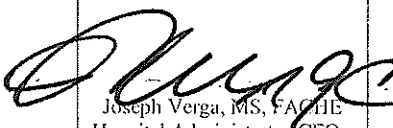


GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:  Joseph Verga, MS, FACHE Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: May 2, 2014	POLICY NO. A-LD1310	PAGE 1 of 3
TITLE: COMMITTEE MEETING REPORTING , REVIEW AND APPROVAL PROCESS				
LAST REVIEWED/REVISED: 05/2014				
ENDORSED: EMC 05/2014				

PURPOSE:

The purpose of this policy is to standardize the reporting process of committee meetings throughout the Guam Memorial Hospital Authority (GMHA).

POLICY:

The minutes of all hospital committee meetings, including the Medical Staff Departments, Board of Trustees (BOT) and the BOT subcommittees shall be prepared using a standardized method as set forth in this policy.

PROCEDURE:

I. PREPARATION OF MINUTES

When preparing minutes for a meeting, the scribe shall use the format in *Attachment I*. The minutes must contain the following information:

- A. Name of the organization (*GUAM MEMORIAL HOSPITAL AUTHORITY*),
- B. Name of the committee,
- C. Date, time and location of meeting and time of adjournment,
- D. A roster which identifies who was and was not present,
- E. Identification of the following:
 1. The issue, topic or subject discussed,
 2. A brief summarization of any discussions amongst members,
 3. A decision that was made and/or action(s) taken to address or resolve the issue,
 4. A responsible person(s),
 5. A reporting timeframe,
 6. The status or progress of addressing or bringing closure to an issue,
- F. Updates from previous meetings (if any),

- G. Report of unresolved issues (if any).
 - H. The next meeting date, time and location (or indicate TO BE ANNOUNCED)
 - I. A space for the scribe's signature and title and a space for the chairperson's signature and title.
 - J. A copy (Cc) list at the bottom of the minutes which tracks who or other committee(s) that regularly reviews the minutes of a respective committee. (e.g., Performance Improvement Committee minutes may be copied to The BOT-Quality and Safety Committee.)
- II. REVIEW, APPROVAL, AND FILING OF MINUTES
- A. The committee chairperson shall ensure that a draft of the minutes is prepared and distributed to committee members within a minimum of seven (7) consecutive days prior to the next meeting date.
 - B. Minutes are subject to correction, amendment and approval at the following meeting.
 - C. The committee chairperson shall ensure that approved minutes are filed accordingly and in compliance to the retention of record(s) as applicable.
 - D. Only approved minutes shall be made available to the public upon request. A copy of minutes shall not be released unless the request has been approved by the Hospital Administrator/CEO or his designee.

RELATED POLICY:

Policy A-LD1300, *Hospital Committees* of the GMHA Administrative Manual made effective May 2, 2014.

RESCISSION(S):

Policy 6100-10A, *Committee Meeting Reporting, Review and Approval Process*, Administrative Manual, Effective February 5, 2010, Last reviewed/revised 03/2010

ATTACHMENT:

- I. Minute Report Template

ATTACHMENT I

GUAM MEMORIAL HOSPITAL AUTHORITY <i>(Insert committee name here)</i> <i>(insert date here)</i> <i>(insert venue here)</i>		ATTENDANCE		
		Present: This cell identifies the members (and guests) who attended the scheduled meeting.	Absent: This cell identifies the members (and guests) who did not attend the scheduled meeting.	
ISSUE/TOPI/DISCUSSION	DECISION(S)/ACTION(S) MADE	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
1. This column identifies an issue or topic discussed. Each issue/topic must have a separate row and notes in respective columns.	This column answers the questions "What" and "Why". What is going to be done to resolve/address the issue? This is also the action. Why does this have to be done?	This column identifies "who" is responsible. This person will be held accountable for the success or failure of resolving an issue. The reporter should indicate the responsible person's name or position title.	This column indicates the target deadline and should never be left blank.	<ul style="list-style-type: none"> • Is the item, open, closed, tabled, deferred or informational? • Who motioned? (Optional) • Did all agree? (Optional)
2.				
3.				
4.				
5.				
UPDATE(S) – FROM PREVIOUS MEETINGS				
1.	Self-explanatory. These rows touch base on issues/topics from the previous meeting. It identifies whether or not the responsible person(s) carried out their task assigned by the committee.			
2.				
3.				
UNRESOLVED ISSUES				
1.	Self-explanatory. These rows provide updates on issues/topics identified from past meetings. The items in this cell shall carry over to the next meeting minutes until it has been completely resolved and considered CLOSED.			
2.				
3.				
NEXT MEETING DATE <i>(Insert date, time and venue here)</i>				


Transcribed by: _____
(Insert name here)
(Insert title here)

Approved by: _____
(Insert name here)
 Chairperson, *(Insert committee name here)*

**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-LD1310**
- Policies & Procedures Title: **COMMITTEE MEETING REPORTING, REVIEW, AND APPROVAL PROCESS**

Reviewed/Endorsed	Date	Signature
Title	05/02/2014	 Joseph P. Verga, MS, FACHA Executive Management Committee, Chairperson
Reviewed/Endorsed	Date	Signature
Title		
Reviewed/Endorsed	Date	Signature
Title		
Reviewed/Endorsed	Date	Signature
Title		
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Reviewed/Endorsed	Date	Signature
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.**