


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.:	PAGE:
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TITLE: GUIDELINES FOR CAPITAL IMPROVEMENTS - IMPLEMENTATION				
LAST REVIEWED/REVISED: 10/2017				
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PURPOSE:

- A. To delineate the roles and responsibilities of the Guam Memorial Hospital Authority (GMHA) Capital Improvement Project (CIP) Coordinators.
- B. To define and outline the policy and procedure relative to Planning, Safety, Facilities Maintenance (FM), and other GMHA Departments safely and effectively implementing capital improvements (e.g., renovation, construction, etc.) within the Hospital and/or Skilled Nursing Unit (SNU) and reporting such improvement activities to various forums and committees.
- C. To define and outline the policy and procedure for protecting the rights and safety of each patient at all times during the implementation of CIPs.

POLICY:

- A. GMHA's Capital Improvement Project (CIP) Coordinators will ensure that professional Architectural/Engineering (A/E) and/or Construction Services (including those A/E and Construction Services performed by internal staff) proceed in a safe, effective and efficient manner; and that proper coordination takes place between various phases of construction to ensure ongoing Hospital and SNU operations.
- B. All CIPs shall be scheduled and performed in accordance with a detailed scope of work, which may be performed in phases to ensure GMHA maintains continuous operations at all times.
- C. GMHA fully supports the rights of each patient at all times; and therefore, this includes protecting patient rights during implementation of CIPs.

PROCEDURE:

- I. Roles and Responsibilities of CIP Coordinators
 - A. GMHA's Hospital Chief Planner and Facilities Maintenance Manager shall serve as the primary CIP Coordinators.
 - B. GMHA's full array of coordinators involved in safe and effective CIP Management includes:

1. Hospital Chief Planner;
2. Facilities Maintenance (FM) Manager;
3. Planning CIP Coordinators (e.g., Planner IV, Planner III, PC III, PC II, etc.);
4. FM CIP Coordinators (e.g., Engineer Supervisor, Biomedical Superintendent, etc.);
5. Infection Control Practitioner;
6. Safety Administrator (or designee);
7. Chief of Security (or designee);
8. A/E Consultant when required by contractual agreement;
9. Comptroller (or designee);
10. Materials Management Administrator (or designee);
11. Compliance Office Staff, as appropriate depending on the Project; and
12. Clinical Area Coordinators, as appropriate depending on the Project.

C. The CIP Coordinators shall be responsible for:

1. Coordinating improvements throughout the Hospital and Skilled Nursing Unit;
2. Monitoring compliance with Interim Life Safety Measures (ILSMs);
3. Developing GMHA construction policies as needed; and
4. Reviewing space plans and submitting recommendations to the Administration in accordance with all applicable national, federal and local standards and guidelines (e.g., *The Joint Commission Standards, Centers for Medicare and Medicaid Services Guidelines, Guidelines for Design and Construction of Health Care Facilities*).

II. CIP Coordination, Documentation and Reporting Requirements

- A. For construction in general, the Contractor must present a detailed scope of work and schedule of values to include a Plan of Action (POA) to the FM Department at least two (2) weeks in advance of the scheduled construction work within either the Hospital or the SNU.
- B. The CIP Coordinators from Planning, Safety and FM will meet and coordinate with affected departments/units to discuss details of the required work at least five (5) days in advance of the work to:
 1. advise them of the scheduled work, phasing and duration; and
 2. assist in preparations to minimize the disruption of operations within each respective department.

Meeting notes and/or a memorandum confirming GMHA's POA will be filed with the affected department(s)/unit(s) and the Facilities Maintenance Department at least two (2) days in advance of the start of construction in the respective department/unit.

- C. For utility outages, the Contractor must submit a utility outage plan to the FM Department's Project Manager for review and approval at least two (2) weeks in advance of any scheduled outage within the Hospital and/or SNU.
- D. The FM Department will prepare and distribute circulars at least one (1) week in advance (when possible) of the scheduled outages advising the departments of the following:

1. the work involved;
2. the Interim Life Safety Measures (ILSMs) that may be in effect;
3. the duration of the outage; and
4. the contingency plan for continuing service during the outage.

Notes:

- If the outage impacts or interrupts either the Hospital's or the SNU's fire alarm or fire suppression system (FAS / FSS) or components thereof, for a period of four hours or more, GMHA shall implement the appropriate Interim Life Safety Measures (ILSMs).
 - The FM Department will strive to prepare and distribute ILSM Circulars at least one week prior to implementation of the applicable ILSMs.
- E. The Safety Administrator, as/if required, will notify the Guam Fire Department (GFD), the *Joint Commission* (TJC) and the Center for Medicare/Medicaid Services (CMS); and request for assistance must be submitted to the CIP Coordinator(s) at least forty-eight (48) hours in advance of the outage.
- F. For welding jobs, the Contractor must obtain a welding permit from the Safety Office at least twenty-four (24) hours prior to conducting any welding work on the Hospital and/or SNU premises (see Life Safety Manual, Welding and Cutting Safety, Policy LS6480-011).
- G. The Contractor will file a copy of the welding permit with the Safety and FM Departments.
- H. Any significant issues requiring further discussion/resolution shall be coordinated between the Planning, FM and other affected departments/units (e.g., Safety, Security, Nursing, etc.).
- I. The CIP Coordinators are continuously engaged in CIP management. However, formal meetings shall take place as needed to manage the various projects; and CIP Status Reports (both formal and informal) shall be provided by the CIP Coordinators at the following forums to ensure appropriate documentation and follow up during the management process of all CIP's:
1. Focused CIP meetings;
 2. Environment of Care (EOC) Committee meetings;
 3. Leadership meetings; and
 4. BOT Facilities, CIP, & IT Subcommittee meetings.

III. Protection of Patient Rights During CIP Implementation

- A. During the implementation of CIPs in occupied patient areas of the Hospital or occupied resident areas of the SNU, GMHA supports the following patient and/or resident rights:
1. Patients/Residents are to be informed of the CIP activities within the area by the respective unit's Nursing or Professional Support staff;
 2. Patients/Residents are to be treated with considerate and respectful care that respects their personal values and belief systems;
 3. Patients/Residents are to be provided with personal privacy and information;

4. GMHA shall implement appropriate Interim Life Safety Measures (ILSMs) to ensure that the safety of each patient/resident in all areas affected by CIP activities (e.g., construction, renovation, etc.).
- B. Prior to Construction and/or Renovation:
1. Patients are to be informed of the construction activities within the area by the respective unit's Nursing or Professional Support staff;
 2. The Hospital's CIP Committee will conduct a coordination meeting with the Contractor to outline the guidelines for construction within patient areas; and
 3. The Planning Department shall provide written notice of scheduled construction to the affected Nursing Unit and/or Professional Support Department. The Notice shall include the date, time duration, the areas and utilities involved, as well as the type of construction/renovation to be undertaken.
- C. During construction and/or renovation in occupied patient/resident areas, the Contractor is obligated to perform work within the following guidelines.
1. The Contractor must coordinate all work with the Facilities Maintenance CIP Coordinator of record or the Planning Department;
 2. The Contractor shall keep all construction-related or renovation-related noise to a minimum; and
 3. When entry is required in occupied patient/resident areas, the Contractor must be accompanied by a GMHA employee. The employee may be the CIP Coordinator or a member of the Nursing or Professional Support Staff.
 - a. The GMHA employee must knock before entering;
 - b. The GMHA employee must announce his/her presence by identifying himself/herself.
 - c. The GMHA employee must explain the reason for the visit and give an approximate time of duration for work to be performed;
 - d. If the patient states that it is inconvenient for the work to be done at that time, then the employee is to ask when a more appropriate time for their return would be. The employee shall advise the CIP Coordinator; and the CIP Coordinator will reschedule the work accordingly; and
 - e. The GMHA employee must remain in the area with the Contractor until the work is completed or the area is vacated. If the work is to exceed thirty (30) minutes, then the CIP Coordinator shall arrange for the patient area or room to be vacated before scheduling and allowing the work to begin.

RELATED POLICIES:

- A-EC300, Guidelines for Capital Improvements – Approval Process, of the Administrative Manual.
- LS6480-003, Interim Life Safety Measures – Contractor/Infection Control Risk Assessment – New Construction, of the Life Safety Manual.
- LS6480-004, Interim Life Safety Measures – Maintenance and Facility Improvements, of the Life Safety Manual.
- LS6480-010, Infection Control Guidelines for Construction, of the Life Safety Manual.

- LS6480-011, Welding and Cutting Safety, of the Life Safety Manual.
- LS6480-012, Noise Control During Construction, of the Life Safety Manual.
- 6120-5, Patient Rights During Construction, of the Administrative Manual.

RESCISSIONS:

6120-D-21, Guidelines for Capital Improvements – Implementation, of the Planning Department Manual made effective September 1989.