


GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL

<b>APPROVED BY:</b>  Joseph Verga, MS, FACHE Hospital Administrator/CEO	<b>RESPONSIBILITY:</b> Administration	<b>EFFECTIVE DATE:</b> May 2, 2014	<b>POLICY NO.</b> A-LD1300	<b>PAGE</b> 1 of 2
<b>TITLE: HOSPITAL COMMITTEES</b>				
<b>LAST REVIEWED/REVISED: 05/2014</b>				
<b>ENDORSED: EMC 05/2014</b>				

**PURPOSE:**

The purpose of this policy is three fold: (1) to ensure attendance at scheduled committee meetings, (2) to provide a mechanism for rotating committee membership among different individuals, and (3) to ensure committee business will be transacted more effectively.

**POLICY:**

Guam Memorial Hospital Authority (GMHA) recognizes the need for stakeholders' opinion to the decision making process for the Hospital. For this reason, the Hospital Administrator/CEO shall form committees with an identified purpose and designated membership.

**PROCEDURE:**

1. Committee membership is by appointment from the Hospital Administrator/CEO on an annual or as needed basis in accordance with policy guidelines.
2. Chairpersons of committees are responsible for preparing minutes and keeping attendance rosters.
3. Minutes of all committee meetings are to be forwarded to the appropriate administrative representative for review at the Executive Management Council (EMC).
4. Committee members MUST attend a minimum of 75% of all committee meetings. Failure to do so will be noted in the individual's annual performance evaluation. The member's immediate supervisor shall make accommodations to promote maximum participation. Failure to attend meetings will be communicated by the committee chairperson to the employee's supervisor on a quarterly basis.
5. Should a member fail to participate in three (3) consecutive meetings, the Chairperson shall notify the Hospital Administrator/CEO and recommend removal from the committee. The Hospital Administrator/CEO shall designate a new member to fill the vacancy. Removal from a committee will be documented in the individual's annual performance evaluation.
6. Medical staff subcommittees and MEC report to the Quality and Safety subcommittee of the Board of Trustees.

**HOSPITAL COMMITTEES:**

Accreditation Team (and Subcommittees)	Health Information Management Committee
Board of Trustees (and Subcommittees)	Infection Control Committee
Bylaws Committee	Nursing Management Committee
Chamorro Week Planning Committee (ad hoc)	Patient/Family Education Committee

Employee Recognition Committee (ad hoc)

Environment of Care Committee

Ethics Committee

Executive Management Council

Hospital Week Committee (ad hoc)

Patient Safety Committee

Performance Improvement Committee

Product Standardization Committee

Professional Library/CME Committee

Relay for Life Committee (ad hoc)

Others as deemed appropriate to address clinical and/or operations issues.

#### **RELATED POLICY**

Policy A-LD1310, *Committee Meeting Reporting, Review, and Approval Process* of the Administrative Manual made effective May 2, 2014.


#### **RESCISSION(S):**

Policy 6100-10 *Hospital Committees*, Administrative Manual, Effective 7/28/1992, Last reviewed/revised 12/2010

**GUAM MEMORIAL HOSPITAL AUTHORITY  
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

- Bylaws                                      Submitted by Department/Committee: **Administration**
- Rules & Regulations                      Policy No.: **A-LD1300**
- Policies & Procedures                      Title: **HOSPITAL COMMITTEES**

	<b>Date</b>	<b>Signature</b>
Reviewed/Endorsed	05/02/14	 Joseph P. Verga, MS, FACHE Executive Management Committee, Chairperson
Title	05/02/14	
	<b>Date</b>	<b>Signature</b>
Reviewed/Endorsed		
Title		
	<b>Date</b>	<b>Signature</b>
Reviewed/Endorsed		
Title		
	<b>Date</b>	<b>Signature</b>
Reviewed/Endorsed		
Title		
	<b>Date</b>	<b>Signature</b>
Reviewed/Endorsed		
Title		
	<b>Date</b>	<b>Signature</b>
Reviewed/Endorsed		
Title		

**\*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**