



# Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guahån

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



33-15-0710

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

August 3, 2015

Honorable Judith T. Won Pat, Ed.D.  
*Speaker of I Minatrentai Dos Na Liheslaturan Guåhan*  
155 Hesler Place  
Hagåtña, GU 96910

Date: 08-03-15

Time: 3:05 PM

Received By: [Signature]

**RE: REPORTING REQUIREMENTS FOR BOARDS AND COMMISSIONS**

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 meeting held on July 30, 2015 at 6:00 p.m. in the GMHA D.L Webb Conference Room.

Please contact me directly at 647-2104 if you have any questions.

Senseramente,

Theo M. Pangelinan  
Administrative Assistant – Board Office

cc: Hospital Administrator/CEO  
File

2015 AUG -3 PM 3:26

0710



GUAM MEMORIAL HOSPITAL AUTHORITY  
Board of Trustees Regular Meeting



## AGENDA

Thursday, July 30, 2015 | 6:00 p.m.

D. L. Webb Conference Room

- I. **Call meeting to order and determination of quorum**
- II. **Medical Staff President's report**
- III. **Executive Session**
- IV. **Approval of regular session minutes**
  - A. May 28, 2015
- V. **Board Sub-committee reports**
  - A. Human Resources
    1. Res. 15-61 Relative to commending Dr. Michael Robinson for his dedication and commitment to GMHA
  - B. Joint Conference and Professional Affairs
    1. Res. 15-62 & 63 Relative to Appointments/Reappointments
  - C. Facilities, Capital Improvement Projects, and Information Technology
  - D. Governance, Bylaws, and Strategic Planning
  - E. Quality and Safety
    1. Performance Improvement Dashboard – Month 3 (CY-2015, 1Q)
    2. Patient Safety Dashboard (CY-2015, 1Q)
  - F. Finance and Audit
    1. Financials – June 215
- VI. **Administrators' reports**
  - A. Associate Administrator of Medical services
  - B. Chief Financial Officer
  - C. Hospital Administrator/CEO
- VII. **Old Business**
  - A. Res. 15-64 Relative to honoring the GMHVA for their hard work, dedication, and contributions to GMHA
- VIII. **New Business**
- IX. **Public Comment**
- X. **Adjourn**

**Board Members:** Lee Webber – Chairman | Frances Mantanona – Vice-chairperson | Dr. Edna Santos – Secretary | Rose Grino, RN – Treasurer | Dr. Ricardo Terlaje – Trustee | Valentino Perez – Trustee | Evelyn Akimoto – Ex-officio Member

**Leadership:** Theodore Lewis, MBA – Interim CEO | Zennia Pecina, RN – Assistant Administrator of Nursing Services | Florencio Lizama, MD – Medical Director | Benita Manglona – Chief Financial Officer | Dr. Hoa Nguyen – Medical Staff President | Joy Villaruel, RN – Acting, Compliance Officer



GUAM MEMORIAL HOSPITAL AUTHORITY  
Board of Trustees Meeting



**REGULAR SESSION ATTENDANCE SHEET**

Thursday, July 30, 2015 | 6:00 p.m.  
D.L. Webb Conference Room

<u>Name</u>	<u>Title</u>	<u>Signature</u>
<b>Board Members</b>		
Lee P. Webber	Chairman	
Frances Mantanona	Vice-chairperson	
Dr. Edna Santos	Secretary	
Rose Grino, RN	Treasurer	
Dr. Ricardo Terlaje	Trustee	
Valentino Perez	Trustee	
Evelyna Akimoto	Ex-officio Member	<i>Excused</i>
<b>Leadership</b>		
Theodore M. Lewis, MBA	Hospital Administrator/CEO	
Zennia Pecina, RN	Assistant Administrator of Nursing Services	
Benita Manglona	Chief Financial Officer	
Dr. Florencio Lizama	Medical Director	
Dr. Hoa Nguyen	Medical Staff President	
Joy Villaruel, RN	Acting, Compliance Officer	
June Perez	Acting, Public Information Officer	
>>> Guest(s) on next page >>>		





GUAM MEMORIAL HOSPITAL AUTHORITY  
Board of Trustees Meeting



**EXECUTIVE SESSION ATTENDANCE SHEET**

Thursday, July 30, 2015 | 6:00 p.m.  
D.L. Webb Conference Room

<u>Name</u>	<u>Title</u>	<u>Signature</u>
Lee P. Webber	Chairman	
Frances Mantanona	Vice-chairperson	
Dr. Edna Santos	Secretary	
Rose Grino, RN	Treasurer	
Dr. Ricardo Terlaje	Trustee	
Valentino Perez	Trustee	
Attorney Minakshi Hemlani	GMH Legal Counsel	
George Castro	Court Reporter – Depo Resources	Present

GMHA  
Comparative Balance Sheet

	MAY-2015	JUN-2015	CHANGE
<b>CURRENT ASSETS</b>			
Cash - Operations	\$1,856,424	\$97,841	-\$1,758,582
Cash - Restricted	\$1,360,684	\$1,110,785	-\$249,899
Patient Accts Receivable-Current	\$174,578,203	\$175,276,989	\$698,785
Patient Accts Receivable-Reserved Receivables	\$120,212,794	\$125,713,502	\$5,500,708
Suspense Accounts	\$109,301	\$106,359	-\$2,942
Less: Reserve for Cont Allow	-\$6,145,443	-\$5,573,865	\$571,578
Less: Reserve for Bad Debts	-\$157,770,039	-\$147,200,244	\$10,569,795
Due from GovGuam	-\$110,148,716	-\$125,960,073	-\$15,811,357
Other Receivables	-\$9,265	\$4,478	\$13,743
Inventories	\$3,986,059	\$3,826,262	-\$159,798
Prepaid Expenses	\$101,277	\$108,904	\$7,626
<b>Total Current Assets</b>	<b>\$28,131,279</b>	<b>\$27,510,938</b>	<b>-\$620,341</b>
Property, Plant and Equipment	\$39,453,701	\$39,340,959	-\$112,742
<b>Total Assets</b>	<b>\$67,584,980</b>	<b>\$66,851,897</b>	<b>-\$733,083</b>
<b>LIABILITIES &amp; FUND BALANCE</b>			
<b>CURRENT LIABILITIES</b>			
Current Portion of Long Term Debt	\$2,095,844	\$2,105,189	\$9,345
Deferred Revenue	\$250,000	\$250,000	
Accounts Payable, Trade	\$18,097,093	\$18,050,055	-\$47,038
Accounts Payable, Government	\$3,546,345	\$4,626,264	\$1,079,918
Other Accrued Liabilities	\$1,316,000	\$1,298,000	-\$18,000
Accrued Payroll & Benefits	\$2,452,828	\$2,883,310	\$430,482
Current Portion of accrued AL	\$1,793,609	\$1,784,340	-\$9,269
<b>Total Current Liabilities</b>	<b>\$29,551,719</b>	<b>\$30,997,157</b>	<b>\$1,445,438</b>
Notes Payable, net of curent portion	\$20,183,226	\$20,004,982	-\$178,245
Accrued AL, net of current portion	\$2,282,775	\$2,270,978	-\$11,798
Accrued Sick Leave	\$3,998,858	\$4,032,797	\$33,939
<b>Total Long-Term Liabilites</b>	<b>\$26,464,860</b>	<b>\$26,308,756</b>	<b>-\$156,103</b>
Fund Balance	\$11,568,402	\$9,545,985	-\$2,022,417
<b>Total Unrestricted Funds</b>	<b>\$67,584,980</b>	<b>\$66,851,897</b>	<b>-\$733,083</b>

GMHA  
Comparative Income Statement--May 2015 and Jun 2015

	MAY	JUN	CHANGE	TOTAL YTD
<b>STATEMENT OF REV AND EXP</b>				
Gross Patient Revenues	\$14,223,655	\$13,917,017	-\$306,638	\$119,090,831
Contractual Adjustments	-\$4,779,283	-\$4,760,242	\$19,041	-\$40,505,578
Bad Debts Expense	-\$2,143,367	-\$1,971,150	\$172,217	-\$18,435,995
<b>NET PATIENT REVENUES</b>	<b>\$7,301,005</b>	<b>\$7,185,625</b>	<b>-\$115,380</b>	<b>\$60,149,258</b>
Other Operating Revenue				
Food Sales, Cafeteria	\$37,365	\$41,430	\$4,065	\$312,454
Other	\$11,683	\$13,342	\$1,659	\$127,967
<b>Total Other Oper Revenues</b>	<b>\$49,048</b>	<b>\$54,772</b>	<b>\$5,724</b>	<b>\$440,421</b>
<b>TOTAL REVENUES</b>	<b>\$7,350,053</b>	<b>\$7,240,397</b>	<b>-\$109,656</b>	<b>\$60,589,679</b>
<b>OPERATING EXPENSES:</b>				
Salaries	\$5,426,151	\$5,036,873	-\$389,278	\$45,562,545
Fringe Benefits	\$1,544,500	\$1,566,067	\$21,567	\$13,696,793
Travel & Mileage Reimbursement	\$826	\$13,660	\$12,834	\$48,678
Training	\$580	\$2,499	\$1,919	\$21,574
Contractual Services	\$842,129	\$793,470	-\$48,659	\$8,420,948
Supplies & Materials	\$1,237,884	\$1,359,327	\$121,443	\$10,294,064
Minor Equipment	\$10,547	\$29,767	\$19,220	\$326,499
Miscellaneous	\$30,975	\$18,357	-\$12,618	\$271,688
Utilities	\$260,878	\$291,857	\$30,979	\$2,588,594
<b>TOTAL OPERATING EXPENSES</b>	<b>\$9,354,470</b>	<b>\$9,111,877</b>	<b>-\$242,593</b>	<b>\$81,231,383</b>
<b>OTHER EXPENSES:</b>				
Interest Expense	\$173,600	\$142,141	-\$31,459	\$1,349,751
Sick & Annual Leave Exp	\$84,271	\$35,096	-\$49,175	\$804,921
Retiree Health Cost				
Depreciation Expense	\$387,267	\$391,005	\$3,738	\$3,367,923
Gain/Loss on Disposal				
Bioterrorism Expenses	-\$7,748	\$9,006	\$16,754	\$153,135
FEMA/DOI CIP Expenses				
Compact Impact Expenses				\$92,976
GO Bond PL 29-19 Expenses	-\$39,737	\$3,918	\$43,655	\$68,966
Expired/Surveyed Supplies				
Inventory Adjustment	\$77	\$5,473	\$5,396	\$134,219
<b>TOTAL OTHER EXPENSES</b>	<b>\$597,730</b>	<b>\$586,639</b>	<b>-\$11,091</b>	<b>\$5,971,891</b>
<b>TOTAL EXPENSES</b>	<b>\$9,952,200</b>	<b>\$9,698,516</b>	<b>-\$253,684</b>	<b>\$87,203,274</b>
<b>REVENUES OVER EXPENSES</b>	<b>-\$2,602,147</b>	<b>-\$2,458,119</b>	<b>\$144,028</b>	<b>-\$26,613,595</b>
<b>NON-OPERATING REVENUES</b>				
GOVGUAM SUBSIDY		\$206,082	\$206,082	\$16,246,830
CMS Settlement of Fiscal 2012				
Trans GovGuam-Ret Health				
FEMA/DOI CIP Revenues				
PL 30-80 Guam Cancer T/F		\$24,008	\$24,008	\$109,152
GO Bond Revenue	\$67,731		-\$67,731	\$503,312
Compact Impact				\$3,070,341
Bioterrorism Grant				\$242,583
Labor & Delivery Project		\$236,815		\$236,815
Contributions	\$89,357	\$305	-\$89,052	\$228,003
<b>TOTAL NON-OPERATING REVE</b>	<b>\$157,088</b>	<b>\$467,210</b>	<b>\$73,307</b>	<b>\$20,637,036</b>
<b>PROFIT(+)/LOSS (-)</b>	<b>-\$2,445,059</b>	<b>-\$1,990,909</b>	<b>\$217,335</b>	<b>-\$5,976,559</b>

GMHA  
Comparative Income Statement  
YTD Jun 2014 and 2015

**GUAM MEMORIAL HOSPITAL AUTHORITY**

	Jun-14	Jun-15	Change	YTD Jun 2014	YTD Jun 2015	Change
<b>STATEMENT OF REV AND EXP</b>						
Gross Patient Revenues	\$ 11,430,625	\$ 13,917,017	\$ 2,486,392	\$ 105,595,670	\$ 119,090,831	\$ 13,495,161
Contractual Adjustments	\$ (3,977,852)	\$ (4,760,242)	\$ (782,390)	\$ (37,114,330)	\$ (40,505,578)	\$ (3,391,248)
Bad Debts Expense	\$ (1,888,395)	\$ (1,971,150)	\$ (82,755)	\$ (15,979,574)	\$ (18,435,995)	\$ (2,456,421)
<b>NET PATIENT REVENUES</b>	<b>\$ 5,564,378</b>	<b>\$ 7,185,625</b>	<b>\$ 1,621,247</b>	<b>\$ 52,501,766</b>	<b>\$ 60,149,258</b>	<b>\$ 7,647,492</b>
Other Operating Revenue						
Food Sales, Cafeteria	\$ 32,374	\$ 41,430	\$ 9,056	\$ 289,913	\$ 312,454	\$ 22,541
Other	\$ 11,403	\$ 13,342	\$ 1,939	\$ 143,882	\$ 127,967	\$ (15,915)
<b>Total Other Oper Revenues</b>	<b>\$ 43,777</b>	<b>\$ 54,772</b>	<b>\$ 10,995</b>	<b>\$ 433,796</b>	<b>\$ 440,421</b>	<b>\$ 6,625</b>
<b>TOTAL REVENUES</b>	<b>\$ 5,608,155</b>	<b>\$ 7,240,397</b>	<b>\$ 1,632,242</b>	<b>\$ 52,935,561</b>	<b>\$ 60,589,679</b>	<b>\$ 7,654,118</b>
<b>OPERATING EXPENSES:</b>						
Salaries	\$ 4,555,215	\$ 5,036,873	\$ 481,658	\$ 42,063,932	\$ 45,562,545	\$ 3,498,613
Fringe Benefits	\$ 1,421,476	\$ 1,566,067	\$ 144,591	\$ 12,760,433	\$ 13,696,793	\$ 936,360
Travel & Mileage Reimburse	\$ 2,362	\$ 13,660	\$ 11,298	\$ 31,853	\$ 48,678	\$ 16,825
Training	\$ -	\$ 2,499	\$ 2,499	\$ 7,501	\$ 21,574	\$ 14,073
Contractual Services	\$ 881,953	\$ 793,470	\$ (88,483)	\$ 5,812,568	\$ 8,420,948	\$ 2,608,380
Supplies & Materials	\$ 1,003,667	\$ 1,359,327	\$ 355,660	\$ 9,229,371	\$ 10,294,064	\$ 1,064,693
Minor Equipment	\$ 57,555	\$ 29,767	\$ (27,788)	\$ 334,666	\$ 326,499	\$ (8,167)
Miscellaneous	\$ 16,962	\$ 18,357	\$ 1,395	\$ 141,258	\$ 271,688	\$ 130,430
Utilities	\$ 310,249	\$ 291,857	\$ (18,392)	\$ 2,750,360	\$ 2,588,594	\$ (161,766)
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 8,249,439</b>	<b>\$ 9,111,877</b>	<b>\$ 862,438</b>	<b>\$ 73,131,942</b>	<b>\$ 81,231,383</b>	<b>\$ 8,099,441</b>
<b>OTHER EXPENSES:</b>						
Interest Expense	\$ 177,377	\$ 142,141	\$ (35,236)	\$ 1,368,681	\$ 1,349,751	\$ (18,930)
Sick & Annual Leave Expense	\$ 34,287	\$ 35,096	\$ 809	\$ 627,151	\$ 804,921	\$ 177,770
Retiree Health Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation Expense	\$ 360,615	\$ 391,005	\$ 30,390	\$ 3,269,352	\$ 3,367,923	\$ 98,571
Gain/Loss on Disposal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bioterrorism Expenses	\$ 7,579	\$ 9,006	\$ 1,427	\$ 214,158	\$ 153,135	\$ (61,023)
FEMA/DOI CIP Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Compact Impact Expenses	\$ -	\$ -	\$ -	\$ 21,175	\$ 92,976	\$ 71,801
GO Bond PL 29-19 Expenses	\$ 35,454	\$ 3,918	\$ (31,536)	\$ 363,621	\$ 68,966	\$ (294,655)
Expired/Surveyed Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Inventory Adjustment	\$ 19,928	\$ 5,473	\$ (14,455)	\$ 266,570	\$ 134,219	\$ (132,351)
<b>TOTAL OTHER EXPENSES</b>	<b>\$ 635,240</b>	<b>\$ 586,639</b>	<b>\$ (48,601)</b>	<b>\$ 6,130,708</b>	<b>\$ 5,971,891</b>	<b>\$ (158,817)</b>
<b>TOTAL EXPENSES</b>	<b>\$ 8,884,679</b>	<b>\$ 9,698,516</b>	<b>\$ 813,837</b>	<b>\$ 79,262,651</b>	<b>\$ 87,203,274</b>	<b>\$ 7,940,623</b>
<b>REVENUES OVER EXPENSES</b>	<b>\$ (3,276,524)</b>	<b>\$ (2,458,119)</b>	<b>\$ 818,405</b>	<b>\$ (26,327,089)</b>	<b>\$ (26,613,595)</b>	<b>\$ (286,506)</b>
<b>NON-OPERATING REVENUES</b>						
GOVGUAM SUBSIDY	\$ 479,364	\$ 206,082	\$ (273,282)	\$ 9,551,189	\$ 16,246,830	\$ 6,695,641
CMS Settlement of Fiscal 2012	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Trans GovGuam-Ret Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FEMA/DOI CIP Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PL 30-80 Guam Cancer T/F	\$ -	\$ 24,008	\$ 24,008	\$ -	\$ 109,152	\$ 109,152
GO Bond Revenue	\$ 249,336	\$ -	\$ (249,336)	\$ 2,448,663	\$ 503,312	\$ (1,945,351)
Compact Impact	\$ -	\$ -	\$ -	\$ 5,792,885	\$ 3,070,341	\$ (2,722,544)
Bioterrorism Grant	\$ 30,588	\$ -	\$ (30,588)	\$ 420,485	\$ 242,583	\$ (177,902)
Labor & Delivery Project	\$ -	\$ 236,815	\$ 236,815	\$ -	\$ 236,815	\$ -
ARRA Revenues	\$ -	\$ -	\$ -	\$ 1,302,436	\$ -	\$ (1,302,436)
Contributions	\$ 125,286	\$ 305	\$ (124,981)	\$ 1,654,132	\$ 228,003	\$ (1,426,129)
<b>TOTAL NON-OPER REV</b>	<b>\$ 884,574</b>	<b>\$ 467,210</b>	<b>\$ (417,364)</b>	<b>\$ 21,169,790</b>	<b>\$ 20,637,036</b>	<b>\$ (769,569)</b>
<b>CHANGE in NET ASSETS</b>	<b>\$ (2,391,950)</b>	<b>\$ (1,990,909)</b>	<b>\$ 401,041</b>	<b>\$ (5,157,299)</b>	<b>\$ (5,976,559)</b>	<b>\$ (1,056,075)</b>





GMHA  
Sources and Uses of Cash

DESCRIPTION	FY 2015 CASH FLOW									
	Oct-14 ACTUAL	Nov-14 ACTUAL	Dec-14 ACTUAL	Jan-15 ACTUAL	Feb-15 ACTUAL	Mar-15 ACTUAL	Apr-15 ACTUAL	May-15 ACTUAL	Jun-15 ACTUAL	YTD TOTAL
CASH - Beginning balance	\$2,676,915	\$4,690,028	\$3,677,826	\$3,674,221	\$3,328,842	\$4,876,653	\$2,864,881	\$3,997,353	\$3,217,108	
<b>CASH RECEIPTS</b>										
Patient Revenues	\$8,214,473	\$6,784,974	\$4,634,621	\$6,729,157	\$5,106,419	\$3,370,840	\$8,642,685	\$7,403,964	\$5,774,180	\$56,661,313
Other Receipts	85,382	37,402	50,211	53,255	52,906	\$44,340	\$44,853	\$42,167	\$50,393	460,909
Compact Impact Fund					3,000,000	\$70,342	\$88,316			3,158,658
UPCA Settlement	3,469	3,469	3,469	3,469	3,469	\$3,469	\$3,469	\$3,469	\$3,469	31,221
E H R Incentive										0
Bioterrorism Grant	64,817			206,421			\$36,162			307,400
Donation										0
Gen Fund Subsidy	3,332,631	1,062,423	2,679,187	4,062,423	1,292,057	\$4,096,855	\$1,733,571		\$206,082	18,465,229
GO Bond	114,005	15,475		26,665	83,803	\$42,500		\$67,731		350,179
Medicare Cost Report								\$1,669,849		1,669,849
Labor & Delivery Project									\$236,815	236,815
DOC MOU								\$250,000		250,000
UOG Cancer Grant				59,834		\$25,310			\$24,008	109,152
<b>TOTAL CASH RECEIPTS</b>	<b>\$11,814,777</b>	<b>\$7,903,743</b>	<b>\$7,367,488</b>	<b>\$11,141,224</b>	<b>\$9,538,654</b>	<b>\$7,653,656</b>	<b>\$10,549,056</b>	<b>\$9,437,180</b>	<b>\$6,294,947</b>	<b>\$81,700,725</b>
<b>CASH DISBURSEMENTS</b>										
<b>Operational Expenses:</b>										
Salaries & Benefits	\$7,415,459	\$6,033,103	\$6,257,716	\$8,379,270	\$6,042,026	\$7,018,155	\$5,633,828	\$6,661,477	\$6,218,330	\$59,659,364
Travel & Training		4,816	3,123	3,113	10,170	17,144	33,469	2,997	12,792	87,624
Contractual Services	862,949	525,881	562,373	1,061,994	649,938	753,024	1,145,786	1,003,495	683,663	7,249,103
Supplies & Materials	1,191,779	1,567,230	226,342	1,330,268	842,966	1,204,192	2,156,909	1,841,680	519,780	10,881,146
Miscellaneous	43,500	34,203	16,782	26,061	22,194	23,453	77,260	53,211	67,345	364,009
Utilities - Power	0	439,135		326,942	136,324	297,223		314,000	280,863	1,794,487
Water	0	43,337		46,278		35,577		45,790		170,982
Telephone	0			26,888		26,971				53,859
Boiler Fuel	19,736		36,517	17,549	18,985	21,449	12,777	26,535	15,600	169,148
Capital Outlay							88,315		236,815	325,130
Sub-total	\$9,533,423	\$8,647,705	\$7,102,853	\$11,218,363	\$7,722,603	\$9,397,188	\$9,148,344	\$9,949,185	\$8,035,188	\$80,754,852
Other Cash Outlay:										
Debt Service \$12M LOAN	\$268,240	\$268,240	\$268,240	\$268,240	\$268,240	\$268,240	\$268,240	\$268,240	\$268,240	\$2,414,160
Sub-total	268,240	268,240	268,240	268,240	268,240	268,240	268,240	268,240	268,240	83,169,012
<b>TOTAL DISBURSEMENTS</b>	<b>\$9,801,663</b>	<b>\$8,915,945</b>	<b>\$7,371,093</b>	<b>\$11,486,603</b>	<b>\$7,990,843</b>	<b>\$9,665,428</b>	<b>\$9,416,584</b>	<b>\$10,217,425</b>	<b>\$8,303,428</b>	<b>\$83,169,012</b>
<b>CASH-ENDING BAL</b>	<b>\$4,690,028</b>	<b>\$3,677,826</b>	<b>\$3,674,221</b>	<b>\$3,328,842</b>	<b>\$4,876,653</b>	<b>\$2,864,881</b>	<b>\$3,997,353</b>	<b>\$3,217,108</b>	<b>\$1,208,627</b>	
	\$0	\$0	\$0	\$0	\$1	\$0	\$1	\$0	\$1	

GMHA  
COLLECTIONS FROM INSURER  
FISCAL 2015

G M H A PAYOR	MONTHLY COLLECTIONS												MO Average
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Total			
Calvo's	\$1,591,925	\$907,388	\$409,225	\$1,740,961	\$1,642,160	\$932,200	\$1,522,767	\$948,121	\$1,146,955	\$10,841,702	\$1,204,634		
Netcare (Moylan)			281,998	291,110	49,581	227,147	42,428	328,891	164,976	1,386,131	\$154,015		
Staywell	320,361	166,197	67,567	88,849	142,624	454,632	330,754	282,514	366,009	2,219,506	\$246,612		
Takecare (Pacificare)	515,388	573,509	382,505	865,872	206,566	488,503	373,577	485,751	375,233	4,266,904	\$474,100		
Miscellaneous	52,951	101,599	189,599	87,510	160,524	142,883	137,486	254,271	321,188	1,448,012	\$160,890		
Self Pay	276,018	269,078	196,157	155,782	168,197	211,248	243,342	230,352	307,479	2,057,654	\$228,628		
Self Pay Admissions	178,869	171,676	148,401	145,531	153,690	161,165	169,700	157,528	148,981	1,435,541	\$159,505		
	<b>\$ 2,935,512</b>	<b>\$ 2,189,446</b>	<b>\$ 1,675,452</b>	<b>\$ 3,375,614</b>	<b>\$ 2,523,344</b>	<b>\$ 2,617,777</b>	<b>\$ 2,820,054</b>	<b>\$ 2,687,428</b>	<b>\$ 2,830,821</b>	<b>\$ 23,655,449</b>	<b>\$ 2,628,383</b>		
Medicare	980,544	282,731	505,544	460,356	66,648	227,854	1,052,702	2,645,015	438,112	6,659,508	739,945		
Medicaid	1,744,430	3,026,753	1,163,291	1,509,678	1,716,044	370,977	2,000,687	903,555	1,499,065	13,934,479	1,548,275		
MIP	1,228,941	684,883	1,056,712	1,137,044	563,370	56,189	871,908	102,735	270,423	5,972,205	663,578		
GovGuam	29,803	16,761	1,409	23,290	9,087		17,284			97,635	10,848		
DRT-tax offset	1,210,817	558,700	209,092	171,956	111,009	73,195	1,846,887	1,025,890	621,300	5,828,845	647,649		
MAP-GRT										0	0		
Private W/C	5,325	7,007	7,536	1,721	88,157	7,110		7,176		124,031	13,781		
GovGuam W/C	39,374	4,309	1,861		17,390	6,934	22,412		23,338	115,617	12,846		
	<b>\$ 5,239,234</b>	<b>\$ 4,581,145</b>	<b>\$ 2,945,444</b>	<b>\$ 3,304,045</b>	<b>\$ 2,571,705</b>	<b>\$ 742,258</b>	<b>\$ 5,811,881</b>	<b>\$ 4,684,371</b>	<b>\$ 2,852,238</b>	<b>\$ 32,732,319</b>	<b>\$ 3,636,924</b>		
GMMS	14,923			35,176					59,770	109,868	12,208		
Coll Agency of Guam	24,805	14,383	13,725	14,322	11,370	10,805	10,750	32,164	31,351	163,675	18,186		
FSM													
	39,728	14,383	13,725	49,498	11,370	10,805	10,750	32,164	91,121	273,544	30,394		
<b>TOTAL COLLECTIONS</b>	<b>\$ 8,214,473</b>	<b>\$ 6,784,974</b>	<b>\$ 4,634,621</b>	<b>\$ 6,729,157</b>	<b>\$ 5,106,419</b>	<b>\$ 3,370,840</b>	<b>\$ 8,642,685</b>	<b>\$ 7,403,963</b>	<b>\$ 5,774,180</b>	<b>\$ 56,661,312</b>	<b>\$ 6,295,701</b>	average	

GMHA  
COLLECTIONS FROM INSURER  
FISCAL 2015

GMHA	MONTHLY COLLECTIONS												Total	MO Average	
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Total	MO Average				
<b>PAYOR</b>															
Cafeteria sales	31,449	23,898	31,453	26,923	30,207	30,843	35,150	32,738	37,246	279,907	3,600,000				
Other receipts	53,933	9,093	18,757	26,332	22,701	13,497	9,703	9,430	13,147	176,592	1,532,631				
Behavioral Health & Wellness		4,411								4,411					
<b>Allotment/Subsidy:</b>															
PL 32-81 Allotments 2015		1,062,423	2,124,846	4,062,423	1,292,057	2,296,855	1,534,493		206,082	12,579,179	3,600,000				
PL 32-68 Retro	1,800,000					1,800,000				3,600,000					
PL 32-81 Hay	1,532,631									1,532,631					
Labor & Delivery Project															
Urgent Care 60%			287,614												
Urgent Care 40%			191,743												
PL 32-206 M Limitaco			75,000												
UOG Cancer Grant		3,469	3,469	59,834	3,469	25,310	3,469	3,469	24,008	109,153					
UPCA Settlement				3,469	3,000,000	70,342	88,316		3,469	31,218					
Compact Impact					83,803	42,500				3,158,658					
GO Bond	114,005	15,475		26,665				67,731		350,179					
Biotorrism Grant	64,817			206,421			36,162			307,400					
MCR 2014 Settlement								1,669,849		1,669,849					
DOC Mou								250,000		250,000					
<b>Sub-total</b>	<b>3,600,304</b>	<b>1,118,769</b>	<b>2,732,881</b>	<b>4,412,067</b>	<b>4,432,236</b>	<b>4,282,815</b>	<b>1,906,370</b>	<b>2,033,217</b>	<b>520,767</b>	<b>25,039,426</b>					
	<b>\$ 11,814,777</b>	<b>\$ 7,903,743</b>	<b>\$ 7,367,502</b>	<b>\$ 11,141,224</b>	<b>\$ 9,538,654</b>	<b>\$ 7,653,656</b>	<b>\$ 10,549,055</b>	<b>\$ 9,437,180</b>	<b>\$ 6,294,947</b>	<b>\$ 81,700,738</b>					
	<b>\$ 20,029,250</b>														
<b>Less: Collection fee</b>															
GMMS															
Collection Agency	(2,985)	(1,140)	(1,525)	(5,677)	-9899	(8,681)	(8,477)	(15,315)	(22,576)	(39,163)					
Dept of Rev offset	(916)	(12,700)	(3,850)	(725)	-4705	(1,525)	(35,350)	(8,950)	(5,925)	(76,275)					
Medicare Offset(PHS)	(14,322)									(74,646)					
Takecare Offset										(14,322)					
GMHA PRD	(9,570)	(4,657)	(13,120)	(8,158)	(12,112)	(4,054)	(5,428)	(8,292)	(7,992)	0					
	(27,793)	(18,497)	(18,495)	(36,026)	(26,716)	(14,261)	(49,255)	(32,557)	(54,190)	(73,384)					
										(277,790)					
<b>Total</b>	<b>\$ 11,786,984</b>	<b>\$ 7,885,246</b>	<b>\$ 7,349,007</b>	<b>\$ 11,105,198</b>	<b>\$ 9,511,938</b>	<b>\$ 7,639,395</b>	<b>\$ 10,499,800</b>	<b>\$ 9,404,623</b>	<b>\$ 6,240,757</b>	<b>\$ 81,422,948</b>					
	<b>\$ 20,029,250</b>														

# Minutes of the regular meeting of the Guam Memorial Hospital Authority (GMHA) Board of Trustees

May 28, 2015 | 6:00 p.m. | D.L. Webb Conference Room

## ATTENDANCE

**Board Members:**

Frances Mantanona  
Edna Santos, MD  
Rose Grino, RN  
Ricardo Terlaje, MD  
Valentino Perez  
Evelyna Akimoto

Lee Webber – *Excused (off-island)*

**Hospital Leadership:**

Theodore Lewis  
Dr. Florencio Lizama  
Zennia Pecina, RN  
Benita Manglona  
Joygemma Villaruel, RN

Dr. Hoa Nguyen - *Absent*

**Guest(s):**

Elizabeth Claros – Human Resources  
John Pangelinan - Finance

**I. CALL TO ORDER AND DETERMINATION OF QUORUM** – After notices were duly and timely issued pursuant to *Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8107(a)* and with a quorum present, Vice-chairperson Frances Mantanona called to order the regular meeting of the GMHA Board of Trustees at 6:10 p.m. on Thursday, May 28, 2015 in the D. L. Webb Conference Room of the GMHA located in Tamuning, Guam.

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
<b>II. MEDICAL STAFF PRESIDENT’S REPORT</b> Dr. Nguyen was not present to provide his report.	No decisions or actions taken.	Dr. Nguyen	Updates to be provided at the next regular meeting	Informational

**III. EXECUTIVE SESSION** – At the written request of Legal Counsel, Vice-chairperson Frances Mantanona called the meeting into Executive Session. Trustee Santos motioned and it was seconded by Trustee Grino to move to Executive Session. Motion carried with all ayes.

- The minutes of the Executive Session are confidential and kept under separate cover in accordance with Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111(c)(7).*

**IV. APPROVAL OF REGULAR SESSION MINUTES** – The minutes of the April 30, 2015 regular meeting and May 7, 2015 special meeting for the Hospital’s FY-2016 budget proposal were reviewed. Trustee Grino motioned and it was seconded to approve the minutes as printed. Motion carried with all ayes.

**V. BOARD SUB-COMMITTEE REPORTS**

<b>A. Human Resources Sub-committee</b> 1. Trustee Mantanona presented Board Res. 15-56 through 15-58 Relative to Retirements for the following: <ul style="list-style-type: none"> <li>Jennifer N. Uruo</li> <li>Roberto G. Tuazon, Jr.</li> <li>Agnes S. Quintanilla</li> </ul>	Trustee Perez motioned and it was seconded by Trustee Santos to approve the resolutions as printed. Motion carried with all ayes.	Trustees Mantanona and Grino	Updates to be provided at each meeting	Informational
<b>B. Joint Conference and Professional Affairs Sub-committee (JCPA)</b> The sub-committee reviewed and supported the appointments/reappointments for hospital privileges. The following were presented to the Board for review and approval: <ol style="list-style-type: none"> <li>Res. No. 15-59, Relative to the Appointment of Active Medical Staff Privileges (exp. 04/30/17) for:                             <ul style="list-style-type: none"> <li>Ricardo Eusebio, MD</li> </ul> </li> </ol>	Trustee Grino motioned and it was seconded by Trustee Santos to approve the resolutions as presented. Motion carried with all ayes.	Trustees Webber and Santos  Medical Director  Medical Staff Office	Reports to be provided at each meeting	Informational

<p>2. Res. No. 15-60, Relative to the Appointment of Provisional Medical Staff Privileges (exp. 03/31/16) for:</p> <ul style="list-style-type: none"> <li>➤ Clarissa Hammer, DO</li> <li>➤ Theodore Mayer, MD</li> <li>➤ Ben Thebaut, MD</li> <li>➤ Jeffrey Shay, MD</li> <li>➤ Eric Wong, MD</li> </ul>				
<p><b>C. <u>Facilities, Capital Improvement, and Information Technology Sub-committee</u></b> The sub-committee did not meet during the month of May 2015. Meetings would be scheduled on an as needed or quarterly basis.</p>	No decisions or actions taken.		Reports to be provided at each meeting	Deferred
<p><b>D. <u>Governance, Bylaws and Strategic Planning Sub-committee</u></b> The sub-committee did not meet during the month of May 2015. Meetings would be scheduled on an as needed or quarterly basis.</p>	No decisions or actions taken.	Trustee Terlaje	Reports to be provided at each meeting	Deferred
<p><b>E. <u>Quality and Safety Subcommittee</u></b></p> <ul style="list-style-type: none"> <li>• Around the end of November 2014, a letter was received from the College of American Pathologists notifying the Hospital that its lab accreditation was placed on probationary status.</li> </ul> <p>Mr. Lewis reported that CAP had provided a copy of the letter to CMS and the Joint Commission.</p> <p>Trustee Grino reported that representatives from CAP returned the week of 05/17 – 05/23 to conduct their regularly scheduled survey of the lab and found deficiencies (some from a previous survey that had not been addressed). Some issues included:</p> <ul style="list-style-type: none"> <li>➤ supply management</li> <li>➤ chemical analyzers</li> <li>➤ ensuring coverage for medical director of the lab</li> </ul> <p>Trustee Grino stated that the Board had not been notified of the lab's situation.</p>	<p>Management met with CAP representatives during an exit interview to discuss the lab's situation.</p> <p>The laboratory department was in the process of developing their actions to address the deficiencies.</p> <p>Management would notify CMS of the hospital's laboratory accreditation.</p> <p>This item would be a standing item on the agenda for the Quality &amp; Safety sub-committee.</p>	Trustees Santos and Grino	Reports to be provided at each meeting	Informational


<ul style="list-style-type: none"> <li>As for performance improvement efforts, documentation remained a challenge for clinical staff and was being focused on in terms of improvement.</li> <li>Trustee Grino reported that some departments were asked to evaluate identify more significant indicators to monitor.</li> </ul>				
<p><b>F. Finance and Audit Sub-committee</b></p> <p>1. MOU between GMH and Chief Medical Examiner's office for FY-2015</p> <p>Trustee Mantanona reported that the F&amp;A sub-committee supported the MOU with the caveat that the CME's office would make an attempt to request additional funding of \$100K for FY-2015.</p> <p>Additionally, management may factor the loss from providing services to the CME's office into the Hospital's FY-2016 budget proposal.</p> <p>2. April 2015 Financials</p>	<p>Trustee Grino motioned and it was seconded by Trustee Terlaje to approve the resolution as presented. Motion carried with all ayes.</p> <p>This item was deferred to the Chief Financial Officer's report.</p>	<p>Trustee Grino</p> <p>Trustee Mantanona</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
<p><b>VI. ADMINISTRATORS' REPORTS</b></p>				
<p><b>A. Hospital Administrator/CEO's Report</b></p> <ul style="list-style-type: none"> <li>Mr. Lewis reported that progress continued with Part I of the cooperative agreement between GMH and DEPCOR for pharmacy services.</li> <li>Ms. Pecina mentioned that a ceremony and reception was held for Nurses Day in honor of all the hard-working and dedicated nursing staff at the Hospital.</li> </ul>	<p>No decisions or actions taken.</p>	<p>Theodore Lewis</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
<p><b>B. Associate Admin. of Medical Services' Report</b></p> <ul style="list-style-type: none"> <li>Dr. Lizama reported that Dr. Sidell stepped down from his position as associate medical director effective 06/15/15. He commended Dr. Sidell for all his contributions and efforts during his tenure in that capacity.</li> </ul>	<p>Dr. Lizama was aggressively recruiting physicians and implemented a "fast-track" recruiting process when needed.</p>	<p>Dr. Lizama</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

<ul style="list-style-type: none"> <li>• Dr. Lizama reported that recruiting for medical staff remained his biggest challenge and was his biggest focus for the time being.</li> <li>• Dr. Lizama reported that he would be closely with quality management and utilization review to provide more efficient and standard care.</li> <li>• Dr. Lizama commended Dr. Randolph Leon Guerrero for continuing to assist with coverage at the SNU despite his resignation from SNU, effective this month (May 2015).</li> <li>• Dr. Duenas continued to oversee CMS and Joint Commission related activities for the medical staff.</li> </ul>				
<p><b>C. Chief Financial Officer's Report</b></p> <p>1. A draft of the April 2015 financials was distributed for the Board's review.</p> <p>Mrs. Manglona described April 2015 as the "best month" to date as far as billing and collections was concerned.</p> <p>Mr. Perez made inquiries regarding the following:</p> <ul style="list-style-type: none"> <li>• collections and payments for accounts referred to the Guam Marianas Collection Agency and subsidies</li> <li>• government subsidies</li> <li>• supplies and materials</li> </ul> <p>Mrs. Manglona highlighted the financials and answered clarifications from the Board.</p> <p>2. Mrs. Manglona presented a power point of the Hospital's FY-2016 budget proposal (\$132.7M).</p> <p>She explained the different factors used to develop the proposal (e.g., inflation of supplies materials, Medicare reimbursements, market share loss, etc.).</p>	<p>At the request of Trustee Perez, Mr. Lewis would ensure that an executive summary of the Hospital's financials would be made available at each meeting moving forward.</p> <p>As recommended by the Board, the presentation would be refined prior to presenting it to the Legislature.</p> <p>Trustee Terlaje motioned and it was seconded by Trustee Santos to approve the resolution as presented. Motion carried with all ayes.</p>	Mrs. Manglona	Reports to be provided at each meeting	Informational

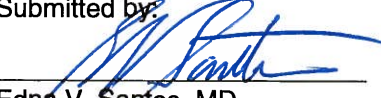


Management answered clarifications from the Board.				
<b>VII. OLD BUSINESS – None</b>				
<b>VIII. NEW BUSINESS</b>				
<b>A. 2015 Charity Ball</b> Mrs. Akimoto thanked the Board and medical staff for their contributions toward this year's Charity Ball.  She reported a gross of \$178K from the event.	As recommended by Mr. Lewis, a resolution would be prepared to commend the GMH Volunteers Association for all their contribution throughout the years.	Mrs. Akimoto	To be provided at the next scheduled meeting	Open
<b>IX. PUBLIC COMMENT – None</b>				
<b>X. ADJOURNMENT</b> – With no further business for discussion, Trustee Grino motioned and it was seconded by Trustee Perez, at 8:11 p.m., to adjourn the meeting. Motion carried with all ayes.				

Transcribed by:


  
 Theo M. Fangelinan  
 Administrative Assistant

Submitted by:

  
 Edna V. Santos, MD  
 Secretary

**CERTIFICATION OF APPROVAL OF MINUTES**

The minutes of the regular session of the May 28, 2015 meeting was approved by the Board of Trustees on this 30<sup>th</sup> day of JULY 2015.

Certified by:   
 Lee P. Webber  
 Chairman



# PATIENT SAFETY DASHBOARD

CALENDAR YEAR 2015

REPORT DATE: June 18, 2015

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


		TARGET KEY	Target Goal	CY2014	1Q	2Q	3Q	4Q	COMMENTS
<b>NPSG 1: PATIENT IDENTIFIERS</b>									
<b>Patient Identifiers</b>	# of observations in compliance	★ >95%	>90%	★	★				
		◆ >90%							
	Total number of observations	■ <90%		98%	99%				
		● <75%							
<b>Patient Identifiers-- Labeling of specimens</b>	# of observations in compliance	★ >95%	>90%	★	★				
		◆ >90%							
	Total number of observations	■ <90%		98%	99%				
		● <75%							
<b>NPSG 2: EFFECTIVE COMMUNICATION</b>									
<b>NURSING - Critical Test/Critical Results Reporting Documentation</b>	# of documented MD notification of critical	★ >90%	>85%	●	★				New Concurrent Auditing Process began in February; involves Nursing Unit Supervisors and Pro-Support Servicing Departments.
		◆ >85%							
	# of critical test/critical results sample	■ <85%		55%	90%				
		● <75%							
<b>NURSING - Critical Test/Critical Results Reporting</b>	# of MD notification within 60 minutes of report time	★ >95%	>90%	■	★				New Concurrent Auditing Process began in February; involves Nursing Unit Supervisors and Pro-Support Servicing Departments.
		◆ >90%							
	# of critical test/critical results MD notification documented	■ <90%		89%	94%				
		● <79%							
<b>NURSING - Critical Test/Critical Results Reporting Documentation - ER (outpatients)</b>	Documentation compliance	★ >90%	>95%	★	★				*NOTE - Data only reflects the month of January; February and March data are pending submission.
		◆ >85%		100%	*100%				
	MD Documentation in Medical Record	■ <85%		100%	*100%				
	Nursing staff taking action to contact patients whether successful or not	● <75%		100%	*100%				
<b>LABORATORY - Critical Results Reporting</b>	# of critical test result samples with documented readback on LIS	★ >90%	>95%	★	★				
		◆ >85%							
	total # of critical test result samples audited	■ <85%		100%	98%				
		● <75%							
<b>RESPIRATORY - Critical Results Reporting</b>	# of critical test result samples correctly reported and documented on logsheet	★ >90%	>85%	◆	◆				
		◆ >85%							
	total # of critical test result samples audited	■ <85%		88%	85%				
		● <75%							
<b>SPECIAL SERVICES - Critical Results Reporting</b>	# of critical test result samples correctly reported and documented on logsheet	★ >95%	>90%	★	★				
		◆ >90%							
	total # of critical test result samples audited	■ <85%		96%	96%				
		● <75%							
<b>RADIOLOGY - Critical Results Reporting</b>	# of critical test result samples correctly reported and documented on logsheet	★ >90%	>95%	★					
		◆ >85%							
	total # of critical test result samples audited	■ <85%		100%					
		● <75%							
<b>NPSG 3: MEDICATION SAFETY</b>									
<b>Medication Errors Rate per 1000 medication doses billed (NEAR MISSES &amp; ACTUAL ERRORS)</b>	# of ACTUAL medication errors*1000	★ <0.10	<0.25	■	■				
	# of medication doses DISPENSED (inpatient)	◆ <0.25							
		■ <0.75		0.27	0.28				
		● >0.75							
	ACTUAL ERRORS	VOLUME INDICATOR		173	48				
	NEAR MISSES	VOLUME INDICATOR		2013	672				
<b>Anticoagulation Therapy Management (ATM)</b>	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					
		◆ < 5%							
	Total # of cases reviewed	■ < 10%		ND					
	Total # of errors related to ATM	● > 10%		ND					
		VOLUME INDICATOR		ND					
<b>Anticoagulation Therapy Management--FDI Coumadin Teachings</b>	# of FDI consults ordered for Dietary Staff	★ >90%	>85%	★	★				
		◆ >85%							
	# of patients discharged with FDI	■ >75%		90%	92%				
		● <75%							







TARGET KEY: Better than Expected Expected Needs more work Worse than expected

		TARGET KEY	Target Goal	CY2014	1Q	2Q	3Q	4Q	COMMENTS
<b>ANTICOAGULATION USAGE</b>	# ON ENOXAPARIN			ND					
	# ON HEPARIN DRIP AND HEPARIN SQ	VOLUME INDICATOR		ND					
	# ON WARFARIN			ND					
<b>NPSG 7: INFECTION CONTROL</b>									
<b>Hospital Acquired Infections</b>	# of HAI	< 1.0	<5.0%						
	# of discharges	< 5.0		1.87	1.28				
		> 5.0							
		> 7.0							
<b>HAI Occurrences</b>	Gastrointestinal Infections	VOLUME INDICATOR	0	15	1				
	Blood Stream Infections		0	33	4				
	Urinary Tract Infections		0	89	14				
	Surgical Site Infection		0	12	1				
	Hospital Acquired Pneumonia		0	30	3				
	Ventilator Associated Pneumonia		0	6	1				
	Skin and Soft Tissue Infection		0	61	11				
<b>Urinary Catheter Device Usage per ICU Patient Days</b>	# of urinary catheter days	<0.73	<0.78						
	# of ICU Patient Days	<0.78		0.60	0.71				
		<0.84							
		>0.87							
<b>Catheter Associated UTI Infections per Urinary Catheter Days in ICU</b>	# of CA-UTI *1000	<1.6	<3.1						
	# of ICU Catheter days	<3.1		3.69	0				
		<6.9							
		>6.9							
<b>Central Line Device Usage Rate</b>	ICU Central Line Days	<0.38	<0.49						
	ICU Patient Days	<0.49		0.42	0.48				
		<0.58							
		>0.66							
<b>Catheter Related BSI per Central Line Days in the ICU</b>	# of ICU CR-BSI *1000	<1.6	<3.1						
	ICU Central Line Days	<3.1		3.49	0				
		<6.1							
		>6.1							
<b>Prophylactic Antibiotic Administration</b>	Total cases compliant-administered 1 hour prior to cut time	>95%	>85%						
	Total cases reviewed	>85%		90%	90%				
		>75%							
		<75%							
<b>Prophylactic Antibiotic discontinued within 24 hours post operatively</b>	Total cases compliant	>95%	>90%						
	Total cases reviewed	>90%		98%	96%				
		>80%							
		<80%							
<b>FLASH STERILIZATION</b>	Total # of Flash sterilization	VOLUME INDICATOR	23	9				1Q (January) - insufficient supply of the following: Myringo instruments, suction tip (Fr 3,5,6), ER speculum, Alligator clamp, Light handles, and Bookwalter Retractor.	
<b>Surgical Site Infection - Survey Response</b>	Total Survey Response Rec'd	>95%	>85%						
	Total SSI Survey Sent out	>85%		98%	100%				
		>75%							
		<75%							
<b>Surgical Site Infection - Cases WITHOUT infection (based on SSI Survey Rec'd)</b>	# of cases WITHOUT infection	> 98%	> 95%	REVISED/ NEW FOR CY2015					Via SSI Survey Responses - (1) in Jan, (1) in Feb, and (1) in March.
	Total Survey Response Rec'd	> 95%		99.3%					
		> 85%							
		< 85%							
<b>Ventilator Associated Pneumonia Rate--ICU</b>	# of VAP*1000/ # of ventilator days	< 3.0	<8.1						
		< 8.1		4.9	2.4				
		< 10.0							
		> 10.0							
		TOTAL OCCURRENCE		6	1				
<b>Ventilator Associated Pneumonia--NICU</b>	# of VAP*1000/ # of ventilator days	0	<1.5						
		<1.5		0					
		<3.2							
		>3.2							
		TOTAL OCCURRENCE		0					

TARGET KEY: Better than Expected Expected Needs more work Worse than expected

		TARGET KEY	Target Goal	CY2014	1Q	2Q	3Q	4Q	COMMENTS
<b>Hand Hygiene Compliance</b>	# of compliant Hand Hygiene Observation/		> 98%						
	# of observation		>90%	87%	87%				
<b>Hand Hygiene Compliance Breakdown</b>	Nursing								
	Sample size		70-90%	94% 1126	93% 254				
	Medical Staff								
	Sample size		> 90%	78% 317	82% 77				
	Operations (housekeeping)								
	Sample size		<70%	73% 186	78% 40				
	Professional Support								
Sample size			83% 492	83% 127					
<b>NPSG 8: MEDICATION RECONCILIATION</b>									
<b>HOME MEDICATION COMPLETED (INPATIENTS)</b>	# OF HOME MEDICATION LISTING COMPLETED ON ADMISSION		>98%						Audit results for 1Q were unavailable until mid-June (it also included April & May data). The lateness was attributed to the auditor's inability to conduct timely audit due to competing priorities. Unit Supervisors were asked to analyze why documentation fallouts persist. A Refresher-Training guide was provided to all Unit Supervisors to use for training during monthly staff meetings.
	# OF CHART REVIEWS		75-90%	85%	86%				
			<75%						
<b>HOME MEDICATION COMPLETED (REHAB)</b>	# OF HOME MEDICATION LISTING COMPLETED ON ADMISSION		>98%						Home Medication forms were not being completed. Rehab Dept. changed or introduced the following processes: (1) AA or Tech will assist with ensuring forms are completed, (2) forms will be placed in one consistent location within all charts, (3) more frequent chart reviews to identify fallouts and complete documentation. 1:1 counseling provided.
	# OF CHART REVIEWS		75-90%	91%	85%				
			<75%						
<b>NPSG 9: FALL PREVENTION</b>									
<b>FALL RATE--GMHA (average for the quarter)</b>	# of falls*1000/		<0.5						
	# of patient days		<2.0	2.81	1.58				
			<3.5						
	Total Fall Occurrences		>3.5	82	17				
			VOLUME INDICATOR						
<b>NPSG 15: SUICIDE RISK</b>									
<b>Initial Suicide Assessment</b>	# of complete suicide assessments		>95%						*Note - Lacks data from ER
	# of identified suicide risk patients		>90%	100%	*100%				
			<90%						
<b>Ongoing Suicide Assessment</b>	# of completed on going assessments per protocol		>95%						*Note - Lacks data from ER
	# of identified suicide risk patients		>90%	82%	*100%				
			<90%						
<b>Completed Environmental Assessment</b>	# of environmental assessment completed		>95%						*Note - Lacks data from ER
	# of identified suicide risk patients		>90%	97%	*100%				
			<90%						
<b>Suicide Risk Referred to Mental Health Consult</b>	# of patients directly transferred to Mental Health for consultation		>95%						*Note - Lacks data from ER
	# of identified suicide risk patients		>90%	96%	*100%				
			<90%						
<b>Suicide Discharge Instructions</b>	# of discharge instructions provided to at risk patients and documented		>90%						*Note - Lacks data from ER
	# of identified suicide risk patients		>85%	78%	*100%				
			<85%						
			<75%						
<b>UNIVERSAL PROTOCOL</b>									
<b>TIME OUT (Operating Room) - new criteria</b>	<b>OVERALL COMPLIANCE</b>		100%						
			>90%	98.6%	99.4%				
	Time-Out Verbally Called		75-90%	100%	100%				
	All activity CEASED		<75%	99%	99%				
	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%					

TARGET KEY:  Better than Expected  Expected  Needs more work  Worse than expected

		TARGET KEY	Target Goal	CY2014	1Q	2Q	3Q	4Q	COMMENTS	
	Confirmed Correct Implants and equipment			100%	100%					
	Site Marking Visible			94%	98%					
	Documentation of Time-Out			100%	100%					
<b>TIME OUT (Radiology procedures outside of OR) - new criteria</b>	<b>OVERALL COMPLIANCE</b>	 100%	<b>&gt; 90%</b>	 <b>96%</b>	 <b>99%</b>					
		 >90%								
	Time-Out Verbally Called	 75-90%			96%	99%				
	All activity CEASED	 <75%			95%	99%				
	HCW Confirmed Correct Patient (2 identifiers)			95%	100%					
	HCW Confirmed Correct Procedure			96%	100%					
	HCW Confirmed Correct Side/Site			96%	100%					
	HCW - Site Marking Visible			96%	100%					
	Proceduralist - verified procedure			96%	96%					
	Proceduralist - verified site/site			96%	96%					
	Documentation of Time-Out			96%	99%					
	<b>OTHERS</b>									
<b>RISK MANAGEMENT INFORMATION</b>	sentinel events			0	1	0				
	Delays in Treatment		VOLUME	0	129	21				
	Against Medical Advice		INDICATOR	0	113	31				
	Eloperments			0	809	136				

**BLOOD USAGE STATS - SEE ATTACHMENT I**

**FALL RATE - SEE ATTACHMENT II**

**MEDICATION ERROR RATE - SEE ATTACHMENT III**

**RRT DATA (collected by Quality Improvement Specialists in QM Dept.) - SEE ATTACHMENT IV**

**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.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>COMPONENTS REC'D FR. RED CROSS</b>	413	345	438	373	467	0	0	0	0	0	0	0	<b>2036</b>
PRBC (LEUKOCYTE REDUCED)	348	283	405	284	419	0	0	0	0	0	0	0	<b>1739</b>
CMV NEGATIVE LRC PRBC	16	31	15	16	15	0	0	0	0	0	0	0	<b>93</b>
FRESH FROZEN PLASMA	45	28	14	70	28	0	0	0	0	0	0	0	<b>185</b>
SDP	4	3	4	35	5	0	0	0	0	0	0	0	<b>51</b>
<b>PLATELETS (SDP)-LOCAL PHERESIS</b>	6	8	10	15	13	0	0	0	0	0	0	0	<b>52</b>
<b>UNITS RECEIVED FROM USNH</b>	0	11	0	0	0	0	0	0	0	0	0	0	<b>11</b>
<b>UNITS REQUESTED FROM USNH (SDP)</b>	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>TOTAL UNITS ISSUED TO USNH</b>	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>TOTAL UNITS ISSUED TO CHC</b>	0	0	0	0	10	0	0	0	0	0	0	0	<b>10</b>
<b>NO. OF OCCURRENCES/REPORTS</b>	0	1	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>NO. OF CASES REFERRED TO TTC</b>	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>◆NO. OF TYPE &amp; SCREEN REQUESTS</b>	444	422	466	440	481	0	0	0	0	0	0	0	<b>2253</b>
PRBC CROSMATCHED	589	463	576	550	641	0	0	0	0	0	0	0	<b>2819</b>
CT Ratio: XM/TX	165.0	129.0	149.0	152.0	130.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
<b>PATIENTS CROSMATCHED</b>	289	218	256	361	184	0	0	0	0	0	0	0	<b>1308</b>
<b>◆NO. OF INCOMPATIBLE CROSMATCH</b>	3	0	0	30	72	0	0	0	0	0	0	0	<b>105</b>
<b>◆◆NO. OF RH NEG OB PATIENTS</b>	2	2	1	2	3	0	0	0	0	0	0	0	<b>10</b>
<b>PATIENTS TRANSFUSED</b>	175	115	117	182	136	0	0	0	0	0	0	0	<b>725</b>
<b>COMPONENT TRANSFUSED</b>	508	355	384	361	492	0	0	0	0	0	0	0	<b>2100</b>
PRBC	432	325	339	335	426	0	0	0	0	0	0	0	<b>1857</b>
PC ALIQUOTS	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
FRESH FROZEN PLASMA	70	24	35	14	38	0	0	0	0	0	0	0	<b>181</b>
FFP ALIQUOT	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
PLATELETS (SDP)	0	1	3	3	0	0	0	0	0	0	0	0	<b>7</b>
PLATELETS (SPLIT UNITS)	6	7	7	9	0	0	0	0	0	0	0	0	<b>29</b>
<b>NO. OF UNITS EMERGENCY RELEASED</b>	6	7	10	17	21	0	0	0	0	0	0	0	<b>61</b>
<b>PACKED CELLS</b>	1	2	2	8	7	0	0	0	0	0	0	0	<b>20</b>
<b>PLATELETS</b>	5	5	8	9	14	0	0	0	0	0	0	0	<b>41</b>
<b>SINGLE UNIT TRANSFUSIONS (Adults)</b>	16	23	50	0	0	0	0	0	0	0	0	0	<b>89</b>
<b>2 UNIT TRANSFUSION</b>	62	35	26	0	0	0	0	0	0	0	0	0	<b>123</b>
<b>TRANSFUSION COMPLICATIONS</b>	2	2	0	0	0	0	0	0	0	0	0	0	<b>4</b>
HEMOLYTIC RX	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
SOB (TRALI?)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
TRANSMITTED INFECTION	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
OTHER	2	2	0	0	0	0	0	0	0	0	0	0	<b>4</b>
<b>COMPONENTS EXPIRED ON SHELF</b>													
PRBC (ALQ)	0	0	0	0	1	0	0	0	0	0	0	0	<b>1</b>
FRESH FROZEN PLASMA (ALQ)	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
PLATELETS (SDP)	0	0	0	0	8	0	0	0	0	0	0	0	<b>8</b>
COMPONENTS WASTED (FFP ORDERED-NOT USED)	0	0	0	0	4	0	0	0	0	0	0	0	<b>4</b>

**Monthly review by Lab and TTC**

Problems Identified

BB Supervisor Initial \_\_\_\_\_ Date \_\_\_\_\_

TTC Initial \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS

**Yearly Review**

Yes  No  Trends Noted  Opportunities to Improve  Yes  No  Y

BB Supervisor Initial \_\_\_\_\_ Date \_\_\_\_\_

TTC Initial \_\_\_\_\_ Date \_\_\_\_\_

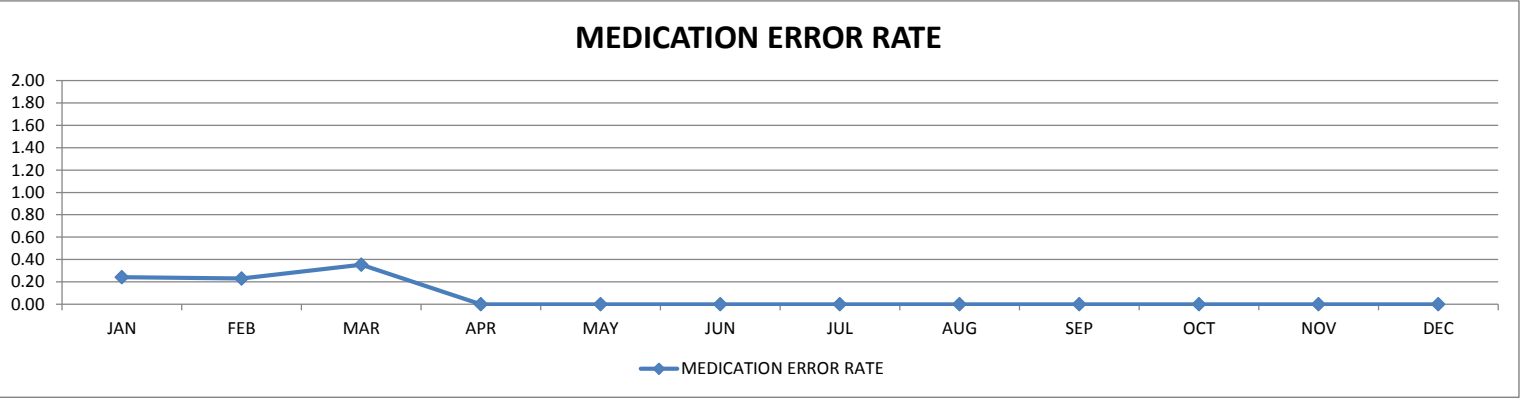
Routing: 1)BB initiates 2)TTC 3)QM

Completed forms filed in \*Lab/BB \*MSO \*PI Coordinator

MEDICATION ERROR RATE  
CY 2015

MEDICATION ERROR PER 1000 DISPENSED RATE	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4
	0.24	0.23	0.35	0.28	0.00	0.00	#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	15	12	21	48				0				0				0
# of dispensed medication (inpatient)	62,128	52,276	59,492	173896	54,008	52,568										
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																
<b>Desired Outcome:</b> GMHA will have a less than 0.05 Medication error rate by the end of CY2015																

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CY15
ACTUAL	15	12	21										
NEAR MISSED - REPORTED	0	0	0	0	0	0	0	0	0	0	0	0	0
NEAR MISS-PHARMACY	8	17	24	26									
NEAR MISS-NURSING	9	25	39	37									
NEAR MISS-DRUG INTERVENTIONS	163	208	179	198									



NODE	Procurement	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Prescribing	1	0	1	0	0	0	0	0	0	0	0	0	0	2
	Transcription	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Dispensing	1	1	0	0	0	0	0	0	0	0	0	0	0	2
	Administering	12	7	12	0	0	0	0	0	0	0	0	0	0	31
	Monitoring	1	3	5	0	0	0	0	0	0	0	0	0	0	9
	Documenting	0	1	3	0	0	0	0	0	0	0	0	0	0	4

TYPE OF ERROR	Prescribing	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	Omission	7	4	3	0	0	0	0	0	0	0	0	0	0	14
	Wrong Patient	1	0	1	0	0	0	0	0	0	0	0	0	0	2
	Wrong Time	1	1	2	0	0	0	0	0	0	0	0	0	0	4
	Wrong Route	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wrong Dose	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wrong Administration Technique	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	Wrong Dosage Form	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wrong Drug Preparation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Allergic Reaction	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	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	0	2	0	0	0	0	0	0	0	0	0	0	0	2
	Extravasation	1	1	5	0	0	0	0	0	0	0	0	0	0	7
	Improper dose/quantity	3	1	5	0	0	0	0	0	0	0	0	0	0	9
	Unauthorized (wrong) drug	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Other:	0	2	3	0	0	0	0	0	0	0	0	0	0	5	

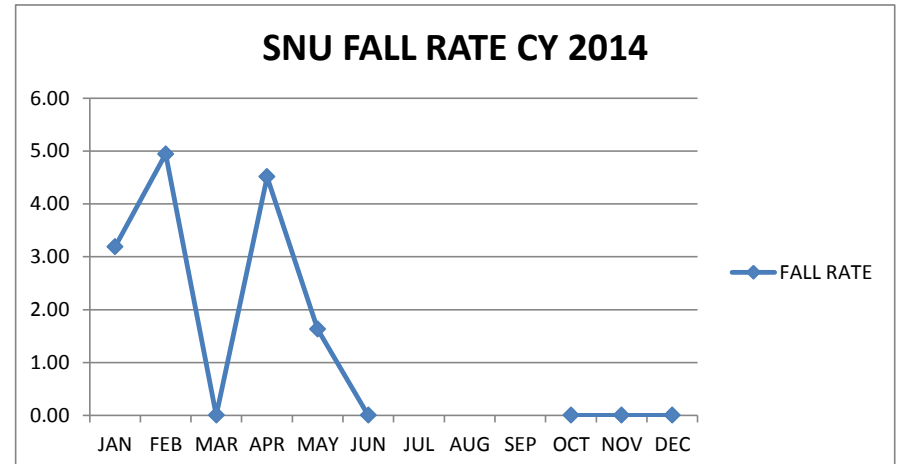
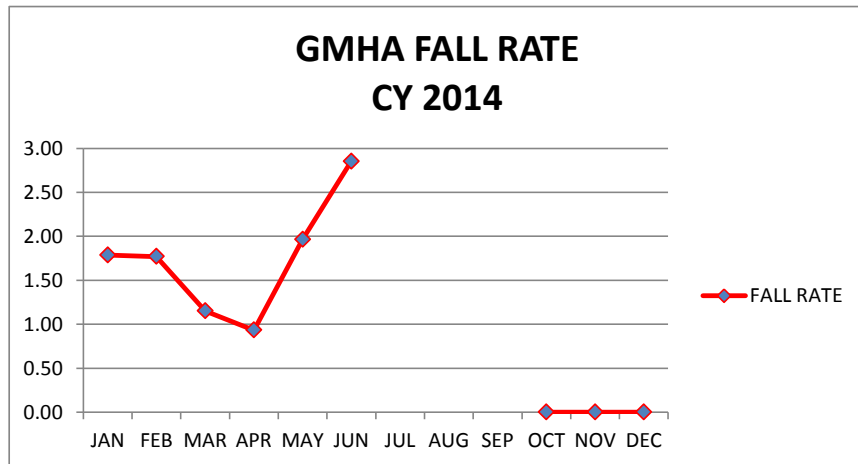


SEVERITY LEVEL	A	0	1	1	0	0	0	0	0	0	0	0	0	0	2
	B	1	0	4	0	0	0	0	0	0	0	0	0	0	5
	C	12	8	3	0	0	0	0	0	0	0	0	0	0	23
	D	2	2	10	0	0	0	0	0	0	0	0	0	0	14
	E	0	1	3	0	0	0	0	0	0	0	0	0	0	4
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	G	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	H	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	I	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**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	CY15	
LOCATION	ER	1	3	10	0	0	0	0	0	0	0	0	0	14	
	HEMO	3	0	0	0	0	0	0	0	0	0	0	0	3	
	ICU	0	0	0	0	0	0	0	0	0	0	0	0	0	
	LD	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MSW	0	3	1	0	0	0	0	0	0	0	0	0	4	
	NURS/NICU	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	
	OR	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	PEDS/PICU	0	0	2	0	0	0	0	0	0	0	0	0	0	2
	SURG	6	4	3	0	0	0	0	0	0	0	0	0	0	13
	TELE-PCU	2	2	2	0	0	0	0	0	0	0	0	0	0	6
	PHARMACY	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	RADIOLOGY	1	0	1	0	0	0	0	0	0	0	0	0	0	2
	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	1	0	1	0	0	0	0	0	0	0	0	0	0	2	

FALL PREVALENCE RATE PER 1000 PATIENT DAYS	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4
	1.79	1.77	1.15	1.58	0.93	1.97	2.85	1.88				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of fall occurrences * 1000--acute areas	7	6	4	17	3	7	8	18								
# of patient days (ICU, MS, SURG, TELE-PCU)	3921	3389	3474	10784	3214	3561	2803	9578								
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																
<b>Desired Outcome:</b> GMHA will have a less than 2.00 fall prevention rate by the end of CY2014																
SNU FALL RATE PER 1000 PATIENT DAYS	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4
	3.19	4.94	0.00	2.58	4.51	1.63	0.00	2.10					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
# of fall occurrences*1000	2	3	0	5	3	1	0	4								
# of patient days	627	607	706	1940	665	614	628	1907								



JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC **CY2015**

FALL OCCURRENCE	ICU	2	0	1	0	0	1	0	0	0	0	0	0	0	4
	MSW	1	2	0	0	2	3	0	0	0	0	0	0	0	8
	TELE-PCU	0	1	3	0	1	2	0	0	0	0	0	0	0	7
	PEDS/PICU	1	0	0	0	1	0	0	0	0	0	0	0	0	2
	SURG	1	3	0	3	2	2	0	0	0	0	0	0	0	11
	HEMO	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	ER	2	0	0	0	1	0	0	0	0	0	0	0	0	3
	ANCILLARY	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	SNU	2	3	0	3	1	0	0	0	0	0	0	0	0	9
Visitor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

SHIFT OCCURRENCE	AM SHIFT	5	0	1	1	3	1	0	0	0	0	0	0	0	11
	PM SHIFT	3	5	2	2	2	3	0	0	0	0	0	0	0	17
	GY SHIFT	1	4	1	2	3	4	0	0	0	0	0	0	0	15
OCCURRENCE 1HR BEFORE/AFTER SHIFT		1	3	1	5	3	2	0	0	0	0	0	0	0	15

TYPE OF FALL	WITNESSED	1	0	1	1	4	1	0	0	0	0	0	0	0	8
	ASSISTED	0	1	0	0	3	1	0	0	0	0	0	0	0	5
	REPEATED	0	2	0	1	0	1	0	0	0	0	0	0	0	4

LOCATION OF FALL	BATHROOM	1	2	0	0	1	2	0	0	0	0	0	0	0	6
	BEDSIDE	8	7	3	6	7	6	0	0	0	0	0	0	0	37
	WALKWAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	OTHERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0

FLOOR CONDITION	DRY	9	9	4	6	8	8	0	0	0	0	0	0	0	44
	WET	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
	DAMAGED	0	0	0	0	0	0	0	0	0	0	0	0	0	0

RESTRAINT USE	NONE	7	9	2	5	6	7	0	0	0	0	0	0	0	36
	PHYSICAL	1	0	1	0	0	0	0	0	0	0	0	0	0	2
	CHEMICAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SIDERAILS X 4	1	0	1	1	2	1	0	0	0	0	0	0	0	6

MEDICATION USE	OPIOIDS	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	SEDATIVE	2	1	1	0	0	1	0	0	0	0	0	0	0	5
	ANTICONVULSANTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CARDIAC MEDS	0	2	1	2	2	1	0	0	0	0	0	0	0	8
	DIABETIC MEDS	0	0	0	0	1	0	0	0	0	0	0	0	0	1

CONTRIBUTING FACTORS	MENTAL STATUS	5	1	2	5	3	6	0	0	0	0	0	0	0	22
	TOILETING ATTEMPT	1	6	2	0	3	2	0	0	0	0	0	0	0	14
	BED NOT IN LOWEST POSITION	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	IMPROPER FOOTWEAR	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	WHEELCHAIR/BED NOT LOCKED	0	0	0	1	1	0	0	0	0	0	0	0	0	2
	LIGHTING	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	STAFFING ISSUE	0	0	0	0	1	0	0	0	0	0	0	0	0	1

TYPE OF INJURIES	NONE	6	9	3	5	8	7	0	0	0	0	0	0	0	38
	MINOR	3	0	1	1	0	1	0	0	0	0	0	0	0	6
	MAJOR	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	DEATH	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## RRT AND CODE 72

Month: January 1, 2015

RRT	Location	ER	CCU	NICU	TELE	MED/SURG	HEMO	TOTAL
	Number of Cases							
	Level of Care:							
	AMBULATORY							
	ER							
	CCU							
	PCU							
	TELE							
ACUTE								
Outcome:								
Coded								
Prevented								
CODE 72	Location	ER	CCU	NICU	TELE	MED/SURG	HEMO	TOTAL
	Number of Codes	14	4	3	4	4	1	30
	Initiated by ALS	4						4
	LEVEL OF CARE							
	ER	13						13
	CCU	1	4		2			7
	PICU							
	PCU				2			2
	NICU			3				3
	TELE							
	ACUTE					4	1	5
	OUTCOME							
	Expired	11	2	3	1	1		18
Resuscitated	3	2		3	3	1	12	
Admitted (ICU)	2							
Expired same day	1	I pt = 2 codes		1 pt = 2 codes				

## RRT AND CODE 72

Month: February, 2015

RRT	Location	ER	CCU	PICU	TELE	MED/SURG	SURG	HEMO	TOTAL
	Number of Cases					1	1	1	3
	Level of Care:								
	AMBULATORY								
	ER								
	CCU								
	PCU								
	TELE							1	1
	ACUTE					1	1		2
	Outcome:								
	Coded					1			1
	Prevented						1	1	2
CODE 72	Location	ER	CCU	PICU	TELE	MED/SURG	SURG		TOTAL
	Number of Codes	16	3	3	2	2	2		28
	Initiated by ALS	3							3
	LEVEL OF CARE								
	ER	13							13
	CCU	3	3						6
	PICU			3					3
	PCU								
	NICU								
	TELE				2				2
	ACUTE					2	2		4
	OUTCOME								
	Expired	8	1	2					11
	Resuscitated	8	2	1	2	2	2		17
	Admitted (ICU)	7							
	Expired same day	1							
		1 PT = 2 CODES		1 PT = 2 CODES					

## RRT AND CODE 72

Month: **March, 2015**

RRT	Location	ER	CCU	NICU	OR	RADIOLOGY	SURG	MED/SURG	TELE	TOTAL
	Number of Cases									2
<b>Level of Care:</b>										
AMBULATORY										
ER										
CCU										
NICU										
TELE									2	2
ACUTE										
<b>Outcome:</b>										
Coded									1	1
Prevented									1	1
CODE 72	Location	ER	CCU	NICU	OR	RADIOLOGY	SURG	MED/SURG	TELE	TOTAL
Number of Codes		13	4	1	1	1	2	1	1	24
Initiated by ALS		4								4
<b>LEVEL OF CARE</b>										
ER		11								11
CCU		2	4			1				7
PICU										
NICU				1						1
TELE									1	1
ACUTE					1		2	1		4
<b>OUTCOME</b>										
Expired		8	2	1						11
Resuscitated		5	2		1	1	2	1	1	13
Admitted (ICU)		3								3
Expired same day		2								2
		1 PT = 4 CODES	1 PT = 2 CODES							



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	CY2014	1Q	2Q	3Q	4Q	2015
<b>NURSING SERVICES DIVISION - Maternal Child Health (MCH) Units - JANUARY, FEBRUARY, MARCH 2015</b>									
A, E, Q	OB, NURSERY, L&D, PEDS	Pain Management	95%	98%	99%				99%
A, Q, S	NURSERY	HL/IV Maintenance	95%	97%	98%				98%
		Patient Identification Bands	90%	new for CY2015	99%				99%
		Feeding/Medication Tube Maintenance	90%	new for CY2015	97%				97%
Q, S	PEDS	Suicide Risk Management	90%	100%	100%				100%
		Patient/Family Education & Usage of PPE for TBP	90%	new for CY2015	86%				86%
A, Q, S	L&D	Cart and Rooms Checklists	95%	97%	99%				99%
		High Risk / High Alert Medication	90%	90%	92%				92%
		OB Tracevue Documentation	95%	97%	97%				97%
	OB	Admission Documentation (Licensed staff)	98%	100%	100%				100%
Accuracy of Electronic Documentation		98%	new for CY2015	99%				99%	
<b>FISCAL SERVICES DIVISION - JANUARY, FEBRUARY, MARCH 2015</b>									
A	FINANCE	Accurate Accounts Payable Documentation	> 95%	99%	100%				100%
		Financials Completed by 10th Business Day	> 95%	89%	100%				100%
A, C		Budget to Actual Reports Released by 15th Day	> 95%	100%	100%				100%
A	PAYROLL	Accurate Payroll	> 95%	99.7%	99.7%				99.7%
		Physician Time Study Forms Signed	> 90%	new for CY2015	80%				80%
		Payroll Daily/Weekly Reports with documented Manager Responses	> 85%	80%	60%				60%
		Timekeeping Adjustments performed by Payroll Staff	< 7.5%	3%	3%				3%
<b>OPERATIONS DIVISION - JANUARY, FEBRUARY, MARCH 2015</b>									
A, E, S	SECURITY	Forensic Guards Oriented to Forensic Policy	90%	new for CY2015	100%				100%
		Guarding ED Post for All Shifts	90%	new for CY2015	60%				60%
		CCTV Functioning Cameras	95%	new for CY2015	72%				72%
		Employees ID Badge Compliance	90%	new for CY2015	68%				68%
A, E	MATERIALS MANAGEMENT	Distribution - % of stock items issued from warehouse within 7 days of request	90%	81%	81%				81%
		Stock Control - % of total stock items available for issue from the warehouse	85%	92%	89%				89%
		Procurement - % of total requisition converted to purchase order within 8 days of fund certification	85%	85%	88%				88%
A, E, S		CSR - Total critical care inventory available & ready for issue in CSR	85%	82%	89%				89%
A, C		Report of Survey - % of total inventory disposed relative to total value of inventory	< 1%	1%	2%				2%



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

CORE VALUES	DEPT.	INDICATORS / MEASURES	GOAL	CY2014	1Q	2Q	3Q	4Q	2015
A, S		Recall & Alert Notice Reports - Responses from Departments	> 95%	85%	92%				92%
A, S	PLANNING	Guam Emergency Management Healthcare Coalition Members' Participation in Full Scale Exercises	Cumulative tracking	new for CY2015	80%				80%
<b>PRO-SUPPORT DIVISION - JANUARY, FEBRUARY, MARCH 2015</b>									
A, C, E	RESPIRATORY	Accurate Blood Gas Slip Documentation	90%	new for CY2015	81%				81%
		CAP Proficiency Testing (Successful Results)	100%	new for CY2015	100%				100%
		Preventative Maintenance Completion Documented	95%	new for CY2015	100%				100%
A, S, Q	REHABILITATIVE SVCS.	Outpatient Medication Reconciliation	90%	91%	85%				85%
A, C, E		Interdisciplinary Plan of Care Documentation	90%	97%	100%				100%
		Chart Reviews	80%	new for CY2015	100%				100%
		SNU Documentation	90%	93%	93%				93%
A, E, Q	SOCIAL SERVICES	Case Closures within 7 days of Discharge	90%	94%	97%				97%
		Home Health Care Referrals ordered 48 hrs or more prior to Discharge	80%	87%	82%				82%
		Cases acknowledged by SW within 2 hours	90%	96%	99%				99%
		Cases with SW intervention within 4 hours	90%	98%	98%				98%
<b>MEDICAL SERVICES DIVISION - JANUARY, FEBRUARY, MARCH 2015</b>									
A, C, Q	QUALITY IMPROVEMENT	Surgical Care Improvement Project (SCIP) Process of Care Measures	> 85%	<b>PLEASE SEE ATTACHED CART AND SCIP TABLE</b>					
		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	?	198					0
		% of Patients that revisited ER (within 48 hours) with the same complaint after having left AMA or Eloped during the 1st visit	?	7%					#DIV/0!
		% of Patients that were admitted after ER revisit (within 48 hours)	?	21%					#DIV/0!
		% of Patients that were discharged after ER revisit (within 48 hours)	?	79%					#DIV/0!
<b>PATIENT SAFETY COMMITTEE DASHBOARD - PLEASE SEE ATTACHED</b>									

CART & SCIP DATA CY2015	1Q	N/D	2Q	N/D	3Q	N/D	4Q	N/D	GMHA AVERAGE	TOTAL N/D
	07/01 - 09/31 2014		10/01 - 12/31 2014		01/01 - 03/31 2015		04/01 - 06/31 2015			
<b>ACUTE MYOCARDIAL INFARCTION (AMI)</b>										
Aspirin on Arrival	100%	54/54							100%	54/54
Aspirin on Discharge	98%	46/47							98%	46/47
Given ACE Inhibitor or ARB for LSVD	85%	11/13							85%	11/13
Beta Blockers given on discharge	100%	44/44							100%	44/44
Fibrinolytic Meds within 30 minutes of arrival	25%	1/4							25%	1/4
Given a prescription of statin at discharge	94%	46/49							94%	46/49
<b>PNEUMONIA (PN)</b>										
Blood culture performed within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to the ICU within 24 hours of hospital arrival	75%	3/4							75%	3/4
Blood cultures performed in the emergency department prior to initial antibiotic received in hospital	67%	14/21							67%	14/21
Initial antibiotic selection for Community Acquired Pneumonia (CAP) in immunocompetent patients (CMS)	70%	28/40							70%	28/40
Initial antibiotic selection for Community Acquired pneumonia (CAP) in immunocompetent (ICU) patients (The Joint Commission)	**	**							**	**
Initial antibiotic selection for Community Acquired Pneumonia (CAP) in immunocompetent Non-ICU patients (The Joint Commission)	**	**							**	**
<b>HEART FAILURE (HF)</b>										
Given discharge instructions	100%	15/15							100%	15/15
Given evaluation of LVS Function	100%	15/15							100%	15/15
ACEI or ARB for LSVD	75%	3/4							75%	3/4
<b>SURGICAL CARE IMPROVEMENT PROJECT (SCIP)</b>										
Prophylactic antibiotic received within one hour prior to surgical incision	57%	8/14							57%	8/14
Prophylactic antibiotic selection for surgical patients	85%	11/13							85%	11/13
Prophylactic antibiotic discontinued within 24 hours after surgery end time	100%	13/13							100%	13/13
Surgery patients with appropriate hair removal	100%	25/25							100%	25/25
Urinary catheter removed on postoperative day 1 (POD1) or postoperative day 2 (POD2) with day of surgery being day 0	100%	5/5							100%	5/5
Surgery patients with perioperative temperature management	100%	1/1							100%	1/1
Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period	17%	1/6							17%	1/6
Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery	79%	11/14							79%	
<b>PERINATAL CARE (PC)</b>										
Elective Delivery (PC-01)	***									
<b>STROKE (STK)</b>										
Given venous thromboembolism (VTE) prophylaxis	48%	12/25							48%	12/25
Given antithrombotic therapy on discharged	80%	12/15							80%	12/15
Given anticoagulation therapy for Atrial Fib-Flutter	67%	2/3							67%	2/3
Given thrombolytic therapy	0%	0/2							0%	0/2
Given antithrombotic therapy by the end of hospital day 2	56%	10/18							56%	10/18
Given statin medication on discharged	93%	13/14							93%	13/14
Given stroke education	35%	7/20							35%	7/20
Assessed for rehabilitation	62%	13/31							62%	13/31

**KEY LEGEND**

\* No cases eligible for inclusion within the denominator

\*\* Measure not included this quarter

\*\*\* No Report

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)

FISHER & ASSOCIATES  
ATTORNEYS AT LAW

RECEIVED  
JMP 07/30/15

30 July 2015

**VIA HAND DELIVERY**

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

**Re: Request for Executive Session**

Dear GMHA Board of Trustees:

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

Sincerely,



Minakshi V. Hemlani, Esq.



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

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



**BOARD OF TRUSTEES  
Official Resolution No. 15-61**

***RELATIVE TO COMMENDING MICHAEL ROBINSON, MD FOR HIS DEDICATION  
AND COMMITMENT TO THE GUAM MEMORIAL HOSPITAL AUTHORITY (GMHA)***

**WHEREAS**, the Guam Memorial Hospital Authority recognizes its employees and physicians who have dedicated their service to the people of Guam and to meeting the Hospital’s mission “To provide quality patient care in a safe environment”; and

**WHEREAS**, Dr. Michael Robinson received the Bachelor of Science degree from Walla Walla College in 1991, and the Doctor of Medicine degree from Loma Linda University in 1995; and

**WHEREAS**, Dr. Michael Robinson was an active member of the Guam Memorial Hospital Authority medical staff from September 1998 to present; and

**WHEREAS**, Dr. Michael Robinson provided excellent leadership and service in responsible positions as Chairman of the Institutional Review Board, Chairman of the Credentials Committee, and Vice-chairman of the Family Medicine department of the Guam Memorial Hospital Authority; now, therefore be it

**RESOLVED**, that the Board of Trustees takes great pleasure in recognizing the significant professional achievements of Michael Robinson, MD, and herewith expresses its sincere gratitude for invaluable contributions he has made to the Guam Memorial Hospital Authority; and be it further

**RESOLVED**, that Board of Trustees Chairman certifies and the Board of Trustees Secretary attests the adoption of this Resolution and that thereafter shall be presented to Dr. Michael Robinson and a copy shall be placed in his file.

**DULY AND REGULARLY ADOPTED ON THIS 30<sup>th</sup> DAY OF JULY 2015.**

Certified by:

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

Attested by:

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



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



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

**BOARD OF TRUSTEES**  
**Official Resolution No. 15-62**

***“RELATIVE TO THE REAPPOINTMENT OF ACTIVE 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, 2017

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

**WHEREAS**, the Medical Executive Committee on June 24, 2015 and the Joint Conference and Professional Affairs Committee on July 2, 2015, recommended approval of Active Medical Staff Membership appointment for the above listed practitioner; and


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


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

**RESOLVED**, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioners listed above and all Hospital and Medical Departments of these 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 30<sup>TH</sup> DAY OF JULY 2015.**

Certified by:  
  
 \_\_\_\_\_  
**Lee P. Webber**  
 Chairman

Attested by:  
  
 \_\_\_\_\_  
**Edna V. Santos, MD**  
 Secretary



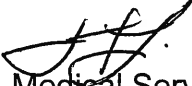
# Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



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

July 29, 2015

## MEMORANDUM

**TO:** Florencio Lizama, MD.   
Associate Administrator, Medical Services

**FROM:** Vincent A. Duenas, MD.  
Assistant Associate Administrator, Performance Improvement

**SUBJECT: RECOMMEDATION FOR INITIATION OF FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

During Dr. Insaf Ally's provisional period of appointment to the medical staff of Guam Memorial Hospital Authority, there have been 3 patient safety event forms filed with the Risk Management Department regarding failure to respond in a timely manner to calls regarding inpatient medical status and 2 patient complaints filed with Guest Relations department. All incidents were addressed by the Medicine department.

The Medicine Department presented these issues at the last meeting; however, no formal recommendations were made pending Dr. Ally's written response. In an effort to satisfy performance improvement, a probable solution is to place Dr. Ally on Focused Professional Practice Evaluation (FPPE) for a six (6) month period, during which time we will monitor any submission of patient safety event forms submitted on Dr. Ally.

Should the Board of Trustees decide to implement this performance improvement plan, The Medical Staff Office will duly notify Dr. Ally of this recommendation. Should you have any questions or concerns, please feel free to contact me at 647-2454.

  
VINCENT A. DUENAS, MD.



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



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

**BOARD OF TRUSTEES**  
**Official Resolution No. 15-63**

***“RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES FOR”***

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Nae Hwa Kim, MD	Medicine	Internal Medicine	June 30, 2016
Philip Visser, MD	Surgery	General Surgery	June 30, 2016
Tuan G. Nguyen, MD	Radiology	Interventional Rad.	June 30, 2016

**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 24, 2015 and the Joint Conference and Professional Affairs Committee on July 2, 2015 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 30<sup>TH</sup> DAY OF JULY 2015.**

**Certified by:**

Lee P. Webber  
 Chairman, Board of Trustees

**Attested by:**

Edna V. Santos, MD  
 Secretary, Board of Trustees



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

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



**BOARD OF TRUSTEES**  
**Official Resolution No. 15-64**

***RELATIVE TO HONORING THE GUAM MEMORIAL HOSPITAL VOLUNTEERS ASSOCIATION (THE "VOLUNTEERS") FOR THEIR HARD WORK, DEDICATION AND CONTRIBUTIONS TO THE GUAM MEMORIAL HOSPITAL AUTHORITY (THE HOSPITAL")***

**WHEREAS**, the Guam Memorial Hospital Volunteers Association, a non-profit organization, was established in April 1965, and whose members have selflessly dedicated their time and service to the community and the Hospital; and

**WHEREAS**, the Volunteers have tirelessly solicited donations from businesses, organizations, clinics, family and friends, and members of the community to name a few, to provide invaluable equipment, furnishings, and other patient care needs to the Hospital; and

**WHEREAS**, the Volunteer continue to solicit and fundraise to provide the Hospital with its needs and who also provide their services to support the professional staff from different departments in the Hospital; and

**WHEREAS**, decades after their inception, the Volunteers have committed millions of hours of service and dollars of equipment, furnishings, and other Hospital needs for patient care; now, therefore be it

**RESOLVED**, that the Board of Trustees takes great pleasure in honoring the Volunteers for their significant achievements and contributions, and herewith expresses its sincere gratitude for their continued dedication to the community and contributions to the Hospital; and be it further

**RESOLVED**, that the Chairman certify, and the Secretary attests to, the adoption hereof and that copies of the same be thereafter transmitted to Mrs. Jenny Cruz, President, GMH Volunteers Association, to the *Speaker of I Liheslaturan Guahån*, and to the Honorable Eddie B. Calvo, *I Magalåhen Guahån*.

**DULY AND REGULARLY ADOPTED ON THIS 30<sup>th</sup> DAY OF JULY 2015.**

**Certified by:**  


Lee P. Webber  
 Chairman, Board of Trustees

**Attested by:**  


Edna V. Santos, MD  
 Secretary, Board of Trustees