



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



July 28, 2014

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

RE: GUAM MEMORIAL HOSPITAL AUTHORITY (GMHA) BOARD OF TRUSTEES MEETING – JULY 24, 2014

2014 JUL 28 PM 3:04

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 July 24, 2014 in the GMHA D.L Webb Conference Room.

Senseramente,

THEO M. PANGELINAN
 Administrative Assistant

32-14-1871
 Office of the Speaker
 Judith T. Won Pat
 Date 7.28.14
2:15 PM

cc: Hospital Administrator/CEO
 GMHA Board Office



Guam Memorial Hospital Authority
Board of Trustees Regular Meeting



AGENDA

Date: Thursday, July 24, 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. June 26, 2014
- IV. Board Subcommittee Reports**
 - A. Human Resources Subcommittee
 - B. Joint Conference and Professional Affairs Subcommittee
 - Resolutions relative to appointments and reappointments: 14-61 through 14-63
 - C. Facilities, Capital Improvement, and Information Technology Subcommittee
 - D. Governance, Bylaws, and Strategic Planning Subcommittee
 - E. Quality and Safety Subcommittee
 - PI Division Dashboard – Month 3
 - Patient Safety Dashboard – CY2014, 1Q
 - 2014 PIC Team Charter – *for review & signature only*
- V. Administrators Reports**
 - A. Hospital Administrator/CEO
 - B. Associate Administrator of Medical Services (Medical Director)
 - C. Chief Financial Officer
 - June 2014 Financials
- F. Finance and Audit Subcommittee**
 - Resolution 14-64 Relative to Correcting Accounts Receivable to Reflect Active Balances
- VI. Unfinished Business**
- VII. New Business**
- VIII. Public Comment**
- IX. Adjournment**

DISTRIBUTION:

Board Members

Lee Webber	Chairman	webber@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@yahoo.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
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Jonathan Sidell, MD	Acting, Medical Director	jonathan.sidell@gmha.org
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Jemmabeth Simbillo, RN	Acting, Assistant Administrator of Nursing Services	jemmabeth.simbillo@gmha.org
Joy Villaruel, RN	Compliance and Quality Management	joygemma.villaruel@gmha.org



Guam Memorial Hospital Authority
BOARD OF TRUSTEES MEETING



ATTENDANCE SHEET

Date: Thursday, July 24, 2014
 Time: 6:00 pm
 Place: GMHA, Daniel L. Webb Conference Room

BOARD MEMBERS:

Excused

Lee P. Webber
 Chairperson

Excused

Frances Taitague-Mantanona
 Vice-chairperson

[Signature]

Edna V. Santos, MD
 Secretary

[Signature]

Rose Grino, RN
 Treasurer

[Signature]

Ricardo M. Terlaje, MD
 Trustee

[Signature]

Theodore Lewis, MBA, FACHE
 Trustee

[Signature]

Valentino Perez
 Trustee

HOSPITAL LEADERSHIP:

[Signature]

Joseph P. Verga
 Hospital Administrator/CEO

[Signature]

Gordon Mizusawa
 Acting, Associate
 Administrator of Operations

[Signature]

Alan Ulrich
 Chief Financial Officer

[Signature]

Jonathan Sidell, MD
 Acting, Medical Director

Hoa Nguyen, MD
 Medical Staff President

Jemmabeth Simbillo, RN
 Acting, Asst. Administrator of
 Nursing Services

[Signature]

Joy Villaruel, RN
 Compliance/Quality
 Management/Risk Management

[Signature]

June S. Perez
 Acting, Public Information Officer

GUESTS: (Please print name)

J. C. Bieling

[Signature]

Brian San Nicolas

RRT AND CODE 72

Month: **FEBRUARY, 2014**

RRT	Location	ER	CCU	PCU	TELE	MED/SURG	OR	HEMO	SURGICAL	TOTAL
	Number of Cases				1	1	2		1	2
Level of Care:										
ER										
CCU				1						1
PCU										
TELE					1					1
ACUTE						2			2	4
Outcome:										
Coded				1				1		2
Prevented					1	2			2	5
CODE 72	Location	ER	CCU	PCU	TELE	MED/SURG	OR	HEMO	SURGICAL	TOTAL
Number of Codes		15	1	2	4	1	1	1		25
Initiated by ALS		6								6
LEVEL OF CARE										
ER		13								13
CCU		1	1	2	1					5
PICU							1			1
PCU										
TELE		1			3					4
ACUTE						1		1		2
OUTCOME										
Expired		9	1		2	1				13
Resuscitated		6		2	2		1	1		12
Admitted		3								3
Expired after code		3								3

Prepared by:

ESTREL A. PAKINGAN

GUAM MEMORIAL HOSPITAL AUTHORITY

Capital Improvement Projects (CIPs) Status Report

As of July 2014

A. GMHA CIPs Completed in CY2014								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
1	Inpatient Kidney Dialysis Machines Replacement Project	\$451,266.53 (\$344K under FY11 Compact Impact Funds and \$107,266.53 under FY11 HPP Funds).	Project federally funded by DOI and HPP to enable GMHA replace inventory of Inpatient Kidney Dialysis Machines and to establish back up machines to allow for maintenance of Inventory to ensure a robust response and recovery capability during emergency/disaster situations. Machines shall be stand-alone machines in that they shall have integrated RO Systems.	<ul style="list-style-type: none"> • Nursing Services, Planning, Procurement and Facilities Maintenance Departments shall work together to develop the Bid Package and complete the Procurement. • Planning Dept. shall lead the funding drawdown process in coordination BBMR, DOA, DOI and HHS/ASPR. 	<ul style="list-style-type: none"> • As of July 2014, project is complete and now processing final drawdown package utilized approved FY11 DOI Funds for final balance. 	\$ 451,266.53	\$ 107,266.53	\$ 344,000.00
Grand Totals:						\$ 451,266.53	\$ 107,266.53	\$ 344,000.00

B. GMHA CIPs in Progress in CY2014								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
1	Emergency Department (ED) & CCU/ICU Design-Build Expansion Project (design & build contract portion)	\$7,566 under 2009 General Obligation Bond (GOB) Proceeds. GMHA not having sufficient funds for the Project's medical equipment and furnishings, will have to tap funding from the 2009 GOB Proceeds of \$2M designated for the Replace Main Electrical Distribution System & one (1) 1.6 Meg Genset. GEDCA has been informed and requires no formal request from GMHA. Funding not enough to cover "fixed" medical equipment & furnishings, as an additional \$563,273 went for Design-Build Services, leaving \$1.44M for medical equipment & furnishings (GMHA's original project estimate was \$7M for design-build). GMHA also needs to reserve approx. \$500,000 for potential Change Orders. All 2009 GOB Proceeds obligated as of this report.	GMHA needs to procure professional A/E and Contractor Services to Design-Build the ED and CCU/ICU Hospital Expansion Project, which also includes Design-Build of Pharmaceutical and Radiopharmaceutical IV Sterile Preparation Rooms; and a Phase II to include development of GMHA's As-Built Drawings, which are focused upon complying with Joint Commission Standards have proper drawings that detail GMHA's critical Utility Management, Fire Safety Management, and Life Safety Management Systems.	<ul style="list-style-type: none"> • Contractor Design-Build Team to be determined, as GMHA in Negotiation Phase prior to entering into a Formal Contract. • Facilities Maintenance Department shall monitor Contractors' work progress upon issuance of NTP. • Planning Dept. shall lead the funding drawdown process in coordination DOA. 	<ul style="list-style-type: none"> • GMHA completed its <u>Ribbon Cutting</u> for the new CCU/ICU & ED on 12-02-2013; and moved the staff/patients into the new CCU/ICU on 12-07-2013; and into the new ED on 12-15-2013. • Though the ER Renovation CCD was mid 5/2014 with dck trying to get GMHA to sign Substantial Completion Certificate in June and July 2014, GMHA not signing SCC and not making final project payment due to belief that project not complete due to ongoing problems with ED HVAC and unacceptable environment of care in that area. • Relative to the Pharmacy Upgrade, dck completed project in 6-2014. However, GMHA is responsible for some finishing aspects to include upgrade of counter tops, shelvings and miscellaneous features (e.g., finalization of MIS and Telephony Systems). 	\$ 7,563,273.00	\$ 7,200,316.37	\$ 362,956.63
2	ED & CCU/ICU Expansion Change Orders	\$500,000 under 2009 General Obligation Bond (GOB) Proceeds (see comments above). These GOB Proceeds were shifted away from the Replace Main Electrical Distribution System & one (1) 1.6 Meg Genset (Construction Phase) to meet this ED & CCU/ICU Expansion need.	GMHA-approved Change Orders in support of the ED & CCU/ICU Design-Build Expansion Project.	<ul style="list-style-type: none"> • Clinical End-users, Facilities Maintenance, Planning and Materials Management Departments to lead and implement the Procurement Process; and Planning shall lead the funding drawdown process in coordination DOA. 	<ul style="list-style-type: none"> • Total approved Change Orders as of 4-14 is \$373,908. • Other potential change orders being reviewed and weighed with potential credits; and therefore, review process is on-going. The most recent Change Order involving the installation of 220 V Circuits for the Decon and Emergency Management Storage Rooms is complete. 	\$ 413,669.00	\$ 274,120.00	\$ 139,549.00

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GUAM MEMORIAL HOSPITAL AUTHORITY
Capital Improvement Projects (CIPs) Status Report
As of July 2014

B. GMHA CIPs in Progress in CY2014								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
3	ED & CCU/ICU Expansion Equipment & Furnishings (OFOI or OFCI)	\$1.4M under 2009 General Obligation Bond (GOB) Proceeds (see comments above). These GOB Proceeds were shifted away from the Replace Main Electrical Distribution System & one (1) 1.6 Meg Genset (Construction Phase) to meet this ED & CCU/ICU Expansion need.	GMHA's portion of the FFE requirement in support of the ED & CCU/ICU Design-Build Expansion Project.	• Clinical End-users, Facilities Maintenance, Planning and Materials Management Departments to lead and implement the Procurement Process; and Planning shall lead the funding drawdown process in coordination DOA.	• As of 6-2013, GMHA has encumbered approx. \$2.1M for ED & CCU/ICU Expansion Project Furnishings & Equipment as follows: <u>\$1.4M from 2009 GOB Proceeds</u> ; <u>\$.4M from HPP Funds</u> ; and <u>\$.3M from DOI CI Funds</u> . • GMHA received its two (2) new Laminar Flow Hoods in 3/2014; and the Biological Safety Cabinet (BSC) was let out for Formal Bid and Materials Managment received the Bids on 4-11-2014 for evaluation and recommendation to the HA/CEO; and PO issued in late 6-14 with ETA pending from Vendor.	\$ 1,311,180.65	\$ 1,043,742.49	\$ 267,438.16
4	Computers for end users of new EHR System	\$125,000.00 under FY2013 GOVGUAM Budget: Chapter III, Health, Part I - Guam Memorial Hospital Authority, Section 5. GMHA General Fund Appropriation, Public Law 31-233.	GMHA needs 102 new computers and 84 additional new computers (186 total) for end users hospital wide to use on the new EHR System Upgrades for Optimum Revenue Cycle Management, Optimum Clinicals, and Optimum General Financials. This requirement was not part of the purchase of the EHR System Upgrades nd there was no funding source identified until now Public Law 31-233.	• Administration, Finance, Information Services and Materials Management.	• Public Law 31-233 approved Oct. 2012. • Administration directive to proceed with procurement process on 2-7-2013. • Requisition, Invitation for Bids Specifications and updated computer assessment by department completed and submitted for budget approval on 2-12-2013; budget approved for project on 2-18-2013, package sent to MM on same day; MM prepared IFB package for advertisement; IFB 006-2013 went out on 7-3-2013; several Vendors picked up their respective P.O.'s on 7-26 & 7-31 (PO #'s 20133366 and 20133369); and product deliveries took place 9-06-2013 and 10-03-2013. • 93 % of 186 computers installed; and the remaining 8% are for pending installations for the ER Renovation Area, Pharmacy Renovation Area.	\$ 125,000.00	\$ -	\$ 124,874.00
5	Dual Fiber Ring Enterprise Network Upgrade	\$85,000.00 project funded under FY2013 Compact Impact.	As a result of an 8-hour long Hospital wide Network outage on 2-22-2013, a Hotwash meeting to gather input for affected departments and end users was conducted and an IT network wide assessment was also conducted which resulted in recommendations to upgrade the hospital enterprise network equipment and connectivity to include redundant dual fiber ring connection and managed network switches that identifies and alerts as well as bypasses network issues and possible failures.	• Administration, Finance, Information Services and Materials Management.	• Requisition and IFB (Bid) specifications submitted late 4-2013. • Funding approval and forwarding to Materials Management mid 5-2013. • PO #20133286 awarded to lowest bidder on 7-19-2013; equipment received complete 9-12-2013 and turned over to IT in 10-2013; • 95% completed, except for ER Renovation area and Pharmacy Renovation area.	\$ 99,318.00	\$ -	\$ 77,715.00
6	Electronic Health Record (EHR) Certified Upgrade	• Years 1-5 Total in GMHA Operational Funds is \$2,761,163.00. • <u>YEAR 1: \$704,607.48</u> in GMHA Operational Funds of <u>\$234,269 for Upgrade Hardware and Third Party Software for Optimum RCM and General Financials Systems</u> ; and <u>\$470,338.48 for Upgrade Software, Installation, and Support</u> . Project also involves 60-Months Vendor Financing @ 5%/yr. for EHR Applications Software, Licenses and Annual Support. • <u>YEAR 2: \$470,338.48</u> in GMHA Operational Funds for Upgrade Software, Installation and Support (Year 2 of 60-Months Financing @ 5% per year @ \$39,199.04/mth.). • Additional \$1M + needed for Hardware Upgrade for Optimum Clinical Systems and other EHR related equipment/systems.	GMHA has contracted Keane to upgrade GMHA's existing EHR to a Certified Keane Optimum EHR Hospital System. The Plan is to use 1 st year Medicaid Incentive of \$2M by GMHA demonstrating EHR Meaningful Use in order to pay off balance of Vendor Financing. Keane has been acquired by NTT Data and effective Feb. 2012 all formerly Keane systems will now be referred and called NTT Data such as Certified NTT Data Optimum EHR Hospital System.	• Contractor is NTT Data (Keane). • Information Services Department is monitoring work progress and is responsible, along with all Executive Leadership (e.g., Division Heads, Department Directors) and their designated representatives for complete and effective EHR implementation to include staff training. • Accounting Dept. is responsible for the Accounts Payables.	• GMHA Leadership worked with NTT Data on an amendment agreement that was signed on 8-22-2013 to defer the EHR Upgrade monthly finance cost for 6-months from 7-2013 to 1-2014 and to reallocate the hardware upgrade deposit towards outstanding balances due. GMHA CFO is working on obtaining CMS Registration number EHR Meaningful Use needed to receive first year Medicaid Incentive estimated at \$1.5 Million that will then be used to pay down balances due to NTT Data, which will then start up the process to continuw with EHR Implementation of the NTT Data systems. • CMS Registration by CFO completed 1-31-2014; First Year meaninful use Medicaid Incentive of \$1.3 million received 3-7-2014; Optimum Implementation Project Timeline work and RCM Team re-fresher training begins 4-8-2014; and RCM Go-Live DELAYED NOW planned for 8-2-2014. New Power-7 Hardware and Operating System needed for Optimum Clinicals System migration from existing AS400 System now planned for installation on 7-26-2014.	\$ 2,761,163.00	\$ 1,349,899.00	\$ 1,411,264.00

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GUAM MEMORIAL HOSPITAL AUTHORITY

Capital Improvement Projects (CIPs) Status Report

As of July 2014

B. GMHA CIPs in Progress in CY2013								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
7	A/E Design Services to Replace Hospital Electrical Power Distribution System	\$270,000 under 1993 General Obligation Bond (GOB) Proceeds. Most of this funding was redirected to support the Main Chiller Project. We will need to redirect/utilize residual 2009 Bond Proceeds (from the Elevator Modernization Project underrun of approx. \$500K) to complete this Project.	GMHA, starting with the A/E Design Phase, needs to replace its Hospital Electrical Power Distribution System to allow for efficient electrical distribution (both normal and emergency power distribution) throughout the Hospital and to also allow for any potential future hospital expansion needs. This includes the need to replace one of its 1.6 Meg Gensets.	<ul style="list-style-type: none"> Contractor is EMCE. Facilities Maintenance Department is monitoring A/E Design work progress with the 50% Submittal completed in 6-2011. Planning Dept. is leading the funding drawdown process coordinating w/ DOA. 	<ul style="list-style-type: none"> Phase I of the A/E Design Project (Assessment Phase) completed in CY2012. Phase II (Design Phase) PO 2014 1326 was issued on 1-17-2014 and GMHA received 60% Progress Plan from EMCE pending GMHA review. GMHA has provided its 60% review comments and now awaiting 90% plan submittal. GMHA also requested and awaiting A/E service fee proposal for the removal/replacement and upgrade of its distribution system that is internally located within the confines of the Power Plant. 	\$ 260,415.23	\$ 167,215.43	\$ 93,199.80
8	Vertical Transportation Elevator Modernization Project	Original cost est. of \$1M based upon completed modernization of Elevators #1 & #2 under 2009 General Obligation Bond (GOB) Proceeds. Lowest and sole bidder came in at \$424,566.00; however, Contract still in Signatory Phase. Upon issuance of Contract, PO and NTP, remaining balance of approx. \$500K should be reserved for <u>A/E Design Phase of Electrical Distribution System, completion of Main Chiller & OR HVAC Project and other CIPs.</u>	GMHA needs to procure Contractor Services to modernize its Elevators #3 & #4, which are considered (via posted signage) to be the "Staff Elevators."	<ul style="list-style-type: none"> Contractor to be determined, as Bid Package under review by AG's Office prior to GMHA announcing formal bid. Facilities Maintenance Department shall monitor Contractors' work progress upon issuance of NTP. Planning Dept. shall lead the funding drawdown process in coordination with BBMR and DOA. 	<ul style="list-style-type: none"> From issuance of NTP, Project Completion will take approx. 240 calendar days or eight (8) months. Requisition revised to R-13 and recertified at \$500,000 on 6-5-2013 based upon price of lowest responsive/responsible bidder. Formal Contract fully executed/signed on 10-24-2013; GMHA NTP issued to Otis on 11-22-2013; Otis preparing to provide all required bid/performance bonds and other required documents (e.g., Schedule of Values and Project Schedule) on 12-05-2013 and GMHA shall in turn prepare to issue Purchase Order by 12-06-2013. OTIS submitted Schedule of Values, Project Schedule and Performance bond on 12/9/13. GMHA awaiting submission of equipment Submittals for GMHA Review and approval as of week of 4-14-14. Also, Otis has requested and will need to retrieve info/data from existing Elevators #3 & #4 prior to detmining final manufacturing requirements, which may generate a revised Project Schedule. OTIS was provided a copy of the formal contract for their Legal Counsel's review about three weeks ago. We're awaiting their comment and response to date. 	\$ 424,566.00	\$ 212,283.00	\$ 212,283.00
9	Back-up Chiller Repair Project	GMHA presentated on 7-18-2012 to Assistant Secretary of Interior for Insular Affairs, Anthony ("Tony") Babauta, urgent need for GMHA repairs / upgrades of existing Back-up Chiller System; <u>GMHA submitted FY08 Compact Impact Assistance Reprogramming Request during week of 9-03-2012 to apply balance of \$110K to procure new Compressor and AC Cooling Unit.</u> Other required funding TBD. <u>Anticipate cost at \$300K, so we request Executive Leadership's and BOT's approval of approx. \$190K in 2009 GOB Proceeds to complete this Project.</u>	Back-up Chiller System provides a redundant AC back of the Main Chiller System and provides AC to critical hospital areas only. GMHA requires replacement of following system components: <ul style="list-style-type: none"> Back-up Condenser Pump @ \$75K (most urgent priority); Back-up Air Cooling Condensing Unit (ACCU) @ \$175K. 	<ul style="list-style-type: none"> Facilities Maintenance Department is responsible for maintaining the System. Upon award of federal funding, Planning Dept. shall lead the funding drawdown process in coordination with BBMR & DOA. 	<ul style="list-style-type: none"> FM, Planning and Administration decided in 11-2012 to cancel initial IFB, as sole bidder far exceeded projected costs of approx \$250K. The Scope of Work (SOW) was revised to better align project intent with approved funding appropriation. Federal Funding is only \$110K. FM revised scope of work required and processed requisition in mid 4-2013; MM advertised IFB on 7-7-2013; the Evaluation Team recommended a lowest responsive/responsible bidder on 7-29-2013, as that bidder's price came within budget at \$297,091.64; and MM issued Notice of Intent to Award in early 8-2013 and PO issued on 8-13-2013. Compressors were received and installed last week of 12-2103. The Condenser ETA of 2-2014 was delayed/extended to 3-2014. To date no condenser received by JRN and GMHA. Latest problem encountered is that there was an ordering problem with JRN supplier, as only one (1) was shipped when three (3) were ordered. GMHA awaiting clarification from JRN based upon meeting held 4-9-2014. As of 7-2014, latest feedback from JRN os ETA of mid 8-2014 and GMHA in process of confirming that given the situation and need to complete our soonest opportunity. 	\$ 300,000.00	\$ 148,543.02	\$ 151,129.96

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GUAM MEMORIAL HOSPITAL AUTHORITY

Capital Improvement Projects (CIPs) Status Report

As of July 2014

B. GMHA CIPs in Progress in CY2013								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
10	Radiology Department Upgrade Project	2009 GOB Proceeds with Executive Leadership's and BOT's approval. As of this CIP Report, after obligating several requisitions/POs under 2009 GOB Proceeds (e.g., Cooling Towers, Radiology Rooms, final FFE needed for ED Expansion), there is no more 2009 GOB Proceeds available. Rest of project needs support from GMHA General Funds or some other funding source.	GMHA requires removal/replacement and commissioning of three (3) obsolete Radiology Department Systems (Fluoroscopic System, Single Slice CT Scanner and the Nuclear Medicine System); repairs to its Fluoroscopic System (Rm. #2); and minor space renovations/upgrades will also be required to complete this Project, which is estimated at 200K.	<ul style="list-style-type: none"> • Facilities Maintenance Department is responsible for maintaining the System. • Upon award of federal funding, Planning Dept. shall lead the funding drawdown process in coordination with BBMR & DOA. 	<ul style="list-style-type: none"> • Since April 2014, moving forward with system upgrades since 2009 GOB Proceeds approved by GMHA Executive Leadership as project's funding source. • As of this CIP Report, 2009 GOB covered approx. \$110K of the Radiology Project. GMHA will need to cover approx. \$100K to complete the Project (e.g., Renovations of the 3 Rooms and Physicist certification services). The \$100K is an approximation because Proposals/SOWs for the renovations of the three rooms being finalized in 7-2014, so anticipate some minor pricing adjustments and still awaiting certification services proposal from GMHA's contracted Physicist. 	\$ 200,000.00	\$ 6,899.52	\$ 102,197.99
Grand Totals:						\$ 13,458,584.88	\$ 10,403,018.83	\$ 2,942,607.54

C. GMHA CIPs in Pipeline Pending Procurement Processes, Completion of A/E Design Phase, or Funding Source								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
1	Hospital Main Chiller System Upgrade Project	2009 GOB Proceeds with Executive Leadership's and BOT's approval.	GMHA requires removal and replacement of Main Chiller Cooling Towers (qty. 2) estimated at \$300K.	<ul style="list-style-type: none"> • Facilities Maintenance Department is responsible for maintaining the System. • Upon award of federal funding, Planning Dept. shall lead the funding drawdown process in coordination with BBMR & DOA. 	<ul style="list-style-type: none"> • In April 2014, moving forward with system upgrades since 2009 GOB Proceeds approved by GMHA Executive Leadership as project's funding source in 4-2014. • Requisition and Scope of Work (SOW) at Materials Management for processing. Cost est. placed on requisition was \$280K under 2009 GOB. GMHA has no more 2009 GOB Proceeds above that amount for this project. 	\$ 300,000.00	\$ -	\$ 300,000.00
2	Remove & Replace Hospital Steam Sterilizers (Qty. 2)	DOI Funds	GMHA is planning for the removal and replacement of its Hospital CSR and OR Flash Sterilizers.	<ul style="list-style-type: none"> • Facilities Maintenance Department is responsible for maintaining the System. • This DOI federal funding has already been draw down by GMHA. 	<ul style="list-style-type: none"> • The Planned Procurement for this Project is still early in the Formal Bid Phase. • In April 2014, GMHA Biomedical Shop, with expertise from BRS (namely, John Benavente), are <u>conducting an internal assessment of the equipment and associated utility system</u>. The equipment (Qty. 2) are only 15 years old (useful life is 25 years) and <u>we need to determine if the issue is a "utility problem" or an "equipment problem."</u> As of 7-10-2014, GMHA is finalizing the Scope of Work (SOW) to remove and replace both units and upgrade utility at Point of Connection (POC) to the Systems. 	\$ 300,000.00	\$ -	\$ 300,000.00

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GUAM MEMORIAL HOSPITAL AUTHORITY
Capital Improvement Projects (CIPs) Status Report
As of July 2014

C. GMHA CIPs in Pipeline Pending Procurement Processes, Completion of A/E Design Phase, or Funding Source								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
3	GMHA Telephone System Upgrade Project	Estimate one time cost between \$75,000.00 and \$200,000.00 with estimated annual recurring cost between \$25,000.00 and \$75,000.00 (the annual recurring cost of existing legacy Centrex Telephone System at main GMH campus and at SNU \$306,000.00).	Project to replace existing cost-prohibitive legacy Centrex Business Telephone System with new cost effective technology Telephone System to include: 466 phone lines and instruments, 40 fax lines, 4 dedicated Hot Lines to Guam Fire Dept., 4 dedicated credit card lines, 2 dedicated TTY lines; with option to consider expanding existing Emergency VoIP Communication System from existing 64 VoIP Phones/Lines to additional 466 plus to replace All Legacy Centrex Phones/Lines and the other legacy 40 fax lines and 10 dedicated lines, and reducing the annual cost from \$306,000.00 down to an est. less than 1/4 that cost.	<ul style="list-style-type: none"> • Comm Center to provide inventory count and locations of all existing legacy centrex phones/fax/dedicated lines and existing VoIP lines - and provide for replacement specifications. • Information Technology work together with Comm Center to develop the IFB Package Specifications for this project. And will provide technical coordination with Comm. Ctr. and awarded vendor. • Planning shall assist to find funding source for this project. • MM shall complete the Bid procurement. 	<ul style="list-style-type: none"> • IFB 018-2012 lapsed, since not awarded within 90-day procurement window, and therefore cancelled in 6-2013. CEO working with management and staff to identify opportunities to reduce telephone expenses, and plans to revisit and re-issue IFB. • The CFO and IT met to consider option with the recently settled GovGuam GSA Bid for Telecomm. Services at reduced rates for Phones Lines, Fax Lines, and Internet Lines. • Comm. Ctr provided updated listing by department of all existing Phones, Fax, Modem Lines throughout Hospital on 3-27-2014 • IT plugs in GovGuam GSA Telecom Bid Pricing for side by side comparison on 4-4-2014 and discussed with CFO and AAQ • Met with GSA Telecom Bid vendor Pacific Data Systems on 4-14-2014 to discuss how vendor can manage GMHA Telecom needs. Vendor informed us that the GSA Bid is still in court with GTA Guam protesting the Bid results. GMHA or GovGuam can not purchase Telecomm. Services or Equipment against that Bid until the court finalizes the protest estimated by either August 2014 or October 2014. 	\$ 168,000.00	\$ -	\$ 168,000.00
4	Remove & Replace Hospital Main Electrical Distribution System & one (1) 1.6 Meg Genset (Construction Phase)	\$2M under 2009 General Obligation Bond (GOB) Proceeds. <u>However</u> , GMHA has shifted this funding to support the ED & CCU/ICU Design-Build Expansion Project for procuring both Design-Build Services and required medical equipment and furnishings that will be needed to complete the ED and CCU/ICU Expansions (\$563,273 for Design-Build Services & \$1.44M for medical equipment & furnishings).	GMHA needs to procure Contractor Services for the construction phase of its Replace Main Electrical Distribution System & one (1) 1.6 Meg Genset	<ul style="list-style-type: none"> • Construction Phase pending the completion of the Project's A/E Design Phase. • Facilities Maintenance and Planning Departments monitor completion of the A/E Design Phase. • Planning Dept. shall lead the funding drawdown process in coordination DOA. 	<ul style="list-style-type: none"> • As this Project is considered critical for sustaining future GMHA operations, Construction Phase pending identification of a new funding source at <u>\$2,800,000.00</u> (Item B.5 above refers). 	\$ -	\$ -	\$ -
5	Z-Wing Staff Relocation / Hospital Expansion Project	<ul style="list-style-type: none"> • More detailed cost data needed upon determination of best plan for Z-Wing occupants relocation. <u>Preliminary info & cost estimates</u> for short & long term options: • <u>Existing MR Warehouse Lease = \$6,657/mth.</u> • <u>Relocation to SNU will be a zero lease cost;</u> however, keep in mind SNU has received approx. \$500K from HPP to serve as an Alternate Care Site in response to disasters. • <u>Retrofit of existing Z-Wing</u> (if deemed worthy, \$175/sq. ft. x 11,118 sq. ft.) = \$ 2M. • <u>Demolition & Construction of New Z-Wing</u> (\$400/sq. ft. x 11,118 sq. ft.) = \$ 4.4M. • <u>Front & Middle Courtyards Infill Project = \$2M</u> (if non-clinical) and \$2.5M (if clinical). 	GMHA's Hospital Expansion Feasibility Study, completed by PJT, indicates the following: "The current deteriorated condition of the Z-Wing shows extensive spalling of concrete, and prolonged exposure to moisture, resulting in numerous leaks and rusting rebars. At existing columns, the concrete cover has fallen out, exposing vertical rebars with lack of horizontal ties or seismic restraint. Beams are also spalling at numerous locations, exposing bottom rebars. The deterior of the structural components could be subjected to the review of the building official and the requirements of IBC Section 3405 Repair. If deemed dangerous, building code official has authority to require the elimination of the dangerous conditions. In addition, to address immediate concerns for the occupants, overhead protection from falling debris and the shoring of damaged columns may be needed. If Z-Wing is to be repaired, structural repair work will trigger off compliance with the IBC..."	<ul style="list-style-type: none"> • Administration, Planning, Facilities Maintenance and Information Services. 	<ul style="list-style-type: none"> • Administration informed of preliminary PTJ findings in 2-2012; Internal Assessment directed by Administration on 7-26-2012 at Environment of Care (EOC) Meeting to address the ongoing Open Item; and PTJ Z-Wing Structural Assessment was completed in 12-2012. • GMHA in the process of using the Assessment as a tool towards making appropriate courses of action(s) and determining valuations of needed funds to complete such action(s). For example, in June 2014, Administration met with Senator Rodriguez and other stakeholders (e.g., Guam Contractors' Association, Hawaiian Rock, etc.) to determine if contractor help can be donated for the completion of the immediate, life safety plan of corrective action. 	\$ -	\$ -	\$ -

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GUAM MEMORIAL HOSPITAL AUTHORITY

Capital Improvement Projects (CIPs) Status Report

As of July 2014

C. GMHA CIPs in Pipeline Pending Procurement Processes, Completion of A/E Design Phase, or Funding Source								
No.	Project Description	Project Funding Amount & Funding Source(s)	Equipment / Services Description & Justification	Responsible Parties	Project Status	Total Obligated Funding	Liquidated Funding	Obligated Unliquidated
6	GMHA Main Server Room Expansion and Command, Control & Communications Center (C ³ Center) Upgrade Project	Meaningful Use Funds with Executive Leadership's and BOT's approval.	The Main Server Room as outgrown its space requirements and therefore, needs to be expanded; and GMHA's Communications Center needs to be relocated away from the Main Lobby Area where GMHA is carrying risk/hazards associated with potentially losing the Communications Center. An opportunity may present itself in which GMHA could relocate the Communications Center close to its Main Server Room in line with GMHA's planned upcoming transition to an upgraded and more cost effective Communications System.	• Administration, Planning, Facilities Maintenance, Information Services and Communications Center.	• Project is still early in the planning phase. However, the Project is estimated between \$300K to \$400K . • Project also includes replacing both of the 20kVA UPS Systems in the IT Server Room and at the Lab with two each 40kVA UPS Systems with total cost estimated at \$100,000 and with the intent for each of these 40kVA UPS to be backup for the other should one of them ever fails. This will require construction cost estimated at \$60,000 to connect electrical wiring/conduits between the two 40kVA UPS's. FM suggests that obtaining A&E Services for the design.	\$ 350,000.00	\$ -	\$ 350,000.00
7	Remove & Replace Hospital Steam Boiler Systems (qty. 2)	TBD	The Hospital's Boiler Systems (qty. 2), as of CY 2014, have surpassed their useful life of 20 years and are now in need of removal and replacement our soonest opportunity.	• Administration, Planning, Facilities Maintenance, Information Services and Communications Center.	• Project is pending identification of a funding source; and we estimate required funding of approx. \$330K (\$165K ea.).	\$ -	\$ -	\$ -
8	Medical Telemetry Room Upgrade Project	GMHVA estimated at \$150K.	The GMHA want to upgrade GMHA's Nursing Units (e.g., patient rooms, nurse stations, etc.) to give them more "wow" factor/appeal starting with the Medical Telemetry Unit.	• GMHVA, Administration, Nursing, Planning & Facilities Maintenance.	• Project is pending development of SOW and supplies list prior to procurement. Labor to be completed by FM Staff. Initial estimate at \$150K for the Medical Telemetry Unit only.	\$ 150,000.00	\$ -	\$ 150,000.00
Grand Totals:						\$ 1,268,000.00	\$ -	\$ 1,268,000.00

D. GMHA Update on New Monies
<ul style="list-style-type: none"> • GMHA re-submitted a Pre-Disaster Mitigation Grant Program (PDMGP) on 12-2012. This is a competitive grant that is submitted to FEMA and if approved, GMHA would be able to proceed with a SNU Typhoon Shutter System Upgrade Project valued at \$400,000 (\$300K FEMA; \$100K GMHA). As you can see, if approved, this project shall carry a <u>75%-25%</u> federal government to local government cost sharing ratio. GMHA is still awaiting final grant/funding approval from FEMA in order to proceed with this project.
<ul style="list-style-type: none"> • GMHA needs to source new monies to (1) <u>paint the hospital building structure</u>, which is projected to cost approx. \$200K; and (2) to complete a <u>Wayfinding Project</u> at a projected cost of approx. \$350K, as all signs hospital-wide (interior and exterior) are well past due for replacement to include parking lots and traffic signs. All interior signs must meet ADA requirements. Also refer to FM's capital equipment submission under FY2014 budget call for both GMHA and SNU, as we need lots of money.
<ul style="list-style-type: none"> • GMHA submitted its application to the Guam Cancer Trust Funds (GCTF) for \$5M to help GMHA maintain and sustain its emergent and acute care treatment of its cancer patients for FY2015. We should know the outcome of the application review and evaluation process by June 2014. GCTF Administrators met with GMHA Planning Dept. in June 2014 requesting GMHA further refine request for resubmission and consider a smaller monetary amount for GMHA's 1st time request for use of these funds.
<ul style="list-style-type: none"> • GMHA completed writing its BP3 FY2014 HPP Cooperative Agreement; and this year's funding is set at \$352,993 (a decrease of approx. \$81K from last year as a result of the Congressional Budgetary Review/Approval Process).

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GMHA
Comparative Balance Sheet

	MAY-2014	JUNE-2014	CHANGE
CURRENT ASSETS			
Cash - Operations	\$506,097	\$83,639	-\$422,459
Cash - Restricted	\$4,560,804	\$4,236,633	-\$324,171
Patient Accts Receivable-Current	\$135,034,267	\$138,972,913	\$3,938,646
Patient Accts Receivable-Reserved Receivables	\$112,434,350	\$112,286,749	-\$147,600
Suspense Accounts	\$532,422	\$529,640	-\$2,782
Less: Reserve for Cont Allow	-\$1,267,621	-\$901,341	\$366,280
Less: Reserve for Bad Debts	-\$120,718,574	-\$124,495,915	-\$3,777,341
Due from GovGuam	-\$112,434,350	-\$112,286,749	\$147,600
Other Receivables	\$324,966	\$331,814	\$6,848
Inventories	\$3,677,419	\$3,715,720	\$38,301
Prepaid Expenses	\$145,692	\$144,976	-\$717
Total Current Assets	\$22,795,472	\$22,618,077	-\$177,395
Property, Plant and Equipment	\$41,254,177	\$41,091,627	-\$162,551
Total Assets	\$64,049,650	\$63,709,704	-\$339,946
LIABILITIES & FUND BALANCE			
CURRENT LIABILITIES			
Current Portion of Long Term Debt	\$1,991,732	\$2,000,613	\$8,881
Deferred Revenue			
Accounts Payable, Trade	\$12,885,822	\$14,800,046	\$1,914,224
Accounts Payable, Government	\$4,309,924	\$4,370,194	\$60,270
Other Accrued Liabilities	\$1,383,000	\$1,347,000	-\$36,000
Accrued Payroll & Benefits	\$3,751,217	\$4,068,759	\$317,541
Current Portion of accrued AL	\$1,744,751	\$1,738,475	-\$6,276
Total Current Liabilities	\$26,066,446	\$28,325,087	\$2,258,641
Notes Payable, net of curent portion	\$22,279,070	\$22,110,170	-\$168,900
Accrued AL, net of current portion	\$2,220,592	\$2,212,605	-\$7,987
Accrued Sick Leave	\$3,635,499	\$3,657,772	\$22,272
Total Long-Term Liabilites	\$28,135,161	\$27,980,547	-\$154,614
Fund Balance	\$9,848,043	\$7,404,071	-\$2,443,972
Total Unrestricted Funds	\$64,049,650	\$63,709,704	-\$339,946

GMHA
Comparative Income Statement - May 2014 and June 2014

	May	Jun	CHANGE	TOTAL YTD
STATEMENT OF REV AND EXP				
Gross Patient Revenues	\$11,890,520	\$11,430,625	-\$459,895	\$94,165,044
Contractual Adjustments	-\$4,132,218	-\$3,977,852	\$154,366	-\$32,627,045
Bad Debts Expense	-\$1,798,589	-\$1,888,395	-\$89,806	-\$13,694,310
NET PATIENT REVENUES	\$5,959,713	\$5,564,378	-\$395,335	\$47,843,689
PATIENT DAYS-Acute	4,035	3,999	(36)	28,941
PATIENT DAYS-SNU	727	625	(102)	4,805
Other Operating Revenue				
Food Sales, Cafeteria	\$34,276	\$32,374	-\$1,902	\$257,538
Other	\$24,335	\$11,403	-\$12,932	\$132,479
Total Other Oper Revenues	\$58,611	\$43,777	-\$14,834	\$390,017
TOTAL REVENUES	\$6,018,324	\$5,608,155	-\$410,169	\$48,233,706
OPERATING EXPENSES:				
Salaries	\$4,937,666	\$4,555,215	-\$382,451	\$37,494,076
Fringe Benefits	\$1,463,223	\$1,421,476	-\$41,747	\$11,338,957
Travel & Mileage Reimbursement	\$3,494	\$2,362	-\$1,132	\$29,490
Training	\$955		-\$955	\$7,501
Contractual Services	\$635,230	\$869,853	\$234,623	\$4,931,562
Supplies & Materials	\$1,184,082	\$1,067,785	-\$116,297	\$8,300,709
Minor Equipment	\$35,429	\$57,555	\$22,126	\$277,110
Miscellaneous	\$2,258	\$16,962	\$14,704	\$124,296
Utilities	\$304,054	\$340,252	\$36,198	\$2,440,111
TOTAL OPERATING EXPENSES	\$8,566,391	\$8,331,460	-\$234,931	\$64,943,812
OTHER EXPENSES:				
Interest Expense	\$192,360	\$177,377	-\$14,983	\$1,191,303
Sick & Annual Leave Exp	\$39,603	\$34,287	-\$5,316	\$592,863
Retiree Health Cost				
Depreciation Expense	\$358,787	\$360,615	\$1,828	\$2,908,736
Gain/Loss on Disposal				
Bioterrorism Expenses	\$38,315	\$7,579	-\$30,736	\$206,579
FEMA/DOI CIP Expenses				
Compact Impact Expenses				\$21,175
GO Bond PL 29-19 Expenses	\$13,432	\$35,454	\$22,022	\$328,166
Expired/Surveyed Supplies				
Inventory Adjustment	\$10,238	\$19,930	\$9,692	\$243,650
TOTAL OTHER EXPENSES	\$652,735	\$635,242	-\$17,493	\$5,492,472
TOTAL EXPENSES	\$9,219,126	\$8,966,702	-\$252,424	\$70,436,284
REVENUES OVER EXPENSES	-\$3,200,802	-\$3,358,547	-\$157,745	-\$22,202,578
NON-OPERATING REVENUES				
GOVGUAM SUBSIDY	\$688,745	\$479,364	-\$209,381	\$9,071,824
CMS Settlement of Fiscal 2012				
Trans GovGuam-Ret Health				
FEMA/DOI CIP Revenues				
GovGuam Reimbursement				
GO Bond Revenue	\$349,491	\$249,336	-\$100,155	\$2,199,326
Compact Impact				\$5,792,885
Bioterrorism Grant	\$64,831	\$30,588	-\$34,243	\$389,897
ARRA Revenue				\$1,302,436
Contributions	\$1,321,704	\$125,288	-\$1,196,416	\$1,528,845
TOTAL NON-OPERATING REVE	\$2,424,771	\$884,576	-\$1,540,195	\$20,285,213
PROFIT(+)/LOSS (-)	-\$776,031	-\$2,473,971	-\$1,697,940	-\$1,917,365

GMHA
Comparative Income Statement
YTD May and June 2013 and 2014

	Jun-13	Jun-14	Change	YTD Jun 2013	YTD Jun 2014	Change
STATEMENT OF REV AND EXP						
Gross Patient Revenues	\$ 11,603,297	\$ 11,430,625	\$ (172,672)	\$ 106,697,328	\$ 105,595,670	\$ (1,101,658)
Contractual Adjustments	\$ (4,175,731)	\$ (3,977,852)	\$ 197,879	\$ (36,902,918)	\$ (37,114,330)	\$ (211,412)
Bad Debts Expense	\$ (1,603,097)	\$ (1,888,395)	\$ (285,298)	\$ (16,410,618)	\$ (15,979,574)	\$ 431,044
NET PATIENT REVENUES	\$ 5,824,469	\$ 5,564,378	\$ (260,091)	\$ 53,383,792	\$ 52,501,766	\$ (882,026)
Other Operating Revenue						
Food Sales, Cafeteria	\$ 47,663	\$ 32,374	\$ (15,289)	\$ 360,692	\$ 289,913	\$ (70,779)
Other	\$ 14,218	\$ 11,403	\$ (2,815)	\$ 192,562	\$ 143,882	\$ (48,680)
Total Other Oper Revenues	\$ 61,881	\$ 43,777	\$ (18,104)	\$ 553,254	\$ 433,795	\$ (119,459)
TOTAL REVENUES	\$ 5,886,350	\$ 5,608,155	\$ (278,195)	\$ 53,937,046	\$ 52,935,561	\$ (1,001,485)
OPERATING EXPENSES:						
Salaries	\$ 4,519,609	\$ 4,555,215	\$ 35,606	\$ 39,922,784	\$ 42,049,292	\$ 2,126,508
Fringe Benefits	\$ 1,413,819	\$ 1,421,476	\$ 7,657	\$ 12,302,128	\$ 12,760,433	\$ 458,305
Travel & Mileage Reimburse	\$ -	\$ 2,362	\$ 2,362	\$ 15,304	\$ 31,852	\$ 16,548
Training	\$ 971	\$ -	\$ (971)	\$ 24,760	\$ 7,501	\$ (17,259)
Contractual Services	\$ 539,177	\$ 869,853	\$ 330,676	\$ 4,770,631	\$ 5,795,107	\$ 1,024,476
Supplies & Materials	\$ 893,626	\$ 1,067,785	\$ 174,159	\$ 9,719,942	\$ 9,526,041	\$ (193,901)
Minor Equipment	\$ (11,125)	\$ 57,555	\$ 68,680	\$ 115,552	\$ 334,666	\$ 219,114
Miscellaneous	\$ 14,689	\$ 16,962	\$ 2,273	\$ 150,089	\$ 141,258	\$ (8,831)
Utilities	\$ 266,230	\$ 310,252	\$ 44,022	\$ 2,544,427	\$ 2,750,362	\$ 205,935
TOTAL OPERATING EXPENSES	\$ 7,636,996	\$ 8,301,460	\$ 664,464	\$ 69,565,617	\$ 73,396,512	\$ 3,830,895
	129.7%	148.0%		129.0%	138.7%	
OTHER EXPENSES:						
Interest Expense	\$ 152,258	\$ 177,377	\$ 25,119	\$ 1,642,599	\$ 1,368,681	\$ (273,918)
Sick & Annual Leave Expense	\$ 35,594	\$ 34,287	\$ (1,307)	\$ 414,881	\$ 627,150	\$ 212,269
Retiree Health Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation Expense	\$ 367,544	\$ 360,615	\$ (6,929)	\$ 3,322,066	\$ 3,269,351	\$ (52,715)
Gain/Loss on Disposal	\$ 4,595	\$ -	\$ (4,595)	\$ 4,595	\$ -	\$ (4,595)
ARRA Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bioterrorism Expenses	\$ 1,959	\$ 7,579	\$ 5,620	\$ 117,528	\$ 214,158	\$ 96,630
FEMA/DOI CIP Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Compact Impact Expenses	\$ 1,945	\$ -	\$ (1,945)	\$ 37,535	\$ 21,175	\$ (16,360)
GO Bond PL 29-19 Expenses	\$ 2,359	\$ 35,454	\$ 33,095	\$ 6,699	\$ 362,621	\$ 355,922
Expired/Surveyed Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Inventory Adjustment	\$ 20,891	\$ 19,930	\$ (961)	\$ 292,927	\$ 34,023	\$ (258,904)
TOTAL OTHER EXPENSES	\$ 587,145	\$ 635,242	\$ 48,097	\$ 5,838,830	\$ 5,897,159	\$ 58,329
TOTAL EXPENSES	\$ 8,224,141	\$ 8,936,702	\$ 712,561	\$ 75,404,447	\$ 79,293,671	\$ 3,889,224
	139.7%	159.4%		139.8%	149.8%	
REVENUES OVER EXPENSES	\$ (2,337,791)	\$ (3,328,547)	\$ (990,756)	\$ (21,467,401)	\$ (26,358,110)	\$ (4,890,709)
NON-OPERATING REVENUES						
GOVGUAM SUBSIDY	\$ -	\$ 479,364	\$ 479,364	\$ 4,954,675	\$ 9,551,188	\$ 4,596,513
CMS Settlement of Fiscal 2012	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Trans GovGuam-Ret Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FEMA/DOI CIP Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GovGuam Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GO Bond Revenue	\$ 540,177	\$ 249,336	\$ (290,841)	\$ 3,946,634	\$ 2,448,662	\$ (1,497,972)
Compact Impact	\$ 1,129	\$ -	\$ (1,129)	\$ 6,132,598	\$ 5,792,885	\$ (339,713)
Bioterrorism Grant	\$ -	\$ 30,588	\$ 30,588	\$ 128,995	\$ 420,485	\$ 291,490
Misc Revenue NPO Write	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Revenues	\$ -	\$ -	\$ -	\$ -	\$ 1,302,436	\$ 1,302,436
Contributions	\$ -	\$ 125,288	\$ 125,288	\$ 193,522	\$ 1,654,134	\$ 1,460,612
TOTAL NON-OPER REV	\$ 541,306	\$ 884,576	\$ 343,270	\$ 15,356,424	\$ 21,169,790	\$ 5,813,366
CHANGE in NET ASSETS	\$ (1,796,485)	\$ (2,443,971)	\$ (647,486)	\$ (6,110,977)	\$ (5,188,320)	\$ 922,657

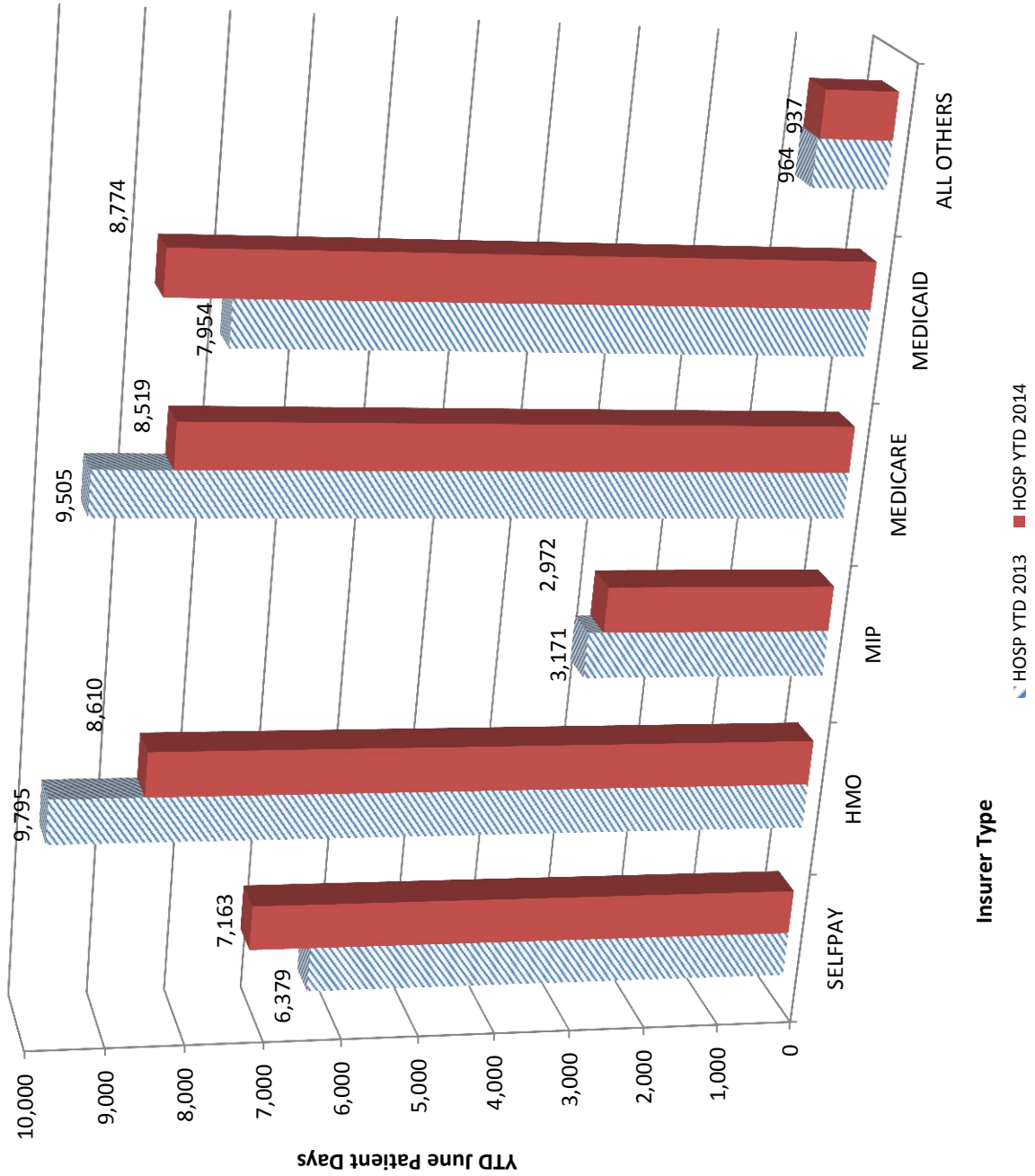
GMHA
Sources and Uses of Cash
YTD 5/31/2014

DESCRIPTION	FY 2014 CASH FLOW												YTD TOTAL
	Oct-13 ACTUAL	Nov-13 ACTUAL	Dec-13 ACTUAL	Jan-14 ACTUAL	Feb-14 ACTUAL	Mar-14 ACTUAL	Apr-14 ACTUAL	May-14 ACTUAL	Jun-14 ACTUAL				
CASH - Beginning balance	\$2,805,002	\$3,317,840	\$2,017,334	\$3,783,851	\$3,164,136	\$4,766,889	\$4,615,994	\$4,733,584	\$5,066,930				
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	\$5,275,783	\$5,024,883				\$54,998,282
Other Receipts	\$48,653	\$73,016	\$41,852	\$117,607	\$33,848	\$50,633	\$44,063	\$43,371	\$49,794				\$502,837
Compact Impact Fund	\$131,069	\$2,500,000	\$3,273,071	\$3,469	\$3,567	\$3,469	\$3,469	\$24,164	\$3,469				\$5,931,871
UPCA Settlement	\$3,469	\$3,469	\$3,469	\$3,469	\$3,469	\$1,302,436	\$3,469	\$3,469	\$3,469				\$31,221
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	\$64,832	\$30,588				\$515,547
Donation	\$50,625												\$50,625
Gen Fund Subsidy	\$496,904		\$1,622,681	\$608,027	\$1,139,228	\$630,113	\$630,113	\$494,723	\$479,364				\$6,101,153
GO Bond	\$176,837	\$787,168		\$291,958	\$43,089	\$303,698	\$186,065	\$325,328	\$249,336				\$2,363,479
BOG Loan Proceeds				\$12,300,000	\$2,175,900								\$14,475,900
Medicare Settlement	\$28,529			\$16,660			\$1,072,864	\$1,912,479					\$3,030,532
TOTAL CASH RECEIPTS	\$8,528,835	\$7,985,953	\$9,801,052	\$10,805,817	\$20,505,699	\$9,652,387	\$8,042,557	\$8,144,149	\$5,837,434				\$89,303,883
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	\$5,440,357	\$5,329,738				\$55,443,649
Travel & Training	\$3,048	\$10,503	\$2,219		\$6,090	\$6,937	\$1,800	\$4,567	\$4,567				\$35,164
Contractual Services	\$601,259	\$605,071	\$335,478	\$1,123,171	\$610,419	\$1,460,138	\$663,445	\$542,033	\$479,586				\$6,420,600
Supplies & Materials	\$1,289,055	\$1,720,617	\$1,350,964	\$1,996,808	\$1,422,665	\$1,278,527	\$612,474	\$970,170	\$259,279				\$10,900,559
- Payment to Vendors				\$9,011,002									\$9,011,002
Miscellaneous	\$51,333	\$35,473	\$8,106	\$14,126	\$7,155	\$26,169	\$4,341	\$10,895	\$8,504				\$166,102
Utilities - Power	\$0	\$0	\$443,976	\$224,378	\$190,268	\$858,622							\$858,622
Water	\$0	\$218,514	\$441,934	\$318,603	\$30,629	\$45,941	\$1,055,621						\$1,055,621
Telephone	\$0	\$64,054	\$57,216	\$217,645	\$66,192	\$31,180	\$436,287						\$436,287
Boiler Fuel	\$18,756	\$19,081	\$235,631	\$224,378	\$186,065	\$289,873	\$131,515	\$18,213	\$215,965				\$131,515
Capital Outlay	\$240,936					\$296,652	\$186,065	\$289,873	\$1,465,122				\$1,465,122
Sub-total	\$7,911,362	\$9,181,825	\$7,929,901	\$11,320,898	\$18,530,073	\$9,535,042	\$7,656,727	\$7,542,563	\$6,315,852				\$85,924,243
Other Cash Outlay:													
Debt Service \$12M LOAN	\$104,634	\$104,634	\$104,634	\$104,634	\$372,873	\$268,240	\$268,240	\$268,240	\$268,240				\$1,864,369
Sub-total	\$104,634	\$104,634	\$104,634	\$104,634	\$372,873	\$268,240	\$268,240	\$268,240	\$268,240				\$87,788,612
TOTAL DISBURSEMENTS	\$8,015,996	\$9,286,459	\$8,034,535	\$11,425,532	\$18,902,946	\$9,803,282	\$7,924,967	\$7,810,803	\$6,584,092				\$87,788,612
CASH-ENDING BAL	\$3,317,840	\$2,017,334	\$3,783,851	\$3,164,136	\$4,766,889	\$4,615,994	\$4,733,584	\$5,066,930	\$4,320,272				\$4,320,272

GMHA
COMPARATIVE REGISTRATIONS
YTD 5/31/2014 AND 5/31/2013

FISCAL YEAR 2013	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	%	%
											FROM JUNE	FROM YTD
											2013	FY2013
TOTAL NUMBER OF ADMISSIONS	4,173	3,840	3,802	3,696	3,290	3,576	3,614	3,664	3,428	33,083		
EMERGENCY ROOM	2,539	2,382	2,401	2,242	2,010	2,225	2,277	2,277	2,161	20,514		
INPATIENT	1,039	1,019	982	981	824	885	849	953	839	-		
ACUTE	26	17	21	23	15	21	18	23	15	8,371		
SNU	569	422	398	450	441	445	470	411	413	179		
OUTPATIENT	375	402	359	379	348	378	351	388	375	4,019		
ER ADMISSIONS										3,355		
FISCAL YEAR 2014												
TOTAL NUMBER OF ADMISSIONS	4,001	3,942	3,865	3,653	3,416	3,563	3,332	3,545	3,482	32,799	1.6%	-0.9%
EMERGENCY ROOM	2,513	2,459	2,340	2,283	2,130	2,224	2,122	2,212	2,239	20,522	3.6%	0.0%
INPATIENT	1,053	1,035	949	975	880	903	828	884	867	8,374	3.3%	0.0%
ACUTE	22	18	15	13	23	22	21	17	20	171	33.3%	-4.5%
SNU	413	430	561	382	383	414	361	432	356	3,732	-13.8%	-7.1%
OUTPATIENT	431	372	367	379	366	376	354	408	383	3,436	2.1%	2.4%
ER ADMISSIONS												

Comparative YTD 2014 and 2013 Acute Patient Days by Insurer Group



RRT MONITORING

Month: JANUARY, 2014

RRT	Location	ER	CCU	PCU	PICU	MED/TELE	MED/SURG	SURGICAL	TOTAL
	Number of Cases					4		1	5
	RRT Activated?								
	YES								
	NO								
	Level of Care:								
	ER								
	CCU								
	PCU								
	PICU								
	MED/TEL					4			4
	MED/SURG							1	1
	SURGICAL								
	Outcome:								
	Prevented					3		1	4
	Coded					1		0	1

Estrel A. Pakingan

GUAM MEMORIAL HOSPITAL AUTHORITY
Aturidât Mimuriât Espetât Guâhan

Minutes of the Board of Trustees Regular Meeting
Thursday, June 26, 2014 at 6pm
Daniel L. Webb Conference Room of the GMHA

ATTENDANCE

Board Members:

Lee Webber
Edna Santos, MD
Rose Grino, RN
Valentino Perez
Theodore Lewis
Frances Mantanona – *Excused*
Ricardo Terlaje, MD – *Excused*

Hospital Leadership:

Joseph Verga, MS, FACHE
Alan Ulrich
Jonathan Sidell, MD
Friedrich Bieling, MD
Rhodora Cruz, RN
Jemmabeth Simbillo, RN
Hoa Nguyen, MD
Joygemma Villaruel, RN
Gordon Mizusawa – *Excused*

Theo M. Pangelinan - Recorder

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)*, the Chairman called to order the regular meeting of the Guam Memorial Hospital Authority Board of Trustees at 6:35 p.m. on Thursday, June 26, 2014 in the D. L. Webb Conference Room of the Guam Memorial Hospital Authority located in Tamuning, Guam. *A quorum was established at 6:52 p.m.*

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
<p>II. MEDICAL STAFF PRESIDENT’S REPORT</p> <p>A. <u>Composition of Joint Conference and Professional Affairs (JCPA) Subcommittee:</u> Dr. Nguyen reported that the chairpersons for the Credentials Committee, OB/GYN Department, and Emergency Department were appointed to serve as members.</p> <p>B. <u>Joint Replacement Program</u> Dr. Nguyen reported that the Medical Executive Committee supported the program. He stated that the surgery department was tasked to review current policies and procedures and to ensure that all Joint Commission standards relative to the program and patient safety were followed. The MEC had asked Dr. Arafles to conduct a CME for all the medical staff members to familiarize them with the program.</p> <p>C. <u>Medical Chart Deficiencies</u> Dr. Nguyen reported that the medical staff was aware that the JCPA subcommittee factored medical chart compliance when reviewing applications for privileges.</p>	<p>No decisions or actions taken.</p>	<p>Dr. Nguyen</p>	<p>Updates to be provided at each meeting</p>	<p>Informational</p>
<p>III. APPROVAL OF REGULAR SESSION MINUTES – The minutes of the regular meeting held on May 29, 2014 was reviewed. Trustee Grino motioned and it was seconded by Trustee Santos to approve the minutes as printed. Motion carried with all ayes.</p>				

IV. BOARD COMMITTEE/STAFF REPORTS				
<p>A. Human Resources Subcommittee</p> <p>The committee did not meet during the month of June 2014.</p>	<p>No decisions or actions taken.</p>	<p>Trustee Grino</p>	<p>Updates to be provided at each meeting</p>	<p>Deferred</p>
<p>B. Joint Conference and Professional Affairs Subcommittee (JCPA)</p> <p>1. The JCPA Subcommittee reviewed and supported the appointments and reappointments of the Medical Staff's hospital privileges. The following resolutions were presented to the Board for review and approval:</p> <p>a. Res. No. 14-59, Relative to the Reappointment of Active Medical Staff Privileges for:</p> <ul style="list-style-type: none"> • Elizabeth Hernandez, MD (exp. 05/31/16) • Dennis Sarmiento, MD (exp. 05/31/16) <p>b. Res. No. 14-60, Relative to the Appointment of Provisional Medical Staff Privileges for:</p> <ul style="list-style-type: none"> • Linh Tieu, DO (exp. 05/31/15) • Danelle Nick, MD (exp. 05/31/15) 	<p>Trustee Grino motioned and it was seconded by Trustee Santos to accept the recommendations by the JCPA Subcommittee to approve the appointments and reappointments for privileges of said physicians. Motion carried with all ayes.</p>	<p>Trustee Webber Medical Director Medical Staff Office</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
<p>C. Facilities, Capital Improvement, and Information Technology Subcommittee</p> <p>The committee did not meet during the month of June 2014.</p>	<p>No decisions or actions taken.</p>	<p>Trustee Lewis</p>	<p>Reports to be provided at each meeting</p>	<p>Deferred</p>
<p>D. Governance, Bylaws and Strategic Planning Subcommittee</p> <p>The committee did not meet during the month of June 2014.</p>	<p>No decisions or actions taken.</p>	<p>Trustee Terlaje</p>	<p>Reports to be provided at each meeting</p>	<p>Deferred</p>
<p>E. Quality and Safety Subcommittee</p> <p>1. <u>The Joint Commission (TJC)</u></p> <p>a. Trustee Santos reported that IV extravasation for vasopressin medication</p>	<p>The action plan was to closely monitor and achieve a 90% success rate this month. GMH</p>	<p>Trustee Santos Trustee Grino</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

<p>compliance continued to be monitored. Currently, the compliance rate was 50% (up from 30-40% in the past year). It was noted that this incident occurred in 2012. She stated that the nurses were conducting the hourly assessments, but failed to document in the patient's chart. One reason was due to staffing challenges.</p> <p>An action plan was to develop a checklist in the iMed; however, the process took longer than expected.</p> <p>A conference call with the Joint Commission (TJC) was held to discuss GMH's situation. Feedback was received that TJC was not confident that in GMH achieving 90% or greater compliance if another extension was granted. She noted that GMH's accreditation was at risk.</p> <p>b. Trustee Santos reported that compliance with DVT Prophylaxis was also a high priority issue which affected GMH's accreditation. Currently, the compliance rate was 10%, which had been stagnant for the past year and a half.</p> <p>The lack of compression devices and completion of DVT Prophylaxis order forms were issues.</p> <p>TJC noted a lack of communication toward important patient safety issues and GMH's inability to maintain essential equipment.</p> <p>GMH's case would be forwarded to TJC's Chief Medical Officer and Accreditation Team for review.</p>	<p>was hopeful that the effort was sufficient enough for TJC to grant an extension for another two to three months.</p>			
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<p>Mr. Verga informed the Board that a follow-up conference call was scheduled for 07/29/14.</p> <p>2. <u>Performance Improvement (PI) and Patient Safety Dashboards</u> were reviewed. Trustee Santos reported GMH's main focus was to improve Fall Rate at SNU and Smoking Cessation Counseling.</p> <p>Mr. Verga commented that overall, GMH performed well in all its core measures being monitored.</p>				
<p>F. Finance and Audit Subcommittee The committee did not meet during the month of June 2014.</p> <p>Updates to on-going agenda items and June 2014 Financials would be made during the Hospital Administrator/CEO's and Chief Financial Officer's reports.</p>	No decisions or actions taken.	Trustee Grino	Reports to be provided at each meeting	Informational
VII. ADMINISTRATORS' REPORTS				
<p>A. Hospital Administrator/CEO's Report Mr. Verga reported that a portion of the old Emergency Room (that was renovated) was opened today.</p> <p>He stated that re-organization was being made to alleviate some problems experienced.</p>	No decisions or actions taken.	Mr. Verga	Reports to be provided at each meeting	Informational
<p>B. Associate Administrator of Medical Services' Report</p> <p>1. Dr. Sidell reported that Medical Director roles were assigned as follows:</p> <ul style="list-style-type: none"> • Dr. Lizama will oversee the hospitalist program and utilization review • Dr. Bieling will oversee operations and represent the medical staff at patient safety and other committees 	No decisions or actions taken.	Dr. Sidell	Reports to be provided at each meeting	Informational

<ul style="list-style-type: none"> • Dr. Sidell will oversee physician related matters <ol style="list-style-type: none"> 2. Mr. Verga reported that there were no new candidates for internal medicine, but Dr. Swanson was given temporary privileges (for a period of three months) to cover for Internal Medicine. He commented that the hospitalist program was stable at this time. 3. Mr. Ulrich reported that on January 28, 2014 all medical staff members received a personal chart deficiency listing by type. <p>Dr. Sidell commented that a representative from the Medical Records Dept. attend medical dept. meetings to report physician standings.</p>				
<p>C. Chief Financial Officer's Report</p> <ol style="list-style-type: none"> 1. <u>Audit Findings</u> Mr. Ulrich read aloud Deloitte's opinion regarding GMH's Fiscal 2013 audit report and specific comments about the hospital's financial situation. He added that Deloitte included a "going concern" to its opinion. The letter highlighted Deloitte's findings and Leadership's strategies to address GMH's financial situation. <p>Mr. Ulrich also read aloud the Office of Public Accountability's (OPA) opinion regarding its findings from the audit. The OPA was in support of Deloitte's opinion.</p> <p>Mr. Ulrich commented that the Dept. of Interior, Office of Inspector General had conducted an audit of GMH in early 2013. The hospital was waiting for their audit report.</p> <p>In summary, the independent auditors agreed that without financial support from the Government of Guam, GMH's financial status was precarious.</p>		Mr. Ulrich	Reports to be provided at each meeting	Informational

Mr. Ulrich stated that accounts with no activity in four months (or a maximum of 270 days from discharge) would be referred to collections.

Mr. Ulrich highlighted that there was \$247M of receivables and \$182M of that amount was self-pay. He added that \$55M of the self-pay receivables was referred to the Department of Revenue and Taxation.

4. May 2014 Financials

Mr. Ulrich highlighted GMH's financials and answered clarifications from the Board.

- Inventory Adjustment:
Trustee Perez requested for an itemized list of the inventory adjustments.

Mr. Ulrich reported that a meeting with the fiscal team, Inventory Mgmt. Officer, and pharmacy staff was held to clarify what the numbers represented. He stated that the Pharmacy Dept. did not have a perpetual inventory for pharmacy management, which had been a deficiency in past audits.

Mr. Ulrich explained that the pharmacy conducted semi-annual and annual inventories and book inventory adjustments were made to actual.

He assured the Board that the Pharmacy Dept. was monitoring medications closely as required by regulations for controlled substances.


He clarified that the main reason for an inventory adjustment was due to pricing and not necessarily a loss of inventory.

Mr. Verga would instruct the Pharmacy Director to provide a variance report to Trustee Perez.

<ul style="list-style-type: none"> • Average Daily Census Report: Mr. Ulrich pointed out that there was a shift in payer mix and the increase in self-pay and uninsured patients would impact GMH. • Mr. Ulrich reported that GMH's account balance was recorded at \$506K but with payments made the account was exhausted. • Mr. Ulrich reported that HRG was submitting claims to Medicare and following-up on outstanding claims on behalf of GMH. • Mr. Ulrich reported that a meeting with the insurers was held to discuss proposed fee increases and components of insurance contracts which were targeted to be finalized by 08/01/14. • Mr. Ulrich reported that GMH was in the process of reconciling the balances that were truly due from insurance companies rather than being charged to the patient's share. • Mr. Ulrich informed the Board that the revenue cycle would be converted to NTT's upgraded system on 08/01/14 and the upgrade of the IT server was scheduled for 07/11/14. 	<p>Mr. Ulrich was communicating with BBMR and DPHSS relative to reimbursements for public health programs.</p>			
V. UNFINISHED BUSINESS – None				
VI. NEW BUSINESS – None				
VII. PUBLIC COMMENT – None				


VIII.ADJOURNMENT – With no further discussions, Trustee Grino motioned and it was seconded by Trustee Lewis to adjourn the meeting at 7:30 p.m. Motion carried with all ayes.

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 regular session of the June 26, 2014 meeting was approved by the Board of Trustees on this 24th day of July 2014.

Certified by: 

Lee P. Webber
Chairman, Board of Trustees



PATIENT SAFETY DASHBOARD

CALENDAR YEAR 2014

REPORT DATE: June 16, 2014

TARGET KEY: ★ Better than Expected ◆ Expected ■ Needs more work ● Worse than expected

		TARGET KEY	Target Goal	CY2013	1Q	2Q	3Q	4Q	COMMENTS
NPSG 1: PATIENT IDENTIFIERS									
Patient Identifiers	# of observations in compliance	★	>95%	>90%	★	★			
		◆	>90%						
	Total number of observations	■	<90%		97%	96%			
		●	<75%						
Patient Identifiers-- Labeling of specimens	# of observations in compliance	★	>95%	>90%	★	★			
		◆	>90%						
	Total number of observations	■	<90%		96%	98%			
		●	<75%						
NPSG 2: EFFECTIVE COMMUNICATION									
NURSING - Critical Test/Critical Results Reporting Documentation	# of documented MD notification of critical	★	>90%	>85%	●	●			Nursing staff reported that they were confused over whom to report critical values to when the hospitalist 12-hour rotation began; which led to difficulties with relaying critical values. Documentation however, remains the challenge; nursing unit supervisors were tasked to reinforce documentation during staff meetings.
		◆	>85%						
	# of critical test/critical results sample	■	<85%		48%	55%			
		●	<75%						
NURSING - Critical Test/Critical Results Reporting	# of MD notification within 60 minutes of report time	★	>95%	>90%	★	★			
		◆	>90%						
	# of critical test/critical results MD notification documented	■	<90%		92%	97%			
		●	<79%						
NURSING - Critical Test/Critical Results Reporting Documentation - ER	Documentation compliance	★	>90%	>85%	★	★			*Data only reflects the months of January and February
		◆	>85%		100%	*100%			
	MD Documentation in Medical Record	■	<85%		100%	*100%			
		●	<75%						
	Nursing staff taking action to contact patients whether successful or not				100%	*100%			
LABORATORY - Critical Results Reporting	# of critical test result samples with documented readback on LIS	★	>90%	>85%	★	★			
		◆	>85%						
	total # of critical test result samples audited	■	<85%		96%	100%			
		●	<75%						
RESPIRATORY - Critical Results Reporting	# of critical test result samples correctly reported and documented on logsheet	★	>90%	>85%	◆	■			Respiratory Department continues to remind therapists to document completely on their iMed critical value assessments and critical values log
		◆	>85%						
	total # of critical test result samples audited	■	<85%		87%	83%			
		●	<75%						
SPECIAL SERVICES - Critical Results Reporting	# of critical test result samples correctly reported and documented on logsheet	★	>90%	>85%	★	★			
		◆	>85%						
	total # of critical test result samples audited	■	<85%		95%	100%			
		●	<75%						
RADIOLOGY - Critical Results Reporting	# of critical test result samples correctly reported and documented on logsheet	★	>90%	>85%	★	★			Radiology Department reported that the two off-island radiologists have been consistent with documenting critical values on logs; other radiologists have not. The compliance rates reported here are based on the off-island radiologists' logs only. Radiology Department head is now monitoring all radiologists' compliance to documenting in the critical value logs.
		◆	>85%						
	total # of critical test result samples audited	■	<85%		100%	100%			
		●	<75%						
NPSG 3: MEDICATION SAFETY									
Medication Errors Rate per 1000 medication doses billed (NEAR MISSES & ACTUAL ERRORS)	# of ACTUAL medication errors*1000	★	<0.10	<0.25	◆	★			Please refer to Medication Error Report Attachment for more information
		◆	<0.25						
	# of medication doses DISPENSED (inpatient)	■	<0.75		0.2	0.09			
		●	>0.75						
	ACTUAL ERRORS				new for CY2014	55			
	NEAR MISSES					334			
Anticoagulation Therapy Management (ATM)	cases where there are one or more instances of INR > 5.0 and evidence that Warfarin dose was still given without documented justification	★	< 2.5%	< 5%	★	ND			Monitoring of this indicator will be resumed once Pharmacy Department hires more Pharmacists.
		◆	< 5%						
	Total # of cases reviewed	■	< 10%		1%	ND			
		●	> 10%						
	Total # of errors related to ATM				VOLUME INDICATOR	3	ND		
Anticoagulation Therapy Management--FDI Coumadin Teachings	# of FDI consults ordered for Dietary Staff	★	>95%	>85%	●	◆			Dietary Department contended with staff on leave during this quarter (annual, sick, and educational for the ServSafe Certification); additionally, census was high during the month of March.
		◆	>85%						
	# of patients discharged with FDI	■	>75%		72%	87%			
		●	<75%						

TARGET KEY: ★ Better than Expected ◆ Expected ■ Needs more work ● Worse than expected

		TARGET KEY	Target Goal	CY2013	1Q	2Q	3Q	4Q	COMMENTS
ANTICOAGULATION USAGE	# ON ENOXAPARIN			433	ND				Monitoring of this indicator will be resumed once Pharmacy Department hires more Pharmacists.
	# ON HEPARIN DRIP AND HEPARIN SQ			427	ND				
	# ON WARFARIN			202	ND				
NPSG 7: INFECTION CONTROL									
Hospital Acquired Infections	# of HAI	★	< 1.0	<5.0%	◆	◆			
	# of discharges	◆	< 5.0		2.36	2.62			
		■	> 5.0						
		●	> 7.0						
HAI Occurrences	Gastrointestinal Infections			0	14	2			
	Blood Stream Infections			0	31	9			
	Urinary Tract Infections			0	74	24			
	Surgical Site Infection			0	11	3			
	Hospital Acquired Pneumonia			0	26	9			
	Ventilator Associated Pneumonia			0	8	2			
	Skin and Soft Tissue Infection			0	109	27			
Urinary Catheter Device Usage per ICU Patient Days	# of urinary catheter days	★	<0.73	<0.78	★	★			
	# of ICU Patient Days	◆	<0.78		0.53	0.51			
		●	>0.87						
Catheter Associated UTI Infections per Urinary Catheter Days in ICU	# of CA-UTI *1000	★	<1.6	<3.1	★	●			
	# of ICU Catheter days	◆	<3.1		1.55	7.22			
		●	>6.9						
Central Line Device Usage Rate	ICU Central Line Days	★	<0.38	<0.49	★	◆			
	ICU Patient Days	◆	<0.49		0.35	0.40			
		●	>0.66						
Catheter Related BSI per Central Line Days in the ICU	# of ICU CR-BSI *1000	★	<1.6	<3.1	◆	●			
	ICU Central Line Days	◆	<3.1		3.08	7.01			
		●	>6.1						
Prophylactic Antibiotic Administration	Total cases compliant-administered 1 hour prior to cut time	★	>95%	>85%	◆	◆			NOTE: monitoring from March 2014 onwards to be done by QM department. 1Q data reflects the months of January and February 2014 only.
	Total cases reviewed	◆	>85%		85%	94%			
		●	<75%						
Prophylactic Antibiotic discontinued within 24 hours post operatively	Total cases compliant	★	>95%	>90%	◆	★			NOTE: monitoring from March 2014 onwards to be done by QM department. 1Q data reflects the months of January and February 2014 only.
	Total cases reviewed	◆	>90%		94%	98%			
		●	<80%						
FLASH STERILIZATION	Total # of Flash sterilization			VOLUME INDICATOR	5	1			
Surgical Site Infection Survey Response	Total Survey Response Rec'd	★	>95%	>85%	★	★			NOTE: 1Q data reflects the months of January and February 2014 only
	Total SSI Survey Sent out	◆	>85%		98%	100%			
		●	<75%						
Surgical Site Infection Rate (based on SSI Survey Rec'd)	Total SSI	★	<0.5	<1.32	◆	★			NOTE: 1Q data reflects the months of January and February 2014 only
	Total Survey Response Rec'd	◆	<1.32		0.72	0.35			
		●	>5.12						
Ventilator Associated Pneumonia Rate--ICU	# of VAP*1000/ # of ventilator days	★	< 3.0	<8.1	◆	◆			NOTE: 1Q data reflects the months of January and February 2014 only
		◆	< 8.1		3.73	3.95			
		■	< 10.0						
		●	> 10.0						
				TOTAL OCCURRENCE	6	1			
Ventilator Associated Pneumonia--NICU	# of VAP*1000/ # of ventilator days	★	0	<1.5	■	★			NOTE: 1Q data reflects the months of January and February 2014 only
		◆	<1.5		3.08	0			
		■	<3.2						
		●	>3.2						
				TOTAL OCCURRENCE	2	0			
Hand Hygiene Compliance	# of compliant Hand Hygiene Observation/ # of observation	★	> 98%		■	■			
		◆	>90%		83%	82%			

TARGET KEY: ★ Better than Expected ◆ Expected ■ Needs more work ● Worse than expected

		TARGET KEY	Target Goal	CY2013	1Q	2Q	3Q	4Q	COMMENTS
Hand Hygiene Compliance Breakdown	Nursing	70-90%	> 90%	◆ 92% 588	■ 89% 287				
	Sample size								
	Medical Staff	<70%		● 68% 266	■ 72% 90				
	Sample size								
	Operations (housekeeping)			● 64% 64	● 63% 51				
	Sample size								
	Professional Support			■ 82% 152	■ 81% 138				
Sample size									
NPSG 8: MEDICATION RECONCILIATION									
HOME MEDICATION COMPLETED (INPATIENTS)	# OF HOME MEDICATION LISTING COMPLETED ON ADMISSION	★ >98%	> 90%	■ 80%	■ 79%				In April, the PI Coordinator redistributed the Home Medication Documentation Refresher training to all nursing unit supervisors so that they can reinforce the documentation requirements with their staff.
	# OF CHART REVIEWS	◆ >90%							
		■ 75-90%							
HOME MEDICATION COMPLETED (REHAB)	# OF HOME MEDICATION LISTING COMPLETED ON ADMISSION	★ >98%	> 90%	■ 89%	◆ 91%				Rehab department also underwent a written refresher training in April on Home Medication Documentation; action plans for improvement also involved reinforcing the process of reconciliation and clarification of staff responsibilities.
	# OF CHART REVIEWS	◆ >90%							
		■ 75-90%							
NPSG 9: FALL PREVENTION									
FALL RATE--GMHA (average for the quarter)	# of falls*1000/ # of patient days	★ <0.5	<2.0%	■ 2.25	■ 2.39				Please refer to Fall Report Attachment for more information
		◆ <2.0							
		■ <3.5							
		● >3.5							
Total Fall Occurrences		VOLUME INDICATOR		54	19				
NPSG 15: SUICIDE RISK									
Initial Suicide Assessment	# of complete suicide assessments	★ >95%	>90%	★ 96%	★ 99%				Data from ER only reflects the month of January
	# of identified suicide risk patients	◆ >90%							
		■ <90%							
Ongoing Suicide Assessment	# of completed on going assessments per protocol	★ >95%	>90%	■ 80%	■ 88%				Data from ER only reflects the month of January; Documentation remains a challenge for staff from ER, Tele and Surgical unit. Requirements are being reinforced at the unit level.
	# of identified suicide risk patients	◆ >90%							
		■ <90%							
Completed Environmental Assessment	# of environmental assessment completed	★ >95%	>90%	◆ 85%	★ 100%				Data from ER only reflects the month of January
	# of identified suicide risk patients	◆ >90%							
		■ <90%							
Suicide Risk Referred to Mental Health Consult	# of patients directly transferred to Mental Health for consultation	★ >95%	>90%	★ 95%	★ 92%				Data from ER only reflects the month of January. Goal rate was adjusted to 90% effective April 2014.
	# of identified suicide risk patients	◆ >90%							
		■ <90%							
Suicide Discharge Instructions	# of discharge instructions provided to at risk patients and documented	★ >90%	>85%	■ 81%	■ 81%				Data from ER only reflects the month of January; Documentation remains a challenge for staff from ER, Tele and Surgical unit. Requirements are being reinforced at the unit level.
	# of identified suicide risk patients	◆ >85%							
		■ <85%							
NPSG 16: RAPID RESPONSE									
Rapid Response Success Calls	# of successful RRT interventions	★ >80%	>50%	◆ 74%	**				** Monitoring regarding Rapid Response being done by QI department - please see attachments for the months of January and February 2014.
	Total # of RRT calls	◆ >50%							
		■ 30-50%							
Rapid Response Team Calls	Surgical	● <30%	Volume Indicator	23	**				
	Medical Surgical			29	**				
	Telemetry-PCU			45	**				
	Hemodialysis			1	**				
	Other			2	**				
	Late RRT calls			3	**				

TARGET KEY: ★ Better than Expected ◆ Expected ■ Needs more work ● Worse than expected

		TARGET KEY	Target Goal	CY2013	1Q	2Q	3Q	4Q	COMMENTS
UNIVERSAL PROTOCOL									
TIME OUT (Operating Room) - new criteria	OVERALL COMPLIANCE	★	100%	> 90%	◆	◆			OR reported that site markings are coming off during the prep, so much that it is no longer visible during the time-out. They are addressing this issue with Materials Management (to investigate the site markers that are being used).
		◆	>90%		99.8%	98.5%			
	Time-Out Verbally Called	■	75-90%		100%	100%			
	All activity CEASED	●	<75%		99%	100%			
	Confirmed Correct Patient (2 identifiers)				100%	100%			
	Confirmed Correct Procedure				100%	100%			
	Confirmed Correct Side/Site				100%	100%			
	Confirmed Correct Patient Position				100%	100%			
	Confirmed Correct Radiographs				100%	100%			
	Confirmed Correct Implants and equipment				100%	100%			
Site Marking Visible				99%	93%				
Documentation of Time-Out				100%	100%				
TIME OUT (Radiology - procedures outside of OR) - new criteria	OVERALL COMPLIANCE	★	100%	> 90%	◆	◆			Radiology routinely performs Time Outs; however, the challenge is with documenting its completion. The department is considering implementing a check-off list, to ensure everything was documented.
		◆	>90%		99%	97%			
	Time-Out Verbally Called	■	75-90%		99%	98%			
	All activity CEASED	●	<75%		99%	95%			
	HCW Confirmed Correct Patient (2 identifiers)				99%	100%			
	HCW Confirmed Correct Procedure				99%	100%			
	HCW Confirmed Correct Side/Site				99%	100%			
	HCW - Site Marking Visible				99%	100%			
	Proceduralist - verified procedure				99%	94%			
	Proceduralist - verified site/site				99%	94%			
Documentation of Time-Out				99%	100%				
TIME OUT (Nursing-Bedside - procedures outside of OR) - new criteria	OVERALL COMPLIANCE	★	100%	> 90%	◆	◆			Nursing Staff frequently have to prompt the Proceduralist to perform the Time Out; otherwise it will not be performed.
		◆	>90%		95%	94%			
	Time-Out Verbally Called	■	75-90%		95%	94%			
	All activity CEASED	●	<75%		95%	94%			
	HCW Confirmed Correct Patient (2 identifiers)				95%	95%			
	HCW Confirmed Correct Procedure				95%	95%			
	HCW Confirmed Correct Side/Site				95%	95%			
	HCW - Site Marking Visible				95%	95%			
	Proceduralist - verified procedure				95%	94%			
	Proceduralist - verified site/site				95%	94%			
Documentation of Time-Out				95%	94%				
OTHERS									
RISK MANAGEMENT INFORMATION	sentinel events				0	7	1		
	Delays in Treatment		VOLUME		0	137	34		
	Against Medical Advice		INDICATOR		0	169	30		
	Elovements				0	594	218		

BLOOD USAGE STATS--SEE ATTACHMENT I

FALL RATE--SEE ATTACHMENT II

MEDICATION ERROR RATE--SEE ATTACHMENT III

PURPOSE

To compile statistical data which may be useful in identifying problems, opportunities to improve and planning activities.

RESPONSIBILITIES

The Lab/BB will

- maintain blank forms and enter data monthly
- submit completed forms to TTC monthly

The TTC will review and analyze data monthly and yearly. Mar-14

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
COMPONENTS REC'D FR. RED CROSS	372	364	364										
PRBC (LEUKOCYTE REDUCED)	338	352	334										
CMV NEGATIVE LRC PRBC	12	12	12										
FRESH FROZEN PLASMA	18	14	14										
SDP	4	4	4										
PLATELETS (SDP)-LOCAL PHERESIS	12	10	11										
UNITS RECEIVED FROM USNH	0	0	0										
UNITS REQUESTED FROM USNH (SDP)	0	0	0										
TOTAL UNITS ISSUED TO USNH	0	0	0										
TOTAL UNITS ISSUED TO CHC	0	0	0										
NO. OF OCCURRENCES/REPORTS	0	0	0										
NO. OF CASES REFERRED TO TTC	0	0	0										
NO. OF TYPE & SCREEN REQUESTS	no data	no data	no data										
PRBC CROSMATCHED	429	412	398										
CT Ratio: XM/TX	1.5	1.3	1.4										
PATIENTS CROSMATCHED	123	113	106										
NO. OF INCOMPATIBLE CROSMATCH	0	0	0										
NO. OF RH NEG QB PATIENTS	0	0	0										
PATIENTS TRANSFUSED	113	109	101										
COMPONENT TRANSFUSED	332	321	317										
PRBC	309	301	304										
PC ALIQUOTS	4	2	3										
FRESH FROZEN PLASMA	12	4	6										
FFP ALIQUOT	0	0	0										
PLATELETS (SDP)	2	4	4										
PLATELETS (SPLIT UNITS)	20	18	17										
NO. OF UNITS EMERGENCY RELEASED	16	14	15										
PACKED CELLS	2	0	0										
PLATELETS	14	14	15										
SINGLE UNIT TRANSFUSIONS (Adults)	no data	no data	no data										
2 UNIT TRANSFUSION	no data	no data	no data										
TRANSFUSION COMPLICATIONS	0	1	1										
HEMOLYTIC RX	0	0	0										
SOB (TRALI?)	0	0	0										
TRANSMITTED INFECTION	0	0	0										
OTHER	0	0	0										
COMPONENTS EXPIRED ON SHELF	0	0	0										
PRBC (ALQ)	0	0	0										
FRESH FROZEN PLASMA (ALQ)	0	0	0										
PLATELETS (SDP)	0	0	0										
COMPONENTS WASTED (FFP ORDERED-NOT USED)	0	0	0										

Monthly review by Lab and TTC

Problems Identified Yes No Opportunities to Improve Yes No
 BB Supervisor Initial _____ Date _____
 TTC Initial _____ Date _____

Yearly Review

Trends Noted Yes No Problems Identified Yes No
 BB Supervisor Initial _____ Date _____
 TTC Initial _____ Date _____

COMMENTS

/s/ Annie Santos Merch 2014

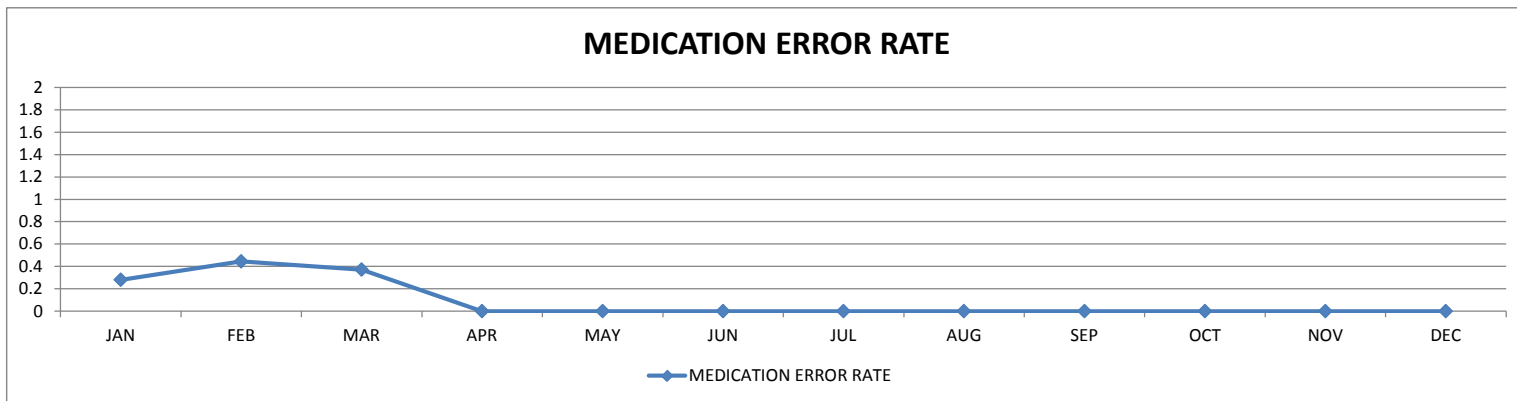
Routing: 1)BB initiates 2)TTC 3)QM
 Completed forms filed in *Lab/BB *MSO *PI Coordinator

*Data Source - HIS
 **Data Source - Blood Bank

MEDICATION ERROR RATE
CY 2014

MEDICATION ERROR PER 1000 DISPENSED RATE	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4
	0.28	0.44	0.37	0.09	#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 actual medication errors *1000	14	21	20	14	0	0	0	0	0	0	0	0	0	0	0	0
# of dispensed medication (inpatient)	50,056	47,332	54,002	151390												
Sample rate: 100%																
Frequency: monthly																
Performance Measure:																
Volume + Flow																
Education & Competency																
Cost & Efficiency																
Customer Satisfaction																
Process & Output																
Patient Outcomes																
Risk management, safety, and/or infection control																
Data Collection Method: Patient Safety Form																
Desired Outcome: GMHA will have a less than 0.05 Medication error rate by the end of CY2014																

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CY14
ACTUAL	14	21	20	0	0	0	0	0	0	0	0	0	55
NEAR MISSED - REPORTED	0	0	0	0	0	0	0	0	0	0	0	0	0
NEAR MISS-PHARMACY	29	1	9										
NEAR MISS-NURSING	29	19	17										
NEAR MISS-DRUG INTERVENTIONS	66	74	90										



Procurement	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prescribing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transcription	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NODE	Dispensing	3	4	2	0	0	0	0	0	0	0	0	0	0	9
	Administering	5	14	8	0	0	0	0	0	0	0	0	0	0	27
	Monitoring	6	2	8	0	0	0	0	0	0	0	0	0	0	16
	Documenting	0	1	2	0	0	0	0	0	0	0	0	0	0	3

TYPE OF ERROR	Prescribing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Omission	3	3	5	0	0	0	0	0	0	0	0	0	0	11
	Wrong Patient	0	1	1	0	0	0	0	0	0	0	0	0	0	2
	Wrong Time	0	2	0	0	0	0	0	0	0	0	0	0	0	2
	Wrong Route	1	1	0	0	0	0	0	0	0	0	0	0	0	2
	Wrong Dose	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wrong Administration Technique	0	0	2	0	0	0	0	0	0	0	0	0	0	2
	Wrong Dosage Form	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wrong Drug Preparation	0	2	1	0	0	0	0	0	0	0	0	0	0	3
	Allergic Reaction	0	4	1	0	0	0	0	0	0	0	0	0	0	5
	Allergy Not Documented	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Incorrect or Absent Documentation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Illegible Order	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Failure to Follow Policy & Procedure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Infiltration	5	1	4	0	0	0	0	0	0	0	0	0	0	10
	Extravasation	1	1	3	0	0	0	0	0	0	0	0	0	0	5
	Improper dose/quantity	4	4	2	0	0	0	0	0	0	0	0	0	0	10
Unauthorized (wrong) drug	0	2	1	0	0	0	0	0	0	0	0	0	0	3	
Other:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

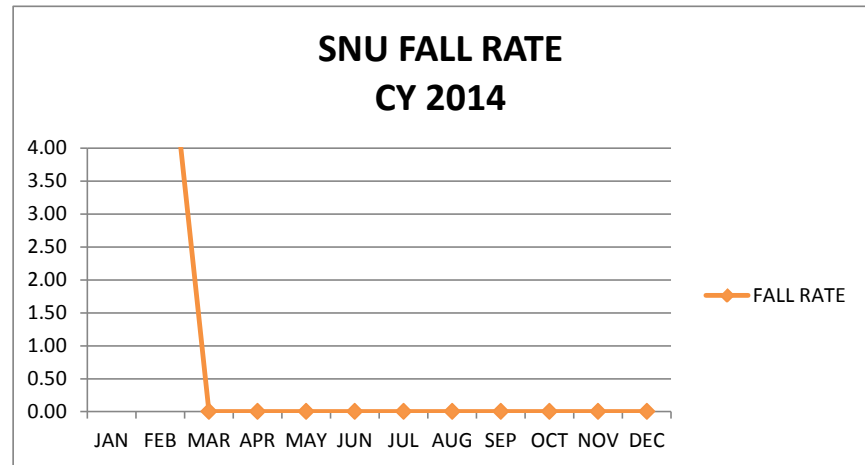
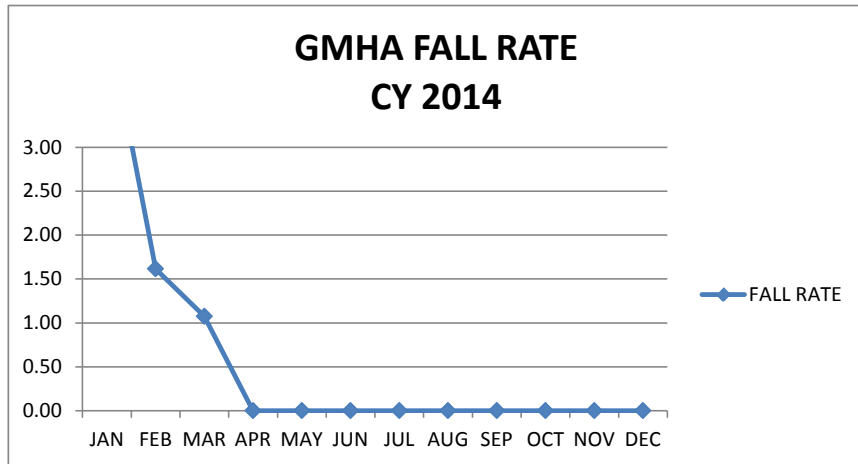
SEVERITY LEVEL	A	0	1	1	0	0	0	0	0	0	0	0	0	0	2
	B	2	2	1	0	0	0	0	0	0	0	0	0	0	5
	C	3	11	8	0	0	0	0	0	0	0	0	0	0	22
	D	9	7	10	0	0	0	0	0	0	0	0	0	0	26
	E	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	H	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	I	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Severity Level Description: **CATEGORY A:** Circumstances or events that have the capacity to cause error. **CATEGORY B:** An error occurred but the error did not reach the patient. **CATEGORY C:** An error occurred that reached the patient but did not cause patient harm. **CATEGORY D:** An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm. **CATEGORY E:** An error occurred that may have contributed to or resulted in temporary harm to the patient and required interventions. **CATEGORY F:** An error occurred that may have contributed to or resulted in temporary harm to the patient and required prolonged hospitalization. **CATEGORY G:** An error occurred that required intervention necessary to sustain life. **CATEGORY I:** An error occurred that may have contributed to or resulted in the patient's death

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CY14
ER	3	6	5	0	0	0	0	0	0	0	0	0	14
HEMO	2	0	1	0	0	0	0	0	0	0	0	0	3
ICU	2	1	2	0	0	0	0	0	0	0	0	0	5
LD	0	0	0	0	0	0	0	0	0	0	0	0	0

LOCATION	MSW	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	NURS/NICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	OBW	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	OR	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	PEDS/PICU	0	2	0	0	0	0	0	0	0	0	0	0	0	2
	SURG	2	9	6	0	0	0	0	0	0	0	0	0	0	17
	TELE-PCU	3	0	2	0	0	0	0	0	0	0	0	0	0	5
	PHARMACY	2	2	0	0	0	0	0	0	0	0	0	0	0	4
	RADIOLOGY	0	1	2	0	0	0	0	0	0	0	0	0	0	3
	RESPIRATORY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	REHAB	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SPECIAL SERVICES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SNU	0	0	0	0	0	0	0	0	0	0	0	0	0	0

FALL PREVALENCE RATE PER 1000 PATIENT DAYS	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4
	4.50	1.61	1.08	2.39	#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 fall occurrences * 1000--acute areas	12	4	3	19	0	0	0	0	0	0	0	0	19	0	0	19
# of patient days (ICU, MS, SURG, TELE-PCU)	2669	2477	2790	7936	0	0	0	0	0	0	0	0	0	0	0	0
Sample rate: 100%																
Frequency: monthly																
Performance Measure:																
Volume + Flow																
Education & Competency																
Cost & Efficiency																
Customer Satisfaction																
Process & Output																
Patient Outcomes																
Risk management, safety, and/or infection control																
Data Collection Method: Patient Safety Form																
Desired Outcome: GMHA will have a less than 2.00 fall prevention rate by the end of CY2013																
SNU FALL RATE PER 1000 PATIENT DAYS	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4
	12.70	6.93	#DIV/0!	9.36	#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 fall occurrences*1000	4	3	0	7	0	0	0	0	0	0	0	0	7	0	0	7
# of patient days	315	433	0	748	0	0	0	0	0	0	0	0	0	0	0	0



JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC **CY2014**

FALL OCCURRENCE	ICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MSW	3	2	1	0	0	0	0	0	0	0	0	0	0	0	6
	TELE-PCU	5	2	0	0	0	0	0	0	0	0	0	0	0	0	7
	PEDS/PICU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SURG	4	0	2	0	0	0	0	0	0	0	0	0	0	0	6
	HEMO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	ER	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	ANCILLARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SNU	4	3	0	0	0	0	0	0	0	0	0	0	0	0	7
Visitor	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	

SHIFT OCCURRENCE	AM SHIFT	5	4	1	0	0	0	0	0	0	0	0	0	0	0	10
	PM SHIFT	6	3	0	0	0	0	0	0	0	0	0	0	0	0	9
	GY SHIFT	5	1	2	0	0	0	0	0	0	0	0	0	0	0	8
OCCURRENCE 1HR BEFORE/AFTER SHIFT		5	4	0	0	0	0	0	0	0	0	0	0	0	0	9

TYPE OF FALL	WITNESSED	4	2	0	0	0	0	0	0	0	0	0	0	0	0	6
	ASSISTED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	REPEATED	3	2	1	0	0	0	0	0	0	0	0	0	0	0	6

LOCATION OF FALL	BATHROOM	2	1	1	0	0	0	0	0	0	0	0	0	0	0	4
	BEDSIDE	12	4	2	0	0	0	0	0	0	0	0	0	0	0	18
	WALKWAY	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	OTHERS	2	1	0	0	0	0	0	0	0	0	0	0	0	0	3

FLOOR CONDITION	DRY	16	8	3	0	0	0	0	0	0	0	0	0	0	0	27
	WET	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SLIPPERY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	DAMAGED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

RESTRAINT USE	NONE	13	8	3	0	0	0	0	0	0	0	0	0	0	0	24
	PHYSICAL	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	CHEMICAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SIDERAILS X 4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2

MEDICATION USE	OPIOIDS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SEDATIVE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	ANTICONVULSANTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CARDIAC MEDS	4	1	0	0	0	0	0	0	0	0	0	0	0	5
	DIABETIC MEDS	2	0	0	0	0	0	0	0	0	0	0	0	0	2
CONTRIBUTING FACTORS	MENTAL STATUS	10	5	2	0	0	0	0	0	0	0	0	0	0	17
	TOILETING ATTEMPT	4	1	1	0	0	0	0	0	0	0	0	0	0	6
	BED NOT IN LOWEST POSITION	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EQUIPMENT	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	IMPROPER FOOTWEAR	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	WHEELCHAIR/BED NOT LOCKED	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	LIGHTING	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	STAFFING ISSUE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TYPE OF INJURIES	NONE	15	5	2	0	0	0	0	0	0	0	0	0	0	22
	MINOR	1	3	0	0	0	0	0	0	0	0	0	0	0	4
	MAJOR	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	DEATH	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Guam Memorial Hospital Authority

Performance Improvement Dashboard - Divisions Month 3

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 - Maternal Child Health (MCH) Units - JANUARY-FEBRUARY-MARCH 2014									
A, E, Q	OB, NURSERY, L&D, PEDS	Pain Management	95%	★ 95%	★ 96%				
		NURSERY	HL/IV Maintenance	95%	★ 99%	★ 96%			
A, Q, S	NURSERY, L&D, PEDS	Informed Consent	95%	★ 100%	★ 100%				
A, Q, S	L&D	MD Order Compliance for Pain Medication	95%	★ 96%	★ 99%				
		OB Tracevue Documentation	95%	★ 95%	★ 95%				
	OB	Discharge Instructions	90%	new for CY2014	★ 95%				
		Admission Documentation (Licensed staff)	95%	new for CY2014	★ 98%				
		Documentation (Non-Licensed staff)	95%	new for CY2014	★ 99%				
FISCAL SERVICES DIVISION - JANUARY-FEBRUARY-MARCH 2014									
A	FINANCE	CFO Correspondence Completion	100%	● 69%	● 61%				
		Accurate Accounts Payable Documentation	100%	◆ 99%	◆ 98%				
		Financials Completed by 10th Business Day	100%	★ 100%	● 67%				
A, C		Budget to Actual Reports Released by 15th Day	100%	★ 100%	★ 100%				
A	PAYROLL	Accurate Payroll	100%	★ 99.8%	★ 99.7%				
		Payroll Daily/Weekly Reports Submitted Timely	100%	● 67%	★ 100%				
		Payroll Daily/Weekly Reports with documented Manager Responses	100%	● 75%	■ 86%				
		Timekeeping Adjustments performed by Payroll Staff	< 10%	◆ 6%	★ 3%				
OPERATIONS DIVISION - JANUARY-FEBRUARY-MARCH 2014									
A, E, S	SECURITY	Unsecured Areas Secured once found	90%	new for CY2014	★ 100%				
		Security responds to Code 60s	95%	new for CY2014	★ 100%				
A, E	MATERIALS MANAGEMENT	Distribution - % of stock items issued from warehouse within 7 days of request	90%	● 74%	● 71%				
		Stock Control - % of total stock items available for issue from the warehouse	85%	◆ 89%	◆ 89%				
		Procurement - % of total requisition converted to purchase order within 8 days of fund certification	85%	◆ 86%	◆ 84%				
A, E, S		CSR - Total critical care inventory available & ready for issue in CSR	85%	◆ 86%	■ 83%				
A, C		Report of Survey - % of total inventory disposed relative to total value of inventory	< 1%	◆ 1%	★ 0%				
A, S		Recall & Alert Notice Reports - Responses from Departments	100%	● 85%	● 79%				

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
A, S	PLANNING	National Incident Management Systems (NIMS) Completion - Managers/Supervisors	95%	98%	98%				
		National Incident Management Systems (NIMS) Completion - Staff	95%	96%	97%				
PRO-SUPPORT DIVISION - JANUARY-FEBRUARY-MARCH 2014									
A, C, E	RESPIRATORY	Respiratory Flowsheet Documentation	95%	97%	95%				
		Interdisciplinary Plan of Care Documentation	90%	90%	91%				
		Charge Comparison - manual count (Respiratory Dept.) versus MIS acknowledged charges	< 10% variance	89%	98%				
A, S, Q	REHABILITATIVE SVCS.	Outpatient Medication Reconciliation	90%	89%	91%				
A, C, E		Interdisciplinary Plan of Care Documentation	95%	90%	97%				
		Daily Charge Entry	95%	98%	96%				
		SNU Documentation	90%	94%	90%				
A, E, Q	SOCIAL SERVICES	Case Closures in 7 days of Discharge	85%	78%	92%				
		Home Health Care Referrals ordered 48 hrs or more prior to Discharge	80%	84%	81%				
		Cases acknowledged by SW within 2 hours	90%	90%	90%				
		Cases with SW intervention within 4 hours	90%	93%	93%				
MEDICAL SERVICES DIVISION - JANUARY-FEBRUARY-MARCH 2014									
A, C, Q	QUALITY IMPROVEMENT	Surgical Care Improvement Project (SCIP) Process of Care Measures	> 85%	PLEASE SEE ATTACHED CART AND SCIP TABLE					
		CMS Abstraction and Reporting Tool (CART) - Core Measures - (AMI, HF, PN)	> 85%						
A, S, Q	RISK MANAGEMENT	Total # of Patients with return ER visits within 48 hours for the same or related complaints	?	new for CY2014	58				
		% of Patients that revisited ER (within 48 hours) with the same complaint after having left AMA or Eloped during the 1st visit	?		6%				
		% of Patients that were admitted after ER revisit (within 48 hours)	?		26%				
		% of Patients that were discharged after ER revisit (within 48 hours)	?		74%				
PATIENT SAFETY COMMITTEE DASHBOARD - PLEASE SEE ATTACHED									

CART and SCIP DATA <u>CY 2014</u>	CY2013-4Q	CY2014 1ST QTR	CY2014 2ND QTR	CY2014 3RD QTR	CY2014 4TH QTR	National Average
	April 1 - June 30, 2013 discharges	July 1 - September 30, 2013 discharges	October 1 - December 31, 2013 discharges	January 1 - March 31, 2014 discharges	April 1 - June 30, 2014 discharges	
Acute Myocardial Infarction (AMI)						
% Aspirin on Arrival	93.0%	98.7%				
% Aspirin on Discharge	97.7%	97.3%				
% Given ACE Inhibitor or ARB for LVSD	80.0%	72.7%				
% of Beta Blockers given on discharge	90.0%	94.7%				
% of Fibrinolytic Meds within 30 minutes of arrival	0.0%	0.0%				
% given a prescription of statin at discharge	95.7%	92.7%				
Pneumonia (PN)						
% of Blood Cultures performed prior to antibiotic	65.0%	60.0%				
% given the most appropriate Initial antibiotic	62.9%	78.9%				
Heart Failure (HF)						
% given discharge instructions	90.9%	97.6%				
% given an evaluation of LVS Function	93.9%	92.9%				
% given ACE inhibitor or ARB for LVSD	72.7%	90.0%				
Surgical Care Improvement Project (SCIP)						
Prophylactic antibiotic received within one hour prior to surgical incision	60.0%	75.0%				
Prophylactic antibiotic selection for Surgical Patients	90.0%	75.0%				
Prophylactic antibiotic discontinued within 24 hours after surgery end time	100.0%	100.0%				
Surgery patients with appropriate hair removal	100.0%	91.7%				
Urinary catheter removed on postoperative Day 1 (POD 1) or postoperative Day 2 (POD 2) with day of Surgery being Day 0	100.0%	100.0%				
Surgery patients with perioperative temperature management	100.0%	75.0%				
Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period	100.0%	0.0%				
Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery	53.0%	60.0%				

The data in this report is provided by the [Quality Management Department](#) on a quarterly basis
Data is obtained from the CMS Abstraction and Reporting Tool (CART)

Key Legend

1: the number of cases is too small (<25) to reliably tell how well a hospital is performing
2: The hospital indicated that the data submitted for this measure were based on a sample of cases.
3: Data was collected during a shorter period of time (fewer quarters) than the maximum possible time for this measure
10: A state average was not calculated because too few hospitals in the state submitted data
+ "0" patients: Hospital treated patients in this condition but no patients met the criteria for inclusion in the measure calculation

= means NO DIFFERENT than US National Average; < means WORSE than US National Average and > means BETTER than US National Average.



**Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån**

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



**BOARD OF TRUSTEES
Official Resolution No. 14-61**

Relative to the Appointment of Provisional Medical Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Insaf Ally, MD.	Medicine	Internal Medicine	June 30, 2015
Dennis Albino, MD.	Ob/Gyn	Ob/Gyn	June 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 June 27, 2014 and the Joint Conference and Professional Affairs Committee on July 17, 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 24th DAY OF JULY 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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 Tamuning, GU 96913



BOARD OF TRUSTEES
Official Resolution No. 14-62

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Darius Richardson, MD.	Surgery	Oral/Maxillofacial Surg.	June 30, 2016
Robert Leon Guerrero, MD.	Pediatrics	Pediatrics	June 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 June 27, 2014 and the Joint Conference and Professional Affairs Committee on July 17, 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 24th DAY OF JULY 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

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 Tamuning, GU 96913



BOARD OF TRUSTEES
Official Resolution No. 14-63

Relative to the Appointment of Provisional Medical Staff Privileges for:

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Kia Rahmani, MD.	Surgery	General Surgery	June 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 June 27, 2014 recommended approval of Active Medical Staff Membership reappointment for the above listed practitioner; and

WHEREAS, the Joint Conference and Professional Affairs Committee on July 17, 2014 recommended provisional approval of Medical Staff Privileges for a period of three months, contingent upon completion of 95% of deficient charts greater than 28 days old, within the 90 day period.

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

RESOLVED, that the Board of Trustees approves this recommendation to reappoint the above named practitioner to Provisional Medical Staff as recommended by the Joint Conference and Professional Affairs committee; 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 his appointment; and be it further

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

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF JULY 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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**BOARD OF TRUSTEES
Official Resolution No. 14-64**

“Relative to Correcting Accounts Receivable to Reflect Active Balances”

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

WHEREAS, the Hospital’s financial records as of June 30, 2014 show \$251,259,662 (Two hundred fifty one million, two hundred fifty nine thousand six hundred sixty two dollars) receivable from government, insurer and self-pay entities; and

WHEREAS, the Hospital has not been consistent in removing accounts receivable when deemed uncollectible from government, insurer or patient; and

WHEREAS, the Hospital intends to convert its revenue cycle software to the NTT Data “Optimum” in August 2014 and, as part of the conversion, the Hospital’s accounts receivable detail will be converted from the AS-400 “PI” software to the “Optimum” software; and

WHEREAS, the Hospital’s Chief Financial Officer and Business Office managers agree that the accounts receivable in the Optimum software should exclude old, unbillable, uncollectible receivables; and

WHEREAS, Hospital staff have reviewed the accounts receivable as of April 30, 2014 and are recommending approximately \$178 million (One hundred seventy eight million) of unbilled, uncollectible and denied accounts receivable as found in Appendix A be removed from the Hospital’s detailed accounts receivable trial balance;

RESOLVED, that the Board of Trustees hereby approves that the Hospital authorize the Chief Financial Officer and the Business Office managers to remove (credit) receivables that the staff determine to be uncollectible; and, be it further

RESOLVED, that the Hospital correct its accounts receivable detail and summary to reflect collectible receivables and that these accounts be exported to the new Optimum software system.

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

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF JULY 2014.

Certified by:

**Lee P. Webber
Chairman, Board of Trustees**

Attested by:

**Edna V. Santos, M.D.
Secretary, Board of Trustees**