Acineto	MDR E.coli	MDR Kleb pn	MDR Pseudo	VRE
CY 2013	2.2	7.51	6.88	0.64	3.83
Oct, 2013	0.96	5.78	5.78	0	2.89
Nov, 2013	2.77	7.39	5.55	0	4.62
Dec, 2013	4.13	9.3	9.3	0	2.07
Jan, 2014	2.00	10.21	5.11	0	4.09
Feb, 2014	0.00	6.56	4.37	0	2.19
Mar, 2014	2.14	7.49	4.28	0	6.42

TABLE: Multi-Drug Resistant Organisms (MDRO) Prevention Bundle
January to March, 2014

	Oct. 2013	Nov, 2013	Dec, 2013	Jan, 2014	Feb, 2014	Mar, 2014
Judicious Antibiotic Usage						
Please refer to the Antibiotic Stewardship Program Report. March, 2013 data was unavailable in time for submission of this report.	ASP Report no longer available from May, 2013 on	ASP Report no longer available from May, 2013 on	ASP Report no longer available from May, 2013 on	ASP Report no longer available from May, 2013 on	ASP Report no longer available from May, 2013 on	ASP Report no longer available from May, 2013 on
Contact Precautions						
Hand Hygiene	83% (n=23)	78% (n=41)	68% (n=22)	74% (n=47)	61% (n=23)	82% (n=33)
Appropriate Precautions sign placed	96% (n=23)	91% (n=32)	82% (n=11)	90% (n=21)	89% (n=54)	81% (n=21)
Single-Use Gloves Used upon Entry	100% (n=23)	91% (n=32)	86% (n=22)	74% (n=47)	72% (n=29)	76% (n=33)
Single-Use gown used upon entry with close interaction	43% (n=7)	42% (n=26)	47% (n=18)	57% (n=23)	68% (n=22)	50% (n=10)
PPE is correctly removed and disposed following use	91% (n=23)	85% (n=26)	91% (n=22)	97% (n=35)	90% (n=21)	82% (n=29)
Appropriate Patient Placement: Single room or appropriately cohorted	87% (n=23)	91% (n=32)	91% (n=11)	86% (n=21)	87% (n=54)	86% (n=21)

Antibiotic Stewardship Program/ Usage Monitoring

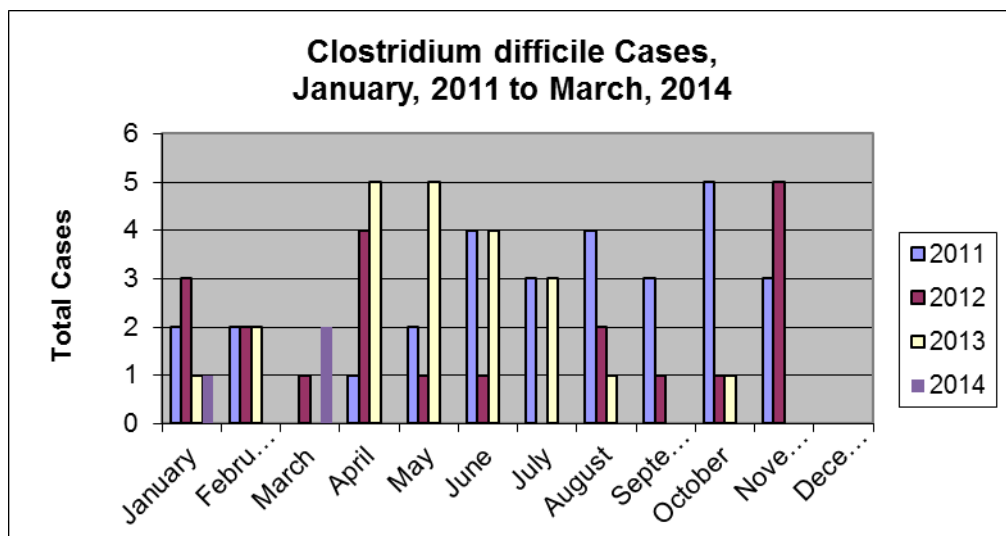
Last report was for April, 2013

Information Provided via Pharmacy Department, Alexandria Perez, PharmD, ASP

***This program will be on HOLD until further notice, per Pharmacy Supervisor, due to lack of Pharmacist to continue the program**

Team Champion: Dr Felix Cabrera / Raquel Sperrazo

Clostridium difficile Case Monitoring



CDIFF Prevalence / Incidence Rate: *C. difficile* accounts for 20%–30% of cases of antibiotic-associated diarrhea. Because *C. difficile* infection is not a reportable condition in the United States, there are few surveillance data. However, based upon surveys of Canadian hospitals conducted in 1997 and 2005, incidence rates range from 3.4 to 8.4 cases per 1,000 admissions, in acute care hospitals.

REFERENCE: Miller MA, Gravel D, Mulvey M, et al. Surveillance for nosocomial *Clostridium difficile* associated diarrhea (N-CDAD) within acute-care hospitals in Canada: results of the 2005 nosocomial infections surveillance program (CNISP) study shows escalating mortality. In: Proceedings of the 16th Annual Scientific Meeting of the Society for Healthcare Epidemiology of America; March 18–21, 2006; Chicago, IL.

Table on GMH CDAD rates versus National Published Rate

Month	CDAD Cases	GMH Admission	GMH Rate per 1000	National Published rate per 1000
Sept, 2013	0	959	0	3.4 – 8.4
Oct, 2013	1	1075	0.93	3.4 – 8.4
Nov, 2013	0	1082	0	3.4 – 8.4
Dec, 2013	0	970	0	3.4 – 8.4
Jan, 2014	1	988	1.01	3.4 – 8.4
Feb, 2014	0	903	0	3.4 – 8.4
Mar, 2014	2	928	2.16	3.4 – 8.4
TOTAL	4	6905	0.58	3.4 – 8.4

Line Listing of CDAD Cases by Department and Origin / Acquisition, January to February, 2014

Date	Dept	Room	Origin
03/15/2014	Surg	430	CAI
03/24/2014	ICU	001	HAI
SNU			
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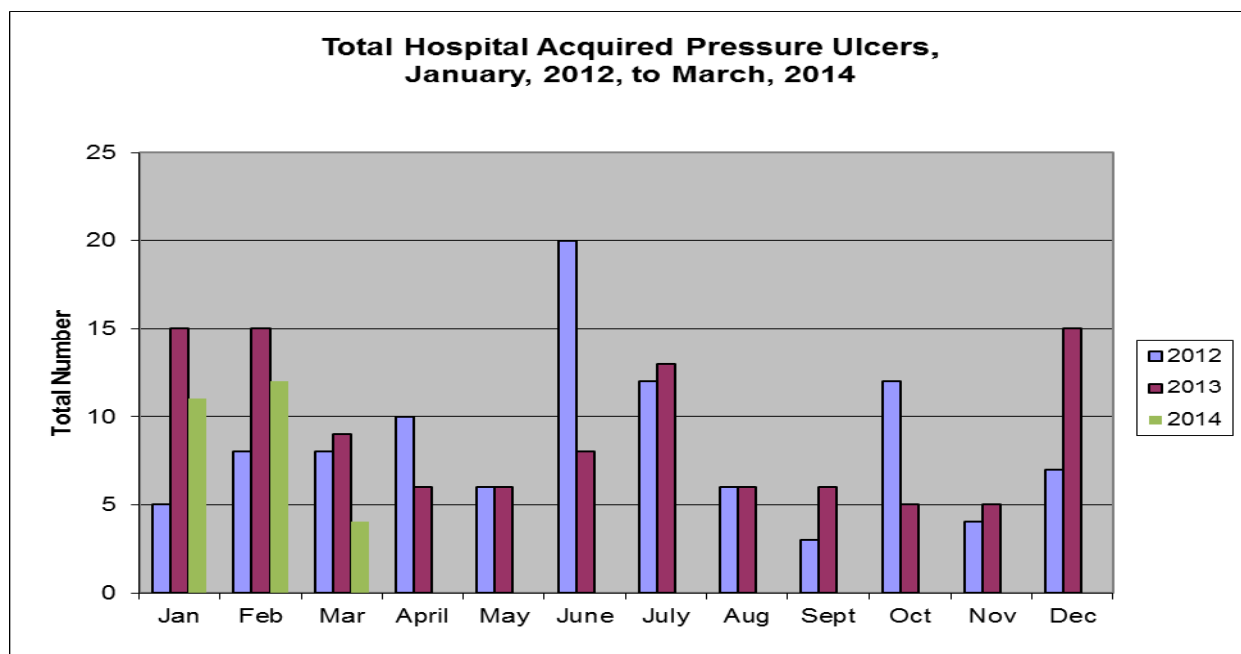
NOTE: Currently, GMH has suspect CDAD cases tested by use of the toxin test. This is through Diagnostic Laboratory Services. This toxin test is done with reflex studies to include the Glutamate Dehydrogenase (GDH) Antigen and reflex Nucleic Acid Amplification Test (NAAT). There are testing concerns associated with use of the above which may have attributed to the decreased requests for testing amongst our physicians. In order to address the above, it is recommended that the hospital evaluate means for testing by Polymerase Chain Reaction (PCR). PCR testing appears to be rapid, sensitive, and specific and may ultimately address testing concerns.

TABLE: Clostridium Difficile Associated Diarrhea (CDAD) Prevention Bundle
September, 2013, to March, 2014

	Oct, 2013	Nov, 2013	Dec, 2013	Jan, 2014	Feb, 2014	Mar, 2014
Prudent Antibiotic Prescribing						
Please refer to the Antibiotic Stewardship Program Report. March, 2013 data was unavailable in time for submission of this report.	ASP Report no longer available from May, 2013	ASP Report no longer available from May, 2013	ASP Report no longer available from May, 2013	ASP Report no longer available from May, 2013	ASP Report no longer available from May, 2013	ASP Report no longer available from May, 2013
Appropriate Antibiotic Selection for actual/suspect CDAD patient	76% (5 of 13)	60% (3 of 5)	80% (4 of 5)	64% (9 of 14)	*	90% (9 of 10)
Appropriate Duration of Treatment for CDAD patient	67% (6 of 9)	*	*	64% (9 of 14)	*	78% (7 of 9)
Appropriate route of treatment	55% (5 of 9)	60% (3 of 5)	100% (5 of 5)	89% (8 of 9)	*	100% (9 of 9)
Special Contact Precautions						
Hand Hygiene Before and After	75% (n=4)	60% (n=5)	60% (n=5)	80% (n=5)	*	50% (n=2)
Use of gloves prior to room entry	100% (n=4)	100% (n=5)	100% (n=5)	100% (n=5)	*	100% (n=2)
Clinical staff use single-use gown upon entry for close interactions	50% (n=4)	40% (n=5)	33% (n=3)	40% (n=5)	*	50% (n=2)
PPE is correctly removed and disposed following use (prior to leaving patient's room)	50% (n=4)	100% (n=5)	100% (n=5)	100% (n=5)	*	100% (n=2)
Appropriate Patient Placement: Single room or appropriately cohorted	100% (n=2)	80% (4 of 5)	80% (4 of 5)	100% (5 of 5)	*	100% (n=2)
Documentation on Patient Indicators	75% (n=4)	60% (3 of 5)	40% (2 of 5)	60% (3 of 5)	*	0% (n=2)
Appropriate Environmental Decontamination	Not observed	-- (n=0)	-- (n=0)	-- (n=0)	*	-- (n=0)

*No cases observed in February, 2014

Hospital Acquired Skin and Soft Tissue Infections-Deubitus Ulcer Infections
September, 2013, to March, 2014



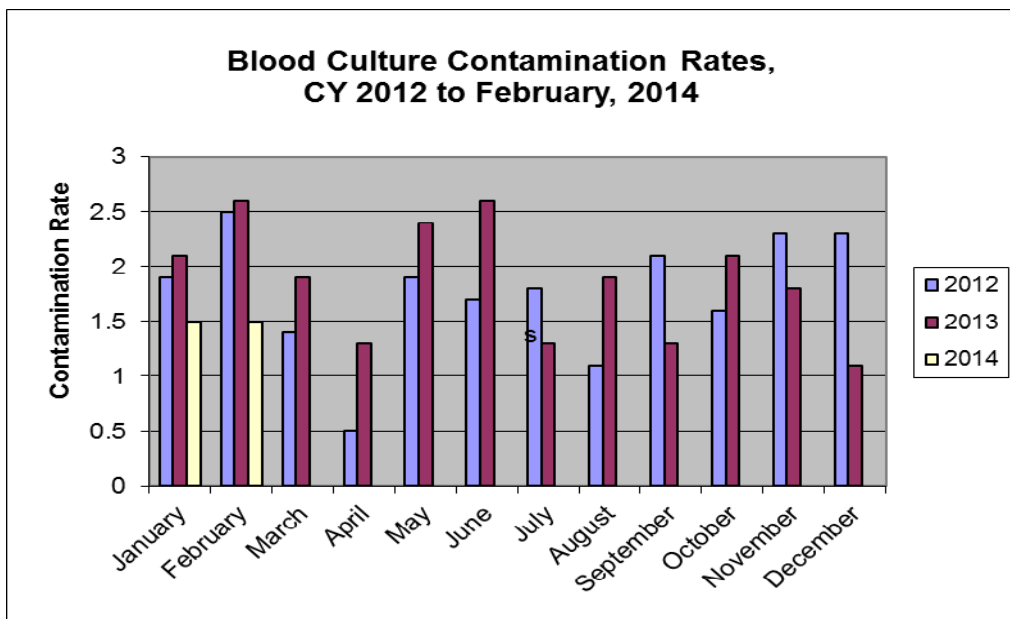
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
ICU	1	1	1	4	2	3	1	13
MSW	1	1	3	5	3	3	0	16
TELE/PCU	3	1	*1	3	2	3	1	13
SURG		1	0	0	2	1	1	5
TTL Acute	5	4	5	12	9	10	3	48
SNU	1	1	0	3	2	2	1	10
Total HAI	6	5	5	15	11	12	4	57
SST								
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Stage 1				1	1			2
Stage 2	6	5	4	10	7	9	3	44
Stage 3				1				1
Stage 4								0
Unstageable					2	3		5
Worsening	*	*	1	3	1		1 ₁	5
Total HAI	6	5	5	15	11	12	4	57

*Monitoring for worsening pressure ulcers was initiated in November, 2013.

¹ Worsened decubitus started as a stage 2 in February, worsened to Stage 4 in March, 2014

Blood Culture Contamination Report

Information Provided via Microbiology Lab, Fe Bactad, Microbiology Supervisor

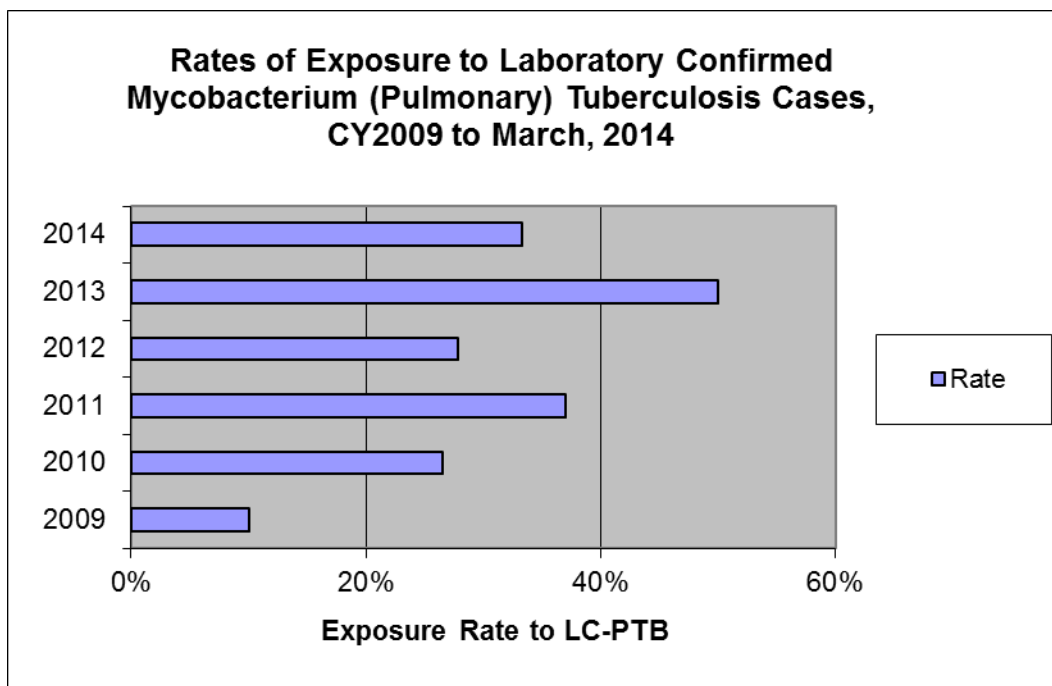


Standards published by the American Society of Microbiology indicate that blood culture contamination rates should remain below 3%.

	2010	2011	2012	2013	2014
January	2.5	2.2	1.9	2.1	1.5
February	2.6	2.8	2.5	2.6	1.5
March	3.2	2.1	1.4	1.9	*
April	2.6	3.3	0.5	1.3	
May	4.1	2.2	1.9	2.4	
June	3.7	2.6	1.7	2.6	
July	3.5	2.9	1.8	1.3	
August	4.6	1.1	1.1	1.9	
September	3.8	3.8	2.1	1.3	
October	3.7	2.5	1.6	2.1	
November	3.4	2.8	2.3	1.8	
December	1.8	2.1	2.3	1.1	

*Data for March, 2014 was not available in time for submission of this report.

GMHA Tuberculosis Cases and Exposures Update, up to February, 2014



	2009	2010	2011	2012	2013	2014
MTB	28	34	26	18	20	3
Exposures	3	9	10	5	10	1
Rate	10%	26%	37%	28%	50%	33%

Exposures January to February, 2014:

There was one (1) Pulmonary Tuberculosis exposure case between January to February, 2014. Patient was transferred from ER to ICU and intubated prior to initiation of Airborne Infection Isolation Precautions. Employee Health was advised and contacts screening initiated.

**Laboratory Confirmed Mycobacterium Tuberculosis Cases for Guam
“Prevalence Rate from the Community that GMHA Serves”**

Year	Total Cases	Population	Rate
2003	61	163,593	37.3
2004	51	166,090	30.7
2007	98	173,456	56.5
2008	90	175,991	51.1
2009	102	178,287	57.2
2010	101	*159,358	63.4
2011	81	159,821	50.7
2012	81	160,285	50.5

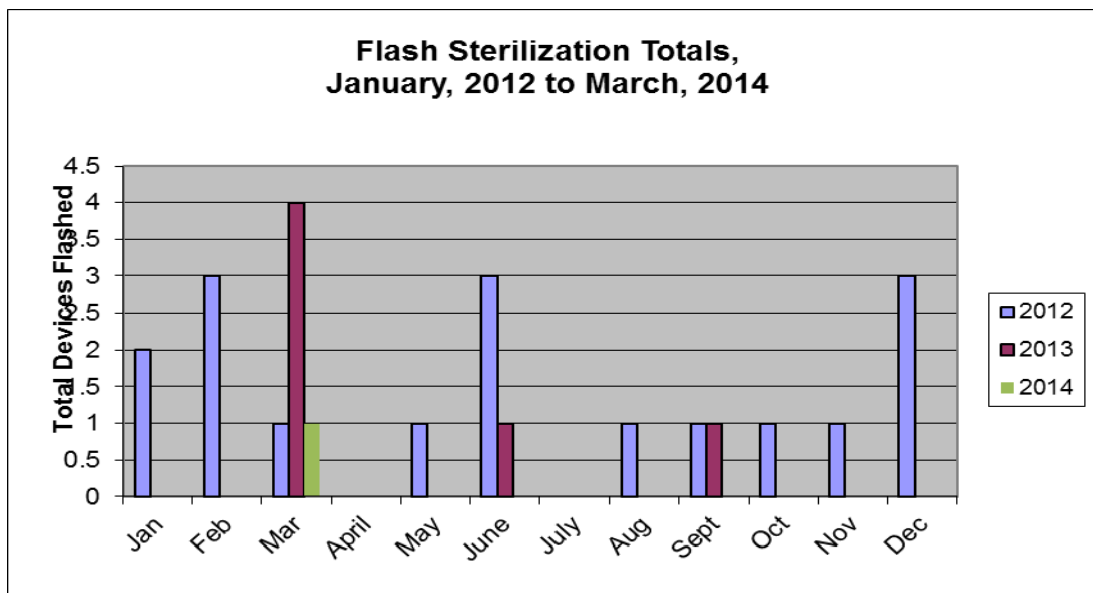
*population census was corrected after census study completed

Data from the CDC's National Tuberculosis Screening System indicate that the incidence of tuberculosis in the United States was 3.4 cases per 100,000 population in 2011.

United States MTB cases per 100,000 = 3.4 in 2011

Guam MTB cases per 100,000 = 63.4 (in 2010), 50.7 (in 2011), 50.5 (in 2012)

Flash Sterilization Monitoring Report



The Centers for Disease Control and Prevention (CDC), the Joint Commission (JC), and Association of Perioperative Registered Nurses (AORN) all state that flash sterilization should be kept to a minimum and should not be used as an alternative to purchasing additional instruments, to save time, or for convenience.

Table on Reasons Given by OR for Flashed items, January to March, 2014:

Total	Device Type	Reason Indicated	Comments
1	Fine Needle Holder	Dropped Instrument	• None

*No cases of Flash Sterilization were logged between January to February, 2014.



ENVIRONMENT OF CARE DASHBOARD CY 2014

REPORT DATE: APRIL 22, 2014; UPDATED APRIL 28, 2014

★ Better than Expected (Not less than 2 points from goal)

◆ Expected (less than 10 points from goal)

■ Needs More Work (11-20 points from goal)

● Worse than Expected (> 20 points from goal)

INDICATORS	CY2012	CY2013	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2014
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EMPLOYEE HEALTH

				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
EMPLOYEES INJURIES	40	34	< 20	5	1	2	8	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Back/Muscular Injury	5	5		0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Needlestick Injury	14	8		3	1	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
hand/wrist/finger Injury	11	9		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Foot/ankle Injury	3	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Slip/Falls Injury	new for CY2014			1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Other	7	11		1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
EMPLOYEES EXPOSURES	7	8	< 2	2	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Blood fluid Exposure	3	0		2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Chemical Exposure	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Radiation Exposure	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Contagious Exposures	4	8		0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Other	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF WORKMAN'S COMP FILED	42	34	TRACKING DATA	7	1	2	10	0	0	0	0	0	0	0	0	0	0	0	0	0	10
ABSENTEEISM RATE			TRACKING DATA	QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
Flu-like Symptoms (# of days missed)	364	407		26	41	61	128	0	0	0	0	0	0	0	0	0	0	0	0	0	128
Nursing	48	87		4	4	7	15	0	0	0	0	0	0	0	0	0	0	0	0	0	15
Staff	49	74		2	4	8	14	0	0	0	0	0	0	0	0	0	0	0	0	0	14
TB SURVEILLIANCE			TRACKING DATA	QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
# of staff with updated TB Clearance	97%	96%	100%	97%	97%	97%	97%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total # of staff				990	991	985	◆														
# of PPD Converters	1	5	TRACKING DATA	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2

SAFETY MANAGEMENT

				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
BIWEEKLY DEPT INSPECTION	90%	91%	100%	98%	91%	93%	94%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of dept that submitted inspections				56	52	53	◆														
Total # of Depts.				57	57	57															
# OF COMPREHENSIVE INSPECTIONS CONDUCTED	100%	75%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of inspections conducted				3	4	11	★														
# scheduled				3	4	11															



Better than Expected (Not less than 2 points from goal)



Expected (less than 10 points from goal)



Needs More Work (11-20 points from goal)



Worse than Expected (> 20 points from goal)

INDICATORS	CY2012	CY2013	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2014
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MATERIALS MANAGEMENT

				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
PRODUCT RECALL ALERT SUBMISSION <i># of departments that returned & completed product alert notification</i> <i># of product recall notifications sent out</i>	83%	80%	100%	82%	79%	78%	79%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	<u>120</u>	<u>66</u>	<u>82</u>																		
	147	84	105																		
				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
PRODUCT RECALLS	14	71	TRACKING DATA	7	4	5	16	0	0	0	0	0	0	0	0	0	0	0	0	0	16
Medical Supplies	0	21		3	4	2	9				0				0					0	9
Medical Devices/Equipment	11	33		4	0	3	7				0				0					0	7
Pharmaceuticals	3	17		0	0	0	0				0				0					0	0
Dietary/Food	0	0		0	0	0	0				0				0					0	0

SECURITY MANAGEMENT

				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
# OF THEFTS	10	7	0	0	0	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6
# OF ASSAULTS/HARRASSMENTS	8	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF VANDALISMS -	4	4	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
# OF DISTURBANCES/CODE 60s	18	29	0	3	1	3	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7
# OF SMOKING VIOLATORS	436	203	TRACKING DATA	13	6	6	25	0	0	0	0	0	0	0	0	0	0	0	0	0	25
# OF ALCOHOL CONSUMPTION VIOLATION	12	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
# OF UNSECURED AREAS REPORTED	160	203	0	6	12	12	30	0	0	0	0	0	0	0	0	0	0	0	0	0	30
# OF LOST AND FOUND	12	5	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
# OF EMPLOYEES WITHOUT ID	NEW FOR CY2014	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
FIRE EXIT ALARM ACTIVATION	1223	718	<250	62	46	25	133	0	0	0	0	0	0	0	0	0	0	0	0	0	133
				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
# OF INFANT/PEDIATRIC ABDUCTION EXERCISE	1	0	1/YR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

HAZARDOUS MATERIALS AND WASTE PROGRAM

				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
VOLUME OF REGULATED WASTE (lbs)	19,123	17,134	22,000/MON	17,350	16,884	15,893	16,709	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
VOLUME OF HAZARDOUS WASTE (gallons)	215	262	TRACKING DATA	0	0	61	61	0	0	0	0	0	0	0	0	0	0	0	0	0	61
HAZARDOUS SPILLS																					
Small spills (10-49ml)	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Code Yellow (>50ml)	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SPCC spills	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

EMERGENCY MANAGEMENT PLAN

				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
HICS/NIMS COMPLIANCE--SUPERVISORS	98%	98%	100%	98%	98%	98%	98%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<i># of supervisor completed training</i>				<u>82</u>	<u>82</u>	<u>82</u>															
<i>Total # of supervisors</i>				84	84	84															
				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
HICS/NIMS COMPLIANCE--STAFF	94%	95%	100%	97%	97%	97%	97%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<i># of staff completed training</i>				<u>917</u>	<u>919</u>	<u>923</u>															
<i>Total # of staff</i>				948	948	948															
				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
# OF FSE CONDUCTED ANNUALLY	2	3	2/YR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

★ Better than Expected (Not less than 2 points from goal)

◆ Expected (less than 10 points from goal)

■ Needs More Work (11-20 points from goal)

● Worse than Expected (> 20 points from goal)

INDICATORS	CY2012	CY2013	QTRLY GOAL	JAN	FEB	MAR	1Q				APR	MAY	JUN	2Q				JUL	AUG	SEP	3Q				OCT	NOV	DEC	4Q				CY2014					
							QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL				QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL																				
Kontra I Piligru																																					
# of improvements addressed	n/a	20%	CUMULATIVE TRACKING	20%	20%	20%	20%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total # of areas for improvement				1	1	1	1	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	

LIFE SAFETY

INDICATORS	CY2012	CY2013	QTRLY GOAL	JAN	FEB	MAR	1Q				APR	MAY	JUN	2Q				JUL	AUG	SEP	3Q				OCT	NOV	DEC	4Q				CY2014				
							QTRLY AVERAGE	QTRLY AVERAGE	QTRLY AVERAGE	QTRLY AVERAGE				QTRLY AVERAGE	QTRLY AVERAGE	QTRLY AVERAGE	QTRLY AVERAGE																			
EMERGENCY GENERATOR TESTING																																				
# of emergency generator testing completed	92%	97%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of testing scheduled				30	24	24	24	30	24	24	24	24	30	24	24	24	30	24	24	24	30	24	24	24	30	24	24	24	30	24	24	24	30	24	24	24
FIRE DOOR MAINTAINED																																				
# of fire doors maintained	100%	100%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# maintenance scheduled				195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
FIRE ALARM DEVICES TESTED																																				
# of fire alarm devices tested	100%	100%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of testing scheduled				606	77	71	71	608	77	71	71	608	77	71	71	608	77	71	71	608	77	71	71	608	77	71	71	608	77	71	71	608	77	71	71	608

FIRE SAFETY

INDICATORS	CY2012	CY2013	QTRLY GOAL	JAN	FEB	MAR	1Q				APR	MAY	JUN	2Q				JUL	AUG	SEP	3Q				OCT	NOV	DEC	4Q				CY2014					
							QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL				QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL	QTRLY TOTAL																				
# of fire alarm activation (actual and drill)--GMHA	11	12	TRACKING DATA	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
# OF FIRE RESPONDERS ARRIVING TO DRILL--GMHA	232	346		0	0	69	69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69		
STAFF KNOWLEDGE FOR R.A.C.E																																					
# of staff knowledgeable of RACE	100%	100%	100%	---	---	87%	87%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
# of staff interviewed				0	0	60	60	0	0	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	
STAFF KNOWLEDGE ON EVACUATION PROCEDURE																																					
# of staff knowledgeable of the evacuation procedure	100%	100%	100%	---	---	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of staff interviewed				0	0	69	69	0	0	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	
FIRE EXTINGUISHER INSPECTED--GMHA																																					
# of fire extinguisher inspected	100%	100%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total number of fire extinguisher				173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	173	
FIRE EXTINGUISHER INSPECTED--GMHA Warehouse																																					
# of fire extinguisher inspected	100%	100%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total number of fire extinguisher				50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	
FIRE EXTINGUISHER INSPECTED--Barrigada Warehouse																																					
# of fire extinguisher inspected	100%	100%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total number of fire extinguisher				5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
# of fire extinguisher with deficiencies	38	70	TRACKING DATA	12	12	0	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24	

★ Better than Expected (Not less than 2 points from goal)

◆ Expected (less than 10 points from goal)

■ Needs More Work (11-20 points from goal)

● Worse than Expected (> 20 points from goal)

INDICATORS	CY2012	CY2013	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2014
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EQUIPMENT MANAGEMENT

				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
# OF EQUIPMENT FAILURES	683	742	TRACKING DATA	62	70	48	180				0				0					0	180
# of equipment failure due to operator error	44	44	TRACKING DATA	6	4	6	16				0				0					0	16
# of Equipment Failure that impacted patient care	0	0	0	0	0	0	0				0				0					0	0
				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
EQUIPMENT PM				100%	83%	48%	77%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of equipment with PM completed	85%	94%	100%	450	754	157	●														
# of equipment scheduled for PM				452	906	329															

UTILITIES MANAGEMENT

				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
# OF ELEVATOR FAILURES	66	48	<5	3	3	1	7				0				0					0	7
# OF UTILITIES FAILURE	1036	1091	TRACKING DATA	141	110	154	405				0				0					0	405
# of utilities failure due to operator error	205	175	TRACKING DATA	11	12	6	29				0				0					0	29
# of utilities failure that impacted patient care	0	1	0	0	0	0	0				0				0					0	0
				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
UTILITY PM				100%	100%	82%	94%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of utilities with PM completed	93%	97%	100%	213	383	800	◆														
# of utilities scheduled for PM				213	383	977															
				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
BIOLOGICAL GROWTH TESTING ON STERILIZER				100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of completed sterilizer testing	100%	100%	100%	54	42	46	★														
# of testing scheduled				54	42	46															

EDUCATION

ENVIRONMENT OF CARE TRAINING (ATTENDANCE)								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of staff that passed the evaluation testing	90%	78%	100%	TRAINING TO OCCUR IN 2ND QUARTER																	
Total # of staff																					
ACTIVE SHOOTER TRAINING				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of staff that attended	started tracking in CY2014																				
Total # of staff																					

GMHA HOSPITAL-BASED URGENT CARE CENTER

Executive Summary

REVISED PLAN

May 2014

On July 8, 2013, Public Law 32-060 was enacted into law. PL 32-060 stipulated that GMHA identify a Planning Committee to establish an Urgent Care Center (henceforth referenced as "UCC") for non-emergency outpatient services at the Guam Memorial Hospital. More specifically, the goals of the Urgent Care Committee were to:

1. Begin developing UCC operational criteria, policies, procedures, etc.;
2. Identify adequate, available space for the establishment of the UCC; and
3. Develop an Action Plan inclusive of the financial requirements for GMHA to establish a UCC.

PL 32-060 also stipulated that the Planning Committee submit an Action Plan to the GMHA Board of Trustees (henceforth referenced as "the GMHA Board") within ninety (90) days from the Committee's establishment and provide a copy of that Action Plan to the Guam Legislature. In meeting that requirement, the Urgent Care Committee was identified on August 7, 2013 and the 1st Urgent Care Committee meeting was held on September 18, 2013. During that 1st meeting, the following two Subcommittees were formed: (1) the Urgent Care Operations Subcommittee; and (2) the Urgent Care Finance Subcommittee and began discussions focused upon possible locations, within the Guam Memorial Hospital, to develop the Hospital-based UCC.

PL 32-060 also established the Guam Healthcare Trust and Development Fund. These funds are being derived from the taxes placed upon gaming devices with 60% of these taxes designated for the establishment and operations of GMHA's Hospital-based UCC.

After conducting numerous full Committee and Subcommittee meetings from September through December 2013, GMHA presented a "draft" plan to the GMHA Board. After review and discussion at the January meeting, the GMHA Board resolved that GMHA Executive Management should consider locating the UCC much closer to GMHA's Emergency Department.

In May of 2014, after careful consideration of its options, GMHA recommends that its Hospital-based UCC be located adjacent to GMHA's Emergency Department. With the GMHA Board's approval of this recommendation and with the anticipated completion of the renovation of the former Emergency Room where the UCC shall be located, GMHA anticipates being able to begin Hospital-based UCC operations in the 1st quarter of FY2015.

Based upon an internal assessment conducted by the Urgent Care Finance Subcommittee, the following determinations and recommendations apply:

- Funds available for startup, as of April 30, 2014, were \$313,000.00 (Three hundred thirteen thousand dollars) with additional gaming receipts anticipated for several months.
- Startup capital expenditures for the Hospital-based UCC are estimated at \$200,000.00 (Two hundred thousand dollars). The UCC is expected to see patients 7 days per week from 3:00 pm through 11:00 pm. We have estimated 42 patients will be seen each 8 hour period. Revenue projections include a mix of "new" and "established" patients. GMHA will use a fee schedule calculated at 50% above estimated CY2014 Medicare Par. We project a fee schedule based on an average of CPT codes "level 2" and "level 3" fees plus a nominal charge for ancillaries (lab and pharmaceuticals). Initially, the UCC will be staffed by 1.5 MD supported by 2 RNs and 2 support staff (**see attachments**). It is projected that the Hospital-based UCC will be operational by October 1, 2014.

GUAM MEMORIAL HOSPITAL AUTHORITY
Aturidât Mimuriât Espetât Guåhan

Minutes of the Board of Trustees Regular Meeting
held on Thursday, April 24, 2014 at 6pm located in the
Daniel L. Webb Conference Room of the GMHA

ATTENDANCE

Board Members Present:	Larry Lizama, MD Lee Webber Frances Taitague-Mantanona Edna Santos, MD Rose Grino, RN Ricardo Terlaje, MD Theodore Lewis Valentino Perez	Larry Lizama, MD Rhodora Cruz, RN Jemmabeth Simbillo, RN Hoa Nguyen, MD Joygemma Villaruel, RN
Hospital Leadership Present:	Joseph Verga, MS, FACHE Alan Ulrich Gordon Mizusawa	Other Attendees: James Murphy, MD Friedrich Bieling, MD Jennifer Sevilla
		Recorder: Theo M. Pangelinan

- I. CALL TO ORDER AND DETERMINATION OF QUORUM** – After notices were duly and timely issued pursuant to *Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8107(a)* and with a quorum present, the Chairman called to order the regular meeting of the Guam Memorial Hospital Authority Board of Trustees at 6:07 p.m. on Thursday, April 24, 2014 in the D. L. Webb Conference Room of the Guam Memorial Hospital Authority located in Tamuning, Guam.
- II. EXECUTIVE SESSION** – At the written request of Legal Counsel, the Chairman called the meeting into Executive Session. Trustee Grino motioned and it was seconded by Trustee Mantanona to move to Executive Session. Motion carried with all ayes.
- The minutes of the Executive Session are confidential and kept under separate cover in accordance with Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111(c)(7).*
- III. RECONVENE OPEN SESSION** – With no further business to discuss, the Chair re-convened into open session.

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
<p>IV. MEDICAL STAFF PRESIDENT’S REPORT Dr. Nguyen voiced the concerns of the Medical Executive Committee (MEC). He stated that the MEC felt that it was drifting from leadership and the Board and that it should be dissolved since their concerns were not being addressed. He stated memorandums were sent to both the Board and leadership, but no response had been received.</p> <p>Dr. Nguyen stated that the MEC was not being notified of any actions or decisions made by the Board or leadership.</p> <p>Dr. Nguyen referenced a case that was sent for an external peer review without the MEC’s approval. He was adamant that all cases to be sent externally for review required the MEC’s consent.</p>	<p>Dr. Nguyen was informed of the importance of his role as Medical Staff President and membership of several hospital committees. He was advised that it was his duty to keep the medical staff informed of the discussions and decisions made by each committee.</p>	<p>Dr. Nguyen</p>	<p>Updates to be provided at each meeting</p>	<p>Informational</p>

<p>More discussions took place regarding the case and the method used to inform the MEC of the results of the external peer review. Dr. Nguyen was concerned that the information was not kept confidential among the intended recipients.</p> <p>Mr. Verga informed Dr. Nguyen that the results were emailed to specific individuals. He stated that if anyone failed to keep the information confidential, they would be in serious violation of the law and GMHA would pursue a criminal case against them.</p> <p>Leadership and the Board acknowledged Dr. Nguyen's (MEC's) concerns. It was noted that it was not leadership's or the Board's desire to take actions or make decisions without the involvement of the MEC.</p> <p>Mr. Verga commented that the MEC needs to meet with the Board and Leadership to resolve all the concerns brought presented at the meeting. He suggested hosting the meeting outside GMHA.</p>	<p>It was clarified that leadership and the Board would be forced to take actions, in the best interest of the hospital, when the medical departments and the MEC fail to do so.</p> <p>GMHA leadership and Board members would schedule a dinner meeting with members of the Medical Executive Committee. The date and venue would be determined.</p>			
<p>V. APPROVAL OF REGULAR SESSION MINUTES – The minutes of the regular held on February 27, 2014 and special meeting held on March 13, 2014 was reviewed. Trustee Mantanona motioned and it was seconded to approve the minutes with revisions. Motion carried with 6 ayes and 1 abstention.</p>				
<p>VI. BOARD COMMITTEE/STAFF REPORTS</p>				
<p>A. Human Resources Subcommittee Trustee Mantanona presented the following resolutions supported by the Human Resources Subcommittee:</p> <ol style="list-style-type: none"> 1. Res. No. 14-34 Relative to the amendment of Res. No. 14-26 (Relative to the Remuneration of Internal Medicine Clinical Providers. <ul style="list-style-type: none"> • Amendment to change paragraph 8 to read “RESOLVED, the Hospital will offer different hourly compensation to internists depending on their affiliation (employee or independent contractor) at the following rates: 	<p>Trustee Santos motioned and it was seconded by Trustee Terlaje to approve the resolutions. The motion carried with all ayes.</p>	<p>Trustee Mantanona</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

Employment Status	Current	Adjustment
Full time Employee	\$75/hr. plus benefits	\$90/hr. plus benefits
Part time Independent Contractor		\$100/hr. without benefits

Trustee Mantanona stated that the amendment was necessary to clarify the different compensations for internists depending on their affiliation with GMHA.

2. Res. No. 14-35, Relative to further amend Board Res. No. 13-45 (Relative to Ratification of Recruiting Services and Employment Contracts).

Trustee Mantanona noted that the amendment would be to include two additional recruiter firms, namely: CompHealth and Medicus.

Mr. Verga commented that the amendment would allow GMHA to have more recruiters to select from and obtain the best rate for the services as needed.

Dr. Lizama commented that the firms were used to recruit physicians for short-term (locum tenens) and long-term (hospitalist) periods.

B. Joint Conference and Professional Affairs Subcommittee (JCPA)

1. The JCPA Subcommittee reviewed and supports the appointments and reappointments of the Medical Staff's hospital privileges. A Confidential Checklist and Medical Charts Deficiencies report was made available for the Board's review together with the following resolutions:
 - a. Res. No. 14-30, Relative to the Reappointment of Active Medical Staff Privileges for:
 - John Young, MD (exp. 03/31/16)
 - Frank Reda, MD (exp. 03/31/16)

Trustee Mantanona motioned and it was seconded by Trustee Santos to accept the recommendations of the Joint Conference and Professional Affairs Subcommittee to approve the appointments and reappointments for privileges of said physicians. Motion carried with all ayes.

Trustee Webber
Medical Director

Medical Staff
Office

Reports to be provided at each meeting

Informational

<ul style="list-style-type: none"> • Jason Hwang, MD (exp. 03/31/16) <p>b. Res. No. 14-31, Relative to the Appointment of Provisional Medical Staff Privileges for:</p> <ul style="list-style-type: none"> • Seung Huh, MD (exp. 03/31/15) • David Camacho, MD (exp. 03/31/15) • Michael Fenton, MD (exp. 03/31/15) • Emilio Tayag, MD (exp. 03/31/15) <p>c. Res. No. 14-32, Relative to the Appointment of Allied Health Provisional Staff Privileges for:</p> <ul style="list-style-type: none"> • Janet Nightingale, CNM (exp. 03/31/15) <p>d. Res. No. 14-33, Relative to Approving the Adjustment of the Fee for Initial Appointment and Assessment of a Fee for Reappointment of Staff Privileges</p> <p>Mr. Verga informed the Board that the resolution would allow leadership to determine the amounts to be assessed. An analysis of the costs associated with processing applications would be conducted and the fees would be determined thereafter.</p>	<p>Trustee Lewis motioned and it was seconded by Trustee Mantanona to approve the resolution.</p> <p>Trustee Terlaje requested to amend the motion to include the adjustment of the fee for late submissions.</p> <p>Trustee Lewis motioned and it was seconded by Trustee Mantanona to approve the resolution as amended. Motion carried with 6 ayes and 1 opposed.</p>			
<p>C. Facilities, Capital Improvement, and Information Technology Subcommittee The Capital Improvements Projects (CIP) Status Report was presented to the Board.</p> <p>Mr. Verga reported that DCK Pacific would complete construction of the ED Expansion Project by the 3rd week of May 2014. The projected opening date was early June 2014.</p> <p>Mr. Verga reported that the Radiology Dept. Upgrade Project, Hospital Main Chiller System Upgrade Project, and the Removal and Replacement of Hospital Steam Sterilizers were among capital improvement projects that were planned and have funding identified. Other projects, including: the Removal and Replacement of the Main Electrical</p>	<p>Trustee Lewis accepted the role as Chairman of the Facilities, Capital Improvement, and Information Technology Subcommittee.</p> <p>The Planning Dept. continued working aggressively to obtain more available grants to fund GMHA’s capital improvement projects.</p>	Leadership	Reports to be provided at each meeting	Informational

<p>Distribution System, Z-wing Staff Relocation/Hospital Expansion Project, and the Removal & Replacement of Hospital Steam Boiler Systems were critical but do not have funding identified.</p> <p>Mr. Verga noted that residual funding from the Global Bonds initiative may be redirected toward other critical projects.</p>				
<p>D. Governance, Bylaws and Strategic Planning Subcommittee</p> <p>Mr. Verga reported that the committee would convene in May 2014. The development of a self-evaluation process for the Board and review of the Medical Staff and Board of Trustees Bylaws would be conducted.</p>	<p>A meeting date would be determined.</p>	<p>Trustee Terlaje Mr. Verga</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
<p>E. Quality and Safety Subcommittee</p> <p>1. <u>The Joint Commission</u> - Trustee Santos reported the need for the medical staff leadership to develop a method to monitor and evaluate a practitioner's professional performance. She emphasized the need to establish a quality and utilization committee, as well as, other medical committees that have not met regularly (e.g., Tissue and Transfusion, Pharmacy and Therapeutics, etc.). She stated that the lack of these components of the medical staff placed GMHA's accreditation on an increased risk category.</p> <p>Mr. Verga informed the Board that a mid-cycle visit from The Joint Commission was expected. This was due to the hospital's failure to meet its measures of success and the number of sentinel events reported.</p> <p>2. <u>Performance Improvement and Patient Safety Dashboards</u> – Trustee Santos highlighted the following:</p> <p>a. Pain Management – Improvements were expected since GMHA began offering epidurals as an option for pain management.</p>	<p>A sign-up sheet would be made available at each Quarterly Medical Staff Meeting.</p> <p>All the medical committees were added as standing reports on the MEC's agenda.</p> <p>To improve communication among the medical staff, the minutes of the MEC meetings will be reviewed at medical department meetings.</p>	<p>Trustee Santos Trustee Grino</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

<p>b. Recalls and Alerts – Due to the high volume of recalls and alerts within the past several months, GMHA’s compliance was worse than expected (74%).</p> <p>c. Critical Results Reporting (Radiology) – No data was reported from Radiology for the last calendar year.</p> <p>d. Anti-coagulation – No data was recorded for the 4th quarter due to a shortage of pharmacists. Monitoring would continue upon the arrival of 2 recently hired pharmacists</p> <p>e. Surgical Care Indicators: – GMHA’s compliance was better than expected. It was noted that in the past GMHA struggled to meet compliance in these areas.</p> <p>Mr. Verga commented that GMHA was doing well in many areas, including critical patient outcomes and core measures. He commended the staff for their hard work and dedication.</p>	<p>A system would be developed so that the Materials Management Dept. would receive feedback from the head nurses.</p> <p>The acting Chief of Radiology would be instructed to begin collecting and reporting data to the Performance Improvement Committee.</p>			
<p>F. Finance and Audit Subcommittee Trustee Grino deferred the financial reports summary to Mr. Ulrich.</p>	<p>No decisions or actions taken.</p>	<p>Trustee Grino</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
<p>VII. ADMINISTRATORS’ REPORTS</p>				
<p>A. Hospital Administrator/CEO’s Report Mr. Verga informed the Board that the GMH Volunteers Association approved the appointment of an Ex-Officio member to the Board of Trustees.</p> <p>It was clarified that the Ex-Officio member shall not be an employee of GMHA and would be considered as a non-voting member.</p>	<p>No decisions or actions taken.</p>	<p>Mr. Verga</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
<p>B. Associate Administrator of Medical Services’ Report</p>	<p>No decisions or actions taken.</p>	<p>Dr. Lizama</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>


<p>C. Chief Financial Officer's Report Mr. Ulrich provided the following updates:</p> <ol style="list-style-type: none"> 1. <u>"Re-basing" GMHA's Medicare reimbursement per the Tax Equity and Fiscal Responsibility Act (TEFRA)</u> – GMHA contracted with EOP and was providing them with information needed to pursue the rebase initiative. The process was discussed and updates were provided during a conference call with EOP on April 23, 2014. Mr. Verga noted that if the rebase was approved by the federal government, GMHA expected the local government to follow suit. 2. <u>Audit Report</u> – The Dept. of Interior would issue a report endorsing leadership's initiatives within the past year. Additionally, external audits were conducted by Deloitte and the Office of Public Accountability (OPA). Mr. Ulrich stated that both independent auditors agreed that GMHA's viability was dependent on the receipt of additional funding from the government. The OPA recommended that the Board and leadership be more vocal as to the needs of the hospital in terms of its finances. 3. <u>Request for Proposals:</u> <ul style="list-style-type: none"> • Collections – The panel would review the revised proposal on 04/28/14. • Billing and Coding – The panel would meet on April 29, 2014 to open proposals submitted. The contract with HRG to hire temporary billers was secured. The billers would conduct work from Spokane, WA which was cost efficient for GMHA. • Chargemaster – A purchase order was issued to Crameware. Arrangements were being made to schedule their arrival to begin review of GMHA's chargemaster. 	<p>The Finance Dept. was in the process of reconstructing the missing that requested by EOP. Once all the information was received, GMHA's application would be submitted to CMS.</p> <p>The estimated time-frame to receive a reply was July 2014. If approved, the reimbursements would be retroactive to October 2013.</p>	<p>Mr. Ulrich</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
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<ul style="list-style-type: none">• Subletting of 3rd Wing of SNU – An evaluation of the revised RFP would be conducted. <ol style="list-style-type: none">4. <u>\$25M loan from Bank of Guam</u> Mr. Ulrich informed the Board that \$1.1M (\$1.9M including finance charges) was owed to Truststaff. He was successful at negotiating with the vendor to forgive the finance charges. Proceeds from the loan were used to pay the balance. He stated that GMHA managed to make partial payments to pediatricians who are owed money for services rendered.5. <u>FY-2015 Budget</u> – Mr. Ulrich informed the Board that he did allocate sufficient dollars to employees’ benefits. Revisions were made to the make-up of the expenses in order to keep the budget balanced as presented to the Board and the legislature.6. <u>Urgent Care Funding</u> – GMHA had not received funding for the Urgent Care Center since February 2014. The 40% the hospital was entitled to for operations had not been received because it required legislative action.7. <u>Hay Pay</u> – No further subsidies were received from the government to fund the Hay Pay increments for the remainder of FY-2014.8. <u>Increments</u> – GMHA continued to owe \$1.5M to employees for increments for the period of Oct. 1, 2012 through Jul. 17, 2012. It was noted that this was a mandate that was unfunded by the government.9. <u>Summary of Hay Program Costs</u> – According to Mr. Ulrich, the Finance Dept. was in the process of updating the compensation adjustments paid on	<p>A report indicating the uses of the loan proceeds would be provided to the Board and Adelup.</p> <p>Leadership was working with Senator Rodriguez to initiate the appropriate legislation to release the 40% for operations that GMHA was entitled.</p>			
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<p>Feb. 14, 2014 with the changes that Human Resources Dept. prepared. He said that the amount paid to nurses remained to be verified. The Hay Pay continued to be unfunded by the Government.</p> <p>10. <u>March Financials were presented to the Board</u> Mr. Ulrich highlighted the following:</p> <p>a. Comparative Balance Sheet</p> <ul style="list-style-type: none"> • “Cash – Restricted” was added. Funds in this account would go towards a specific use (e.g., EHR related projects, loan payments, etc.) and cannot be used to pay vendors, make capital purchases, etc. • GMHA had \$315,752 of cash available for operations <p>b. Comparative Income Statement</p> <ul style="list-style-type: none"> • Revenues over Expenses - \$2.9M was lost in March 2014 and YTD was \$16.9M • To date, GMHA received \$7.7M in GovGuam subsidies; however, \$3.6M of that amount was received at the end of FY-13 but was recorded as income in FY-14. <p>c. Aged Accounts Receivables</p> <ul style="list-style-type: none"> • The government owed GMHA \$43.3M. • Self-pay patients owed GMHA \$181M. GMHA expected to receive \$230K in tax garnishments from refunds released on Apr. 18, 2014. • Health Insurance companies owed \$16.6M. 	<p>Mr. Ulrich would clarify the numbers recorded for “Current Portion of Long Term Debt” versus “Total Current Liabilities” as requested by Trustee Perez.</p> <p>The Finance Dept. would reconcile the amounts owed by Medicaid and MIP. Mr. Ulrich was working with the Director of DPHSS to identify how much funding was left for Medicaid and MIP and the amount available to GMHA for the remainder of FY-14.</p> <p>GMHA referred accounts totaling \$154M to the Dept. of Revenue and Taxation for tax garnishments.</p> <p>The Finance Dept. was working to clean up the aged receivables owed by the health insurance companies.</p>			
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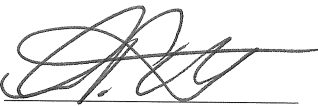
<p>d. Sources and Uses of Cash</p> <p>e. Comparative YTD 2014 and 2013 Patient Days by Insurer Group – Mr. Ulrich pointed out that HMO and Medicare patients decreased while self-pay and Medicaid patients increased.</p>	<p>Mr. Ulrich and Mr. Verga clarified inquiries made by Trustee Perez regarding utilities. A revision would be made to the amount recorded for supplies and materials as pointed out by Trustee Mantanona.</p>			
<p>VII. UNFINISHED BUSINESS – NONE</p>				
<p>VIII. NEW BUSINESS – NONE</p>				
<p>IX. PUBLIC COMMENT – NONE</p>				
<p>X. ADJOURNMENT – With no further discussions, Trustee Grino motioned and it was seconded to adjourn the meeting 9:08 p.m. Motion carried with all ayes.</p>				

Transcribed by: 
 Theo M. Pangelinan
 Administrative Assistant

Submitted by: 
 Edna V. Santos, MD
 Secretary, Board of Trustees

CERTIFICATION OF APPROVAL OF MINUTES

The minutes of the open session of the April 24, 2014 meeting was approved by the Board of Trustees on this 29th day of May 2014.

Certified by: 
 Lee P. Webber
 Chairman, Board of Trustees

HIGHLIGHTS OF PATIENT SATISFACTION SURVEY PROGRAM
GUAM MEMORIAL HOSPITAL AUTHORITY

January – March, 2014

At a Glance

Overall, patient satisfaction with GMH services improved during the quarter most significantly between January and February and remained consistent for March. Good to Excellent ratings for *General Impressions of GMH Services* at the end March were at 73% compared to 71% at the end of the previous quarter. Also noted was an 86% increase in the number of patient visits made attributable to part time staff and volunteers in the Guest Relations Department.

Overall Patient Satisfaction Ratings

	JAN	FEB	MAR
Excellent-Good	64%	73%	73%
Fair	20%	20%	20%
Poor	16%	07%	07%
	100%	100%	100%

Throughout the quarter, GMH received compliments, recommendations, and complaints. The number of KUDOS and compliments during the quarter increased while the number of complaints decreased.

Comments Received

	JAN	FEB	MAR
Compliments	50%	42%	59%
Recommendations	13%	30%	22%
Complaints	37%	28%	19%
	100%	100%	100%

Top Performers ~ *Congratulations!*

The following departments/survey categories received the highest increases in patient satisfaction survey ratings:

JANUARY	FEBRUARY	MARCH
Laboratory	Dietetic Services	OR/Anesthesia
Pharmacy	Special Services	Medical Staff (Doctors)
Nursing Services	Social Services	Nursing Services
Housekeeping	Housekeeping	Patient Registration
Education	Education	Billing & Collection

Patient Satisfaction

During the quarter, survey respondents recognized many improvements made to the facility, services, and patient care overall. Noted also was improved customer service as well as cleanliness. From survey comments, numerous KUDOS were given to hospital staff and physicians for their hard work and professionalism. In February and March, the Emergency Department stood out among all nursing units for friendly, courteous staff and good care. The new environment provided a pleasant atmosphere for patients despite long waits.

Doctors continued to be praised for providing Good to Excellent services to their patients. During the quarter, the following physicians were recognized: Dr. Young Chang, Dr. Donald Preston, Dr. Fernan De Guzman, Dr. Friedrich Bieling, Dr. Goldasol Fernandez, Dr. Jeffrey Cruz, Dr. I. Pichet, Dr. Robert Ryan, Dr. Luis Cruz, Dr. Jeffrey Gabel, Dr. Jonathan Sidell, Dr. Vincent Duenas, Dr. Edmund Griley, Dr. Larry Hazen, and Dr. Ben Numpang.

Nursing units received the majority of compliments and KUDOS by patients and families.

- Med-Surg: Excellent people; great job.
- Tele/PCU: Awesome Ward Clerks; excellent overall care; warm and kind staff; very informative; compassionate care; excellent!
- Hemodialysis: Excellent care.
- ER: 101% great! Good service; friendly; courteous; professional
- OB: Friendly staff; made patients feel comfortable; very informative and helpful; Services better now than in the past.
- L&D: All nursing staff were courteous, friendly, and helpful. Excellent care! Staff listened to patients.
- Pediatrics: Thank-you nurses! Excellent care; dedicated staff.
- Med-Surg: Staff were almost like family; they were very concerned; excellent services; pleasant staff; polite.
- Nursery: Excellent job; helpful; listened to parents; courteous.
- OR/PAR/Anesthesia: Professional! A big "Thank-You" to all.
- ICU/CCU: Uplifting and excellent job.
- Surgical: Staff were exceptional but over-worked! Informative.

Patient Satisfaction (Continued)

Other departments also received praises from survey respondents:

- Pt. Registration: Several staff were very helpful and informative; good job; thanks for helping the patient.
- Radiology: Staff made patient feel very comfortable.
- Housekeeping: Thank you Edith for keeping the floors sparkling clean! Excellent cleanliness –Peds, OB, Rehab, Surgical, and Med-Surg. KUDOS to Annie!
- Security: Larry Aflague was excellent!
- Rehab: Pearl is excellent!
- Special Services: Very knowledgeable staff; Lucy was informative and professional.
- Respiratory Care: Staff were very helpful and kind.

Patient Safety

Although many respondents felt that GMH provided a safe environment, they also offered several recommendations to improve patient safety.

- Need more ER nurses.
- ER doctors to check patients more thoroughly before discharge.
- Outside ER needs more lighting.
- Need neurology doctor at GMH.
- ER needs to have more than 1 doctor on duty at any one time.
- ER needs more doctors.
- Arm GMH security guards to protect themselves.
- All visitors must be checked before entering GMH.
- Security guards need to do more rounds.
- Pediatric nursing staff need to do more patient rounds.
- Make sure visitors have passes.
- Doctors should really listen to patients regarding medications.
- Nursing staff need to be thorough when explaining medications and procedures to patients.
- Enforce visiting rules and regulations.
- Reposition chairs in temporary ER waiting area away from metal cabinets located on the walls above the chairs.

Patient Dissatisfaction

Survey respondents expressed their dissatisfaction with the following:

- Patient not informed in advance that blood products were not covered by insurance company.
- ER billing issues.
- Staff speaking non-English language within hearing distance of patients and families.
- Weak communication between departments and physician.
- Alleged inappropriate touching of patient.
- Dirty air con vents; air con unit not working for 6 hours.
- Medical equipment in nursing unit needed servicing.
- 3 items not in stock which were needed by patient.
- Confusing instructions on what to do upon entering Emergency Department.
- ICU television has picture but no sound.
- Private patient information overhead while in ER.
- No hot water in patient's room.
- Tele room rate charged while patient was in ER annex.
- Early discharge from ER; patient returned then was admitted.
- Questionable medical care in ER.
- Staff laughing and speaking too loud at nursing stations.
- Long waits for the following: to be registered; to get a room; results of blood test; results of CT scans; to see ER doctor; overall ER visit; to undergo surgical procedure; to be triaged; and to be discharged from ER.
- Negative staff behavior and customer service.
- Complaints regarding physicians.
- Lack of cleanliness in public restrooms (all areas); patient rooms not mopped and hallways.

Recommendations

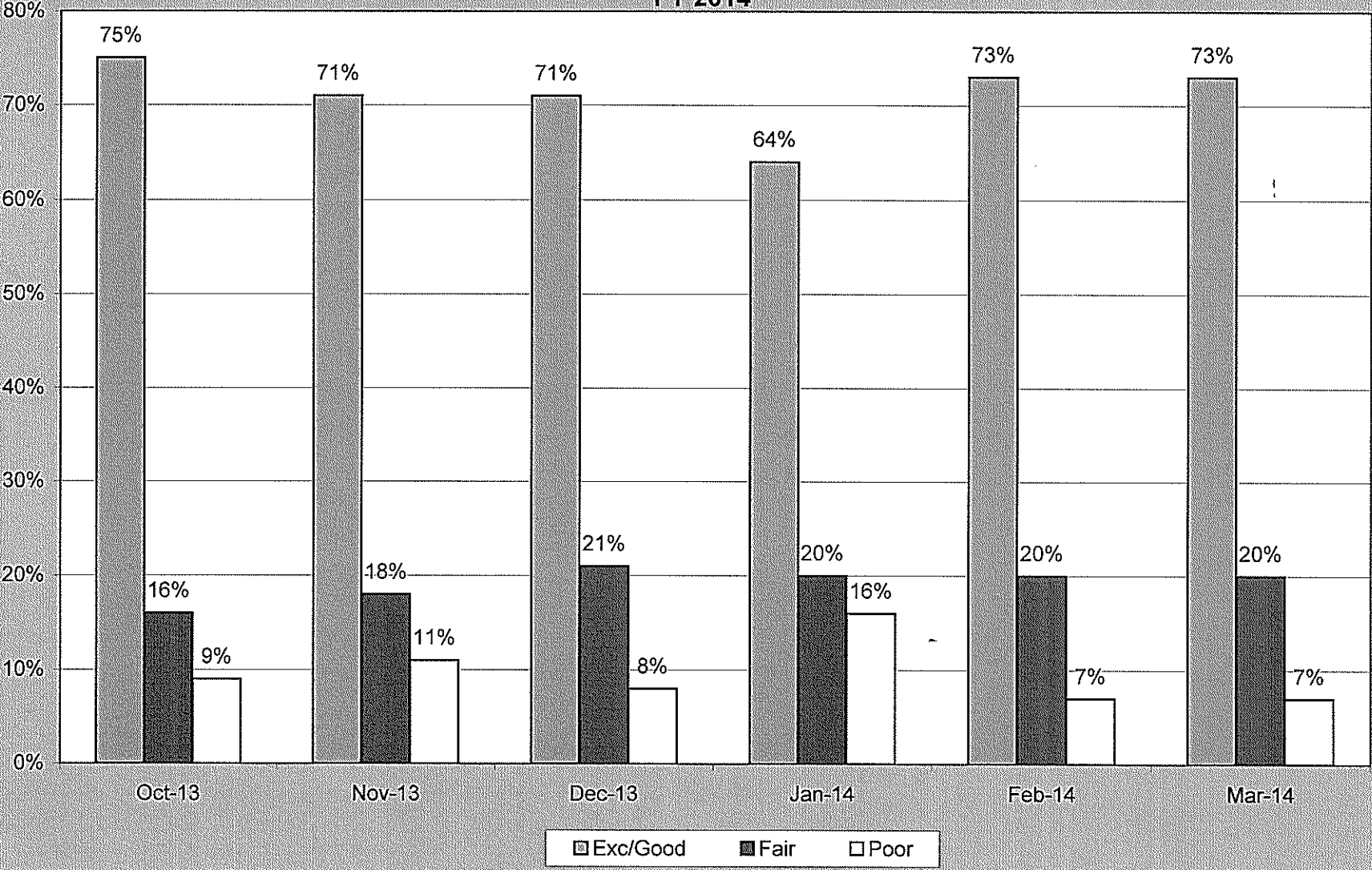
The following recommendations were provided by survey respondents in an effort to improve GMH:

- ✓ Hire more nurses, doctors; nurse aides.
- ✓ Need comfortable chairs in ICU Waiting Area.
- ✓ Chairs in ICU should have built in ear phone plugs.
- ✓ Nursing staff need to speak English at all times.
- ✓ Room temperatures need to be customized for each patient room.

Recommendations (Continued)

- ✓ More towels needed.
- ✓ Patients should receive stronger medications for their pains.
- ✓ In OB, spouses should not be considered as a watcher.
- ✓ Nursing staff should talk to patients and watchers in a respectful way.
- ✓ Watchers should be allowed to buy food in cafeteria and bring to patients' room.
- ✓ Serve fresh nutritious food – not canned, boxed, or powdered.
- ✓ Improve parking situation.
- ✓ ER staff need practice pronouncing patient names.
- ✓ Do not privatize security.
- ✓ Invest in a swing shift and graveyard shift cantina for coffee, soup, and sandwiches.
- ✓ No mustache should be allowed for security guards.
- ✓ Nursing staff should come to patient rooms while patients are awake not while they are asleep.
- ✓ Try to treat locals and FSM people equally.
- ✓ Do not put an elderly patient on the “Add-On” list for surgery or procedure.
- ✓ Need TV and reading materials in patient rooms.
- ✓ Staff should use a vein finder to make it easier to find a vein.
- ✓ Need more Patient Registration staff to help with patients.
- ✓ Improve lighting in parking lots.
- ✓ Divide the rooms which hold 2 beds – too noisy!
- ✓ Update GMH building – still old school.
- ✓ More seats needed in ER.
- ✓ Lab staff not to do “fishing” while looking for a vein in a child.
- ✓ Change linen daily.
- ✓ Linen company to bring linens to GMH on time.
- ✓ Staff to keep personal problems confidential.
- ✓ ER needs to improve on waiting time.
- ✓ Explain things to patient in short English words and phrases.
- ✓ Need more equipment.
- ✓ Be gentle when announcing things overhead – sounds more like scolding.
- ✓ ER staff to be more informative to patient and family members.

**Guam Memorial Hospital Authority
General Impressions of GMH Services
FY 2014**



GUAM MEMORIAL HOSPITAL AUTHORITY
 GUEST RELATIONS DEPARTMENT
 SURVEY DATE SUMMARY
 SURVEY PERIOD: March, 2014 (with prior month comparison)

ALL DEPARTMENTS

AREAS RATED		EXCLNT	GOOD	FAIR	POOR	TOTAL	NO RESPONSE
Registration							
a. Promptness		46: 48%	30: 31%	11: 11%	9: 9%	96 100%	16
b. Courtesy		50: 53%	27: 28%	9: 9%	9: 9%	95 100%	17
c. Response to questions		44: 47%	33: 35%	9: 10%	7: 8%	93 100%	19
d. Pre-Registration		44: 50%	27: 31%	7: 8%	10: 11%	88 100%	24
AVERAGE	Mar.	46 49%	29 31%	9 10%	9 9%	93 100%	19
	Feb.	27 43%	18 29%	10 16%	9 14%	63 102%	13
Nursing Staff							
a. I always knew my nurse's name		51: 52%	27: 27%	14: 14%	7: 7%	99 100%	13
b. Nurses were friendly and courteous		60: 58%	26: 25%	12: 12%	5: 5%	103 100%	9
c. Nursing staff responded promptly		51: 53%	28: 29%	9: 9%	9: 9%	97 100%	15
d. Nursing staff listened to me		56: 54%	29: 28%	12: 12%	7: 7%	104 100%	8
e. Nurses kept me informed		56: 58%	20: 21%	10: 10%	11: 11%	97 100%	15
f. Confidence in nurses's skills/knowledge		56: 57%	24: 24%	15: 15%	4: 4%	99 100%	13
g. How well was my pain controlled?		47: 52%	24: 27%	10: 11%	9: 10%	90 100%	22
AVERAGE	Mar.	54 55%	25 26%	12 12%	7 8%	98 100%	14
	Feb.	33 49%	17 25%	9 13%	8 12%	68 99%	8
Doctor's Services							
a. Daily visits		50: 53%	25: 27%	13: 14%	6: 6%	94 100%	18
b. Explanation of condition and answers to my questions		53: 54%	27: 28%	14: 14%	4: 4%	98 100%	14
c. Explanation of medical procedures		54: 56%	29: 30%	11: 11%	3: 3%	97 100%	15
d. Friendliness/courtesy of the doctor		55: 56%	27: 28%	11: 11%	5: 5%	98 100%	14
AVERAGE	Mar.	53 55%	27 28%	12 13%	5 5%	97 100%	15
	Feb.	36 55%	13 20%	4 6%	12 18%	65 100%	13

Guest Relations Department
 Survey Data Summary - Period March 2014
 Page 2 of 4

ALL DEPARTMENTS

AREAS RATED		EXCLNT	GOOD	FAIR	POOR	TOTAL	NO RESPONSE
Food							
a. Appetizing appearance		28: 32%	33: 38%	19: 22%	7: 8%	87 100%	25
b. Taste		27: 31%	26: 30%	16: 18%	18: 21%	87 100%	25
c. Hot food hot		29: 34%	32: 38%	14: 16%	10: 12%	85 100%	27
d. Cold food cold		32: 37%	33: 38%	15: 17%	6: 7%	86 100%	26
e. Proper size portions		34: 40%	27: 32%	14: 17%	9: 11%	84 100%	28
f. Food preferences honored		29: 39%	26: 35%	11: 15%	8: 11%	74 100%	38
g. Courtesy of the person who served your food		43: 52%	26: 31%	10: 12%	4: 5%	83 100%	29
AVERAGE	Mar.	32 38%	29 35%	14 17%	9 11%	84 100%	28
	Feb.	19 36%	21 40%	9 17%	4 8%	53 100%	23
Cleanliness							
a. Cleanliness of my room		42: 45%	33: 35%	12: 13%	6: 6%	93 100%	19
b. Immediate correction of any problems		33: 42%	29: 37%	8: 10%	8: 10%	78 100%	34
c. Courteous and responsive staff		44: 47%	33: 35%	8: 9%	8: 9%	93 100%	19
d. Cleanliness of public restrooms		25: 31%	25: 31%	13: 16%	17: 21%	80 100%	32
AVERAGE	Mar.	36 42%	30 35%	10 12%	10 11%	86 100%	26
	Feb.	23 40%	19 33%	9 16%	6 11%	57 100%	20
Accommodations							
a. Lighting		50: 51%	36: 37%	8: 8%	4: 4%	98 100%	14
b. Room temperature		44: 46%	35: 36%	13: 14%	4: 4%	96 100%	16
c. How well things worked?		49: 51%	36: 38%	7: 7%	4: 4%	96 100%	16
d. Other accommodations		27: 35%	34: 44%	12: 16%	4: 5%	77 100%	35
AVERAGE	Mar.	43 46%	35 38%	10 11%	4 4%	92 100%	20
	Feb.	32 53%	20 33%	6 10%	2 3%	60 100%	17

ALL DEPARTMENTS

AREAS RATED	EXCLNT	GOOD	FAIR	POOR	TOTAL	NO RESPONSE	
Billing							
a. Courtesy	28: 46%	16: 26%	11: 18%	6: 10%	61 100%	51	
b. Promptness	22: 37%	22: 37%	10: 17%	6: 10%	60 100%	52	
c. Satisfactory expl. - fin. Arrangements	26: 44%	18: 31%	11: 19%	4: 7%	59 100%	53	
d. Satisfactory expl. – bill, if asked	22: 38%	21: 36%	11: 19%	4: 7%	58 100%	54	
AVERAGE	Mar.	25 41%	19 32%	11 18%	5 8%	60 100%	53
	Feb.	16 36%	16 36%	9 20%	4 9%	45 100%	31

Other Hospital Services

a. Social Services	19: 44%	12: 28%	8: 19%	4: 9%	43 100%	69	
b. Emergency Room	27: 37%	23: 32%	13: 18%	10: 14%	73 100%	39	
c. Medical Laboratory	29: 45%	23: 35%	11: 17%	2: 3%	65 100%	47	
d. Physical Therapy	14: 40%	10: 29%	7: 20%	4: 11%	35 100%	77	
e. Occupational Therapy	13: 43%	8: 27%	6: 20%	3: 10%	30 100%	82	
f. Respiratory Care	21: 48%	16: 36%	4: 9%	3: 7%	44 100%	68	
g. EKG	24: 51%	13: 28%	8: 17%	2: 4%	47 100%	65	
h. EEG	14: 44%	8: 25%	8: 25%	2: 6%	32 100%	80	
i. Echocardiogram	21: 55%	9: 24%	6: 16%	2: 5%	38 100%	74	
j. Orthopedic - Outpatient Consult	9: 36%	7: 28%	7: 28%	2: 8%	25 100%	87	
k. Cardiology - Outpatient Consult	11: 41%	7: 26%	7: 26%	2: 7%	27 100%	85	
l. Surgery	27: 55%	17: 35%	3: 6%	2: 4%	49 100%	63	
m. Anesthesia	25: 56%	16: 36%	2: 4%	2: 4%	45 100%	67	
n. Volunteers (Gift Shop)	21: 53%	14: 35%	4: 10%	1: 3%	40 100%	72	
o. X-ray Services	24: 46%	18: 35%	6: 12%	4: 8%	52 100%	60	
p. Pharmacy	16: 53%	6: 20%	5: 17%	3: 10%	30 100%	82	
q. Dietary (Diet Instructions)	19: 46%	9: 22%	8: 20%	5: 12%	41 100%	71	
r. Hemodialysis	12: 41%	9: 31%	4: 14%	4: 14%	29 100%	83	
s. Security	27: 42%	24: 37%	5: 8%	9: 14%	65 100%	47	
t. Patient/Family Education	17: 45%	14: 37%	3: 8%	4: 11%	38 100%	74	
u. Pastoral Care (Spiritual Support)	15: 38%	16: 40%	7: 18%	2: 5%	40 100%	72	
Average	Mar.	19 46%	13 31%	6 15%	3 8%	42 100%	70
	Feb.	13 43%	11 37%	3 10%	3 10%	30 100%	47

Guest Relations Department
 Survey Data Summary - Period March 2014
 Page 4 of 4

AREAS RATED	EXCLNT	GOOD	FAIR	POOR	TOTAL	NO RESPONSE
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General Impressions

a. How would you rate GMH?

Mar.	41 37%	40 36%	22 20%	7 6%	110 100%	2
Feb.	29 39%	25 34%	15 20%	5 7%	74 100%	2

b. Did the treatment meet expectations?

	YES	NO	TOTAL	NO RESPONSE
Mar.	87 84%	17 16%	104 100%	8
Feb.	55 81%	13 19%	68 100%	8

Miscellaneous

a. Noise level

Mar.	35 37%	36 38%	12 13%	11 12%	94 100%	18
Feb.	22 36%	21 34%	14 23%	4 7%	61 100%	15

b. Room Assignment

Mar.	39 42%	34 37%	12 13%	8 9%	93 100%	19
Feb.	22 38%	21 36%	11 19%	4 7%	58 100%	18

c. Staff maintained privacy of patient's medical condition and treatment

Mar.	42 52%	23 28%	10 12%	6 7%	81 100%	31
Feb.	29 55%	18 34%	2 4%	4 8%	53 100%	23

d. A clinical language interpreter provided by staff, if needed.

Mar.	39 56%	19 27%	9 13%	3 4%	70 100%	42
Feb.	28 55%	14 27%	3 6%	6 12%	51 100%	25



Guam Memorial Hospital Authority

Performance Improvement Dashboard - Divisions Month 1

PERFORMANCE KEY: Better than Expected Expected Needs more work Worse than expected No Data Collected

CORE VALUES	DEPT.	INDICATORS / MEASURES	GOAL	CY2013	1Q	2Q	3Q	4Q	2014
NURSING SERVICES DIVISION - Adult Units - Jan, Feb, Mar 2014									
A	ICU/CCU, TELE-PCU, MED-SURG, SURGICAL	Nursing Care Plans	90%	90%	91%				
S		Suicide Risk Management	90%	97%	93%				
		Fall Prevention	85%	91%	86%				
Q		Restraints Use Management	90%	87%	89%				
		Pain Management	90%	81%	84%				
		Pressure Ulcer Management	90%	92%	89%				
FISCAL SERVICES DIVISION - Jan, Feb, Mar 2014									
A, C	PATIENT REGISTRATION	MIP/MAP Pre-applications provided to self-pay patients	95%	64%	52%				
		Incomplete Registration (but completed prior to discharge)	< 0.15%	0.14%	0.25%				
		Return Mail flagged (and updated) on accounts from previous months (cumulatively)	< 10%	14%	9.30%				
		MVA patients not receiving preliminary billing at discharge	< 5%	2%	1.0%				
E		Customer Satisfaction - number of complaints	< 0.05%	0.02%	0.03%				
A, C, S, Q	MEDICAL RECORDS	History & Physicals compliance	95%	98%	98%				
		Discharge Summaries compliance	90%	78%	82%				
		Operation Reports compliance	90%	73%	79%				
		Chart Delinquency Rate	< 50%	24%	22%				
		Coding Denials/Errors	< 1%	0.08%	0.09%				
		Charts Merged	< 2%	0.1%	0.20%				
		Coding Delinquency (delinquent records yet to be coded)	< 5%	3%	2%				
OPERATIONS DIVISION - Jan, Feb, Mar 2014									
A	COMM CENTER	Physician Response Time	90%	100%	100%				
		Rapid Response Team (RRT) Time	90%	NEW for CY2014	100%				
		Staff Response Time	90%	100%	100%				
A	HUMAN RESOURCES	Recruitment Process (all components)	85%	86%	81%				
		Performance Evaluation Process (all components)	75%	49%	<i>CY2014-BROKEN DOWN INTO THE 4 COMPONENTS BELOW</i>				
		Monthly Evals Received (current)	75%		50%				
		Monthly Evals Received (overdue)	75%		41%				
		Performance Evals Received (current/advanced)	75%	NEW for CY2014	56%				
		Performance Evals Received (overdue)	75%		35%				
		File Review	80%	56%	53%				
A, E	IT DEPT.	Data Processing	90%	99%	99%				
		Local Area Network Support	90%	100%	100%				
		Trouble Logs (Software and Hardware)	80%	91%	100%				

PERFORMANCE KEY: Better than Expected Expected Needs more work Worse than expected No Data Collected									
CORE VALUES	DEPT.	INDICATORS / MEASURES	GOAL	CY2013	1Q	2Q	3Q	4Q	2014
		Registration Requests Completed timely	90%	NEW for CY2014	100%				
		Help Desk Technical Support	90%	99%	99%				
A, E	GUEST RELATIONS	Timeliness of Response	90%	87%	89%				
		Resolution of Complaints	90%	70%	77%				
		Patient Dissatisfaction	< 25%	25%	26%				
		Noise Levels (Good-Excellent responses)	80%	73%	75%				
		Patient Satisfaction	80%	76%	72%				
		Survey Response Rate	> 25%	19%	15%				
PRO-SUPPORT DIVISION - Jan, Feb, Mar 2014									
A, Q	SPECIAL SERVICES	PEDS Routine Echo Reports TAT (48 hours)	85%	85%	94%				
		ADULTS Routine Echo Reports TAT (48 hours)	90%	92%	96%				
		PEDS STAT Echo Reports TAT (24 hours)	90%	100%	92%				
		ADULTS STAT Echo Reports TAT (24 hours)	95%	95%	95%				
		Cardiac Cath Hematoma Formation	< 5%	0%	N/A				
A,S,Q		Preliminary Echo Report Consistent results compared to Final reports	90%	92%	96%				
A,E,S,Q	EDUCATION DEPT.	Pro-Support Staff - BLS Certification	90%	96%	92%				
		General Orientation completion - New Staff	85%	84%	100%				
A,C,E		Krames on Demand Cost Efficiency (quarterly subscription cost divided by total # of sheets printed)	?	monitoring % usage increase	1.1% increase from end of CY2013				
A, E, S, Q	LABORATORY DEPT.	Inpatient AM Labs Availability (results reported by 0830)	85%	90%	89%				
		STAT Test Turnaround Time - ER	85%	89%	88%				
MEDICAL SERVICES DIVISION - Jan, Feb, Mar 2014									
A, E, S	EMPLOYEE HEALTH	TB Surveillance	> 95%	97%	97%				
A, C, E, S, Q	INFECTION CONTROL	PLEASE SEE ATTACHED INFECTION CONTROL REPORT							



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån

850 Gov. Carlos G. Camacho Road
 Tamuning, GU 96913



BOARD OF TRUSTEES
Official Resolution No. 14- 53

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Annie Bordallo, MD	Ob/Gyn	Ob/Gyn	April 30, 2016
Felix Cabrera, MD	Medicine	Internal Medicine	April 30, 2016
Edmund Griley, MD	Ob/Gyn	Ob/Gyn	April 30, 2016
Johnny Kim, MD	Emergency Med	Emergency Med.	April 30, 2016
Virgilio Lopez, MD	Anesthesia	Anesthesia	April 30, 2016

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

WHEREAS, the Medical Executive Committee on April 23, 2014 and the Joint Conference and Professional Affairs Committee on May 1, 2014 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner; and

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

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

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the 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 29th DAY OF MAY 2014.

Certified by:

Lee P. Webber
 Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD
 Secretary, Board of Trustees



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån

850 Gov. Carlos G. Camacho Road
 Tamuning, GU 96913



BOARD OF TRUSTEES
Official Resolution No. 14- 54

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Edgar Magcalas, MD	Medicine	Infectious Diseases	April 30, 2016
Faraz Ouhadi, MD	Medicine	Internal Medicine	April 30, 2016
Patrick Santos, MD	Family Practice	Family Practice	April 30, 2016
Pichet Iampornpipopchai, MD	Medicine	Nephrology	April 30, 2016

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

WHEREAS, the Medical Executive Committee on April 23, 2014 and the Joint Conference and Professional Affairs Committee on May 1, 2014 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner; and

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

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

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the 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 29th DAY OF MAY 2014.

Certified by:

Lee P. Webber
Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD
Secretary, Board of Trustees



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån



850 Gov. Carlos G. Camacho Road
 Tamuning, GU 96913

BOARD OF TRUSTEES
Official Resolution No. 14- 55

Relative to the Appointment of Provisional Medical Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Edward Blounts, DO.	Medicine	Internal Medicine	April 30, 2015
Kristen Kenny, DO.	Family Practice	Family Practice	April 30, 2015

WHEREAS, the above listed practitioners met the basic requirements for Provisional Medical 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 April 23, 2014 and the Joint Conference and Professional Affairs Committee on May 1, 2014 recommended approval of Provisional Medical Staff Membership reappointment for the above listed practitioners; and

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

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

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the 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 29th DAY OF MAY 2014.

Certified by:

Lee P. Webber
 Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD
 Secretary, Board of Trustees



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån



850 Gov. Carlos G. Camacho Road
 Tamuning, GU 96913

BOARD OF TRUSTEES
Official Resolution No. 14- 56

Relative to the Appointment of Allied Health Professional Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Alice Leliukas, CNM	Ob/Gyn	Certified Nurse Midwife	April 30, 2016

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

WHEREAS, the Medical Executive Committee on April 23, 2014 and the Joint Conference and Professional Affairs Committee on May 1, 2014 recommended approval of Allied Health Professional Staff Membership appointment for the above listed practitioners; and

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

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

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of 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 29th DAY OF MAY 2014.

Certified by:

Lee P. Webber
 Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD
 Secretary, Board of Trustees



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån



850 Gov. Carlos G. Camacho Road
 Tamuning, GU 96913

BOARD OF TRUSTEES
Official Resolution No. 14- 57

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
John Merillat, MD.	Medicine	Cardiology	April 30, 2016

WHEREAS, the above listed practitioner met the basic requirements for Active Associate Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.6; and

WHEREAS, the Medical Executive Committee on April 23, 2014 and the Joint Conference and Professional Affairs Committee on May 1, 2014 recommended approval of Active Associate Medical Staff Membership reappointment for the above listed practitioner; and

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

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

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the 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 29th DAY OF MAY 2014.

Certified by:

Lee P. Webber
 Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD
 Secretary, Board of Trustees



Guam Memorial Hospital Authority
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850 Gov. Carlos G. Camacho Road
Tamuning, GU 96913



BOARD OF TRUSTEES
Official Resolution No. 14-58

**“Relative to the Approval of the Guam Memorial Hospital Authority
Hospital-based Urgent Care Center Development Plan”**

WHEREAS, PL 32-060 was enacted into law whereby taxes collected from gaming devices were designated for the Guam Memorial Hospital Authority; and

WHEREAS, PL 32-060 stipulated that Guam Memorial Hospital Authority: identify a Planning Committee to establish an Urgent Care Center for non-emergency outpatient services, identify adequate/available space for the establishment of the Urgent Care Center, Develop an Action Plan inclusive of the financial requirements for Guam Memorial Hospital Authority to establish an Urgent Care Center, begin developing operational criteria, policies and procedures, etc., and submit an Action Plan to the Guam Memorial Hospital Authority Board of Trustees and provide a copy to the Guam Legislature; and

WHEREAS, the Board of Trustees duly and regularly adopted a resolution to establish an Urgent Care Service at the Guam Memorial Hospital Authority; and

WHEREAS, the Planning Committee recommends approval of the Guam Memorial Hospital Authority Hospital-based Urgent Care Center Development Plan by the full Board of Trustees; now therefore be it

RESOLVED, that the Board of Trustees approves the Guam Memorial Hospital Authority Hospital-based Urgent Care Center development plan; and, be it further

RESOLVED, that the Hospital Administrator/CEO is directed to implement said plan in accordance with PL 32-060; 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 29th DAY OF MAY 2014.

Certified by:

Lee P. Webber
Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD
Secretary, Board of Trustees

Guam Memorial Hospital Authority								
2014 STRATEGIC PLAN IMPLEMENTATION REPORT								
GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 is highest]	ACTION STEPS TAKEN CY2013	ACTION STEPS TO BE TAKEN CY2014/2015	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	MBO RATING 1-10 (10 is highest)
GOAL 1. Achieve Financial Stability								
<i>Objective 1. To improve cash flow by improving hospital-wide services and systems delivered and managed by properly led and staffed departments.</i>								
1.1	Ensure that patients receive proper levels of care by the appropriately trained and licensed staff; ensure that all appropriate charges are documented in a timely and professional manner at the "point of care"; and improve IT/MIS Systems.	5	<ul style="list-style-type: none"> • Daily capturing of charges in the Operating Room began on January 27, 2014. • SNU admitting criteria and medicare updates were discussed with the SNU medical director. 	<ul style="list-style-type: none"> • Barcoding supplies; having a dedicated Data Clerk staff to be shared in OR and L/D. • The education on SNU admission criteria will also be discuss with UR, Medical staff, SW and Rehab staff. 	<ul style="list-style-type: none"> • Computer accessories and software for barcoding; additional staff. • GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. 	Primary: All Division Heads Subprimes: All Dept. Heads, Supervisors and Staff	<ul style="list-style-type: none"> • Actions to completed by <u>12-31-2014</u>. 	4, 5, 4.5
1.2	Tighten, improve, and enhance management, accountability, monitoring and reporting throughout the Fiscal Services Division.	5	<ul style="list-style-type: none"> • SNU began monitoring therapy hours under the PI system; and the Restorative Nursing Program Implementation was researched for its cost effectiveness. • 1. The Operations Division did not have an Associate Administrator of Operations since 2/18/11. The Operations Division is without a Procurement Administrator (2yrs), Bio Medical Engineer (2yres), FM Admi nistrator 3 mos. 2. Control Operations Division Operating Expenses. 	<ul style="list-style-type: none"> • SNU is exploring the system of For Profit SNUs relative to the utilization of therapy hours for increased reimbursement. • 1. Gordon Mizusawa detailed as Associated Administrator of Operations. All major vacnacies must be advertised NLT 3/31/14. 2. Establish A/P review with finance. 	<ul style="list-style-type: none"> • GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. • 1. CEO approval required to improve operations of the Operations Division. 2. Weekly meeting with CFO established. 	Primary: CFO Subprimes: Fiscal Services Dept. Heads & Supervisors. • 1. AAO, CEO, Dept Mgrs. 2. AAO, CFO, MMA.	<ul style="list-style-type: none"> • Actions to completed by <u>12-31-2014</u>. • 1. 4/23/14, 2. 2/8/14 	7, 1, 6

Guam Memorial Hospital Authority								
2014 STRATEGIC PLAN IMPLEMENTATION REPORT								
GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 is highest]	ACTION STEPS TAKEN CY2013	ACTION STEPS TO BE TAKEN CY2014/2015	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	MBO RATING 1-10 (10 is highest)
1.3	Assess structures/processes, define accountability/responsibility, and establish mechanisms for maximizing billing and collections.	5	<ul style="list-style-type: none"> Research completed on the applicability of this system in GMHA Skilled Nursing Unit and showed potential as a profit center. 	<ul style="list-style-type: none"> SNU to research other long term care facilities on their system of short term and long term care/ICF. 	<ul style="list-style-type: none"> GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. 	Primary: CFO Subprimes: Fiscal Services Dept. Heads & Supervisors	<ul style="list-style-type: none"> Actions to completed by 12-31-2014. 	4, 5
1.4	Explore and propose alternate funding mechanisms and products; work with the Government of Guam and Insurers to develop comprehensive health insurance programs for the uninsured; ensure that the annual third party payer contracts are executed in a timely manner; modify the Prompt Payment Act from 45 to 30 days; and collaborate with GovGuam agencies to change MIP to reflect the actual cost of services provided vice mirroring Medicaid or Medicare reimbursement plans.	5	<ul style="list-style-type: none"> There are no efforts that were done yet on the exploration of these possible avenues in CY2013. 	<ul style="list-style-type: none"> SNU to explore/research the applicability and profitability of these possible new services and compare to the existing source of income. 	<ul style="list-style-type: none"> GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. 	Primary: CFO Subprimes: Fiscal Services Dept. Heads & Supervisors	<ul style="list-style-type: none"> Actions to completed by 12-31-2014. 	5, 5

Guam Memorial Hospital Authority

2014 STRATEGIC PLAN IMPLEMENTATION REPORT

GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 is highest]	ACTION STEPS TAKEN CY2013	ACTION STEPS TO BE TAKEN CY2014/2015	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	MBO RATING 1-10 (10 is highest)
1.5	Materials Management: (1) Recruit a qualified Materials Management Administrator and Assistant Materials Management Administrator (2) Assess, revise and adopt a new set of procurement rules, regulations and processes (3) Review and improve utilization of hospital resources through the organization.	5	<ul style="list-style-type: none"> An existing relationship between SNU and Naval hospital from the past years but it was not updated and revisited. 	<ul style="list-style-type: none"> Need to finalize the Product and Equipment Standardization policy and Committee 		Primary: HA/CEO and new Materials Management Administrator Subprimes: Dept. Heads & Supervisors		1
1.6	All Department: Maintain, monitor, evaluate and replace hospital resources and services needed in the provision of excellent GMHA services in the most cost effective manner.	5	<ul style="list-style-type: none"> Received loan to decrease debt. 	<ul style="list-style-type: none"> Decrease vendor debt to get the best prices, instead of resistance because of our lack of payments 		Primary: All Division Heads Subprimes: All Dept. Heads & Supervisors		3

Guam Memorial Hospital Authority

2014 STRATEGIC PLAN IMPLEMENTATION REPORT

GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 is highest]	ACTION STEPS TAKEN CY2013	ACTION STEPS TO BE TAKEN CY2014/2015	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	MBO RATING 1-10 (10 is highest)
1.7	Conduct staffing assessment/analysis focusing on utilization of staffing resources and staffing levels.	5	<ul style="list-style-type: none"> Assessment of 32 hour work week by creating a list of interested employees; EHS compiling a list of Employees on limited duty or restrictions on a monthly basis and communicating such to HR. The Operations Division must assess all staffing requirements for all major departments including Facilities, Planning, Material Management, Security, Safety, Environmental Services, Communication and Human Resources.. 	<ul style="list-style-type: none"> Evaluation in implementing the 32 hour work week and feasibility study; Need to have more responsive actions with employees on restrictions and more consistent determination of placement to maximize employee productivity. Recruitment and replacement of some positions we lost hence maximizing our existing patient capacity. Re-organize the Skilled Nursing unit leadership and create a position for an SNU Administrator. Research on the cost effectiveness of making SNU as its own GMHA Division. Initial Assessment will be completed with the completion of the FY 2015 Budget. 	<ul style="list-style-type: none"> Staffing resource to cover for prolonged limited duty and prolonged leaves. GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. Will require GMHA Leadership support. 	Primary: All Division Heads Subprimes: All Department Heads & Supervisors	<ul style="list-style-type: none"> Actions to completed by <u>12-31-2014</u>. Budget submission and approval 3/14/14 snf Ongoing. 	6, 5, 1, 6
1.8	Explore and leverage strategic alliance opportunities (new hospital, integration of other islands).	5	<ul style="list-style-type: none"> Nursing leadership evaluated MOU with USNH Guam for training Navy nurses in NICU; Met with Guam Behavioral Health and Wellness Center Contact new hospital to outsource processing of hazardous waste, and Contact Airport for GMHA to process hazardous meals from foreign carriers. 	<ul style="list-style-type: none"> CEO to review and make final decision with the MOU. Develop a memorandum of understanding with Guam Regional Medical Center, US Naval Hospital and Veterans affairs for possibility of providing service to long term their patients. Set up a meeting with these stake holders to revisit the concept of exchange of services between facilities. Call new hospital and Airport and start dialogue. 		Primary: All Division Heads Subprimes: Applicable Dept. Heads	<ul style="list-style-type: none"> Actions to completed by <u>12-31-2014</u>. 8/1/14 or opening of new hospital and 5/1/14 for Airport. 	1, 5, 5

Guam Memorial Hospital Authority								
2014 STRATEGIC PLAN IMPLEMENTATION REPORT								
GOALS & OBJECTIVES	STRATEGIES	PRIORITY 1-5 [5 is highest]	ACTION STEPS TAKEN CY2013	ACTION STEPS TO BE TAKEN CY2014/2015	ASSUMPTIONS & NEEDED RESOURCES	RESPONSIBLE PARTIES	COMPLETION DATES (Projected & Actual)	MBO RATING 1-10 (10 is highest)
1.9	Explore revenue and service enhancements/modifications; to outsource MRI/Radiological Services, Behavioral Health Services, Correctional Health Services; Alternate revenue sources, clinical trials, grants and fundraising.	5	<ul style="list-style-type: none"> Met with Guam Behavioral Health and Wellness Center; Plans to outsource cafeteria and other services. Environmental Services to outsource cleaning a waxing operations for Non Nursing and common areas. 	<ul style="list-style-type: none"> Finalize and update MOUs. 1. Develop RSP, 2) Issue RFP, 3) Select vendor 		Primary: All Division Heads Subprimes: Applicable Dept. Heads	4/30/2014	3, 2, 4
1.10	Review all GMHA revenue producing departments and evaluate how to maximize revenues and minimize losses.	5	<ul style="list-style-type: none"> Creation of the Urgent Care Committee. Issue RFP for visitor parking revenue. 	<ul style="list-style-type: none"> Finalize plans for opening/operating GMHA's Hospital-based Urgent Care Center. Maximize SNU capacity to 40 patients per its CMS certification requiring safe staff to resident ratio. Issue parking RFP. 	<ul style="list-style-type: none"> GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. 	Primary: CFO and applicable Division Heads Subprimes: Dept. Heads, Supervisors and Staff.	<ul style="list-style-type: none"> Actions to completed by 12-31-2014. 2/28/14 and ongoing. 	1, 5, 8, 7

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GOAL 2: Leadership Team Development								
<i>Objective 1. To develop a Leadership Team capable of properly leading, managing and holding accountable the staff that comprise GMHA's divisions/departments.</i>								
2.1	Assess existing leadership capabilities and identify gaps, define GMHA leadership, membership and knowledge deficits.	4		<ul style="list-style-type: none"> Initiate an Executive Leadership Needs Assessment. Analyze job description of a Long Term Care Administrator with a comparison to the duties and responsibilities of the current Acting Administrator. 	<ul style="list-style-type: none"> GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. 	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	<ul style="list-style-type: none"> Actions to completed by <u>12-31-2014</u>. 	3, 5, 5
2.2	Identify and fill key vacancies for new leadership team with clear accountability and performance expectations.	4	<ul style="list-style-type: none"> Identified vacancies. Must Key leadership position in Finance and Operations Division. 	<ul style="list-style-type: none"> Reclassify middle management and leadership management positions. Hire critical leadership positions to improve GMHA business model. 	Approve FY 14-15 budget.	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	<ul style="list-style-type: none"> Ongoing 	4.5, 3, 5
2.3	Assess, define and communicate clear accountability expectations at all levels of leadership through training and development programs; ongoing monitoring, evaluation and improvement opportunities.	4	<ul style="list-style-type: none"> Establish milestones for all key leadership positions. 	<ul style="list-style-type: none"> Establish training and development programs; Initiate an assessment on the training needs of leadership. Need to establih ASAP. 	<ul style="list-style-type: none"> BOT support. 	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	<ul style="list-style-type: none"> Ongoing 	1, 1, 5

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2.4	Provide training and education programs specific to leadership.	4	<ul style="list-style-type: none"> • Training on long term care regulation was conducted regularly. 	<ul style="list-style-type: none"> • Initiate an assessment on the training needs of leadership; dedicate funds for training staff. • Subscribe or research on articles regarding leadership and management of long term care facilities so that our facility will be not be left out or fall behind the rest of the Nation's facilities. 	<ul style="list-style-type: none"> • GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. 	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	<ul style="list-style-type: none"> • Actions to completed by <u>12-31-2014</u>. 	1, 5, 5
2.5	Establish accountability measures, monitoring and expectations for leadership related to all priorities (ACES + Q).	4	<ul style="list-style-type: none"> • Introduced an implemented ACES+Q in PI. • Concept introduced to SNU leadership last year. ACES+Q Assessment requires too many milestones. • Due to significant financial issues at GMHA, we must focus on the vital few! 	<ul style="list-style-type: none"> • Need official training on ACES+Q and how to incorporate this in daily activities both for staff and management. • Re-organize SNU PI system on the inclusion of the core values on the latest federal citations. • BOT and Leadership buy-in. • The Fiscal Services Division needs to identify and monitor meaningful metrics related to this strategy. 	<ul style="list-style-type: none"> • Instructors who are well-versed on these priorities and serve as resource for any questions for implementation on the front-line. • GMH Leadership Support Team between SNU Leadership, SNU Medical Director, UR, Rehab, Fiscal Services and other involved Departments. • KEEP IT SIMPLE. 	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors. • ALL LEVELS	<ul style="list-style-type: none"> • Actions to completed by <u>12-31-2014</u>. • Start with FY 2015. 	1, 5, 1, 2

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GOAL 3: Establish and Sustain Safety and Quality Culture								
<i>Objective 1. To effectively establish & sustain GMHA's safety and quality culture.</i>								
3.1	Assess and identify existing issues and areas that negatively impact our Safety and Quality Culture; and plan to address and improve each area that negatively impacts out Safety and Quality Culture.	5	<ul style="list-style-type: none"> Annual Culture of Safety Survey; Conducting Root Cause Analysis on negative or high risk patient outcomes. Conducted monthly Performance Improvement activities to ensure SNU stays on track relative to identified problem areas. Lack of MMA, Facility Chief, Bio Med Engineer, Security Chief and lack of personnel will not ensure a safety and quality structure. 	<ul style="list-style-type: none"> Involvement of physicians. Speak Up Campaign. Risk Manager to develop a monthly/quarterly trending report of all the patient safety forms received. The information will be used to initiate programs to improve the weak areas. Continue to monitor and identify existing issues at least monthly to resolve safety and quality issues and sustain the S & Q Culture. Recruit required management positions ASAP. Medical Staff needs to accept responsibility for patient safety programs. 	<ul style="list-style-type: none"> GMH Leadership: Cooperation between SNU interdisciplinary Team and Other Departments. Leadership Buy-in. You cannot expect excellence with 2nd tier management. 	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	<ul style="list-style-type: none"> End of each month. Actions to completed by 12-31-2014. 9/30/14 	5, 6, 3, 6
3.2	Expedite recruitment for key critical vacancies.	5	<ul style="list-style-type: none"> Expedited in house GG1, which is processed after resignation/retirement; improve advertisement in on-island media. AAO, Facilities Chief, Bio Med Engr, Security and Safety Administrator. & Safety and Security personnel. 	<ul style="list-style-type: none"> Cancel BBMR process; Have training for HR on marketing positions on the different media so that it is attractive and doesn't just say "if you are interested..." Eliminate approval by DOA. GMH must control. Additional key leadership positions in process of recruitment, such as CMO, CNO, Compliance Director and several other key positions. 	<ul style="list-style-type: none"> HR staff have the expertise and training for marketing positions. Seek approval from Governor to eliminate approval process by DOA. 	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.	4/30/2014	5, 5, 6

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3.3	Adopt ACES+Q as GMHA's core values, as we value Accountability, Cost Efficiency, Excellence in Service, Safety, plus Quality.	5	<ul style="list-style-type: none"> We adopted ACES+Q in Strategic Plan Existing indicators were classified according to GMH's core values. 	<ul style="list-style-type: none"> Need official training on ACES+Q and how to incorporate this in daily activities both for staff and management. Re-organize SNU PI system on the inclusion of the core values on the latest federal citations. 	<ul style="list-style-type: none"> Instructors who are well-versed on these priorities and serve as resource for any questions for implementation on the front-line. GMH Leadership: Cooperation between SNU interdisciplinary Team and Other Departments. 	Primary: BOT & EMC Subprimes: All Dept. Heads, Supervisors & Staff.	<ul style="list-style-type: none"> Actions to completed by <u>12-31-2014</u>. 	8, 5, 8
3.4	Assess and refine current dashboards and quality indicators; and develop and implement accountability measures relative to governance, leadership and management effectiveness, and patient outcomes.	5	<ul style="list-style-type: none"> Looks good but getting complicated. TOO MUCH DATA AND NOT ENOUGH TIME TO COMPLETE. 	<ul style="list-style-type: none"> Need training on data analysis. REQUIRES ANALYSIS, BUT LACK MANAGERS TO DO WORK. 	<ul style="list-style-type: none"> BOT AND CEO/FINANCE DPT. 	Primary: BOT & EMC Subprimes: Dept. Heads & Supervisors.		7, 6, 7

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3.5	Maintain accreditation by <i>The Joint Commission (TJC)</i> and the <i>Centers for Medicare & Medicaid Services (CMS)</i> and compliance with all applicable standards and expectations.	5	<ul style="list-style-type: none"> • Tri-Annual Survey by TJC was conducted April 2013. All deficiencies noted during the Survey were addressed, action plans were developed and all measures of success were initiated. • Implement and monitor the written Plan of Correction as submitted CMS. • So far, operations division have been very lucky in sustaining certification. Lack of key managers will be the downfall especially with no emergency dollars for procurement. 	<ul style="list-style-type: none"> • Focused Standards Assessment has been rolled out 1-07-2014. This allows department managers/leaders to assess our ongoing compliance with TJC Standards. • Tracer Group was also established to do tracings and mock surveys in preparation for the next unannounced Survey. • Develop a environment of assertiveness rather than reactivity in complying Federal regulations. • Operations Division need key positions filled. 	<ul style="list-style-type: none"> • Dedication of required funds to maintain standards. • Representatives leading key chapters (e.g., lifesafety, infection control, etc.). • Regular internal TJC-related meetings and any needed resources to support those meetings. • GMH Leadership: Cooperation between SNU interdisciplinary Team and Other Departments. • BOT/CEO AND CFO APPROVAL. 	Primary: BOT & EMC Subprimes: All Dept. Heads, Supervisors & Staff.	<ul style="list-style-type: none"> • Focused Standards Assessment / Self Assessments due 2-24-2014. • Corrective Action Plan due 3-24-2014. • Actions to completed by 12-31-2014. • 9/30/14 	7, 8, 7, 5, 9
3.6	Develop mechanisms to improve communications throughout the organization starting with the Medical staff and Executive Management/Leadership and then up and down the organizational chain to include all employees, patients, families, visitors, volunteers, contractors, etc.	4	<ul style="list-style-type: none"> • Continuing Leadership/Director's Meetings. • SNU strong representation to the Patient Safety Committee helps the facility to be more aware on the required safety and quality practices. • EMC must work more effectively and Division Leadership must ensure common flow to lower level management. 	<ul style="list-style-type: none"> • Medical Staff needs to commit to this strategy; have regular leadership meeting. • Maintain the representation of the Skilled Nursing to different committee of hospital to effectively communicate changes, policies and improvement. • AAO will develop AAO Newsletter to improve Communications at EMC level and Operations Division level. 	<ul style="list-style-type: none"> • Cooperation and participation of Medical Staff Leadership and membership. • GMH Leadership: Cooperation between SNU interdisciplinary Team and Other Departments. 	Primary: BOT & EMC Subprimes: All Dept. Heads, Supervisors & Staff.	<ul style="list-style-type: none"> • Actions to completed by 12-31-2014. 1ST AAI newsletter issued 2/16/14 	6, 5, 5, 6

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3.7	Engage Medical Staff as champions and leaders in all initiatives.	4		<ul style="list-style-type: none"> Implement strategies to engage medical staff 	<ul style="list-style-type: none"> Cooperation and participation of Medical Staff Leadership and membership. 	Primary: BOT & EMC Subprimes: All Dept. Heads, Supervisors & Staff.		1, 1
3.8	Assess all unsafe practices and make necessary improvements.	5	<ul style="list-style-type: none"> Reporting of Disruptive Practitioners; Reporting of disruptive employees. SNU strong representation to the Patient Safety Committee helps the facility to be more aware of the required safety and quality practices. Corrective actions of unsafe practices is a reflection if operations has sufficient staffing or, adequate Preventive Maintenance Contacts, which because we do not have sufficient funds, we do not issue PM Contracts. 	<ul style="list-style-type: none"> Unsafe practice in Medical Staff needs to be reported and reviewed. Staff needs to be protected when they report a disruptive practitioner Establishment of SNU's own Resident Safety Committee under the umbrella of GMH Patient Safety Committee. Staffing analysis to be completed for Facilities, Material Management, Security, Safety and issuance of annual PM Contracts. 	<ul style="list-style-type: none"> Consistent feedback and update to reporting individuals. GMH Leadership: Cooperation between SNU interdisciplinary Team and Other Departments. BOT/CEO AND CFO SUPPORT 	Primary: BOT & EMC Subprimes: All Dept. Heads, Supervisors & Staff.	<ul style="list-style-type: none"> Actions to completed by 12-31-2014. 	5.5, 6, 5, 5

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3.9	Develop staff and physician recognition / incentive programs to reward cost saving(s) and safety recommendations and initiatives.	3	<ul style="list-style-type: none"> Quarterly Employee Recognition; Participation in MagHope awards. 	<ul style="list-style-type: none"> Need to pay increments fully and timely and reward merit bonuses; need to continue to allow administrative leave rewards to winning and deserving employees. Pay increments and merit raises given; and Hay Pay Plan implemented. One more retro to give staff. Hospital needs to focus more on pay for performance especially for physicians. 		Primary: BOT & EMC Subprimes: All Dept. Heads, Supervisors & Staff.		3, 5
3.10	Develop program(s) to involve the Guam community in GMHA initiatives.	3	<ul style="list-style-type: none"> Creation of the Urgent Care Committee. 	<ul style="list-style-type: none"> Need to keep community participants involved in progress of Urgent Care. 		Primary: EMC & Division Heads Subprimes: Dept. Supervisors & Staff		2, 3

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GOAL 4: Training & Education Assessment, Development and Implementation

Objective 1. To effectively asses, develop and implement GMHA's Training & Education Plan.

4.1	Identify staff and Board member education gaps relative to quality and safety.	3		<ul style="list-style-type: none"> • Our Board of Trustees needs orientation; initiate a needs assessments on gaps. • Monthly BOT Quality and Safety Subcommittee Meetings to discuss and resolve safety and quality related issues. 	<ul style="list-style-type: none"> • Dedication of required funds to maintain standards. • Monthly BOT Q & S Subcommittee Meetings. 	Primary: BOT and EMC Subprimes: all Dept./Unit Heads and Staff		6, 10, 7
4.2	Develop and provide ongoing educational programs for quality and safety.	3	<ul style="list-style-type: none"> • Ongoing in-service educational training as an action plan in response to or to remedy occurrences. • MDS coordinators are updating themselves on any changes on Medicare thru self review and self research. • More GMH personnel must attend Decon Team Operations and Emergency Management courses fully funded by FEMA. 	<ul style="list-style-type: none"> • Implement needed/assessed training/education programs. • GMHJA's Patient Safety Week is dedicated annually to provide such required training/education activiites/presentations. • Additional training/education programs are also offered throughout the year as safety and quality issues arise. • Explore Formal training and updates of the MDS coordinator from a National recognize organization on long term care. • Assess to bring Certified Trainer (to Guam) specialized in medicare standards to provide training/education to Interdisciplinary Team, Bussiness Office, Utilization Review, etc. • SEND LEADERSHIP TO FEMA COURSES. 	<ul style="list-style-type: none"> • Dedication of required funds. • Required meetings and educational materials. • GMH Leadership: Cooperation between SNU interdisciplinay Team and Other Departments. • LEADERSHIP SUPPORT 	Primary: BOT and EMC Subprimes: All Dept./Unit Heads and Staff	<ul style="list-style-type: none"> • Actions to completed by 12-31-2014. • On-going. 	8, 7, 5, 5, 6

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4.3	Review and improve communication mechanisms throughout the organization.	3	<ul style="list-style-type: none"> Nursing and other Professional Support/Operations have intradepartment meetings on any concerns. 	<ul style="list-style-type: none"> Continue regular leadership meetings. 		Primary: EMC & Division Heads Subprimes: Dept. Supervisors and		6.5, 5
4.4	Train Governance, Leadership, and Management in "Lean and Six Sigma" effectiveness principles, tools and techniques.	3	<ul style="list-style-type: none"> No introduction/training. 	<ul style="list-style-type: none"> Need training. 		Primary: EMC & Division Heads Subprimes: Dept. Supervisors and		1, 1
4.5	Provide billing and coding training (including Medical Staff).	5	<ul style="list-style-type: none"> Mountain Pacific will provide training on billing and coding (to our physicians as well). 	<ul style="list-style-type: none"> Need MD cooperation. 		Primary: CFO Subprimes: Fiscal Services Dept. Heads and Staff		2, 1

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GOAL 5: Capital Improvement Planning & Implementation

Objective 1. To effectively develop and implement GMHA's Capital Improvement Plan (CIP) to include Facilities, CIP and Information Technology.

5.1	Complete all currently funded Facilities/CIP/IT Projects; and seek out new funding source(s) to fund future priority capital facilities.	5		<ul style="list-style-type: none"> ▪ Planning, FM, IT and MM to manage currently funded Facilities/CIP/IT Projects from Procurement to Completion & Contractor Payment. ▪ Research, apply for and receive needed federal and/or local funds to support prioritized capital equipment and improvement projects identified in annual budget(s) and other supporting documents. • Grant Training needs to be brought to GMHA so that hospital-wide managers learn how to source and write grants related to their areas of expertise. • GMHA shall focus on getting more major grants by increasing time spent (e.g., 30% increase) by hospital departments to garner new grants. 	<ul style="list-style-type: none"> ▪ Leadership & Funding Approval/Support. ▪ Teamwork between Planning, FM, IT, MM, Fiscal Services, Administration & Other Departments involved in respective projects. • Negotiate qualitative goal for new grants with AAO. 	Primary: Facilities/CIP/IT Committee Subprimes: Applicable Division & Dept. Heads	Refer to Facilities/CIP /IT Report for details on various capital projects.	5
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5.2	Review, assess and implement immediate, intermediate and long term needs relative to GMHA's existing plans, facilities and properties.	5	<ul style="list-style-type: none"> • Focused on developing a Hospital-based Urgent Care Center. 	<ul style="list-style-type: none"> ▪ Facilities/CIP/IT Committee to determine those aspects, of the GMHA Hospital Expansion Feasibility Study, to be implemented and timeframe for implementation. ▪ Planning, FM, MM, Fiscal Services, Administration to implement specified/prioritized projects. • Complete the development a Hospital-based Urgent Care Center. 	<ul style="list-style-type: none"> ▪ Leadership & Funding Approval/Support. ▪ Teamwork between Planning, FM, IT, MM, Fiscal Services, Administration & Other Departments involved in respective projects. 	Primary: Facilities/CIP/IT Committee Subprimes: Applicable Division & Dept. Heads	Refer to Facilities/CIP/IT Report for details on various capital projects. <ul style="list-style-type: none"> • Complete development of Urgent Care Center by 6-2004, 	5
5.3	Develop or refine GMHA's Master Plan for a new or expanded Guam Memorial Hospital, as it is critical that GMHA have a roadmap for building its future facility.	3		<ul style="list-style-type: none"> ▪ Facilities/CIP/IT Committee to determine those aspects, of the GMHA Hospital Expansion Feasibility Study, to be implemented and timeframe for implementation (to include other assessment reviews/documents). ▪ Planning, FM, MM, Fiscal Services, Administration to implement specified/prioritized projects. 	<ul style="list-style-type: none"> ▪ Leadership & Funding Approval/Support. ▪ Teamwork between Administration, Fiscal Services, IT, MM & Other Departments involved in HER implementing respective projects. 	Primary: Facilities/CIP/IT Committee Subprimes: Applicable Division & Dept. Heads	Specific projects and completion dates are TBD. However, ongoing ED & CCU/ICU Expansion is a very healthy sign of GMHA's ability to assess and meet current and future expansion goals/needs.	5

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5.4	Review, assess and implement needed Information Technology and Management Information Systems (MIS) upgrades to enhance services and staff productivity wherever possible.	5		<ul style="list-style-type: none"> ▪ Facilities/CIP/IT Committee currently reviewing/assessing GMHA's best plan of action for upgrading the Electronic Health Record (EHR). ▪ Administration, Fiscal Services and IT to implement approved, specified EHR Upgrade Plan. 	<ul style="list-style-type: none"> ▪ Leadership & Funding Approval/Support. ▪ Teamwork between Planning, FM, IT, MM, Fiscal Services, Administration & Other Departments involved in the EHR Upgrade Implementation Plan. 	<u>Primary:</u> Facilities/CIP/IT Committee <u>Subprimes:</u> Applicable Division & Dept. Heads	Specific completion dates are TBD.	3