

# MEETING IN PROGRESS

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## **GMHA Board of Trustees**



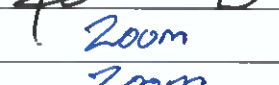

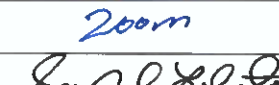
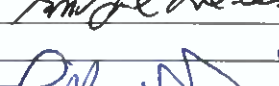
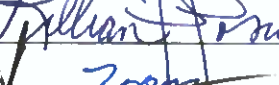
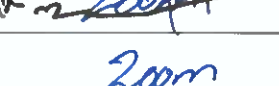
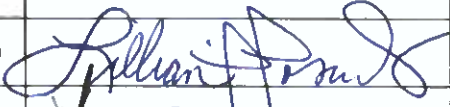


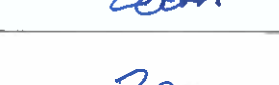





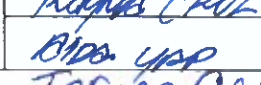
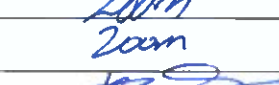




Wednesday, October 30, 2024 | 5:00 p.m.

Zoom Video Conference

# GMHA Board of Trustees Meeting

## ATTENDANCE SHEET

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

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

# GMHA Board of Trustees Meeting

## ATTENDANCE SHEET

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

	NAME:	TITLE:	SIGNATURE:
Guest (s)	<i>Cindy Hanson</i>		<i>Zoom</i>
	<i>Super Teresa</i>		<i>Zoom</i>
	<i>FMJ</i>		<i>Zoom</i>
	<i>Olivia Palacios</i>		<i>Zoom</i>
	<i>PATY CORRALO</i>		<i>Zoom</i>
	<i>YUANES CAJAL</i>		<i>Zoom</i>
			<i>Zoom</i>

*Patricia Corralo*

*Zoom*

*Zoom*  
*Zoom*  
*Zoom*

*Zoom*  
*Zoom*  
*Zoom*

*Zoom*

*Zoom*

# AGENDA

## Guam Memorial Hospital Authority – Board of Trustees Meeting

October 30, 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, October 23, 2024 B. Publication, October 28, 2024 C. GovGuam Notices Portal & Website Posting	
<b>III. Review and Approval of the Minutes</b> A. September 24, 2024	All Trustees
<b>IV. Old Business</b> None	All Trustees
<b>V. New Business</b>	
A. Joint Conference and Professional Affairs	Trustee Dr. Um
1. Res. 2025-01, Relative to the Reappointment of Active Associate Medical Staff Privileges	
2. Res. 2025-02, Relative to the Appointment of Active Associate Medical Staff Privileges	
3. Res. 2025-03, Relative to the Appointment of Provisional Medical Staff Privileges	
4. CY2023 Strategic Goal: 5 Engage Physicians	
B. Human Resources	Chairperson Obispo
1. Proposed Amendment for Assistant Chief Financial Officer Position	
2. Proposed Creation of Revenue Cycle Management Administrator Position	
3. CY2023 Strategic Goal: 4 Engage the Healthcare Workforce	
C. Facilities, Capital Improvement Projects, and Information Technology	Trustee Davis
1. Annual Evaluations for 2023 - Life Safety, Utilities & Equipment Management Programs	
2. Revised Equipment List for GEDA Tax Credit Program	
3. Critical Infrastructure Projects (\$20M ARPA Funding)	
4. CY2023 Strategic Goal 2: Enhance Infrastructure & Technology	
D. Quality and Safety	Trustee Kleiner
1. Patient Safety Committee Team Charter FY 2025	
2. CY2023 Strategic Goal 3: Transform Healthcare Services	
E. Finance and Audit	Vice-chairperson Aguilar
1. Res. 2024-56, Relative to Approving Ninety-Four (94) New Fees and One Hundred Sixty (160) Fee Schedule Updates	
2. Res. 2025-04, Relative to Approval of Patient Receivable Accounts Batch No. 2025-002	
3. CY2023 Strategic Goal 1: Achieve Financial Viability	
F. Governance, Bylaws, and Strategic Planning	Trustees Dr. Borja, Siliang
1. CY2023 Strategic Goal 6: Engage & Partner with the Community	

Item	Owner
VI. <b>Management's Report</b> A. Above-Step Recruitment Petition for Cindy Hanson	Executive Management
VII. <b>Guam Memorial Hospital Volunteers Association Report</b>	GMHVA President
VIII. <b>Public Comment</b>	
IX. <b>Adjournment</b>	Chairperson Obispo

### LAND FOR CASH

LOOKING TO PURCHASE 1 ACRE OF LAND FOR CASH WITH AN OCEANVIEW. PREFERABLY IN UMATA, MALESSO, OR INALAJAN.

FOR MORE INFORMATION CALL: 671-486-4373 or email [jaebrilliantrealttyguam@gmail.com](mailto:jaebrilliantrealttyguam@gmail.com)

### DETRY PUMPING SERVICE IMMEDIATE JOB OPENINGS

**TRUCK DRIVERS  
GENERAL HELPERS  
DISPATCHER**  
CALL: 671-646-5946

### D&W Construction LLC

New House Construction  
Old Home Renovations  
Garage Expansion  
Painting, Tiling & Cabinetry  
Galvanized Pipe Canopy

**Richard - Manager**  
[deng080115@gmail.com](mailto:deng080115@gmail.com)  
Call or WhatsApp 1-671-998-5555

### VEHICLE FOR SEALED BID "AS IS"

**2022 TOYOTA RAV4  
ND088934  
2023 KIA FORTE  
PE676237**

**UNITED PACIFIC**  
646-8163  
E-MAIL: [imonila@upcaguamandsaipan.com](mailto:imonila@upcaguamandsaipan.com)  
The Seller reserves the right to reject any or all bids.

### CLASSIFIED ADVERTISING ONLY \$14.00 A DAY/COLUMN INCH

Call us at 671.649.1924 or email [sales@postguam.com](mailto:sales@postguam.com) Mon. - Fri. 8:00 am - 5:00 pm

**Citi Development & Construction, Inc. seeks a Mechanical Engineer with Bachelor's degree in Mechanical Engineering; 12 months of experience as a Mechanical Engineer.**

Please send resume to  
**545 Chalan San Antonio, Suite 310, Tamuning, Guam 96913**



### GUAM MEMORIAL HOSPITAL AUTHORITY ATURIDÁT ESPETÁT MIMURIÁT GUÁHÑ



#### Board of Trustees Meeting

Date: Wednesday, October 30, 2024  
Time: 5:00 p.m.  
Meeting will take place via Zoom Video Conferencing  
Meeting ID: 889 2761 9303  
Passcode: 807879

#### AGENDA:

I. Call Meeting to Order and Determination of Quorum; II. Open Government Compliance: A. Publication, October 23, 2024, B. Publication, October 28, 2024, C. GovGuam Notices Portal & Website Posting; III. Approval of the Minutes: A. September 24, 2024; IV. Old Business: None, V. New Business: A. Joint Conference and Professional Affairs: 1. Res. 2025-01, Relative to the Reappointment of Active Associate Medical Staff Privileges; 2. Res. 2025-02, Relative to the Appointment of Active Associate Medical Staff Privileges; 3. Res. 2025-03, Relative to the Appointment of Provisional Medical Staff Privileges; 4. CY2023 Strategic Goal 5: Engage Physicians; B. Human Resources: 1. Proposed Amendment for Assistant Chief Financial Officer Position; 2. Proposed Creation of Revenue Cycle Management Administrator Position; 3. CY2023 Strategic Goal 4: Engage the Healthcare Workforce; C. Facilities, Capital Improvement Projects, and Information Technology: 1. Annual Evaluations for 2023 - Life Safety, Utilities & Equipment Management Programs; 2. Revised Equipment List for GEDA Tax Credit Program; 3. Critical Infrastructure Projects (\$20M ARPA Funding); 4. CY2023 Strategic Goal 2: Enhance Infrastructure & Technology, D. Quality and Safety: 1. Patient Safety Committee Team Charter FY 2025, 2. CY2023 Strategic Goal 3: Transform Healthcare Services, E. Finance and Audit: 1. Res. 2024-56 Relative to Approving Ninety-Four (94) New Fees and One Hundred Sixty (160) Fee Schedule Updates, 2. Res. 2025-04, Relative to the Approval of Patient Receivable Accounts Batch No. 2025-002, 3. CY2023 Strategic Goal 1: Achieve Financial Viability, F. Governance, Bylaws, and Strategic Planning: 1. CY2023 Strategic Goal 6: Engage & Partner with the Community; VI. Management's Report: A. Above-Step Recruitment Petition for Cindy Hanson; VII. Guam Memorial Hospital Volunteers Association Report; VIII. Public Comment; IX. Adjournment

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, FIN  
Hospital Administrator/CEO

This advertisement is paid with government funds by the GMHA.

### Office of the Attorney General Douglas B. Moylan Attorney General of Guam

Family Division  
590 S. Marine Corps Drive, ITC Bldg. • Ste. 706  
Tamuning, Guam 96913 • US  
671-475-2595 • 671-475-3343 (fax)  
[familydivision@agguam.org](mailto:familydivision@agguam.org)

#### IN THE SUPERIOR COURT OF GUAM

IN THE INTEREST OF  
M.P. (DOB: 06/19/2015),  
T.P. (DOB: 03/15/2021),  
D.P. (DOB: 04/16/2023)

Minors.  
Juvenile Case No. JP0124-23

#### SUMMONS

TO: ROSLIN PERKIN, NATURAL MOTHER  
226 CHALAN MATAGUAC, YIGO  
(671) 653-7748

You are hereby summoned to appear in person before the HONORABLE LINDA L. INGLES, at the Judiciary of Guam, Superior Court of Guam, 120 West O'Brien Drive, Hagatna, Guam, for a court hearing on:

**WEDNESDAY, October 30, 2024 AT 10:00 A.M.**  
**YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS CONCERNING THE CHILDREN WHO ARE THE SUBJECT OF THE ABOVE MAY BE TERMINATED BY AWARD OF PERMANENT CUSTODY IF YOU FAIL TO APPEAR ON THE DATE THAT IS SET FORTH IN THIS SUMMONS.**

**YOU MAY BE HELD IN CONTEMPT IF YOU FAIL TO APPEAR ON THE DATE SET FORTH IN THIS SUMMONS.**

Dated: SEPTEMBER 17, 2024

Clerk, Superior Court of Guam  
By: /s/ SARAJ A.T. TERLAJE  
Deputy Clerk

### Office of the Attorney General Douglas B. Moylan Attorney General of Guam

Family Division  
590 S. Marine Corps Drive, ITC Bldg. • Ste. 706  
Tamuning, Guam 96913 • US  
671-475-2595 • 671-475-3343 (fax)  
[familydivision@agguam.org](mailto:familydivision@agguam.org)

#### Attorneys for the People of Guam

#### IN THE SUPERIOR COURT OF GUAM

IN THE INTEREST OF  
K.A.S.N. (DOB: 04/13/2024),  
Minor.

Juvenile Case No. JP0147-24

#### SUMMONS

TO: MANUEL QUITANO, NATURAL FATHER  
UNKNOWN ADDRESS

You are hereby summoned to appear in person before the HONORABLE LINDA L. INGLES, at the Judiciary of Guam, Superior Court of Guam, 120 West O'Brien Drive, Hagatna, Guam, for a court hearing on:

**WEDNESDAY, October 30, 2024 AT 3:00 P.M.**

**YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS CONCERNING THE CHILD WHO IS THE SUBJECT OF THE ABOVE MAY BE TERMINATED BY AWARD OF PERMANENT CUSTODY IF YOU FAIL TO APPEAR ON THE DATE THAT IS SET FORTH IN THIS SUMMONS.**

**YOU MAY BE HELD IN CONTEMPT IF YOU FAIL TO APPEAR ON THE DATE SET FORTH IN THIS SUMMONS.**

Dated: SEPTEMBER 10, 2024

Clerk, Superior Court of Guam  
By: /s/ SHEILA K. CASTRO  
Deputy Clerk



### Dipattamenton Kontribusion yan Adu'ñã DEPARTMENT OF REVENUE AND TAXATION GOVERNMENT OF GUAM Gubetnamenton Guåhñ

P.O. Box 23607 GMF, Guam 96921 • Tel: 635-1840 Fax No.: 633-2643

LOURDES A. LEON GUERRERO, Governor Maga'håga  
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'håhi

MARIE P. LIZAMA, Director  
CRAIG A. CAMACHO, Acting Deputy Director  
Abtoz Sigundo Direktor

### BOARD OF EQUALIZATION

Wednesday, October 30, 2024, 2:00 p.m.  
Meeting will be held virtually

To View, please visit: <https://us06web.zoom.us/j/87099305989>  
Meeting ID: 870 9930 5989

#### AGENDA

- I. Call to Order and Attendance
- II. Notice of Meeting
- III. Approval of Agenda
- IV. Approval of Minutes
  - A. October 30, 2023 Meeting
- V. Old Business
  - A. Update on pending appeals
- VI. New Business
  - A. Certification of the 2024 Real Property Tax Roll
- VII. Public Comments
- VIII. Adjournment

For more information please call (671) 635-1896 or (671) 635-1897

### LAW OFFICE OF FREDERICK J. HORECKY

643 Chalan San Antonio Ste. 102B  
Tamuning, Guam 96913  
Telephone: (671) 646-8274/75  
Facsimile: (671) 646-8403  
Attorney for Petitioner

#### IN THE SUPERIOR COURT OF GUAM IN THE MATTER OF THE ESTATES

OF  
HO NANG KWOK AND YUET  
BING NANCY KWAN KWOK,  
Decedents.

Probate Case No. PR0166-24

#### NOTICE OF HEARING ON PETITION FOR LETTERS OF ADMINISTRATION

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

NOTICE IS HEREBY GIVEN that JANE Y. KWOK has filed a Petition for Letters of Administration upon the Estates of Decedents named above, reference to which Petition is hereby made for further particulars. A hearing on the Petition is set for OCT 30, 2024 at 9:30 a.m., of the said date, in the courtroom of the Superior Court of Guam, Hagåtña, Guam.

DATED this 23th day of September, 2024.

JANICE M. CAMACHO-PEREZ, ESQ.  
Clerk of the Superior Court of Guam  
By: /s/ Pauline I. Untalan  
Chamber/Courtroom Clerk

You may appear in person at the Courtroom of Judge Dana A. Gutierrez, 120 W. O'Brien Drive, Hagåtña, Guam if you truly participate via Zoom by logging onto <https://guamcourts.zoom.us/j/83978740380> and enter the Meeting ID: 839 7874 0380 and Passcode: 189701. For technical assistance, please call (671) 475-3207 line



710 W Marine Corps Dr Suite 203 Bell Tower Plaza Anikest, GU 96910  
<https://tunislanchamorro.guam.gov>  
[tunislanchamorro@gmail.com](mailto:tunislanchamorro@gmail.com)  
 (671) 922-0600

## PUBLIC NOTICE

**Regular Board Meeting Date: October 31, 2024**  
**Time: 12:30PM Place: Zoom**  
**Zoom Meeting Link:**

<https://us02web.zoom.us/j/83878778767?pwd=U1VzbnVkaUJpSTdkO10akkyZlMzoz9>

### TAREHA:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| I. LOTDEN                           | IX. RIPOT I ATMENESTRASION          |
| II. INIFRESI/TINANGA                | X. RIPOT I PROYECTO SIHA            |
| III. INAGANG I MEMBRO SIHA          | XI. RIPOT I KUMITEHAN I NÁ AN LUGÁT |
| IV. KINABÁLES I MEMBRO SIHA         | XII. GINAGAO PARA PINILA'           |
| V. RINIBISA YAN INADÁPTRAN I TAREHA | XIII. NUEBU NA ASUNTO               |
| VI. INADÁPTRAN I FINALOFFAN         | XIV. PRIBILEHUN I PISU              |
| VII. RIPOT I SIKRITARIAN I KUMISION | XV. ANUNSIJO SIHA                   |
| VIII. RIPOT I KUMITEHAN EKSEKUTIBU  | XVI. FINAKPO                        |

For ADA accommodations, please contact Savannah at (671) 922-0600  
 Next Board Meeting: November 14, 2024 at 12:30PM

## THE GUAM PUBLIC UTILITIES COMMISSION NOTICE OF SPECIAL MEETING

NOTICE IS HEREBY GIVEN that the Guam Public Utilities Commission (PUC) will conduct a special business meeting, commencing at 6:30 p.m., on November 5, 2024, 250 Route 4, Suite 101 Hagåtña, Guam.

The following business will be transacted:

### AGENDA

1. Call to Order
2. Approval of Minutes of September 24 and 26, 2024
3. Guam Waterworks Authority
  - GWA Docket No. 24-10: Petition to Approve GWA's Indefinite Delivery/Indefinite Quantity Hydraulic Modeling Services Contract with Brown & Caldwell, Legal Counsel Report, and proposed Order.
  - GWA Docket No. 25-01: Amended Petition to Waive Contract Review Protocols for all Partial CD Procurements and Contracts, ALJ Report, and proposed Order.
  - GWA Docket No. 25-02: Petition for GWA to Procure Design-Build for Supervisory Control and Data Acquisition (SCADA) System Phases 1 and 2, Legal Counsel Report, and proposed Order.
4. Guam Power Authority
  - GPA Docket No. 24-22: Petition of the Guam Power Authority to Approve the Construction of the New Transmission & Distribution Facility, ALJ Report, and proposed Order.
  - GPA Docket No. 24-24: Petition of the Guam Power Authority to Approve the Purchase of the Water System Diesel (WSD) Generators, ALJ Report, and proposed Order.
  - GPA Docket No. 24-25: Petition of the Guam Power Authority to Approve Phase IV Renewable Energy Acquisition Award to KEPCO-EWP Samsung C&T Consortium and Core Tech Solar Energy LLC, for up to 192 MW of Renewable Energy Capacity, ALJ Report, and proposed Order.
  - GPA Docket No. 24-26: Petition to Approve GPA's Revenue-Funded Capital Improvement Project Ceiling Cap for FY2025, Legal Counsel Report, and proposed Order.
  - GPA Docket No. 25-01: Petition of the Guam Power Authority to Approve the Purchase of Water System Diesel Generators, ALJ Report, and proposed Order.
  - GPA Docket No. 25-02: Petition of the Guam Power Authority to Approve Procurement of Services to Design and Build Infrastructure for and Services to Install, Test and Commission Pti Substation T-7 Power Transformer as Part of Replacement Project, ALJ Report, and proposed Order.
  - GPA Docket No. 25-03: Petition of the Guam Power Authority to Approve Award of Contracts to Supply Ultra-Low Sulfur Diesel (ULSD) to Various Power Generating Plant Site Locations, ALJ Report, and proposed Order.

### 5. Administrative Matters

- FY2024 Financial Review
- Resolution 25-01: Commendation
- Resolution 25-02: and Employment Agreement for Administrator-in-Training (MLG)
- Notice of Retirement of current Administrator (LRP) of PUC (for Informational Purpose Only)

### 6. Adjournment

Further information about the meeting may be obtained from the PUC's Administrator Lourdes R. Palomo at 671-472-1907. Those persons who require special accommodations, auxiliary aids, or services to attend the meeting should also contact Mrs. Palomo.

This Notice is paid for by the Guam Public Utilities Commission

## CHAMORRO EQUITIES INC.

### CALL OF ANNUAL MEETING OF STOCKHOLDERS OF CHAMORRO EQUITIES, INC.

#### TO: ALL STOCKHOLDERS

PLEASE TAKE NOTICE that, pursuant to the \$2.02 of the By-laws of CHAMORRO EQUITIES, INC., the Annual Meeting of the Stockholders of Chamorro Equities, Inc., will be held at 10:00 AM on Monday, November 18, 2024, at the principal office of Chamorro Equities, Inc. that is located at 205 OKA Commercial Center, 221 Farenholt Ave., Tamuning, Guam 96913.

Dated this 14th day of October, 2024

/s/ ROBERT V. ULLOA  
 President

## HOUSE FOR RENT

1 BEDROOM, 1 BATHROOM  
 WITH CARPORT & STORAGE  
 LOCATED IN AGANA HEIGHTS  
 CALL 671-777-4138

## VEHICLE FOR SEALED BID "AS IS"

2022 TOYOTA RAV4  
 ND088934  
 2023 KIA FORTE  
 PE676237

UNITED PACIFIC  
 646-8163

E-MAIL: [Imanlia@upcguamandsalpan.com](mailto:Imanlia@upcguamandsalpan.com)  
 The Seller reserves the right to reject any or all bids.

### MCDONALD LAW OFFICE, LLC

173 Aspinall Avenue, Suite 207A  
 Hagåtña, Guam 96910  
 Telephone: (671) 588-8866  
 Facsimile: (671) 472-9676  
 Email: [guam@mcdonaldlaw.com](mailto:guam@mcdonaldlaw.com)

Attorneys for Petitioner  
 Nina Rose S Aquino

IN THE SUPERIOR COURT OF GUAM  
 IN THE MATTER OF THE ESTATE OF  
 PENNY TAITANO MARQUEZ aka  
 PENNY TAITANO,

Deceased,  
 BY  
 NINA ROSE S AQUINO,  
 Petitioner.

PROBATE CASE NO. PRO170-24

NOTICE OF HEARING ON PETITION FOR LETTERS OF ADMINISTRATION AND PROBATE  
 THIS NOTICE IS REQUIRED BY LAW. YOU ARE NOT REQUIRED TO APPEAR IN COURT UNLESS YOU DESIRE.

1. NOTICE IS HEREBY GIVEN that NINA ROSE S. AQUINO has filed a Petition for Letters of Administration and Probate of Estate.
2. A hearing on this Petition is set for NOV 06, 2024 at 9:30 a.m. of the said date, in the courtroom at the Superior Court of Guam, Hagåtña, Guam.

Dated: OCT 10, 2024

JANICE M. CAMACHO-PEREZ, ESQ.  
 Clerk of Court/Superior Court of Guam  
 BY: /s/ Pauline I. Untalan  
 Chamber/Courtroom Clerk

You may appear in person at the Courtroom of Judge Dana K. Guterres, 120W O'Brien Drive, Hagåtña, Guam or you may participate via Zoom by logging into <https://guamcourts.org/zoom> and enter the Meeting ID: 839 7874 0380 and Passcode: 189701. For technical assistance, please call (671) 475-3207 five (5) minutes prior the designated hearing time.

### OLIVER WESTON BORDALLO, ESQ.

502 Agana Bay Condominium  
 182 Tranikilo Street  
 Tamuning, Guam 96913  
 Telephone: (671) 649-4230  
 Telecopier: (671) 649-4231

Petitioner and Attorney for Creditor  
 Family Finance Company, Inc.

IN THE SUPERIOR COURT OF GUAM  
 IN THE MATTER OF THE ESTATE  
 OF  
 JOSE AGUON PANGELINAN,  
 Deceased.

PROBATE CASE NO. PRO004-24

NOTICE OF HEARING ON PETITION FOR LETTERS OF ADMINISTRATION OR FOR LETTERS OF ADMINISTRATION WITH WILL ANNEXED  
 PLEASE TAKE NOTICE that Oliver Weston Bordallo has filed a Petition for Letters of Administration or for Letters of Administration with Will Annexed upon the Estate of Jose Agnon Pangelinan, deceased. A hearing on the said Petition is set for NOV 05, 2024, at 11:00 a.m., in the courtroom of the Superior Court of Guam, Judicial Center, 120 West O'Brien Drive, in Hagåtña, Guam.

All persons having any interest in the above-entitled proceedings are hereby notified to appear at the time and place set for said hearing and show cause, if any they have, why the Petition should not be granted.

Reference is hereby made to the Petition for further particulars.

Dated at Hagåtña, Guam, this AUG 19, 2024.

ZOON INFO:  
 Meeting ID: 752 425 5848  
 Passcode: JARB

CLERK, SUPERIOR COURT OF GUAM  
 By: /s/ Yvonne L Cruz  
 Deputy Clerk



## GUAM MEMORIAL HOSPITAL AUTHORITY ATURIDÁT ESPETÁT MIMURIÁT GUÁHÁN



### Board of Trustees Meeting

Date: Wednesday, October 30, 2024  
 Time: 5:00 p.m.  
 Meeting will take place via Zoom Video Conferencing  
 Meeting ID: 889 2781 9303  
 Passcode: 907879

### AGENDA:

- I. Call Meeting to Order and Determination of Quorum; II. Open Government Compliance: A. Publication, October 23, 2024; B. Publication, October 28, 2024; C. GovGuam Notices Portal & Website Posting; III. Approval of the Minutes: A. September 24, 2024; IV. Old Business: None; V. New Business: A. Joint Conference and Professional Affairs: 1. Res. 2025-01, Relative to the Reappointment of Active Associate Medical Staff Privileges; 2. Res. 2025-02, Relative to the Appointment of Active Associate Medical Staff Privileges; 3. Res. 2025-03, Relative to the Appointment of Provisional Medical Staff Privileges; 4. CY2023 Strategic Goal 5: Engage Physicians; B. Human Resources: 1. Proposed Amendment for Assistant Chief Financial Officer Position; 2. Proposed Creation of Revenue Cycle Management Administrator Position; 3. CY2023 Strategic Goal 4: Engage the Healthcare Workforce; C. Facilities, Capital Improvement Projects, and Information Technology: 1. Annual Evaluations for 2023 - Life Safety, Utilities & Equipment Management Programs; 2. Revised Equipment List for GEDA Tax Credit Program; 3. Critical Infrastructure Projects (\$20M ARPA Funding); 4. CY2023 Strategic Goal 2: Enhance Infrastructure & Technology; D. Quality and Safety: 1. Patient Safety Committee Team Charter FY 2025; 2. CY2023 Strategic Goal 3: Transform Healthcare Services; E. Finance and Audit: 1. Res. 2024-56 Relative to Approving Ninety-Four (94) New Fees and One Hundred Sixty (160) Fee Schedule Updates; 2. Res. 2025-04, Relative to the Approval of Patient Receivable Accounts Batch No. 2025-002; 3. CY2023 Strategic Goal 1: Achieve Financial Viability; F. Governance, Bylaws, and Strategic Planning: 1. CY2023 Strategic Goal 6: Engage & Partner with the Community; VI. Management's Report: A. Above-Step Recruitment Petition for Cindy Hanson; VII. Guam Memorial Hospital Volunteers Association Report; VIII. Public Comment; IX. Adjournment

For special accommodations, please contact Theo Pangelinan, EEO Officer, at (671) 847-2104, Monday through Friday from 8:00 a.m. to 5:00 p.m.

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

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# GMHA Board of Trustees Meeting

 PRINT


## GMHA Board of Trustees Meeting MEETING





 **Posted on:** 10/22/2024 01:29 PM

 **Posted by:** Justine Camacho, BOT Admin. Asst. - Janet Mandapat


 **Meeting Date:** 10/30/2024 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)

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**AGENDA**

Guam Memorial Hospital Authority – Board of Trustees Meeting  
October 30, 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**

**I. Welcoming | Call Meeting to Order and Determination of Quorum**

Chairperson  
Obispo

**II. Open Government Compliance**

- A. Publication, October 23, 2024
- B. Publication, October 28, 2024
- C. GovGuam Notices Portal & Website Posting

**III. Review and Approval of the Minutes**

A. September 24, 2024

All Trustees

**IV. Old Business**

All Trustees

None

**V. New Business**

A. Joint Conference and Professional Affairs

- 1. Res. 2025-01, Relative to the Reappointment of Active Associate Medical Staff Privileges
- 2. Res. 2025-02, Relative to the Appointment of Active Associate Medical Staff Privileges
- 3. Res. 2025-03, Relative to the Appointment of Provisional Medical Staff Privileges
- 4. CY2023 Strategic Goal: 5 Engage Physicians

Trustee Dr. Um

B. Human Resources

- 1. Proposed Amendment for Assistant Chief Financial Officer Position
- 2. Proposed Creation of Revenue Cycle Management Administrator Position
- 3. CY2023 Strategic Goal: 4 Engage the

**3. CY2023 Strategic Goal 4 Engage the  
Healthcare Workforce**

Chairperson  
Obispo

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

**1. Annual Evaluations for 2023 - Life Safety,  
Utilities & Equipment Management  
Programs**

Trustee Davis

**2. Revised Equipment List for GEDA Tax  
Credit Program**

**3. Critical Infrastructure Projects (\$20M  
ARPA Funding)**

**4. CY2023 Strategic Goal 2: Enhance  
Infrastructure & Technology**

Trustee Kleiner

**D. Quality and Safety**

**1. Patient Safety Committee Team Charter  
FY 2025**

Vice-chairperson  
Aguilar

**2. CY2023 Strategic Goal 3: Transform  
Healthcare Services**

**E. Finance and Audit**

**1. Res. 2024-56, Relative to Approving  
Ninety-Four (94) New Fees and One  
Hundred Sixty (160) Fee Schedule Updates**

Trustees Dr.  
Borja, Siliang

**2. Res. 2025-04, Relative to Approval of  
Patient Receivable Accounts Batch No.  
2025-002**

**3. CY2023 Strategic Goal 1: Achieve Financial  
Viability**

**F. Governance, Bylaws, and Strategic  
Planning**

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

**VI. Management's Report**

**A. Above-Step Recruitment Petition for  
Cindy Hanson**

Executive  
Management

**VII. Guam Memorial Hospital Volunteers  
Association Report**

GMHVA  
President

**VIII. Public Comment**

**IX. Adjournment**

Chairperson  
Obispo

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**Link to Join Zoom Meeting:**

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

**[pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1 \(https://gmha-org.zoom.us/j/88927619303?](https://gmha-org.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1)**

**[pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1\)](https://gmha-org.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**  
Tuesday, September 24, 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  
**Absent:**

**Absent:** Dr. Jeffery Shay & Hilda Pellacani, Dr. Jonathan Sidell  
**Guests:** Patty Camacho, Rayna Cruz, Justine Camacho, Sydnie Taisacan, Tina Quinata, Aida Yap, Edlyn Dalisay, Olivia Palacios, Dr. Johnny Kim, Yvonne Cruz & Tony Aguon

**Leadership**

**Present:** Lillian Perez-Posadas, Rizaldy Tugade, Rodalyn Gerardo, Dr. Verrad Nyame, Ana Belen Rada, Liezl Concepcion, Christine Tuquero, Yuka Hechnova, Danielle Manglona & Jordan Pauluhn

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 5:00 p.m. on Tuesday, September 24, 2024, via Zoom Video Conferencing.	Chairwoman	None	None
<b>II. OPEN GOVERNMENT COMPLIANCE</b> A. Publication, September 17, 2024 B. Publication, September 22, 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. August 28, 2024	Trustee Dr. Damian-Borja motioned, and it was seconded by Trustee Davis to approve the August 28, 2024 minutes as presented. The motion carried with all ayes.	All Trustees	None	Approved
<b>IV. OLD BUSINESS</b> None		All Trustees	None	None
<b>V. NEW BUSINESS</b> A. Joint Conference and Professional Affairs  1. Res. 2024-55, Relative to the Appointment of Active Associate Medical Staff Privileges	Trustee Davis motioned, and it was seconded by Trustee Dr. Damian-Borja to approve Res. 2024-55 as presented. The motion carried with all ayes.	Chairperson JCPA - Trustee Dr. Michael Um	None	Approved

<p>2. Res. 2024-62 &amp; Res. 2024-63, Emergency Medicine Department Rules and Regulations 1. Section IX: Physician Assistant (Scope of Practice) and Delineation of Privileges Form Urgent Care-Fast Track Physician Assistant Privileges</p>	<p>Trustee Davis motioned, and it was seconded by Trustee Dr. Um to approve Res. 2024-62 and Res. 2024-63 as presented. The motion carried with all ayes.</p>	<p>Chairperson JCPA - Trustee Dr. Michael Um</p>	<p>None</p>	<p>Approved</p>
<p>3. CY2023 Strategic Goal: Engage Physicians</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>➤ An Informational Meeting with GRMC and GMH on the New York Institute Medical School Rotations is forthcoming.</li> <li>➤ On October 8, 2024, GMHA will be hosting a visit from the Dean of the New York Institute Medical School. Anyone interested in attending is encouraged to attend.</li> </ul>	<p>Chairperson JCPA - Trustee Dr. Michael Um</p>	<p>None</p>	<p>Informational</p>
<p><b>B. Human Resources</b></p> <p>1. GFT and GMHA Collective Bargaining Agreement</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>❖ GFT/GMHA CBA final revisions made to the agreement were accepted by both parties and approved by the Executive Management and Board of Trustees Chairwoman Theresa Obispo.</li> <li>❖ On May 31, 2024, the final copies were delivered to the Office of the Attorney General for approval and signature. On August 5, 2024, the CBA was returned to GMHA and picked up from the Office of the Attorney General's Office with additional revisions needing to be made.</li> <li>❖ As of reporting day today, the recommended changes have been completed on the CBA and once again be sent back to the Office of the Attorney General for its Final Approval and Signature.</li> </ul>	<p>Chairperson HR Theresa Obispo</p>	<p>None</p>	<p>Informational</p>
<p>2. Res. 2024-57, Relative to the Appointment of the Guam Memorial Hospital Authority's ("GMHA")</p>	<p>It was recommended by the MEC President and the Assistant Administrator of Nursing that Ms. Yvonne Damian qualifies through education, training, experience, and certification in Infection Prevention</p>	<p>Chairperson HR - Theresa Obispo</p>	<p>None</p>	<p>Approved</p>

<p>Infection Preventionist</p> <p>3. Res. 2024-58, Relative to the Appointment of the Guam Memorial Hospital Authority's ("GMHA") Director of Pharmacy</p> <p>4. Res. 2024-59, Relative to the Appointment of the Guam Memorial Hospital Authority's ("GMHA") Director of Respiratory Care Service</p> <p>5. Res. 2024-60, Relative to the Appointment of the Guam Memorial Hospital Authority's ("GMHA") Antibiotic Stewardship Program Leader</p> <p>6. CY2023 Strategic Goal 4: Engage the Healthcare Workforce</p>	<p>and Control. Furthermore, the EMC and the BOT Human Resources Subcommittee are also recommending for this Board of Trustees Approval to appoint Ms. Damian.</p> <p>Trustee Davis motioned, and it was seconded by Trustee Kleiner to approve Res. 2024-57 as presented. The motion carried with all ayes.</p> <p>The Board of Trustees Committee has agreed to Table Res. 2024-58, 2024-59 &amp; 2024-60. The resolutions will be reviewed and approved at the next Executive Management Committee meeting.</p> <p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>Continued Job Fairs are still ongoing with the most recent one at Father Duenas Memorial School.</li> <li>Dr. Verrad Nyame was in attendance. The Students were interested and inspired by his presence as he was very engaging.</li> <li>Advertising within the various outlets of the Department of Labor, Guam PDN, and Guam Daily Post is also still ongoing.</li> <li>The Team is looking to enhance our advertisements by posting on social media and more periodicals.</li> </ul>	<p>Chairperson HR - Theresa Obispo</p> <p>Chairperson HR - Theresa Obispo</p> <p>Personnel Services Administrator - Tony Aguon</p>	<p>None</p> <p>None</p> <p>None</p>	<p>Approved</p> <p>Tabled</p> <p>Informational</p>
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	<ul style="list-style-type: none"> <li>• The Foreign Nurse Recruitment Project RFP was launched for four (4) Nurse Recruitments.</li> <li>• A meeting was held with the Guam Visitors Bureau regarding talks on the Nursing in Paradise Project. It was recommended that GMHA meet with GEDA. A meeting has been scheduled and are hopeful that as a Team we can pull this project together.</li> </ul>	Personnel Services Administrator - Tony Aguon	None	Informational
C. Facilities, Capital, Improvement Projects, and Information Technology	The following are some of the highlights: <ul style="list-style-type: none"> <li>• GMHA is currently tracking 46 projects.</li> <li>• <b>Drawdown:</b> ✓ 22% \$912,841</li> <li>• <b>Projects Complete:</b> ✓ 13% \$739,769</li> <li>• <b>PO Issued/To be Issued:</b> ✓ 52% \$8,589,744</li> <li>• <b>Active Solicitation:</b> ✓ 37% \$8,542,936</li> <li>• <b>Pending Solicitation/On Hold:</b> ✓ 11% \$2,867,321</li> </ul>	Chairperson FAC, CIP & IT - Trustee Sharon Davis	None	Informational
1. Critical Infrastructure Projects (\$20M ARPA Funding)		Deputy Asst. Admin. of Operations - Rodalyn Gerardo	None	Informational
2. CY2023 Strategic Goal 2: Enhance Infrastructure & Technology	The following are some of the highlights: <ul style="list-style-type: none"> <li>➢ On the mold remediation plan, GMH ventilation systems currently monitoring 17 out of 47 still above acceptable humidity levels throughout the hospital.</li> <li>➢ The Skilled Nursing Facility currently monitoring 14 out of 22 above acceptable humidity levels.</li> <li>➢ Currently working with Legal Counsel to finalize the contract for the Chiller replacements.</li> <li>➢ On the Emergency procurement for the replacement of Air Handling Units. The Notice of Award and Non-Award are to be issued GMHA is currently working on the contract.</li> <li>➢ GMHA was awarded a \$2.7M grant from the U.S. Department of Defense for HVAC upgrade.</li> </ul>	Deputy Asst. Admin. of Operations - Rodalyn Gerardo	None	Informational



<p>D. Quality and Safety</p> <p>1. CY2023 Strategic Goal 3: Transform Healthcare Services</p>	<ul style="list-style-type: none"> <li>➤ The PACS/RIS System notice of award and non-award have been sent to the vendors. A draft contract will be provided to the awarded vendor.</li> <li>➤ GMHA will not be pursuing the implementation of the RCM Cloud Project.</li> </ul> <p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• Over the last four years, GMHA has participated in the CMS Hospital Quality Improvement Contractors (HQIC) program.</li> <li>• In celebration of this commitment, Health Quality Innovators (HQI) has awarded Guam Memorial Hospital with the 2024 HQIC Bronze Award.</li> <li>• Performance-based on four (4) different areas of focus: <ul style="list-style-type: none"> <li>○ Improvement or sustainment of performance in quality and patient safety measures.</li> <li>○ Overall engagement and participation during the contract.</li> <li>○ Sharing lessons learned and best practices through newsletter articles, featured speakers, and affinity groups.</li> <li>○ Implementation of key leadership, person/family engagement, and health equity structural measures.</li> </ul> </li> <li>• Ms. Danielle Manglona and her Team continue to work with CMS regarding the plan of corrective actions for GMH and SNF and are currently awaiting the notice of acceptance by CMS.</li> <li>• Great job to the Staff for their continued excellence in quality of care and to maintain the safety of our patients. There were six (6) Good Catch Awards that were granted on this past Leadership Walkrounds.</li> </ul>	<p>Deputy Asst. Admin. of Operations - Rodalyn Gerardo</p> <p>Chairperson Quality &amp; Safety - Trustee Antoinette Kleiner</p> <p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p>	<p>None</p> <p>None</p> <p>None</p>	<p>Informational</p> <p>Informational</p> <p>Informational</p>
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	<p><b>PATIENT SAFETY COMMITTEE TEAM CHARTER FY 2025</b></p> <p>Note: There are a total of 5 Domains along with the different Elements listed under the Patient Safety Committee Team Charter FY 2025. In the Interest in Time, only Domain 1 &amp; 5 will be spoken of. The Board Committee Members have been instructed to review the Team Charter in its entirety at their own time. Any questions or concerns may be directed to and you may contact Ms. Danielle Manglona.</p> <p><b><i>Domain 1: Leadership Commitment to Eliminating Preventable Harm</i></b></p> <p><u>Expectation</u></p> <ul style="list-style-type: none"> <li>✓ The senior leadership and governing board at hospitals set the tone for commitment to patient safety. They must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. While the hospital leadership and the governing board may convene a board committee dedicated to patient safety, the most senior governing board must oversee all safety activities and hold the organizational leadership accountable for outcomes. Patient safety should be central to all strategic, financial, and operational decisions.</li> </ul> <p><u>Elements Selected for FY 2025</u></p> <ul style="list-style-type: none"> <li>✓ Our hospital leaders, including C-suite executives, place patient safety as a core institutional value. One or more C-suite leaders oversee a</li> </ul>	<p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p>	<p>None</p>	<p>Informational</p>
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	<p>system-wide assessment on safety and the execution of patient safety initiatives and operations, with specific improvement plans and metrics. These plans and metrics are widely shared across the hospital and governing board.</p> <ul style="list-style-type: none"> <li>✓ Reporting on patient safety and workforce safety events and initiatives (such as safety outcomes, improvement work, risk assessments, event cause analysis, infection outbreak, culture of safety, or other patient safety topics) accounts for at least 20% of the regular board agenda and discussion time for senior governing board meetings.</li> <li>✓ C-suite executives and individuals on the governing board are notified within 3 business days of any confirmed serious safety events resulting in significant morbidity, mortality, or other harm.</li> </ul> <p><b><i>Domain 5: Patient and Family Engagement</i></b></p> <p><u>Expectation</u></p> <ul style="list-style-type: none"> <li>✓ The effective and equitable engagement of patients, families, and caregivers is essential to safer, better care. Hospitals must embed patients, families, and caregivers as co-producers of safety and health through meaningful involvement in safety activities, quality improvement, and oversight.</li> </ul>	<p>Patient Safety &amp; Regulatory Compliance - Danielle Manglona</p>	<p>None</p>	<p>Informational</p>
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<p>F. Governance, Bylaws, and Strategic Planning</p> <ol style="list-style-type: none"> <li>1. Res. 2024-61, Relative to the Approval of the Revised Policy A-100 Mission Statement</li> <li>2. GMHA Bylaws of the Board of Trustees (Updated)</li> <li>3. CY2023 Strategic Goal 6: Engage &amp; Partner with the Community</li> </ol>	<p>budget. Cuts were made to personnel costs which reduced the projected retirement contribution rate from 33% down to 30%. Vacant positions were unfunded. Cuts were made to the contractual side by scaling back on our Travel Nurses and making some minor adjustments in supplies.</p> <ul style="list-style-type: none"> <li>• The budget shortfall was at \$42M after the cuts it was brought down to \$24M.</li> <li>• The use of a Smartsheet which was put together by Ms. Edlyn Dalisay was created and now the Budget Management process for easy monitoring and tracking is much easier and quicker.</li> </ul> <p>Trustee Davis motioned, and it was seconded by Trustee Dr. Um to approve Res. 2024-61 as presented. The motion carried with all ayes.</p> <p>Trustee Davis motioned, and it was seconded by Trustee Dr. Um to approve GMHA Bylaws of the Board of Trustees as presented. The motion carried with all ayes.</p> <p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• The Commission of Nurse Leaders continues to meet regularly. The main focus is to build interaction between GMHA Nurses and the DPHSS Nurses creating an integrated reserve pool of cross-trained nurses.</li> <li>• The Governor's Special Assistant Arthur San Agustin leads the Task Force on the Home and Community based Services Long term Support.</li> <li>• A potential facility called The Outpatient and Transition of Care Clinic has been identified for those Individuals in the hospital who are Social Cases and have no</li> </ul>	<p>Chairperson F&amp;A - Trustee Edgar Aguilar</p> <p>Chairperson Gov. Bylaws &amp; Strategic Planning - Trustee Damian-Borja</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>Informational</p> <p>Approved</p> <p>Approved</p> <p>Informational</p>
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	<p>home to go to as well as Adult Individuals with disabilities will be placed together in this one facility.</p> <ul style="list-style-type: none"> <li>• GMHA is Guam's Community Training Center for the American Heart Association.</li> <li>• GMHA continues to meet with the U.S. Naval Hospital and GRMC in the development of a Trauma Center System.</li> <li>• GMHA also continues to work with the Guam Department of Education for Job fairs and Education in the High Schools.</li> </ul>	<p>Chairperson Gov. Bylaws &amp; Strategic Planning - Trustee Damian-Borja</p>	None	Informational
<b>VI. MANAGEMENT'S REPORT</b>				
A. Retirement - Acting Chief Medical Officer	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• Dr. Jonathan Sidell Acting Associate Administrator of Medical Services last day as Chief Medical Officer is October 5, 2024.</li> <li>• Effective October 06, 2024, Dr. Verrad Nyame, Assistant Associate Administrator of Medical Services will take Dr. Sidell's place as Acting Chief Medical Officer.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	None	Informational
B. FY2025 Budget - Update	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• As a supplemental appropriation tapping the Government of Guam's FY2024 surplus revenues. Twenty (20) Government of Guam Agencies were slated to receive a part of those excess funds.</li> <li>• Guam Legislative Senators have introduced Bills 354-37 &amp; 355-37 for those appropriations. On both bills, GMHA's \$20M was not included.</li> <li>• GMHA's Medical, Pharmaceutical, and Surgical supply shortage prompted Governor Lourdes Leon Guerrero to direct the Department of Administration to advance the FY2025 Pharmaceutical funds budget of \$5M. DOA is now preparing the check payments owed to the vendors and GMHA may resume ordering supplies.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	None	Informational
		<p>Administrator/CEO - Lillian Perez-Posadas</p>	None	Informational

C. COVID-19 - Update	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• The COVID-19 Inpatient Census has been good with no further uptick.</li> <li>• For September 2024 GMHA received one case from the Emergency Room which resulted in an admission.</li> </ul>	Administrator/CEO - Lillian Perez-Posadas	None	Informational
D. GMHA Angiosuite	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• The first for Guam and the Pacific Region. GMHA has a New State of the Art Angiosuite.</li> <li>• As one of GMHA's treatments and procedures stents and balloons that help open up the arteries are currently being performed.</li> <li>• The next feature of the Angiosuite is to have the Intravascular Ultrasound capability. This feature will enable a catheter to remove a clot in your brain or heart. The survivability is much better and residual effects of stroke or heart attack are minimized.</li> </ul>	Administrator/CEO - Lillian Perez-Posadas	None	Informational
E. U.S. Department of Defense - Grant \$2.7M	<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> </ul>	Administrator/CEO - Lillian Perez-Posadas	None	Informational
F. Guam Economic and Development Agency - Professional Consultant Services	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• A Request for Proposal was issued by GEDA for a professional consultant service to assist with GMH's Fiscal Overall Operations and Revenue Cycle Management (RCM) process.</li> </ul>	Administrator/CEO - Lillian Perez-Posadas	None	Informational

<p>G. Broadband, Equity, and Access Deployment (BEAD) Program</p>	<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 \$155 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>H. 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.</li> <li>• Currently utilizing 31 travel nurses, 6 in the ER, 9 ICU, 3 NICU, and 13 Telemetry units.</li> <li>• 14 Travel Nurses have been converted to Local Contract Employment.</li> <li>• 2 Local Nurses who were on contract converted to Classified Local Employment.</li> <li>• For Travel Professional Support GMHA continues to utilize 2 respiratory therapists and 1 ultrasound sonographer.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>I. Nursing Recruitment and Retention</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• From January 2024 to present GMHA recruited 44 nurses and lost 24.</li> <li>• The 2024 graduating class of the University of Guam Bachelor of Science in Nursing Program graduated 32 students.</li> <li>• 23 students passed the National Council Licensure Examination (NCLEX). 10 of the students who passed are with GMHA, 6 are already on board, 3 have been cleared and ready to start and 1 is pending for interview.</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>J. Guam Regional Advisory Council (RAC)</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> <li>• An Executive Order that Governor of Guam Lourdes Leon Guererro has issued will go forward in establishing the Guam Trauma Center System.</li> <li>• This will be led by our Military Partners the</li> </ul>	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>




	U.S. Naval Hospital and in collaboration with GRMC, the Guam Fire, and Military Fire Departments.	Administrator/CEO - Lillian Perez-Posadas	None	Informational
<b>VII. GUAM MEMORIAL HOSPITAL VOLUNTEERS ASSOCIATION (GMHVA) REPORT</b>				
	There were no new updates to report.	GMHVA President - Hilda Pellacani	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 7:21 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 August 28, 2024 regular session meeting were accepted and approved by the GMHA Board of Trustees on this 24<sup>th</sup> day of September 2024.

Certified by:

  
 Theresa C. Obispo  
 Chairperson



# 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. 2025-01

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Eric Meininger, MD	Medicine/Peds	IM/Peds	September 30, 2026
Vincent Duenas, MD	Medicine	Internal Medicine	September 30, 2026
Fernan De Guzman, MD	Anesthesia	Anesthesia	September 30, 2026
Jennifer Chang, MD	Medicine	IM/Wound Care	September 30, 2026
Amanda Wojahn, MD	Emergency Room	Emergency Medicine	September 30, 2026
Willie Bruce, DO	Emergency Room	Emergency Medicine	September 30, 2026
Sally Westcott, MD	Emergency Room	Emergency Medicine	September 30, 2026
Chivano Chhieng, MD	Emergency Room	Urgent Care	September 30, 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 September 25, 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 30<sup>th</sup> DAY OF OCTOBER, 2024.**

Certified by:

Theresa C. Obispo  
Chairperson

Attested by:

Sharon J. Davis  
Secretary



# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDÁT ESPETÁT MIMURIÁT GUAHÁN

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### BOARD OF TRUSTEES

#### Official Resolution No. 2025-02

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Shiva Gupta, MD	Medicine	IM (Telemedicine)	September 30, 2026
Srinivasareddy Vuyyuru, MD	Medicine	IM (Telemedicine)	September 30, 2026
Keith Glenn, MD	Medicine	IM (Telemedicine)	September 30, 2026
Nathan Bennington, MD	Radiology	(Teleradiology)	September 30, 2026
Norman Jacobs, MD	Radiology	(Teleradiology)	September 30, 2026
Scott Logan, MD	Radiology	(Teleradiology)	September 30, 2026
Loretta Settonni, MD	Radiology	(Teleradiology)	September 30, 2026
Timothy Connor, MD	Radiology	(Teleradiology)	September 30, 2026
Sean Feinberg, MD	Radiology	(Teleradiology)	September 30, 2026
Kyle Hirschman, DO	Radiology	(Teleradiology)	September 30, 2026
Surendra Pawar, MD	Radiology	(Teleradiology)	September 30, 2026
Karen Phillips, MD	Radiology	(Teleradiology)	September 30, 2026
Mohammed Quraishi, MD	Radiology	(Teleradiology)	September 30, 2026
Colin Thompson, MD	Radiology	(Teleradiology)	September 30, 2026
Yuyang Zhang, MD	Radiology	(Teleradiology)	September 30, 2026
Stanley Smith, MD	Radiology	(Teleradiology)	September 30, 2026
Shannon St. Clair, MD	Radiology	(Teleradiology)	September 30, 2026
Shawn Stone, MD	Radiology	(Teleradiology)	September 30, 2026
Jarret Kuo, MD	Radiology	(Teleradiology)	September 30, 2026
Kevin Marcum, MD	Radiology	(Teleradiology)	September 30, 2026
Jason Rogers, MD	Radiology	(Teleradiology)	September 30, 2026
Jennifer Huckabee, MD	Radiology	(Teleradiology)	September 30, 2026
Jonathan Jaksha, MD	Radiology	(Teleradiology)	September 30, 2026
Kathryn Cambron, MD	Radiology	(Teleradiology)	September 30, 2026
Andrew Ciccarelli, MD	Radiology	(Teleradiology)	September 30, 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 September 25, 2024 and the Joint Conference and Professional Affairs Committee recommended approval of Active Associate Medical Staff Membership appointment for the above listed practitioner; and



# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

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Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



**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 30<sup>th</sup> DAY OF OCTOBER, 2024**

Certified by:

Theresa C. Obispo  
Chairperson

Attested by:

Sharon J. Davis  
Secretary



# GUAM MEMORIAL HOSPITAL AUTHORITY

## ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

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### BOARD OF TRUSTEES Official Resolution No. 2025-03

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

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Jonathan McNeely, MD	Medicine	Nephrology	September 30, 2025
Dore Shafransky, DO	Medicine	Internal Medicine	September 30, 2025
Matthew Naegle, DO	Pediatrics	Pediatric	September 30, 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 September 25, 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 30<sup>th</sup> DAY OF OCTOBER, 2024.**

Certified by:

Theresa C. Obispo  
Chairperson

Attested by:

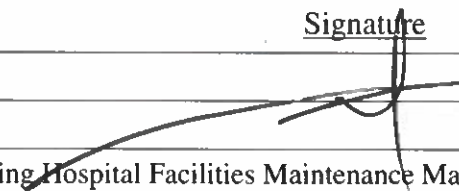
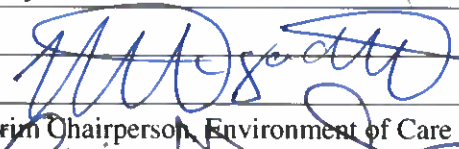
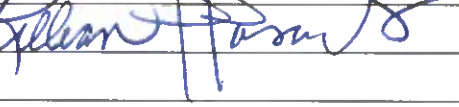

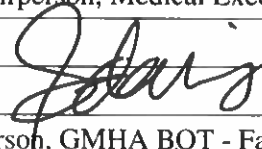
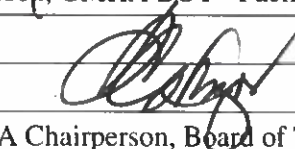
Sharon J. Davis  
Secretary

**GUAM MEMORIAL HOSPITAL AUTHORITY  
TAMUNING, GUAM**

**REVIEW AND APPROVAL**

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

- Bylaws  
 Rules & Regulations  
 Policy & Procedure
- Submitted by  
 Department/Committee: \_\_\_\_\_  
 Title: \_\_\_\_\_  
Annual Evaluation for 2023 Life Safety Management Program  
Annual Evaluation for 2023 Utilities Management Program  
Annual Evaluation for 2023 Equipment Management Program

	Date	Signature
Reviewed	7/15/24	
Approved	7/15/24	
Title	Adrian N. Manuel, Acting Hospital Facilities Maintenance Manager	
Reviewed	7/15/24	
Approved		
Title	Zaldy Tugade, PE, Interim Chairperson, Environment of Care Committee	
Reviewed	10/10/2024	
Approved		
Title	Lillian Perez-Posadas, MN, RN, Chairperson, Executive Management Council	
Reviewed		
Approved	7/31/2024	
Title	Jeffrey Shay, MD, Chairperson, Medical Executive Committee	
Reviewed		
Approved	10.30.24	
Title	Sharon Davis, Chairperson, GMHA BOT - Facilities, CIP and IT Subcommittee	
Reviewed		
Approved	10/20/24	
Title	Theresa Obispo, GMHA Chairperson, Board of Trustees	



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDAT ESPETAT MIMURIAT GUAHAN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
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## Annual Evaluation of the Effectiveness of the Life Safety Management Program Calendar Year 2023

### I. OBJECTIVES

**What are the results of review and evaluations of the objectives for the Life Safety Management Program?**

The 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. Management responsibilities of the Life Safety Management is shared amongst multi-disciplines. Facilities Maintenance and Safety Departments work collaboratively with the Environment of Care Committee to establish objectives for each calendar year. The six (6) primary objectives of this plan are:

1. To ensure the building structure and its components is in compliance with applicable NFPA 101 (2012) – Life Safety Code standards and local fire regulations.
2. To provide education to personnel on the elements of the Life Safety Management Program including organizational protocols for response to, (e.g. R.A.C.E., Hospital Evacuation Procedures) a fire.
3. To assure that staff competency training related to the Life Safety Management Program are effective, competency evaluations are administered via multiple related methods (e.g. In-person training, hospital-wide policy, frequent and consistent daily rounding by both departments, etc.) specific to satisfying individual Life-Safety element requirements.
4. To inspect, test, maintain (ITM), repair and certify the fire alarm system (FAS) devices, detection systems and fire suppression systems (FSS) in accordance with NFPA 101 (2012) – Life Safety Code standards, NFPA 10, 13, 14, 25, 72, & 99, as well as applicable federal and local fire regulations.
5. To inspect and maintain the integrity of the fire barrier/smoke compartmentalization and fire exit doors.
6. To institute Interim Life Safety Measures (ILSM) alongside the Infection Control Risk Assessment (ICRA) during construction or fire alarm or detection systems failures or impairments and ensure staff and contractors are well versed on ILSM and ICRA.

**Evaluation of the objectives established under the Life Safety Management Program:**

Throughout the course of CY 2023, the Plan's objectives were assessed to the degree to which they were met:

1. The building structure and its components are in compliance with applicable NFPA 101 - Life Safety Code standards and local fire regulations. Modernization of Public Elevator Units 1 & 2 completed in April 2022.

**This objective has been met.**

2. All new hospital personnel go through a required orientation process which contains any and all updated pertinent hospital training, standard operating procedures, and information that accommodates a smooth indoctrination process regarding life-safety.

**This objective has been met.**

3. CY 2023 presented significant environment and operational adjustments that was challenging to achieve competency training and checks given our emergency response to this COVID-19 pandemic. Competency evaluations were conducted quite often to accommodate any changes to the care environment, staff work practices, restrictions/appropriate use of PPE's, Exposure minimization practices, and appropriate containment.

**This objective has been met.**

4. Fire Alarm System (FAS) Quarterly for March, June and September 2023 not done by G4S due to staffing issues. Annual inspections, testing and maintenance (ITM) scheduled and conducted in October and completed in December.

**This objective has been partially met.**

5. Conducted inspection to determine the extent of fire barrier/smoke compartmentalization breaches throughout the facility. Made corrections to deficiencies as encountered. Reporting of inspected doors now reflects both non-rated and fire rated doors. Maintained a 100% completion rate.

**This objective has been met.**

6. Initiated ILSM as needed to address changes in egress due to projects requiring closure of areas/corridors. Provided staff in service training for affected areas. Closure are due to in house and out sourced construction project.

**This objective has been met.**

**Goals of the Life Safety Management Program for Calendar Year 2023:**

Continue its six (6) primary objectives as stated above.



Accomplish these objectives through the following processes:

**A. Criteria and Inventory:**

- The Environmental Maintenance (EM) Shop at present uses hard copy checklist for its Preventive Maintenance (PM) of all Fire Rated Door Assemblies. In CY 2022 we acquired Smart Sheet, a new Computerized Maintenance Management System (CMMS) software will be enforced to transition for inventory, work order, and other documents.
- The Main Fire Alarm System, with its integrated software system, has a current inventory of all devices and Facilities and Maintenance Department and its Contractor monitor components. All devices assigned with unique nomenclature and control numbers for ease of identification of devices and related components. Specialty Service Provider and GMHA jointly review this listing to assure completeness and assure that all devices and are accounted for.

**B. Maintenance Strategies:**

- Inspection, Testing, Maintenance (ITM) and Certification for the Fire Alarm System (FAS) and Fire Suppression System (FSS) will be schedule and conducted in accordance with the following standards;  
NFPA 101 (2012)– Life Safety -Code standards  
NFPA 10 - Standard for Portable Fire Extinguishers  
NFPA 13 - Standard for installation of Fire Sprinkler Piping System  
NFPA 14 - Standard for Installation of Stand Pipes & Hose System  
NFPA 25 - Standard Inspection Testing and Maintenance of Water Based Fire Protection System  
NFPA, 72 - National Fire Alarm and Signaling Codes &  
NFPA 99 - Health Care Facilities Codes as well as applicable federal and local fire regulations.
- Inspection and Preventive Maintenance of Fire Rated Door Assemblies and Fire Barrier/ Smoke Compartments in accordance with the NFPA 80 standards. Established frequencies for fire rated doors is quarterly while inspection of wall partitions and compartments is annual.
- Fire Rated Door Assembly Failures Reports are submitted monthly to the Environment of Care Committee.

**C. Continuing Education**

Staff training and development is a continuous process in which staff learn:

- how to respond to fires;
- general fire safety guidelines specific to their departments and/or worksites;
- proper use and location portable fire extinguishers;
- and get familiarized with the location of oxygen shut-off valves and who is authorized to turn off these valves;
- location and use of evacuation chairs;
- plans/routes and how to properly evacuate by moving horizontally to the nearest smoke compartment and then vertically as needed;
- how to Keep egress free from obstructions and maintain combustible items at low inventory levels at normal times and while construction or renovation works are on-going relevant to applicable Interim Life Safety Measures (ILSMs).

## **II. SCOPE**

### **What are the results of the Safety / Environment of Care Committee's review and evaluation of the scope covering the Fire Safety and Life Safety Management Plan / Program?**

The Hospital Safety and Security Administrator focuses on the human aspects of Fire Safety such as safe work practices and emergency response/evacuation while the Facilities Maintenance Manager focuses on the physical aspects of Life Safety, such as system operability of fire alarm/fire suppression equipment, facility design and construction, and maintenance of building systems and components. There have been no changes to the organization and/or its mission necessitating further changes. The program in CY 2023 will be carried over in CY 2024.

### **The scope of the Life Safety Management Plan / Program for the upcoming year include: (Has something changed? i.e., added new services/responsibilities, physician practices)**

The Life Safety Management Plan will remain the same for CY 2023 and will carry over to CY 2024. Emphasis on ILSM and ICRA remains the same.

### **List any items under consideration for addition to the plan/program at this time:**

As previously mentioned, the Life Safety Management responsibilities are shared among multi-disciplines. The Facilities Maintenance and Safety Departments work collaboratively with the Environment of Care Committee to establish objectives while implementing various programs, projects and activities to address current standards and practices.

Although there are no immediate changes suggested for addition to the plan at this time, the organization will continue to focus on enforcement and improvement of the plan/program by the following methods:

- Continue to ensure regulatory compliance through review of departmental fire safety and life safety standard operating procedures for compliance with newer OSHA and applicable NFPA codes;
- Continue to track emergency response and incident reporting while conducting fire drills in accordance with frequencies as required;
- Continue to conduct environmental risk assessments, hazardous surveillance risk assessments and infection control risk assessments to improve overall program goals and objectives;
- Continued enforcement and documentation of ICRA / ILSM requirements during periods construction, renovation, maintenance activities or impairment of fire alarm systems;
- Continue regular review and updates to the eSOC, BBI and PFI while tracking percentage of PFI's completed on time as deemed necessary reference to the implementation of newer applicable codes; and
- Continue to provide new employee orientation and annual refresher training and development to elevate staff competency as it relates to Fire Safety and Life Safety Management Programs.

**III. PERFORMANCE**

**Are Fire Safety and Life Safety Management reports maintained and reported to Safety/Environment of Care Committee at least quarterly? Please explain:**

Yes, submits report to the Environment of Care Committee on a monthly basis and to the Performance Improvement Committee on a quarterly basis.

---

**Have there been any user errors/accidents over the course of the past year? Please explain and include actions taken to prevent recurrence:**

No significant errors or accidents related to the Life Safety Management Program in CY 2023.

---

**When problems or opportunities for improvement have been identified have actions been taken, documented and evaluated for effectiveness? Please explain:**

Problem #1 - G4S, the local service provider maintains and assure continuing support to our existing 13 year old FAS though exceeded its 10-year useful life. G4S recommended to replace devices as needed for system upkeep. Implemented in 2022 and continued to CY 2024. However, devices are not provided due to non-payment. Payment issue elevated to Accounting for immediate resolution.

Problem #2 - Scheduled annual inspection, testing and maintenance (ITM) by G4S in CY 2023 were not completed due to rooms not accessible because of active presence or in use by patients. These areas were completed by GMHA in-house in December. Staffing issue by specialty service provider, G4S, is still an issue. Coordination with G4S for scheduled ITM is done in advance. Payment issue also elevated to Accounting for immediate resolution.

---

**What are the results of performance improvement projects selected for the year? How did these projects affect patient care delivery?**

The matrix below reflects Performance Improvement monitored activities and indicators detailing them into specific categories.

3. Fire Alarm System Testing Completed	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	
# of fire alarm system testing completed	4	4	5		4	4	5		122	4	5		1298	4	990		
# of testing scheduled	4	4	5		4	4	5		122	4	5		1298	4	990		
<b>Data Breakdown</b>																	
<b>FIRE &amp; JOCKEY PUMP TESTING (weekly)</b>	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	
# of fire pump testing completed	4	4	5		4	4	5		4	4	5		4	4	8		
# of testing scheduled	4	4	5		4	4	5		4	4	5		4	4	8		
<b>AHU SHUT DOWN/FIRE DAMPERS TESTING (semi-annually)</b>	---	---	---	---	---	---	---	---	100 %	---	---	---	100 %	100 %	---	---	
# of AHU Shutdown & Fire Dampers Testing completed	0	0	0		0	0	0		82	0	0		82	0	0		
# of testing scheduled	0	0	0		0	0	0		82	0	0		82	0	0		
<b>FLOW &amp; TAMPER SWITCH TESTING (semi-annually)</b>	---	---	---	---	---	---	---	---	100 %	---	---	---	100 %	100 %	---	---	
# of Flow and Tamper Switch Testing completed	0	0	0		0	0	0		36	0	0		36	0	0		
# of testing scheduled	0	0	0		0	0	0		36	0	0		36	0	0		
<b>FIRE ALARM DEVICES TESTING (annually)</b>	---	---	---	---	---	---	---	---	---	---	---	---	---	100 %	---	100 %	
# of fire alarm devices testing completed	0	0	0		0	0	0		0	0	0		1174	0	982		
# of testing scheduled	0	0	0		0	0	0		0	0	0		1174	0	982		
<b>NUMBER OF FIRE ALARM SYSTEM COMPONENTS THAT DID NOT PASS TESTING:</b>				0				0				0				0	0

*Only accessible areas with devices were tested. Other areas are with patient.*

**a. Number of Emergency Generator Testing Scheduled and Completed**

Maintained at 100%, compliance. In CY 2023, all generators skipped its annual PM due payment issues. Replacement of the older 1.6 Meg and 650 KW to know considered and included in the 5 year CIP Strategic Plan covering CY 2023 -2028. No provision for Preventive Maintenance due to financial difficulties since CY 2020 carried over to CY 2024.

**b. Number of Fire Rated Doors Scheduled and Completed Maintenance**

Monthly inspection continues at 100% completion. Reporting changed to reflect only all doors to include exterior and interior Fire Rated and Non-Fire Rated Doors. GMHA continues to inspect, test and maintain all doors. Quantity to be reviewed and confirmed for 2024.

**c. Number of Fire Alarm Devices Tested as Scheduled and Completed**

In CY 2023, multiple devices were changed and more will be change moving forward as recommended by G4S, our specialty service and system manufacturer representative. Completed 2023 ITM.

**Has the facility selected processes for monitoring that need the most attention? Please explain.**

None selected but emphasized for those that did not meet as all testing requirements and frequencies as required are all monitored and treated the same attention or importance.

**Any revisions in the Fire Safety and Life Safety Management Plan / Program Performance Improvement Indicators / Measures for the upcoming year?**

No revisions done for CY 2023. Continue inclusion of Fire & Jockey Pump, Air Handling Unit and Damper Shut-Down Testing. The organization continues with the current number of performance improvement monitoring activities and measures for CY 2024 and onward.

---

**IV. PLAN/PROGRAM EFFECTIVENESS**

**Identify the Fire Safety and Life Safety Management Plan's / Program's strengths and weaknesses (What has been accomplished, what opportunities for improvement were identified?):**

Strengths

- 100% Attendance to all Continuing Education and cross training for involving the entire organization. Ability of in-house staff to perform trouble shooting, inspection, testing and maintenance of systems not covered and provided by our special service providers.
- Weaknesses
- Delay in provision of outside specialty service providers staff issue and none payment.
- Decreased attendance by personnel on leave or other extenuating circumstances (e.g., COVID-19 response); and

**What resources have been allocated toward these goals?**

Received materials to continue replacement of system downed devices/components exhausted. Have not received requisitioned materials for 2023. Will requisition again for CY 2024.

---

**The following as part and parcel to performance improvement activity is considered as a priority for improvement and will be forwarded to the Safety/ Environment of Care Committee, Performance Improvement Committee and to administration.**

- Track ITM for Damper and AHU Shutdown, Fire Pump testing continued in CY 2023 and continue on to CY 2024.

Prepared & Submitted by: Zaldy S. Tugade, PE  
Associate Administrator of Operations, Acting

Date: 5.14.24

Concurred by: Jeffrey Ventura  
Hospital Safety & Security Administrator

Date: 5/14/2021

for Approved by: William N. Kando MSM  
Chairperson, Environment of Care Committee

Date: 5.15.24



# 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



## Annual Evaluation of the Effectiveness of the Medical Equipment Management Program (MEMP) Calendar Year 2023

### I. OBJECTIVES

The program (AM6480-202) 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.

The primary objectives of this program are as follows:

- **Selecting and acquiring safe medical equipment**
- **Carrying out an effective preventive maintenance program**
- **Providing equipment technician and end-user training**
- **Ensuring backup equipment and plans are readily available**
- **Monitoring hazard notices/product recalls**

These objectives are accomplished and completed through the following processes:

#### A. Criteria and Inventory.

- The Biomedical Shop utilizes Smartsheet Software as the foundation of their comprehensive medical equipment program. This system is aligned and defined by the FDA and the Association for the Advancement of Medical Instrumentation (AAMI) to comply with accrediting organizations such as the Centers for Medicare & Medicaid Services (CMS).
- Equipment evaluation is based on various Risk Factors, including function, clinical application, maintenance requirements, and environmental use. Based on these factors, equipment is included in the equipment management database.
- Each included equipment is assigned a unique Biomedical Shop control number for tracking and preventive maintenance purposes.

#### B. Preventative Maintenance (PM) Strategies.

- Technical inspections, pre-operational verification, and safety checks are conducted on new medical equipment before patient or staff use.
- Routine inspections, testing, and preventive maintenance (PM) activities are carried out monthly, quarterly, semi-annually, or annually, as per the Medical Equipment Management Plan (MEMP). This includes safety and operational checks, calibration, system verification, repairs, and certifications.
- Biomedical Shop Staff performs all inspections according to (MEMP) five-point risk assessment before equipment use.

C. Hazard Notices and Product Recalls:

The MEMP provides guidelines for handling Hazard Notices and Product Recall Alerts received from the FDA or equipment manufacturers. Policies and procedures ensure proper responses to maintain safety and compliance.

D. Equipment Failures:

Monthly summary reports detail equipment failures such as component failure, parameter error, use error and instances of equipment being unable to locate (UTL). These reports are submitted to the Environment of Care (EOC) Committee for review and corrective action to address any identified issues.

## II. SCOPE

### What are the results of the review and evaluations of the objectives of the MEMP 2023?

o Selecting and acquiring safe medical equipment.

Building upon the objective of selecting and acquiring safe medical equipment, the integration of Policy No. A-LD1320 Product Standardization Evaluation Committee (PSEC) and the closely collaboration of FM-Biomedical Shop with Materials Management Department (MMD), and end-users signifies a structured approach to equipment acquisition. This collaboration framework ensures a meticulous review process and comprehensive evaluation of potential medical equipment acquisitions.

The strategic partnership between the FM-Biomedical Shop, MMD, and end-users underscores a multi-disciplinary approach aimed at not only selecting medical equipment but also recommending products that align with safety standards, inter healthcare facility operation, standardization, and operational requirements. By leveraging this collaborative effort, the facility enhances its capacity to choose equipment that is not only safe but also efficient for patient care delivery through island wide inter-operability.

**This objective is partially met.**

o Carrying out an effective preventive maintenance program

At present the preventive maintenance program is executed by a dedicated team of five (5) FM-Biomedical Shop staff members, which includes an Electronic Supervisor with AAMI-CABT certification. This individual and the team are continuously working towards acquiring additional certifications in their respective fields, demonstrating a commitment to professional development and expertise in healthcare setting. The team comprises three (3) Electronic Technician II and one (1) Electrician I, providing a diverse skill set to handle various maintenance tasks effectively. The inclusion of Specialty Service Providers further supports the team in managing critical equipment, ensuring that required services are met. To enhance the program's effectiveness, there is a recommendation to recruit two (2) additional Electronic Technicians I in the near future to meet the staff requirements fully. This step would bolster the team's capacity to handle scheduled preventive maintenance tasks efficiently and maintain the upkeep of medical equipment and other relative systems.

We continue outsourcing Specialty Service Providers for specialized systems such as Hemodialysis and Radiological Systems. This demonstrates a strategic approach to ensuring comprehensive maintenance for complex equipment types, leveraging external expertise where necessary.

**This objective is partially met.**



o Providing equipment technician and end user training.

Training for equipment has been a shortfall. Requested competency and certification training is not included in equipment acquisition. The integration of competency and certification training is crucial for ensuring that staff members possess the necessary skills and knowledge to operate and maintain medical equipment effectively. Formal training programs provide structured learning experiences that equip our technicians with the expertise required to handle equipment safely and efficiently. Without formal training protocols, there may be inconsistencies in how equipment is operated and maintained, potentially leading to suboptimal performance or safety risks. Despite the lack of formal training integration, the Biomedical Shop team proactive approach to fulfilling responsibilities is commendable. Their commitment to leveraging personal knowledge, critical thinking, and resources like online materials and service manuals demonstrates a dedication to upholding equipment functionality through self-directed learning and research. Providing end-user training from certified individuals is essential for ensuring that equipment is operated correctly and safely. Certified technicians play a vital role in maintaining equipment functionality and optimizing performance by recognizing training gaps and addressing them through collaboration, self-study, and external support, the team demonstrates a proactive stance towards enhancing operational capabilities and upholding safety standards in equipment operations. Note that equipment needs certified trained technicians.

				Training Provided to Biomedical Electronic Technicians		
Item	Equipment Description	Qty	End User	Local	Manufacturer	Recommended
1	Vyntus One PFT Test	1	Respiratory	Y	Vyaire	N
2	Mobile Spot	1	ER	N	N	N
3	FAA Aspirator	3	CSR, Nursing	N	N	N
4	VS30 Vital Sign Monitor	1	Nursing	N	N	N
6	Puritan Bennett PB980 Ventilator	1	Respiratory	Y	Medtronic	Y
7	Fujifilm Complete Laparoscopy with Cart	1	OR, Angio, SSD	Y	Fujifilm America	N
8	Fujifilm Portable Ultrasound	1	OR, Angio, SSD	Y	Fujifilm America	N
9	Stryker Insufflator	2	OR	N	N	N
10	SpyGlass Boston Scientific	1	OR	N	N	N
11	ACT 100 Coagulation	1	OR	N	N	N
12	SpyGlass Light Source	1	OR	N	N	N
13	Hard Electrical Baby Crib	2	Pediatrics	N	N	N
14	Hard Manual Crib	1	Pediatrics	N	N	N
15	Resuscitare/Warmer Neonatal Bed Awaiting Papers from GRMC)	7	NICU	N	N	N
16	Argon Gas Module	1	OR	N	N	N
17	Electrosurgical	1	OR, Angio	Y	ERBE	N
18	HydroSurgical	1	OR, Angio	Y	ERBE	N
	<b>Total</b>	<b>27</b>				

In the tabulation of all new equipment acquired in the 2023 calendar year, local operational training sessions have been conducted for end users and biomedical personnel. However, there has been a gap in providing equipment maintenance and

repair training specifically for the FM-Biomedical staff concerning identified critical equipment. Although structured maintenance and repair training for critical equipment have not been implemented, the team's resourcefulness and dedication to self-improvement demonstrate a commitment to ensuring that equipment are used effectively and maintained appropriately. Collaborative learning and leveraging available resources have enabled the FM-Biomedical Shop staff to bridge the training gap and continue to provide quality service to end users.

**This objective is partially met.**

- o **Ensuring back-up equipment and plans are readily available in the event of equipment failure or malfunction.**

The increased demand has necessitated immediate procurement and borrowing from multiple healthcare sources/facilities in island through MOU to meet the critical equipment needs.

The Equipment Management reports are submitted monthly to the Environment of Care (EOC) Committee, as outlined in the Medical Equipment Failure Intervention (MEFI) Policy (EM6480-004). All employees are required to address the following aspects in the event of equipment malfunction, disruption, or failure:

- What actions to take in the event of equipment malfunction, disruption, or failure.
- When and how to perform emergency clinical interventions in the case of medical equipment failures.
- Knowledge of the availability and location of Backup Equipment.
- Proper procedures for reporting all equipment failures using the Equipment and Utility Failure report.

However, any deviations from these protocols are noted, and deficiencies or failures are reported in the Smartsheet work order system and Equipment failure report or SLS platform. Guidelines for reporting equipment failures or malfunctions are outlined in the Administrative Manual Policies EC 400 "Reporting Equipment or Utility Malfunction/Failure" and EC 600 "Maintenance Work Order Request System."

**This objective is partially met.**

- o **Monitoring hazard notices/product recalls.**

It is crucial that the scope of the Medical Equipment Management Plan (MEMP) for 2023 remains unchanged and is consistently upheld alongside all other relevant policies to ensure the accomplishment of its objectives and the attainment of its goals. This continuity is key for maintaining effectiveness, and there is no requirement for revision as it should persist through 2024.

The active engagement and proactive participation of end users are essential elements in realizing the objectives outlined in the MEMP. The success of the program is intricately tied to the involvement and collaboration of end users. Their dedication and involvement significantly impact the program's effectiveness in monitoring hazard notices, managing product recalls, and disseminating essential information to equipment users.

**This objective is partially met.**

### **III. PERFORMANCE**

Reports on medical equipment failures and user/operator errors are maintained and submitted to the Environment of Care (EOC) Committee on a monthly basis according to established procedures. The following protocols are in place:

1. Biomedical staff conduct refresher in-service trainings for all end users, focusing on the function and operation of the affected medical equipment, with particular attention given to new employees/staff. In 2023, despite having one certified AAMI biomedical technician on staff, external Biomedical Services are retained to complement the shop's current capacities although trouble call are degrading significantly last year, this arrangement will persist until staffing requirements are adequately addressed, ensuring that training is provided, and staff members are certified. This practice will continue through 2024 to maintain operational standards.
2. The participation and assistance of end users are emphasized as crucial factors in reducing or eliminating equipment being labeled as unable to locate (UTL). Uncontrolled and undocumented equipment transfers between wards contribute to this issue. Despite these challenges, the shop diligently locates equipment to the best of their abilities and ensures that necessary preventive maintenance is completed.
3. The shop has successfully completed the data migration process from its old MP2/MPulse software to Smartsheet, facilitating more efficient management and tracking of medical equipment-related tasks and collaborative information.

#### **Were problems or opportunities for improvement identified?**

1. Promotions and Leadership Consideration:

The promotion of staff members within the Electronic Technician roles indicates internal growth and development within the team. However, the consideration of an Electronic Technician Superintendent instead of a Biomedical Superintendent suggests a potential rethink in leadership structure. Clarifying roles, responsibilities, and leadership positions within the team to ensure effective coordination and decision-making.

2. Maintenance Success and Patient Care Impact:

The absence of medical equipment failures impacting patient care in 2023 indicates successful maintenance practices and contributes to sustained patient care delivery. Continual emphasis on robust maintenance practices to uphold equipment reliability and patient safety.

3. Equipment Tracking Challenges:

The ongoing issue of Unable to Locate (UTL) medical equipment signals a persisting challenge with equipment tracking among end users. Moreover, the lack of reporting UTL incidents in the required Bi-weekly reports highlights a procedural gap.

#### **Problems identified:**

- Inadequate equipment tracking leading to UTL instances such as RTLS System.
- Lack of compliance with reporting requirements affecting visibility and resolution of equipment location issues.

#### **Has the facility selected processes for monitoring that need the most attention? Please explain.**

By maintaining a monthly schedule for UTL preventive maintenance of medical equipment across various wards and areas, the facility is proactively monitoring

equipment status and ensuring timely upkeep. Regular communication of the UTL list to all Department Heads and Supervisors showcases a commitment to transparency and proactive management of equipment visibility. Sending the UTL list to affected wards, forwarding FM policies, and engaging in direct communications with Department Heads signify a multi-faceted mitigation approach that aims to minimize UTL numbers and enhance equipment tracking.

**What are the results of performance improvement projects selected for the year? How did these projects affect patient care delivery?**

There are plans such as Technical Trainings for equipment and continuous education about the trade but still in the planning stage since CY2022.

Equipment Management 2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
No. of Equipment Failures	83	94	60	104	78	84	84	154	135	103	90	74
No. of Equipment Failures due to Operator Errors	03	02	00	03	03	06	07	00	00	00	00	00
No. of Equipment Failures that Impacted Patient Care	0	0	0	0	0	0	0	0	0	0	0	0
No. of Equipment w/PM Completed	44	561	314	267	380	191	45	558	245	262	395	08
No. of Equipment Scheduled for PM	45	629	282	282	494	224	45	657	313	283	466	08
Unable to locate (UTL)	1	68	32	15	112	33	0	99	68	21	71	13
Seen UTL (Previous Months)											23	13
Completed Percentage (%)	98.0 %	89.19 %	89.8 %	94.68 %	76.9 %	84.82 %	100 %	84.93 %	78.27 %	92.25 %	84.76 %	100 %

**IV. PLAN/PROGRAM EFFECTIVENESS**

**Identify the MEMP strengths and weaknesses (What has been accomplished, what opportunities for improvement were identified?):**

Strength

Monitoring, assessment and reporting of equipment failures continues. Hospital-wide information collected allows updating equipment list through submission of work orders, equipment failure reports, and inventory from Materials Management/Accounting on surveyed equipment. Biomedical Shop master list inventory was shared to all end users and concerned personnel so that they can access first hand information about medical equipment's information. Consistently continues implementation of the MEMP by retaining outside biomedical service providers to augment the technical and miscellaneous needs in line with the intent of complying with the CMS and accreditation requirements. The staff are relentless, though understaffed and undertrained, in fulfilling the program and striving to meet their goals.

The Computer Maintenance Management System (CMMS) MP2 and MPulse software has been replaced with Smartsheet. Monthly reports are submitted to EOC Committee.

Weakness

Challenges persist due to understaffing and undertraining in the Biomedical Shop. Recruitment difficulties are compounded by the lack of available electronics and biomedical courses on the island, hindering the acquisition of qualified staff with specialized training, knowledge and skills on the field.

Ensuring adherence to policies such as EC400 "Reporting Equipment or Utility Malfunction/Failure" and EC600 "Maintenance Work Order Request System" by end-users is crucial for efficient maintenance processes. Non-compliance may lead to delays

in reporting equipment issues and maintenance requests, potentially impacting operational efficiency. Absence of OEM training for FM-Biomedical Staff following equipment procurement results in knowledge gaps that affect equipment operation and maintenance. This gap may hinder staff effectiveness and utilization of newly acquired equipment.

Equipment procurement lacking in-service training and planning for aging equipment may lead to difficulties as items near and passed their end of their useful life. Without proper planning, the facility risks encountering maintenance challenges and service interruptions.

#### **What are the goals for the MEMP for Calendar Year 2024?**

- ✓ Addressing Severe Staffing Shortages
- ✓ Mandatory Biomedical Trainings of new Equipment Acquisition
- ✓ Manufacturer's Trainings for Staff Certification
- ✓ Procurement Planning for Aging Equipment nearing and passed its useful life
- ✓ Acquisition of new inspection, testing, and maintenance equipment and tools, repair parts, and Preventive Maintenance (PM) kits especially for critical and life supporting equipment.
- ✓ Enhanced Departmental Coordination and Accountability: Enforce and increase coordination by Department Heads and Supervisors adherence, cooperation, and active participation to take ownership and responsibility of their equipment along with end user accountability due to neglect and especially those missing or unable to locate (UTL) equipment during scheduled Preventive Maintenance (PM).

#### **What resources have been allocated toward these goals?**

The following are requested:

1. Budget for Training:
  - ✓ **Training Programs**
  - ✓ **Professional Development**
2. Increased Budget for Tools, Test, and Calibration Equipment, and Replacement Equipment Parts specially the critical and capital assets equipment.

**The following as part of the 2024 goal is recommended for consideration and has been forwarded to the EOC Committee, Quality Assurance and Performance Improvement (QAPI) Committee and to Administration.**

1. Technical Training and Certification for Biomedical Staff:
  - ✓ **Manufacturer-Specific Training:** Seeking technical training and certification from equipment manufacturers for life support and diagnostic equipment is a strategic move to enhance staff proficiency and ensure optimal performance of critical devices. Training provided by manufacturers delivers detailed insights into equipment operation, troubleshooting, and maintenance, directly from the experts who designed the equipment.
2. Procurement and Calibration of Testing and Calibration Equipment:
  - ✓ **Equipment Modernization and Replacement:** The recommendation to procure and calibrate testing and calibration equipment emphasizes the importance of modernizing the equipment inventory in the Biomedical Shop. By replacing antiquated and obsolete testing tools with updated equipment, the facility ensures the accuracy and reliability of maintenance activities performed on medical devices. Upgrading testing and calibration equipment enhances the shop's capability to conduct precise diagnostics and calibration procedures, critical for ensuring equipment accuracy and compliance with regulatory standards. Well-calibrated tools contribute to improved equipment performance, reduced downtime, and enhanced patient safety outcomes.

**NOTE: Data gathered are from Calendar Year 2023 report.**

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Date: 5.15.24

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Chairperson, Environment of Care Committee

Date: 5.15.24



# GUAM MEMORIAL HOSPITAL AUTHORITY

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## Annual Evaluation of the Effectiveness of the Utility Systems Management Plan/Program Calendar Year 2023

### **OBJECTIVES:**

**What are the results of the Environment of Care Committee's review and evaluations of the objectives of the utility systems management plan/program?**

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.

The Facilities Maintenance Department, in a concerted effort with the Environment of Care Committee and Planning Department, established seventeen (17) objectives for calendar year 2023. The intent of these objectives are in line with improving the overall capability of the Utilities Management Plan. These following bulleted objectives listed below are followed by an assessment of the degree to which they were met:

- **Vertical Transportation Elevator Modernization Project:** This proposed Project to refurbish Unit #3 & #4 cable stay was not approved for implementation in 2023 or within the five (5) year CIP Strategic Plan. Carried over to 2024.

**This objective has not been met.**

- **Boiler Refurbishment and Steam Line Replacement:** Project Plan was 90% completed. However, A & E Consultant closed unexpectedly. Pursued completion in 2023 but to no avail. Considered for completion of plans in 2024 and thereafter considered for approval in the five (5) year CIP Strategic Plan.

**This objective has been partially met.**

- **LOX (Liquid Oxygen) Tank:** Project Plans implemented in 2023. Continuation and completion slated for 1<sup>st</sup> Quarter of 2024. (Pending LOX #1 tank (3,000 gallon) anticipated to be commissioned date by 2/28/2024, Lox #2 tank (1,500 gallon) commissioned date 11/10/2023).

**This objective has been met.**

- **Fresh Air and Ventilation System Project:** The first three (3) batches of seven (7) AHUs each for Removal and Replacement Projects implemented 2022 carried and completed in 2023 and in GMHA Critical infrastructure Projects funded by ARPA.

**This objective has been met.**

- **ICU and ED – Heating, Ventilation and Air Conditioning (HVAC):** Not implemented in 2023 due to high cost. Considered for 2024 and included within the five (5) year CIP Strategic Plan and in GMHA Critical infrastructure Projects funded by ARPA.

**This objective has not been met.**

- **BlueMed Tent Power Upgrade:** Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met.**

- **MIS Server Room Ceiling Upgrade:** Now to include room Upgrade but not limited to HVAC+R System but also FAS/FSS. Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan and in GMHA Critical infrastructure Projects funded by ARPA.

**This objective has not been met.**

- **Acquisition and Implementation of the CMMS (Computerized Maintenance Management System) software:** Implementation and adaption of Smartsheet Software started in 2023 and carried over to 2024. Full implementation is projected to be completed by 2025.

**This objective has been partially met.**

- **Pharmacy – Heating, Ventilation and Air Conditioning System (HVAC):** Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **Urgent Care Negative Pressure Capable:** Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **Clocking System:** Upgrade/Repair/Replacement of Clocking System. Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **Upgrade of Decon Tank:** Automation of content disposal and disposal to nearest catch basin and leaching field. Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **ICU and ED – Cardiac Monitoring System Upgrade:** System integration for one main central control monitor considered. Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **OR Department and Radiology Department – Heating, Ventilation and Air Conditioning (HVAC):** Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **Care 4 Rooms 355 to 360 and Pediatrics Room 452:** These rooms remains negative pressure capable rooms. Design/build scheme is considered to upgrade these rooms for a permanent BUUV system. Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **Underground Water Storage System Control:** Not implemented in 2023 due to financial constraints. Considered for 2024 and included within the five (5) year CIP Strategic Plan.

**This objective has not been met**

- **Fresh Air and Ventilation System Project:** This is ongoing and will roll over to 2023 and considered in part for GMHA Critical infrastructure Projects funded by ARPA.

**This objective has not been met**

**Objectives for the utility systems management plan/program for the upcoming year 2024 include:**

- Of the seventeen (17) objectives lined up for 2023 only two (2) has been met, two (2) has been partially met and thirteen (13) not met. Therefore, fifteen (15) will be carried over to 2024. In alignment with the five (5) year CIP Strategic Plan and GMHA Critical infrastructure Projects funded by ARPA these projects are in one way or another included. Ten (10) more projects are considered for implementation in 2024.

Details of these objectives are as follows;



- Vertical Transportation Elevator Modernization Project: This proposed Project is to refurbish or replace Unit #3 & #4 cable stay. Requisition submission slated in early 2024.
- Boiler Refurbishment and Steam Line Replacement: Requires completion of Architectural and Engineering (A&E) Design Services and followed by partial implementation with replacing one of the Boiler Unit and Steam Manifold system. Requisition submission slated in early 2024 depending on completion of the project plan.
- LOX (Liquid Oxygen) Tank: Project completion anticipated by 1<sup>st</sup> quarter of 2024.
- Fresh Air and Ventilation System Project: Continue with the 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Batches of Seven (7) AHUs for Removal and Replacement Projects. Requisition submitted slated for 2024 implementation.
- ICU and ED – Heating, Ventilation and Air Conditioning (HVAC): Upgrade to include convert permanent negative capable rooms. Requisition submission slated in early 2024.
- BlueMed Tent Power Upgrade: Upgrade of temporary power to permanent power system to assure accommodation of Blue Med Tent when needed. Requisition submission slated in early 2024.
- MIS Server Room Ceiling Upgrade: Upgrade HVAC, FM200 Fire Suppression System, Electrical Systems and other associated systems to assure room conforms to code and accommodate MIS and IT System Upgrade. Requisition submission slated in early 2024.
- Acquisition and Implementation of the CMMS (Computerized Maintenance Management System) software: Implementation and adaption of Smartsheet Software is in progress and continues.
- Pharmacy – Heating, Ventilation and Air Conditioning System (HVAC): Upgrade to assure conformance with USP 797 & 800. Requisition submitted for 2024 implementation starting with the Plan recertification. Requisition for Plan update and project implementation considered for 2024.
- Urgent Care Negative Pressure Capable: Upgrade to convert area and rooms to negative capable rooms. Project Plans completed. Requisition submission slated in early 2024.
- Clocking System: Upgrade/Repair/Replacement of Clocking System to synchronize facility wide and internet base system. Requisition submission slated in early 2024.
- Upgrade of Decon Tank: Upgrade and automate disposal system and discharge to nearest catch basin and leaching filed. Requisition submission slated in early 2024.
- ICU and ED – Cardiac Monitoring System Upgrade: Upgrade to have a Main Central Monitoring Station integrating all independent central monitoring system. Requisition submission slated in early 2024.
- OR Department and Radiology Department – Heating, Ventilation and Air Conditioning (HVAC): Upgrade to improve the HVAC System by having each suite with independent Air Handling Unit (AHU) and Exhaust Fan (EF). Requisition submission slated in early 2024.
- Care 4 Rooms 355 to 360 and Pediatrics Room 452: Upgrade to convert Negative Capability System for these rooms from temporary to permanent system. Requires Architectural and Engineering (A&E) Design Services. Requisition submission slated in early 2024.
- Underground Water Storage System Control: Restoration of Automation System to allow pump system alternation capability. Requisition to be submitted and considered for 2024.
- Fresh Air and Ventilation System Projects:
  - 450 Ton Chiller System Replacement: Removal and Replacement of one 450 Ton Chiller and Cooling Tower System. Requisition submitted for 2024.
  - 265 Ton Back Up Chiller System Replacement: Removal and Replacement of the 265 Ton Chiller and Air Colled Condenser System. Requisition submitted for 2024.
  - Removal and Replacement of existing Roof Ventilation and Exhaust System: As damaged by Typhoon "Mawar," units were temporarily repaired. Requisition submitted for 2024 implementation.

- **Vacuum System:** Replacement of existing vacuum pumps for immediate response and Removal and Replacement in whole of the existing Quadruplex Vacuum System. Requisition submitted for 2024 implementation.
- **OB Ward Air Conditioning Split Unit:** Provision and installation of Patient Rooms individual Air Conditioning Split Unit completed. Pending installation of permanent power to these units. Requisition submitted for 2024 implementation.
- **ICU/CCU Air Conditioning Split Unit:** Purchase order released for the provision and installation of Patient Rooms individual Air Conditioning Split Unit. Requisition for Engineering plans for power is submitted for implementation early 2024.
- **Biowaste Shredder Replacement:** Not implemented in 2023 due to financial constraints. Main Shredder for Biomedical Waste Processing remains @ 50% efficiency. Requisition for its replacement submitted in 2021 and 2022 were disapproved. Requisition resubmitted for 2024.
- **Public Address (PA) System:** Per latest assessment, it is proposed for replacement of devices. Awaiting material estimated arrival in early 2024.
- **Replacement of Chilled Water Lines @ SNF:** Due to aging Chilled water lines (30 years old) and the advent of and commissioning of New Chillers in early 2023. Existing chilled water lines has exhibited leaks every now and then. It is recommended that total removal and replacement of the old existing piping system. Requisition for the A/E design has been submitted for 2024.
- **Completion of Chiller Pump System @ SNF:** The Chiller Project was designed to have 3 sets of primary and secondary pumps. However, due to financial constraints only one set was completed. Quotes to complete the remaining two set is sought to complete the design as intended. Requisition will be submitted as soon as quotes are received, reviewed and approved for 2024.

**SCOPE:**

**What are the results of the Environment of Care Committee's review and evaluation of the scope of the utility systems management plan/program?**

- Continue monitoring of indicators covering of Indoor Air Quality (IAQ) testing and Room Pressure differential, Emergency Generator Testing, Elevator Failures, Fire Alarm and Suppression Systems and Biowaste Generation and Processing.

**The scope of the utility systems management plan/program for the upcoming year include: (Has something changed? i.e., added new services/responsibilities, physician practices)**

- There are Twenty-Five (25) objectives set for 2024. Fifteen (15) carryovers from 2023 and Ten (10) are new. Most of these projects are included in the CIP five (5) year strategic plan geared for Capital Infrastructure Improvement Projects.

**Please list any items under consideration for addition to the plan/program at this time:**

The following bulleted items are under consideration for addition to the objectives of the Utilities Management Plan because they are beyond or have passed its useful life due to obsolescence and discontinuation of support and are recommended for removal and replacement. Other projects may also be considered to address Mold issues:

- Boiler System;
- Fan Coil Units (FCU);
- Condenser units for our walk in refrigerator and freezer;
- Relocation/Removal of the Aboveground Water Storage Tank;
- Underground Water Storage Tank liner replacement; and
- Replacement of one (1) of the 1.6 Meg Emergency Generator.

**PERFORMANCE:**

**Are Utility System Failure/User Error Reports maintained and reported to Environment of Care Committee at least quarterly? Please explain:**

Yes. Monthly Utility Management Reports are submitted to the Environment of Care Committee. These reports reflect failure trends, operator errors, component failures, parameter failures and impact to patient care services such as biological indicator testing, indoor air quality, medical infectious waste processing, generator testing, and elevator failures.

**Have there been any user errors/accidents over the course of the past year? Please explain and include actions taken to prevent recurrence:**

There were no errors or accidents throughout the course of the years 2023. No failures with our utility system. However, the age of the existing utility system is beyond their useful lives.

**What problems or opportunities for improvement have been identified? Have actions been taken, documented and evaluated for effectiveness? Please explain:**

Work Orders (WO) and SLS deficiencies are received and responded to immediately. However, the sheer volume or quantity is large enough that it takes away the time for completion scheduled preventive maintenance (PM). Areas of focus remains on failure and action plans covering Heating, Ventilation and Air Conditioning (HVAC), Steam Boiler, Liquid Oxygen Bulk Storage, Fire Alarm System, Autoclave and Isolation Systems. These are carried from 2023. To address other shortfalls, it is recommended that other maintenance contracts be outsourced same as in previous past years. Problem in procurement and payment of vendors impacted and delayed rendering of specialty services. These contribute to equipment failures. *These are the Fire Alarm System (FAS), Fire Suppression System (FSS), Chemical Treatment Program, Kitchen equipment, Chiller and Condenser maintenance, Medical Air and Vacuum, Emergency Generator and Sterilizer System maintenance. Also affecting the retainage of off-island service providers for our Air Quality, Medical Gas and Trace Gas inspection, verifier, certification, service and repair that are not readily available on island. This also contributes withholding inspection reports required for accreditation.*

**What are the results of performance improvement projects selected for the year? How did these projects affect patient care delivery?**

There was no impact to patient care as there was no loss of utility. Below shows the

The matrix below reflects Performance Improvement monitoring activities and indicators detailing them into specific categories.

Volume of Regulated Waste	46807	49456	46983	46983	44613	50634	49482	49694	43673	48028	45434	49071
No. of Emergency Generator Testing Completed	21	20	16	11	20	25	20	20	25	20	20	25
No. of Emergency Generator Testing Scheduled	23	20	25	20	20	25	20	20	25	20	20	25
No. of Elevator Failures	2	4	4	4	4	2	5	2	5	2	2	4
No. of associated equipment/Utility Failures	144	122	96	193	186	181	159	162	122	121	142	120
No. of Utility Failures Due to Operator Errors	0	1	5	4	3	0	0	0	0	0	0	0
No. of Utility Failures that Impacted Patient Care	0	0	0	0	0	0	0	0	0	0	0	0

No. of Utilities with PM Completed	155	1560	1389	1361	1349	1464	1400	1509	1355	1404	1441	1455
No. of Utilities Scheduled for PM	1570	1563	1393	1361	1374	1467	1401	1509	1355	1415	1444	1458
No. of Completed Sterilizer Testing	76	77	87	84	74	74	71	78	91	74	64	62
No. of Sterilizer Testing Scheduled	76	77	87	84	74	74	71	78	91	74	64	62

**a. Volume of Regulated Waste**

Monitoring activities reflect an abrupt increase of medical infectious waste generated. The 2023 monthly average is 47,571 pounds which is less than year 2022.

**b. No. of Emergency Generator Testing Scheduled/Completed**

Testing average in 2023 is at 93% which is better than 2022. Some of the testing conducted are just dry run due to the Chiller and IT/MIS Server/System.

**c. No. of Elevator Failures**

Elevator failures averaged 3.3 which is lower than the 3.5 per month in 2022.

**d. No. of Utility failures**

There were 1,120 in 2022 which is slightly lower than 1,129 this year. No negative impact to patient care.

**e. Utility Failures due to operator errors**

There were 7 in 2022 lower than 13 this year. No negative impact to patient care.

**f. Utility failures that impacted patient care**

No failures directly impacting patient care.

**g. No. of Utilities with Preventive Maintenance Scheduled/Completed**

100% in 2023 meets and exceeded expectation.

**h. Biological Growth Testing on Sterilizers Scheduled/Completed**

All Biological Integrator tests conducted reflected negative results throughout the course of the year 2023.

**Has the facility selected processes for monitoring that need the most attention? Please explain.**

Regulatory Monitors:

Indoor Air Quality Testing to include positive and negative air movement relationships are monitored continuously to ensure compliance with CDC, OSHA and AIA guidelines. Continues in 2023, negative pressure capable rooms converted by in-house (BUV System) and contractor (Exhaust System) are maintained and monitored.

Performance Monitors:

The number of elevator failures and elevator entrapments will continue to be monitored in an effort to identify opportunities to improve and minimize failure rates as our Elevator System also ages.

Fire Alarm/Fire Suppression System This system has just gone through its annual inspection, testing and maintenance (ITM). ITM will be pursued vigorously in conjunction with the intent or program for its upgrade and repair as it has reached the end of its useful life.

**Any revisions in the utility systems management plan/program performance improvement indicators/measures for the upcoming year?**

No proposed revisions. Continue same as 2023 for 2024.

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**PLAN/PROGRAM EFFECTIVENESS:**

**Identify the utility systems management plan's/program's strengths and weaknesses (What has been accomplished, what opportunities for improvement were identified?):**

Strengths identified under the Utilities Management Plan lay primarily with completing objectives as scheduled. However, due to delayed payment to vendors/service providers also delayed their services and hold up material delivery that negatively impacted our operations.

**Strength**

Though the organization has financial difficulties with vendor payments Facilities Maintenance (FM) were able to provide services in handling projects, work orders and perform its scheduled preventive maintenance (PM). Though no staff addition this year present staffing were able to handle all works. These though contributes to high number of overtime (OT) hours. Leaves, absences and sickness also affected and contribute to high OT hours.

FM implementation for shift coverage of at one (1) personnel during holidays, weekends, before and after normal working hours of 8 am to 5 pm works well as WO and trouble calls are also addressed. Leadership should revisit the recall and standby policies to effectuate a more stable program to respond to trouble calls, as FM Department personnel seem to lose their morale when they compare themselves to how other department staff are being compensated for on-call and/or standby calls.

Personnel cross training due to staff shortage has been postponed this year 2023.

**Weakness**

Our utilities, specifically our water, drain, waste and drain piping, power and main distribution systems are old, aging and therefore fragile. There is no immediate plan of refurbishing or replacing these systems.

On personnel note, we are lacking Supervisors for Environmental, Mechanical and SNF Shop. These shops is only has Leaders. There is no longer a Biomedical Superintendent Position but created a Electronic Technician Supervisor. Recruitment for these positions have been difficult as the compensation has not been updated and therefore rather low compared to other sectors and given the task on hand. In essence, the next in line senior staff is tasked to handle the supervision of their individual shops. Overall, it is a challenge as we transition staff positions to perform actual work and supervision at the same time. Departmental promotion is highly considered. Presently Supervisors are training their staff for possible leadership roles.

Present total staff of thirty-five (35) this 2023 breakdown, six (6) are in their early and mid-sixties (60s) and six (6) are in their late fifties (50s). These two groups contributed to thirty-four percent (34%) of the staff. These groups have the institutional knowledge and the technical experience that keep the facility operational. The transition period and handing down of experience and institutional knowledge has been in process to the next in line.

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**What are the goals for the utility systems management plan/program for the upcoming year?**

Focus will remain to improve effectiveness of the program design as outlined for 2023 objectives as it is in alignment with the CIP 5 year Strategic plan and the \$20 Million Capital Infrastructure Improvement Projects:

- Continued performance improvement monitoring activities;
- Achievement of objectives outlined for the upcoming year;

- Development and implementation of procedures and controls to minimize risks;
- Identification of risks as they relate to utilities;
- Continuous cross training development and staff education programs and recruitment; and
- Adherence to the implementation and completion of the twenty six (26) objectives

**What resources have been allocated toward these goals?**

- Continued financial benefits from federal programs such as grant from the American Rescue Plan Act (ARPA), Hospital Preparedness Program (HPP), a Cooperative Agreement federally administered by the US Department of Health and Human Services (HHS) / Assistant Secretary for Preparedness and Response (ASPR) to partially fund ongoing improvement efforts to support the Utilities Management Program/Plan at both the Hospital and the Skilled Nursing Facility.
- Receipt of other funding, such as federal Compact Impact Funding from the U.S. Department of the Interior (DOI); and FEMA Public Assistance. These funding sources enable the organization to improve, replace or maintain its critical infrastructure and key resources that positively impact the overall operations of the Utility Management Plan for both the Hospital and the Skilled Nursing Facility.

**Summary:**

Funding these objectives needs to be solidified and implemented at the soonest. These projects are only part and parcel to the bigger overall projects that were considered to address United States of America Corps of Engineers (USACE) recommendations based on their findings/assessment of getting our facility in the desired condition that can assure provision of continuous services to meet our Mission. Above recommended objectives may vary to depending on availability

Delayed in payments to vendors equated to delayed and or none provision of specialty services and supply of materials. These services are vital to our operation and being on hold due to none payment puts our facility at risk. Late payment was only made in the last quarter of 2023 for majority of the providers. Starting 2024 as vendors/providers get paid there is hesitance on their end to render services. Let alone considering us being prioritized in their list.

The above proposed plans are recommended for consideration as a priority for improvement and will be forwarded to the Environment of Care Committee, Quality Assurance and Performance Improvement Committee and to Leadership.

Prepared by: Adrian Manuel, CABT/AAMI  
Hospital Facilities Maintenance Asst. Manager, Acting

Date: 5/15/24

Submitted by: Zaldy S. Tugade, PE  
Associate Administrator of Operations, Acting

Date: 5-15-24

for William N. Kando, MSM  
Chairperson, Environment of Care Committee

Date: 5-15-24



# 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. 2025-05

#### **“RELATIVE TO APPROVING PRIORITIZED MEDICAL EQUIPMENT REFLECTED IN GMHA’S 5-YR 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”**

**WHEREAS**, the Guam community has been supportive of the Guam Memorial Hospital Authority (“GMHA”), which operates our island’s only public hospital, GMH;

**WHEREAS**, through the efforts of the GMH Volunteers Association and other community and civic organizations, the hospital has regularly received the immensely positive impacts of charitable giving;

**WHEREAS**, Public Law No. 35-138 encourages targeted giving in the form of necessary medical equipment by allowing businesses to avail of tax credits against their business privilege taxes by authorizing certain tax credits to be used towards the procurement of required medical equipment for the GMHA;

**WHEREAS**, in accordance with the goal of Public Law No. 35-138, GMHA provides the attached prioritized list of needed life-saving medical equipment (updated on October 10, 2024), that GMHA is limited in its financial capacity to procure through other funding sources, thus ensuring that no tax credits are authorized for equipment not prioritized by GMHA;

**WHEREAS**, the GMHA Board of Trustees and its Executive Leadership Team reviewed and support Public Law 35-138; and they have the fiduciary responsibility to leverage all forms of funding opportunities needed to meet or align with the mission, vision, values, goals, objectives and strategies outlined in its 5-Year Strategic Plan (CY2023 – CY2027) to include its 5-Year Capital Improvement Projects (CIP) Plan;

**WHEREAS**, it is our mission that *Guam Memorial Hospital Authority is committed to compassionate, forward-thinking, quality-driven, and safe health care that honors the community*”;

**WHEREAS**, GMHA has been closely collaborating with the Guam Economic Development Authority (“GEDA”) in fully understanding the rules of this tax credit program in preparation for implementing the same; therefore, be it

**RESOLVED**, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to continue with this collaborative strategic initiative to garner critically needed charitable tax credits which are so needed to procure vital medical equipment in support of GMHA’s mission; be it further

**RESOLVED**, that the attached updated list of medical equipment is approved; and be it further

**RESOLVED**, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

**DULY AND REGULARLY ADOPTED ON THIS 30<sup>th</sup> DAY OF OCTOBER, 2024.**

Certified By:

Theresa C. Obispo  
Chairperson

Attested By:

Sharon J. Davis  
Secretary

GMHA Tax Credit Program P.L. 35-138

Equipment List, revised 10/07/2024

Division	Department	Product Type	Company/Product Description	Justification	Qty request	Estimated Cost	Total	Training is required.
Nursing Services	Nursing Units	Medical Equipment	Stryker Acute Care Procuity LE with Isotour Premium , Medical-Surgical Beds Product Number 3009PX-LE-450	GMHA current hospital Medical Surgical beds have broken rails and rusted parts with broken mattresses. New Stryker Procuity LE with Isotour Premium: Siderails are BackSmart designed with one-hand operation and an intermediate position for patient assistance during bed entry and exit - helping to reduce the risk of falls and injury to the caregiver. Exclusive, two position siderails help to reduce the risk of stress injuries. Consistency: Exclusive StayPut Technology allows patient's proximal location to remain essentially unchanged when the head of bed is raised, reducing the need for patient repositioning while keeping patients close to bedside belongings. All hospital bed exit alarms can detect patients exiting the bed. ProCuity's Adaptive Bed Alarm goes a step further by adjusting its sensitivity based on the patient's weight and position, and the bed's siderail configurations – helping to improve the accuracy and reliability of alarms. Product features including our Adaptive Bed Alarm, low bed height of 11.5 inches in L models and 14 inches in Z models, and patient stand assist button can help prevent patient falls in to and out of bed. Electric brakes: Set the brakes with the touch of a button from the touchscreen or siderails. The American Hospital Association (AHA) states that the life of the bed is 5 years. Majority of the beds are more than 12 years and recent 15 beds are approximately 5 years.	75	\$16,066.00	\$1,204,950.00	Factory training for Biomed/Nurses
Nursing Services	ICU	Medical Equipment	Stryker Acute Care Procuity ZMX with Isolibrum	Stryker Procuity ZMX with Isolibrum is a smart with powered hospital mattress to help reduce pressure injuries. This ICU beds are useful when providing immediate interventions. Research shows that a low bed can help reduce the frequency of falls, which can lead to improved patient outcomes. Features: 11.5" low height, set the brakes with a touch of a button from the touchscreen or siderails, adaptive bed alarm, weighing scale and reposition button. Bed alarm goes a step further by adjusting its sensitivity based on the patient's weight and position, and the bed's siderail configurations- helping to improve accuracy and reliability of alarms. It has additional feaure of USB charging port and phone holder, patients can keep their phone nearby and also 3-position siderails.	4	\$33,925.00	\$135,700.00	Training for Biomed/Nurses
Nursing Services	ER/OR	Medical Equipment	Stryker Acute Care Prime Electric Big Wheel/Stretcher	A stretcher is a flat, padded stretcher with a variable-height and collapsible sturdy wheeled frame used by medical professionals to accommodate and transport patients of 500 pounds or more who require medical care.Our stretchers are designed to accommodate patients of all sizes.	14	\$26,323.50	\$289,558.50	Training for Biomed/Nurses
Nursing Services	Hemodialysis	Medical Equipment	Fresenius Medical Care Artificial Kidney Machine	GMHA has (8) AK Baxter 98 dialysis machines for two years now. It was reported that 37 work orders were submitted to the vendor to repair the dialysis machines. We have an average of 16 dialysis patient every day. Some patients need to be dialyzed in the room due to their critical condition. We need reliable dialysis machines with RO	5	\$45,000.00	\$225,000.00	Training for Biomed/Nurses
Nursing Services	ER/ICU/Tele/NICU/PICU	Medical Equipment	Philips Tempus Portable Cardiac Monitor for transport	The Philips Tempus Portable Cardiac monitor is a compact, dual-purpose, transport patient monitor featuring intuitive smartphone-style operation and offering a scalable set of clinical measurements. It monitors cardiac rhythms, blood pressure, O2 saturation, pulse, and temperature while in flight. GMHA has an average of 1 -2 patients off-island for further treatment. GMHA has an old portable monitor but Philip is no longer service the old portable monitor.	1	\$28,000.00	\$28,000.00	Training for Biomed/Nurses
Nursing Services	ER/ICU	Medical Equipment	Belmont Rapid Infuser	The Belmont Rapid Infuser sets the pace for reliable, high-speed delivery of warmed blood and fluids. Simple, safe, and effective, this life-saving technology earns the confidence of clinicians worldwide—every day. Built-in ultrasonic air detectors and patient safety valve wand automatically safeguard against air emboli.	2	\$70,000.00	\$140,000.00	Training for Biomed/Nurses
Nursing Services	Operating Room	Medical Equipment	KLS Maxillo-Facial Tray with Implants	Current system is obsolete. GMHA need to enhance safety and precision in maxillo-facial surgeries. This set may be used for the following, but not limited to: dental and oral proceduresm facial trauma, orthodontic corrections, obstructive sleep apnea, cleft-lip and palate repair, tumor removal, reconstructive surgery, facial cosmetic surgery, and management of facial pain.	1	\$50,998.57	\$50,998.57	Training for Biomed/Nurses



GMHA Tax Credit Program P.L. 35-138

Equipment List, revised 10/07/2024

Division	Department	Product Type	Company/Product Description	Justification	Qty request	Estimated Cost	Total	Training is required.
Nursing Services	Operating Room	Medical Equipment	KLS Neuro Plating System	GMHA needs a neuro plating system for the following procedures: skull reconstruction, spinal fusion, cranial tumor removal, correction of spinal deformities, hardware fixation, trauma repair, and other neuro surgeries. The primary goal of a neuro plating system is to provide stability and support to the affected area, facilitating the healing process, preventing complications, and promoting better long-term outcomes for patients undergoing neurosurgery.	1	\$29,413.43	\$29,413.43	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	M3D Ligasure FT Series Energy Platform (x2) and Accessories. FT10 Package with accessories	Cuurently have ligasure in each OR, but needs back in case of any malfunction. The benefits of ligasure include: hemostasis (blood vessel sealing), reduced blood loss, faster surgical proceduressm minimal thermal spread, reduced need for ligature and clips. less operative pain, lower risk if infection, tissue sealing and dissection, and minimally invasive surgery.	2	\$75,000.00	\$150,000.00	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	M3D Fluid Warmers with supplies	A fluid warmer is used for warming fluids, crystalloid, colloid, or blood products, before administering (intravenously or by other parenteral routes) to body temperature levels to prevent hypothermia in physically traumatized or surgical patients. Zero on hand	1	\$6,080.88	\$6,080.88	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	M3D Cell Saver (Haemonetics) with supplies	The Cell Saver System provides with an easy-to-use , reliable way to recover and deliver back a patient's own high-quality blood during medium to high blood loss procedures, including cardiac, orthopedic, trauma, vascular, and OB/GYN surgeries. Zero on hand	1	\$60,000.00	\$60,000.00	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	M3D Scissors and other instruments	Different scissors and other instruments are used, either straight or curved. OR scissors with one set. GMHA has a very old set of scissors and other istruments	1	\$50,000.00	\$50,000.00	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	Mizuho Neuro Wilson Frame	Wilson spinal frame or Wilson frame head holder, is a piece of surgical equipment commonly used in neurosurgery for cranial and spinal procedures: head positioning, access and exposure, sterility, patient safety. Zero on hand	1	\$5,995.00	\$5,995.00	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	DePuy Synthes Small Hand Drill (x2) with batteries(Power hand drill)	The Small Hand drill (Power hand drill) are powered by a detachable, rechargeable battery to provide rotary, reciprocating, or oscillating force to the accessory (drill bits, saw blades, reamers, drivers, or other attachments) for bone cutting, drilling, driving and soft tissue resection. The hand pieces are controlled by an activation trigger and safety/direction lever on the hand piece. The hand pieces and accessories, including the batteries may come into physical contact with th patient (applied part). The devices rely on high-performance mini motors for optimal surgical outcomes.	2	\$50,000.00	\$100,000.00	Training for Nurses
	Operating Room	Medical Equipment	DePuy Synthes Large Hand Drill Battery Drive (x2) with batteries	The Small Hand drill (Power hand drill) are powered by a detachable, rechargeable battery to provide rotary, reciprocating, or oscillating force to the accessory (drill bits, saw blades, reamers, drivers, or other attachments) for bone cutting, drilling, driving and soft tissue resection. The hand pieces are controlled by an activation trigger and safety/direction lever on the hand piece. The hand pieces and accessories, including the batteries may come into physical contact with th patient (applied part). The devices rely on high-performance mini motors for optimal surgical outcomes.	2	\$60,000.00	\$120,000.00	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	Depuy Synthes LCP Modular Mini Fragment Set	The Modular Mini Fragment Set (also known as the Modular Hand or Small Fragment Set) is an orthopedic instrument and implant kit used primarily for the treatment of fractures, deformities, and other injuries involving small bones, particularly in the hand, wrist, and foot regions. This set contains a variety of plates, screws, and other tools designed to address these specific orthopedic conditions (fracture fixation, deformity correction, joint arthrodesis, ligament repair, nonunion and delayed union repair, orthopedic trauma)	1	\$71,977.15	\$71,977.15	Training for Nurses

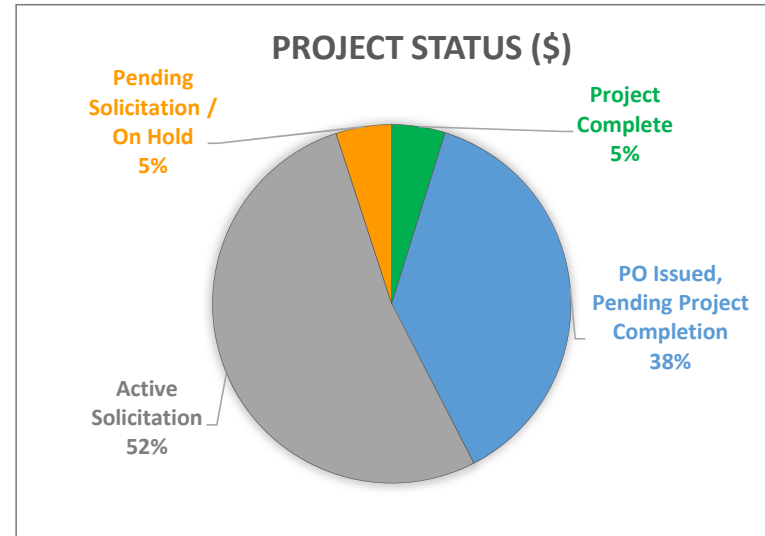
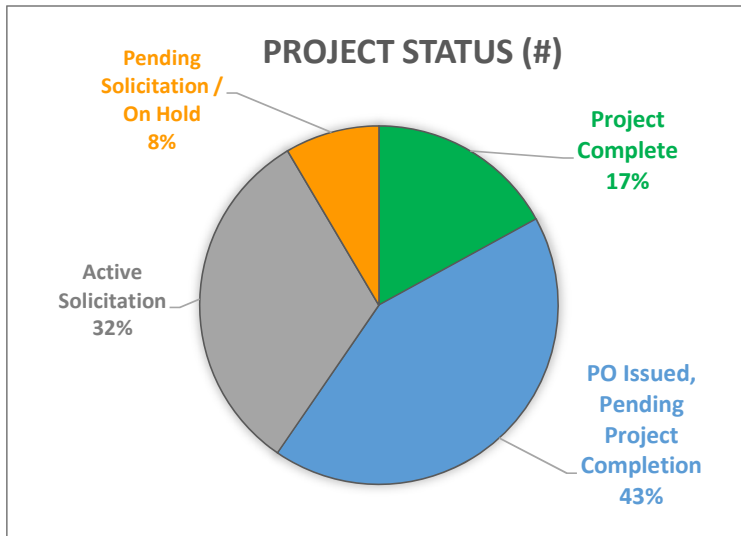
GMHA Tax Credit Program P.L. 35-138

Equipment List, revised 10/07/2024

Division	Department	Product Type	Company/Product Description	Justification	Qty request	Estimated Cost	Total	Training is required.
Nursing Services	Operating Room	Medical Equipment	Depuy Synthes LCP Large Fragment Set	The LCP (Locking Compression Plate) Large Fragment Set is an orthopedic instrument and implant kit designed for the fixation and stabilization of fractures in long bones, such as the femur, tibia, and humerus. This set is used for: fracture fixation, intramedullary nail complement, nonunion and delayed union repair, periprosthetic fractures, and osteotomies. Zero on hand	1	\$26,421.47	\$26,421.47	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	Depuy Synthes Locking Small Fragment Set	The Locking Small Fragment Set is an orthopedic instrument and implant kit designed for the fixation and stabilization of fractures and orthopedic conditions involving small bones, particularly in the upper and lower extremities. This set contains various locking plates, screws, and instruments that are specifically designed to address fractures and other conditions in small bones. This set is used for: fracture fixation, nonunion and delayed union repair, malunion correction, joint fusion (arthrodesis), tendon repair and reattachment. GMHA has a very old set.	1	\$35,265.60	\$35,265.60	Training for Nurses
Nursing Services	Operating Room	Medical Equipment	Depuy Synthes Orthopaedic Cable Set	The Orthopaedic Cable System is a cerclage system designed for use with the Cerclage Positioning Pins and Hex Buttons in general orthopaedic trauma surgery, prophylactic banding during total joint procedures, and temporary reduction during open reduction procedures.	1	\$31,529.51	\$31,529.51	Training for Nurses

Status of ARPA-Funded CIPs as of 10/14/2024

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	5	\$ 5,277,867	2	\$ 143,800	6	\$ 2,490,350	0	\$ -	12	\$ 7,966,717
GMH Structural/Architectural Improvements	1	\$ 144,000	2	\$ 316,000	3	\$ 203,869	2	\$ 5,938,021	1	\$ 200,000	6	\$ 6,598,021
Medical & Other Equipment	3	\$ 281,505	13	\$ 1,904,388	3	\$ 281,505	4	\$ 1,328,600	1	\$ 403,174	21	\$ 3,917,667
GMHA IT Network/Systems Infrastructure Needs	3	\$ 339,295	0	\$ 25,471	3	\$ 312,941	3	\$ 749,529	2	\$ 403,300	8	\$ 1,517,595
<b>TOTAL</b>	<b>8</b>	<b>\$ 963,300</b>	<b>20</b>	<b>\$ 7,523,727</b>	<b>11</b>	<b>\$ 942,115</b>	<b>15</b>	<b>\$ 10,506,500</b>	<b>4</b>	<b>\$ 1,006,474</b>	<b>47</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>\$7,966,717</b>	<b>\$143,880</b>	
1	Replace GMH Air Handling Units (Qty 40, est. \$2M)	\$7,966,717	\$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 to be issued; finalizing contract
3	265 Ton Chiller (Qty 1) and Air Cooled Condensing Units (Qty 3) Package (est. \$970K).		\$970,325		PO to be issued; finalizing contract
4	Replace SNF HVAC Chilled Water Lines (A, B, & C-Wings) and A&E Design and service during construction (est. \$1M)		\$1,000,000		IFB issued in September 2024
5	Refurbish Biohazardous Waste Autoclave and Remove & Replace Shredder System (est. \$548K)		\$539,726		IFB issued in September 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 October 2024
7	SNF Chiller Pumps Redundancy System (est. \$250K)		\$250,000	\$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	\$125,000	Project Complete
9	Removal & Replacement of the GMH Hot Water Tank (est. \$175K)		\$185,000		IFB to be issued in October 2024
9a	Recirculating Pump (qty 2 est. \$10K)				PO issued
10	Removal & Replacement of Valves at Power Plant (est. \$15K)		\$15,000		RFQ issued
11	Removal & Replacement of the GMH Boiler (est. \$290K)		\$300,000		IFB to be issued in October 2024
11a	A&E for Services During Construction			PO issued	
12	A&E Services during Construction for various HVAC projects	\$35,000		PO issued	
	<b>GMH Structural/Architectural Improvements:</b>		<b>\$6,543,506</b>	<b>\$203,869</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. \$3.5M)		\$3,500,000		PO issued for A&E; IFB issued in September 2024

## 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	\$6,543,506		\$45,967	PO issued	
14	GMH MCH Renovation & Expansion Project (Construction est. \$1.6M)				IFB to be issued in October 2024	
14a	A&E design recertification (est. \$200K)		\$1,843,506	\$13,902	PO Issued; Ongoing recertification of design	
15	GMH Center Island Parking Expansion (Construction Services est. \$750K; A/E Services During Construction, est. \$50K)		\$800,000		IFB issued in September 2024	
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		\$200,000		Solicitation not started	
<b>Medical &amp; Other Equipment:</b>			<b>\$3,972,182</b>	<b>\$281,505</b>		
19	Automated Medication Dispensing System (\$800K)			\$800,000		Finalizing Contract; PO to be 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; Flatbed Truck to be re-solicited	
20a	Medical Transports (Qty 2, est. \$320K)				IFB issued, but canceled; will need to re-solicit.	
21	Hemodialysis Units (Qty 10, est. \$500K)		\$500,000		IFB to be issued in October 2024	
22	Adult Acute Care Defibrillators (Qty 12, est. \$490K)		\$490,000		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 October 2024	
25	BIPAP Machines (Qty 3, est. \$41K)		\$41,900		PO issued	
26	Portable Ultrasound Machine (Qty 1, est. \$158K)		\$158,000		IFB to be issued in October 2024	
27	Angiosuite Active Directory Serve (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. \$150K)	\$3,972,182	\$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		IFB to be issued in October 2024
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		PO issued; ETA 08/25/24
34	Stretcher Components (One Lot, est. \$28K)		\$27,264		PO to be issued; currently on credit hold
35	Wound Vacuum Machines (Qty 6, est. \$15K)		\$14,925		PO Issued
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	Convection Oven, Heated Plate Trays, Thawing Refrigerator, & Refrigerator (est. \$47K)		\$41,546		PO issued; ETA 10/21/24
	<b>GMHA IT Network/Systems Infrastructure Needs:</b>			<b>\$1,517,595</b>	<b>\$312,941</b>
40	Access Control/CCTV Surveillance Systems (est. \$350K)	\$1,517,595	\$350,000		IFB to be issued in October 2024
41	Computers (est. \$53K)		\$53,300		Solicitation not started
42	Fire Walls Replacement Pkg. (est. \$46K)		\$45,850	\$ 23,093	Project Complete
43	Active Domain Management System (est. \$350K)		\$350,000		Solicitation not started
44	Servers Replacement Pkgs. (est. \$231K)		\$231,204	\$231,204	Project Complete
45	SNF IT Server Room (est. \$75K A/E; \$200K Construction)		\$275,000		IFB to be issued in October 2024
46	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

## GMHA Critical Infrastructure Projects

	Project Name	Project Cost Allocation	Amount Est.	Drawdown Amount	Project Status
47	HIPAA Compliant Crosscut Shredders (Qty 10) and Patient Information Technology Scanners (Qty 8) (est. \$90K)		\$62,241	\$ 58,644	Project Complete

Based on Rev-15 10/14/2024

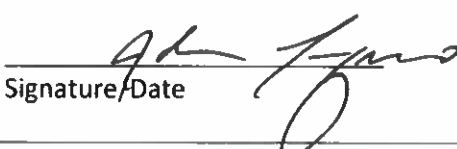
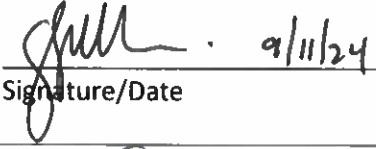

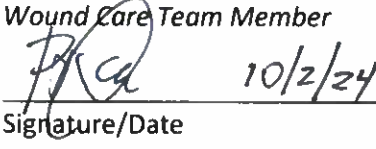


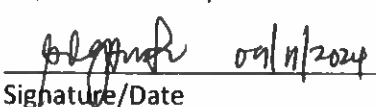
**TOTAL**

<b>\$20,000,000</b>	<b>\$20,000,000</b>	<b>\$942,195</b>
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UPDATED: 10/15/2024

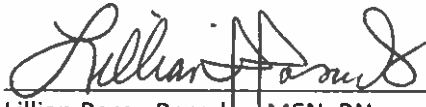
# Patient Safety Committee Team Charter FY 2025

**Associate Members** – Committee members that are NOT mandated to attend, have NO voting privileges, but may voice and influence the committee’s votes; attendance has NO effect on the quorum; whose expertise may be called upon as applicable.

<b>Administrator of Laboratory Services</b>  _____ Signature/Date	<b>Special Services Unit Supervisor</b>  _____ Signature/Date
<b>Chief of Radiology</b>  _____ Signature/Date	<b>Wound Care Team Member</b>  _____ Signature/Date
<b>Chief of Respiratory</b>  _____ Signature/Date	<b>Falls Team Member</b> _____ Signature/Date
<b>Chief of Rehabilitation Services</b>  _____ Signature/Date	<b>OR/PACU Unit Supervisor</b>  _____ Signature/Date

<b>Support Staff</b>	
<b>Team Recorder</b> _____ Signature/Date	Responsible for creating a packet for the minutes to include the agenda, the minutes, any supporting documentation (i.e.; policies, memorandums written, etc.) that were a part of that particular meeting for filing; Identify any patient safety concerns and bring it to the attention of the committee; and Other duties as identified.

**Approving Signatures**

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

\_\_\_\_\_  
 Date 9/18/2024

Antoinette Kleiner, RN, MSN, FNP, IBCLC  
 Quality and Safety Subcommittee Chairperson

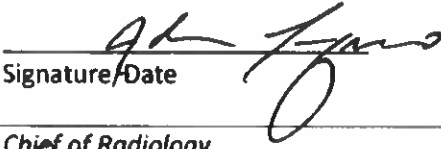

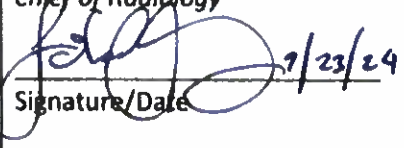

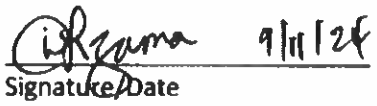

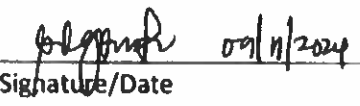
\_\_\_\_\_  
 Date

  
 Theresa Obispo, MBA  
 Board of Trustees Chairperson

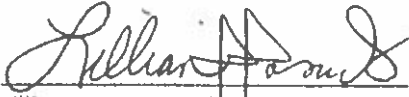
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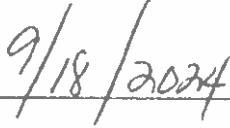



**Patient Safety Committee Team Charter FY 2025**

<b>Associate Members</b> – Committee members that are NOT mandated to attend, have NO voting privileges, but may voice and influence the committee’s votes; attendance has NO effect on the quorum, whose expertise may be called upon as applicable.	
<b>Administrator of Laboratory Services</b>  Signature/Date	<b>Special Services Unit Supervisor</b>  Signature/Date
<b>Chief of Radiology</b>  Signature/Date	<b>Wound Care Team Member</b>  Signature/Date
<b>Chief of Respiratory</b>  Signature/Date	<b>Falls Team Member</b>  Signature/Date
<b>Chief of Rehabilitation Services</b>  Signature/Date	<b>OR/PACU Unit Supervisor</b>  Signature/Date
<b>Support Staff</b>	
<b>Team Recorder</b>  Signature/Date	Responsible for creating a packet for the minutes to include the agenda, the minutes, any supporting documentation (i.e.; policies, memorandums written, etc.) that were a part of that particular meeting for filing; Identify any patient safety concerns and bring it to the attention of the committee; and Other duties as identified.

**Approving Signatures**

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

  
 Date






  
 Antoinette Kleiner, RN, MSN, FNP, IBCLC  
 Quality and Safety Subcommittee Chairperson

11/6/24  
 Date

Theresa Obispo, MBA  
 Board of Trustees Chairperson



\_\_\_\_\_  
 Date

## Patient Safety Committee Team Charter FY 2025

<p><i>Assistant Administrator of Nursing Services</i></p> <p> 9/11/24</p> <p>Signature/Date</p>	<p>Act as a liaison between the committee and Nursing staff in addressing identified issues as relevant to Nursing Division; Assist in coordinating Patient Safety Committee activities within nursing units and assign nursing personnel as needed to ensure compliance with relevant regulatory requirements; Collect and communicate data and findings regarding monitoring of regulatory requirements to the committee and present data analysis and subsequent improvement actions and evaluation; Identify any patient safety concerns within Nursing or hospital, in general, and bring it to the attention of the committee; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>
<p><i>Medication Safety Officer</i></p> <p> 9.11.24</p> <p>Signature/Date</p>	<p>Provide expertise on Medication Safety issues pertaining to patient safety; Report at least quarterly the incident cases relating to all medication errors and medication issues that occur with analysis, improvement actions and evaluations; Identify any patient safety concerns within Pharmacy or hospital, in general, and bring it to the attention of the committee; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>
<p><i>Infection Control Practitioner</i></p> <p> 9/11/2024</p> <p>Signature/Date</p>	<p>Provide expertise on Infection Control (IC) issues pertaining to patient safety; Provides information on current cases of HAIs, associated risks and possible causes; Provides expertise based on knowledge of IC processes in the hospital; Identifies risks for disease transmission based on aspects of the provision of patient care and the patient care environment; Identifies IC risks associated with work practice; Confers with the PSC on actions implemented (via direct care personnel) and as a result of noted occurrences/increase in HAIs/outbreak investigation/ exposure, etc.; Identify any patient safety concerns within IC or hospital, in general, and bring it to the attention of the committee; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>
<p><i>Risk Management</i></p> <p> 9/11/2024</p> <p>Signature/Date</p>	<p>Lead the event reporting process; Present on comprehensive systematic analyses and provides status reports on Sentinel Events and Root Cause Analysis and hospital failure effects and mode analysis corrective action plans; Identify any patient safety concerns within hospital, in general, and bring it to the attention of the committee; Liaison between the hospital and its PFAC; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>
<p><i>Accreditation Coordinator</i></p> <p> 09/11/2024</p> <p>Signature/Date</p>	<p>Oversee and measure compliance with regulations and standards for regulatory bodies; Assist in obtaining and maintaining accreditation/certification; Communicates changes in regulations and standards from regulatory bodies; Identify any patient safety concerns within hospital, in general, and bring it to the attention of the committee; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>

# Patient Safety Committee Team Charter FY 2025

## Attachment I: Team Members

Executive Members – Committee members that are mandated to attend, have voting privileges, and directly affect the quorum	
Title	Roles and Responsibilities
<p><i>Patient Safety Committee Chairperson</i></p> <hr/> <p>Signature/Date</p>	<p>Report to the committee patient safety events reported within the hospital and significant trends related to these reports on a monthly basis; Presents high level Safety Learning System statistics on a monthly basis; Identify any patient safety concerns within the hospital, in general, and bring it to the attention of the committee. Provides leadership in the promotion of patient safety and oversees implementation of patient safety initiatives; Interprets and recommends policies and procedures; Presents to the committee procedures to be reviewed from time to time and modifies the policies and methods as indicated; Seeks opportunities to influence policymaking bodies; Provides an annual evaluation of the hospital's patient safety program to leadership; and Other duties as identified.</p>
<p><i>Patient Safety Committee Vice Chairperson</i></p> <hr/> <p>Signature/Date</p>	<p>Provides leadership in absence of Chairperson in the promotion of patient safety and oversees implementation of patient safety initiatives; Interprets and recommends policies and procedures; Presents to the committee procedures to be reviewed from time to time and modifies the policies and methods as indicated; Seeks opportunities to influence policymaking bodies; and Other duties as identified.</p>
<p><i>Associate Administrator of Clinical Services</i></p> <hr/> <p>Signature/Date <b>**VACANT**</b></p>	<p>Act as liaison between the committee and the Professional Support staff and Nursing staff in addressing identified issues as relevant to the Professional Support Division and Nursing Division; Identify any patient safety concerns within Clinical Services or hospital, in general, and bring it to the attention of the committee; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>
<p><i>Associate Administrator of Medical Services</i></p>  <hr/> <p>Signature/Date</p>	<p>Act as liaison between the committee and the Medical Services staff in addressing identified issues as relevant to the Medical Services Division, Medical Staff and Medical Executive Committee (MEC); Identify any patient safety concerns within Medical Services or hospital, in general, and bring it to the attention of the committee; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>
<p><i>Assistant Administrator of Professional Support</i></p>  <hr/> <p>Signature/Date</p>	<p>Act as liaison between the committee and the Professional Support staff in addressing identified issues as relevant to the Professional Support Division; Identify any patient safety concerns within Professional Support or hospital, in general, and bring it to the attention of the committee; Make recommendations to all Patient Safety Committee related issues; and Other duties as identified.</p>

# Patient Safety Committee Team Charter FY 2025

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## **Alignment of Team to Strategic Initiatives:**

The Patient Safety Committee plays a vital role in the hospital's strategic plan with regard to the following:

Goal 4: Engage the Healthcare Workforce

Objective 4.1: Align all colleagues to the GMHA Just Culture

## **Team Members;**

See Attachment I.

## **Membership Selection Process:**

The overall membership is based on approved appointment by the Hospital Administrator/CEO. Failure to attend meetings, provide a proxy, and/or complete assigned tasks shall be reported to the member's immediate supervisor.

## **Team Process to Manage its Own Internal Continuous Quality Improvement\*:**

Measurable changes that positively impact patient safety outcomes hospital-wide by:

- Identifying key initiatives for hospital-wide activity;
- Increasing awareness;
- Providing education;
- Sharing information; and
- Using evidence-based patient safety activities and dissemination of best practices

\*For annual use by the Patient Safety Committee to self-evaluate effectiveness.

## **Team Process to Communicate Activities to Others:**

Copies of minutes will be provided to the following:

- Hospital Administrator/CEO
- Performance Improvement Committee Chairperson
- Quality and Safety Committee Chairperson
- Environment of Care Committee Chairperson

## **Support Needed:**

- Funding as needed for communications, education, guest speakers, and staff and leadership support.
- Recruitment support for a Patient Safety Officer

# Patient Safety Committee Team Charter FY 2025

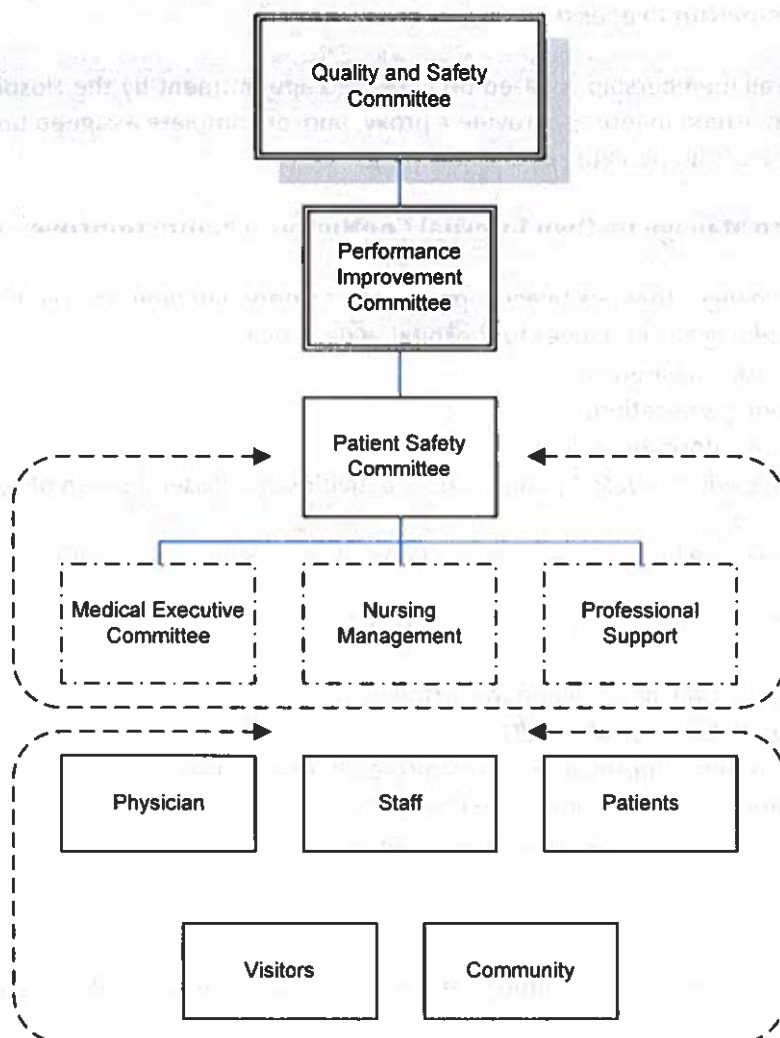
## Team Recorder:

The function of Team Recorder will be assigned to the Compliance Office Administrative Assistant. In the absence of the Administrative Assistant, the function of the Team Recorder will be served by the Patient Safety Officer. The Team Recorder will send out information electronically prior to the meeting. No paper copies will be provided.

## Location of Minutes and Team Documents:

All minutes and team documents shall be kept organized and secure by the Team Recorder.

## Alignment of Team to System Processes:



# Patient Safety Committee Team Charter FY 2025

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meetings, consultation on safety goal-setting and metrics, and participation in safety improvement initiatives.

- Our hospital's PFAC includes patients and caregivers of patients who are diverse and representative of the patient population.

## **Operations:**

1. Appointment of members shall be subject to approval by the Hospital Administrator/CEO;
2. The committee shall recommend a chair and other officers as the committee deems appropriate;
3. Members shall meet a minimum of 12 times per year. Members shall attend no less than eight meetings per year, and must send a proxy for those meetings they are unable to attend;
4. A special meeting may be called at any time by the committee chairperson to address an urgent issue(s);
5. The agenda of each meeting shall be prepared, approved by the committee chairperson and circulated to each member two days prior to the meeting date;
6. Notices for regularly scheduled meetings shall be sent out one week prior to the meeting;
7. Members serve as expert resources in guiding patient safety projects and activities;
8. Members are expected to assist in developing committee priorities and support the implementation of adopted initiatives. In addition to attending meetings, members may be called upon to provide leadership, and assist with other committees, special projects, studies, events, and other related activities.

## **Team Authorized By:**

The Patient Safety Committee is authorized by the hospital's governing body.

## **Team Authority:**

The Patient Safety Committee has the authority to establish patient safety policies for the hospital with approval of the Board of Trustees Quality and Safety Committee. The Patient Safety Committee will maintain a close working relationship with Nursing Management, Professional Support Division, and the Medical Executive Committee to ensure integrated communication occurs regarding patient safety policies and initiatives. The Patient Safety Committee has the authority, in its discretion, to conduct any investigation it deems necessary or appropriate to enable it to carry out its duties, to include, but not be limited to, medical record audits, root cause analysis, etc. Investigations conducted by the Patient Safety Committee are not to be confused with Administrative Investigations which are separate in purpose and nature.

## **Date Implemented:**

Board of Trustees Chairperson signature date.

## **Team Chairperson:**

The chairperson will be assigned by the Hospital Administrator/CEO. In the absence of a physician chairperson, the Patient Safety Officer will serve as the committee chairperson.

# Patient Safety Committee Team Charter FY 2025

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## Domain 3: Culture of Safety & Learning Health System

### Expectation

Hospitals must integrate a suite of evidence-based practices and protocols that are fundamental to cultivating a hospital culture that prioritizes safety and establishes a learning system both within and across hospitals. These practices focus on actively seeking and harnessing information to develop a proactive, hospital-wide approach to optimizing safety and eliminating preventable harm. Hospitals must establish an integrated infrastructure (i.e., people and systems working collaboratively) and foster psychological safety among staff to effectively and reliably implement these practices.

### Elements Selected for FY 2025

- Our hospital conducts a hospital-wide culture of safety survey using a validated instrument annually, or every two years with pulse surveys on target units during non-survey years. Results are shared with the governing board and hospital staff, and used to inform unit-based interventions to reduce harm.
- Our hospital has a patient safety metrics dashboard and uses external benchmarks (such as CMS Star Ratings or other national databases) to monitor performance and inform improvement activities on safety events (such as: medication errors, surgical/procedural harm, falls, pressure injuries, diagnostic errors, and healthcare-associated infections).

## Domain 4: Accountability and Transparency

### Expectation

Accountability for outcomes, as well as transparency around safety events and performance, represents the cornerstones of a culture of safety. For hospital leaders, clinical and non-clinical staff, patients, and families to learn from safety events and prevent harm, there must exist a culture that promotes event reporting without fear or hesitation, and safety data collection and analysis with the free flow of information.

### Elements Selected for FY 2025

- Our hospital has a confidential safety reporting system that allows staff to report patient safety events, near misses, precursor events, unsafe conditions and other concerns, and prompts a feedback loop to those who report.
- Our hospital reports serious safety events, near misses and precursor events to a Patient Safety Organization (PSO) listed by AHRQ that participates in voluntary reporting to AHRQ's Network of Patient Safety Databases.

## Domain 5: Patient and Family Engagement

### Expectation

The effective and equitable engagement of patients, families, and caregivers is essential to safer, better care. Hospitals must embed patients, families, and caregivers as co-producers of safety and health through meaningful involvement in safety activities, quality improvement, and oversight.

### Elements Selected for FY 2025

- Our hospital has a Patient and Family Advisory Council (PFAC) that ensures patient, family, caregiver, and community input to safety-related activities, including representation at board

# Patient Safety Committee Team Charter FY 2025

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Hospitals will attest to whether they engage in specific evidence-based best practices in each domain. Structural measures provide a way for hospitals to address a topic for which no outcome measure exists. CMS expects that by attesting to these measures, hospitals will develop evidence-based programs and processes to support improvements in high impact areas.

Realizing that the hospital and committee have limited resources, the committee will work on the following elements during FY 2025 to improve its structural and cultural prioritization of patient safety.

## **Domain 1: Leadership Commitment to Eliminating Preventable Harm**

### Expectation

The senior leadership and governing board at hospitals sets the tone for commitment to patient safety. They must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. While the hospital leadership and the governing board may convene a board committee dedicated to patient safety, the most senior governing board must oversee all safety activities and hold the organizational leadership accountable for outcomes. Patient safety should be central to all strategic, financial, and operational decisions.

### Elements Selected for FY 2025

- Our hospital leaders, including C-suite executives, place patient safety as a core institutional value. One or more C-suite leaders oversee a system-wide assessment on safety and the execution of patient safety initiatives and operations, with specific improvement plans and metrics. These plans and metrics are widely shared across the hospital and governing board.
- Reporting on patient safety and workforce safety events and initiatives (such as safety outcomes, improvement work, risk assessments, event cause analysis, infection outbreak, culture of safety, or other patient safety topics) accounts for at least 20% of the regular board agenda and discussion time for senior governing board meetings.
- C-suite executives and individuals on the governing board are notified within 3 business days of any confirmed serious safety events resulting in significant morbidity, mortality, or other harm.

## **Domain 2: Strategic Planning and Organizational Policy**

### Expectation

Hospitals must leverage strategic planning and organizational policies to demonstrate a commitment to safety as a core value. The use of written policies and protocols that demonstrate patient safety is a priority, and identifying goals, metrics and practices to advance progress is foundational to creating an accountable and transparent organization. Hospitals should acknowledge the ultimate goal of zero preventable harm, even while recognizing that this goal may not be currently attainable and requires a continual process of improvement and commitment. Patient safety and equity in care are inextricable and therefore equity, with the goal of safety for all individuals, must be embedded in safety planning, goal-setting, policy and processes.

### Elements Selected for FY 2025

- Our hospital implemented written policies and protocols to cultivate a just culture that balances no-blame and appropriate accountability and reflects the distinction between human error, at-risk behavior, and reckless behavior.



# Patient Safety Committee Team Charter FY 2025

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## **Purpose of Team:**

To support and engage Guam Memorial Hospital Authority leadership, physicians, staff, patients, and visitors in patient safety efforts to create a safety culture that improves patient outcomes and the hospital, by:

- Increasing awareness of patient safety issues;
- Providing education regarding patient safety issues;
- Developing and providing tools for leadership, providers, staff, patients, and visitors regarding patient safety issues;
- Fostering transparent systems that promote patient care improvement and education; and
- Thinking, speaking, and functioning with one voice and language to foster a consistent and clear message on patient safety initiatives.

## **Specific Team Functions and Responsibilities:**

We value the concepts of:

- Collaborating;
- Sharing information and listening;
- Celebrating success;
- Being proactive and visible;
- Using lessons learned and reflective learning to facilitate improvement and growth; and
- Involving patients and family in our deliberations and products.

We will:

- Use evidence-based patient safety activities;
- Remain patient- and family-centered;
- Focus on improving outcomes;
- Share information, and ideas with each other to improve patient safety, i.e., health care education (incorporate patient safety into health care curriculum as standard);
- Disseminate best practices and evidence based information across the hospital where applicable;
- Develop multidisciplinary recommendation for corrective action plans focused on improving patient safety, when appropriate;
- Share responsibility/accountability within the committee;
- Work with a sense of urgency;
- Use system thinking.



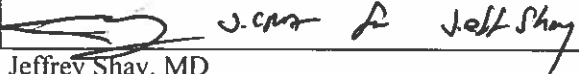
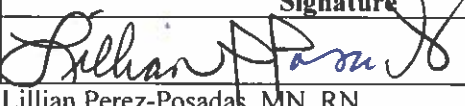

## **Scope of Work:**

As part of the FY2025 final rule, CMS is requiring hospitals participating in the Hospital Inpatient Quality Reporting (IQR) program to report on the Patient Safety Structural Measure (PSSM). The Patient Safety Structural Measure is an attestation-based measure that assesses whether hospitals have a structure and culture that prioritizes safety as demonstrated by the following five domains: (1) leadership commitment to eliminating preventable harm; (2) strategic planning and organizational policy; (3) culture of safety and learning health system; (4) accountability and transparency; and (5) patient and family engagement.

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

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

- Bylaws                                      Submitted by Department/Committee: Patient Safety Committee
- Rules & Regulations                      Policy No.: A-PS800
- Policies & Procedures                      Title: Patient Safety Program

Reviewed/Endorsed	<b>Date</b>	<b>Signature</b>
	07/09/2024	 <small>Digitally signed by Danielle Manglona DN: cn=Danielle Manglona, o=Guam Memorial Hospital Authority, ou=Compliance Office, email=danielle.manglona@gmha.org, c=US Date: 2024.09.27 08:38:07 +10:00</small>
Title	Danielle Manglona, MSN, MBA, RN, CPPS, CPHRM, CPHQ Acting, Chairperson, Patient Safety Committee	
Reviewed/Endorsed	<b>Date</b>	<b>Signature</b>
	9/30/24	
Title	Christine Taquero, MSN, RN Chairperson, Nursing Management Committee	
Reviewed/Endorsed	<b>Date</b>	<b>Signature</b>
	09/28/2024	
Title	Jeffrey Shay, MD Chairperson, Medical Executive Committee	
Reviewed/Endorsed	<b>Date</b>	<b>Signature</b>
	10/28/2024	
Title	Lillian Perez-Posadas, MN, RN Chairperson, Executive Management Council	
Reviewed/Endorsed	<b>Date</b>	<b>Signature</b>
Title	Antoinette Kleiner, RN, MSN, FNP, IBCLC Chairperson, GMHA BOT Quality & Safety SC	
Reviewed/Endorsed	<b>Date</b>	<b>Signature</b>
	11/12/24	
Title	Theresa Obispo, MBA Chairperson, GMHA Board of Trustees	




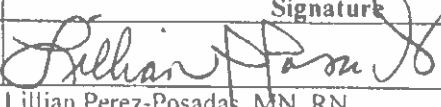

**\*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Office.**

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	Date	Signature
Reviewed/Endorsed	07/09/2024	
Title		Danielle Manglona, MSN, MBA, RN, CPPS, CPIRM, CPIIQ Acting, Chairperson, Patient Safety Committee
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Reviewed/Endorsed	11/6/24	
Title		Antoinette Kleiner, RN, MSN, FNP, IBCLC Chairperson, GMHA BOT Quality & Safety SC
Reviewed/Endorsed		
Title		Theresa Obispo, MBA Chairperson, GMHA Board of Trustees

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

**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
Lillian Perez-Posadas, MN, RN Hospital Administrator/CEO	Hospital-wide	TBD	A-PS800	1 of 8
<b>TITLE: PATIENT SAFETY PROGRAM</b>				
<b>LAST REVIEWED/REVISED:</b> 09/2024				
<b>ENDORSED:</b> PSC 07/2024, MEC 09/2024, NMC __/2024, EMC __/2024, BOTQ&S __/2024				

**PURPOSE:**

The purpose of this policy is to institute a Patient Safety Program for the Guam Memorial Hospital Authority (GMHA). This policy **guides** education, communication, consistency and **application** of the program.

This Patient Safety Program ensures that GMHA implements and maintains a patient safety program in accordance with Centers for Medicare and Medicaid Services (CMS), accrediting body and standards of practice by different licensing authorities from state and federal regulatory agencies.

**RESPONSIBILITY:**

It is the responsibility of all employees of GMHA to be familiar with the contents of this program and adhere to the procedure outlined within.

**INTRODUCTION:**

The Patient Safety Program supports and promotes the mission, vision, and values of GMHA through the practice of developing and implementing a culture of safety among its **patients, staff, contractors, physicians, volunteers, and visitors.**

In a just culture of safety and quality, all individuals are focused on maintaining excellence in providing care. Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the organization. Leaders demonstrate their commitment to quality and safety, and set expectations for those who work in the organization. Leaders evaluate the culture on a regular basis. **At GMHA, we conduct a culture of safety survey every two years. We utilize an evaluation tool that borrows from both the Agency for Healthcare Research and Quality’s (AHRQ’s) Hospital Survey on Patient Safety Culture and/or the Institute for Safe Medication Practice’s (ISMP’s) Survey on Disrespectful Behavior in Healthcare.**

The Program implements through the continuous integration and coordination of the patient safety activities of the medical staff, clinical departments and support service departments at GMHA, that have the responsibility for various aspects of patient and staff safety. Each employee of the organization performs a dedicated and critical role in ensuring patient safety.

The organization wide patient safety program is designed to reduce medical errors and hazardous conditions by utilizing a systematic, coordinated and continuous approach to the improvement of patient safety. This approach centers on the establishment of mechanisms that support effective responses to actual **events (i.e., harm and no-harm)** and **unsafe** conditions; ongoing proactive

reductions in medical/health care errors; and integration of patient safety priorities in the design and redesign of all relevant organizational processes, functions and services.

The Governing Body (Board of Trustees), Medical Executive Committee (MEC) and Executive Management Council (EMC) are committed to patient safety, assuring a just culture that facilitates error identification, remediation, non-punitive reporting and prevention through education, system redesign or process improvement for any adverse events.

The Patient Safety Program Policy offers the opportunity through **the hospital-wide learning management system**, proper and effective orientation and training that emphasizes clinical and nonclinical aspects of patient safety, an interdisciplinary approach to patient care, improvement of patient safety and the requirement and mechanism to report medical errors.

Emphasis also is placed upon patient safety in areas such as patient's rights, patient family education, continuity of care and plans for managing performance deficits. Full disclosure of serious medical errors, reportable events and any unanticipated outcome are made to patients/families through the provider as appropriate. GMHA has a program to inform accrediting and licensing bodies, as appropriate.

## SCOPE:

### I. PROACTIVE RISK IDENTIFICATION AND PROCESS FOR MITIGATING THE RISK FACTORS

The Patient Safety Program is a systematic, organization-wide program, using TJC's National Patient Safety Goals (NPSG), the Centers for Medicare and Medicaid's (CMS) Never Events, Standards of Practice of Professional Organizations, and healthcare laws of Guam and the federal government, and evidence-based guidelines. The program requires education, identification, and reporting of sentinel events, actual **events (i.e., harm and no-harm)**, near miss events, **or unsafe conditions**. Data gathering, analysis, and implementation of corrective actions are performed to improve patient safety and minimize or eliminate actual or potential liabilities. The program is the central point for data collection, and evaluation of sentinel events, actual **events (i.e., harm and no-harm)**, near miss events, **or unsafe conditions** reporting throughout the hospital.

Opportunities for improvement regarding patient safety issues are prioritized according to level of severity, frequency of the occurrence, potential for harm to the patient, and potential for liability. Ongoing review of information is performed to direct the administrative and medical staffs' attention to areas of clinical care representing significant sources of actual or potential risk.

*Note: Intentional unsafe acts are not within the definition of adverse events and **are** addressed through avenues other than the Patient Safety Committee. This is any event that results from a criminal act; a purposefully unsafe act; an act related to alcohol or substance abuse; or events involving alleged or suspected patient abuse by a privileged provider, staff member, volunteer, contractor, or student/trainee. Reference, Policy A-PS820- "Just Culture Response to Patient Safety Events"*

### II. INVESTIGATION, ANALYSIS, COORDINATION AND REPORTING

A broad range of data analysis will be reported to and reviewed by the Patient Safety Committee (PSC) monthly. The results of investigations and analytical reviews shall, in turn, be forwarded by the committee to the appropriate entities for further, in-depth evaluation, review and responses. Responses shall include any corrective action taken or plan for corrective action. The PSC serves as a clearing house for these data and information that affect patient safety. Any incident, process,

event and condition may be subject to investigation through a credible comprehensive systematic analysis. Intensive assessment may be initiated when undesirable patterns or trends are identified or a sentinel event occurs.

### III. EVENT REPORTING

The hospital's official reporting mechanism is the online Safety Learning System (SLS). All staff and medical staff have access to submit event information into this system and receiving training on how to do so as part of orientation.

Events that meet the Agency for Healthcare Research and Quality's (AHRQ) Common Formats for Event Reporting criteria are automatically submitted upon closure to the hospital's contracted Patient Safety Organization (PSO) and managed as part of the Patient Safety Evaluation System (PSES) as Patient Safety Work Product (PSWP). See Administrative Manual Policy No. A-PS1300, Patient Safety Evaluation System, for more information.

### IV. SENTINEL EVENT ALERTS AND BEST PRACTICE

Sentinel Event Alerts and best practices identified through patient safety related activities will be routed to the appropriate parties for consideration of the recommended risk-reduction strategies. The Patient Safety Committee will act on the sentinel event alert within 90 days and will subsequently educate the organization about the sentinel event alert and its efforts to reduce risk and promote patient safety regarding the topic discussed in the sentinel event alert.

### V. INTERNAL PATIENT SAFETY ALERTS AND ADVISORIES

Patient Safety Alerts and Advisories are issued by the Patient Safety Officer (PSO) to notify the field when actual or potential threats to the life or health of patients have been identified. Patient Safety Alerts disseminate urgent notices that require specific, mandatory, and timely action on the part of the recipient(s). Patient Safety Advisories are issued when a potential threat due to equipment design, procedural issues, or training has been identified. Patient Safety Advisories provide recommendations that are general in nature and implementation of the recommendations are subject to local conditions and judgment; departments must either implement the recommendations or implement equivalent or higher level of safety than provided by the recommendations.

### VI. CONFIDENTIALITY AND SECURITY

Comprehensive Systematic Analyses and other records created as PSWP (e.g., SLS event files that meet AHRQ Common Formats for Event Reporting criteria) under the guidance of the Patient Safety Quality and Improvement Act (2005), and exempt from the requirements of the Freedom of Information Act. **Strict confidentiality is maintained as these records are privileged.** See Administrative Manual Policy No. A-PS1300, Patient Safety Evaluation System, for more information.

### VII. PUBLIC RELATIONS

Depending on the patient safety information request, the Public Information Officer will notify the Administrator of Quality, Patient Safety, and Regulatory Compliance or Risk Management Program Officer before facilitating or responding to any external communications.

### VIII. ORGANIZATION, AUTHORITY AND RESPONSIBILITY

The authority to implement the Patient Safety Plan rests with the Guam Memorial Hospital Authority's Governing Body, Medical Executive Committee, Executive Management Council, and the Patient Safety Committee. This plan is evaluated yearly.

A. HOSPITAL ADMINISTRATOR/CEO

The Hospital Administrator/Chief Executive Officer shall establish and maintain the Patient Safety Program with emphasis on the implementation of a Just Culture for the organization.

B. PATIENT SAFETY COMMITTEE

The committee provides a multidisciplinary forum for the collection of an analysis of risks to patient safety and the dissemination of information on identified risks for the purpose of improving patient care and reducing morbidity and mortality within GMHA. The hospital shall utilize the Safety Learning System as its reporting tool. The committee shall review reports typically ranging from "no harm" frequently occurring "near misses" to sentinel events with serious adverse outcomes, and identified risks, which are gathered in accordance with the program. It shall review, analyze, and disseminate the information it receives, as appropriate, to the Performance Improvement Committee, and the Quality and Safety Committee on an annual basis. It shall provide recommendations concerning identified risks and where appropriate shall request and approve plans for corrective action and evaluate the implementation of corrective actions taken. Deadlines for submission shall be identified with each item that is introduced and documented in the minutes.

The Patient Safety Committee will coordinate the risk mitigating efforts on environment of care issues with the organizational Environment of Care Committee to assure membership overlaps and will provide appropriate information to that committee in a manner consistent with the protection of confidentiality of patient and patient safety information. Likewise, the hospital's Environment of Care Committee will bring patient safety concerns to the Patient Safety Committee as those arise.

C. PATIENT SAFETY OFFICER

The Patient Safety Officer shall lead the Patient Safety Committee. The Patient Safety Officer advises patient safety concern/issues that may necessitate changes to policies and procedures, orientation, on-going education, or resource allocation. The Patient Safety Officer is authorized by the committee to conduct investigations, participate as an advisor, and has the responsibility for gathering information on risks to patient safety.

D. MEDICAL STAFF

Each member of the medical staff shall participate in the reporting of events within the SLS, and in preparation and implementation of corrective action activities in the event of an identified risk..

E. DEPARTMENT HEADS

Each hospital department, which provides or affects patient care, will report and investigate patient safety risks and events that occur within its purview, identifying causal factors, and developing actions to correct and improve patient safety outcomes. Each department shall assure the participation of its employees in the reporting of events within the SLS, and in the preparation and implementation of corrective action plans. Department heads are

responsible for orientation of new staff members to the department and, as appropriate, to job and task-specific safety procedures. When necessary, the Patient Safety Officer will provide department heads with investigation guidance and assistance in developing safety programs or policies. Department heads shall serve as file managers within the SLS system responsible for investigating and resolving reported events within their departments, to include collaboration with subject matter experts (SME) within other departments as needs. Department heads are responsible for completion of action plans resulting from comprehensive systematic analyses as well as the associated sustainment monitoring via the department Quality Assessment Performance Improvement (QAPI) plan.

**F. STAFF MEMBERS**

Individual GMHA staff members are responsible for learning and following job and task-specific procedures for patient safety operations. Staff will participate in the hospital-wide event reporting system and required education and training programs. Staff are expected to participate in comprehensive systematic analyses, when necessary.

**COMMITTEE REPORTING REQUIREMENTS:**

**A. INTERNAL REPORTING**

To provide a comprehensive view of both the clinical and operational patient safety activities of the organization:

1. The minutes/reports of the Patient Safety Committee will be submitted through the Patient Safety Officer to the Quality and Safety BOT Subcommittee and the Environment of Care Committee.
2. Quarterly reports will include ongoing activities, such as data collection and analysis presented to the Patient Safety Committee.
  - a. Upon review of this information, action will be taken by the Patient Safety Committee as deemed necessary.

**B. EXTERNAL REPORTING**

1. External reporting will be completed in accordance with all local, federal, and regulatory body rules, regulations, and requirements. See Administrative Manual Policy No. A-PS1300, Patient Safety Evaluation System, for more information.

**C. THE PATIENT SAFETY OFFICER WILL SUBMIT AN ANNUAL REPORT TO THE BOARD OF TRUSTEES (BOT) WHICH WILL INCLUDE:**

1. A summary of patient safety events.
2. A description of what the hospital has done in response to any Sentinel Event Alert.
3. A description of the examples of ongoing in-service and other education and training programs that are maintaining and improving staff competency and supporting an interdisciplinary approach to patient care.



## REFERENCES:

- 42 C.F.R. pt. 482.21(e) (2014). Condition of participation: Quality assessment and performance improvement program. Retrieved September 12, 2024 from <https://www.ecfr.gov/current/title-42/section-482.21>
- Centers for Improvement in Healthcare Quality. (June 2024). *Accreditation Standards for Acute Care Hospitals*. Retrieved September 12, 2024 from [https://cihq-ars.org/ref\\_library\\_display.asp?e=16](https://cihq-ars.org/ref_library_display.asp?e=16)
- Centers for Medicare and Medicaid Services. (March 15, 2013). *AHRQ Common Formats: Information for Hospitals and State Survey Agencies (SAs)- Comprehensive Patient Safety Reporting Using AHRQ Common Formats*. Retrieved September 12, 2024 from <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/SC13-19%20AHRQ%20Common%20Formats.pdf>
- Centers for Medicare and Medicaid Services. (September 29, 2023). *Patient Safety Work Products (PSWP), Survey Process, and Quality Assessment and Performance Improvement (QAPI) Survey Documents*. Retrieved September 12, 2024 from <https://www.cms.gov/files/document/qso-23-24-hospital.pdf>
- The Joint Commission. Behaviors that undermine a culture of safety. *Sentinel Event Alert*. July 9, 2008 (Updated June 18, 2021). Retrieved September 12, 2024 from <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf>
- The Joint Commission. The Essential Role of Leadership in Developing a Safety Culture. *Sentinel Event Alert*. March 1, 2017 (Updated June 18, 2021). Retrieved September 12, 2024 from <https://www.jointcommission.org/-/media/tjc/newsletters/sea-57-safety-culture-and-leadership-final3.pdf>

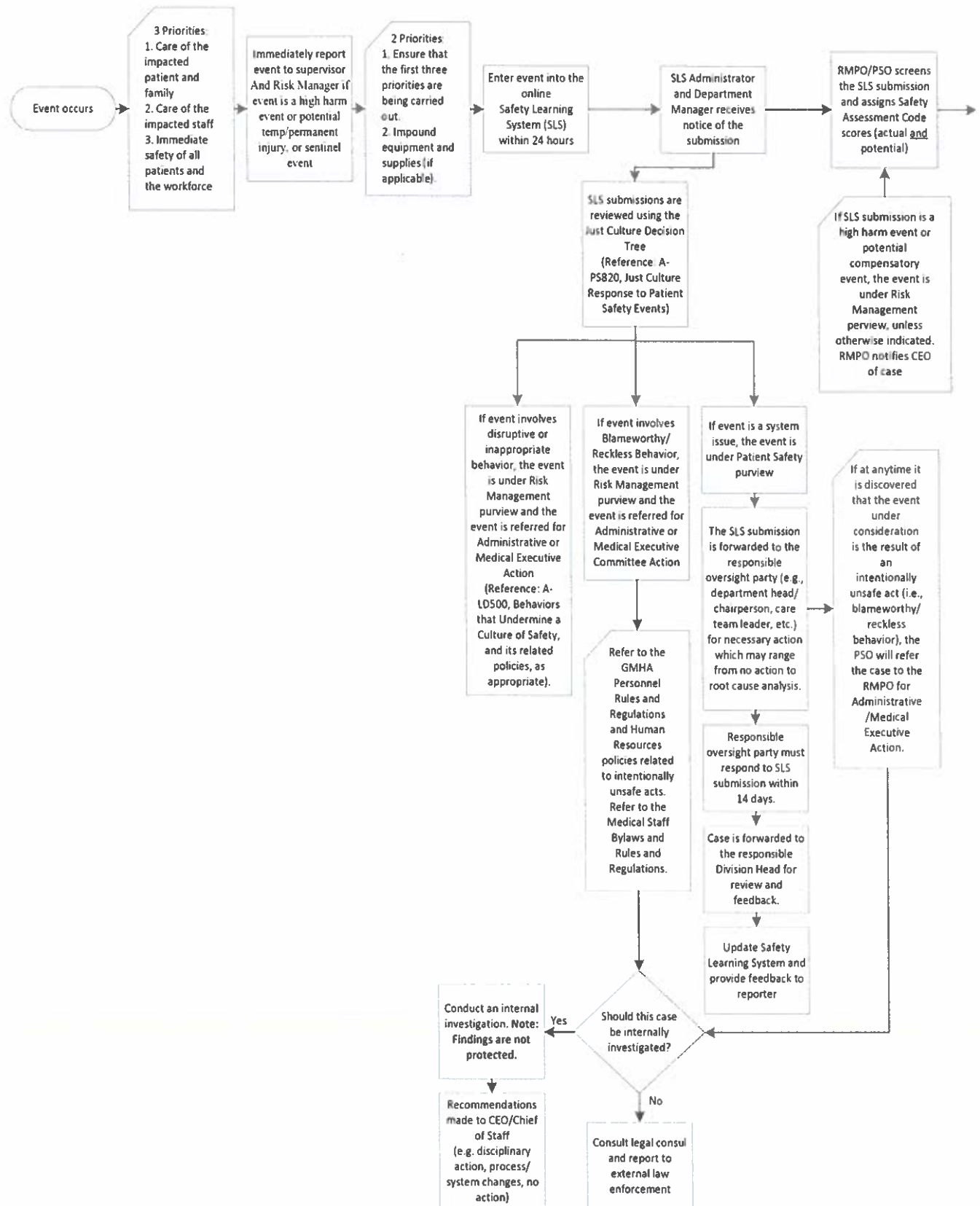
## RELATED POLICIES:

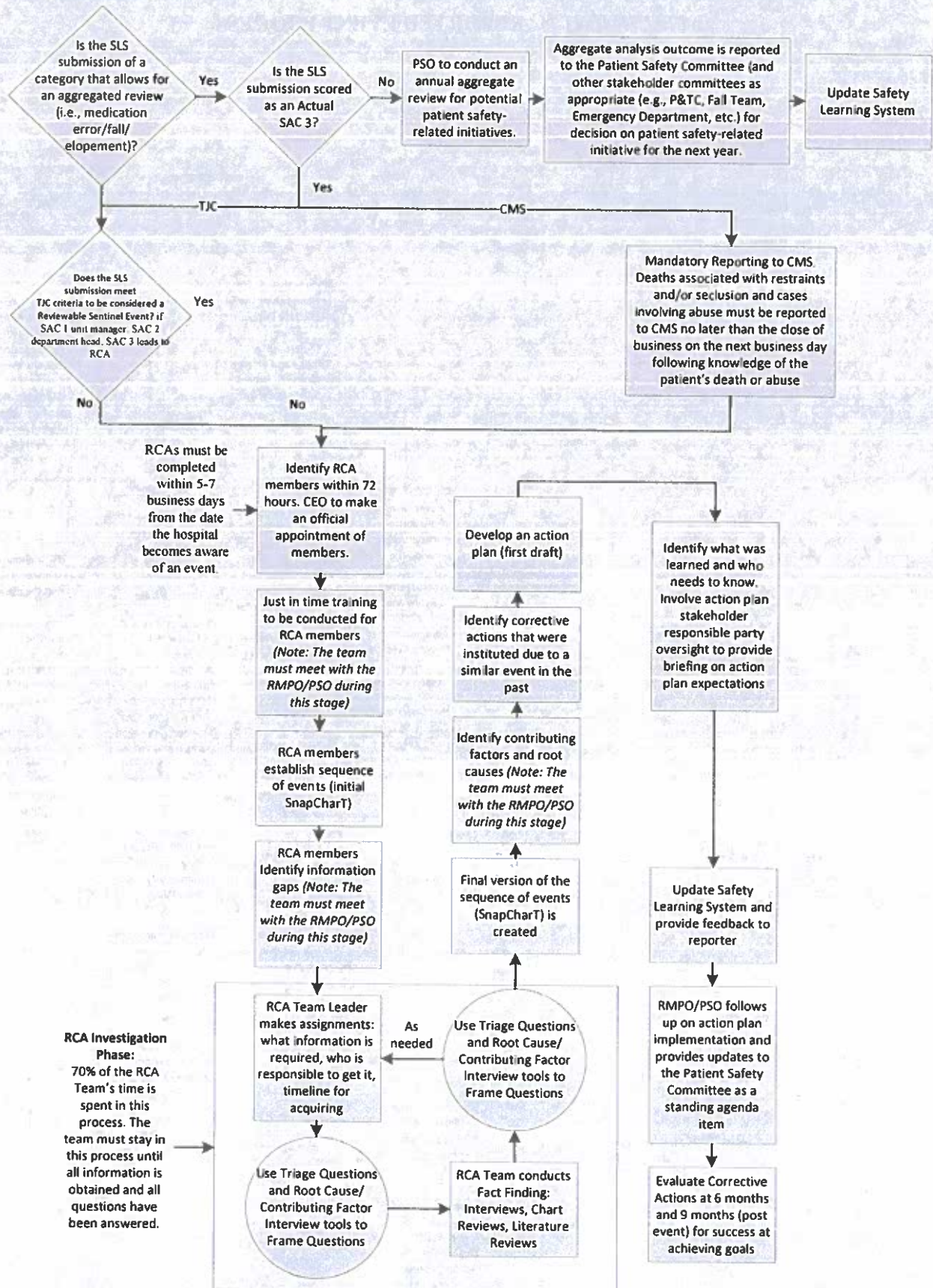
- GMHA Administrative Manual Policy No. A-PS700 Root Cause Analysis for Sentinel Events
- GMHA Administrative Manual Policy No. A-PS810 Disclosure of Unanticipated Outcomes
- GMHA Administrative Manual Policy No. A-PS820 Just Culture Response to Patient Safety Events
- GMHA Administrative Manual Policy No. A-PS1300 Patient Safety Evaluation System

## RESCISSION:

Policy No. A-PS800, *Patient Safety Program* of the Administration Manual made effective June 7, 2022.

**ATTACHMENT 1: REPORTED EVENT PROCESS**







# 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. 2024-56

#### “RELATIVE TO APPROVING NINETY-FOUR (94) NEW FEES AND ONE HUNDRED SIXTY (160) FEE SCHEDULE UPDATES”

**WHEREAS**, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the GMHA Board of Trustees; and

**WHEREAS**, the GMHA Board of Trustees has reviewed the Public Law 26-66; and

**WHEREAS**, a Public Hearing was held on September 3, 2024 and oral comments and written testimony have been solicited regarding the Ninety-Four (94) new fees comprised of the following Hospital departments: Nursing, Interventional Radiology, Pharmacy, OR (Surgery & Recovery), Laboratory, Cardiology, and Gastroenterology; and

**WHEREAS**, the Public Hearing held was also for one hundred sixty (160) fee schedule updates to be effective October 1, 2024, including one hundred fifty-one (151) Pharmacy Medicine fees based on the current purchase orders and nine (9) Observation rates based on the new Room and Board fee schedule; and

**WHEREAS**, the GMHA Board of Trustees has reviewed the list of new fees and the list of fee schedule updates and found the same to be in order; now therefore be it,

**RESOLVED**, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to continue to proceed with the adjudication process of these 94 new fee items and the 160 fee schedule updates, and be it further

**RESOLVED**, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

**DULY AND REGULARLY ADOPTED ON THIS 30<sup>th</sup> DAY OF OCTOBER, 2024.**

Certified by:

Theresa C. Obispo  
Chairperson

Attested by:

Sharon J. Davis  
Secretary

**GUAM MEMORIAL HOSPITAL AUTHORITY**  
**SUMMARY OF NEW FEE ITEMS /SERVICES**  
*for Submission to the 37th Guam Legislature*  
*Public Hearing on September 3, 2024.*

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT	CPT CODE	REVENUE CODE	Description	Effective Date	Remarks
1	00049591	RPR AA HERNIA 1ST < 3 CM REDUC	\$1,314.00	SURGERY- MD	49591	0960	Professional Fee	07/30/2024	New Code
2	01431845	BRNCHSC W/THER ASPIR 1ST	\$1,817.14	NURSING	31645	0761	Nursing Administration	07/08/2024	New Code
3	01436558	INSERT TUNNELED CV CATH	\$3,469.19	NURSING	36558	0761	Nursing Administration	07/08/2024	New Code
4	01436573	INSJ PICC RS&I 5 YR+ FACILITY	\$1,550.27	NURSING	36573	0761	Nursing Administration	06/05/2024	New Code
5	01436800	INSERTION OF CANNULA	\$5,235.92	NURSING	36800	0761	Nursing Administration	07/08/2024	New Code
6	01462328	DX LMBR SPI PNXR W/FLUOR/CT	\$734.62	NURSING	62328	0761	Nursing Administration	07/08/2024	New Code
7	01488720	BILIRUBIN TOTAL TRANSCUTANEOUS	\$38.40	NURSING	88720	0231	Nursing Administration	07/19/2024	New Code
8	02003690	THRMBNFS DIALYSIS CIRCUIT	\$17,177.60	INTERVENTIONAL RADIOLOGY	36906	0320	Procedure	08/01/2024	New Code
9	02003724	TRLUML BALO ANGIOP 1ST ART	\$5,215.40	INTERVENTIONAL RADIOLOGY	37246	0320	Procedure	08/01/2024	New Code
10	02020560	NDL INSERT W/O INJ 1 OR 2 MUSC	\$24.96	INTERVENTIONAL RADIOLOGY	20560	0320	Procedure	08/01/2024	New Code
11	02020561	NDL INSERT W/O INJ 3+ MUSC	\$24.96	INTERVENTIONAL RADIOLOGY	20561	0320	Procedure	08/01/2024	New Code
12	02031298	NSL/SINS NDSC SURG FRNT&SPHN	\$6,187.08	INTERVENTIONAL RADIOLOGY	31298	0320	Procedure	08/01/2024	New Code
13	02033274	TCAT INSJ/RPL PERM LDLS PM	\$17,177.60	INTERVENTIONAL RADIOLOGY	33274	0320	Procedure	08/01/2024	New Code
14	02033275	TCAT RMVL PERM LDLS PM W/IMG	\$3,037.01	INTERVENTIONAL RADIOLOGY	33275	0320	Procedure	08/01/2024	New Code
15	02033285	INSERT SUBQ CAR RHYTHM MNTOR	\$8,094.61	INTERVENTIONAL RADIOLOGY	33285	0320	Procedure	08/01/2024	New Code
16	02033286	RMVL SUBQ CAR RHYTHM MNTOR	\$648.97	INTERVENTIONAL RADIOLOGY	33286	0320	Procedure	08/01/2024	New Code
17	02033289	TCATH IMPLANT WRLS P-ART PRS S	\$27,692.47	INTERVENTIONAL RADIOLOGY	33289	0320	Procedure	08/01/2024	New Code
18	02036465	NJX NONCMPND SCLRSNT 1 VEIN	\$1,737.53	INTERVENTIONAL RADIOLOGY	36465	0320	Procedure	08/01/2024	New Code
19	02036466	NJX NONCMPND SCLRSNT MLT VN	\$1,737.53	INTERVENTIONAL RADIOLOGY	36466	0320	Procedure	08/01/2024	New Code
20	02036836	PRQ AV FSTL CRTJ UXTR 1 FACILI	\$16,707.31	INTERVENTIONAL RADIOLOGY	36836	0320	Procedure	06/05/2024	New Code
21	02036837	PRQ AV FSTL CRT UXTR SEP FACIL	\$16,707.31	INTERVENTIONAL RADIOLOGY	36837	0320	Procedure	06/05/2024	New Code
22	02062380	NDSC DCMPRN 1 INTRSPC LUMBAR	\$6,816.33	INTERVENTIONAL RADIOLOGY	62380	0320	Procedure	08/01/2024	New Code
23	02064451	NJX AA&/STRD NRV NRVGTG SI JT	\$658.90	INTERVENTIONAL RADIOLOGY	64451	0320	Procedure	08/01/2024	New Code
24	02064454	NJX AA&/STRD GNCLR NRV BRNCH	\$658.90	INTERVENTIONAL RADIOLOGY	64454	0320	Procedure	08/01/2024	New Code
25	02074329	X-RAY FOR PANCREAS ENDOSCOPY	\$146.00	INTERVENTIONAL RADIOLOGY	74329	0320	Procedure	08/01/2024	New Code
26	02198142	MSWSTDA18260EX GW HY.018 280CM	\$386.41	INTERVENTIONAL RADIOLOGY	C1769	0272	Supplies	06/13/2024	New Code
27	02198143	CATH IMPRESS 5FR 65CM COBRA1	\$44.93	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
28	02198144	PTA BAL DILAT 3MM X 10CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
29	02198145	PTA BAL DILAT 3MM X 14CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
30	02198146	PTA BAL DILAT 4MM X 14CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
31	02198147	PTA BAL DILAT 3MM X 20CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
32	02198148	PTA BAL DILAT 4MM X 20CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
33	02198149	PTA BAL DILAT 6MM X 8CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
34	02198150	PTA BAL DILAT 7MM X 8CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
35	02198151	PTA BAL DILAT 8MM X 8CM .035	\$651.00	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/13/2024	New Code
36	02198152	POWER PICC TRPL LUMEN 6FX135CM	\$843.32	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/27/2024	New Code
37	02198153	POWER PICC DUAL LUMEN 4FRX70CM	\$843.32	INTERVENTIONAL RADIOLOGY	A4649	0272	Supplies	06/28/2024	New Code
38	02232200	DRAINAGE OF LUNG LESION	\$3,250.00	INTERVENTIONAL RAD - MD	32200	0960	Professional Fee	08/01/2024	New Code
39	02236160	INTRO-NDL CATH AORTIC LUMBAR	\$744.00	INTERVENTIONAL RAD - MD	36160	0960	Professional Fee	08/01/2024	New Code
40	02236836	PRQ AV FSTL CRTJ UXTR 1 ACS	\$1,026.87	INTERVENTIONAL RAD - MD	36836	0972	Professional Fee	06/05/2024	New Code
41	02236837	PRQ AV FSTL CRT UXTR SEP ACS	\$1,324.47	INTERVENTIONAL RAD - MD	36837	0972	Professional Fee	06/05/2024	New Code
42	02236860	DECLOTTING W/O BALLOON CATH	\$556.00	INTERVENTIONAL RAD - MD	36860	0960	Professional Fee	08/01/2024	New Code
43	02248102	PERC NEEDLE BIOPSY PANCREAS	\$1,020.00	INTERVENTIONAL RAD - MD	48102	0960	Professional Fee	08/01/2024	New Code
44	02250385	CHANGE STENT VIA TRANSURETH	\$1,538.00	INTERVENTIONAL RAD - MD	50385	0960	Professional Fee	08/01/2024	New Code
45	02250690	INJECT FOR URETEROPYELOGRAPHY	\$276.00	INTERVENTIONAL RAD - MD	50690	0960	Professional Fee	08/02/2024	New Code
46	02261050	CISTERN/LAT CERVIC W/O INJ	\$359.00	INTERVENTIONAL RAD - MD	61050	0980	Professional Fee	08/01/2024	New Code
47	02261055	CISTERN/LAT CERVIC W/ INJ	\$544.00	INTERVENTIONAL RAD - MD	61055	0960	Professional Fee	08/01/2024	New Code
48	02293505	BIOPSY OF HEART LINING	\$758.00	INTERVENTIONAL RAD - MD	93505	0960	Professional Fee	08/01/2024	New Code
49	03917436	X-RAY GUIDE GI DILATION PF	\$86.00	GASTROENTEROLOGY - MD	74360	0972	Professional Fee	06/21/2024	New Code
50	03924660	POS AIRWAY PRESSURE CPAP	\$142.00	PULMONARY	94660	0960	Professional Fee	06/14/2024	New Code
51	03929495	TRANS CARE MGMT 14 DAY DISCH	\$365.00	PULMONARY	99495	0960	Professional Fee	06/14/2024	New Code
52	03942937	PRQ REVASC BYP GRAFT 1 VSL	\$1,758.00	CARDIOLOGY	92937	0960	Professional Fee	07/24/2024	New Code
53	03942943	PRQ CARD REVASC CHRONIC 1 VSL	\$1,997.00	CARDIOLOGY	92943	0960	Professional Fee	07/24/2024	New Code
54	03949304	SNF CARE, INITIAL >25 MINS	\$193.00	CARDIOLOGY	99304	0960	Professional Fee	06/14/2024	New Code
55	03949305	SNF CARE, INITIAL >35 MINS	\$261.00	CARDIOLOGY	99305	0960	Professional Fee	06/14/2024	New Code
56	03949306	SNF CARE, INITIAL >50 MINS	\$313.00	CARDIOLOGY	99306	0960	Professional Fee	06/14/2024	New Code
57	03949307	SNF CARE, SUBSEQUENT >10 MINS	\$88.00	CARDIOLOGY	99307	0987	Professional Fee	06/14/2024	New Code
58	03949308	SNF CARE, SUBSEQUENT >20 MINS	\$136.00	CARDIOLOGY	99308	0987	Professional Fee	06/14/2024	New Code
59	03949309	SNF CARE, SUBSEQUENT >30 MINS	\$183.00	CARDIOLOGY	99309	0987	Professional Fee	06/14/2024	New Code
60	03949310	SNF CARE, SUBSEQUENT >45 MINS	\$261.00	CARDIOLOGY	99310	0987	Professional Fee	06/14/2024	New Code
61	04300156	REMDESIVIR 125MG/NS 100ML IVSY	\$949.80	PHARMACY	J3490	0251	Medicine	06/07/2024	New Code
62	04300157	VANCOMYCIN 500MG/NS 100ML IVPB	\$10.45	PHARMACY	J3370	0251	Medicine	06/12/2024	New Code
63	04300158	RISPERIDONE 0.5MG TABLET	\$0.91	PHARMACY	J3490	0251	Medicine	07/08/2024	New Code
64	04300159	MEDI-HONEY 80% 15ML GEL	\$19.02	PHARMACY	A4649	0252	Medicine	07/23/2024	New Code


65	07099675	RESOLUTION 360 CLIP 235cm	\$926.35	OR(SURGERY & RECOVERY)	A4649	0272	Supplies	06/06/2024	New Code
66	07099676	RESOLUTION360 ULTRA CLIP 235cm	\$835.80	OR(SURGERY & RECOVERY)	A4649	0272	Supplies	06/06/2024	New Code
67	07099677	RETRIEVAL NET 3x5 2.8CM 230CM	\$660.45	OR(SURGERY & RECOVERY)	A4649	0272	Supplies	07/19/2024	New Code
68	07882384	CATECHOLAMINES FRACTIONATED	\$76.90	LABORATORY	82384	0301	Test	07/24/2024	New Code
69	07886052	NMO NEUROMYELITIS OPTICA	\$65.00	LABORATORY	86052	0302	Test	06/26/2024	New Code
70	07886757	RICKETTSIA ANTIBODY PANEL	\$232.40	LABORATORY	86757	0302	Test	07/24/2024	New Code
71	07887285	TREPONEMA PALLIDUM AG IF	\$90.00	LABORATORY	87285	0306	Test	07/24/2024	New Code
72	07887502	INFLUENZA DNA AMP PROBE	\$222.05	LABORATORY	87502	0306	Test	07/24/2024	New Code
73	07887899	CRYPTOCOCCUS AG, CSF, RFLX CUL	\$60.98	LABORATORY	87899	0306	Test	06/26/2024	New Code
74	07887988	JC POLYOMA VIRUS DNA QUALITATI	\$196.00	LABORATORY	87798	0306	Test	06/26/2024	New Code
75	07888779	TOXOPLASMA GONDII PCR	\$196.00	LABORATORY	87798	0306	Test	06/26/2024	New Code
76	07888877	TROPHYMYA WHIPPLEI DNA QUALIT	\$196.00	LABORATORY	87798	0306	Test	06/26/2024	New Code
77	09100300	STENT 2MM X 15MM	\$2,320.50	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
78	09100301	STENT 3MM X 22MM	\$2,320.50	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
79	09100303	STENT 2.75MM X 22MM	\$1,312.50	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
80	09100304	STENT 3.5MM X 18MM	\$1,812.50	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
81	09100305	STENT 3.5MM X 21MM	\$1,812.50	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
82	09100306	STENT 3.5MM X 22MM	\$1,812.50	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
83	09100307	STENT 3.5MM X 23MM	\$1,812.50	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
84	09100308	STENT 2.5MM X 23MM	\$1,800.00	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
85	09100309	STENT 3.5MM X 15MM	\$1,800.00	CARDIOLOGY	C1874	0278	Supplies	07/02/2024	New Code
86	09192924	PRQ CARD ANGIO/ATHRECT 1 ART	\$10,481.81	CARDIOLOGY	92924	0481	Professional Fee	07/29/2024	New Code
87	09192933	PRQ CARD STENT/ATH/ANGIO 1 ART	\$16,707.31	CARDIOLOGY	92933	0481	Professional Fee	07/29/2024	New Code
88	09294010	SPIROMETRY TOTAL & TIMED	\$153.86	PULMONARY	94010	0460	Professional Fee	06/11/2024	New Code
89	09400141	RATTOOTH BX FORCP REUSBL 230CM	\$920.88	GASTROENTEROLOGY	A4649	0272	Supplies	06/27/2024	New Code
90	09400142	QUICKCLIP PRO 2300MM X 11 MM	\$675.23	GASTROENTEROLOGY	A4649	0272	Supplies	06/27/2024	New Code
91	09400143	ENDOJAW-ALLIGATOR 2.8MMX2300MM	\$388.94	GASTROENTEROLOGY	A4649	0272	Supplies	06/27/2024	New Code
92	09400144	LARGE ENDOJAW-ALLIGATOR JAW	\$388.94	GASTROENTEROLOGY	A4649	0272	Supplies	06/27/2024	New Code
93	09400145	POLYP TRAP-SINGLE CHAMBER WIDE	\$18.06	GASTROENTEROLOGY	A4649	0272	Supplies	06/27/2024	New Code
94	09474360	X-RAY GUIDE GI DILATION TC	\$305.74	GASTROENTEROLOGY	74360	0320	Technical Fee	06/21/2024	New Code

\*\*\*\*\* LAST ITEM \*\*\*\*\*

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.

  
 Sydie P. Taisacan  
 General Accounting Supervisor

  
 Date

Concurred by:  
  
 Yukari B. Hechanova  
 Chief Financial Officer

  
 Date

**GUAM MEMORIAL HOSPITAL AUTHORITY**  
**SUMMARY OF FEE SCHEDULE UPDATES**  
*for Submission to the 37th Guam Legislature*  
*Public Hearing on September 3, 2024.*

NO	CHARGE CODE	DESCRIPTION	CURRENT RATE	UPDATED RATE	DEPARTMENT	CPT CODE	REVENUE CODE	Description	Effective Date	Remarks
1	4213768	ALTEPLASE 100 MG VIAL	\$3,360.14	\$10,443.62	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
2	4204448	RITUXIMAB 50MG/ML 50ML VIAL	\$2,674.08	\$5,998.00	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
3	4227131	TNKASE 50MG INJECTION	\$4,844.55	\$9,200.00	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
4	4213185	DIGIBIND 40MG INJECTION	\$874.52	\$5,487.00	Pharmacy	J1162	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
5	4200129	ACTIVASE 50MG VIAL	\$3,008.13	\$5,329.00	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
6	4297002	CALCITONIN 200IU/ML 2ML VIAL	\$82.51	\$1,860.00	Pharmacy	J0630	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
7	4233256	FACTOR VII	\$15,582.68	\$16,146.00	Pharmacy	J7189	636	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
8	4295011	AUGMENTIN 125MG/5ML 100ML BT	\$44.39	\$1,148.61	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
9	4200262	HYPERAB 2ML VIAL	\$258.56	\$779.90	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
10	4204447	RITUXIMAB 10MG/ML 10ML VIAL	\$807.17	\$1,520.06	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
11	4211038	SYNTHROID 0.5MG 10ML INJ	\$73.94	\$780.81	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
12	4212045	FML OPHTH SOLN 10ML	\$28.48	\$690.10	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
13	4200198	ATROVENT INHALER 14GM	\$170.60	\$737.00	Pharmacy	J3535	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
14	4206850	CYTOXAN 500MG INJECTION	\$62.79	\$627.00	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
15	4233255	FACTOR VII A	\$2,954.91	\$3,422.00	Pharmacy	J7189	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
16	4213329	DIMETHYL SULFOXIDE 50% 50ML VL	\$163.63	\$1,068.00	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
17	4204292	BICILLIN LA 2.4MU/4ML INJ	\$137.67	\$717.77	Pharmacy	J0561	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
18	4211259	PREMARIN 25MG INJECTION	\$116.72	\$626.00	Pharmacy	J1410	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
19	4299939	Immune Globulin 10% 20g vial	\$2,305.19	\$2,781.41	Pharmacy	J3490	387	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
20	4201809	TETANUS IG 250U/2ML INJ	\$184.72	\$756.27	Pharmacy	J1670	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
21	4211630	ERYTHROMYCIN 200/5ML 200ML	\$47.60	\$504.01	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
22	4206250	BICILLIN LA 1.2MU/2ML INJ	\$19.61	\$89.10	Pharmacy	J0561	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
23	4203680	GLUCAGON 1MG/ML INJ	\$82.11	\$480.31	Pharmacy	J1610	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
24	4210685	DIGOXIN 0.1MG INJECTION	\$7.39	\$371.01	Pharmacy	J1160	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
25	4211094	BICILLIN LA 600000U/1ML	\$11.91	\$400.00	Pharmacy	J0561	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
26	4206230	BICILLIN CR 1.2MU/2ML INJ	\$16.84	\$468.00	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
27	4200530	ATROPINE 1% EYE DRP 15ML	\$2.69	\$311.59	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
28	4213209	HEMABATE 250MCG/1ML INJ	\$53.77	\$366.00	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
29	4244062	COLLAGENASE 30GM OINTMENT	\$243.69	\$536.00	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
30	4296124	SELENIUM 40MCG/ML 10ML VIAL	\$4.19	\$93.70	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
31	4212017	LUGOL'S SOLUTION 30ML	\$1.49	\$163.87	Pharmacy	J3490	250	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
32	4209090	RHO GAM 300MCG INJECTION	\$204.21	\$232.67	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
33	4208970	PROTOPAM 1GM VIAL	\$14.72	\$322.17	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
34	4211715	PROCAINAMIDE 1000MG INJECT	\$52.75	\$313.99	Pharmacy	J2690	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
35	4210120	WYDASE 1500 UNIT 10ML VIAL	\$21.77	\$220.48	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
36	4200570	BACITRACIN OPHTH OINT 3.5GM	\$4.42	\$328.08	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
37	4201851	ERYTHROMYCIN 500MG INJ	\$11.76	\$183.51	Pharmacy	J1364	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
38	4222702	THROMBIN 5000U VIAL	\$43.96	\$247.85	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
39	4211622	CELESTONE 6MG/ML 5ML INJ	\$25.10	\$143.01	Pharmacy	J0702	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
40	4295096	RABIES VACCINE 2.5IU SDV	\$288.45	\$596.72	Pharmacy	90675	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
41	4204332	STREPTOMYCIN 1GM INJECT	\$7.39	\$152.50	Pharmacy	J3000	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
42	4210090	WYCILLIN 1.2MU/2ML INJ	\$7.94	\$145.11	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
43	4200632	BECLOMETHASONE 80MCG INHAL	\$294.05	\$535.00	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
44	4213092	FLITICASONE 220MCG 12GM INHAL	\$322.67	\$602.73	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
45	4295010	ATROPINE 0.5MG/5ML SYRINGE	\$7.09	\$107.76	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
46	4261106	MMR VACCINE 0.5ML SDV	\$80.40	\$277.14	Pharmacy	90707	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
47	4200440	ANALGESIC BALM-BENGAY 85GM	\$2.96	\$10.72	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order

48	4202410	VISTARIL 50MG/ML 1ML INJ	\$7.39	\$11.85	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
49	4202850	MEPHYTON 5 MG TAB	\$1.49	\$75.24	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
50	4211676	PITRESSIN 20U/ML VIAL	\$34.87	\$191.21	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
51	4200623	COGENTIN 1MG/ML 2ML AMP	\$6.79	\$84.61	Pharmacy	J0515	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
52	4201321	DECADRON .1% OPHTH SOL 5ML	\$18.11	\$137.66	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
53	4203030	METHERGINE 0.2MG/ML 1ML AMP	\$7.39	\$100.59	Pharmacy	J2210	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
54	4200280	AMINOCAPROIC ACID 500MG TAB	\$1.49	\$17.91	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
55	4295402	PNEUMOCOCCAL VAC 23-VAL 0.5ML	\$114.17	\$335.50	Pharmacy	90732	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
56	4211885	KAYEXALATE SUSP 15GM 60ML	\$15.47	\$100.32	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
57	4210110	WYICILLIN 600000U/ML INJ	\$7.39	\$87.16	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
58	4200274	MINERAL OIL 10ML	\$4.69	\$67.80	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
59	4211197	SODIUM PHOSPHATE INJECTION	\$7.39	\$76.03	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
60	4295982	SODIUM BICARB 8.4% 50ML SYRP	\$7.32	\$126.73	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
61	4201040	THORAZINE 100MG TABLET	\$1.49	\$20.06	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
62	4209910	VALIUM 10MG INJECTION	\$7.39	\$82.20	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
63	4210160	XYLOCAINE TOPICAL 4% 50ML	\$7.39	\$66.14	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
64	4296016	AQUAMEPHYTON 10MG INJ	\$13.99	\$96.35	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
65	4295905	PHENOBARBITAL 65MG/ML INJ	\$8.27	\$76.80	Pharmacy	J2560	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
66	4210820	SODIUM BICARB 4.2% 10ML SYRP	\$6.79	\$62.56	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
67	4204387	DESMOPRESSIN 4MCG/ML AMP	\$25.57	\$126.50	Pharmacy	J2597	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
68	4204461	TETRACAINE OPHTH SOLN 15ML	\$14.12	\$236.19	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
69	4210130	XYLOCAINE CAR ARR 50MG	\$7.39	\$43.54	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
70	4210818	SODIUM BICARB 10MEQ SYRINGE	\$16.35	\$81.85	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
71	4201222	CYTOXAN 50MG TABLET	\$1.75	\$39.41	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
72	4296038	NTG 50MG/D5W 250ML	\$22.14	\$93.93	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
73	4213758	SODIUM BICARB 50MEQ/50ML VIAL	\$2.24	\$65.61	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
74	4200178	AZACTAM 1GM VIAL	\$26.99	\$104.73	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
75	4211264	SODIUM SULAMYD 10% 15ML OPHTH	\$18.11	\$82.68	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
76	4200507	FAT EMULSION 20% 250ML	\$59.12	\$187.41	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
77	4211096	PROSTIGMIN 1:2000 AMP	\$1.49	\$28.53	Pharmacy	J1940	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
78	4211452	CORTROSYN 0.25MG 1ML INJ	\$19.67	\$90.38	Pharmacy	J0834	636	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
79	4203040	METHERGINE 0.2MG TABLET	\$1.49	\$16.98	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
80	4211910	ERYTHROMYCIN 500MG TABLET	\$1.49	\$18.74	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
81	4201922	PREMARIN 0.625MG TABLET	\$1.49	\$21.86	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
82	4204021	PYRIDOXINE 100MG INJ	\$10.56	\$56.26	Pharmacy	J3415	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
83	4296043	ATROPINE 0.4MG/ML 20ML VIAL	\$5.07	\$28.47	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
84	4213067	MVI PEDIATRIC 5ML INJECTION	\$21.89	\$78.27	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
85	4227607	ERYTHROMYCIN 1GM OPHTH OINT	\$3.30	\$27.52	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
86	4201470	DIGOXIN 0.5MG 2ML AMP	\$7.39	\$35.55	Pharmacy	J1160	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
87	4201920	PREMARIN 1.25MG TABLET	\$1.49	\$21.83	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
88	4211509	EPHEDRINE SO4 50MG/ML AMP	\$5.13	\$17.52	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
89	4209010	QUINAGLUTE TABLET	\$1.34	\$20.85	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
90	4211340	ALBUTEROL 2MG TABLET	\$1.49	\$8.94	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
91	4211800	PYRAZINAMIDE 500MG TABLET	\$1.49	\$7.94	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
92	4213762	BICITRA ORAL SOLN 30ML UD	\$2.44	\$15.63	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
93	4202380	SOLU-CORTEF 100MG/2ML VIAL	\$15.28	\$93.07	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
94	4200773	CALCIUM GLUCONATE 1GM/10ML VI	\$7.39	\$40.47	Pharmacy	J0612	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
95	4211751	ERYC 250MG CAPSULE	\$1.07	\$11.70	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
96	4231831	ALTEPLASE/CATHFLO 2MG VIAL	\$199.68	\$428.00	Pharmacy	J2997	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
97	4210605	ACETAZOLAMIDE 500MG CAP	\$1.49	\$13.12	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
98	4210916	AMPICILLIN 125MG INJ	\$7.39	\$29.98	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
99	4213775	SILVADENE CREAM 1% 50GM	\$5.57	\$18.22	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
100	4211427	ISORDIL 40MG	\$1.49	\$14.13	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
101	4205060	DEXTRAN-40 NSS 500ML	\$39.69	\$112.53	Pharmacy	J7100	258	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
102	4200578	PROMETHAZINE SUPP 25MG	\$1.59	\$11.94	Pharmacy	J8498	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
103	4201422	BENTYL 10MG/ML 2ML INJ	\$12.34	\$41.57	Pharmacy	J0500	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
104	4213156	FERROUS SO4 ELIX 300MG/5ML UD	\$1.49	\$8.02	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
105	4200027	EUCERIN CREAM 30 GM	\$4.13	\$17.97	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
106	4213127	AMIODARONE 100MG TABLET	\$1.20	\$9.70	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
107	4211513	POTASSIUM PO4 40MEQ/15ML	\$18.55	\$136.32	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
108	4207870	LACRI-LUBE 3.5GM EYE OINT	\$11.01	\$93.62	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
109	4212563	SOLU-MEDROL 500MG VIAL	\$54.03	\$167.12	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order



110	4201844	EPINEPHRINE 1MG/10ML SRN	\$15.47	\$51.50	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
111	4202710	MAALOX SUSP PER DOSE	\$1.49	\$10.62	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
112	4210824	SODIUM CL 23.4% 30ML	\$7.39	\$25.48	Pharmacy	J3490	250	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
113	4205050	DEXTRAN-40 DEXTROSE 5% 500ML	\$39.69	\$114.31	Pharmacy	J3490	258	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
114	4228200	TEGRETOL SUSP 200MG/10ML UD	\$4.82	\$20.51	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
115	4208110	MINIPRESS 5MG CAPSULE	\$1.49	\$3.25	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
116	4203833	POTASSIUM CL 20MEQ 15ML DOSE	\$1.49	\$13.61	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
117	4204960	ZINC OXIDE 30GM OINT	\$2.04	\$9.89	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
118	4203981	PROPYLTHIOURACIL 50MG TAB	\$1.49	\$7.90	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
119	4200073	ZAROXOLYN 2.5MG TABLET	\$1.31	\$6.92	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
120	4203682	PHENOBARBITAL ELIX 5ML DOSE	\$1.49	\$8.45	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
121	4200625	MORPHINE SULF 60MG TER	\$1.48	\$8.19	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
122	4300144	SUCRALFATE 1g/10mL ORAL SUSPEN	\$7.80	\$19.46	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
123	4203050	MEDROL TB 4MG	\$1.49	\$6.65	Pharmacy	J7509	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
124	4221851	TRIAMCINOLONE 0.1% 15GM CREAM	\$2.84	\$3.96	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
125	4200032	ACETAZOLAMIDE 250MG TABLET	\$1.49	\$9.01	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
126	4200174	PROCARDIA XL 60MG TAB	\$4.12	\$6.59	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
127	4280000	BENADRYL ELIX 12.5MG/5ML DOSE	\$1.49	\$5.51	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
128	4201020	THORAZINE 25MG TABLET	\$1.49	\$7.29	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
129	4210959	MYLANTA SUSPENSION 5CC UD	\$1.49	\$14.39	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
130	4200604	SITAGLIPTIN 100MG TABLET	\$21.17	\$60.52	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
131	4202214	ROBITUSSIN DM SYRUP 5ML UD	\$1.49	\$3.91	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
132	4211133	DESFERAL 500MG/VIAL	\$16.47	\$47.21	Pharmacy	J3490	250	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
133	4200137	NILSTAT CREAM 15GM	\$3.91	\$12.26	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
134	4202965	METHOTREXATE 2.5MG TABLET	\$1.49	\$5.59	Pharmacy	J8610	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
135	4200305	ACETAMINOPHEN 650MG/20ML UD	\$1.01	\$3.78	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
136	4201402	DIBUCAINE 1% 30GM OINTMENT	\$5.88	\$20.19	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
137	4206570	COMPAZINE 25MG SUPP	\$5.00	\$21.30	Pharmacy	J8498	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
138	4299979	Hydrocortisone 10mg (1/2) tab	\$1.23	\$4.71	Pharmacy	J8499	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
139	4204171	SELSUN LOTION 2.5% 120ML	\$15.47	\$43.93	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
140	4210803	MINIPRESS 2MG CAPSULE	\$1.49	\$5.79	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
141	4200304	ACETAMINOPHEN 325MG/10ML UD	\$0.96	\$3.78	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
142	4213249	NIFEDIPINE 90NG ER TAB	\$1.24	\$3.58	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
143	4206680	DANTRIUM 25MG CAPSULE	\$1.49	\$4.04	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
144	4200009	METOCLOPRAMIDE SOLN 10MG/10ML	\$1.52	\$9.37	Pharmacy	J8597	250	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
145	4253111	LIDOCAINE W/EPI MPF 30ML MDV	\$6.70	\$21.86	Pharmacy	J3490	251	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
146	4201800	ENEMA FLEET OIL RETENTION	\$5.88	\$7.50	Pharmacy	J3490	257	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
147	4211887	PRIMAQUINE 26.3MG TABLET	\$1.49	\$4.98	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
148	4211293	BUMEX 1MG TABLET	\$0.96	\$5.01	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
149	4211125	CAPOTEN 25MG TABLET	\$1.49	\$4.94	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
150	4211166	DANOCRINE 200MG CAPSULE	\$4.68	\$9.15	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
151	4202740	MILK OF MAGNESIA SUSP 30ML UD	\$1.49	\$4.00	Pharmacy	J3490	252	Medicine	10/01/2024	Fee Updates based on the New Purchase Order
152	1524009	OBSERVATION/HOUR MED/SURG	\$33.58	\$85.72	Medical/Surgical	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
153	1524012	OBSERVATION/HOUR MEDICAL	\$36.52	\$93.19	Medical	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
154	1524013	OBSERVATION/HOUR TELE	\$48.52	\$92.42	Telemetry	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
155	1524015	OBSERVATION/HOUR PEDS	\$46.31	\$103.19	Pediatrics	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
156	1524018	OBSERVATION/HOUR OB	\$37.35	\$70.30	Obstetrics	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
157	1524021	OBSERVATION/HOUR SURGICAL	\$35.49	\$85.56	Surgical	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
158	1524022	OBSERVATION/HOUR PCU	\$67.46	\$104.08	Progressive Care Unit	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
159	1524023	OBSERVATION/HOUR ICU	\$86.38	\$126.94	Intensive Care Unit	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule
160	1524024	OBSERVATION/HOUR PICU	\$71.02	\$115.05	Pediatrics Intensive Care Unit	-	762	Observation	10/01/2024	Fee Updates based on the new Room and Board Fee Schedule

\*\*\*\*\* LAST ITEM \*\*\*\*\*

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.

  
 Sydne P. Talsacan  
 General Accounting Supervisor

  
 Date



# 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. 2025-04

#### “RELATIVE TO APPROVAL OF PATIENT RECEIVABLE ACCOUNTS BATCH NO. 2025-002”

**WHEREAS**, the Guam Memorial Hospital Authority (“the Hospital”) is a public corporation and an autonomous instrumentality of the Government of Guam; and

**WHEREAS**, the hospital failed to send within the 90 days filing limitation the 1,154 patient accounts to Health Plan Administrator ranging from 2016-2019 in the total amount of \$5,000,031.14 due to challenges to include limited Medicare DDE access, lack of training, and short staff.

**WHEREAS**, the hospital exhausted all means to claim and appeal to Health Plan Administrator to consider the circumstances given, and any claim not submitted by Health Care Provider within 90 days from the date of the health services rendered shall not be the financial responsibility of either Health Plan Administrator or the patient.

**WHEREAS**, the hospital billing and coding team has completed the Medicare TEFRA Boot Camp training in 2022 and acquired Inovalon software, a software scrubber that ensures a clean claim submission.

**WHEREAS**, the Board of Trustees Finance and Audit Sub-Committee met on October 10, 2024 and reviewed Batch No. 2025-002 to write off 1,154 patient accounts in the total amount of \$5,000,031.14 and recommended that the Board of Trustees approve to write-off these patient receivable accounts as presented that are justified for write-off; and

**RESOLVED**, that the Board of Trustees hereby approves that the Hospital authorize the Chief Financial Officer to apply the write-offs in the detailed Account Receivable, and be it further

**RESOLVED**, that the GMHA Board of Trustees hereby accepts and approves the recommendation of the Finance and Audit Sub-Committee and adopts the Batch No. 2025-002 for write-off, and be it further

**RESOLVED**, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

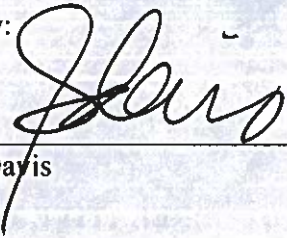
**DULY AND REGULARLY ADOPTED ON THIS 30<sup>th</sup> DAY OF OCTOBER, 2024.**

Certified By:



Theresa C. Obispo  
Chairperson

Attested By:



Sharon J. Davis  
Secretary

Total Amount \$5,000,031.14

Total 1154 accounts

Row Labels	Sum of ACTBAL	Count
2016	191.00	1
2017	120,921.84	5
2018	3,517,145.44	777
2019	1,361,772.86	371
<b>Grand Total</b>	<b>5,000,031.14</b>	<b>1,154</b>

Row Labels	Sum of ACTBAL	Count
MEDICARE	4,879,911.94	1,125
MEDICARE PART B (Part B O	1,572.84	1
AETNA INTERNATIONAL	86,158.27	8
BLUE CROSS MISCELLANEOUS	32,197.09	19
Pacific Indemnity Insuran	191.00	1
<b>Grand Total</b>	<b>5,000,031.14</b>	<b>1,154</b>

3Ms	Acct Balance	Count	Billing/Follow up Struggles	Resolution
<b>MEDICARE</b>	<b>4,879,911.94</b>	<b>1,125</b>		
2017	119,349.00	4	<i>Due to Medicare's Billing complexity and many billing rules to include GMHA lack of personnel with the knowledge and experience to properly submit a clean claim or resubmit a corrected claim for proper reimbursement. To include DDE access which was limited to a hand full of staff with the knowledge on how to navigate this system - lack of training resulted in many claims that were rejected/denied from being resubmitted for payment.</i>	<i>GMHA Billing Dept. (Billing &amp; Follow-up team) participated in a Medicare Boot camp which covered the many billing rules &amp; reimbursement policies. More staff were given access to DDE to include access to our claims scrubber (Inovalon) which is a resource for our team to see where our errors are and helped resolve many of the billing issues we previously encountered.</i>
2018	3,489,677.63	765		
2019	1,270,885.31	356		
MEDICARE PART B (Part B O	1,572.84	1		
2017	1,572.84	1		
<b>Grand Total</b>	<b>4,881,484.78</b>	<b>1,126</b>		

Misc. Ins	Acct Balance	Count	Billing/Follow up Struggles	Resolution
<b>AETNA INTERNATIONAL</b>	<b>86,158.27</b>	<b>8</b>	<i>Miscellaneous Insurance consist of all our off island payers. The problem we have with our off island payers: besides the time difference &gt; is trying to get ahold to the specific office that is responsible for these members. We can spend hours calling and being transfered from one office to another before we are directed to the proper area who can assist.</i>	<i>We have since been very selective on which off island insurance we will accept. Patient Registration will notify these payers that their member is here at GMH &amp; request a Guarantee of Payment in order for us to accept the insurance. Otherwise, the patient is advised to pay in full/set up a payment arrangement and seek reimbursement with their insurer.</i>
2018	17,368.31	5		
2019	68,789.96	3		
<b>BLUE CROSS MISCELLANEOUS</b>	<b>32,197.09</b>	<b>19</b>		
2018	10,099.50	7		
2019	22,097.59	12		
<b>Pacific Indemnity Insuran</b>	<b>191.00</b>	<b>1</b>		
2016	191.00	1		
<b>Grand Total</b>	<b>118,546.36</b>	<b>28</b>		



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDAT ESPETAT MIMURIAT GUAHAN

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



TO: Hospital Administrator/CEO  
FROM: Personnel Services Administrator  
DATE: October 14, 2024  
SUBJECT: **RECRUITMENT ABOVE-STEP PETITION  
RE: PUBLIC INFORMATION OFFICER**

*Buenas Yam Hafa Adai!* For your consideration, I respectfully request your approval for this Recruitment Above-Step Petition for Ms. Cindy Hanson who was recently selected for the position of Public Information Officer. This Recruitment Above-Step Petition is based on Exceptional Qualification, pursuant to 4 GCA, § 6205.

Ms. Hanson holds a Bachelor of Arts in Communication from the University of Guam. In addition to her education background, Ms. Hanson has over thirty-eight years of experience in the Marketing and Communications industry. She has served as an Adjunct Communications Professor with the University of Guam. She has owned her own media and design company. While working at GVB, some of her professional works have been published in some of the most renowned local and international media outlets. Ms. Hanson's volunteer work include the directorship of Guam Anti-Bullying Organization, guest host on Newstalk K-57-The Dish, and Co-creator of Island Girl Power. All aspects of her volunteer work is centered heavily around brand, marketing and media awareness. Having worked with the Guam Legislature, Ms. Hanson brings with her experience as a Research Analyst/Writer, Ms. Hanson would fill a very important role within the hospital and would be an asset to the hospital team and the services it provides.

Therefore, I am recommending an annual salary of \$64,136.00 which is Pay Grade M Step 8. Your favorable consideration is appreciated.

Should you have any questions, please do not hesitate to contact me. *Si Yu'os Ma'ase!*

  
TONY C. AGUON, MPA  
Personnel Services Administrator

APPROVED  DISAPPROVED

  
LILLIAN Q. PEREZ-POSADAS, MN, RN  
HOSPITAL ADMINISTRATOR/CEO



# 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



## MEDIA RELEASE

October 14, 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:


#### PUBLIC INFORMATION OFFICER

(PG – M: Step 1 \$49,731.00 P/A to Step 10 \$68,269.00 P/A)

This position is in the classified service within the GMHA Administrative Services Division. To view the proposed above-step petition, please visit our website at [www.gmha.org](http://www.gmha.org), under Employee Portal/Human Resources Department.

Comments are welcomed and may be submitted to the Human Resources Department no later than October 25, 2024, at [human.resources@gmha.org](mailto:human.resources@gmha.org). Should you have any questions, please contact the Human Resources Department at 647-2171/2409.

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TONY C. AGUON, MPA  
Personnel Services Administrator

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# 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



November 15, 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 October 30, 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



November 15, 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 October 30, 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 GUÁHÁN

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



November 07, 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 October 30, 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-Posadas, RN, MN  
Hospital Administrator/CEO

*✓ Sent to CPD 11/7/2024*