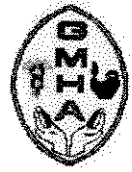




Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guahån

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



December 7, 2015

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

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 December 3, 2015 at 6:00 p.m. in the GMHA D.L Webb Conference Room.

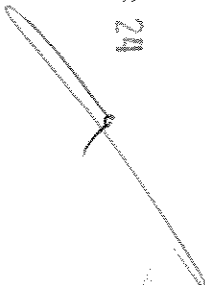
Please contact me directly at 647-2104 if you have any questions.

Senseramente,

Theo M. Pangelinan
Administrative Assistant – Board Office

Cc: Hospital Administrator/CEO
File

2015 DEC - 7 PM 4: 24



33-15-1155
Office of the Speaker
Judith T. Won Pat, Ed.D

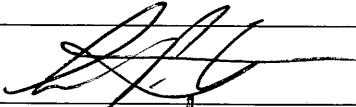



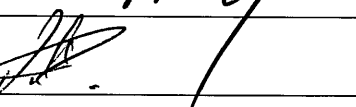
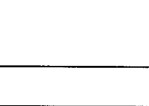
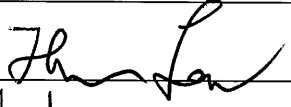
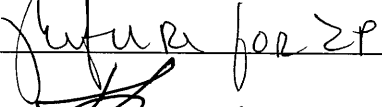


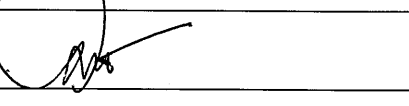
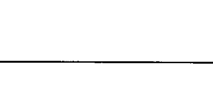
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1155

ATTENDANCE: GMHA Board of Trustees Regular Meeting

Thursday, December 3, 2015 | 6:00 PM | Daniel L. Webb Conference Room

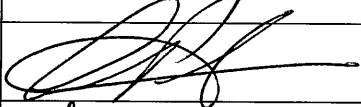
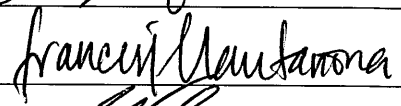

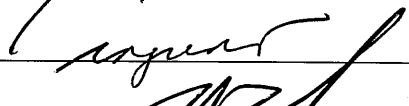

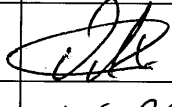
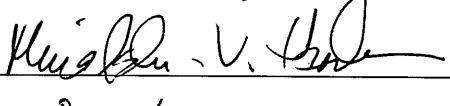
Note: Five (5) members establish a quorum.

NAME	TITLE	SIGNATURE
Board Members		
Lee P. Webber	Chairman	
Frances Taitague-Mantanona	Vice-chairperson	
Edna V. Santos, MD	Secretary	
Rose Grino, RN	Treasurer	
Ricardo Terlaje, MD	Member	
Valentino Perez	Member	
Evelyna Akimoto	Ex-officio Member	
Executive Management		
Theodore Lewis, MBA	Interim Hospital Administrator/CEO	
Zennia Pecina, RN	Acting, Associate Administrator of Clinical Services	
Florencio Lizama, MD	Associate Administrator of Medical Services	
Benita Manglona	Chief Financial Officer	
Friedrich Bieling, MD	Medical Staff President	
Others:		
JUN INFANTE	Gen Acct Supervisor	

ATTENDANCE: GMHA Board of Trustees Executive Session

Thursday, December 3, 2015 | 6:00 PM | Daniel L. Webb Conference Room

Note: Five (5) members establish a quorum.

NAME	TITLE	SIGNATURE
Lee P. Webber	Chairman	
Frances Taitague-Mantanona	Vice-chairperson	
Edna V. Santos, MD	Secretary	
Rose Grino, RN	Treasurer	
Ricardo Terlaje, MD	Member	
Valentino Perez	Member	
Minakshi Hemlani, Esq.	Legal Counsel	
George Castro	Court Reporter	Present

AGENDA: GMHA Board of Trustees Regular Meeting

Thursday, December 3, 2015 | 6:00 PM | Daniel L. Webb Conference Room

Attendees:	Trustees
	Lee Webber (Chairman), Frances Mantanona (Vice-chair), Edna Santos, MD (Secretary), Rose Grino, RN (Treasurer), Ricardo Terlaje, MD (Member), Valentino Perez (Member), Evelyn Akimoto (Ex-officio member)
	Executive Management
	Theodore Lewis, MBA (Interim CEO), Zennia Pecina, RN (Acting, Associate Administrator of Clinical Services), Florencio Lizama, MD (Associate Administrator of Medical Services), Benita Manglona (Chief Financial Officer), Friedrich Bieling, MD (Medical Staff President)

I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM

Note: Five (5) Board members establish a quorum.

II. MEDICAL STAFF PRESIDENT'S REPORT

III. EXECUTIVE SESSION

IV. APPROVAL OF REGULAR SESSION MINUTES

A. October 29, 2015

V. BOARD SUBCOMMITTEE REPORTS

A. Human Resources

1. Res. 16-01: Relative to Posthumous Commendation for Debra Ericson, MD for her Dedication and Commitment to GMHA
2. Res. 16-06: Relative to the Creation of the Hospital Safety & Security Administrator Position

B. Joint Conference and Professional Affairs

1. Res. 16-07 through 16-10: Relative to Appointments/Reappointments

C. Facilities, Capital Improvement, and Information Technology

D. Governance, Bylaws, and Strategic Planning

E. Quality and Safety

1. Performance Improvement Dashboard: Month 1 (CY-2015, 3Q)
2. Environment of Care Dashboard: CY-2015, 3Q
3. Infection Control Report: CY-2015, 3Q

F. Finance and Audit

VI. ADMINISTRATORS REPORTS

A. Acting, Associate Administrator of Clinical Services

B. Associate Administrator of Medical Services

C. Chief Financial Officer

1. Financials: October 2015
2. Proposed amendment to Res. 08-61 Relative to the Approval of the Yearly Adoption of Current PFR for the Purpose of the Medical Billing of Physician Professional Fees

D. Interim Hospital Administrator/CEO

VII. NEW BUSINESS

A. Recognition of MagPRO Award Recipients

VIII. OLD BUSINESS

IX. PUBLIC COMMENT

X. ADJOURN - Next Meeting Tentatively Scheduled for January 28, 2016



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

I, MINAKSHI V. HEMLANI, hereby declare that:

1. I am an adult over the age of eighteen and otherwise competent to testify in a court of law.
2. I attended an executive session of the Board of Directors, Guam Memorial Hospital Authority on October 29, 2015.
3. In accordance with 5 Guam Code Ann. §8111(c)(5), I swear or affirm that only matters relating to ongoing litigation and personnel matters were discussed.

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

FURTHER your Affiant sayeth naught,

IN WITNESS WHEREOF, I have hereunto set my hand this 3rd day of December, 2015.

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

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 BEST: 3 Lines, 10 Consecutive Days.....\$109.00
 \$5 each additional line

ROOMMATES
 Conditions/Restrictions: *Roommate a person who shares a room or apartment with another or others.
 GOOD: 3 Lines, 7 Consecutive Days.....\$54.00
 BETTER: 3 Lines, 10 Consecutive Days.....\$69.00
 \$4 each additional line

AUTOMOTIVE PACKAGES
 *Automotive: Trucks • Bikes • Boats • Motorcycles
 Conditions/Restrictions: One vehicle per ad
 Ad format: Make, Model, Year
 GOOD: 3 Lines, 7 Consecutive Days.....\$55.00
 BETTER: 4 Lines, 10 Consecutive Days.....\$65.00
 BEST: 4 Lines, 14 Consecutive Days.....\$75.00
 \$4 each additional line

SUPER DEALS
 Personal Items below \$500 in total value
 GOOD: 3 Lines, 7 Consecutive Days.....\$23.00
 BETTER: 3 Lines, 10 Consecutive Days.....\$31.00
 BEST: 3 Lines, 14 Consecutive Days.....\$38.00
 *Price must be included in the ad to qualify.
 \$4 each additional line

PRIVATE PARTY PLEASERS
 Personal Items below \$2,500 in total value
 GOOD: 3 Lines, 7 Consecutive Days.....\$31.00
 BETTER: 3 Lines, 10 Consecutive Days.....\$41.00
 BEST: 3 Lines, 14 Consecutive Days.....\$51.00
 *Price must be included in the ad to qualify.
 \$4 each additional line

Personal Items \$2,501 and above
 GOOD: 3 Lines, 7 Consecutive Days.....\$56.00
 BETTER: 3 Lines, 10 Consecutive Days.....\$66.00
 BEST: 3 Lines, 14 Consecutive Days.....\$76.00
 *Price must be included in the ad to qualify.
 \$4 each additional line

GARAGE SALE
 *Fundraising • Rummage • Yard Sale
 Conditions/Restrictions: 3 Consecutive Days
 Ad format: Village, Date, Time
 Garage Sale: Private residence
 Rummage: School or Non-profit organization
 GOOD: 3 Lines, 3 Consecutive Days.....\$23.00
 BETTER: 3 Lines, 7 Consecutive Days.....\$31.00
 \$4 each additional line

PETS
 GOOD: 3 Lines, 7 Consecutive Days.....\$23.00
 BETTER: 3 Lines, 10 Consecutive Days.....\$31.00
 BEST: 3 Lines, 14 Days.....\$38.00
 \$4 each additional line

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 2. All ads must be in English and must be legible.
 3. All ads must be in compliance with the PDN's advertising policies.
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 Call Mike at (671)988-5156

Ford Fusion 2007 AT, CD, AM & FM Radio, power package 40k Mileage, \$7,500 obo
 Call 788-1865

Honda Civic 2006 STANDARD 4dr Silver, AC, Pow Lock/Window Call for more details 689-6572

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Bear & Liquor License
 IN ACCORDANCE with the provisions of Guam Code Annotated, Title XI, Chapter III, Section 3515, notice is hereby given that: WOOLLY INCORPORATION dba: SUSHI ROCK has applied for a Class Four General On Sale Alcoholic Beverage License said premises being marked as Lot: 82-1-5 RT 10 #135 Agana shopping Ctr, Hagatna

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 Maltese puppies Small breed 1M / 1F. Twice old. \$900 each \$700 each 797-5399 / 737-2505

MISSING KITTY!! Orange & White Tabby, Male, 2yrs old, Orange and white, orange eyes, Shy, friendly, likes humans, neutered DAGWOOD went missing Friday November 13th. Near San Vitorios Garden, on Happy Landing Rd. in Tumon. If you or anyone you know has found or recently found an orange cat, he may be mine. Please help! \$350 REWARD!!! \$150 big reward \$335 REWARD!!! 488-9131 ivysmith@live.com

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Guam Memorial Hospital Authority
 Atunidat Espetá Mimiriat Guahan
 850 Gov. Carlos G. Camacho Rd. Tamuning, Guam

PUBLIC NOTICE
Board of Trustees Meeting

Date: Thursday, December 3, 2015
 Time: 6:00 p.m.
 Place: GMHA 1st Floor, Daniel L. Webb Conference Room

An executive session will take place before regular business.

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

/s/ Theodore M. Lewis, MBA
 Interim Hospital Administrator/CEO

This advertisement was paid for with government funds.

LEGAL NOTICE
NOTICE OF AVAILABILITY:
 The U.S. Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services' National Wildlife Research Center (NWRC) has prepared a pre-decision supplemental environmental assessment (EA) entitled Targeted Aerial Application of Acetaminophen for Brown Tree Snake Control on Guam. Wildlife Services NWRC is proposing an evaluation project on northern Guam to advance an available method to suppress and control the invasive brown tree snake. The pre-decision supplemental EA analyzes the potential environmental effects of the proposal and alternatives. Wildlife Services is requesting public comments on the supplemental EA.

Interested parties may view the pre-decision supplemental and original EA by visiting: <http://www.aphis.usda.gov/wildlifedamage/nepa> or by contacting: Assistant State Director, 233 Pangelinan Way, Barrigada, Guam 96913, telephone: (671) 635-4400. Wildlife Services has notified stakeholders that public comments will be due on Dec. 21, 2015. Due to a delay in posting this legal notice, we will accept public comments until December 29, 2015. Written comments must be received at the physical address above by December 29, 2015 to receive full consideration in the decision. All comments received, including the names and addresses of those who comment, will be part of the public record and will be released for public review as required and allowed by law.

Manning's absence extended as he gets a cast

ENGLEWOOD, Colo. (AP) — Peyton Manning will spend the next week in a walking cast and is expected to miss at least two more games with a torn plantar fascia in his left foot.

Manning missed the Denver Broncos' 17-15 win at Chicago last week when his long-time backup Brock Osweiler won his first NFL start. Manning stayed back in Denver to continue getting treatment.

Second opinion

On Monday, Manning flew to Charlotte, North Carolina, to seek a second opinion from renowned foot and ankle specialist Dr. Robert Anderson, who recommended the five-time MVP spend at least the next week in a walking cast before beginning additional rehab.

"We expect him to be unavailable for at least a couple of games," coach Gary Kubiak told the team's website Tuesday.

That means Manning, who was benched after throwing his fourth interception against Kansas City on Nov. 15, will miss Denver's game against New England on Sunday night as well as the game at San Diego on Dec. 6, at the very least.

Kubiak had already said Osweiler was his starter this

week when the Broncos (8-2) host the unbeaten Patriots (10-0). That was both a reflection of Osweiler's performance and Manning's health. Osweiler threw for 250 yards, two TDs and no interceptions at Chicago — Denver's first game without a turnover all season.

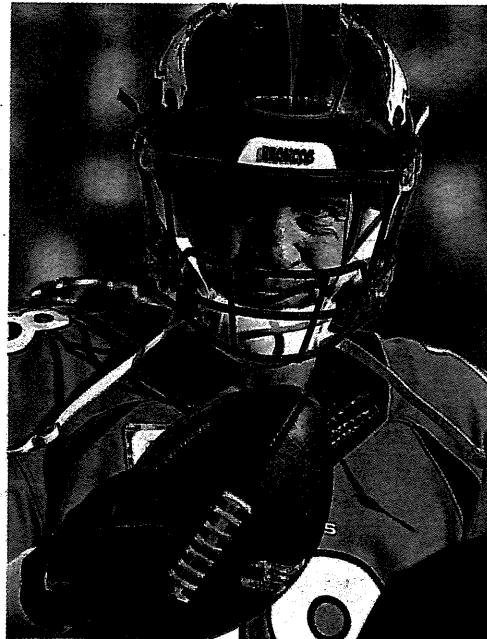
Manning will be able to attend meetings and some workouts this week, Kubiak said. He had excused Manning from practices and meetings last week although the quarterback did attend Friday's workout.

The Broncos only have one other quarterback on the roster, rookie Trevor Siemian. With Manning's absence being extended, they're planning to work out former Vikings QB Christian Ponder on Wednesday.

Challenges

Manning has had a difficult season. After taking a \$4 million pay cut over the winter, he and Kubiak spent all offseason and the first two months of the season trying to mesh offensive philosophies, and it usually wasn't very pretty.

He's thrown for just nine touchdowns with an NFL-high 17 interceptions. In his first three years in Denver, he totaled 136 TD throws and just 36 interceptions.



THE ASSOCIATED PRESS
In this Nov. 15 file photo, Denver Broncos quarterback Peyton Manning (18) smiles and acknowledges the crowd after setting the new passing record against the Kansas City Chiefs during the first half of an NFL football game in Denver. Peyton Manning will miss at least the next two weeks after consulting with a foot specialist who put him in a walking boot. Manning sought a second opinion from renowned foot and ankle specialist Dr. Robert Anderson in North Carolina on Monday, Nov. 23.

And his career-low 67.6 passer rating is lower than Tim Tebow's 72.9 in 2011 that forced GM John Elway to go after Manning in free agency in 2012.

On Monday, Kubiak blasted as "totally false" a report after

the Broncos beat the Bears that Manning plans to play in 2016 even if it's not for the Broncos.

"For there to be any rumors or anything he said that his mind-set is anywhere other than getting healthy and helping this football team, I can tell you is totally false," Kubiak said.

"I visit with this guy on a regular basis and we talk all the time. I can tell you his mind-set is a day at a time trying to get healthy and all those things and help his football (team). That's all he talks to me about. That's all that's important to him right now."

Pacers make 19 3-pointers to beat Wizards 123-106

WASHINGTON (AP) — Indiana forward Paul George thinks his team doesn't get enough attention.

With more nights like Tuesday, the Pacers will.

George scored a season-high 40 points and made seven 3-pointers, part of a franchise-record 19 by the Pacers in a 123-106 victory over the Washington Wizards.

C.J. Miles added 32 points, his most since joining the Pacers before the start of last season, as Indiana won for the ninth time in 11 games following an 0-3 start.

"We're still getting used to the system, but now we're flowing," Paul George

INDIANA PACERS FORWARD

"We always get overlooked," George said. "We're still getting used to the system, but now we're flowing."

Miles was 8 of 9 from beyond the arc, and George also missed only once from deep as the Pacers tied their season scoring high set Saturday against Milwaukee.

Indiana also finished 73.1 percent (19 of 26)

from 3-point range, crushing their previous season high of 44.4 percent (12 of 27).

"First time I've seen something like that," said George, smiling and shaking his head.

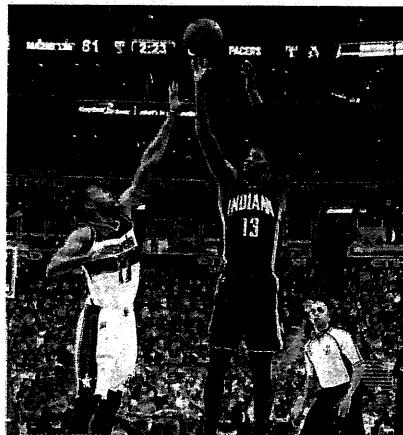
Said frustrated Wizards guard Bradley Beal: "When I'm standing this close to you and you're still making shots, I mean, what else do you want us to do?"

Gary Neal scored 23 points off the bench for the Wizards, whose three-game winning streak was snapped.

Beal added 20 points and John Wall scored 18 for Washington, which has lost five of its six games when it allows more than 110 points.

"We have to let this one go," said Wizards coach Randy Wittman, who at times this season has criticized his team's defense. "I thought our guys played hard, I don't have a problem with that. We just ran into a hot team shooting the ball."

Even with George and Miles combining to shoot a perfect 9 of 9 beyond the arc before halftime, the Wizards remained close for much of the first half and even led for stretches of the second quarter be-



THE ASSOCIATED PRESS
Indiana Pacers forward Paul George (13) shoots over Washington Wizards guard Garrett Temple (17) during the second half of an NBA basketball game Tuesday, Nov. 24 in Washington. George had 40 points as the Pacers won 123-106.

fore the Pacers pulled away.

Miles finally missed his first 3-point attempt midway through the third, but answered with his seventh and longest of the game to beat the shot clock and make it 81-74.

George's turnaround jumper later in the quarter pushed it to 86-77, and

then his pull-up 3 from the left wing made it 91-81, the first double-digit lead for either team.

"We've been talking about making people try and pick their poison," Miles said of his partnership with George. "There's a lot of space out there when he does what he does."

Holiday hurry

Washington's first of four games in five days marks its busiest five-day stretch of the season. The Wizards also play three sets of back-to-back games in the first 12 days of December.

"It's not tough at all," Wittman said. "You make it tough mentally if you think that way."

Tip-ins

» Pacers: G George Hill scored 14 points in 32 minutes in his return after missing three games with an upper respiratory infection.

» Indiana's stretch of six consecutive 3s made to start the game ended when Hill's 28-footer at the first-quarter buzzer rimmed out. ... With Hill's return, Indiana's most-used starting five improved to 5-2.

» Wizards: None of Washington's starters began the second quarter. The Wizards' second group outscored the Pacers 16-10 to take a 47-43 lead before Beal returned with 6:15 left in the half.

Up next

» Pacers: Host Chicago on Friday.

» Wizards: Visit Charlotte on Wednesday night.

Guam Memorial Hospital Authority
Aturidat Espetat Mimuriat Guahan
850 Gov. Carlos G. Camacho Rd.
Tamuning, Guam

PUBLIC NOTICE
Board of Trustees Meeting

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Place: GMHA 1st Floor, Daniel L. Webb Conference Room

An executive session will take place before regular business.

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

/s/ Theodore M. Lewis, MBA
Interim Hospital Administrator/CEO
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ENVIRONMENT OF CARE DASHBOARD CY 2015

REPORT DATE: OCTOBER 19, 2015, updated November 18, 2015

★ Better than Expected (Not less than 2 points from goal)
 ◆ Expected (less than 10 points from goal)
 ■ Needs More Work (11-20 points from goal)
 ● Worse than Expected (> 20 points from goal)

INDICATORS	CY2014	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2015
EMPLOYEE HEALTH																			
EMPLOYEES INJURIES	34	< 20	4	5	0	9	1	5	4	10	1	7	5	13	0	0	0	0	32
Back/Muscular Injury	5		1	1	0	2	0	0	1	1	0	0	0	0					3
Needlestick/Sharps Injury	12		2	1	0	3	1	3	2	6	0	1	0	1					10
hand/wrist/finger/foot/ankle Injury	7		0	2	0	2	0	0	1	1	0	0	0	0					3
Slip/Falls Injury	4		1	0	0	1	0	1	0	1	0	1	1	2					4
Other	6		0	1	0	1	0	1	0	1	1	5	4	10					12
EMPLOYEES EXPOSURES	13	< 2	0	0	1	1	1	3	0	4	0	0	0	0	0	0	0	0	5
Blood/Body fluid Exposure	8		0	0	0	0	0	1	0	1	0	0	0	0					1
Chemical Exposure	0		0	0	0	0	0	1	0	1	0	0	0	0					1
Radiation Exposure	0		0	0	0	0	0	0	0	0	0	0	0	0					0
Contagious Exposures	5		0	0	1	1	1	1	0	2	0	0	0	0					3
Other	0		0	0	0	0	0	0	0	0	0	0	0	0					0
# OF WORKMAN'S COMP FILED	42	TRACKING DATA	4	5	0	9	1	7	4	12	1	7	5	13				0	34
ABSENTEEISM RATE		TRACKING DATA																	
Flu-like Symptoms (# of days missed)	657		65	59	37	161	23	14	14	51	2	14	10	26				0	238
Nursing	116		8	8	8	24	3	1	1	5	0	3	2	5				0	34
Staff	104		7	6	3	16	5	3	2	10	1	1	2	4				0	30
EMPLOYEES WITH WORK RESTRICTIONS		CUMULATIVE TRACKING DATA	11	16	20	47	17	17	13	47	12	16	11	39	0	0	0	0	133
Nursing Division			9	12	16	37	13	12	11	36	9	11	9	29				0	102
Operations Division			0	2	3	5	4	4	2	10	3	4	1	8				0	23
Professional Support Division			1	0	1	2	0	0	0	0	0	1	1	2				0	4
Fiscal Division			1	1	0	2	0	1	0	1	0	0	0	0				0	3
Medical Services Division			0	1	0	1	0	0	0	0	0	0	0	0				0	1
Duration of Restrictions (# of months)			47	59	58	164	11	16	17	44	12	11	11	34				0	242
TB SURVEILLANCE			97%	99%	97%	98%	100%	99%	100%	100%	98%	97%	96%	97%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%
# of staff with updated TB Clearance	96%	100%	1022	1041	1027	★	1051	1048	1071	★	1051	1033	1032	◆					
Total # of staff			1050	1050	1055		1055	1055	1075		1068	1068	1072						
# of PPD Converters	2	TRACKING DATA	0	0	0	0	0	0	0	0	1	0	1	2				0	2

SAFETY MANAGEMENT

INDICATORS	CY2014	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2015
BIWEEKLY DEPT INSPECTION			88%	86%	93%	89%	91%	91%	96%	93%	95%	86%	95%	92%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	89%
# of dept that submitted inspections	92%	100%	50	49	53	■	52	52	55	◆	54	49	54	◆					
Total # of Depts.			57	57	57		57	57	57		57	57	57						

★ Better than Expected (Not less than 2 points from goal) ◆ Expected (less than 10 points from goal) ■ Needs More Work (11-20 points from goal) ● Worse than Expected (> 20 points from goal)

INDICATORS	CY2014	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2015
RESPIRATORY PROTECTION PROGRAM			QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				
# of staff fit tested	NEW FOR CY2015	CUMULATIVE TRACKING TO 90%	59%	62%	---	62%	---	74%	72%	73%	77%	---	83%	83%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	83%
<i>Total # of staff required to be fit tested</i>			413	439		●		520	560	●	600		739	●					
			703	703				703	783		783		886						

MATERIALS MANAGEMENT

INDICATORS	CY2014	QTRLY GOAL	QUARTER AVERAGE			QUARTER AVERAGE			QUARTER AVERAGE			QUARTER AVERAGE							
PRODUCT RECALL ALERT SUBMISSION			---	92%	---	92%	---	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	92%				
<i># of departments that returned & completed product alert notification</i>	87%	100%	0	58	0	◆	0	63											
<i># of product recall notifications sent out</i>			0	63	0		0	63											
PRODUCT RECALLS	44		QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL							
Equipment	11	TRACKING DATA	0	3	0	3	0	3	0	3	0	0	0	0	0	0	0	0	6
Medical Device	NEW for CY2015		0	0	0	0	0	0											0
Pharmaceuticals	0		0	3	0	3	0	3											6
			0	0	0	0	0	0											0

SECURITY MANAGEMENT

INDICATORS	CY2014	QTRLY GOAL	QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL				
# OF THEFTS	3	0	1	1	1	3	5	0	2	7	2	2	1	5	0	15
# OF ASSAULTS	8	0	1	1	1	3	3	4	1	8	0	1	1	2	0	13
# OF HARRASSMENTS	NEW FOR CY2015	0	0	0	1	1	2	2	1	5	1	1	1	3	0	9
# OF VANDALISMS	9	0	0	0	0	0	0	0	0	0	2	2	2	4	0	4
# OF DISTURBANCES/CODE 60s	15	0	3	1	3	7	5	6	4	15	2	5	2	9	0	31
# OF SMOKING VIOLATORS	113	TRACKING DATA	5	10	0	15	5	4	10	19	14	0	2	16	0	50
# OF ALCOHOL CONSUMPTION VIOLATION	10	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
# OF UNSECURED AREAS REPORTED	135	0	3	4	3	10	4	4	3	11	5	4	4	13	0	34
# OF EMPLOYEES WITHOUT ID	302	0	7	12	48	67	24	30	30	84	25	45	35	105	0	256
FIRE EXIT ALARM ACTIVATION	703	<250	40	25	38	103	15	10	50	75	39	50	27	116	0	294
# OF INFANT/PEDIATRIC ABDUCTION DRILLS CONDUCTED	1	1/YR	QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL				
			0	0	0	0	0	0	0	0	0	0	0	0	0	0
# OF ACTIVE SHOOTER DRILLS CONDUCTED	1		QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL			QUARTER TOTAL				
			0	1	0	0	0	0	0	0	0	0	0	0	0	0

HAZARDOUS MATERIALS AND WASTE PROGRAM

INDICATORS	CY2014	QTRLY GOAL	QUARTER AVERAGE			QUARTER AVERAGE			QUARTER AVERAGE			QUARTER AVERAGE							
HAZARDOUS MATERIALS INVENTORY LISTING			---	100%	82%	91%	100%	100%	100%	100%	---	100%	82%	91%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	91%
<i># of HMIL completed</i>	NEW FOR CY2015	98%	0	3	9	◆	3	3	3	★	0	5	9	◆					
<i>Total # of HMIL due for completion</i>			0	3	11		3	3	3		0	5	11						
VOLUME OF REGULATED MEDICAL WASTE (lbs)	19,321	22,000/MON	QUARTER AVERAGE			QUARTER AVERAGE			QUARTER AVERAGE			QUARTER AVERAGE							
			18,739	17,172	18,723	18,211	18,651	21,737	20,166	20,185	18,835	18,812	20,419	19,355	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	18,211

★ Better than Expected (Not less than 2 points from goal) ◆ Expected (less than 10 points from goal)

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

● Worse than Expected (> 20 points from goal)

INDICATORS	CY2014	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2015
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EMERGENCY MANAGEMENT PLAN

		QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL						
# OF FSE CONDUCTED ANNUALLY	2	2/YR	1	0	1	2	0	1	0	1	0	0	0	0	0	0	0	0	0	3
TROPICAL STORMS 09W & HALONG (11W)		CUMULATIVE TRACKING	0%				0%				80%				100%				100%	
# of improvements addressed	0		0	0	0	0	0	0	4	5	5	5	5	5	TROPICAL STORMS JULY 2015 - AAR IMPROVEMENTS COMPLETED - 100%					
Total # of areas for improvement	5		5	5	5	5	5	5	5	5	5	5	5							
2014 TRIENNIAL AIRLINE CRASH EXERCISE			0%				0%				25%				75%				#DIV/0!	
# of improvements addressed	0	0	0	0	0	0	0	1	1	1	1	1	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total # of areas for improvement	4	4	4	4	4	4	4	4	4	4	4	4	4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
2015 KONTRA I PILIGRU			COMPLETION												75%	75%	#DIV/0!	#DIV/0!	#DIV/0!	
# of improvements addressed			Began displaying improvements 3Q												3	4				
Total # of areas for improvement																				

LIFE SAFETY

		QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE						
EMERGENCY GENERATOR TESTING	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
# of emergency generator testing completed		30	24	24	24	24	30	24	24	35	29	29	29	29	29	29	29	29	29	29
# of testing scheduled		30	24	24	24	24	30	24	24	35	29	29	29	29	29	29	29	29	29	29
FIRE DOORS MAINTAINED	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
# of fire doors maintained		195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
# maintenance scheduled		195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
FIRE ALARM DEVICES TESTED	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	100%	33%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%
# of fire alarm devices tested		41	100	1015	1015	27	45	35	35	0	0	43	43	43	43	43	43	43	43	43
# of testing scheduled		41	100	1015	1015	27	45	35	35	20	40	43	43	43	43	43	43	43	43	43

FIRE SAFETY

		QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE						
STAFF KNOWLEDGE FOR R.A.C.E	95%	100%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
# of staff knowledgeable of RACE		0	29	96	96	0	36	55	55	0	80	25	25	25	25	25	25	25	25	25
# of staff interviewed		0	29	97	97	0	36	55	55	0	80	25	25	25	25	25	25	25	25	25

EQUIPMENT MANAGEMENT

		QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL							
# OF EQUIPMENT FAILURES	728	TRACKING DATA	63	85	81	229	61	65	61	187	80	68	90	238						0	654
# of equipment failure due to operator error	49	TRACKING DATA	7	4	9	20	9	8	6	23	0	1	4	5						0	48
# of Equipment Failure that impacted patient care	0		0	0	0	0	0	0	0	0	0	0	0	0						0	0
EQUIPMENT PM	73%	100%	96%				46%				94%				79%				#DIV/0!		
# of equipment with PM completed		51	239	258	258	324	304	207	207	401	443	276	276	276	276	276	276	276	276	276	276
# of equipment scheduled for PM		53	514	275	275	324	304	207	207	403	443	280	280	280	280	280	280	280	280	280	280

★ Better than Expected (Not less than 2 points from goal) ◆ Expected (less than 10 points from goal) ■ Needs More Work (11-20 points from goal) ● Worse than Expected (> 20 points from goal)

INDICATORS	CY2014	QTRLY GOAL	JAN	FEB	MAR	1Q	APR	MAY	JUN	2Q	JUL	AUG	SEP	3Q	OCT	NOV	DEC	4Q	CY2015
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UTILITIES MANAGEMENT

			QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL				QUARTER TOTAL					
# OF ELEVATOR FAILURES	31	<5	6	9	3	18	6	10	10	26	2	2	1	5					0	49
# OF UTILITIES FAILURES	1476	TRACKING DATA	128	131	100	359	121	119	105	345	85	106	121	312					0	1016
# of utilities failure due to operator error	111	TRACKING DATA	10	10	7	27	9	11	15	35	4	1	11	16					0	78
# of utilities failure that impacted patient care	1	0	0	0	0	0	0	0	0	0	0	0	0	0					0	0
			QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
UTILITY PM			94%	98%	98%	97%	98%	90%	99%	96%	98%	95%	58%	84%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		97%
# of utilities with PM completed	91%	100%	576	769	837	◆	564	702	985	◆	581	619	542	◆						
# of utilities scheduled for PM			615	784	850		575	776	1000		590	652	942							
			QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE				QUARTER AVERAGE					
BIOLOGICAL GROWTH TESTING ON STERILIZER			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		100%
# of completed sterilizer testing	100%	100%	106	103	113	★	113	110	111	★	111	114	115	★						
# of testing scheduled			106	103	113		113	110	111		111	114	115							

EDUCATION

ENVIRONMENT OF CARE TRAINING (ATTENDANCE)													91%	91%							
# of staff that passed the evaluation testing	90%	90%	TRAINING TO OCCUR IN --- 3RD QUARTER				TRAINING TO OCCUR IN --- 3RD QUARTER														
Total # of staff											986										
											1087										
ACTIVE SHOOTER TRAINING														75%	75%						
# of staff that attended	66%	100%	TRAINING ONGOING FROM CY2014																		
Total # of staff							820				814										
							977				1087										

**GUAM MEMORIAL HOSPITAL AUTHORITY
BALANCE SHEET COMPARISON AS OF OCT 2015**

	SEP-2015	OCT-2015	CHANGE
CURRENT ASSETS			
Cash - Operations	-\$127,236	-\$337,547	-\$210,311
Cash - Restricted	\$439,967	\$439,967	
Patient Accts Receivable-Current	\$164,757,151	\$173,190,143	\$8,432,992
Patient Accts Receivable-Reserved Receivables	\$135,848,270	\$135,740,424	-\$107,846
Suspense Accounts	-\$4,120,942	-\$8,373,647	-\$4,252,705
Less: Reserve for Cont Allow	-\$144,201,265	-\$148,138,087	-\$3,936,822
Less: Reserve for Bad Debts	-\$135,848,270	-\$135,740,424	\$107,846
Due from GovGuam	\$736,929	\$1,462,870	\$725,941
Other Receivables	-\$3,894	-\$29,101	-\$25,207
Inventories	\$3,759,863	\$3,128,123	-\$631,740
Prepaid Expenses	\$300,385	\$271,577	-\$28,808
Total Current Assets	\$21,540,958	\$21,614,298	\$73,340
Property, Plant and Equipment	\$38,748,875	\$38,349,973	-\$398,902
Total Assets	\$60,289,833	\$59,964,271	-\$325,562
LIABILITIES & FUND BALANCE			
CURRENT LIABILITIES			
Current Portion of Long Term Debt	\$2,120,710	\$2,130,180	\$9,470
Deferred Revenue	\$250,000	\$250,000	
Accounts Payable, Trade	\$21,273,609	\$21,104,077	-\$169,532
Accounts Payable, Government	\$4,133,894	\$4,733,280	\$599,386
Other Accrued Liabilities	\$1,219,550	\$1,205,550	-\$14,000
Accrued Payroll & Benefits	\$2,405,181	\$2,292,592	-\$112,589
Current Portion of accrued AL	\$1,723,374	\$1,735,999	\$12,625
Total Current Liabilities	\$33,126,318	\$33,451,678	\$325,360
Notes Payable, net of curent portion	\$19,475,021	\$19,290,499	-\$184,522
Accrued AL, net of current portion	\$2,193,385	\$2,209,454	\$16,069
Accrued Sick Leave	\$4,153,332	\$4,023,577	-\$129,755
Total Long-Term Liabilites	\$25,821,738	\$25,523,530	-\$298,208
Fund Balance	\$1,341,778	\$989,064	-\$352,714
Total Unrestricted Funds	\$60,289,833	\$59,964,271	-\$325,562

GMHA
Comparative Income Statement-September 2015 and October 2015

	SEP	OCT	CHANGE	TOTAL YTD
STATEMENT OF REV AND EXP				
Gross Patient Revenues	\$13,942,833	\$14,228,403	\$285,570	\$14,228,403
Contractual Adjustments	-\$5,281,707	-\$4,466,784	\$814,923	-\$4,466,784
Bad Debts Expense	-\$1,541,817	-\$1,471,321	\$70,496	-\$1,471,321
NET PATIENT REVENUES	\$7,119,309	\$8,290,298	\$1,170,989	\$8,290,298
Other Operating Revenue				
Food Sales, Cafeteria	\$43,370	\$50,684	\$7,314	\$50,684
Other	\$12,867	\$12,096	-\$771	\$12,096
Total Other Oper Revenues	\$56,237	\$62,780	\$6,543	\$62,780
TOTAL REVENUES	\$7,175,546	\$8,353,078	\$1,177,532	\$8,353,078
OPERATING EXPENSES:				
Salaries	\$5,102,321	\$4,965,075	-\$137,246	\$4,965,075
Fringe Benefits	\$1,839,401	\$1,507,955	-\$331,446	\$1,507,955
Travel & Mileage Reimbursement	\$24,010	\$7,715	-\$16,295	\$7,715
Training	\$5,381	\$1,431	-\$3,950	\$1,431
Contractual Services	\$1,221,179	\$1,185,321	-\$35,858	\$1,185,321
Supplies & Materials	\$2,079,548	\$1,135,376	-\$944,172	\$1,135,376
Minor Equipment	\$96,622	\$63,186	-\$33,436	\$63,186
Miscellaneous	\$21,561	\$21,667	\$106	\$21,667
Utilities	\$301,293	\$209,619	-\$91,674	\$209,619
TOTAL OPERATING EXPENSES	\$10,691,316	\$9,097,345	-\$1,593,971	\$9,097,345
OTHER EXPENSES:				
Interest Expense	\$195,449	\$99,792	-\$95,657	\$99,792
Sick & Annual Leave Exp	\$186,722	-\$33,243	-\$219,965	-\$33,243
Retiree Health Cost	\$2,000,000		-\$2,000,000	
Depreciation Expense	\$433,980	\$427,873	-\$6,107	\$427,873
Gain/Loss on Disposal				
Bioterrorism Expenses	\$8,618		-\$8,618	
FEMA/DOI CIP Expenses				
Compact Impact Expenses	\$210,382		-\$210,382	
GO Bond PL 29-19 Expenses	-\$38,366		\$38,366	
Expired/Surveyed Supplies				
Inventory Adjustment	-\$33,968	\$1,935	\$35,903	\$1,935
TOTAL OTHER EXPENSES	\$2,962,817	\$496,357	-\$2,466,460	\$496,357
TOTAL EXPENSES	\$13,654,133	\$9,593,702	-\$4,060,431	\$9,593,702
REVENUES OVER EXPENSES	-\$6,478,587	-\$1,240,624	\$5,237,963	-\$1,240,624
NON-OPERATING REVENUES				
GOVGUAM SUBSIDY				
CMS Settlement of Fiscal 2012				
Trans GovGuam-Ret Health				
FEMA/DOI CIP Revenues				
GovGuam Reimbursement				
GO Bond Revenue	\$139,812		-\$139,812	
Compact Impact				
Bioterrorism Grant				
ARRA Revenue				
Contributions	\$34,327		-\$34,327	
TOTAL NON-OPERATING REVE	\$174,139		-\$174,139	
PROFIT(+)/ LOSS (-)	-\$6,304,448	-\$1,240,624	\$5,063,824	-\$1,240,624

GMHA
Comparative Income Statement
YTD October 2014 and 2015

GUAM MEMORIAL HOSPITAL AUTHORITY

	Oct-14	Oct-15	Change	YTD Oct 2014	YTD Oct 2015	Change
STATEMENT OF REV AND EXP						
Gross Patient Revenues	\$ 12,647,152	\$ 14,228,403	\$ 1,581,251	\$ 12,647,152	\$ 14,228,403	\$ 1,581,251
Contractual Adjustments	\$ (1,963,286)	\$ (4,466,784)	\$ (2,503,498)	\$ (1,963,286)	\$ (4,466,784)	\$ (2,503,498)
Bad Debts Expense	\$ (870,600)	\$ (1,471,321)	\$ (600,721)	\$ (870,600)	\$ (1,471,321)	\$ (600,721)
NET PATIENT REVENUES	\$ 9,813,266	\$ 8,290,298	\$ (1,522,968)	\$ 9,813,266	\$ 8,290,298	\$ (1,522,968)
Other Operating Revenue						
Food Sales, Cafeteria	\$ 38,290	\$ 50,684	\$ 12,394	\$ 38,290	\$ 50,684	\$ 12,394
Other	\$ 13,765	\$ 12,096	\$ (1,669)	\$ 13,765	\$ 12,096	\$ (1,669)
Total Other Oper Revenues	\$ 52,055	\$ 62,780	\$ 10,725	\$ 52,055	\$ 62,780	\$ 10,725
TOTAL REVENUES	\$ 9,865,321	\$ 8,353,078	\$ (1,512,243)	\$ 9,865,321	\$ 8,353,078	\$ (1,512,243)
OPERATING EXPENSES:						
Salaries	\$ 5,287,722	\$ 4,965,075	\$ (322,647)	\$ 5,287,722	\$ 4,965,075	\$ (322,647)
Fringe Benefits	\$ 1,665,996	\$ 1,507,955	\$ (158,041)	\$ 1,665,996	\$ 1,507,955	\$ (158,041)
Travel & Mileage Reimburse	\$ -	\$ 7,715	\$ 7,715	\$ -	\$ 7,715	\$ 7,715
Training	\$ -	\$ 1,431	\$ 1,431	\$ -	\$ 1,431	\$ 1,431
Contractual Services	\$ 756,801	\$ 1,185,321	\$ 428,520	\$ 756,801	\$ 1,185,321	\$ 428,520
Supplies & Materials	\$ 1,038,472	\$ 1,135,376	\$ 96,904	\$ 1,038,472	\$ 1,135,376	\$ 96,904
Minor Equipment	\$ 40,209	\$ 63,186	\$ 22,977	\$ 40,209	\$ 63,186	\$ 22,977
Miscellaneous	\$ 37,948	\$ 21,667	\$ (16,281)	\$ 37,948	\$ 21,667	\$ (16,281)
Utilities	\$ 300,235	\$ 209,619	\$ (90,616)	\$ 300,235	\$ 209,619	\$ (90,616)
TOTAL OPERATING EXPENSE	\$ 9,127,383	\$ 9,097,345	\$ (30,038)	\$ 9,127,383	\$ 9,097,345	\$ (30,038)
OTHER EXPENSES:						
Interest Expense	\$ 166,445	\$ 99,792	\$ (66,653)	\$ 166,445	\$ 99,792	\$ (66,653)
Sick & Annual Leave Expense	\$ 120,869	\$ (33,243)	\$ (154,112)	\$ 120,869	\$ (33,243)	\$ (154,112)
Retiree Health Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation Expense	\$ 363,241	\$ 427,873	\$ 64,632	\$ 363,241	\$ 427,873	\$ 64,632
Gain/Loss on Disposal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bioterrorism Expenses	\$ 1,684	\$ -	\$ (1,684)	\$ 1,684	\$ -	\$ (1,684)
FEMA/DOI CIP Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Compact Impact Expenses	\$ 21,622	\$ -	\$ (21,622)	\$ 21,622	\$ -	\$ (21,622)
GO Bond PL 29-19 Expenses	\$ 208,134	\$ -	\$ (208,134)	\$ 208,134	\$ -	\$ (208,134)
Expired/Surveyed Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Inventory Adjustment	\$ 15,023	\$ 1,935	\$ -	\$ 15,023	\$ 1,935	\$ -
TOTAL OTHER EXPENSES	\$ 897,018	\$ 496,357	\$ (387,573)	\$ 897,018	\$ 496,357	\$ (387,573)
TOTAL EXPENSES	\$ 10,024,401	\$ 9,593,702	\$ (417,611)	\$ 10,024,401	\$ 9,593,702	\$ (417,611)
REVENUES OVER EXPENSES	\$ (159,080)	\$ (1,240,624)	\$ (1,094,632)	\$ (159,080)	\$ (1,240,624)	\$ (1,094,632)
NON-OPERATING REVENUES						
GOVGUAM SUBSIDY	\$ 3,332,631	\$ -	\$ (3,332,631)	\$ 3,332,631	\$ -	\$ (3,332,631)
CMS Settlement of Fiscal 2012	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Trans GovGuam-Ret Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FEMA/DOI CIP Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GovGuam Reimbursement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GO Bond Revenue	\$ 178,822	\$ -	\$ (178,822)	\$ 178,822	\$ -	\$ (178,822)
Compact Impact	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bioterrorism Grant	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Misc Revenue NPO Write	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ARRA Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contributions	\$ 200	\$ -	\$ (200)	\$ 200	\$ -	\$ (200)
TOTAL NON-OPER REV	\$ 3,511,653	\$ -	\$ (3,511,653)	\$ 3,511,653	\$ -	\$ (3,511,653)
CHANGE in NET ASSETS	\$ 3,352,573	\$ (1,240,624)	\$ (4,606,285)	\$ 3,352,573	\$ (1,240,624)	\$ (4,606,285)

GMHA
Sources and Uses of Cash
YTD 10/31/2015

FY 2016 CASH FLOW

DESCRIPTION	Oct-15 ACTUAL	Nov-15 ACTUAL	Dec-15 ACTUAL	YTD TOTAL
CASH - Beginning balance	\$312,731			
CASH RECEIPTS				
Patient Revenues	\$8,128,194			\$8,128,194
Other Receipts	\$119,812			\$119,812
Compact Impact Fund				\$0
UPCA Settlement	\$3,469			\$3,469
E H R Incentive				\$0
Bioterrorism Grant				\$0
Donation				\$0
Gen Fund Subsidy				\$0
GO Bond				\$0
DOC Allotment	\$189,290			\$189,290
Medicare Settlement				\$0
TOTAL CASH RECEIPTS	\$8,440,765	\$0	\$0	\$8,440,765
CASH DISBURSEMENTS				
Operational Expenses:				
Salaries & Benefits	\$5,472,969			\$5,472,969
Travel & Training	\$7,254			\$7,254
Contractual Services	\$1,073,887			\$1,073,887
Supplies & Materials	\$1,459,058			\$1,459,058
- Payment to Vendors				\$0
Miscellaneous	\$59,501			\$59,501
Utilities - Power	\$216,253			\$216,253
Water	\$0			\$0
Telephone	\$76,846			\$76,846
Boiler Fuel	\$17,067			\$17,067
Capital Outlay				\$0
Sub-total	\$8,382,835	\$0	\$0	\$8,382,835
Other Cash Outlay:				
Debt Service \$12M LOAN	\$268,240			\$268,240
Sub-total	\$268,240	\$0	\$0	\$8,651,075
TOTAL DISBURSEMENTS	\$8,651,075	\$0	\$0	\$8,651,075
CASH-ENDING BAL	\$102,420	\$0	\$0	

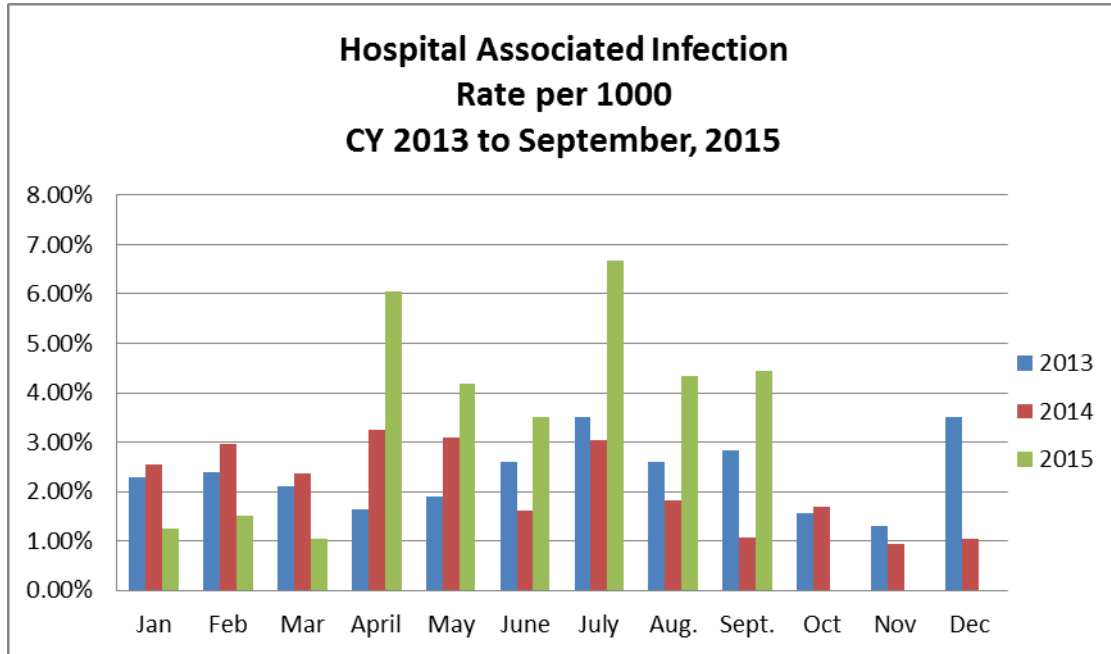
GMHA
COLLECTIONS FROM INSURER
FISCAL YEAR 2016

GMHA		MONTHLY COLLECTIONS				
PAYOR	Oct-15	Nov-15	Dec-15	Total	MO Average	
Calvo's	\$1,123,427			\$1,123,427	\$1,123,427	13.82%
Netcare (Moylan)	118,703			118,703	118,703	1.46%
Staywell	303,848			303,848	303,848	3.74%
Takecare (PacifiCare)	158,094			158,094	158,094	1.95%
Miscellaneous	191,315			191,315	191,315	2.35%
Self Pay	284,655			284,655	284,655	3.50%
Self Pay Admissions	168,000			168,000	168,000	2.07%
	\$2,348,042	\$0	\$0	\$2,348,042	2,348,042	
Medicare	917,381			917,381	917,381	11.29%
Medicaid	9,170			9,170	9,170	0.11%
MIP	2,748,402			2,748,402	2,748,402	33.81%
GovGuam	6,917			6,917	6,917	0.09%
DRT-tax offset	2,000,000			2,000,000	2,000,000	24.61%
MAP-GRT				0	0	0.00%
Private W/C	7,886			7,886	7,886	0.10%
GovGuam W/C	40,344			40,344	40,344	0.50%
	\$5,730,100	\$0	\$0	\$5,730,100	5,730,100	
GMMS	0			0	0	0.00%
Coll Agency of Guam	50,051			50,051	50,051	0.62%
FSM				0		
	50,051	0	0	50,051	\$50,051	
TOTAL COLLECTION	\$8,128,194	0	0	\$8,128,194	\$8,128,194	100.00%
					average	
Cafeteria sales	43,599			43,599		
Other receipts	53,534			53,534		
Medicare Settlement	22,679			22,679		
Allotment/Subsidy				0		
GRT Pharm Funds				0		
Urgent Care				0		
UPCA Settlement	3,469			3,469		
Compact Impact				0		
GO Bond				0		
Bioterrorism Grant				0		
DOC Allotment	189,290			189,290		
Donation				0		
DMHSA				0		
	312,571	0	0	312,571		
Sub-total	\$8,440,765	\$0	\$0	\$8,440,765		
Less: Collection fee						
GMMS				0		
Collection Agency	(18,070)			(18,070)		
Dept of Rev offset				0		
Medicare Offset(PHS)				0		
Takecare Offset				0		
GMHA PRD				0		
	(18,070)	0	0	(18,070)		
Total	\$8,422,694	\$ -	\$ -	\$8,422,694		

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

Infection Control Report

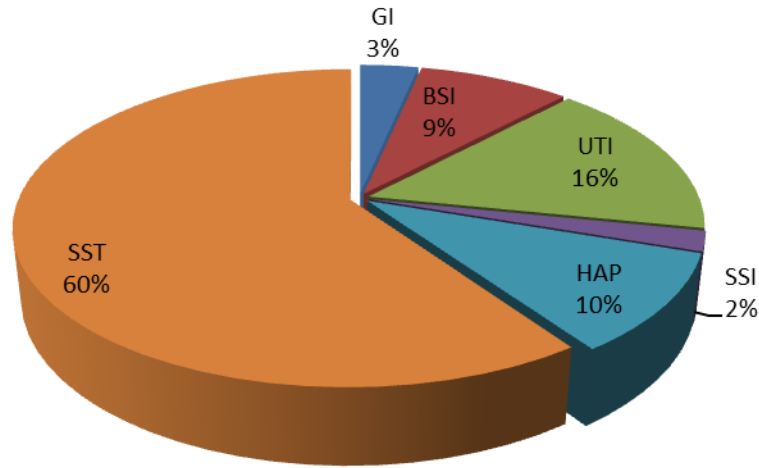
Hospital Acquired Infection (HAI) Attack Rate



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

	2011	2012	2013	2014	2015
Jan	2.08	1.24	2.25	2.55	1.26
Feb	2.16	1.79	2.38	2.95	1.52
Mar	1.40	1.24	2.06	2.36	1.05
April	3.36	1.94	1.63	3.26	6.06
May	2.01	1.80	1.89	3.09	4.17
June	2.86	4.23	2.60	1.62	3.50
July	3.05	3.52	3.53	3.05	6.67
Aug.	3.55	1.98	2.55	1.81	4.35
Sept.	2.91	2.14	2.82	1.07	4.43
Oct	1.25	3.10	1.55	1.67	
Nov	1.20	2.15	1.29	0.95	
Dec	3.39	1.34	4.02	1.05	

**Hospital Associated Infections, Breakdown by Indicator
July to September, 2015**



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

HEALTHCARE-ASSOCIATED INFECTIONS

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

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

Source: CDC, 2010a.

Table on Total Number of Hospital Associated Infections

2015	July	August	Sept	Qtr total
GI	2	3	0	5
BSI	5	5	3	13
UTI	11	7	6	24
SSI	1	1	1	3
HAP	4	5	6	15
-VAP	2	3	0	5
SST	38	22	29	89
Total	61	43	45	149

Hand Hygiene Monitoring Report

July to Sept, 2015	Total Compliant	Total Observed	Percent of Compliance
Nursing	300	342	88%
Tele	24	27	89%
ER	41	56	73%
Hemodialysis	21	28	75%
OBW	33	39	85%
Peds	20	20	100%
ICU	41	45	91%
Surgical	25	29	86%
L&D	30	30	100%
MSW	35	38	92%
Nursery/NICU	30	30	100%
Medical Staff	49	59	83%
Ops (housekeeping)	58	74	78%
Pro Support	162	206	79%
Laboratory	44	57	77%
Dietary	32	43	74%
Radiology	23	30	77%
Respiratory	32	40	80%
Rehab	31	36	86%
TOTAL OBSERVED	569	681	84%

Hand Hygiene Related Actions/Issues/Findings between July to September, 2015

- Compliance rates on hand hygiene are provided to departments observed.
- Additional observers have been added for observation of operations since this was a group of employees that maintained compliance percentages <80%.
- List of names of physician's hand hygiene observations (by name) are submitted for the OPPE report.

Patient Surveys on Hand Hygiene

	July to Sept, 2014	Oct to Dec, 2014	Jan to March, 2015	April to June, 2015	July to Aug, 2015	Sept, 2015
My Doctor	82%	92%	100%	96%	99% (n=100)	96% (49/51)
My Nurse	75%	92%	100%	99%	99% (n=104)	100% (50/50)
My Nurse Assistant	81%	86%	100%	99%	98.6% (n=98)	98% (48/49)
Obtained my blood	78%	93%	100%	98%	96.5% (n=88)	98% (41/42)
Assisted me with muscular strengthening	26.8%	100%	100%	90%	81.8% (n=22)	92% (11/12)
Gave me breathing treatments	76.5%	88%	100%	83%	83.3% (n=24)	100% (15/15)
Other	0%	--	100%	100%	83.3% (n=6)	100% (4/4)
TOTAL	68%	91%	100%	97%	91.6%	97.7%

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

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

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

Month	ICU Urinary Catheter Days	ICU Patient Days	Device Usage Rate GMH	Device Usage Rate NHSN
Apr, 2015	235	246	0.96	0.78
May, 2015	257	309	0.83	0.78
June, 2015	254	286 ¹	0.88	0.78
July, 2015	195	270 ²	0.72	0.78
Aug, 2015	237	301 ³	0.79	0.78
Sept, 2015	240	283 ⁴	0.85	0.78
TOTAL	1178	1412	0.83	0.78

¹ICU patient days summed from ICU reports was 286. Census report showed ICU patient days as 191 for June, 2015.

²ICU patient days summed from ICU reports was 270. Census report showed ICU patient days as 123 for July, 2015.

³ICU patient days summed from ICU reports was 301. Census report showed ICU patient days as 135 for August, 2015.

⁴ICU patient days summed from ICU reports was 283. Census report showed ICU patient days as 89 for Sept, 2015.

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

Month	ICU CA-UTI's	ICU Urinary Catheter Days	CA-UTI Rate GMH	CA-UTI Rate NHSN
Apr, 2015	2	235	8.51	3.1
May, 2015	0	257	0	3.1
June, 2015	0	254	0	3.1
July, 2015	1	195	10.25	3.1
Aug, 2015	2	237	8.44	3.1
Sept, 2015	1	240	4.17	3.1
TOTAL	6	1418	4.23	3.1

Table: Catheter-Associated Urinary Tract Infection(CA-UTI) Prevention Bundle
April to September, 2015

	June, 2015	July, 2015	Aug, 2015	Sept, 2015
Catheter Necessity (n=50)				
Catheter Necessity documentation	100%	100%	100%	100%
Nursing Care Plan	74% ₁	80%	40%	83%
Insertion Technique				
Aseptic Technique	100% (n=5)	100%	none observed	none observed
Hand hygiene prior	100% (n=5)	100%	none observed	none observed
Use of single-use sterile gloves, drape and sponge	100% (n=5)	100%	none observed	none observed
Sterile antiseptic solution used appropriately for cleaning urethral meatus	100% (n=5)	100%	none observed	none observed
Single-Use packet of sterile lubricant jelly	100% (n=5)	100%	none observed	none observed
Catheter Maintenance				
Maintenance of sterile, continuous closed drainage system	100%	100%	100%	100%
Maintain unobstructed flow of urine	100%	100%	100%	100%
Collection bag emptied regularly (not allowed to back-flow)	87% (20 of 23)	87% (26 of 30)	87% (26 of 30)	97%
Separate, single-patient use collecting container used.	100%	100%	100%	97%
Maintain aseptic technique and avoid touch contamination of the drainage spigot when emptying urinary bag	100%	100%	90%	100%
Catheter properly secured for unobstructed flow and drainage	100%	100%	100%	83%

₁Findings where Nursing Care Plans were lacking are corrected on the spot.

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

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

Month	ICU Central Line Days	ICU Patient Days	Device Usage Rate GMH	Device Usage Rate **NNIS
Apr, 2015	224	246	0.91	0.49
May, 2015	278	309	0.90	0.49
June, 2015	152	286 ¹	0.53	0.49
July, 2015	211	270 ²	0.78	0.49
Aug, 2015	179	301 ³	0.59	0.49
Sept, 2015	156	283 ⁴	0.55	0.49
TOTAL	1200	1695	0.70	0.49

¹ICU patient days summed from ICU reports was 286. Census report showed ICU patient days as 191 for June, 2015.

²ICU patient days summed from ICU reports was 270. Census report showed ICU patient days as 123 for July, 2015.

³ICU patient days summed from ICU reports was 301. Census report showed ICU patient days as 135 for August, 2015.

⁴ICU patient days summed from ICU reports was 283. Census report showed ICU patient days as 89 for Sept, 2015.

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

Month	ICU CLA-BSI	ICU Central Line Days	CLA-BSI Rate per 1000 GMH	CLA-BSI Rate per 1000 *NNIS
Apr, 2015	1	224	4.46	3.1
May, 2015	0	278	0	3.1
June, 2015	1	152	6.58	3.1
July, 2015	2	211	9.48	3.1
Aug, 2015	1	179	5.59	3.1
Sept, 2015	1	156	6.41	3.1
TOTAL	6	1200	5.00	3.1

TABLE: Central Line Associated Blood Stream Infection Prevention Bundle
April to September, 2015

	April, 2015	May, 2015	June, 2015	July, 2015	Aug, 2015	Sept, 2015
Catheter Necessity (n=50)						
Catheter Necessity documentation with prompt removal of unnecessary lines	100%	100%	100%	100%	100%	85.7% (n=21)
ICU – catheter necessity/appropriate indications	84.7% (61 of 72)			70.7% (41 of 58)		
Catheter necessity/Appropriate indication post transfer from ICU	64.2% (43 of 67)			52.9% (9 of 17)		
Volume of Catheters with duration of use >3 weeks (for short-term CVCs)	3			9		
Total Observations						
Total Central Line Insertion Monitoring Forms Submitted	30 ₁	31 ₁	38 ₁	28	32	33
Total Inserted (per query report MIS)	45	58	53	37	47	43
Observation Rate	67%	53%	72%	76%	68%	77%
Insertion Technique						
Handwashing, pre-procedure	100%	100%	100%	86%	84%	88%
Site preparation (and prep time)	100%	100%	100%	100%	100%	100%
Maximum barrier protection	100%	100%	100%	89%	78%	81.8%
Sterile gloves used	100%	100%	100%	100%	100%	100%
Head cap used	100%	100%	100%	89%	78%	81.8%
Procedural mask used	100%	100%	100%	89%	78%	81.8%
Maintenance of sterile field	100%	100%	100%	100%	100%	93.9%
Application of dressing post insertion, using aseptic technique	100%	100%	100%	100%	100%	100%
Appropriate labeling of dressing	100%	100%	100%	100%	100%	100%
Post procedure hand hygiene done	100%	100%	100%	89%	78%	84.8%
Catheter Maintenance (n=50)						
Line Secure, in tact	100%	100%	100%	100%	100%	100%
Dressing clean, in tact, & site care done per protocol	100%	100%	100%	84%	88%	82%

¹Sampling size requirement for the above met: For a population size of 31 to 100, sample 30 cases.

Surgical Site Infection (SSI) Report

TABLE: Surgical Site Infection Prevention Bundle

	Apr, 2015	May, 2015	June, 2015	July, 2015	Aug, 2015	Sept, 2015
Antibiotic Usage						
Appropriate Selection of Antibiotics for Surgery Type	100% (42 of 42)	100% (42 of 42)	100% (39 of 39)	100%	100%	100%
Timely Administration of antibiotics preop (≤1 hour prior to cut)	93% (39 of 42)	90% (47 of 52)	87% (34 of 39)	90% (37 of 41)	83% (35 of 42)	91%
Timely Discontinuation of prophylaxis postop (discontinued ≤24 hours postoperatively)	95% (40 of 42)	98% (51 of 52)	97% (38 of 39)	100% (41 of 41)	93% (37 of 40)	91%
Other SSI Prevention Indicators						
Appropriate hair removal ¹	100%	100%	100%	97%	100%	100%
Postoperative Glucose control (for major cardiac surgery patients)	₃	₃	₃	₃	₃	₃
Postoperative Normothermia (for colo-rectal surgery patients) ²	100%	100%	100%	100%	100%	100%

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

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

³No major cardiac surgeries observed

Flash Sterilization Monitoring Report

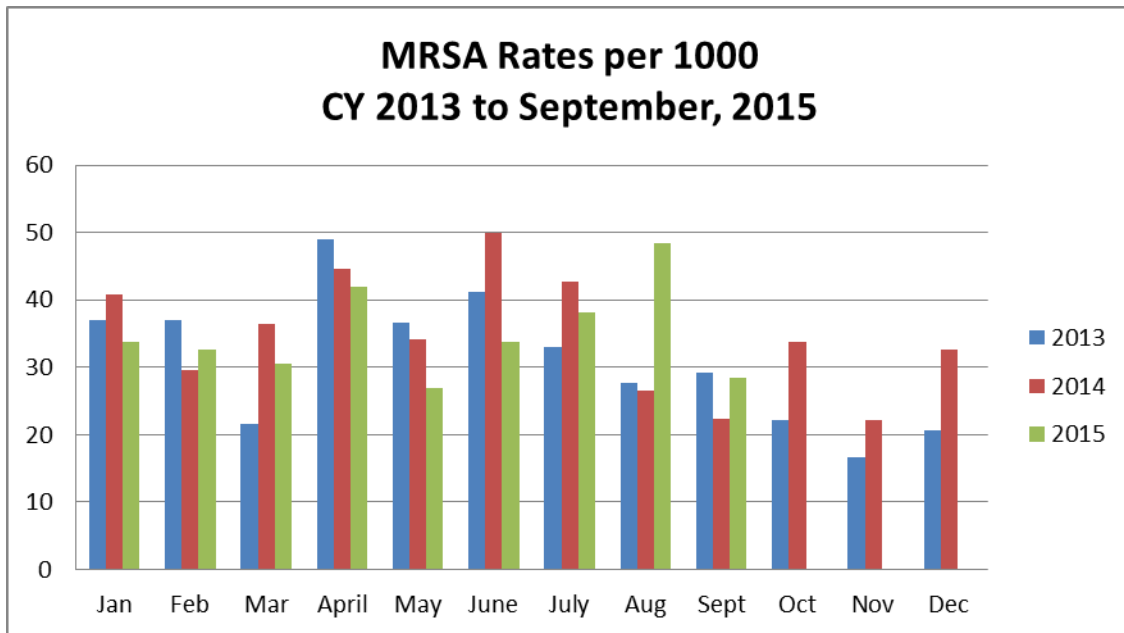
	2013	2014	2015
Jan	0	0	9
Feb	0	0	0
Mar	4	1	0
April	0	0	0
May	0	0	0
June	1	2	1
July	0	4	10
Aug	0	4	7
Sept	1	3	1
Oct	0	8	
Nov	0	1	
Dec	0	0	

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

Table on Reasons Given by OR for Flashed items, July to September, 2015

Total	Device Type	Reason Indicated
2	Ear speculum	Insufficient Supply
1	Ear wax curette	Insufficient Supply
2	Frazier Suction tip	Insufficient Supply
1	Straight probe 18	Insufficient Supply
2	Book walter clamp	Dropped Instrument
2	Heavy weight vaginal speculum	Dropped Instrument
1	Large retractor from book walter	Insufficient Supply
1	Small vaginal dilators	Insufficient Supply
5	Small vascular clamps	Insufficient Supply
1	Small battery drill	Insufficient Supply

Multi-Drug Resistant Organism Monitoring,



*Rate of MRSA cases over a six (6) year period for GMHA, from 2009 to 2014, was 35.21 per 1000 patients.

Table, Below: MRSA Rate Per Thousand by Month

	2010	2011	2012	2013	2014	2015
Jan	28	51	35	37	41	34
Feb	24	42	30	37	30	33
Mar	20	26	28	22	36	31
April	38	31	32	49	45	36
May	39	36	33	37	34	27
June	23	46	34	41	50	34
July	36	36	39	33	43	38.3
Aug	34	60	31	28	27	48.5
Sept	41	31	36	29	22	28.5
Oct	41	45	35	22	34	
Nov	28	45	41	17	22	
Dec	45	35	26	20	33	
Average, above	33.1	40.3	33.3	35.5	36.3	

MDRO / ESBL	CY 2013	CY 2014	Jan to September, 2015
MDR Acinetobacter	2.2	2.11	3.70 ₂
MDR E. coli	7.51	11.88	14.74
MDR Klebsiella pn.	6.88	7.57	7.07
MDR Pseudomonas	0.64	0	0.12
VRE	3.83	2.99	3.89
CRE	--	--	4.92 ₁

- 1 Cases of CRE were first identified in July, 2015 for GMH. No previous cases known. 83% of the cases were community-acquired (n=6).
- 2 See separate report for more details on pan-Resistant Acinetobacter baumannii cases in the ICU/CCU.

TABLE: Multi-Drug Resistant Organisms (MDRO) Prevention Bundle
March to September, 2015

	March, 2015	April, 2015	May, 2015	June, 2015	July, 2015	Aug, 2015	Sept, 2015
Total Observations	192	227	79	81	183	141	
Hand Hygiene	100%	100%	100%	100%	100%	98%	100%
Appropriate Precautions sign placed	100%	97%	96%	100%	97%	94%	96%
Single-Use Gloves Used upon Entry ₁	100%	100%	100%	100%	100%	100%	100%
Single-Use gown used upon entry ₁	100%	100%	100%	100%	100%	100%	85%
PPE is correctly removed and disposed following use ₁	100%	100%	100%	100%	100%	100%	100%
Appropriate Patient Placement: Single room or appropriately cohorted	100%	100%	99%	100%	98%	100%	91%
Patient Family Education document in chart	83% ²	71% ³	82% ³	72% ³	79%	85%	48%
Nursing Care Plan	80% ²	82% ³	90% ³	89% ³	97%	98%	99%

¹ Observations did not include patient watchers or support persons

²Corrected from previous report.

³In all cases that lacked PFEs, nurses have verbalized that patient family were unavailable for signature acknowledgement.

Clostridium difficile Case Monitoring

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

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

Table on GMH CDAD Rate per 1000 (Benchmark SHEA, 2006)

Month	2014	2015	National Published rate per 1000
January		1.01	3.4 – 8.4
February		0	3.4 – 8.4
March		2.16	3.4 – 8.4
April	2.36	2.31	3.4 – 8.4
May	5.55	4.00	3.4 – 8.4
June	1.13	1.21	3.4 – 8.4
July	2.06	2.17	3.4 – 8.4
August	4.88	0.99	3.4 – 8.4
September	2.85	0	3.4 – 8.4
October	4.16 ¹		3.4 – 8.4
November	1.04 ¹		3.4 – 8.4
December	3.12 ¹		3.4 – 8.4
TOTAL	2.55		3.4 – 8.4

Line Listing of CDAD Cases by Department and Origin / Acquisition, July to September, 2015

Date	Dept	Room	Origin
07/02/2015	Tele	360	CAI
07/31/2015	MSW	310	HAI
	SNU		
08/13/2012	SNU	130b	HAI

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

TABLE: Clostridium Difficile Associated Diarrhea (CDAD) Prevention Bundle
 April to September, 2015

	April, 2015	May, 2015	June, 2015	July, 2015	August, 2015	Sept, 2015
Prudent Antibiotic Prescribing						
Appropriate Antibiotic Selection for CDAD patient	100%	100%	50%	50%	50%	--
Appropriate Duration of Treatment for CDAD patient	100%	33%	50%	50%	50%	--
Appropriate route of treatment	50%	33%	50%	50%	50%	--
Special Contact Precautions						
Hand Hygiene Before and After	100%	100%	100%	100%	100%	100%
Use of gloves prior to room entry ₁	100%	100%	100%	100%	100%	100%
Clinical staff use single-use gown upon entry	100%	100%	100%	100%	100%	100%
PPE is correctly removed and disposed following use (prior to leaving patient's room) ₁	100%	100%	100%	100%	100%	100%
Appropriate Patient Placement: Single room or appropriately cohorted	100%	100%	100%	100%	100%	100%
Documentation on Patient Indicators	100%	100%	100%	100%	100%	100%
Appropriate Environmental Decontamination	100%	100%	100%	100%	100%	100%

MDRO and Antibiotic Usage Review Team (MAURT)
January to September, 2015

This report is provided via the ASP Team which consists of: Internal Medicine, Infectious Disease Consulting Physicians, Clinical PharmDs, Microbiology Supervisor.

Indicator	1st Quarter	2nd Quarter	3rd Quarter
Total Antibiotic Administration Reviews (Concurrent)	179	107	
MDR Cases Reviewed	267	316	
Total Recommendations	15	17	49
Acceptance percentage	86.7%	83.3%	
Duplicate coverage	2	4	
Allergy	1	--	
Renal Dosing adjustment	--	1	
De-Escalation	9	4	6
Inappropriate Coverage	2₁	1	5
Extended Duration	--	--	
Pharmacokinetic dosing (vanco/gent)			29
Regimen change recommendation			4
Shortened Duration	--	3	5
Contraindication	--	--	
3+ Antibiotic Coverage	1	4₂	
Lacking cultures	--	--	
Percentage of Infectious Disease Consults	23.8%	22.9%	

¹Cephalosporin given for ESBL+

²This was noted with the practice of a single physician, multiple patients

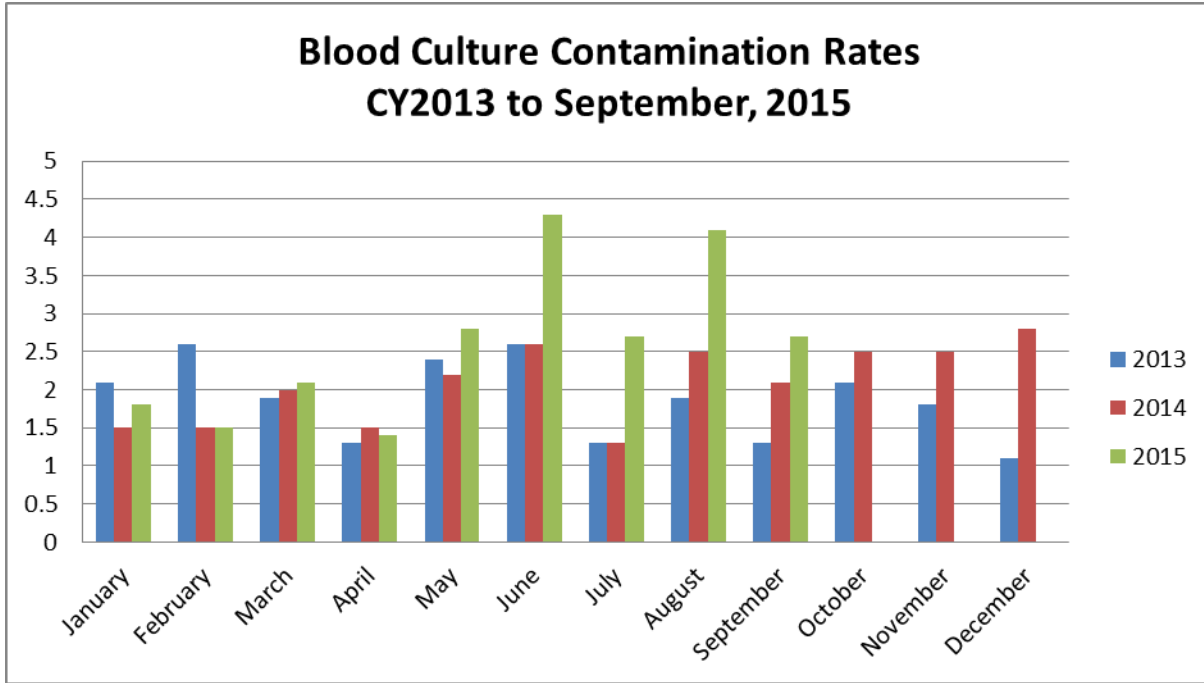
The goal of this team is to serve as a panel of experts for reviewing and investigating multi-drug resistant cases and antibiotic reviews. This team seeks to improve and measure the appropriate use of antimicrobials by promoting the selection of optimal antimicrobial drug regimens, dose, duration of therapy, and route of administration. Overall, the goal is to seek to achieve optimal clinical outcomes related to antimicrobial use, minimize toxicity, and other adverse events, reduce the costs of healthcare from infections, and limit the selection for antimicrobial resistant strains.

***Hospital Acquired Skin and Soft Tissue Infections-Decubitus Ulcer Infections**
April to September, 2015

*As of February, 2015, the Wound Care Team has taken accountability for the compilation, reviews, corrective action, and reporting on SST-DECU. Please refer to the separate report from the Wound Care Team. The team's charter is maintained by the Patient Safety Committee.

Blood Culture Contamination Report

Information Provided via Microbiology Lab, Fe Bactad, Microbiology Supervisor



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

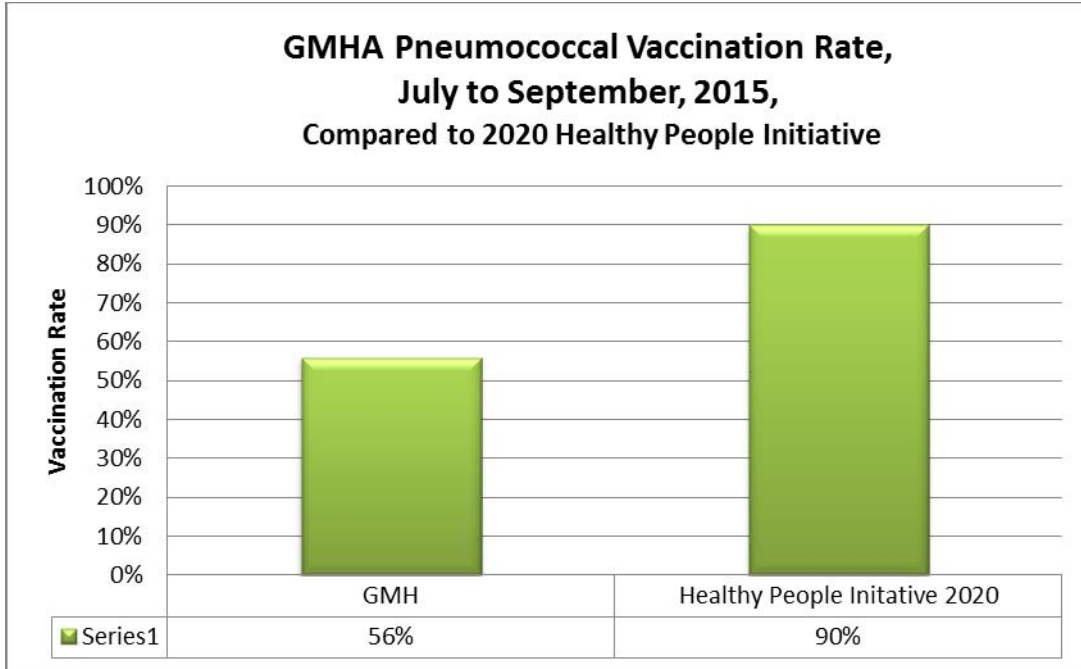
	2010	2011	2012	2013	2014	2015
January	2.5	2.2	1.9	2.1	1.5	1.8
February	2.6	2.8	2.5	2.6	1.5	1.5
March	3.2	2.1	1.4	1.9	2.0	2.1 ₁
April	2.6	3.3	0.5	1.3	1.5	1.4 ₁
May	4.1	2.2	1.9	2.4	2.2	2.8
June	3.7	2.6	1.7	2.6	2.6	4.3
July	3.5	2.9	1.8	1.3	1.3	2.7
August	4.6	1.1	1.1	1.9	2.5	4.1
September	3.8	3.8	2.1	1.3	2.1	2.7 ₁
October	3.7	2.5	1.6	2.1	2.5	
November	3.4	2.8	2.3	1.8	2.5	
December	1.8	2.1	2.3	1.1	2.8	
Year Average	3.29	2.53	1.76	1.87	2.08	

₁ Verbal report received from Micro Supervisor

Influenza* / Pneumococcal Vaccination of High Risk Patients

**Influenza vaccination rates will be included in this report when the vaccine becomes available.*

July to September, 2015



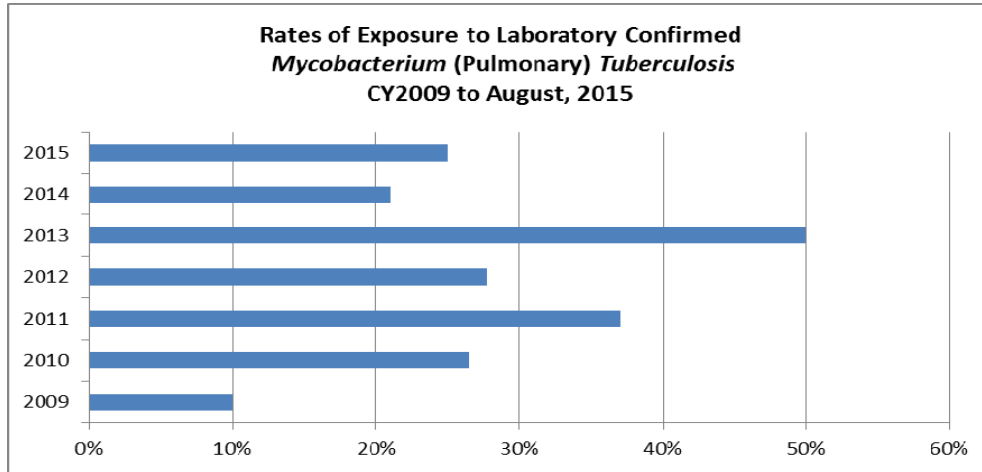
	July to Sept, 2015
Vaccination Rate	56%
Vaccination Administered ₁	27
Patient Refused	3
Vaccine Contraindicated	7
MD Advised against Vaccination	19
Instructed to Vaccinate in Clinic	11
Vaccine Indicated, No documentation ₂	21
Total Reviews	88

₁Vaccination administration by the following departments: MSW 17, Tele/PCU 4, Surg 6

₂Lack of documentation on Pneumococcal Vaccination noted in the following departments:
MSW 10, Tele/PCU 6, Surg 5

Healthy People 2020 initiative with the target immunization rate of 90% of adults aged 65 years and older and 60% of at-risk adults aged 18-64 years (U.S. Department of Health and Human Services, 2013). The Centers for Medicare & Medicaid Services and The Joint Commission identified pneumococcal immunization as a core measure of quality for hospitalized patients (Robke & Woods, 2010). Despite all the recommendations and evidence of effectiveness, there continues to be missed opportunities in the hospital setting to provide this preventative measure.

GMHA Tuberculosis Cases and Exposures Update, up to September, 2015



	2009	2010	2011	2012	2013	2014	2015
MTB	28	34	26	18	20	19	12
Exposures	3	9	10	5	10	4	3
Rate	10%	26%	37%	28%	50%	21%	25%

Exposures April to September, 2015:

An exposure occurred in March and April associated with services provided to a single patient. Patient X was seen on 3/9/15 with a chief complaint of fever and cough. Seen by Urgent Care physician and discharged home on Amoxicillin. On 4/10/15 Patient X returned to Urgent Care with complaints of unresolved fever and cough. The same physician was on duty. Patient X was discharged home on Amoxicillin. On 4/28/15, Patient X returned to Urgent Care with a complaint of fever, cough and intermittent respiratory distress. A CXR was ordered with suspicion for TB. Patient X was transferred to ER Airborne Room and admitted. AFB smears x3 were done: 2+ and 3+ on smear with rifampin resistance detected, other sensitivities were pending during the hospitalization. On interview by ICP, learned that Patient X was a contact to a known MDR-TB Patient Y seen at GMH in November, 2009. Patient Y's MDR-TB resistance was to all first 4-line anti-TB meds, and second line streptomycin. On Friday May 8th, 2015, a report was received that one of the urgent care nurses (Nurse Z-known negative reactor last tested in December, 2014) converted positive TST. Per the TB Program, LTBI treatment for a contact to Patient X would require the complete sensitivity results report and guidance from Curry Oakland and CDC Atlanta for treatment. Likely that, as in history, contacts may need treatment with Ethionamide and levofloxacin for 9 months. Nurse Z was evaluated as a TST converter on Monday, May 11, 2015 and referred for treatment at the TB Program. Patient X's sensitivity results report received post patient discharge showed same resistance pattern as Patient Y.

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

Year	Total Cases	Population	Rate
2004	51	156,610	32.5
2007	92	157,978	58.2
2008	90	158,437	56.8
2009	102	158,897	64.2
2010	101	159,358	63.4
2011	81	159,821	50.7
2012	68	160,285	42.4
2013	48	160,350	29.9
2014	56	161,216	34.7

Data from the CDC's National Tuberculosis Screening System indicate that the incidence of tuberculosis in the United States was 3.0 cases per 100,000 population in 2013.

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

October 29, 2015 | 6:00 p.m.
Daniel L. Webb Conference Room

ATTENDANCE

Board Members: Frances Mantanona Edna Santos, MD Rose Grino, RN Ricardo Terlaje, MD Valentino Perez	Executive Management: Theodore Lewis Zennia Pecina, RN Dr. Florencio Lizama Benita Manglona Dr. Hoa Nguyen – <i>Excused (Quarterly Med Staff Meeting)</i>
Lee P. Webber – <i>Excused (O/I)</i> Evelyna Akimoto – <i>Excused</i>	All Other(s): June Perez – Acting, PIO Jun Infante – Accounting

I. CALL TO ORDER AND DETERMINATION OF QUORUM – After notices were duly and timely issued pursuant to <i>Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8107(a)</i> and with a quorum present, Vice-chairperson Mantanona called to order the regular meeting of the GMHA Board of Trustees at 6:19 PM on Thursday, October 29, 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
II. MEDICAL STAFF PRESIDENT’S REPORT Dr. Nguyen was not present to provide his report due to a conflicting schedule.	No decisions or actions taken.	Dr. Nguyen	Reports to be provided at the next meeting	None
III. EXECUTIVE SESSION – At the written request of Legal Counsel, Vice-chairperson 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. <ul style="list-style-type: none"> • <i>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).</i> 				
IV. APPROVAL OF REGULAR SESSION MINUTES – The minutes of the September 24, 2015 regular meeting were reviewed. Trustee Grino motioned and it was seconded by Trustee Santos to approve the minutes as printed. Motion carried with all ayes.				
V. BOARD SUB-COMMITTEE REPORTS				
A. Human Resources Subcommittee – Trustee Mantanona presented the following resolutions for the Board’s review and approval: <ol style="list-style-type: none"> 1. Res. 16-01 Relative to the Creation of the Hospital Safety & Security Administrator Position 2. Res. 16-02 Relative to the Creation of Medical Records Coder I & II Positions 	Vice-chair Mantanona requested to table the decision until further discussion and clarification was made at the subcommittee level. Trustee Santos motioned and it was seconded by Trustee Grino to approve Resolution 16-02 as printed. Motion carried with all ayes.	Trustees Mantanona and Grino	Reports to be provided at the next meeting	Tabled Approved
B. Joint Conference and Professional Affairs Subcommittee (JCPA) - Dr. Lizama presented the following resolutions for the Board’s review and approval.	Trustee Grino motioned and it	Trustees Webber and Santos	Reports to be provided at each meeting	Informational

<p>He stated that these individuals were new to the medical staff and did not have any issues.</p> <ol style="list-style-type: none"> 1. Res. 16-03, Relative to the Reappointment of Active Medical Staff Privileges (exp. 09/30/17) for: <ul style="list-style-type: none"> ➤ Felipe Cortez, MD 2. Res. 16-04, Relative to the Appointment of Provisional Medical Staff Privileges (exp. 09/30/16) for: <ul style="list-style-type: none"> ➤ Maria Sy, MD ➤ Daniel Case, MD 3. Res. 16-05, Relative to the Appointment of Allied Health Provisional Staff Privileges (exp. 09/30/16) for: <ul style="list-style-type: none"> ➤ Kevin Sullivan, CRNA ➤ Nathaniel Schwartz, CRNA ➤ Jonathan Jensen, CRNA ➤ Shannon McCrory, CRNA 	<p>was seconded by Trustee Santos to approve the resolutions presented. Motion carried with all ayes.</p>	<p>Medical Director Medical Staff Office</p>		
<p>C. <u>Facilities, Capital Improvement, and Information Technology Subcommittee</u> The subcommittee did not meet this month.</p>	<p>No decisions or actions taken.</p>	<p>Chairman Webber</p>	<p>Reports to be provided at each meeting</p>	<p>Deferred</p>
<p>D. <u>Governance, Bylaws and Strategic Planning Subcommittee</u></p> <ol style="list-style-type: none"> 1. GMHA Board of Trustees Bylaws <p>Trustee Terlaje noted the following recommendations made at the subcommittee level:</p> <ul style="list-style-type: none"> • Establish a range for membership (e.g., minimum of 7 or maximum of 12) • Establish different terms for each Board member to ensure continuity of ongoing board initiatives and activities (i.e., stagger the number of years of service for each member) • Inquiry regarding whether or not other GMHVA members can become a Board member and not represent the GMHVA in an ex-officio capacity • Feedback provided by Compliance Officer (grammatical and defining roles and responsibilities for compliance officer, PI coordinator, and risk manager) <p>Trustee Grino requested if voting via email can be</p>	<p>Trustee Perez motioned and it was seconded by Trustee Grino to approve the bylaws with the recommendations for approval. Motion carried with all ayes.</p> <p>Clarification on the membership, terms, and email voting method would be sought from legal counsel before a final draft is signed.</p>	<p>Trustee Terlaje</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

<p>considered and, if so, incorporated into the bylaws.</p> <p>2. Board Member Performance Appraisal</p> <p>Trustee Terlaje reported that the subcommittee had developed and approved a performance appraisal for Board members.</p> <p>It was noted that the performance appraisal would be used to as self-assessments for members to determine their strengths and weaknesses, and areas for improvement.</p> <p>3. Strategic Plan</p> <p>Trustee Terlaje reported that the Strategic Plan was briefly discussed at the subcommittee level and would be resurrected.</p> <p>The chief planner would disseminate the working document to all executive managers for scoring. He will then analyze the scores and provide a final report to the subcommittee and then to the Board for review and approval.</p> <p>Vice-chair Mantanona requested for an update before the next Board meeting.</p>	<p>The Board members concurred and were asked to submit their appraisals at the end of the meeting.</p> <p>Updates to the Strategic Plan would be provided as information becomes available.</p>			
<p>E. <u>Quality and Safety Subcommittee</u> - Trustee Santos reported the following:</p> <ul style="list-style-type: none"> • <u>Joint Commission Updates</u> <ul style="list-style-type: none"> ➢ there were no reported/internal sentinel events or reported safety events as of October 2015 ➢ direct and indirect citations were accepted by the Joint Commission on 09/02/15 and 09/19/15 respectively ➢ measure of success monitoring for medication management was 84% and was extended due to not achieving the 90% or greater requirement • <u>Risk management reporting and monitoring</u> The Patient Safety Committee was exploring the purchase of web-based software that would help the Hospital achieve CMS quality assurance and 	<p>No decisions or actions taken.</p> <p>A webinar for the RL6: Risk software was scheduled for 11/05/15 and all key personnel</p>	<p>Trustees Santos and Grino</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

<p>performance improvement requirements.</p> <ul style="list-style-type: none"> • <u>FY-2016 Indicators</u> Department heads were given a deadline of November 2015 to submit their PI indicators for CY-2016. <p>It was requested for information to be shared among departments so that meaningful indicators can be identified for CY-2016.</p>	<p>were requested to attend.</p>			
<p>F. <u>Finance and Audit Subcommittee</u></p> <ul style="list-style-type: none"> • Trustee Grino reported that the subcommittee did not meet this month and deferred the financials to the CFO's report. • Trustee Grino reported that an independent audit on the use of the Hospital's credit card was conducted at the request of the Office of the Governor. <p>She provided the following details from the audit findings:</p> <ul style="list-style-type: none"> ➤ there was no evidence of major abuse on the use of credit card ➤ an average of \$700 was charged monthly for meals with physicians and inbound consultants ➤ there was a need to clarify appropriate uses of the credit card <p><i>Note: The intention of the credit card was for the purchase of supplies, equipment, and services; however, the arrangement needed to be assessed due to procurement rules and regulations payment guidelines.</i></p>	<p>A report of the findings was provided to the Office of the Governor.</p> <p>It was stated that the report would not be made available for the public and any inquiries shall be made to the Office of the Governor.</p> <p>The Finance and Audit subcommittee will develop a credit card policy which will define appropriate credit card charges, place a monthly limit, and identify an approval process to use the credit card.</p>	<p>Trustee Grino Trustee Mantanona</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>
<p>VI. ADMINISTRATORS' REPORTS</p>				
<p>A. <u>Hospital Administrator/CEO's Report</u></p> <ul style="list-style-type: none"> • Mr. Lewis requested to include a nurse executive's report for future meetings. <i>Ms. Pecina expressed her concern with the shortage of nurses in the critical care areas. She stated that the compensation for specialty nurses needed to be assessed in order to recruit and retain those who were currently employed. She noted that Guam</i> 	<p>Mr. Lewis' request was duly noted. The Acting, Associate Administrator of Clinical Services' report will be added to the agenda for future meetings.</p>	<p>Mr. Lewis</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

<p><i>Regional Medical City offered better compensation.</i></p> <ul style="list-style-type: none"> Mr. Lewis reported that he was in the process of recruiting individuals for the Associate Administrator of Operations and Professional Support positions and expected for them to be filled by the next Board meeting. Mr. Lewis reported that a response was received by the College of American Pathologists (CAP) relative to the findings in the lab during their last visit. He stated that management of the lab, blood platelets, and equipment were among the major citations but action plans were developed to address them. <p>Dr. Terlaje inquired what would happen if the lab lost its accreditation.</p> <p>Mr. Lewis stated that the Hospital may also be at risk for losing its Joint Commission accreditation.</p>	<p>Actions were being taken to address the findings.</p> <p>Mrs. Manglona arranged an agreement with American Red Cross regarding the Hospitals account and specific delivery dates were identified due to the high cost and short shelf-life for blood products.</p>			
<p>B. <u>Chief Financial Officer's Report</u></p> <ul style="list-style-type: none"> Mrs. Manglona reported that a legislative hearing was held for the proposed adjustment of hospital rates to reflect current year Medicare reimbursements. <p>She stated that her next focus was to revise the room and board rates, which will incorporate charges for items that were often denied by insurers.</p> <ul style="list-style-type: none"> Mrs. Manglona reported that submissions for on-line payment service were due next week. She noted that both local and off-island vendors obtained packets. <p>Trustee Mantanona inquired if research was done to determine the feasibility of on-line bill payments.</p> <p>Mrs. Manglona clarified that the initiative was an action plan to address a finding from the Office of Inspector General.</p> <p>She stated that the vision was for the on-line payment service to integrate with the Optimum</p>		Mrs. Manglona	Reports to be provided at each meeting	Informational

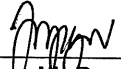
<p>system so that patients can manage their accounts and make payment arrangements online.</p> <ul style="list-style-type: none"> • Mrs. Manglona reported that the Hospital was looking into contracting a call center service to focus on collections from self-pay patients. She stated that contracting the service may be more cost efficient rather than hiring additional staff. • <u>September 2015 financials</u> A draft of the September 2015 financials was distributed for the Board's review. Mrs. Manglona highlighted the following: <ul style="list-style-type: none"> ➢ one day cash on-hand was available for operations ➢ no government subsidies were received in September 2015 ➢ \$31M was billed and \$3M was collected ➢ A/P consistently ranged from \$14-16M and \$10-13M of that amount was over 90 days past due ➢ Self-pay accounts continued to rise <p><u>Contractual adjustments</u> Trustee Perez inquired what comprised of contractual adjustments.</p> <p>Mr. Infante explained that a percentage was reserved for adjustments made on uncollectable amounts and was based on the hospital's history of billing and collections. He stated that 50% was reserved for adjustments for commercial insurers.</p> <p>Trustee Perez expressed, in his opinion, that the amount recorded for contractual adjustments may be misrepresented and requested for a separate line item in the financials for adjudicated losses.</p> <p><u>Billing and Collections</u> A Billing and Collections Analysis report was provided for the Board's review.</p> <p>Mrs. Manglona clarified that the report focused on Medicare/Medicaid/MIP and HMO's, and did not</p>	<p>Adjudicated losses will be recorded separately in all future financial statements.</p>	<p>Mrs. Manglona</p>		
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<p>include other payors.</p> <p>Mr. Infante reported the following collections initiatives implemented:</p> <ul style="list-style-type: none"> ➤ Complimentary birth certificates were released upon receipt of payment for patient shares. ➤ Notices will be sent to insured patients to help collect from insurers. <p>(1st Notice) Informs patients that payments have not been received from insurer and that they will be responsible for the unpaid amount. (2nd Notice) A reminder notice. (3rd Notice) Referral to collections agency.</p> <p>Mr. Infante noted that notices will be mailed 30 days after discharge and a total of 1,500 were sent in the first batch.</p> <ul style="list-style-type: none"> ➤ Delinquent accounts were forwarded to Guam Marianas Collection Agency (GMCA); however, there was only a 2% return which was significantly low. <p>Trustee Grino requested for Mr. Lewis to discuss the situation with GMCA.</p> <ul style="list-style-type: none"> • <u>Other notations and requests</u> <ul style="list-style-type: none"> ➤ Trustee Mantanona pointed out that many of the handouts were incomplete. She requested for information (in percentages) relative to billed/unbilled accounts, collected/uncollected accounts, and denials to name a few. She noted that she had not received a response from the CEO/CFO for information (related to financials) requested several months ago. <p>Mr. Perez followed-up on his request for an executive summary of the financials and noted that he had requested it be provided for future Board meetings several months ago. He also requested for an update regarding ongoing</p>	<p>Mr. Lewis will discuss the matter with GMCA.</p>	<p>Mr. Lewis</p>		
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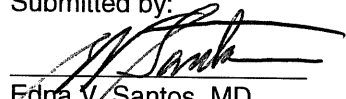
<p>projects.</p> <p>Mr. Perez noted that the Board cannot provide guidance without complete and accurate information. He stated that he would like to see benchmarks or comparisons with other similar organizations when information is presented to the Board.</p> <p>Mr. Lewis reported that information was being compiled and outlined, but the majority had yet to be calculated.</p> <p>He reported the following for ongoing projects:</p> <ul style="list-style-type: none"> - Agreement with DEPCOR: The agreement was finalized and the hospital was entitled to \$3M for FY-2016 which would be paid in 4 installments. He noted that the relationship took a lot of time, energy, and resources from the Hospital. - The finance departments were still recovering from problems experienced during the conversion; however, many improvements have been made. - The issue with specialty nurses was a concern, especially since the Joint Commission cited the hospital for staffing specialty areas by pre-scheduling nurses to work overtime. - MCH Renovation Project was moving forward; however, Mrs. Manglona clarified that the funding still needed approval by the Department of Interior. <ul style="list-style-type: none"> • <u>Staffing needs</u> Mr. Perez noted that staffing shortages were frequently reported and expressed that this matter needed to be addressed by management and not the Board. 	<p>Information that was available will be provided as requested by Trustee Mantanona.</p>	<p>Mr. Lewis Mrs. Manglona</p>		
<p>C. <u>Associate Admin. of Medical Services' Report</u> Dr. Lizama discussed the planned conversion of hospitalist to independent contractor status for anesthesia and surgery.</p>	<p>No decisions or actions taken.</p>	<p>Dr. Lizama</p>	<p>Reports to be provided at each meeting</p>	<p>Informational</p>

<p>He clarified that anesthesia was converted due to the high cost of employing anesthesiologists compared to the number of cases they performed. He stated that converting them to independent contractors was cost efficient for the Hospital.</p> <p>As for surgery, Dr. Lizama reported that hospitalists were recruited to address the staffing shortage in the past due to the loss of three surgeons.</p> <p>Dr. Santos expressed her disappointment that one of the hospitalists recruited recently resigned due to concerns that his position at the Hospital was not secure. According to the physician, he had been asked to join a private clinic.</p> <p>Dr. Lizama stated that the information she received may have been inaccurate and clarified that the proposal was only a discussion on how to address the staffing situation.</p>				
VII. OLD BUSINESS				
There were no old business matters for discussion.	None	None	None	None
VIII. NEW BUSINESS				
There were no new business matters presented to the Board.	None	None	None	None
IX. PUBLIC COMMENT				
No public comments were made.	None	None	None	None
X. ADJOURNMENT – With no further matters for discussion, Vice-chairperson Mantanona declared the meeting adjourned at 9:07 PM.				

Transcribed by:

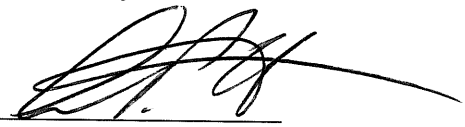

 Theo M. Pangelinan
 Administrative Assistant

Submitted by:


 Edna V. Santos, MD
 Secretary

CERTIFICATION OF APPROVAL OF MINUTES

The minutes of the regular session of the October 29, 2015 regular meeting was approved by the Board of Trustees on this 3rd day of December 2015.

Certified by: 
 Lee P. Webber
 Chairman



Guam Memorial Hospital Authority

Performance Improvement Dashboard - Divisions Month 1

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

CORE VALUES	DEPT.	INDICATORS / MEASURES	GOAL	CY2014	1Q	2Q	3Q	4Q	2015
NURSING SERVICES DIVISION - Adult Units - July, August, September 2015									
S, A	ADULT UNITS	Suicide Risk Management	90%	88%	96%	97%	96%		
		Fall Risk Management	85%	88%	89%	85%	94%		
Restraints Use Management		90%	88%	89%	89%	94%			
Pain Management		90%	88%	91%	88%	87%			
Q, A, E		Pressure Ulcer Management	90%	90%	91%	94%*	90%*		
FISCAL SERVICES DIVISION - July, August, September 2015									
A, C, E, S, Q	PATIENT REGISTRATION	MIP/MAP Pre-applications provided to qualified self-pay patients	80%	48%	16%	35%	19%		
		Registration Errors	???	New for CY2015	Started in May	ND	ND		
		Return Mail Updated on accounts from previous months (cumulatively)	90%	78.9%	20%	3%	2%		
		Time Study (ER Registration Wait Time > 10 mins)	???	New for CY2015	37%	54%	42%		
		Time Study (ER Registration Wait Time > 20 mins)	???	New for CY2015	20%	23%	17%		
		Time Study (ER Registration Wait Time > 30 mins)	???	New for CY2015	17%	8%	6%		
A, C, S, Q	MEDICAL RECORDS	History & Physical Examinations compliance	95%	98%	95%	97%	96%		
		Discharge Summaries compliance	85%	74%	63%	65%	62%		
		Operation Reports compliance	90%	72%	76%	81%	69%		
		Chart Delinquency Rate (30 days and older)	< 50%	89%	74%***	73%	71%		
		Coding Accuracy	99%	99.05%	99.90%	100%	100%		
		Charts Merged	99%	99.8%	86.53%	92%	83%		
		Coding Timeliness	90%	98%	70%	75%	85%		
A, C, E		Total # of Medical Records Pending Coding	cumulative tracking	3,340	1,323	1,041	736		
		Charge Amount of uncoded medical records \$\$		\$9,489,254.00	\$5,701,662.25	\$ 6,763,099.03	\$ 6,149,342.75		
OPERATIONS DIVISION - July, August, September 2015									
A, E	COMM CENTER	Operators' Timely Response to Answering Calls	90%	New for CY2015	ND	ND	ND		
		Operators' Documentation Accuracy in Logs	90%	New for CY2015	ND	ND	ND		
		Maintenance/Update of Hospital-Wide Recall Lists	90%	New for CY2015	ND	ND	ND		
A	HUMAN RESOURCES	Applications rated within 10 days from announcement closing (open & close announcement)	85%	81%	79%	67%	61%		
		Applications rated within 5 days from date received (continuous announcement)	85%	87%	73%	85%	79%		
		Certification scheduled for interview within 7 days from scheduling with department manager	85%	89%	97%	88%	93%		
		Certification received back within 15 days of completion (all signed)	85%	66%	73%	60%	78%		
		Physicals cleared within 15 days (selected applicants)	85%	86%	86%	92%	96%		

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
		Applicants processed within 1 day from when physicals cleared (selected applicants)	85%	85%	80%	86%	89%		
		GGI - Average TAT To and From HR & Fiscal Services	volume tracking - # of days	New for CY2015	9 days	11 days	15 days		
		GGI - Average TAT To and From HR & Hospital Admin.			5 days	7 days	2 days		
		GGI - Average TAT To and From HR & BBMR			12 days	pending	5+ days		
		Performance Evaluation Process (OVERALL)	80%	95%	96%	95%	93%		
File Review	80%	73%	87%	93%	93%				
A, E	IT DEPT.	Technical Support Services completed within 48 hours (overall)	90%	New for CY2015	92%	90%	90%		
		Network Connectivity Troubleshooting Requests	volume tracking		2,764	3,367	3,030		
		Optimum RCM Problem Logs submitted to NTT Data for Support Requests			211	417	283		
A, E	GUEST RELATIONS	Timeliness of Response	90%	80%	59%	73%	87%		
		Resolution of Complaints	90%	85%	63%	74%	95%		
		Patient Dissatisfaction	< 25%	26%	24%	25%	18%		
		Noise Levels (Good-Excellent responses)	80%	75%	65%	70%	80%		
		Patient Satisfaction	80%	72%	61%	73%	87%		
		Survey Response Rate	> 25%	20%	17%	20%	31%		
PRO-SUPPORT DIVISION - July, August, September 2015									
A, Q	SPECIAL SERVICES	PEDS Routine Echo Reports TAT (48 hours)	90%	85%	91%	88%	95%		
		ADULTS Routine Echo Reports TAT (48 hours)	90%	94%	95%	97%	96%		
PEDS STAT Echo Reports TAT (24 hours)		90%	95%	92%	100%	93%			
ADULTS STAT Echo Reports TAT (24 hours)		90%	96%	97%	96%	97%			
A,S,Q		Preliminary Echo Report Consistent results compared to Final reports	90%	96%	97%	98%	98%		
A,E,Q	EDUCATION DEPT.	Feedback to CE & CME Speakers, after Coordinator Review	90%	New for CY2015	100%	100%	86%		
		CE Activities coordinated	volume tracking		3	7	5		
		Grand Rounds coordinated			0	13	2		
		Clinical Depts focused on to receive KODI handouts			12	12	12		
A, E, S, Q	LABORATORY DEPT.	Inpatient AM Labs Availability (results reported by 0830)	85%	89%	88%	87%	ND		
		STAT Test Turnaround Time - ER	85%	90%	87%	86%	ND		
MEDICAL SERVICES DIVISION - July, August, September 2015									
A, E, S	EMPLOYEE HEALTH	TB Surveillance	> 95%	96%	98%	100%	97%		
A, C, E, S, Q	INFECTION CONTROL	PLEASE SEE ATTACHED INFECTION CONTROL REPORT							
* Tele-PCU lacked data for the month of May, Surgical lacked data for the month of September *** Only reflects month of March due to AS400 upgrade to Optimum RCM and inability to obtain information.									

FISHER & ASSOCIATES
ATTORNEYS AT LAW

3 December 2015



VIA HAND DELIVERY

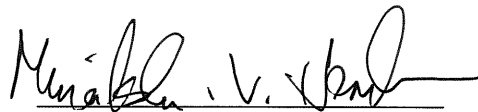
Board of Trustees
Guam Memorial Hospital Authority
850 Gov. Carlos G. Camacho Rd.
Tamuning, GU 96913

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 ongoing litigation matters.

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. 16-01

RELATIVE TO POSTHUMOUS COMMENDATION FOR DEBRA G. ERICSON, MD FOR HER 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. Debra G. Ericson received the Bachelor of Science degree from the University of the Redlands in 1974, and the Doctor of Medicine degree from the University of California, San Francisco (UCSF) in 1978; and

WHEREAS, Dr. Debra G. Ericson was an active member of the Guam Memorial Hospital Authority medical staff since 1981; and

WHEREAS, Dr. Debra G. Ericson provided excellent leadership and service in responsible positions as Chairperson of the Family Practice department and Continuing Medical Education 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 Debra G. Ericson, MD, and herewith expresses its sincere gratitude for invaluable contributions she 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 the family of the late Dr. Debra G. Ericson.

DULY AND REGULARLY ADOPTED ON THIS 3rd DAY OF DECEMBER 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. 16-06

“RELATIVE TO THE CREATION OF THE HOSPITAL SAFETY AND SECURITY ADMINISTRATOR POSITION”

WHEREAS, based on the needs of the hospital, the Personnel Services Administrator in collaboration with the Safety Administrator, requested to the Hospital Administrator/CEO to create the Hospital Safety and Security Administrator position; and

WHEREAS, the Personnel Services Administrator in dialogue with the Safety Administrator presented their recommendations for the creation of a Hospital Safety and Security Administrator position to the BOT–Human Resources Subcommittee; and

WHEREAS, the requirements pursuant to 4GCA, §6303, Creation of Positions were met; and

WHEREAS, the Hospital Safety and Security Administrator position shall be filled through the competitive process; and

WHEREAS, the BOT–Human Resources Subcommittee approved the creation a Hospital Safety and Security Administrator position at their November 24, 2015 meeting and recommended approval by the full Board of Trustees; now, therefore be it

RESOLVED, that the Board of Trustees accepts the recommendation of the BOT–Human Resources Subcommittee and approves the creation of the Hospital Safety and Security Administrator position; and be it further

RESOLVED, that the Hospital Administrator/CEO is directed to initiate other administrative processes to effectuate the recruitment efforts of the positions; 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 3rd DAY OF DECEMBER 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. 16-07

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES FOR”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Ruben Arafiles, MD	Surgery	Orthopedic Surgery	October 31, 2017
Maria Blancaflor, MD	Pediatrics	Pediatrics	October 31, 2017
Vincent A. Duenas, MD	Medicine	Internal Medicine	October 31, 2017
Ann Fenton, MD	Surgery	Urology	October 31, 2017
Antonio Garcia, MD	Pediatrics	Pediatrics	October 31, 2017
Ben Numpang, MD	Pediatrics	Neonatology	October 31, 2017
Milton Kim, MD	Surgery	General Surgery	October 31, 2017
Senthil Palaniappan, MD	Radiology	Interventional Rad.	October 31, 2017
Teresa-Tram Underwood, MD	Ob/Gyn	Ob/Gyn	October 31, 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 October 28, 2015 and the Joint Conference and Professional Affairs Committee on November 12, 2015, recommended approval of Active Medical Staff Membership appointment for the above listed practitioners; 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 3rd DAY OF DECEMBER 2015

Certified by:

Lee P. Webber
Chairman

Attested by:

Edna V. Santos, MD
Secretary



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guahån

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



BOARD OF TRUSTEES Official Resolution No. 16-08

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Ibrahim Aburiziq, MD	Surgery	Pathology	October 31, 2016
Martin Arrisueno, MD	Emergency Medicine	Emergency Med.	October 31, 2016
Kin-Sing Au, MD	Medicine	Radiation Oncology	October 31, 2016
Ashish Khandelwal, MD	Radiology	Radiology	October 31, 2016
Sarah Mina, DPM	Surgery	Podiatry	October 31, 2016
M.K. Mallikarjunappa, MD	Radiology	Radiology	October 31, 2016
Juwen Lin, MD	Medicine	Internal Medicine	October 31, 2016
Joleen M.A. Sablan, MD	Medicine	Critical Care	October 31, 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 October 28, 2015 and the Joint Conference and Professional Affairs Committee on November 12, 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 3rd DAY OF DECEMBER 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. 16-09**

**“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL
STAFF PRIVILEGES FOR”**

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
James Last, MD	Emergency Med.	Emergency Med.	November 30, 2017
Robert Nerves, MD	Medicine	Nephrology	November 30, 2017
Angelito Santos, MD	Emergency Med.	Emergency Med.	November 30, 2017
Melinda Sangalang, DPM	Surgery	Podiatry	November 30, 2017
Michael Robinson, MD	Family Practice	Family Practice	November 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 November 25, 2015 and the Joint Conference and Professional Affairs Committee on December 3, 2015, recommended approval of Active Medical Staff Membership appointment for the above listed practitioners; 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 listed 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 above listed practitioners 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 3rd DAY OF DECEMBER 2015

Certified by:

Lee P. Webber
Chairman

Attested by:

Edna V. Santos, MD
Secretary



Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån

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



BOARD OF TRUSTEES
Official Resolution No. 16-10

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Camille Clarke, MD.	Medicine	Internal Medicine	November 30, 2016
Alex Giambartolomei, MD.	Medicine	Cardiology	November 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 November 25, 2015 and the Joint Conference and Professional Affairs Committee on December 3, 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 listed 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 above listed practitioners 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 3rd DAY OF DECEMBER 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. 16-11**

“RELATIVE TO COMPLYING WITH P.L. 32-179 AND P.L. 32-204 IN ORDER TO EFFECTIVELY COMPLETE GMHA’S FAMILY BIRTH CENTER RENOVATION PROJECT”

WHEREAS, P.L. 32-179 was enacted into law appropriating local funds in July 2014 in the sum of approximately \$895,813.77 (not including interest) to the Guam Memorial Hospital Authority (henceforth referenced as “GMHA”); and

WHEREAS, P.L. 32-179 stipulated that these local funds were to be set aside and an account established to specifically fund the “Maternal & Child Healthcare (MCH) Renovation Project,” so that GMHA can meet the following Overall Project Goal: A well thought-out, planned and implemented design and renovation project that shall lead to a current, state-of-the-art, MCH Unit with continuum of care between the Labor & Delivery Unit, OB Ward and the Nursery Unit; and

WHEREAS, from January of 2015 through September of 2015, GMHA demonstrated effective utilization of these P.L. 32-179 funds by collaborating with RIM Architects over a period of eight (8) months to complete, the Architectural & Engineering (A/E) Design Phase of this historic Capital Improvement Project (CIP) that is now 25 years long overdue; and

WHEREAS, the A/E Design Phase has determined the following Project Cost and Scheduling Estimates:

❖ Total Project Financing Need ≈ \$7.0M L&D Project ❖

- Projected Construction Phase Schedule is estimated at ≈ **sixteen (16) months** from issuance of the Notice to Proceed (NTP) to the lowest responsive and responsible bidder.

WHEREAS, GMHA requires complete Project financing as stipulated in P.L. 32-179 and P.L. 32-204 in order to meet the above listed Project Cost Estimates; and

WHEREAS, this resolution supersedes Board resolution 15-65 duly and regularly adopted on the 24th day of September 2015; now, therefore be it

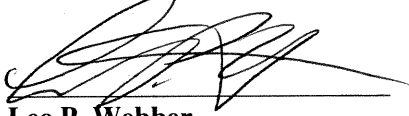
RESOLVED, that the GMHA Board of Trustees has reviewed and approved the GMHA Family Birth Center Renovation Project A/E Designs & Specifications so that the Office of the Honorable Governor of Guam, the 33rd Guam Legislature, and the Guam Economic Development Authority can go forward to fulfill their responsibilities and commitments stipulated within P.L. 32-179 and P.L. 32-204; and, be it further

RESOLVED, upon availability of funding for the financing needs listed on page 1 of this document, the Hospital Administrator/CEO is directed to utilize said funds to properly procure Construction Services, A/E Services during Construction, and Medical Furnishings and Equipment in order to effectively complete GMHA's Family Birth Center Renovation Project; and, be it further

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

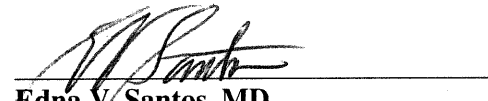
DULY AND REGULARLY ADOPTED ON THIS 3rd DAY OF DECEMBER 2015

Certified by:



Lee P. Webber
Chairman, Board of Trustees

Attested by:



Edna V. Santos, MD
Secretary, Board of Trustees