

# MEETING IN PROGRESS

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## **GMHA Board of Trustees**

Tuesday, November 26, 2024 | 5:00 p.m.

Zoom Video Conference

# GMHA Board of Trustees Meeting

## ATTENDANCE SHEET

Tuesday, November 26, 2024 | 5:00 p.m. | Zoom Video Conference

	NAME:	TITLE:	SIGNATURE:
Board of Trustees	Theresa Obispo	Chairperson	<i>Theresa Obispo</i>
	Edgar Aguilar	Vice-Chairperson	<i>Edgar Aguilar</i>
	Sharon Davis	Secretary	<i>Sharon Davis</i>
	Sonia Siliang	Treasurer	<i>Sonia Siliang</i>
	Michael Um, MD	Trustee	<i>Michael Um</i>
	Teresa Damian-Borja, DPM	Trustee	<i>Teresa Damian-Borja</i>
	Antoinette Kleiner	Trustee	<i>Antoinette Kleiner</i>
	Suzanne Lobaton	Trustee	<i>Suzanne Lobaton</i>
Executive Management/Medical Staff	Lillian Perez-Posadas, MN, RN	Hospital Administrator/CEO	<i>Lillian Perez-Posadas</i>
	Verrad Nyame, MD	Associate Administrator, Medical Services	
	Rizaldy Tugade	Associate Administrator of Operations	<i>Rizaldy Tugade</i>
	Rodalyn Gerardo	Deputy Assistant Administrator, Operations	<i>Rodalyn Gerardo</i>
	Ana Belen Rada	Assistant Administrator, Professional Support Services	<i>Ana Belen Rada</i>
	Christine Tuquero	Assistant Administrator, Nursing Services	<i>Christine Tuquero</i>
	Liezl Concepcion	Deputy Assistant Administrator, Nursing Services	<i>Liezl Concepcion</i>
	Yukari Hechanova	Chief Financial Officer	<i>Yukari Hechanova</i>
	Danielle Manglona	Administrator of Quality, Patient Safety and Regulatory Compliance	<i>Danielle Manglona</i>
	Jeffery Shay, MD	Medical Staff President	
	Jordan Pauluhn	Legal Counsel	<i>Jordan Pauluhn</i>
	Robert Weinberg	Legal Counsel	<i>Robert Weinberg</i>
	Guest(s)	NAME:	TITLE:
<i>Hilda Pollacani</i>		<i>GMHA</i>	<i>Hilda Pollacani</i>
<i>Quinn Hernandez</i>			<i>Quinn Hernandez</i>
	<i>John Adams</i>		<i>John Adams</i>



# AGENDA

## Guam Memorial Hospital Authority – Board of Trustees Meeting

November 26, 2024 | 5:00 p.m. | Zoom Video Conference

**BOARD MEMBERS:** Theresa Obispo, Chairperson; Edgar Aguilar, Vice-chairperson; Sharon Davis, Secretary; Sonia Siliang, Treasurer; Michael Um, MD, Trustee; Teresa Damian-Borja, MD, Trustee, Antoinette Kleiner, Trustee, Suzanne Lobaton, Trustee

Item	Owner
<b>I. Welcoming   Call Meeting to Order and Determination of Quorum</b>	Chairperson Obispo
<b>II. Open Government Compliance</b> A. Publication, November 19, 2024 B. Publication, November 24, 2024 C. GovGuam Notices Portal & Website Posting	
<b>III. Review and Approval of the Minutes</b> A. October 30, 2024	All Trustees
<b>IV. Guam Memorial Hospital Volunteers Association Report</b>	GMHVA President
<b>V. Management's Report</b> A. Above-Step Recruitment Petition for Julianne Bernadette Lalic	Executive Management
<b>VI. Old Business</b> None	All Trustees
<b>VII. New Business</b> A. Joint Conference and Professional Affairs 1. Res. 2025-06, Relative to the Reappointment of Active Medical Staff Privileges 2. Res. 2025-07, Relative to the Appointment of Active Associate Medical Staff Privileges 3. Res. 2025-08, Relative to the Appointment of Provisional Medical Staff Privileges 4. CY2023 Strategic Goal: 5 Engage Physicians	Trustee Dr. Um
B. Human Resources 1. CY2023 Strategic Goal: 4 Engage the Healthcare Workforce	Chairperson Obispo
C. Facilities, Capital Improvement Projects, and Information Technology 1. USDA Community Facilities Grant 2. Critical Infrastructure Projects (\$20M ARPA Funding) 3. CY2023 Strategic Goal 2: Enhance Infrastructure & Technology	Trustee Davis
D. Quality and Safety 1. GMHA AAR/IP 2024 Radiation Incident - Mass Casualty (FSE) GMH 2. GMHA AAR/IP 2024 Radiation Incident - Mass Casualty (FSE) SNF 3. A-PS800 Patient Safety Program 2024 4. CY2023 Strategic Goal 3: Transform Healthcare Services	Trustee Kleiner
E. Finance and Audit 1. Resolution Relative to Approval of Patient Receivable Accounts Batch No. 2025-003 2. CY2023 Strategic Goal 1: Achieve Financial Viability	Vice-chairperson Aguilar
F. Governance, Bylaws, and Strategic Planning 1. CY2023 Strategic Goal 6: Engage & Partner with the Community	Trustees Dr. Borja, Siliang

Item		Owner
VIII.	Public Comment	
IX.	Adjournment	Chairperson Obispo



**GUAM MEMORIAL HOSPITAL AUTHORITY**  
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN



**Board of Trustees Meeting**

Date: **Tuesday, November 26, 2024**  
Time: **5:00 p.m.**  
Meeting will take place via Zoom Video Conferencing.  
Meeting ID: **889 2761 9303**  
Passcode: **907879**

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For special accommodations, please contact Theo Pangelinan, EEO Officer, at (671) 647-2104, Monday through Friday from 8:00 a.m. to 5:00 p.m.

/s/ Lillian Perez-Posadas, MN, RN  
Hospital Administrator/CEO

*This advertisement is paid with government funds by the GMHA.*

## AVAILABLE JOBS FOR ELIGIBLE U.S. WORKERS

### 6 - ELEVATOR INSTALLER HELPER WITH 1 YEAR EXP. \$12.67 PER HR. \*

Assists installer in the assembly of elevators. Maintains tools & equipment with knowledge of basic hand tools & power tools. Performs daily check of rigging equipment. Operates power tools, drills, saws, grinder. Operates chain block & hoist. Prepares & sets up workstation for the installer. Performs daily clean-up of pit & hoist way lobby & is able to work on heights. Maintains & checks barricades. Moves materials.

Benefits: Roundtrip airfare for off-island hire; lodging @\$80.00 per week; local transportation from employer's designated lodging facility to/from jobsites; medical insurance provided.

\*Special wage rate: Work to be performed on DPR-funded projects and projects covered by Davis-Bacon, Service Contracts Act, and/or Executive Order 14206 will be paid no less than the indicated wage rate but may be paid more where special rates apply.

Successful applicant must be able to obtain military base access. Off island hires must complete a health screening prior to working on Guam.

The job offer meets all EEO requirements, and initiates a temporary placement. The recruitment associated with this job offer is closely monitored by the Department of Labor. Qualified, available and willing U.S. workers are highly encouraged to apply. Should you qualify for the job and are not hired, you may appeal with the Department of Labor who will independently review matter.

Apply in person at American Job Center  
414 W. Soledad Avenue, Suite 300 GCIC Building, Hagatna, Guam  
Or apply online at [www.hireguam.com](http://www.hireguam.com); Enter Keyword: 2025-016



## GUAM MEMORIAL HOSPITAL AUTHORITY ATURIDÁT ESPETÁT MIMURIÁT GUÁHÑ



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/s/ Lillian Perez-Posedas, MN, RN  
Hospital Administrator/CEO

This advertisement is paid with government funds by the GMHA.



Guam Memorial Hospital Authority  
Aturidát Espetát Mimiriat Guahñ  
850 Gov. Carlos G. Camacho Rd.  
Tamuning, Guam 96913



### INVITATION FOR BID

#### GMHA IFB No. 010-2025: Pharmaceuticals I.V. Solutions

Submission Due: 9:00 a.m. ChST, Tuesday, December 03, 2024

Opening Time: 9:15 a.m. ChST, Tuesday, December 03, 2024

#### GMHA IFB No. 014-2025: Pharmaceutical Injectables I

Submission Due: 9:00 a.m. ChST, Tuesday, December 03, 2024

Opening Time: 10:30 a.m. ChST, Tuesday, December 03, 2024

#### GMHA IFB No. 017-2025: O.R. Supplies

Submission Due: 1:00 p.m. ChST, Tuesday, December 03, 2024

Opening Time: 1:15 p.m. ChST, Tuesday, December 03, 2024

#### GMHA IFB No. 018-2025: Radiology Supplies

Submission Due: 11:00 a.m. ChST, Thursday, December 05, 2024

Opening Time: 11:15 a.m. ChST, Thursday, December 05, 2024

Funding Source for Bids Listed Above: GMHA Operational Funds

All bids must be sealed, submitted with one (1) original and one (1) duplicate, and received by the Materials Management Department by the assigned due date. Hard copies of the Bidding documents are available until the submission date at the same department for a non-refundable fee of \$20.00 per set or can be downloaded from the GMHA website at no cost.

All interested firms must register with the GMHA Materials Management Department to participate in the bid. Please register online at [www.gmha.org](http://www.gmha.org) and for assistance you may call (671) 647-2165. Registration is required to ensure that all Amendments or Notices are communicated to all bidders throughout the bid process. GMHA shall not be liable for failure to provide notice to any party that did not register contact information with GMHA.

For more information, please visit our public information page at [www.gmha.org](http://www.gmha.org).

/s/ Lillian Perez-Posedas MN, RN  
Hospital Administrator/CEO



## GHURA

Guam Housing and Urban Renewal Authority  
Aturidát Ginima' Yan Ranschen Siudad Guahan  
117 Bien Venida Avenue, Sinajana, GU 96910  
Phone: (671) 477-9851 Fax: (671) 300-7565 TTY: (671) 472-3701  
Website: [www.ghura.org](http://www.ghura.org)



Justin J. Tenorio  
Lieutenant Governor of Guam

Board of Commissioners Meeting  
Tuesday, November 26, 2024 at 12:00 PM.  
This meeting is open to the public via Zoom.

Join Zoom Meeting

<https://us06web.zoom.us/j/83086017248?pwd=pm1AbMeAxPsKbYRwRDb7NiNjJlLjI>

Meeting ID: 830 8601 7248

Passcode: 201732

Watch YouTube Live Stream

<https://www.youtube.com/channel/UCGqKW4k0mTQf0Yn48UJag>

#### AGENDA:

- I. ROLL CALL
- II. BOARD MEETING PUBLIC ANNOUNCEMENTS
- III. APPROVAL OF PREVIOUS BOARD MINUTES - November 12, 2024
- IV. NEW BUSINESS

1. Resolution No. FY2025-009; Resolution approving the Condemnation of properties by eminent domain of Lot 5327-4-R5, Lot 5327-4-2, Lot 5327-4-3, Lot 5327-4-4, Lot 5327-4-5, Lot 5328-REM-R2, and Lot 5328-REM-2, including fee simple title thereto, for public use.
2. Resolution No. FY2025-010; Resolution approving the Amendment authorizing GHURA to accept an additional two million five hundred thousand dollars (\$2,500,000.00) in Guam Coronavirus State and Local Fiscal Recovery Funds for Community Development Projects; an additional two hundred thousand dollars (\$200,000.00) in Guam Coronavirus State and Local Fiscal Recovery Funds for associated administrative costs; and the ratification of all Board of Commissioners actions taken pursuant to Resolution Nos. FY2024-016 and FY2024-016(A).

#### V. OLD BUSINESS

1. Resolution No. FY2025-008; Resolution to extend loan funds to Manelu by GHURA

#### VI. GENERAL DISCUSSION / ANNOUNCEMENTS

1. 2024 LIHTC QAP / Application Cycle
2. Next proposed scheduled Board Meeting - Tuesday, December 10, 2024 @ 12:00 p.m.

#### VII. ADJOURNMENT

The complete Board packet may be viewed on our website at [www.ghura.org](http://www.ghura.org).

For more information, please contact Audrey Aguon at 475-1378 and for special accommodations, please contact Chief Planner - Designated Section 504 / ADA Coordinator at 475-1322 or TTY 472-3701. This advertisement was paid for by GHURA.



## DEPARTMENT OF ADMINISTRATION DIPARTAMENTON ATMENESTRACION GENERAL SERVICES AGENCY DIVISION (Aghenshon Setibson Hinirat)

Telephone (Teléfono): (671) 475-1707/1708/1720

### SOLE SOURCE

Public Law 36-70  
SGCA5214



EDUARDO A. LEON GUERRERO  
Governor (Gobernador)  
JOSHUA T. TENORIO  
Lieutenant Governor (Subgobernador)

VENDOR:	DESCRIPTION:	CONTRACT TERMS:	TOTAL AMOUNT:
Data Management Resources, LLC	Maintenance & Technical Support of PH/Pro Bureau of Health Care Financing (BHCA) module enhancements to support checks issued by providers for overpayments	12months	\$267,945.93
Data Management Resources, LLC	Maintenance & Technical Support of PH/Pro Bureau of Health Care Financing (BHCA) module enhancements for BHCA Healthcare Provider Claims Upload Portal	12months	\$42,303.00
Data Management Resources, LLC	Maintenance & Technical Support of PH/Pro Bureau of Health Care Financing module for TMSIS Data Reporting & Compatibility	12months	\$300,991.66
Data Management Resources, LLC	Guam TMSIS Date Reporting Project and PH/Pro Enhancement for TMSIS Data Compatibility	12months	\$541,538.00
Data Management Resources, LLC	Maintenance & Technical Support of PH/Pro (BES Module)	12months	\$344,794.00
Data Management Resources, LLC	Maintenance & Technical Support of the PH/Pro Bureau of Management Support Module (BMS Module)	12months	\$74,486.00
Data Management Resources, LLC	Maintenance & Technical Support of PH/Pro Works Programs Section module (WPS)	12months	\$38,163.00
Data Management Resources, LLC	OnBase Subscription Renewal and Technical Support (BES)	12months	\$70,735.00
Data Management Resources, LLC	OnBase Subscription Renewal and Technical Support (BMS)	12months	\$36,978.00
Data Management Resources, LLC	Summer EBT	12months	\$700,000.00

THIS ADVERTISEMENT WAS PAID WITH LOCAL FUNDS BY:  
Department of Public Health and Social Services  
Public Law 36-70

Sole Source awarded are posted on the Agency's website at

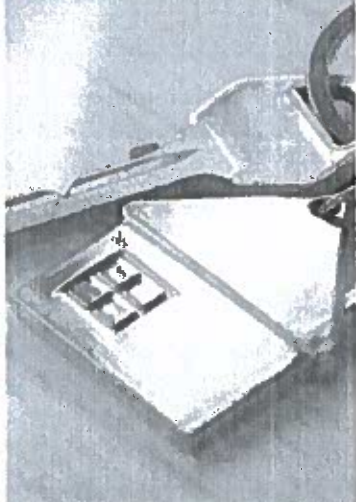
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Mon. - Fri. 8:00 am - 5:00 pm

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DISPATCHER**

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MAJOR AND MINOR RENOVATIONS**

**HOME REMODELING**

**DRIVEWAYS**

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**FENCE BUILDING**

**FREE ESTIMATES**

**CONTRACTOR LICENSED  
#CLB16-1239**

**CALL CHEN  
671-685-5998**

**LAW OFFICE OF RICARDO D. BORDALLO**  
424 West O'Brien Drive, Suite 102  
Hagåtña, GU 96910  
Telephone: (671) 477-8613  
[rickbordallo@hotmail.com](mailto:rickbordallo@hotmail.com)  
*Attorney for Petitioner*

**IN THE SUPERIOR COURT OF GUAM  
IN THE MATTER OF THE ESTATE  
OF  
BETTY SUR GUERRERO,  
Deceased.**

**PROBATE CASE NO.: PRO132-24  
NOTICE TO CREDITORS**

NOTICE IS HEREBY GIVEN by the undersigned, STEPHEN JOSEPH GUERRERO, Executor of the Estate of Betty Sur Guerrero, deceased, to the creditors of, and all persons having claims against the deceased, that within sixty (60) calendar days after the date of the first publication of this notice, they either file their claims with the necessary vouchers in the office of the Clerk of the Superior Court of Guam, or present them with the necessary vouchers at the place of business of Ricardo D. Bordallo, Esq., 424 West O'Brien Drive, Suite 102, Hagåtña, Guam 96910.

Dated: November 13, 2024

**BY: /s/ STEPHEN JOSEPH GUERRERO**  
Executor

**JOB ANNOUNCEMENT**

**Openings for Mechanical Engineers with Fargo Pacific, Inc. in Tamuning, GU Min Reqs:** Bach. Deg. in Mech. Engrg. or Mech. Engrg. Technology (may be foreign educ equiv.); 1 yr of exp as a Mechanical Engr. (any job title), Site Engr., HVAC Engr. (any job title) and able to obtain U.S. military base access pass. Performs mechanical engrg duties for const co engaged in gen const contracting services. Anlyz survey rpts, maps, const blprmts & drwngs, & to plan the most appropriate construction methodologies and installation for the mechanical works. Inspects proj sites to monitor prog and ensure conformance w/ the plans & specs, safety & government regulations for mechanical works construction, installation, and commissioning. Performs work at company's job sites in the MSA of GU. Travels four to five workdays per week to the company's job sites in the MSA of Guam. No national or international travel is required.

Send resume to P.O. Box 2492 Hagatna, GU 96932 or email to [delacruz\\_feli@fargogu.com](mailto:delacruz_feli@fargogu.com). Verif of qualifs req.

**LAW OFFICES OF MINAKSHI V. HEMLANI, P.C.**  
Suite C 312 OP Plaza, 285 Farenholt Ave.  
Tamuning, Guam 96913  
Tel No. (671) 588-2030 Fax No. (671) 649-2030  
[mhemlan@mvtlaw.net](mailto:mhemlan@mvtlaw.net)

**IN THE SUPERIOR COURT OF GUAM  
IN THE MATTER OF THE ESTATE  
OF  
JOHN DAVID DUENAS SANTOS,  
Deceased.**

**PROBATE CASE NO. PRO189-24  
NOTICE OF HEARING**

**THIS NOTICE IS REQUIRED BY LAW, YOU ARE NOT  
REQUIRED TO APPEAR IN COURT UNLESS YOU DESIRE.**

1. NOTICE IS HEREBY GIVEN that Petitioner Barbara Jean Santos-Blas has filed a Petition for Letters of Administration.
2. A hearing on the petition will be heard on Friday, December 6, 2024, at 11:30 a.m.
3. To attend or to participate in the hearing, you may appear in person at the Guam Judicial Center, appear remotely at <https://guamcourts.org.zoom.us> and enter Meeting ID: **864 4387 2213** and Passcode: **JEM**, or call into the courtroom at **671-300-6703** at the designated hearing time. For connectivity issues, you may contact Jannette Samson at (671) 475-0141 or email [jsamson@guamcourts.gov](mailto:jsamson@guamcourts.gov).

Dated: 14 NOV, 2024.

**JANICE M. CAMACHO-PEREZ**  
Clerk of Court, Superior Court of Guam  
*/s/ Alice B. Mendoza*  
Courtroom/Chamber Clerk

**MICHAEL A. PANGELINAN, ESQ.  
CALVO JACOB & PANGELINAN LLP**  
Attorneys at Law  
259 Martyr Street, Sta. 100  
Hagåtña, Guam 96910  
Tel: (671) 646-9355  
Facsimile No.: (671) 646-9403  
*Attorneys for Petitioner*  
*Sarah J. O. Dunstan*

**IN THE SUPERIOR COURT OF GUAM  
IN THE MATTER OF THE ESTATE  
OF  
KENNETH L. DUNSTAN, JR.  
Deceased.**

**PROBATE CASE NO. PRO162-24  
NOTICE TO CREDITORS**

NOTICE IS HEREBY GIVEN by the undersigned Administrator of the Estate of Kenneth L. Dunstan, Jr., Decedent, to the creditors of, and all persons having claims against the said Estate or against said Decedent, that within sixty (60) days after the first publication of this notice, they either file their claim(s) with the necessary vouchers in the office of the Clerk of the Superior Court of Guam, or exhibit them with the necessary vouchers to Sarah J.O. Dunstan, via personal service or U.S. Postal Service in care of Calvo Jacob & Pangelinan LLP, 259 Martyr Street, Suite 100, Hagåtña, Guam 96910, the same being the place for the transaction of the said Estate.

Date: NOV 19, 2024

*/s/SARAH J.O. DUNSTAN*



**GUAM MEMORIAL HOSPITAL AUTHORITY**  
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For special accommodations, please contact Theo Pangelinan, EEO Officer, at (671) 647-2104, Monday through Friday from 8:00 a.m. to 5:00 p.m.

*/s/ Lilien Perez-Poseada, MN, RN*  
Hospital Administrator/CEO

**CLASSIFIED ADVERTISING**



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Reach potential employees through a classified ad. Employment ads can be customizable sizes.

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# GMHA Board of Trustees Meeting


 PRINT

## GMHA Board of Trustees Meeting MEETING



 **Posted on:** 11/19/2024 02:13 PM

 **Posted by:** Justine Camacho


 **Meeting Date:** 11/26/2024 05:00 PM

 **Department(s):**  
**GUAM MEMORIAL HOSPITAL AUTHORITY (/notices?department\_id=51)**

 **Division(s):** HOSPITAL ADMINISTRATION (/notices?division\_id=178)

 **Notice Topic(s):** BOARD MEETING (/notices?topic\_id=76)

 **Types of Notice:** MEETING (/notices?type\_id=5)

 **For Audience(s):** PUBLIC (/notices?public=1)

 **Share this notice**

**AGENDA**

Guam Memorial Hospital Authority – Board of Trustees Meeting  
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**BOARD MEMBERS:** Theresa Obispo, Chairperson; Edgar Aguilar, Vice-chairperson; Sharon Davis, Secretary; Sonia Siliang, Treasurer; Michael Um, MD, Trustee; Teresa Damian-Borja, MD, Trustee , Antoinette Kleiner, Trustee, Suzanne Lobaton, Trustee

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A. Joint Conference and Professional Affairs	
1. Res. 2025-06, Relative to the Reappointment of Active Medical Staff Privileges	
2. Res. 2025-07, Relative to the Appointment of Active Associate Medical Staff Privileges	All Trustees
3. Res. 2025-08, Relative to the Appointment of Provisional Medical Staff Privileges	
4. CY2023 Strategic Goal: 5 Engage Physicians	Trustee Dr. Um

**B. Human Resources**

1. CY2023 Strategic Goal: 4 Engage the Healthcare Workforce

Chairperson

**C. Facilities, Capital Improvement Projects, and Information Technology**

Obispo

1. USDA Community Facilities Grant
2. Critical Infrastructure Projects (\$20M ARPA Funding)
3. CY2023 Strategic Goal 2: Enhance Infrastructure & Technology

Trustee Davis

Trustee Kleiner

**D. Quality and Safety**

1. GMHA AAR/IP 2024 Radiation Incident - Mass Casualty (FSE) GMH
2. GMHA AAR/IP 2024 Radiation Incident - Mass Casualty (FSE) SNF
3. A-PS800 Patient Safety Program 2024
4. CY2023 Strategic Goal 3: Transform Healthcare Services

Vice-chairperson  
Aguilar**E. Finance and Audit**

1. Resolution Relative to Approval of Patient Receivable Accounts Batch No. 2025-003
2. CY2023 Strategic Goal 1: Achieve Financial Viability

Trustees Dr.  
Borja, Siliang**F. Governance, Bylaws, and Strategic Planning**

1. CY2023 Strategic Goal 6: Engage & Partner with the Community

**VIII. Public Comment****IX. Adjournment**Chairperson  
Obispo**Link to Join Zoom Meeting:****[https://gmha-org.zoom.us/j/88927619303?](https://gmha-org.zoom.us/j/88927619303?pwd=U1UuUlV0YzR0VFA1MFE1ZzZ4M6dFEhIifD.1)****[pwd=U1UuUlV0YzR0VFA1MFE1ZzZ4M6dFEhIifD.1 \(https://gmha-](https://gmha-org.zoom.us/j/88927619303?pwd=U1UuUlV0YzR0VFA1MFE1ZzZ4M6dFEhIifD.1)**

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[org.zoom.us/j/88927619303?](https://www.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1)

[pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1\)](https://www.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1)

**Meeting ID:** 889 2761 9303

**Passcode:** 907879

**Regular Meeting of the  
Guam Memorial Hospital Authority  
Board of Trustees**

Wednesday, October 30, 2024 | 5:00 p.m.  
Zoom Video Conference

**ATTENDANCE**

**Board Members**

**Present:** Theresa Obispo , Edgar Aguilar, Sharon Davis, Sonia Siliang, Dr. Michael Um, Dr. Teresa Damian-Borja, Antoinette Kleiner & Suzanne Lobaton

**Absent:**

**Leadership**

**Present:** Lillian Perez-Posadas, Rizaldy Tugade, Rodalyn Gerardo, Dr. Verrad Nyame, Ana Belen Rada, Yuka Hechnova, Danielle Manglona

**Absent:** Dr. Jeffery Shay , Hilda Pellacani, Christine Tuquero, Liezl Concepcion, Jordan Pauluhn & Robert Weinberg

**Guests:** Tony Aguon, Rayna Cruz, Aida Yap, Terese Calvo, Cindy Hanson, Sydie Taisacan, TMT, Olivia Palacios, Patty Camacho & Yvonne Cruz

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
<b>I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM</b>				
	After notices were duly issued pursuant to Title 5 GCA, Chapter 8, Open Government Law, Section 8107(a) and with a quorum present, Chairwoman Obispo called to order the regular meeting of the GMHA Board of Trustees at 5:01 p.m. on Wednesday, October 30, 2024, via Zoom Video Conferencing.	Chairwoman - Theresa Obispo	None	None
<b>II. OPEN GOVERNMENT COMPLIANCE</b> A. Publication, October 23, 2024 B. Publication, October 28, 2024 C. GovGuam Notices Portal & Website Posting	The Announcement of the Open Government Compliance was made.	Admin. Assistant - Janet Mandapat	None	Informational
<b>III. REVIEW AND APPROVAL OF MINUTES</b>				
A. September 24, 2024	Trustee Dr. Damian-Borja motioned, and it was seconded by Trustee Davis to approve the September 24, 2024 minutes as presented. The motion carried with all ayes.	All Trustees	None	Approved
<b>IV. OLD BUSINESS</b> None		All Trustees	None	None

<p><b>V. NEW BUSINESS</b></p> <p><b>A. Joint Conference and Professional Affairs</b></p> <ol style="list-style-type: none"> <li>1. Res. 2025-01, Relative to the Reappointment of Active Associate Medical Staff Privileges</li> <li>2. Res. 2025-02, Relative to the Appointment of Active Associate Medical Staff Privileges</li> <li>3. Res. 2025-03, Relative to the Appointment of Provisional Medical Staff Privileges</li> </ol>	<p>Trustee Dr. Um motioned, and it was seconded by Trustee Davis to approve Res. 2025-01, 2025-02 &amp; 2025-03 as presented. The motion carried with all ayes.</p>	<p>Chairperson JCPA -Trustee Dr. Michael Um</p>	<p>None</p>	<p>Approved</p>
<ol style="list-style-type: none"> <li>4. CY2023 Strategic Goal: 5 Engage Physicians</li> </ol>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• A meeting with the Dean of the New York Institute of Technology was attended by Physicians and the University of Guam Advance Management Program Team.</li> <li>• With a very ambitious and aggressive plan, clerkship may soon start as early as next fall of 2025.</li> <li>• With an in-depth session and a bigger team. The next visit is scheduled for the end of February 2025.</li> </ul>	<p>Chairperson JCPA -Trustee Dr. Michael Um</p>	<p>None</p>	<p>Informational</p>
<p><b>B. Human Resources</b></p> <ol style="list-style-type: none"> <li>1. Proposed Amendment for Assistant Chief Financial Officer Position</li> <li>2. Proposed Creation of Revenue Cycle Management Administrator Position</li> </ol>	<p>Under the recommendation of the Executive Committee. The Proposed Amendment for the Assistant CFO Position and the Proposed Creation of the RCM Administrator Position be Tabled for further review and discussion at the Executive Management Committee Meeting.</p>	<p>Chairperson HR Theresa Obispo</p>	<p>None</p>	<p>Tabled</p>

<p>3. CY2023 Strategic Goal: 4 Engage the Healthcare Workforce</p> <p>C. Facilities, Capital, Improvement Projects, and Information Technology</p> <p>1. Annual Evaluations for 2023 - Life Safety, Utilities &amp; Equipment Management Programs</p>	<p>A Working Session to review and update the Strategic Plan Objectives is planned for later in the week.</p> <p><b>ANNUAL EVALUATIONS FOR 2023</b></p> <p><b>Life Safety Management Program</b></p> <ul style="list-style-type: none"> <li><i>This Program establishes and ensures continuous upkeep and maintenance of all life safety systems and related equipment throughout the facility to assure the patients, staff, and visitors are in a safe environment.</i></li> </ul> <p><b>Utility Systems Management Plan/Program</b></p> <ul style="list-style-type: none"> <li><i>The objectives of the Utilities Management Program is to establish a safe, comfortable patient care and treatment environment by managing the risks associated with safe operations and functional reliability of the GMHA's hospital utility systems to include inventory of critical operating components and systems.</i></li> </ul> <p><b>Medical Equipment Management Program</b></p> <ul style="list-style-type: none"> <li><i>This Program is a comprehensive initiative aimed at safeguarding all GMHA patients, staff, equipment, property, and the environment. Its key goal is to ensure the safe and reliable operation of medical equipment and related components, thereby upholding compliance with regulatory requirements, industry standards, guidelines, and equipment manufacturer recommendations.</i></li> </ul> <p>The Annual Evaluations for 2023 were presented and approved.</p>	<p>Administrator/CEO - Lillian Perez-Posadas</p> <p>Chairperson FAC, CIP &amp; IT - Trustee Sharon Davis</p> <p>Deputy Asst. Admin. of Operations - Rodalyn Gerardo</p>	<p>None</p> <p>None</p> <p>None</p>	<p>Informational</p> <p>Approved</p> <p>Approved</p>
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<p>2. Revised Equipment List for GEDA Tax Credit Program. <i>Res. 2025-05, Relative to Approving Prioritized Medical Equipment Reflected in GMHA's 5-year CIP Plan to be funded by Public Law 35-138, which Authorizes Certain Tax Credits for the Procurement of Required Medical Equipment for the Guam Memorial Hospital</i></p>	<p>Trustee Davis motioned, and it was seconded by Trustee Dr. Damian-Borja to approve Res. 2025-05 as presented. The motion carried with all ayes.</p>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Approved</p>
<p>3. Critical Infrastructure Projects (\$20M ARPA Funding)</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• GMHA is currently tracking 47 projects.</li> <li>• <b>Drawdown:</b></li> <li>• 11 Projects \$942,115</li> <li>• <b>Projects Complete:</b></li> <li>• 17% \$963,300</li> <li>• <b>PO Issued/Pending Project Completion:</b></li> <li>• 43% \$7,523,727</li> <li>• <b>Active Solicitation:</b></li> <li>• 32% \$10,506,500</li> <li>• <b>Pending Solicitation/On Hold:</b></li> <li>• 8% \$1,006,474</li> </ul>	<p>Deputy Asst. Admin. of Operations - Rodalyn Gerardo</p>	<p>None</p>	<p>Informational</p>
<p>4. CY2023 Strategic Goal 2: Enhance Infrastructure &amp; Technology</p>	<p>A Working Session to review and update the Strategic Plan Objectives is planned for later in the week.</p>	<p>Chairperson FAC, CIP &amp; IT - Trustee Sharon Davis</p>	<p>None</p>	<p>Informational</p>
<p>D. Quality and Safety</p>	<p><b>PATIENT SAFETY COMMITTEE CHARTER</b></p>	<p>Chairperson Quality &amp; Safety - Trustee Antoinette Kleiner</p>	<p>None</p>	<p>Approved</p>
<p>1. Patient Safety Committee Team Charter FY 2025</p>	<p>The Committee's Charter was reviewed and revised to reflect modification to its membership by identifying core members and ad hoc members; refining its purpose, and incorporating the FY2025 CMS Hospital Inpatient Quality Reporting (IQR) program's Patient Safety Structural Measure (PSSM). Due to limitations in resources the committee has selected measures within the PSSM</p>	<p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p>	<p>None</p>	<p>Approved</p>

	<p>to focus on first as a priority. These measures are within each of the structure's domains of:</p> <ul style="list-style-type: none"> <li>• Leadership Commitment to eliminating preventable harm.</li> <li>• Strategic Planning and Organizational Policy.</li> <li>• Culture of Safety and Learning Health System.</li> <li>• Accountability and Transparency.</li> <li>• Patient and Family Engagement.</li> </ul> <p><b>PATIENT FAMILY ADVISORY COUNCIL (PFAC)</b></p> <ul style="list-style-type: none"> <li>• The Patient Family Advisory Council (PFAC) will have a community member come to the Full BOT meetings once a quarter for 10 minutes to discuss the efforts of the hospital's Pediatric Patient and Family Engagement Council.</li> <li>• One of the projects that the PFAC has done is the reopening of the playroom.</li> <li>• Also started was a drive for books. Any child that gets discharged home will get a book of their choice.</li> </ul> <p><b>SENTINEL EVENTS</b></p> <p>As part of a domain is the Patient Safety Committee Charter. The best practice is to have a leadership commitment to eliminating preventable harm.</p> <ul style="list-style-type: none"> <li>• There is a 3-day reporting requirement.</li> <li>• The Board of Trustee Members and All C-suite Executives must be notified of any sentinel event.</li> <li>• To be HIPPA Compliant thoughtful consideration is needed on the ways of notifying each board member.</li> <li>• There is no requirement for the Board members to respond and to have to provide feedback.</li> </ul>	<p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p> <p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p> <p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p>	<p>None</p> <p>None</p> <p>None</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p>
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<p>2. CY2023 Strategic Goal 3: Transform Healthcare Services</p> <p>E. Finance and Audit</p> <p>1. Res. 2024-56, Relative to Approving Ninety-Four (94) New Fees and One Hundred Sixty (160) Fee Schedule Updates</p> <p>2. Res. 2025-04, Relative to Approval of Patient Receivable Account Batch No. 2025-002</p> <p>3. CY2023 Strategic Goal: 1 Achieve Financial Viability</p>	<ul style="list-style-type: none"> <li>• It is with ultimate responsibility for the quality and safety of patient care that occurs in the hospital. Any type of major event the Board members need to be aware of.</li> <li>• WhatsApp and Text messages may not be appropriate. It was said that having a GMHA email is a much safer and more confidential way to notify the board members.</li> <li>• Notification of Sentinel Events will be sent via Encrypted Email followed by a simple Text Message advising the board members to check their email.</li> </ul> <p>Trustee Kleiner motioned, and it was seconded by Trustee Lobaton to approve the Patient Safety Committee Team Charter FY 2025. The motion carried with all ayes.</p> <p>A Working Session to review and update the Strategic Plan Objectives is planned for later in the week.</p> <p>Trustee Aguilar motioned, and it was seconded by Trustee Davis to approve Res. 2024-56 as presented. The motion carried with all ayes.</p> <p>Trustee Aguilar motioned, and it was seconded by Trustee Kleiner to approve Res. 2025-04 as presented. The motion carried with all ayes.</p> <p>A Working Session to review and update the Strategic Plan Objectives is planned for later in the week.</p>	<p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p> <p>Chairperson Quality &amp; Safety - Trustee Antoinette Kleiner</p> <p>Chairperson F&amp;A - Trustee Edgar Aguilar</p> <p>Chairperson F&amp;A - Trustee Edgar Aguilar</p> <p>Chairperson F&amp;A - Trustee Edgar Aguilar</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>Approved</p> <p>Informational</p> <p>Approved</p> <p>Approved</p> <p>Informational</p>
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<p>F. Governance, Bylaws, and Strategic Planning</p> <p>1. CY2023 Strategic Goal 6: Engage &amp; Partner with the Community</p>	<p>A Working Session to review and update the Strategic Plan Objectives is planned for later in the week.</p> <p>Some of the Goals and Objectives of the Strategic Plan such as the Network Shutdown, Mold Mitigation, and Bylaws have already been completed and taken off the list.</p> <p>A request on the upcoming working session is for the Team to come up with ideas and perhaps get recommended feedback on what can be put back on the working list. Tasks that will help work towards getting the hospital ready for CIHQ Accreditation.</p>	<p>Chairperson Gov. Bylaws &amp; Strategic Planning - Trustee Damian-Borja</p>	<p>None</p>	<p>Informational</p>
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**VI. MANAGEMENT'S REPORT**

<p>A. FY2025 Budget - Update</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>Guam Legislative Bill 355-37 for supplemental funding was passed and is now with the Governor of Guam Lourdes Leon Guerrero and is awaiting her final review if signed into law GMHA will be receiving \$20M in addition to the \$37.7M already received for FY2025 Budget.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>B. U.S. Department of Defense - Grant \$2.7M</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>As part of the Defense Community Infrastructure Program, the U.S. Department of Defense has awarded GMHA a \$2.7 million grant to upgrade its heating, ventilation, and air conditioning, or HVAC System.</li> <li>A Kickoff Meeting is scheduled for November 06, 2024, at 2:00 pm. at the Daniel L. Webb Conference Room.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>C. Guam Economic and Development Agency - Professional Consultant Services</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>GMHA was informed by GEDA Officials that they received two proposals and are currently reviewing them.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>

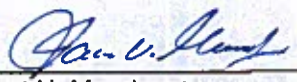
<p>D. Broadband, Equity, and Access Deployment (BEAD) Program</p>	<ul style="list-style-type: none"> <li>• GMHA is awaiting feedback from the panel on the proposals.</li> </ul> <p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• The National Telecommunications and Information Administration, or NTIA, has approved Guam's initial proposal funding request for \$156 million.</li> <li>• The BEAD program will help to provide residents with reliable, affordable, high-speed internet, job training, and digital equity programs.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>E. GMHA 5-Year Strategic Plan</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• Kudos to Chairwoman Theresa Obispo for helping to lead and facilitate our Working Session.</li> <li>• The overall Strategic Goal is to achieve Accreditation.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>F. Nursing Staffing - Travel Nurse Update</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• GMHA continues to scale back on the reliance and dependability of our Travel Nurses with now just one Travel Agency being utilized NuWest.</li> <li>• 31 Students graduated from the University of Guam, GMHA has been able to pick up and employ 13 graduates.</li> <li>• Currently 28 travel nurses, 4 in the ER, 8 ICU, 3 NICU, and 13 Telemetry units.</li> <li>• For Travel Professional Support GMHA continues to utilize 3 respiratory therapists and 1 ultrasound sonographer.</li> <li>• GMHA has recruited 56 new nurses and has lost 29 nurses compared to last year 79 nurses resigned.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>G. 2024 Relay for Life of Guam</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• This year's Relay for Life will be held on Saturday, November 09, 2024, at the University of Guam Fieldhouse.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>

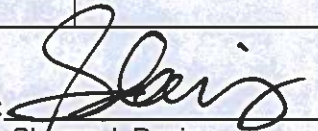
H. American College of Radiology Lung Cancer Screening Center	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• GMHA has been designated as the American College of Radiology Lung Cancer Screening Center, granted by the ACR's Committee on Computed Tomography Accreditation of the Commission on Quality and Safety.</li> </ul>	Administrator/CEO - Lillian Perez-Posadas	None	Informational
I. New Nomination for Board of Trustee	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• Representing the Allied Health Profession, a New Nominee will be joining GMHA's governing body soon.</li> <li>• The Candidates packet has been submitted to the Governor of Guam's Office which will then be forwarded to the Legislature of Guam for Confirmation.</li> </ul>	Administrator/CEO - Lillian Perez-Posadas	None	Informational
J. Above-Step Recruitment Petition for Cindy Hanson	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• Ms. Hanson was initially hired under a contract and will now be brought into a classified position.</li> <li>• Ms. Hanson has gone through and has completed the competitive process.</li> <li>• The recommended Annual Salary of \$64,136 which is a Pay Grade M Step 8.</li> </ul>	Administrator/CEO - Lillian Perez-Posadas	None	Informational

**VII. GUAM MEMORIAL HOSPITAL VOLUNTEERS ASSOCIATION (GMHVA) REPORT**

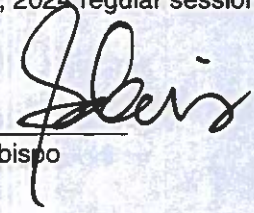
	<p>The 2024 Holiday Fundraiser Raffle drawing is scheduled for December 05, 2024, at 4:00 pm. and it will be held at the Guam Premier Outlet Food Court.</p> <p>This year's holiday fundraising event will help to purchase a 7 Passenger Van and a Subcompact SUV Vehicle which will be used in delivering the much-needed supplies to the Skilled Nursing Facility and running errands for the hospital.</p> <p>Through the Sponsorship with Guam Memorial Hospital. The Daisy Award Program is in its beginning phase.</p>	GMHVA Vice-President - Terese Calvo	None	None
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	The CAHA Grant has been approved for \$10K. To start the project will be the painting of the Pediatric Ward, bringing color to healing.	GMHVA Vice-President - Terese Calvo	None	None
<b>VIII. PUBLIC COMMENT</b>				
		Public Comment	None	None
<b>IX. ADJOURNMENT</b>				
	There being no further business matters for discussion, Chairwoman Obispo declared the meeting adjourned at 6:52 p.m. motioned and seconded. The motion carried with all ayes.	All Board members	None	Approved

Transcribed by:   
 Janet U. Mandapat  
 Administrative Assistant

Submitted by:   
 Sharon J. Davis  
 Secretary

**CERTIFICATION OF APPROVAL OF MINUTES:** The minutes of the September 24, 2024 regular session meeting were accepted and approved by the GMHA Board of Trustees on this 30<sup>th</sup> day of October 2024.

for T. Obispo   
 Certified by: Theresa C. Obispo  
 Chairperson



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUAHÁN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



October 30, 2024

## MEMORANDUM

TO: Hospital Administrator/CEO

FROM: Chief Financial Officer

SUBJECT: **ABOVE-STEP PETITION:  
JULIANNE BERNADETTE LALIC - ACCOUNTANT III**

I am recommending an above-step recruitment for Ms. Julianne Bernadette Lalic, pursuant to Title 4GCA Ch. 6 § 6205, based on exceptional qualifications. Ms. Lalic was selected for the Accountant III position. The initial offer is Grade N Step 1, \$54,918. In consideration of Ms. Lalic's extensive experience in the healthcare industry and current GMHA employment as a Limited Term Appointment she has proven to have the knowledge and capabilities in healthcare accounting. Therefore, I am recommending a salary of \$63,728 Grade N Step 5.

Ms. Lalic earned her Bachelor of Science in Accountancy in May 2011, from the Philippine School of Business Administration, INC. She was a former external auditor and financial analyst in the Guam Regional Medical City responsible for maintaining the fee schedules in the Chargemaster, updating CDM in the hospital system as well as preparing reports in the financial and revenue model. She also obtained valuable financial experience in the healthcare industry in the Medical City, GRMC's head company in Manila, Philippines. Ms. Lalic has over 10 years of extensive work experience and knowledge in Healthcare Accounting/Finance, which makes her a qualified applicant for this position. Ms. Lalic has and continues to be a tremendous asset in servicing the General Accounting Department and the community.

I am seeking your favorable consideration of my request as we continue to build capacity in GMHA's Fiscal Division. Thank you!

  
Yukari Hechanova

Approved       Disapproved

  
Lillian Perez-Posadas MN, RN  
Hospital Administrator/CEO

Date: 10/31/2024

#17364  
**RECEIVED**  
NOV 04 2024  
**HR, GMHA**





# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUĀHĀN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



## MEDIA RELEASE

November 6, 2024

Pursuant to 4GCA § 6303.1 – Transparency and Disclosure

### PETITION FOR ABOVE-STEP RECRUITMENT

The Guam Memorial Hospital Authority is proposing to grant above-step recruitment for the following position:

#### ACCOUNTANT III

(PG – N: Step 1 \$54,918.00 P/A to Step 5 \$63,728.00 P/A)

This position is in the classified service within the GMHA Fiscal Services. To view the proposed above-step petition, please visit our website at [www.gmha.org](http://www.gmha.org), under Important Public Notices.

Comments are welcomed and may be submitted to the Human Resources Department no later than November 20, 2024, at [human.resources@gmha.org](mailto:human.resources@gmha.org). Should you have any questions, please contact the Human Resources Department at (671) 647-2171 or (671) 647-2409.

TONY C. AGUON, MPA  
Personnel Services Administrator



# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDÁT ESPETÁT MIMURIÁT GUÁHÁN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



### BOARD OF TRUSTEES Official Resolution No. 2025-06

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Ricardo Eusebio, MD.	Surgery	General Surgery	October 31, 2026
Verrad Nyame, MD.	Surgery	Neurosurgery	October 31, 2026
Jeffrey Cruz, MD.	Medicine	Internal Medicine	October 31, 2026
Golda Sol Fernandez, MD.	Medicine	Internal Medicine	October 31, 2026
Ronald Fronda, MD.	Medicine	Internal Medicine	October 31, 2026
Hugo Koo, MD.	Medicine	Cardiology	October 31, 2026
Vasin Jungrakoolchai, MD.	Medicine	Internal Medicine	October 31, 2026
Megan Klocek, MD.	OB/Gyn	OB/Gyn	October 31, 2026
Thomas Shieh, MD.	OB/Gyn	OB/Gyn	October 31, 2026

**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 met on October 23, 2024 and the Joint Conference and Professional Affairs Committee recommended approval of Active Medical Staff Membership reappointment for the above listed practitioners; and

**WHEREAS**, all reappointments to Active Medical Staff Membership require Board approval; now, therefore be it


**RESOLVED**, that the Board of Trustees approves this recommendation to reappoint 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 reappointments; 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 26<sup>th</sup> DAY OF NOVEMBER, 2024.**

Certified by:

*for T. Obispo*  
  
 Theresa C. Obispo  
 Chairperson

Attested by:

  
 Sharon J. Davis  
 Secretary



# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



### BOARD OF TRUSTEES

#### Official Resolution No. 2025-07

#### “RELATIVE TO THE APPOINTMENT OF ACTIVE ASSOCIATE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Vinod Havalad, MD.	Pediatrics	Peds/Telemedicine	October 31, 2026
Sara Haley-Wein, MD.	Emergency	Emergency Medicine	October 31, 2026
Esther Park-Hwang, MD.	OB/Gyn	OB/Gyn	October 31, 2026

**WHEREAS**, the above listed practitioners met the basic requirements for Active Associate 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 met on October 23, 2024 and the Joint Conference and Professional Affairs Committee recommended approval of Active Associate Medical Staff Membership appointment for the above listed practitioner; and

**WHEREAS**, all appointments to Active Associate 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 Associate 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

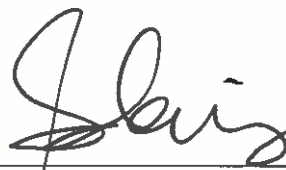
**RESOLVED**, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

**DULY AND REGULARLY ADOPTED ON THIS 26<sup>th</sup> DAY OF NOVEMBER, 2024**

Certified by:

for T. Obispo   
Theresa C. Obispo  
Chairperson

Attested by:

  
Sharon J. Davis  
Secretary



# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



### BOARD OF TRUSTEES

#### Official Resolution No. 2025-08

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
John Anton, MD.	Radiology	Teleradiology	October 31, 2025
Robert Anton, MD.	Radiology	Teleradiology	October 31, 2025
Henry Hasson, MD.	Pediatrics	Peds/Neurology (Telemed)	October 31, 2025
Norak Chhieng, MD.	Emergency	Emergency Medicine	October 31, 2025
Anwar Vardag, MD.	Pediatrics	Pediatric Critical Care	October 31, 2025

**WHEREAS**, the above listed practitioners met the basic requirements for Provisional Medical Staff 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 email voted on October 23, 2024 and the Joint Conference and Professional Affairs Committee recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioner; and

**WHEREAS**, all appointments to Provisional Medical Staff Membership require Board approval; now, therefore be it

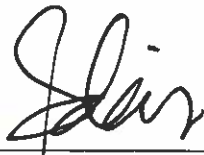
**RESOLVED**, that the Board of Trustees approves this recommendation to appoint the above named practitioners to Provisional Medical Staff as recommended; and, be it further

**RESOLVED**, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioners listed above and all Hospital and Medical Departments of these appointments; and be it further

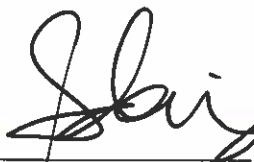
**RESOLVED**, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

**DULY AND REGULARLY ADOPTED ON THIS 26<sup>th</sup> DAY OF NOVEMBER, 2024.**

Certified by:

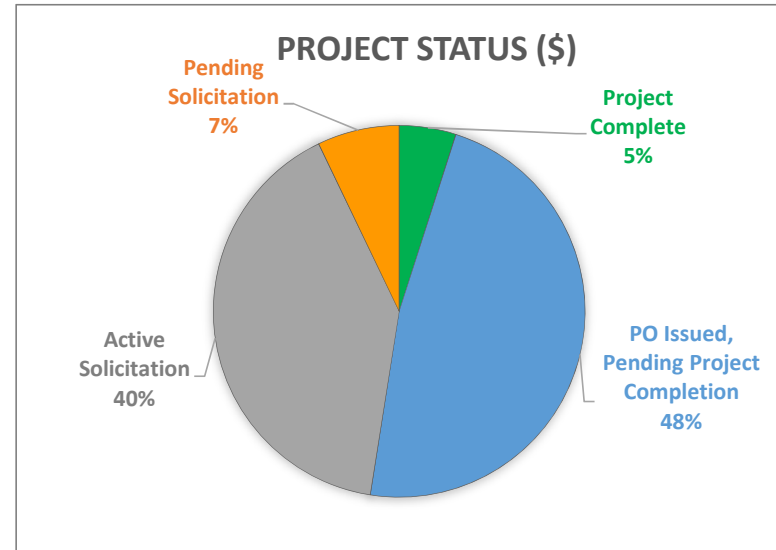
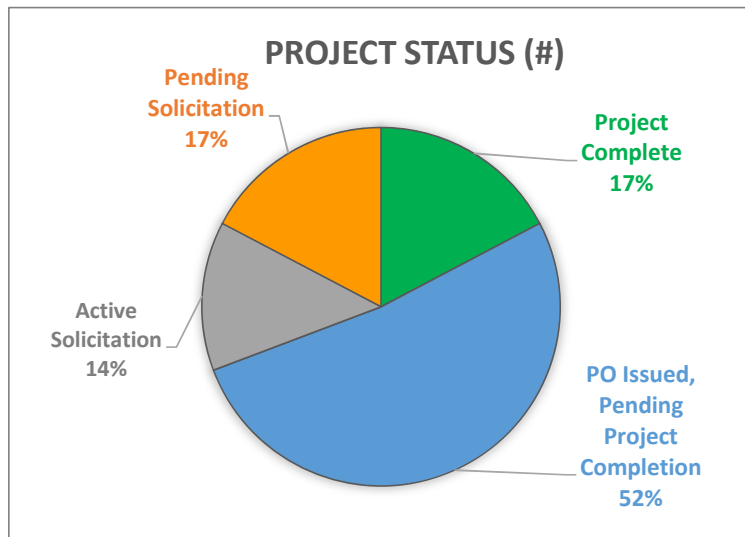
for T. Obispo   
\_\_\_\_\_  
Theresa C. Obispo  
Chairperson

Attested by:

  
\_\_\_\_\_  
Sharon J. Davis  
Secretary

Status of ARPA-Funded CIPs as of  
11/19/2024

ARPA-Funded CIPs	Project Complete		PO Issued, Pending Project Completion		Drawdown		Active Solicitation		Pending Solicitation / On Hold		TOTAL	
	#	\$	#	\$	#	\$	#	\$ (est.)	#	\$ (est.)	#	\$ (est.)
GMH & SNF HVAC & Other Utility Systems CIPs	1	\$ 198,500	8	\$ 5,879,736	3	\$ 153,800	1	\$ 1,093,880	2	\$ 465,000	12	\$ 7,637,116
GMH Structural/Architectural Improvements	1	\$ 144,000	3	\$ 556,972	3	\$ 218,438	2	\$ 5,618,456	0	\$ -	6	\$ 6,319,428
Medical & Other Equipment	4	\$ 308,090	14	\$ 2,837,726	3	\$ 281,505	2	\$ 709,968	5	\$ 539,799	25	\$ 4,395,583
GMHA IT Network/Systems Infrastructure Needs	3	\$ 339,295	2	\$ 235,878	3	\$ 312,941	2	\$ 652,701	2	\$ 420,000	9	\$ 1,647,874
<b>TOTAL</b>	<b>9</b>	<b>\$ 989,885</b>	<b>27</b>	<b>\$ 9,510,312</b>	<b>12</b>	<b>\$ 966,683</b>	<b>7</b>	<b>\$ 8,075,005</b>	<b>9</b>	<b>\$ 1,424,799</b>	<b>52</b>	<b>\$ 20,000,000</b>



# GMHA Critical Infrastructure Projects

## ARPA Funded CIP Listing

	Project Name	Project Cost Allocation	Amount Est.	Drawdown Amount	Project Status
	<b>GMH &amp; SNF HVAC &amp; Other Utility Systems CIPs:</b>		<b>\$7,637,116</b>	<b>\$227,380</b>	
1	Replace GMH Air Handling Units (Qty 40, est. \$2M)	\$7,637,116	\$1,890,000		PO to be issued; finalizing contract
2	450 Ton Chillers (Qty 2) & Cooling Towers (Qty 2) Pkg (est. \$2.3M).		\$2,308,166		PO issued
3	265 Ton Chiller (Qty 1) and Air Cooled Condensing Units (Qty 3) Package (est. \$970K).		\$970,325		PO issued
4	Replace SNF HVAC Chilled Water Lines (A, B, & C-Wings) and A&E Design and service during construction (est. \$1M)		\$562,474		IFB issued, currently evaluating bids
5	Refurbish Biohazardous Waste Autoclave and Remove & Replace Shredder System (est. \$550K)		\$604,376		Initial IFB issued, but cancelled. New IFB to be issued in November 2024
5a	Refurbish Biohazardous Waste Autoclave				PO issued
6	Replace Hospital Chilled Water and Condenser Pump with VFD (est. \$275K)		\$275,000		IFB to be issued in November 2024
7	SNF Chiller Pumps Redundancy System (est. \$270K)		\$268,880	\$18,880	PO for A&E issued; RFQ to be issued in September 2024
8	Installation & Commissioning of Power Source for L&D/Nursery/OB Ward/Admin Split ACs (est. \$200K)		\$198,500	\$198,500	Project Complete
9	Removal & Replacement of the GMH Hot Water Tank (est. \$175K)		\$185,000		RFQ to be issued
9a	Recirculating Pump (qty 2 est. \$10K)				PO issued
10	Removal & Replacement of Valves at Power Plant (est. \$40K)		\$39,395		PO issued
11	Removal & Replacement of the GMH Boiler (est. \$290K)		\$300,000		IFB to be issued in November 2024
11a	A&E for Services During Construction		\$10,000	PO issued	
12	A&E Services during Construction for various HVAC projects	\$35,000		PO issued	
	<b>GMH Structural/Architectural Improvements:</b>		<b>\$6,319,428</b>	<b>\$218,438</b>	
13	GMH Envelope Typhoon Mitigation (e.g., Wall Hardening, Courtyard Windows Replacement, Window Seals and Typhoon Shutters Replacement, Doors, Intakes/Exhausts, Facility Painting) (est. \$3.0M)		\$2,843,003		PO issued for A&E; IFB issued, currently evaluating bids

## GMHA Critical Infrastructure Projects

	Project Name	Project Cost Allocation	Amount Est.	Drawdown Amount	Project Status
13a	A&E design of its courtyard and store front windows, wall structure modification, shutter system replacement, door replacement	\$6,319,428		\$45,967	PO issued
14	GMH MCH Renovation & Expansion Project (Construction est. \$1.6M)		\$2,203,425		IFB issued in October 2024; bids due 11/25/2024
14a	A&E design recertification & services during construction (est. \$600K)			\$28,471	PO Issued
15	GMH Center Island Parking Expansion (Construction Services est. \$815K; A/E Services During Construction, est. \$50K)		\$838,000		IFB issued, currently evaluating bids
16	GMH LOX Enclosure/Tanks Expansion Project (est. \$144K)		\$144,000	\$144,000	Project Complete
17	GMH Z-Wing Demolition 1B (2nd Flr) (A/E Services During Demolition, est. \$56K)		\$56,000		PO issued
18	Removal & Replacement of the ER Triage Automatic Sliding Door		\$235,000		PO issued
<b>Medical &amp; Other Equipment:</b>			<b>\$4,395,583</b>	<b>\$281,505</b>	
19	Automated Medication Dispensing System (\$800K)		\$792,730		PO issued
20	Replacement of Vehicle Fleet (to include Flat Bed Truck to transfer medical equipment, Pickup Trucks, Van, etc. to transport medical supplies)(est. \$480K)		\$618,955		PO issued; IFB for flatbed truck issued in November 2024
20a	Medical Transports (Qty 2, est. \$320K)			Initial IFB issued, but canceled; new IFB issued in November 2024	
21	Hemodialysis Units (Qty 10, est. \$495K)		\$495,000		IFB issued; PO to be issued
22	Adult Acute Care Defibrillators (Qty 12, est. \$472K)		\$471,572		PO to be issued
23	CT Scanner Tube (Qty 1, est. \$253K)		\$252,675	\$252,675	Project Complete
24	Ultrasound Machine (Qty 1, est. \$248K)		\$248,000		IFB to be issued in November 2024
25	BIPAP Machines (Qty 3, est. \$41K)		\$41,900		PO issued
26	Portable Ultrasound Machine (Qty 1, est. \$158K)		\$158,000		RFQ to be issued
27	Angiosuite Active Directory Server (Qty 1, est \$18K)		\$17,560	\$17,560	Project Complete

## GMHA Critical Infrastructure Projects

	Project Name	Project Cost Allocation	Amount Est.	Drawdown Amount	Project Status
28	GMH & SNF Staff Chairs (Infection Control Compliant) (Qty approx. 400, est. \$164K)	\$4,395,583	\$164,000		PO issued
29	Infusion Pumps Drug Library (One Lot, est. \$124K)		\$123,513		PO Issued
30	Portable Ultrasound Machines (Qty 3, est. \$103K)		\$103,000		RFQ to be issued
31	Acute Care Bariatric Stretchers (Qty 6, est. \$100K)		\$99,298		PO issued
32	Laboratory Vacuum Infiltration Processor for Tissue Specimens (Qty 1, est. \$75K)		\$75,000		PO Issued
33	Acute Care Bladder Scanners (Qty 2, est. \$27K)		\$26,585		Project Complete
34	Stretcher Components (One Lot, est. \$28K)		\$27,264		PO to be issued
35	Wound Vacuum Machines (Qty 6, est. \$15K)		\$14,925		PO Issued; ETA December 2024
36	ER Suture Room Procedure Table (Qty 1, est. \$9K)		\$8,691		PO issued
37	Portable Hearing Diagnostic and Screening Instrument (for Adults, Children and Neonates) (Qty 2, est. \$11K)		\$11,270	\$ 11,270	Project Complete
38	Modular Table (Qty 1, est. \$150K)		\$150,000		IFB issued, but no bidders; will need to re-solicit
39	BioSafety Hood (Qty 1, est. \$20K)		\$20,000		RFQ to be issued
40	Glidescope (Qty 1, est. \$27K)		\$27,000		RFQ to be issued
41	Stretchers (Qty 6, est. \$142K)		\$141,799		RFQ to be issued
42	CT Scanner Tube for CT Room 1 (Qty 1, est. \$265K)		\$265,300		PO to be issued
43	Convection Oven, Heated Plate Trays, Thawing Refrigerator, & Refrigerator (est. \$47K)		\$41,546		PO issued; ETA 10/21/24; Oven Completed 09/24/24
<b>GMHA IT Network/Systems Infrastructure Needs:</b>			<b>\$1,647,873</b>	<b>\$312,941</b>	
44	Access Control/CCTV Surveillance Systems (est. \$350K)		\$350,000		IFB issued, bids due 11/27/24
45	Computers (est. \$111K)		\$111,078		PO issued; additional RFQ to be issued
46	Fire Walls Replacement Pkg. (est. \$46K)		\$45,850	\$ 23,093	Project Complete
47	Active Domain Management System (est. \$350K)		\$350,000		IFB to be issued in November 2024
48	Servers Replacement Pkgs. (est. \$231K)		\$231,204	\$231,204	Project Complete



## GMHA Critical Infrastructure Projects

	Project Name	Project Cost Allocation	Amount Est.	Drawdown Amount	Project Status
49	Tiny Computers (est. \$248K)	\$1,647,873	\$247,500		RFQ to be issued
50	Network Switches, UPS, & other IT Devices (\$100K)		\$100,000		RFQ to be issued
51	40 KVA UPS (Qty 2 for Main Server Room & Laboratory) and 15 KVA UPS (Qty 1 for the Data Center) (est. \$150K)		\$150,000		PO for 40 KVA Issued; RFQ for 15 KVA issued
52	HIPAA Compliant Crosscut Shredders (Qty 10) and Patient Information Technology Scanners (Qty 8) (est. \$90K)		\$62,241	\$ 58,644	Project Complete

Based on Rev-17 11/19/2024

**TOTAL**

<b>\$20,000,000</b>	<b>\$20,000,000</b>	<b>\$1,040,263</b>
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UPDATED: 11/19/2024

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

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

<input type="checkbox"/>	Bylaws	Submitted by Department/Committee: Planning Department
<input type="checkbox"/>	Rules and Regulations	Policy No.:
<input type="checkbox"/>	Policies & Procedures	
<input checked="" type="checkbox"/>	Other: Reports	Guam Memorial Hospital Authority Health Care Provider After Action Report/Improvement Plan (AAR/IP)  2024 RADIATION INCIDENT - MASS CASUALTY Community-Wide Full-Scale Exercise/Event (FSE) - GMH

Reviewed/Endorsed	Date	Signature
	9/18/2024	
Title		Therese Paula Pelayo, Hospital Planning Supervisor Emergency Preparedness Director
Reviewed/Endorsed	Date	Signature
	9.18.24	
Title		Rizaldy Tugade, AAC Chairperson, Environment of Care Committee
Reviewed/Endorsed	Date	Signature
	10/20/24	as Vice Chair MEC
Title		Dr. Jeffrey Shay, MD Chairperson, Medical Executive Committee
Reviewed/Endorsed	Date	Signature
	9/19/2024	
Title		Lillian Perez-Posadas, MN,RN Hospital Administrator/CEO, Chairperson, Executive Management Council
Reviewed/Endorsed	Date	Signature
	5 dec 2024	for T. Obispo
Title		Therese Obispo Board of Trustee
Reviewed/Endorsed	Date	Signature
	11/26/24	
Title		Quality & Safety Subcommittee Antoinette Kleiner Chairperson

\*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

Health Care Provider After Action Report/Improvement Plan (AAR/IP)

**Guam Memorial Hospital Authority**

Health Care Provider  
After Action Report/Improvement Plan (AAR/IP)

**2024 RADIATION INCIDENT - MASS CASUALTY**  
Community-Wide Full-Scale Exercise/Event (FSE)

Prepared by  
Planning Department

Prepared for

**GUAM MEMORIAL HOSPITAL (GMH)**

Event Date:  
August 2, 2024

Report Date:  
September 5, 2024

**Health Care Provider After Action Report/Improvement Plan (AAR/IP)**

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**Health Care Provider After Action Report/Improvement Plan (AAR/IP)****ADMINISTRATIVE HANDLING INSTRUCTIONS**

1. Title: Guam Memorial Hospital Authority (GMHA) Health Care Provider After Action Report/Improvement Plan (AAR/IP) RADIOLOGICAL MASS CASUALTY Community-Wide Full-Scale Exercise/Event (FSE)
2. This AAR/IP is classified as sensitive information and is designated For Official Use Only (FOUO). Please ensure that it is safeguarded, handled, transmitted, and stored in accordance with the relevant security directives. GMHA prohibits the reproduction of this document, in whole or in part, without prior approval from GMHA.
3. At a minimum, the distribution of the attached materials should be limited to individuals with a need-to-know. When unattended, these materials must be stored in a locked container or secure area that provides adequate protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. Prepared by:

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## Health Care Provider After Action Report/Improvement Plan (AAR/IP)

### INTRODUCTION

The Full Scale Exercise (FSE) conducted on August 2, 2024, was designed to evaluate the effectiveness of our emergency response procedures in the event of a radiological mass casualty incident. This report provides an overview of the exercise, highlights strengths and areas for improvement, and outlines an Improvement Plan (IP) to address identified gaps.

The FSE was a collaborative effort led by the Naval Base, in which our hospital actively participated. The exercise was designed to simulate a radiological mass casualty incident, testing the emergency response capabilities of our hospital and associated agencies. The scenario involved a simulated collision between a military vehicle carrying radiological materials, a van and a tour bus, resulting in multiple casualties with varying levels of radiological exposure and injuries. Key participants included personnel from emergency management and support team, Radiology, Nursing, Medical, Safety/Security, Information & Communication Technology (ICT), Skilled Nursing Unit (SNU), and external partners such as members of the Healthcare Preparedness Program (HPP).

The primary objectives of the GMHA were to evaluate the activation and implementation of the emergency operations plan, assess decontamination procedures for affected individuals, validate the triage process and medical treatment of casualties, test the effectiveness of communication systems, and determine the hospital's capacity to manage a surge of casualties while maintaining standard operations. Observers and evaluators monitored the exercise, documenting actions and decisions to identify strengths and areas for improvement. This collaborative exercise provided a comprehensive assessment of GMHA's preparedness for a radiological mass casualty event, highlighting both effective practices and opportunities for enhancement in our emergency response framework.

### SECTION 1: EXERCISE OVERVIEW

**Exercise/Event Name:** Radiation Incident – Mass Casualty FSE

**Exercise/Event Start Date:** August 2, 2024

**Exercise/Event End Date:** August 2, 2024

**Duration:** One (1) day

**Focus Area(s):** Protection and Response

**Type of Exercise/Event Completed:**

*Discussion-Based Exercise*

Seminar    Workshop    Tabletop    Games

*Operations-Based Exercise*

Drill    Full-Scale Exercise    Functional Exercise

*Emergency Event*

Event

## Health Care Provider After Action Report/Improvement Plan (AAR/IP)

### 1. Planning

The Emergency Management Plan (EMP), which received approval in November 2022, implements a structured program designed to effectively manage mitigation, preparation, response, and recovery related to various disasters and emergencies. This comprehensive "all hazards" approach ensures that we are well equipped to address a broad spectrum of emergencies that may affect the healthcare environment at the GMHA, encompassing both Guam Memorial Hospital (GMH) and the Skilled Nursing Facility/Alternate Care Site (SNF/ACS). Emergency Operation Plans (EOPs), including the Mass Casualty Plan (MCP) and the Chemical, Biological, Radiological, Nuclear, and Explosives/Weapons of Mass Destruction (CBRNE/WMD) Plan, are key components of GMHA's Emergency Preparedness Manual. These plans are activated when a disaster or emergency is recognized or deemed likely to occur.

### 2. Communications

The emergency management communications protocols at GMHA emphasize the protection of communication equipment and systems, such as radios and telephones, during emergencies to avert misuse or overload. Communications during emergencies are restricted to essential messages relevant to each incident. These messages are transmitted through the appropriate leaders within the Hospital Incident Command Structure (HICS), including the Incident Commander, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief, who are stationed in various areas of the Hospital Command Center or other operational departments. The Operator Supervisor aids Command Center personnel and maintains an electronic Emergency Events Logbook at the Hospital. All significant events and communications are documented in the Logbook to create a chronological record of the incident or emergency. The Incident Commander at GMHA reviews press releases containing critical information about the occurrence prior to dissemination through the Joint Information Center (JIC) at the Guam Emergency Operations Center (Guam EOC) located at Guam Homeland Security/Office of Civil Defense (GHS/OCD) for public notification.

### 3. Risk Management

GMHA has implemented protocols to effectively restore operational capabilities to pre-emergency levels. Once the immediate emergency is resolved, the Restoration Unit within the Planning Section, in collaboration with departments such as Radiology, Facilities Maintenance, Safety & Security, Infection Control, Information & Communication Technology, Materials Management, Environmental Services, Nursing and Risk Management, conducts a comprehensive assessment of the facility. This assessment ensures that the environment is safe and operational for continued medical care and that the facility is secure for patients, staff, and visitors. Key risk management activities include:

- (a) Documenting damages to GMHA's buildings, grounds, equipment, and supplies (including facilities such as SNU), using photographic and video records, with special attention to areas exposed to radiological materials.
- (b) Engaging radiation safety experts, building inspectors, and structural engineers to evaluate the facility's safety for re-occupancy, particularly ensuring decontaminated areas are free from radiological threats.

## Health Care Provider After Action Report/Improvement Plan (AAR/IP)

- (c) Conducting thorough assessments of radiological contamination risks to prevent exposure to patients and staff and ensure compliance with safety regulations for water, air, and sewage systems.
- (d) Providing support programs for staff directly affected by radiological exposure or trauma, including crisis counseling, flexible work hours, medical evaluations, and decontamination protocols.
- (e) Safeguarding the facility by securing areas with potential contamination and ensuring proper disposal of radioactive waste.
- (f) Restoring internal and external communication systems to coordinate emergency operations and ensure connectivity with local emergency services and radiation authorities.
- (g) Assessing inventories of damaged equipment and supplies, documenting any radioactive contamination, and preparing insurance claims with photographic and video evidence.
- (h) Informing the community and media about service disruptions, safety updates, and alternative service locations in the event of an evacuation due to radiological hazards.
- (i) Notifying GMHA's insurance agent and engaging a third-party expert to prepare and manage insurance claims related to facility damage.
- (j) Safeguarding electronic and physical records to ensure confidentiality and data integrity, restoring any lost information from secure backups.
- (k) Maintaining detailed records of all recovery actions, including contamination control, decontamination efforts, and staff safety procedures throughout the recovery process.
- (l) Maintaining and assuring all utilities, relative and essential systems are operational and maintained operational.

### 4. Community Preparedness & Participation

#### Management of Patients/Residents during Emergencies:

In the event of an EOP activation, standard admission procedures and family visitation are suspended. Admissions to GMHA are prioritized for patients requiring acute care and skilled nursing facility resident care in order to save lives. Outpatient services are limited to individuals in urgent need of medical attention. All non-essential admissions, procedures, and discharges are postponed, and patients may need to be transferred to other facilities to accommodate emergency cases. Specific guidelines regarding patient registration during emergencies can be found in the Emergency Management - Admission Policy and Registration.

### 5. Intelligence & Information Sharing & Dissemination

Data collection and analysis are crucial for conducting risk assessments related to potential threats and hazards. Various resources are available for information gathering, including local and federal law enforcement agencies, the Federal Bureau of investigation (FBI), the GHS/OCD, the Centers for Disease control and Prevention (CDC), the National Weather Service (NWS), the



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Fusion Center, and other relevant investigative entities. Briefings are conducted internally within the HICS and externally with GHS/OCD. Sharing and dissemination of intelligence and information also occur during department/unit meetings, commonly referred to as huddles, throughout emergency response operations.

### ANALYSIS OF CAPABILITIES

#### Guam Homeland Security / Office of Civil Defense

- (a) Coordination and Support: Facilitate and oversee emergency response and recovery objectives for radiological mass casualty incidents, ensuring the efficient evacuation of affected individuals and the timely provision of essential response equipment and services to the impacted areas.
- (b) Unified Command Structure: Develop and uphold a unified command structure and operational process that effectively incorporates all key stakeholders during radiological mass casualty incidents.
- (c) Evaluation and Leadership: Direct the assessment of overall emergency response and recovery efforts related to the radiological incident, with a focus on decontamination protocols, medical assistance, public safety, critical infrastructure, and the tourism sector.

#### Guam Memorial Hospital Authority

- (a) Medical Response and Triage: Organize and implement medical response activities, focusing on the triage and treatment of individuals affected by radiological exposure, while ensuring the delivery of prompt and effective medical care.
- (b) Decontamination Procedures: Develop and oversee decontamination protocols to reduce radiation exposure and contamination, prioritizing the safety of patients, staff, and facility operations.
- (c) Patient Management and Capacity: Manage patient care effectively, including the distribution of resources and bed assignments, to accommodate an influx of casualties while sustaining normal hospital functions.
- (d) Communication and Coordination: Ensure open and effective communication with both internal departments and external stakeholders to facilitate a coordinated response to the radiological mass casualty incident.
- (e) Evaluation and Improvement: Engage in the assessment of emergency response efforts, recognizing strengths and identifying opportunities for improvement to bolster future preparedness and response capabilities.

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### SECTION 2: EXERCISE/EVENT DESIGN SUMMARY

#### Exercise Purpose

The primary objective of the FSE was to assess and enhance the GMHA preparedness and response capabilities for a radiological mass casualty incident. The exercise sought to evaluate the effectiveness of GMHA's EOP, with a focus on the MCP and the CBRNE/WMD Plan, within a simulated scenario involving radiological exposure. Key goals included assessing coordination and communication among internal and external stakeholders, evaluating the decontamination and triage procedures, and verifying the hospital's capacity to manage a surge in casualties while maintaining critical operations.

#### Exercise Design

The FSE was structured to simulate a high-impact radiological incident, rigorously testing GMHA's emergency response mechanisms. The exercise scenario involved a simulated collision between a military vehicle transporting radiological materials, a van and a tour bus, resulting in numerous casualties with varying degrees of radiological exposure and injuries.

#### Scenario Details:

**Date:** August 2, 2024

**Location:** Guam Memorial Hospital (GMH) and Skilled Nursing Facility/Alternate Care Site (SNF/ACS)

**Incident:** Collision between a military vehicle carrying radiological materials, a van and a tour bus

#### Participating Organizations:

- U.S. Navy
- Guam Department of Homeland Security/Office of Civil Defense
- Guam Environmental Protection Agency
- Guam Fire Department
  - Hazardous Materials Response Team
  - Emergency Medical Services
- Guam Police Department
- Guam National Guard 94<sup>th</sup> Civil Support Team
- Guam Regional Medical City

#### Key Components:

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**Activation and Implementation:** Evaluation of GMHA's capability to activate and implement the Emergency Management Plan in response to the simulated radiological incident.

**Decontamination Procedures:** Assessment of the effectiveness and efficiency of decontamination processes for affected individuals.

**Triage and Treatment:** Validation of the triage process and medical treatment protocols for managing casualties with varying levels of exposure and injury.

**Communication Systems:** Testing the effectiveness of internal and external communication systems and protocols during the incident.

**Surge Capacity:** Assessment of the hospital's ability to manage a large influx of casualties while sustaining standard operations and patient care.

### **Evaluation:**

Observers and evaluators documented actions, decisions, and coordination efforts throughout the exercise to identify strengths, challenges, and opportunities for improvement. The feedback gathered will be utilized to refine and enhance GMHA's emergency response framework and overall preparedness for radiological mass casualty events.

This comprehensive design ensured that all critical aspects of the emergency response were thoroughly tested and evaluated, providing valuable insights into GMHA's readiness for actual radiological incidents.

## **OBJECTIVES AND CAPABILITIES**

### **Coordination and Communication Capabilities:**

**Objective No. 1 – Effective Coordination:** Ensure efficient coordination and communication among all response teams and agencies involved in the incident

- **Activate GMHA's Mass Casualty Plan:** Begin the processes specified in the Mass Casualty Plan to address the immediate needs arising from the incident.
- **Deploy GMHA's Command Center and Emergency Support Function 8 Coordinators:** Set up and activate the Command Center to oversee and manage the response efforts, with Emergency Support Function 8 Coordinators leading the coordination of health and medical services.
- **Establish GMHA's Hospital Incident Command Structure:** Implement the Hospital Incident Command Structure (HICS) to facilitate effective command, control, and communication among GMHA's Hospital and Skilled Nursing Facility, the Guam Emergency Operations Center, and other key health and medical stakeholders, including Alternate Care Sites such as GRMC, USNH, EMS, DPHSS, and GBHWC.

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### Operational Coordination Capabilities:

Objective No. 2 – Timely Decision-Making: Facilitate timely decision-making based on real-time information and situational assessments.

- **Gather and Verify Information:** Collect real-time data from on-site reports and external resources.
- **Assess Situation:** Evaluate the information to comprehend the status of the incident and its requirements.
- **Update Command Center:** Ensure that the Command Center and HICS are informed with the most recent situational assessments.
- **Prioritize and Implement Actions:** Make informed decisions and execute actions based on the assessment to address urgent needs.
- **Communicate and Document:** Clearly convey decisions to all relevant teams and document the rationale for future reference.

### Logistics and Supply Chain Management Capabilities:

Objective No. 3 – Resource Management: Manage and allocate resources (personnel, equipment, supplies) effectively to meet the demands of the incident.

- **Inventory Assessment:** Conduct a rapid assessment of available resources, including personnel, equipment, and supplies, to determine status and identify immediate needs.
- **Resource Allocation Plan:** Develop and implement a resource allocation plan that prioritizes the distribution of resources based on the severity and urgency of needs.
- **Personnel Deployment:** Assign and deploy personnel to critical areas based on the resource allocation plan, ensuring that all essential functions are covered.
- **Continuous Monitoring:** Regularly monitor resource utilization and availability, making adjustments as needed to ensure optimal resource management throughout the incident.

### Situational Assessment and Information Sharing Capabilities:

Objective No. 4 – Information Management: Collect, analyze, and disseminate accurate and relevant information to all stakeholders involved in the response effort.

- **Information Collection:** Establish mechanisms for gathering information from multiple sources, including field reports, surveillance systems, and communication with external agencies.
- **Data Analysis:** Analyze the collected information to identify trends, assess the situation, and determine immediate and future needs.

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- **Information Dissemination:** Develop and implement a process for timely distribution of accurate and relevant information to all stakeholders, ensuring that everyone has access to critical updates.
- **Communication Channels:** Utilize multiple communication channels to ensure information reaches all intended recipients effectively.

### Public Health and Medical Services Capabilities:

Objective No. 5 – Safety and Security: Ensure the safety and security of personnel, patients, and the public during the incident response.

- **Establish Safety Protocols:** Implement safety protocols and procedures to protect personnel, patients, and the public from potential hazards associated with the incident.
- **Secure the Incident Area:** Deploy security personnel to control access to the incident area, preventing unauthorized entry and maintaining order.
- **Monitor and Assess Threats:** Continuously monitor and assess potential safety and security threats to adjust protective measures as necessary.
- **Provide Safety Equipment:** Ensure the availability and proper use of safety equipment, such as personal protective equipment (PPE), to minimize exposure to risks.
- **Communicate Safety Information:** Regularly communicate safety and security information to all involved parties, including instructions, alerts, and updates on the situation.

### Command and Control Capabilities:

Objective No. 6 – Command Structure: Establish and maintain a clear command structure with defined roles and responsibilities for all personnel in the ICC.

- **Activate the Command Structure:** Implement the Hospital Incident Command System (HICS) to establish a clear command hierarchy and define roles and responsibilities for all personnel involved.
- **Assign Key Positions:** Designate personnel to key positions within the ICC, including Incident Commander, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.
- **Facilitate Coordination and Communication:** Ensure effective communication and coordination among the command staff and between the ICC and other departments or agencies involved in the response.
- **Review and Adjust as Needed:** Continuously review and assess the command structure's effectiveness, making adjustments as necessary to address any identified gaps or issues.

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### Incident Documentation and Reporting Capabilities:

Objective No. 7 – Documentation and Reporting: Maintain accurate documentation of incident activities, actions taken, and outcomes for post-incident analysis and reporting.

- Establish Documentation Protocols: Set up clear procedures for recording all incident-related activities and decisions.
- Assign Documentation Roles: Designate personnel responsible for maintaining accurate and detailed records throughout the incident.
- Utilize Standardized Forms: Ensure the use of standardized forms and templates for consistency in documentation.
- Post-Incident Analysis: Compile and analyze all documentation to evaluate the effectiveness of the response and identify areas for improvement.

### After-Action Review and Improvement Planning Capabilities:

Objective No. 8 – Continuous Improvement: Identify areas for improvement in incident response procedures, communication protocols, resource allocation, and coordination mechanisms.

- Conduct a Thorough After-Action Review (AAR): Gather all relevant data and feedback from the incident response to evaluate performance against objectives and identify strengths and weaknesses.
- Analyze Response Performance: Review incident logs, reports, and observations to assess how well response procedures, communication protocols, and resource allocation were managed.
- Engage Stakeholders in Feedback Sessions: Solicit input from all involved parties, including response teams and external partners, to gain diverse perspectives on what worked well and what needs improvement.
- Develop Improvement Recommendations: Based on the analysis and feedback, create actionable recommendations for enhancing incident response procedures, coordination mechanisms, and overall effectiveness.
- Update Plans and Procedures: Revise and improve emergency response plans, training programs, and communication protocols to address identified gaps and integrate lessons learned.

### Interagency Coordination and Integration Capabilities:

Objective No. 9 – Interagency Collaboration: Foster collaboration and cooperation among different agencies, including healthcare, emergency services, law enforcement, and public health.

- Activate Interagency Liaison Roles: Designate and deploy liaison officers from each agency to facilitate on-the-ground coordination and real-time problem-solving.

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- **Establish Communication Channels:** Set up and maintain effective communication channels between agencies to enable real-time information sharing and coordination.
- **Facilitate Real-Time Information Sharing:** Ensure that critical information and situational updates are shared in real-time among all agencies through established communication channels, ensuring all parties have the latest information.
- **Monitor and Address Coordination Challenges:** Continuously monitor the effectiveness of interagency collaboration and promptly address any coordination issues or conflicts that arise.
- **Implement Joint Resource Allocation:** Coordinate the distribution of resources such as personnel, equipment, and supplies across agencies to optimize their use and support overall incident response.
- **Evaluate Interagency Cooperation:** Assess the effectiveness of collaboration efforts during and after the incident, identifying any barriers or successes to improve future interagency interactions.

### Public Information Capabilities:

Objective No. 10 – Public Information: Manage public information and media relations to ensure accurate and timely dissemination of information to the public and media outlets.

- **Designate a Public Information Officer (PIO):** Appoint a PIO to serve as the primary contact for all media inquiries and public information dissemination during the incident.
- **Develop and Distribute Key Messages:** Create clear, accurate, and consistent key messages that address the current situation, response actions, and safety guidelines, and distribute these through press releases and public announcements.
- **Coordinate with the Joint Information Center (JIC):** Work with the JIC and other relevant agencies to align public information strategies, ensure consistent messaging, and manage the flow of information to the public.

## SCENARIO SUMMARY

On August 2, 2024, at 0900 hours, a simulated radiological mass casualty incident was carried out as part of a Full-Scale Exercise (FSE). The scenario involved a collision between a military vehicle transporting radiological materials, a van, and two (2) tour buses, which resulted in multiple casualties.

At 0945 hours, Emergency Medical Services (EMS) transported the first patient to the Emergency Department (ED) of GMHA. The patient arrived, accompanied by a naval officer who was a subject matter expert on the radiological materials involved in the incident. The naval officer conducted a radiological screening and confirmed that the patient had not been exposed to radiation.

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At 0950 hours, EMS communicated to the ED that an additional 30 patients were in route from the radiological incident. The hospital administrator was notified promptly, and the Mass Casualty Plan was activated.

In total, 33 patients were evaluated and treated as a result of this incident.

### Response & Recovery of Sequence of Events

**On August 2, 2024 at 0941 hours**, a simulated call from EMS was received by ED notifying them of a pregnant woman in her second trimester is being transported to GMH with a head injury and abdominal pain after a vehicular accident. Patient arrived at 0950 hours with a naval officer escort notifying ED staff that patient was involved in a radiation incident and no radiation exposure was detected.

- At 0950 hours, another simulated call from EMS was received by ED to inform them of approximately 30 patients involved in a multiple-vehicle incident involving radioactive material. ED promptly notified Lillian Perez-Posadas, Hospital Administrator.
- At 1000 hours, Planning Department has been informed that the Mass Casualty Plan will be activated. In response, the Planning Department has initiated the Hospital Incident Command in the Daniel Webb Conference Room (Boardroom).
- At 1003 hours, the Communication Center announced a “Dr. Redwood” (Mass Casualty Event) Category III through the overhead, and all relevant personnel were notified via cellular phones.
- At 1008 hours, Laboratory has submitted the blood count report to Incident Command.
- At 1010 hours, ICT team has reported to Incident Command to facilitate the setup of computers and telephones.
- At 1014 hours, trauma stations and intermediate stations have been established, and the Medical Records and Patient Registration teams have arrived at the ED.
- At 1021 hours, Incident Command has requested that all departments submit their Mass Casualty Checklists, as announced through the overhead announcement.
- At 1023 hours, first mass casualty patient has arrived at the ED.
- At 1025 hours, all elevators have been designated for use by mass casualty patients only.
- At 1030 hours, a simulated parent of a patient involved in the mass casualty event arrived at the GMHA main entrance, accompanied by 20 other family members. Security informed them that entry was not permitted and that they would need to wait outside.
- At 1032 hours, a simulated media inquiry was received by the Public Information Officer (PIO).
- At 1037 hours, The Incident Commander received a communication from the (simulated) parent regarding an issue where security had denied her access to her minor child. In



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response, Incident Commander instructed Security to direct family members to the Family Reunification area on the fourth floor.

- At 1047 hours, all internal physicians have been requested to report to ED.
- At 1155 hours, Nursing coordinated a simulated transfer of three patients to the SNF. Additionally, three rooms were prepared and made available for the incoming patients.
- At 1203 hours, Dr. Clearwater was announced overhead.
- At 1300 hours, a debriefing session regarding the FSE was conducted with leadership and staff.

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#### SECTION 3: IMPROVEMENT PLAN

This Improvement Plan (IP) has been developed specifically for GMHA to address necessary improvements based on the summarized information within this AAR. The AAR's findings are derived from incident feedback, evaluation reports, and feedback from the hotwash following the radiation incident mass casualty event. This IP aims to enhance GMHA's response plans to ensure a more effective and efficient response to future radiological emergencies.

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Coordination & Communication Capabilities	<p>(a) Clearly define and distinguish roles within the Incident Command System.</p> <p>(b) Clarify and streamline the Dr. Redwood announcement workflow.</p>	<p>(a) Role-Specific Training: Conduct targeted training sessions for all staff involved in the Incident Command System (ICS) to ensure they understand their specific roles, responsibilities, and authority levels within the ICS framework.</p> <p>(b) Standardized Protocol Development: Develop a standardized protocol for the Dr. Redwood announcement, clearly outlining the steps, communication channels, and personnel involved in initiating and disseminating the announcement.</p>	<p>(a) Planning Department</p> <p>(b) Information &amp; Communication Technology Department</p>		
Operational Coordination Capabilities	<p>(a) Improve and maintain communication systems, including phone lines, computers, and backup radios.</p>	<p>(a) Redundant Communication Channels: Implement and regularly test redundant communication channels, ensuring that backup systems, such as radios and secondary phone lines, are readily available and operational in the event of primary system failures.</p>	<p>(a) Information &amp; Communication Technology Department</p>		

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<p>Logistics and Supply Chain Management Capabilities</p>	<p>(a) Establish a recurring inventory system for emergency items.</p>	<p>(a) Integrate Inventory with Emergency Planning: Align the inventory system with the hospital's overall emergency preparedness plans, ensuring that the availability and readiness of emergency items are regularly reviewed and updated as part of broader disaster planning efforts.</p>	<p>(a) Planning Department &amp; Materials Management Department</p>		
<p>Situational Assessment and Information Sharing Capabilities</p>	<p>(a) Enhance protocols for efficient information sharing during emergencies.</p>	<p>(a) Develop Standardized Communication Protocols: Create clear, standardized communication protocols that outline the specific steps for sharing information during emergencies. These protocols should include designated communication channels, reporting hierarchies, and procedures for disseminating critical information quickly and accurately.</p>	<p>(a) EOC</p>		
<p>Public Health and Medical Services Capabilities</p>	<p>(a) Enhance training for clinical staff on Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) protocols.</p> <p>(b) Institute regular health screenings and monitoring for decontamination staff.</p>	<p>(a) Develop and Implement a Comprehensive CBRNE Training Program: Establish a mandatory, recurring training program specifically focused on CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) protocols for all clinical staff.</p> <p>(b) Establish a Routine Health Surveillance Program for Decontamination Staff: Implement a comprehensive health surveillance program that includes scheduled health screenings, exposure</p>	<p>(a) Nursing Division (b) Employee Health (c) DECON Lead (d) EOC</p>		

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	<p>(c) Develop and train patients on self-decontamination procedures to limit radiation exposure.</p> <p>(d) Provide comprehensive crisis communication training for all relevant personnel.</p>	<p>monitoring, health evaluations following the incident, and training to recognize early symptoms.</p> <p>(c) Develop a Patient Self-Decontamination Program: Create a training program that includes clear instructional materials and sessions to teach patients self-decontamination procedures for limiting radiation exposure. Provide both in-person and digital training, using visual aids and practice drills to ensure patients understand and can effectively perform the procedures.</p> <p>(d) Implement Comprehensive Crisis Communication Training: Create a detailed training program for all relevant personnel on effective crisis communication, covering message development, media interaction, and internal protocols.</p>			
<p><b>Incident documentation and Reporting Capabilities</b></p>	<p>(a) Ensure all casualty slips contain complete and accurate patient information.</p> <p>(b) Standardize and ensure proper tagging of patients during the FSE.</p>	<p>(a) Implement a Verification System for Casualty Slips: Develop a checklist and review process to ensure casualty slips have complete and accurate patient information. Conduct regular audits, provide staff training, and establish guidelines for updating and verifying data.</p> <p>(b) Develop and Enforce Standardized Patient Tagging Procedures: Create and implement clear guidelines for patient tagging during Full Scale Exercises</p>	<p>(a) Nursing Division/Medical Records</p> <p>(b) Nursing Division/Medical Records</p>		

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		(FSE), ensure staff training, and establish a verification system.			
<p>After-Action Review and Improvement Planning Capabilities</p>	<p>(a) Improve patient management, flow, and staging procedures during emergencies.</p> <p>(b) Review, update, and consolidate department policies related to emergency preparedness</p> <p>(c) Develop and implement robust IT procedures for emergency scenarios.</p>	<p>(a) Establish a Comprehensive Patient Flow Protocol: Develop and implement a detailed patient management and flow protocol that includes clear procedures for patient triage, staging areas, and movement within the facility during emergencies. This protocol should define specific roles and responsibilities, outline step-by-step procedures, and incorporate simulations to practice and refine these processes.</p> <p>(b) Conduct a Policy Review and Consolidation Process: Initiate a thorough review of all department policies related to emergency preparedness, identifying overlaps, gaps, and inconsistencies. Update and consolidate these policies into a cohesive framework that aligns with current best practices and regulatory requirements. Distribute the revised policies to all relevant staff, and provide continuous and on-going training to ensure understanding and compliance.</p> <p>(c) Develop Standard Operating Procedures (SOPs) for Emergency Communication Protocols: Create detailed SOPs that incorporate a comprehensive checklist for establishing and managing communication protocols during</p>	<p>(a) EOC</p> <p>(b) Planning Department &amp; EOC</p> <p>(c) Information &amp; Communication Technology Department</p> <p>(d) Planning Department</p>		

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	<p>(d) Improve planning and scripting for actors involved in exercise scenarios.</p>	<p>emergencies. Ensure the SOPs cover all aspects of setup, including equipment checks, communication channels, and contact lists. Provide targeted training for IT staff and relevant personnel on these procedures, emphasizing their roles in ensuring system readiness and a swift response during emergencies.</p> <p>(d) Create a Comprehensive Pre-Planning Checklist: Develop a detailed pre-planning checklist that includes steps for training actors and volunteers on their specific roles and responsibilities. Ensure the checklist covers the preparation of role-specific scripts, briefing materials, and rehearsal schedules.</p>			
<p><b>Public Information Capabilities</b></p>	<p>(a) Revise and Implement Information Sharing Protocols with a Mass Casualty Checklist</p>	<p>(a) Update and Implement Information Sharing Protocols: Revise protocols to include a Mass Casualty Checklist with clear steps for coordination and information dissemination.</p>	<p>(a) Public Information Officer</p>		

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**APPENDIX A: GMHA EXERCISE EVENTS SUMMARY TABLE**

<b>Event</b>	<b>Date</b>	<b>Location</b>
Initial Planning Meeting - HAZMAT/DECON Meeting	March 21, 2024	Boardroom
Initial FSE Key Personnel Meeting	April 18, 2024	Boardroom
Patient Scenario Creation	April 20, 2024	Planning Department
Mid Planning Conference	May 14, 2024	Dusit Beach
FSE EOC Brief	May 14, 2024	Boardroom, EOC Meeting
Final Planning Conference	June 21, 2024	Dusit Beach
Participants Brief	July 2, 2024	Zoom
Evaluators Brief	July 10, 2024	Zoom
Table Top Exercise	July 16, 2024	Education Classroom
Full Scale Exercise	August 2, 2024	GMHA
FSE Debriefing	August 2, 2024	Boardroom/Zoom
FSE Hotwash	August 22, 2024	Boardroom/Zoom

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**APPENDIX B: NAVAL BASE EXERCISE EVENTS SUMMARY TABLE**

GMHA actively participated in all events outlined in the Naval Base Exercise, contributing to each phase of the response and demonstrating preparedness in collaboration with other agencies. This involvement reflects GMHA's commitment to ensuring effective coordination and readiness during emergency scenarios.

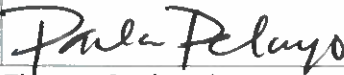
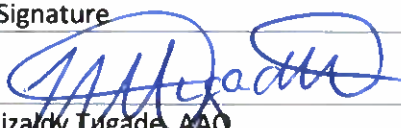
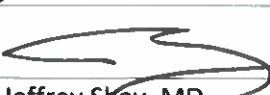
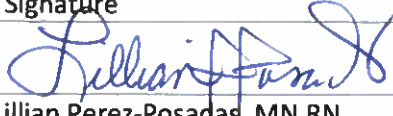
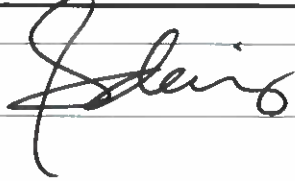

<b>Event</b>	<b>Date</b>	<b>Location</b>
Initial Planning Conference	April 3, 2024	EOC
USS Frank Cable Training	May 10, 2024	USS Frank Cable
Mid Planning conference	May 14, 2024	Dusit Beach
First Responder Training – OCD/RACs	May 14, 2024	Dusit Beach
GMHA Hospital Tour	May 17, 2024	GMHA
GRMC/GMHA Hospital Training	May 21, 2024	Dusit Beach
GRMC Hospital Tour	May 29, 2024	GRMC
US Naval Hospital Tour and CIP Demonstration	June 3, 2024	US Naval Hospital Guam
Table Top Exercise	June 7, 2024	Dusit Beach
JIC Training	June 10, 2024	EOC
Final Planning conference	June 21, 2024	Dusit Beach
Functional exercise	June 27, 2024	Polaris Point
Full Scale Exercise	August 2, 2024	Polaris Point/GMHA



GUAM MEMORIAL HOSPITAL AUTHORITY  
REVIEW AND ENDORSEMENT CERTIFICATION

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

<input type="checkbox"/>	Bylaws	Submitted by Department/Committee: Planning Department
<input type="checkbox"/>	Rules and Regulations	Policy No.:
<input type="checkbox"/>	Policies & Procedures	
<input checked="" type="checkbox"/>	Other: Reports	<p style="text-align: center;">Guam Memorial Hospital Authority Health Care Provider After Action Report/Improvement Plan (AAR/IP)</p> <p style="text-align: center;">2024 RADIATION INCIDENT - MASS CASUALTY Community-Wide Full-Scale Exercise/Event (FSE) - SNF</p>

Reviewed/Endorsed	Date	Signature
	9/17/2024	
Title		Therese Paula Pelayo, Hospital Planning Supervisor Emergency Preparedness Director
Reviewed/Endorsed	Date	Signature
		
Title		Rivaldy Ugade, MAO Chairperson, Environment of Care Committee
Reviewed/Endorsed	Date	Signature
	10/27/24	 as Vice Chair person
Title		Dr. Jeffrey Shay, MD Chairperson, Medical Executive Committee
Reviewed/Endorsed	Date	Signature
	9/23/2024	
Title		Lillian Perez-Posadas, MN,RN Hospital Administrator/CEO, Chairperson, Executive Management Council
Reviewed/Endorsed	Date	Signature
	5 DEC 2024	 T. Obispo
Title		Therese Obispo Board of Trustee
Reviewed/Endorsed	Date	Signature
	11/26/24	
Title		Quality & Safety Subcommittee Antoinette Kleiner Chairperson

\*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

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**Guam Memorial Hospital Authority**

**Health Care Provider  
After Action Report/Improvement Plan (AAR/IP)**

**2024 RADIATION INCIDENT - MASS CASUALTY  
Community-Wide Full-Scale Exercise/Event (FSE)**

Prepared by  
Planning Department

Prepared for

**SKILLED NURSING FACILITY (SNF)**

Event Date:  
August 2, 2024

Report Date:  
September 5, 2024

**Health Care Provider After Action Report/Improvement Plan (AAR/IP)**

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**Health Care Provider After Action Report/Improvement Plan (AAR/IP)****ADMINISTRATIVE HANDLING INSTRUCTIONS**

1. Title: Guam Memorial Hospital Authority (GMHA) Health Care Provider After Action Report/Improvement Plan (AAR/IP) RADIOLOGICAL MASS CASUALTY Community-Wide Full-Scale Exercise/Event (FSE)
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## Health Care Provider After Action Report/Improvement Plan (AAR/IP)

### INTRODUCTION

The Full Scale Exercise (FSE) conducted on August 2, 2024, was designed to evaluate the effectiveness of our emergency response procedures in the event of a radiological mass casualty incident. This report provides an overview of the exercise, highlights strengths and areas for improvement, and outlines an Improvement Plan (IP) to address identified gaps.

The FSE was a collaborative effort led by the Naval Base, in which our hospital actively participated. The exercise was designed to simulate a radiological mass casualty incident, testing the emergency response capabilities of our hospital and associated agencies. The scenario involved a simulated collision between a military vehicle carrying radiological materials, a van and a tour bus, resulting in multiple casualties with varying levels of radiological exposure and injuries. Key participants included personnel from emergency management and support team, Radiology, Nursing, Medical, Safety/Security, Information & Communication Technology (ICT), Skilled Nursing Unit (SNU), and external partners such as members of the Healthcare Preparedness Program (HPP).

The primary objectives of the GMHA were to evaluate the activation and implementation of the emergency operations plan, assess decontamination procedures for affected individuals, validate the triage process and medical treatment of casualties, test the effectiveness of communication systems, and determine the hospital's capacity to manage a surge of casualties while maintaining standard operations. Observers and evaluators monitored the exercise, documenting actions and decisions to identify strengths and areas for improvement. This collaborative exercise provided a comprehensive assessment of GMHA's preparedness for a radiological mass casualty event, highlighting both effective practices and opportunities for enhancement in our emergency response framework.

### SECTION 1: EXERCISE OVERVIEW

**Exercise/Event Name:** Radiation Incident – Mass Casualty FSE

**Exercise/Event Start Date:** August 2, 2024

**Exercise/Event End Date:** August 2, 2024

**Duration:** One (1) day

**Focus Area(s):** Protection and Response

**Type of Exercise/Event Completed:**

*Discussion-Based Exercise*

Seminar    Workshop    Tabletop    Games

*Operations-Based Exercise*

Drill    Full-Scale Exercise    Functional Exercise

*Emergency Event*

Event

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### 1. Planning

The Emergency Management Plan (EMP), which received approval in November 2022, implements a structured program designed to effectively manage mitigation, preparation, response, and recovery related to various disasters and emergencies. This comprehensive "all hazards" approach ensures that we are well equipped to address a broad spectrum of emergencies that may affect the healthcare environment at the GMHA, encompassing both Guam Memorial Hospital (GMH) and the Skilled Nursing Facility/Alternate Care Site (SNF/ACS). Emergency Operation Plans (EOPs), including the Mass Casualty Plan (MCP) and the Chemical, Biological, Radiological, Nuclear, and Explosives/Weapons of Mass Destruction (CBRNE/WMD) Plan, are key components of GMHA's Emergency Preparedness Manual. These plans are activated when a disaster or emergency is recognized or deemed likely to occur.

### 2. Communications

The emergency management communications protocols at GMHA emphasize the protection of communication equipment and systems, such as radios and telephones, during emergencies to avert misuse or overload. Communications during emergencies are restricted to essential messages relevant to each incident. These messages are transmitted through the appropriate leaders within the Hospital Incident Command Structure (HICS), including the Incident Commander, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief, who are stationed in various areas of the Hospital Command Center or other operational departments. The Operator Supervisor aids Command Center personnel and maintains an electronic Emergency Events Logbook at the Hospital. All significant events and communications are documented in the Logbook to create a chronological record of the incident or emergency. The Incident Commander at GMHA reviews press releases containing critical information about the occurrence prior to dissemination through the Joint Information Center (JIC) at the Guam Emergency Operations Center (Guam EOC) located at Guam Homeland Security/Office of Civil Defense (GHS/OCD) for public notification.

### 3. Risk Management

GMHA has implemented protocols to effectively restore operational capabilities to pre-emergency levels. Once the immediate emergency is resolved, the Restoration Unit within the Planning Section, in collaboration with departments such as Radiology, Facilities Maintenance, Safety & Security, Infection Control, Information & Communication Technology, Materials Management, Environmental Services, Nursing and Risk Management, conducts a comprehensive assessment of the facility. This assessment ensures that the environment is safe and operational for continued medical care and that the facility is secure for patients, staff, and visitors. Key risk management activities include:

- (a) Documenting damages to GMHA's buildings, grounds, equipment, and supplies (including facilities such as SNU), using photographic and video records, with special attention to areas exposed to radiological materials.
- (b) Engaging radiation safety experts, building inspectors, and structural engineers to evaluate the facility's safety for re-occupancy, particularly ensuring decontaminated areas are free from radiological threats.

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- (c) Conducting thorough assessments of radiological contamination risks to prevent exposure to patients and staff and ensure compliance with safety regulations for water, air, and sewage systems.
- (d) Providing support programs for staff directly affected by radiological exposure or trauma, including crisis counseling, flexible work hours, medical evaluations, and decontamination protocols.
- (e) Safeguarding the facility by securing areas with potential contamination and ensuring proper disposal of radioactive waste.
- (f) Restoring internal and external communication systems to coordinate emergency operations and ensure connectivity with local emergency services and radiation authorities.
- (g) Assessing inventories of damaged equipment and supplies, documenting any radioactive contamination, and preparing insurance claims with photographic and video evidence.
- (h) Informing the community and media about service disruptions, safety updates, and alternative service locations in the event of an evacuation due to radiological hazards.
- (i) Notifying GMHA's insurance agent and engaging a third-party expert to prepare and manage insurance claims related to facility damage.
- (j) Safeguarding electronic and physical records to ensure confidentiality and data integrity, restoring any lost information from secure backups.
- (k) Maintaining detailed records of all recovery actions, including contamination control, decontamination efforts, and staff safety procedures throughout the recovery process.
- (l) Maintaining and assuring all utilities, relative and essential systems are operational and maintained operational.

### 4. Community Preparedness & Participation

#### Management of Patients/Residents during Emergencies:

In the event of an EOP activation, standard admission procedures and family visitation are suspended. Admissions to GMHA are prioritized for patients requiring acute care and skilled nursing facility resident care in order to save lives. Outpatient services are limited to individuals in urgent need of medical attention. All non-essential admissions, procedures, and discharges are postponed, and patients may need to be transferred to other facilities to accommodate emergency cases. Specific guidelines regarding patient registration during emergencies can be found in the Emergency Management - Admission Policy and Registration.

### 5. Intelligence & Information Sharing & Dissemination

Data collection and analysis are crucial for conducting risk assessments related to potential threats and hazards. Various resources are available for information gathering, including local and federal law enforcement agencies, the Federal Bureau of investigation (FBI), the GHS/OCD, the Centers for Disease control and Prevention (CDC), the National Weather Service (NWS), the

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Fusion Center, and other relevant investigative entities. Briefings are conducted internally within the HICS and externally with GHS/OCD. Sharing and dissemination of intelligence and information also occur during department/unit meetings, commonly referred to as huddles, throughout emergency response operations.

### ANALYSIS OF CAPABILITIES

#### Guam Homeland Security / Office of Civil Defense

- (a) Coordination and Support: Facilitate and oversee emergency response and recovery objectives for radiological mass casualty incidents, ensuring the efficient evacuation of affected individuals and the timely provision of essential response equipment and services to the impacted areas.
- (b) Unified Command Structure: Develop and uphold a unified command structure and operational process that effectively incorporates all key stakeholders during radiological mass casualty incidents.
- (c) Evaluation and Leadership: Direct the assessment of overall emergency response and recovery efforts related to the radiological incident, with a focus on decontamination protocols, medical assistance, public safety, critical infrastructure, and the tourism sector.

#### Guam Memorial Hospital Authority

- (a) Medical Response and Triage: Organize and implement medical response activities, focusing on the triage and treatment of individuals affected by radiological exposure, while ensuring the delivery of prompt and effective medical care.
- (b) Decontamination Procedures: Develop and oversee decontamination protocols to reduce radiation exposure and contamination, prioritizing the safety of patients, staff, and facility operations.
- (c) Patient Management and Capacity: Manage patient care effectively, including the distribution of resources and bed assignments, to accommodate an influx of casualties while sustaining normal hospital functions.
- (d) Communication and Coordination: Ensure open and effective communication with both internal departments and external stakeholders to facilitate a coordinated response to the radiological mass casualty incident.
- (e) Evaluation and Improvement: Engage in the assessment of emergency response efforts, recognizing strengths and identifying opportunities for improvement to bolster future preparedness and response capabilities.



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### SECTION 2: EXERCISE/EVENT DESIGN SUMMARY

#### Exercise Purpose

The primary objective of the FSE was to assess and enhance the GMHA preparedness and response capabilities for a radiological mass casualty incident. The exercise sought to evaluate the effectiveness of GMHA's EOP, with a focus on the MCP and the CBRNE/WMD Plan, within a simulated scenario involving radiological exposure. Key goals included assessing coordination and communication among internal and external stakeholders, evaluating the decontamination and triage procedures, and verifying the hospital's capacity to manage a surge in casualties while maintaining critical operations.

#### Exercise Design

The FSE was structured to simulate a high-impact radiological incident, rigorously testing GMHA's emergency response mechanisms. The exercise scenario involved a simulated collision between a military vehicle transporting radiological materials, a van and a tour bus, resulting in numerous casualties with varying degrees of radiological exposure and injuries.

#### Scenario Details:

**Date:** August 2, 2024

**Location:** Guam Memorial Hospital (GMH) and Skilled Nursing Facility/Alternate Care Site (SNF/ACS)

**Incident:** Collision between a military vehicle carrying radiological materials, a van and a tour bus

#### Participating Organizations:

- U.S. Navy
- Guam Department of Homeland Security/Office of Civil Defense
- Guam Environmental Protection Agency
- Guam Fire Department
  - Hazardous Materials Response Team
  - Emergency Medical Services
- Guam Police Department
- Guam National Guard 94<sup>th</sup> Civil Support Team
- Guam Regional Medical City

#### Key Components:

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**Activation and Implementation:** Evaluation of GMHA's capability to activate and implement the Emergency Management Plan in response to the simulated radiological incident.

**Decontamination Procedures:** Assessment of the effectiveness and efficiency of decontamination processes for affected individuals.

**Triage and Treatment:** Validation of the triage process and medical treatment protocols for managing casualties with varying levels of exposure and injury.

**Communication Systems:** Testing the effectiveness of internal and external communication systems and protocols during the incident.

**Surge Capacity:** Assessment of the hospital's ability to manage a large influx of casualties while sustaining standard operations and patient care.

### **Evaluation:**

Observers and evaluators documented actions, decisions, and coordination efforts throughout the exercise to identify strengths, challenges, and opportunities for improvement. The feedback gathered will be utilized to refine and enhance GMHA's emergency response framework and overall preparedness for radiological mass casualty events.

This comprehensive design ensured that all critical aspects of the emergency response were thoroughly tested and evaluated, providing valuable insights into GMHA's readiness for actual radiological incidents.

## **OBJECTIVES AND CAPABILITIES**

### **Coordination and Communication Capabilities:**

**Objective No. 1 – Effective Coordination:** Ensure efficient coordination and communication among all response teams and agencies involved in the incident

- **Activate GMHA's Mass Casualty Plan:** Begin the processes specified in the Mass Casualty Plan to address the immediate needs arising from the incident.
- **Deploy GMHA's Command Center and Emergency Support Function 8 Coordinators:** Set up and activate the Command Center to oversee and manage the response efforts, with Emergency Support Function 8 Coordinators leading the coordination of health and medical services.
- **Establish GMHA's Hospital Incident Command Structure:** Implement the Hospital Incident Command Structure (HICS) to facilitate effective command, control, and communication among GMHA's Hospital and Skilled Nursing Facility, the Guam Emergency Operations Center, and other key health and medical stakeholders, including Alternate Care Sites such as GRMC, USNH, EMS, DPHSS, and GBHWC.

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### Operational Coordination Capabilities:

Objective No. 2 – Timely Decision-Making: Facilitate timely decision-making based on real-time information and situational assessments.

- **Gather and Verify Information:** Collect real-time data from on-site reports and external resources.
- **Assess Situation:** Evaluate the information to comprehend the status of the incident and its requirements.
- **Update Command Center:** Ensure that the Command Center and HICS are informed with the most recent situational assessments.
- **Prioritize and Implement Actions:** Make informed decisions and execute actions based on the assessment to address urgent needs.
- **Communicate and Document:** Clearly convey decisions to all relevant teams and document the rationale for future reference.

### Logistics and Supply Chain Management Capabilities:

Objective No. 3 – Resource Management: Manage and allocate resources (personnel, equipment, supplies) effectively to meet the demands of the incident.

- **Inventory Assessment:** Conduct a rapid assessment of available resources, including personnel, equipment, and supplies, to determine status and identify immediate needs.
- **Resource Allocation Plan:** Develop and implement a resource allocation plan that prioritizes the distribution of resources based on the severity and urgency of needs.
- **Personnel Deployment:** Assign and deploy personnel to critical areas based on the resource allocation plan, ensuring that all essential functions are covered.
- **Continuous Monitoring:** Regularly monitor resource utilization and availability, making adjustments as needed to ensure optimal resource management throughout the incident.

### Situational Assessment and Information Sharing Capabilities:

Objective No. 4 – Information Management: Collect, analyze, and disseminate accurate and relevant information to all stakeholders involved in the response effort.

- **Information Collection:** Establish mechanisms for gathering information from multiple sources, including field reports, surveillance systems, and communication with external agencies.
- **Data Analysis:** Analyze the collected information to identify trends, assess the situation, and determine immediate and future needs.

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- **Information Dissemination:** Develop and implement a process for timely distribution of accurate and relevant information to all stakeholders, ensuring that everyone has access to critical updates.
- **Communication Channels:** Utilize multiple communication channels to ensure information reaches all intended recipients effectively.

### Public Health and Medical Services Capabilities:

Objective No. 5 – Safety and Security: Ensure the safety and security of personnel, patients, and the public during the incident response.

- **Establish Safety Protocols:** Implement safety protocols and procedures to protect personnel, patients, and the public from potential hazards associated with the incident.
- **Secure the Incident Area:** Deploy security personnel to control access to the incident area, preventing unauthorized entry and maintaining order.
- **Monitor and Assess Threats:** Continuously monitor and assess potential safety and security threats to adjust protective measures as necessary.
- **Provide Safety Equipment:** Ensure the availability and proper use of safety equipment, such as personal protective equipment (PPE), to minimize exposure to risks.
- **Communicate Safety Information:** Regularly communicate safety and security information to all involved parties, including instructions, alerts, and updates on the situation.

### Command and Control Capabilities:

Objective No. 6 – Command Structure: Establish and maintain a clear command structure with defined roles and responsibilities for all personnel in the ICC.

- **Activate the Command Structure:** Implement the Hospital Incident Command System (HICS) to establish a clear command hierarchy and define roles and responsibilities for all personnel involved.
- **Assign Key Positions:** Designate personnel to key positions within the ICC, including Incident Commander, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.
- **Facilitate Coordination and Communication:** Ensure effective communication and coordination among the command staff and between the ICC and other departments or agencies involved in the response.
- **Review and Adjust as Needed:** Continuously review and assess the command structure's effectiveness, making adjustments as necessary to address any identified gaps or issues.

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### Incident Documentation and Reporting Capabilities:

Objective No. 7 – Documentation and Reporting: Maintain accurate documentation of incident activities, actions taken, and outcomes for post-incident analysis and reporting.

- **Establish Documentation Protocols:** Set up clear procedures for recording all incident-related activities and decisions.
- **Assign Documentation Roles:** Designate personnel responsible for maintaining accurate and detailed records throughout the incident.
- **Utilize Standardized Forms:** Ensure the use of standardized forms and templates for consistency in documentation.
- **Post-Incident Analysis:** Compile and analyze all documentation to evaluate the effectiveness of the response and identify areas for improvement.

### After-Action Review and Improvement Planning Capabilities:

Objective No. 8 – Continuous Improvement: Identify areas for improvement in incident response procedures, communication protocols, resource allocation, and coordination mechanisms.

- **Conduct a Thorough After-Action Review (AAR):** Gather all relevant data and feedback from the incident response to evaluate performance against objectives and identify strengths and weaknesses.
- **Analyze Response Performance:** Review incident logs, reports, and observations to assess how well response procedures, communication protocols, and resource allocation were managed.
- **Engage Stakeholders in Feedback Sessions:** Solicit input from all involved parties, including response teams and external partners, to gain diverse perspectives on what worked well and what needs improvement.
- **Develop Improvement Recommendations:** Based on the analysis and feedback, create actionable recommendations for enhancing incident response procedures, coordination mechanisms, and overall effectiveness.
- **Update Plans and Procedures:** Revise and improve emergency response plans, training programs, and communication protocols to address identified gaps and integrate lessons learned.

### Interagency Coordination and Integration Capabilities:

Objective No. 9 – Interagency Collaboration: Foster collaboration and cooperation among different agencies, including healthcare, emergency services, law enforcement, and public health.

- **Activate Interagency Liaison Roles:** Designate and deploy liaison officers from each agency to facilitate on-the-ground coordination and real-time problem-solving.

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- **Establish Communication Channels:** Set up and maintain effective communication channels between agencies to enable real-time information sharing and coordination.
- **Facilitate Real-Time Information Sharing:** Ensure that critical information and situational updates are shared in real-time among all agencies through established communication channels, ensuring all parties have the latest information.
- **Monitor and Address Coordination Challenges:** Continuously monitor the effectiveness of interagency collaboration and promptly address any coordination issues or conflicts that arise.
- **Implement Joint Resource Allocation:** Coordinate the distribution of resources such as personnel, equipment, and supplies across agencies to optimize their use and support overall incident response.
- **Evaluate Interagency Cooperation:** Assess the effectiveness of collaboration efforts during and after the incident, identifying any barriers or successes to improve future interagency interactions.

### Public Information Capabilities:

Objective No. 10 – Public Information: Manage public information and media relations to ensure accurate and timely dissemination of information to the public and media outlets.

- **Designate a Public Information Officer (PIO):** Appoint a PIO to serve as the primary contact for all media inquiries and public information dissemination during the incident.
- **Develop and Distribute Key Messages:** Create clear, accurate, and consistent key messages that address the current situation, response actions, and safety guidelines, and distribute these through press releases and public announcements.
- **Coordinate with the Joint Information Center (JIC):** Work with the JIC and other relevant agencies to align public information strategies, ensure consistent messaging, and manage the flow of information to the public.

### SCENARIO SUMMARY

On August 2, 2024, at 0900 hours, a simulated radiological mass casualty incident was carried out as part of a Full-Scale Exercise (FSE). The scenario involved a collision between a military vehicle transporting radiological materials, a van, and two (2) tour buses, which resulted in multiple casualties.

At 0945 hours, Emergency Medical Services (EMS) transported the first patient to the Emergency Department (ED) of GMHA. The patient arrived, accompanied by a naval officer who was a subject matter expert on the radiological materials involved in the incident. The naval officer conducted a radiological screening and confirmed that the patient had not been exposed to radiation.

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At 0950 hours, EMS communicated to the ED that an additional 30 patients were in route from the radiological incident. The hospital administrator was notified promptly, and the Mass Casualty Plan was activated.

In total, 33 patients were evaluated and treated as a result of this incident.

### Response & Recovery of Sequence of Events

**On August 2, 2024 at 0941 hours**, a simulated call from EMS was received by ED notifying them of a pregnant woman in her second trimester is being transported to GMH with a head injury and abdominal pain after a vehicular accident. Patient arrived at 0950 hours with a naval officer escort notifying ED staff that patient was involved in a radiation incident and no radiation exposure was detected.

- At 0950 hours, another simulated call from EMS was received by ED to inform them of approximately 30 patients involved in a multiple-vehicle incident involving radioactive material. ED promptly notified Lillian Perez-Posadas, Hospital Administrator.
- At 1000 hours, Planning Department has been informed that the Mass Casualty Plan will be activated. In response, the Planning Department has initiated the Hospital Incident Command in the Daniel Webb Conference Room (Boardroom).
- At 1003 hours, the Communication Center announced a “Dr. Redwood” (Mass Casualty Event) Category III through the overhead, and all relevant personnel were notified via cellular phones.
- At 1008 hours, Laboratory has submitted the blood count report to Incident Command.
- At 1010 hours, ICT team has reported to Incident Command to facilitate the setup of computers and telephones.
- At 1014 hours, trauma stations and intermediate stations have been established, and the Medical Records and Patient Registration teams have arrived at the ED.
- At 1021 hours, Incident Command has requested that all departments submit their Mass Casualty Checklists, as announced through the overhead announcement.
- At 1023 hours, first mass casualty patient has arrived at the ED.
- At 1025 hours, all elevators have been designated for use by mass casualty patients only.
- At 1030 hours, a simulated parent of a patient involved in the mass casualty event arrived at the GMHA main entrance, accompanied by 20 other family members. Security informed them that entry was not permitted and that they would need to wait outside.
- At 1032 hours, a simulated media inquiry was received by the Public Information Officer (PIO).
- At 1037 hours, The Incident Commander received a communication from the (simulated) parent regarding an issue where security had denied her access to her minor child. In

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response, Incident Commander instructed Security to direct family members to the Family Reunification area on the fourth floor.

- At 1047 hours, all internal physicians have been requested to report to ED.
- At 1155 hours, Nursing coordinated a simulated transfer of three patients to the SNF. Additionally, three rooms were prepared and made available for the incoming patients.
- At 1203 hours, Dr. Clearwater was announced overhead.
- At 1300 hours, a debriefing session regarding the FSE was conducted with leadership and staff.



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**SECTION 3: IMPROVEMENT PLAN**

This Improvement Plan (IP) has been developed specifically for GMHA to address necessary improvements based on the summarized information within this AAR. The AAR's findings are derived from incident feedback, evaluation reports, and feedback from the hotwash following the radiation incident mass casualty event. This IP aims to enhance GMHA's response plans to ensure a more effective and efficient response to future radiological emergencies.

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Coordination & Communication Capabilities	<p>(a) Clearly define and distinguish roles within the Incident Command System.</p> <p>(b) Clarify and streamline the Dr. Redwood announcement workflow.</p>	<p>(a) Role-Specific Training: Conduct targeted training sessions for all staff involved in the Incident Command System (ICS) to ensure they understand their specific roles, responsibilities, and authority levels within the ICS framework.</p> <p>(b) Standardized Protocol Development: Develop a standardized protocol for the Dr. Redwood announcement, clearly outlining the steps, communication channels, and personnel involved in initiating and disseminating the announcement.</p>	<p>(a) Planning Department</p> <p>(b) Information &amp; Communication Technology Department</p>		
Operational Coordination Capabilities	<p>(a) Improve and maintain communication systems, including phone lines, computers, and backup radios.</p>	<p>(a) Redundant Communication Channels: Implement and regularly test redundant communication channels, ensuring that backup systems, such as radios and secondary phone lines, are readily available and operational in the event of primary system failures.</p>	<p>(a) Information &amp; Communication Technology Department</p>		

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<p>Logistics and Supply Chain Management Capabilities</p>	<p>(a) Establish a recurring inventory system for emergency items.</p>	<p>(a) Integrate Inventory with Emergency Planning: Align the inventory system with the hospital's overall emergency preparedness plans, ensuring that the availability and readiness of emergency items are regularly reviewed and updated as part of broader disaster planning efforts.</p>	<p>(a) Planning Department &amp; Materials Management Department</p>		
<p>Situational Assessment and Information Sharing Capabilities</p>	<p>(a) Enhance protocols for efficient information sharing during emergencies.</p>	<p>(a) Develop Standardized Communication Protocols: Create clear, standardized communication protocols that outline the specific steps for sharing information during emergencies. These protocols should include designated communication channels, reporting hierarchies, and procedures for disseminating critical information quickly and accurately.</p>	<p>(a) EOC</p>		
<p>Public Health and Medical Services Capabilities</p>	<p>(a) Enhance training for clinical staff on Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) protocols.  (b) Institute regular health screenings and monitoring for decontamination staff.</p>	<p>(a) Develop and Implement a Comprehensive CBRNE Training Program: Establish a mandatory, recurring training program specifically focused on CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) protocols for all clinical staff.  (b) Establish a Routine Health Surveillance Program for Decontamination Staff: Implement a comprehensive health surveillance program that includes scheduled health screenings, exposure</p>	<p>(a) Nursing Division (b) Employee Health (c) DECON Lead (d) EOC</p>		

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	<p>(c) Develop and train patients on self-decontamination procedures to limit radiation exposure.</p> <p>(d) Provide comprehensive crisis communication training for all relevant personnel.</p>	<p>monitoring, health evaluations following the incident, and training to recognize early symptoms.</p> <p>(c) Develop a Patient Self-Decontamination Program: Create a training program that includes clear instructional materials and sessions to teach patients self-decontamination procedures for limiting radiation exposure. Provide both in-person and digital training, using visual aids and practice drills to ensure patients understand and can effectively perform the procedures.</p> <p>(d) Implement Comprehensive Crisis Communication Training: Create a detailed training program for all relevant personnel on effective crisis communication, covering message development, media interaction, and internal protocols.</p>			
<p>Incident documentation and Reporting Capabilities</p>	<p>(a) Ensure all casualty slips contain complete and accurate patient information.</p> <p>(b) Standardize and ensure proper tagging of patients during the FSE.</p>	<p>(a) Implement a Verification System for Casualty Slips: Develop a checklist and review process to ensure casualty slips have complete and accurate patient information. Conduct regular audits, provide staff training, and establish guidelines for updating and verifying data.</p> <p>(b) Develop and Enforce Standardized Patient Tagging Procedures: Create and implement clear guidelines for patient tagging during Full Scale Exercises</p>	<p>(a) Nursing Division/Medical Records</p> <p>(b) Nursing Division/Medical Records</p>		

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		(FSE), ensure staff training, and establish a verification system.		
After-Action Review and Improvement Planning Capabilities	<p>(a) Improve patient management, flow, and staging procedures during emergencies.</p> <p>(b) Review, update, and consolidate department policies related to emergency preparedness</p> <p>(c) Develop and implement robust IT procedures for emergency scenarios.</p>	<p>(a) Establish a Comprehensive Patient Flow Protocol: Develop and implement a detailed patient management and flow protocol that includes clear procedures for patient triage, staging areas, and movement within the facility during emergencies. This protocol should define specific roles and responsibilities, outline step-by-step procedures, and incorporate simulations to practice and refine these processes.</p> <p>(b) Conduct a Policy Review and Consolidation Process: Initiate a thorough review of all department policies related to emergency preparedness, identifying overlaps, gaps, and inconsistencies. Update and consolidate these policies into a cohesive framework that aligns with current best practices and regulatory requirements. Distribute the revised policies to all relevant staff, and provide continuous and on-going training to ensure understanding and compliance.</p> <p>(c) Develop Standard Operating Procedures (SOPs) for Emergency Communication Protocols: Create detailed SOPs that incorporate a comprehensive checklist for establishing and managing communication protocols during</p>	<p>(a) EOC</p> <p>(b) Planning Department &amp; EOC</p> <p>(c) Information &amp; Communication Technology Department</p> <p>(d) Planning Department</p>	

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	<p>(d) Improve planning and scripting for actors involved in exercise scenarios.</p>	<p>emergencies. Ensure the SOPs cover all aspects of setup, including equipment checks, communication channels, and contact lists. Provide targeted training for IT staff and relevant personnel on these procedures, emphasizing their roles in ensuring system readiness and a swift response during emergencies.</p> <p>(d) Create a Comprehensive Pre-Planning Checklist: Develop a detailed pre-planning checklist that includes steps for training actors and volunteers on their specific roles and responsibilities. Ensure the checklist covers the preparation of role-specific scripts, briefing materials, and rehearsal schedules.</p>			
<p><b>Public Information Capabilities</b></p>	<p>(a) Revise and Implement Information Sharing Protocols with a Mass Casualty Checklist</p>	<p>(a) Update and Implement Information Sharing Protocols: Revise protocols to include a Mass Casualty Checklist with clear steps for coordination and information dissemination.</p>	<p>(a) Public Information Officer</p>		

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**APPENDIX A: GMHA EXERCISE EVENTS SUMMARY TABLE**

<b>Event</b>	<b>Date</b>	<b>Location</b>
Initial Planning Meeting - HAZMAT/DECON Meeting	March 21, 2024	Boardroom
Initial FSE Key Personnel Meeting	April 18, 2024	Boardroom
Patient Scenario Creation	April 20, 2024	Planning Department
Mid Planning Conference	May 14, 2024	Dusit Beach
FSE EOC Brief	May 14, 2024	Boardroom, EOC Meeting
Final Planning Conference	June 21, 2024	Dusit Beach
Participants Brief	July 2, 2024	Zoom
Evaluators Brief	July 10, 2024	Zoom
Table Top Exercise	July 16, 2024	Education Classroom
Full Scale Exercise	August 2, 2024	GMHA
FSE Debriefing	August 2, 2024	Boardroom/Zoom
FSE Hotwash	August 22, 2024	Boardroom/Zoom

**Health Care Provider After Action Report/Improvement Plan (AAR/IP)**

**APPENDIX B: NAVAL BASE EXERCISE EVENTS SUMMARY TABLE**

GMHA actively participated in all events outlined in the Naval Base Exercise, contributing to each phase of the response and demonstrating preparedness in collaboration with other agencies. This involvement reflects GMHA's commitment to ensuring effective coordination and readiness during emergency scenarios.

<b>Event</b>	<b>Date</b>	<b>Location</b>
Initial Planning Conference	April 3, 2024	EOC
USS Frank Cable Training	May 10, 2024	USS Frank Cable
Mid Planning conference	May 14, 2024	Dusit Beach
First Responder Training – OCD/RACs	May 14, 2024	Dusit Beach
GMHA Hospital Tour	May 17, 2024	GMHA
GRMC/GMHA Hospital Training	May 21, 2024	Dusit Beach
GRMC Hospital Tour	May 29, 2024	GRMC
US Naval Hospital Tour and CIP Demonstration	June 3, 2024	US Naval Hospital Guam
Table Top Exercise	June 7, 2024	Dusit Beach
JIC Training	June 10, 2024	EOC
Final Planning conference	June 21, 2024	Dusit Beach
Functional exercise	June 27, 2024	Polaris Point
Full Scale Exercise	August 2, 2024	Polaris Point/GMHA



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



December 05, 2024

**VIA ELECTRONIC MAIL**

Honorable Lourdes A. Leon Guerrero

*I Maga'hågan Guåhan*

Ricardo J. Bordallo Governor's Complex

Adelup, GU 96910

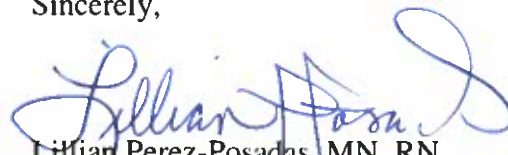
RE: Reporting Requirements for Boards and Commissions

Dear Governor Leon Guerrero:

To comply with Ch. 8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, the GMHA hereby submits the materials presented and discussed at the November 26, 2024 Meeting of the GMHA Board of Trustees.

Please contact Janet U. Mandapat, Administrative Assistant at (671) 647-2367 or by email at [janet.mandapat@gmha.org](mailto:janet.mandapat@gmha.org) for any questions or clarifications.

Sincerely,



Lillian Perez-Posadas, MN, RN  
Hospital Administrator/CEO





# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



December 04, 2024

**VIA ELECTRONIC MAIL**

Benjamin J.F. Cruz  
*Public Auditor*  
Office of Public Accountability  
Suite 401 DNA Building  
238 Archbishop Flores Street  
Hagåtña, GU 96910

RE: Reporting Requirements for Boards and Commissions

Dear Mr. Cruz:

To comply with Ch. 8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, the GMHA hereby submits the recording for the November 26, 2024 GMHA Board of Trustees Meeting via Google Drive as guided by your office.

Please contact Janet U. Mandapat, Administrative Assistant at (671) 647-2367 or by email at [janet.mandapat@gmha.org](mailto:janet.mandapat@gmha.org) for any questions or clarifications.

Sincerely,

Lillian Perez-Poşadas, RN, MN  
Hospital Administrator/CEO

12-4-24  
Vt. [Handwritten signature]



# GUAM MEMORIAL HOSPITAL AUTHORITY

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850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



December 05, 2024

**VIA ELECTRONIC MAIL**

Honorable Therese M. Terlaje

*Speaker of I Mina'trentai Siette Na Liheslaturan Guåhan*

163 Chalan Santo Papa

Hagåtña, GU 96910


RE: Reporting Requirements for Boards and Commissions

Dear Speaker Terlaje:

To comply with Ch. 8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, the GMHA hereby submits the materials presented and discussed at the November 26, 2024 Meeting of the GMHA Board of Trustees.

Please contact Janet U. Mandapat, Administrative Assistant at (671) 647-2367 or by email at [janet.mandapat@gmha.org](mailto:janet.mandapat@gmha.org) for any questions or clarifications.

Sincerely,

  
Lillian Perez-Posadas, MN, RN  
Hospital Administrator/CEO