


**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

<b>APPROVED BY:</b>   <b>Peter John D. Camacho, MPH Hospital Administrator/CEO</b>	<b>RESPONSIBILITY:</b>  Planning	<b>EFFECTIVE DATE:</b>  February 21, 2018	<b>POLICY NO.:</b>  A-LD1500	<b>PAGE</b>  1 of 7
<b>TITLE: NEW PROGRAMS/SERVICES – FEASIBILITY ASSESSMENT, EVALUATION AND APPROVAL, AND IMPLEMENTATION PROCEDURES</b>				
<b>LAST REVIEW/REVISED: 10/2017</b>				
<b>ENDORSED: EOC 10/2017, MEC 11/2017, EMC 12/2017</b>				

**PURPOSE:**

To define the policy and procedures for evaluating the feasibility of new Guam Memorial Hospital Authority (GMHA) programs/services.

**POLICY:**

It is GMHA’s policy to assess the feasibility of all new programs and services by taking into consideration all pertinent information before the program or service commences. When designing new or modifying existing programs, services or processes, the requesting department or agent must ensure that all applicable guidelines (e.g., Guidelines for Design and Construction of Health Care Facilities) and standards are met to include, but not limited to those standards and guidelines promulgated by the regulatory organizations/agencies:

- *The Joint Commission (TJC);*
- *Center for Medicare and Medicaid Services (CMS);*
- *Occupational Safety and Health Administration (OSHA);*
- *Centers for Disease Control and Prevention (CDC);*
- *National Fire Protection Association (NFPA);*
- *Environmental Protection Agency (EPA);*
- *Facility Guidelines Institute (FGI);*
- *International Building Code (IBC);*
- *National Electrical Code (NEC);* and
- Others as applicable.

**PROCEDURE:**

**I. Phase I: Preliminary Feasibility Assessment**

- A. The requesting department or agent provides a general description as well as other pertinent information relative to the proposed program or service using the following GMHA form: “New Program/Service Feasibility Guidelines” (see Attachment A).
- B. The form must be approved by the Administrative Representative of the initiating Department (e.g., Department Head/Unit Supervisor), as well as their respective Division Head.

- C. The form is submitted to the Hospital Planning Department for review and evaluation of completeness.
- D. Hospital Planning Department:
  - 1. Initiates Phase II; or
  - 2. Returns to initiating department for additional information, which may require collaboration with Fiscal Services (e.g., Recommended Costs/Fees for Services, Availability of Funding, etc.).

**II. Phase II: Architectural and Engineering Assessment**

- A. The proposal will be evaluated by the Facilities Maintenance Department Engineer(s) and the Hospital Chief Planner (or designee) for consideration of space accommodations within GMHA.
- B. The Facilities Maintenance Department Engineer(s) and the Hospital Chief Planner (or designee) will be asked to provide a statement as to the feasibility of the project and to estimate the cost of designs and construction related to the project.
- C. The Facilities Maintenance Department Engineer(s) and the Hospital Chief Planner (or designee) will submit the Assessment to the Hospital Administrator/CEO.
- D. Along with the requesting Department Manager, the Facilities Maintenance and Planning Departments may be asked to present the Program/New Service to the Executive Management Council (EMC) for review, evaluation and approval.

**III. Phase III: Evaluation and Approval**

- A. EMC shall review and evaluate all available/pertinent information.
- B. The new program or service shall be submitted to all the appropriate Board of Trustees (BOT) Committees for their review, discussion and approval.
- C. The Board of Trustees shall review the recommendations of the appropriate Committees to determine if the new program or service will receive final approval.

**IV. Phase IV: Implementation**

- A. The Facilities Maintenance Department Engineer(s) shall submit a schedule for designs, construction, actual costs and other information pertinent to implementation and procurement of contractor services, if needed.
- B. Planning shall coordinate with the requesting Department, Facilities Maintenance Department Engineer(s), Materials Management, and Fiscal Services for the implementation of the new program or service.

**RELATED POLICIES:**

Policy No. A-EC300, Guidelines for Capital Improvements – Approval Process, of the Administrative Manual.

Policy No. A-EC310, Guidelines for Capital Improvements – Implementation, of the Administrative Manual.

**RESCISSIONS:**

Policy No. 6120-4, New Programs/Services – Feasibility Assessment, Evaluation and Approval, and Implementation Procedures, of the Administrative manual made effective January 19, 1993.

**ATTACHMENT:**

- I. [Phase I: Preliminary Assessment Form](#)

*ATTACHMENT I*

**Guam Memorial Hospital Authority  
 NEW PROGRAM/SERVICE**

<b>FEASIBILITY STUDY GUIDELINES            PHASE I: PRELIMINARY ASSESSMENT</b>		
1. Program/Service Title:		
2. Purpose:		
3. Justification:		
4. General Considerations  a. Does program/service reflect a goal established as a GMHA Strategy?  b. Is the program/service available in the community?  c. Are any major regulatory bodies involved with or affiliated with the establishment of such a program/service?  If yes, please list: _____  _____	Yes	No
5. Operational Impact: (Please comment on the impact to patient services, financial implications, staffing, etc. Use a separate sheet if necessary.)		
a. Foreseen Advantages:  1.  2.  3.		
b. Foreseen Disadvantages:  1.  2.  3.		
6. Alternative (List)	Advantage(s) of Alternatives	Disadvantage(s) of Alternatives
a.		
b.		

**FEASIBILITY STUDY GUIDELINES  
PHASE I: PRELIMINARY ASSESSMENT**

c.				
7. Space/Facility Requirements			YES	NO
a. Has a Site been identified? If yes, please specify location: _____				
b. Is Facility Renovation/Remodeling required?				
c. Is Facility Expansion/new construction required?				
d. Is New Equipment needed? If yes, please specify: _____				
8. Start-Up Funding Requirements				
a. Is this program funded for this fiscal year?				
b. Estimated Initial/ Start-up Costs [Total of (1) – (5) below]		\$ _____	Funding available?	
(1) Facility		(1) \$ _____	Funding Available?	
(2) Equipment		(2) \$ _____	Funding Available?	
(3) Personnel		(3) \$ _____	Funding Available?	
(4) Personal Training		(4) \$ _____	Funding Available?	
(5) Supplies		(5) \$ _____	Funding Available?	
c. Prospective Funding Sources for Initial/Start-up Costs				
(1) Local Funds to be requested				
(2) Federal Funds/Grants to be requested If yes, specify: _____				
9. Service Requirements:				
a. Will service generate a new charge(s)?				
If so, please list type of service(s): proposed rates for each new service; and estimated number of services(s) that will be provided in a one year period.				
<u>Service</u>		<u>Recommended Cost/ Fee for Service</u>		<u>Estimated Number of Services Per Year</u>
_____		\$ _____		_____
_____		\$ _____		_____
_____		\$ _____		_____

**FEASIBILITY STUDY GUIDELINES  
PHASE I: PRELIMINARY ASSESSMENT**

\$ \_\_\_\_\_

b. Which department(s) would be impacted/involved with this new program/service? Please list:

\_\_\_\_\_

\_\_\_\_\_

c. Please describe/explain the extent of impact to each department listed above for this new program/service. (E.g., 5 new equipment will require monthly maintenance of equipment to be performed by Biomedical personnel. – If necessary, use a separate sheet of paper and attach.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Funding Requirement for Operational Costs

YES      NO

a. Estimated Operating Costs  
[Total of (1) – (5) below]

\$ \_\_\_\_\_

Funding Available?

(1) Facility

(1) \$ \_\_\_\_\_

Funding available?

(2) Equipment

(2) \$ \_\_\_\_\_

Funding available?

(3) Equipment

(3) \$ \_\_\_\_\_

Funding available?

(4) Equipment

(4) \$ \_\_\_\_\_

Funding available?

(5) Equipment

(5) \$ \_\_\_\_\_

Funding available?

b. **PROJECTED REVENUES:** If new charge(s) are to be implemented based on Item 9.a. please provide a projection of estimated revenues to be generated for each service using the following (Multiply the proposed fee for service by the estimated number of services to be provided during the year to obtain the total estimated revenues per service per year):

<u>Service</u>	<u>Fee For Service</u>	<u>No. of Services per Year</u>	<u>Total Estimated Revenue per Service per Year</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**FEASIBILITY STUDY GUIDELINES  
 PHASE I: PRELIMINARY ASSESSMENT**

**TOTAL PROJECTED REVENUES FOR PROGRAM/SERVICE:** \$ \_\_\_\_\_

9. Human Resources	YES	NO
a. Does the Hospital currently have staff that is trained for new service/program? If yes, please indicate quantity: _____		
b. Are additional FTE's needed? If yes, please specify quantity and job class: _____ _____		
c. If there is staff available, but specialized training is needed, please indicate if training is available locally?		

Requesting Department: \_\_\_\_\_ Department Head \_\_\_\_\_

\_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT (Signature) Date

Administrative Representative:

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title Signature Date

Planning Department:

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

Signature Date

PHASE II: Architectural & Engineering Assessment

PHASE III: Evaluation and Approval

PHASE IV: Implementation