

MEETING IN PROGRESS

GMHA Board of Trustees

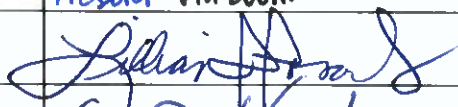

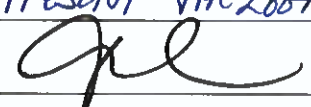
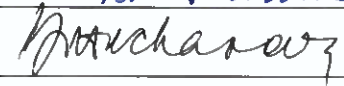


Wednesday, February 24, 2021 | 5:00 p.m.

Zoom Video Conference

GMHA Board of Trustees Meeting

ATTENDANCE SHEET

Wednesday, February 24, 2021 | 5:00 p.m. | Zoom Video Conference

	NAME:	TITLE:	SIGNATURE:
Board of Trustees	Theresa Obispo	Chairperson	
	Melissa Waibel	Vice-chairperson	Present via Zoom
	Sarah Thomas-Nededog	Secretary	Present via Zoom
	Byron Evaristo	Treasurer	Present via Zoom
	Sharon Davis	Trustee	Present via Zoom
	Sonia Siliang	Trustee	Present via Zoom
	Glynis Almonte	Trustee	Present via Zoom
	Michael Um	Trustee	Present via Zoom
	Evangeline Allen	Trustee	Present via Zoom
Executive Management/Medical Staff	Lillian Perez-Posadas	Hospital Administrator/CEO	
	William N. Kando	Associate Administrator, Operations	
	Annie Bordallo, MD	Associate Administrator, Medical Services	Present via Zoom
	Joleen Aguon, MD	Associate Administrator, Clinical Services	
	Don Rabanal	Assistant Administrator, Administrative Services	Present via Zoom
	Ana Belen Rada	Assistant Administrator, Professional Support Services	Present via Zoom
	Jemmabeth Simbillo	Assistant Administrator, Nursing Services	
	Christine Tuquero	Deputy Assistant Administrator, Nursing Services	Present via Zoom
	Yukari Hechanova	Chief Financial Officer	
	Dustin Prins, DPM	Medical Staff President	Present via Zoom
Guest(s)	Edlyn Dalisay	Gen. Acctg. Supervisor	
	Theo Angelinan	EEO / Admin Office	
	Angeline Lagman	WOG nursing student	Present via zoom
	Alexa Adkins	GMHA Clinical Pharmacist	Present via zoom
	Angie Eustaquio	GMHA Clinical Pharmacist	Present via zoom
	Paula Manzon	Clinical Nurse Informatics Supervisor	Present via zoom

GMHA Board of Trustees Meeting

ATTENDANCE SHEET

Wednesday, February 24, 2021 | 5:00 p.m. | Zoom Video Conference

Guest(s)	Raym Cruz	GMHA Program Coordinator	Present via zoom
	Charissa Mambuan		Present via zoom
	ERRY Partido	Pacific News Center	Present via zoom
	Isaiah Agwon	Pacific News Center	Present via zoom
	Natasha Charfauros	Speaker Therese Tertajes' Office	Present via zoom
	Steve Limtiaco	Pacific Daily News	Present via zoom
	Dong Choe	Guam Field Representative, Department of Interior Office of Insular Affairs	Present via zoom

AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

February 24, 2021 | 5:00 p.m. | Zoom Video Conference

BOARD MEMBERS: Theresa Obispo, Chairperson; Melissa Waibel, Vice-chairperson; Sarah Thomas-Nededog, Secretary; Byron Evaristo, Treasurer; Sharon Davis, Trustee; Sonia Siliang, Trustee; Glynis Almonte, Trustee; Michael Um, MD, Trustee; Evangeline Allen, Trustee

Item	Owner
I. Welcoming Call Meeting to Order and Determination of Quorum	Trustee Obispo
II. Executive Session	All Trustees
III. Review and Approval of the Minutes A. December 30, 2020 B. January 27, 2021 C. February 10, 2021	All Trustees
IV. Old Business	All Trustees
V. New Business	Executive Management
VI. Management's Report	Executive Management
VII. Board Subcommittee Reports	
A. Human Resources	Trustees Waibel, Obispo
1. Res. 2021-18, Relative to the Creation of Chief of Clinical Pharmacy and Clinical Pharmacist	
2. Res. 2021-19, Relative to Establishing a Progressive Job Differential Pay Program for Nurses in the Adult Intensive Care Unit	
3. Res. 2021-20, Relative to Increasing the Incentive Pay for Registered Nurses and Licensed Practical Nurses from 16% to 20%	
B. Joint Conference and Professional Affairs	Trustees Dr. Um, Waibel
1. Res. 2021-14, Relative to the Appointment of Active Medical Staff Privileges	
2. Res. 2021-15, Relative to the Appointment of Provisional Medical Staff Privileges	
3. Res. 2021-16, Relative to the Reappointment of Full Allied Health Professional Staff Privileges	
C. Finance and Audit	Trustees Evaristo, Nededog
1. Res. 2021-17, Relative to Approving Ninety-Eight (98) New Fees	
2. January 2021 Financials	
3. FY2022 Budget	
D. Facilities, Capital improvements Projects, and Information Technology	Trustees Davis, Evaristo
E. Governance, Bylaws, and Strategic Planning	Trustees Nededog, Siliang
1. Legislative Orientation	
F. Quality and Safety	Trustees Almonte, Allen
VIII. Public Comment	
IX. Adjournment	Trustee Obispo



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



February 15, 2021

VIA ELECTRONIC MAIL

Board of Trustees
Guam Memorial Hospital Authority
850 Gov. Carlos G. Camacho Road
Tamuning, GU 96913

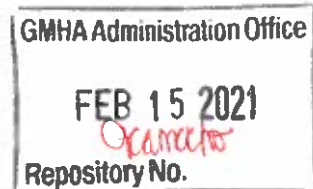
Re: Request for Executive Session

Dear Board of Trustees:

This letter serves as a written request, that the Board hold an executive session to discuss matters pending litigation during its meeting scheduled on Wednesday, February 24, 2021 at 5:00 p.m.

Sincerely,

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



**Regular Meeting of the
 Guam Memorial Hospital Authority
 Board of Trustees**
 Wednesday, December 30, 2020 | 5:00 p.m.
 Zoom Video Conference

ATTENDANCE

Board Members

Present: Theresa Obispo, Sarah Thomas-Nededog, Byron Evaristo, Sharon Davis, Sonia Siliang, Glynis Almonte, Dr. Michael Um, Evangeline Allen

Absent: Melissa Waibel

Leadership

Present: Lillian Perez-Posadas, William Kando, Don Rabanal, Jemmabeth Simbillo, Christine Tuquero, Yukari Hechanova, Dr. Dustin Prins

Absent: Dr. Annie Bordallo, Dr. Joleen Aguon

Guests

Jojo Santo Tomas, Gerry Partido, John O'Connor

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM				
	After notices were duly issued pursuant to Title 5 GCA, Chapter 8, <i>Open Government Law</i> , Section 8107(a) and with a quorum present, Trustee Obispo called to order the regular meeting of the GMHA Board of Trustees at 5:02 p.m. on Wednesday, December 30, 2020 via Zoom Video Conferencing.	Trustee Obispo	None	None
II. REVIEW AND APPROVAL OF MINUTES				
A. November 9, 2020 B. November 25, 2020 C. December 9, 2020	Trustee Davis motioned, and it was seconded by Trustee Dr. Um to approve the November 9, 2020, and December 9, 2020 minutes as presented, and the November 25, 2020 minutes with revisions. The motion carried with all ayes.	All Board Members	None	Approved
III. OLD BUSINESS				
	There were no old business matters for discussion.	None	None	None
IV. NEW BUSINESS				
	There were no new business matters for discussion.	None	None	None
V. MANAGEMENT'S REPORT				
A. COVID-19 Census	<ul style="list-style-type: none"> • Covid Census (As of December 30, 2020): 13 (3 ICU, and of the 3, 2 are on ventilator support) • New positive cases (as of December 1, 2020 to December 29, 2020): 54 • Cumulative positive cases since Abbott testing started in April to December 29, 2020: 535 • Employees that have tested positive from August to December 29, 2020: 93 	Executive Management	None	Informational

B. Revenue Cycle Management (RCM)	<p>The RCM contract is pending review by the Attorney General's Office and has been with them since October 16, 2020. Mrs. Posadas spoke with Chief Deputy Assistant Shannon Taitano on December 29, 2020, and is waiting for a response.</p> <p>Mrs. Posadas informed the board that she would follow up again and send an email to document communication.</p>	Executive Management	None	Informational
C. Takecare Insurance Co.	<p>The Hospital has received checks from Takecare for Covid patients that have been hospitalized, but they get voided and canceled. Takecare claims that it is part of the \$1.7M credit that they gave the Hospital in September.</p> <p>However, the Hospital received \$177k of what Takecare owes for the patients that have been treated. The Hospital has activated Attorney Minakshi Hemlani, who has been working with the Hospital on this issue, and she has reached out to Takecare's lawyer, Mr. Louie Anza.</p>	Executive Management	None	Informational
D. Staffing	<p>NuWest: 42 Staff The Hospital lost many of the NuWest staff because of emergency issues, or they completed their assignments. Mrs. Posadas has communicated with the president and the director to replace the staff who have left. Due to the holidays, NuWest may not send additional staff until the second week of January.</p> <p>Medical Solutions: 12 Staff Contracted since 2018 The Hospital has two physician intensivists approved by the DOD, HHS, and ASPER. They will be with the Hospital until January 4, 2021, while Dr. Aguon is on leave. The contract can be extended to January 13, 2021, if needed.</p> <p>The Hospital was told that DOD resources may no longer be available because of the increase in stateside cases.</p>	Executive Management	None	Informational

	<p>Other staffing solution resources are being looked into, particularly for ICU nurses and in anticipation of a potential third wave.</p> <p>The Hospital is also exploring the federal GSA contractors' supply schedule to see if more physician intensivists and critical care APRNs can support the Covid ICU.</p>			
E. Telehealth/Telemedicine	<p>Support from the San Diego Intensivist Physician Group was extended to the end of January by DOD and HHS to manage the ICU Covid patients.</p> <p>The contract with Dr. Sommer's Physician Intensivist Group was signed. They will provide virtual care and will be sending their physical rounders. Physical rounders can assess the patient from a distance, and the data collected is transmitted to the group, which then allows them to provide treatment, prescriptions, and physician orders.</p>	Executive Management	None	Informational
F. CY2021 Strategic Plan	<p>The Bureau of Statistics and Plans (BSP) has requested for the Hospitals CY2021 strategic plan with a deadline of December 31, 2020.</p> <p>The CY2021 Strategic Plan will be a continuation of what was established for 2018 to 2022. Additional objectives will be incorporated, some of which are relative to the ongoing pandemic. The core values and strategic goals will remain the same because they are still applicable and relevant.</p> <p>One of the objectives is to ensure that the Covid Care Units are maintained and in a state of readiness should another surge occur.</p> <p>The Training and Needs Assessment Survey was sent to Executive Management, the board, and some staff as a test run. Once the survey has gone hospital-wide, responses will be analyzed to determine training needs.</p>	Executive Management	None	Informational

	<p>Dr. Um inquired how the hospital will achieve a 75% collection rate from payers when the rate is 40%.</p> <p>Mrs. Posadas explained that the RCM project would be one way to achieve the goal. The hospital is waiting on the contract from the AG's office. The RCM will capture income-generating processes and services and monitor and track cost-saving opportunities. The RCM team assessed the system and projected that they could collect \$10M additional a year.</p> <p>The EHR is another approach to increase revenue and payments because it allows for accurate, precise, and timely documentation.</p> <p>Mrs. Posadas expressed that the strategic plan will be an evolving live document, and if the board has any general statements to add, they may send it to her.</p>			
	<p>Other Discussions:</p> <p>Dr. Prins reported the following:</p> <ul style="list-style-type: none"> • The Medical Executive Committee last met on December 30, 2020. Doctors are doing well. • Mr. Carlos Pangelinan from the Medical Records Department is doing an excellent job. Medical record deficiencies have decreased. • The Clinical Emergency Preparedness Team's work is being done in a transparent, effective, and time-efficient way. • Ms. Yvonne Damian and Ms. Jasmin Tanglao are doing an outstanding job with the ongoing vaccination program. • Dr. Prins believes that the Non-Covid census increase is attributed to the people's general lifestyles, diabetes and associated medical comorbidities. <p>Dr. Um added that many primary care clinics are noticing a significant downturn in visits. Patients are not keeping up with their maintenance visits and wait until their condition worsens.</p>	Executive Management	None	Informational

V. BOARD SUBCOMMITTEE REPORTS				
<p>A. <u>Governance, Bylaws, and Strategic Planning</u></p>	<ul style="list-style-type: none"> Trustee Nededog expressed her thanks to the employees handling the vaccination program. The board orientation will be on January 13, 2021, from 4-6p.m. The tentative date for the legislative orientation is on January 20, 2021, from 4-6p.m. Trustee Nededog informed the board and executive management that she would let them know when the legislative chairperson for the committee on health is selected. Trustee Sonia reminded the board that the deadline to complete the staff development and needs assessment is on January 1, 2021. 	<p>Chair & Vice-chair, GBSP</p>	<p>None</p>	<p>Informational</p>
<p>B. <u>Joint Conference and Professional Affairs</u></p>	<p>There were no resolutions that required approval.</p> <p>Regarding the strategic plan, Dr. Um informed the board that the JCPA subcommittee would measure peer reviews instead of root cause analysis. Risk management is working on getting the data, and the subcommittee may be able to report on it in a few months.</p>	<p>Chair & Vice-chair, JCPA</p>	<p>None</p>	<p>Informational</p>
<p>C. <u>Human Resources</u></p> <p>1. <u>Res. 2021-10, Relative to Amending the Necessary Special Qualification Requirements for the Physical Therapist Supervisor Position</u></p> <p>2. <u>Res. 2021-11, Relative to Creating the Positions of Hospital food & Beverage Manager and Clinical Nutrition Manager for the Dietary Department</u></p>	<p>Trustee Davis motioned, and it was seconded by Trustee Evaristo to approve Res. 2021-10. The motion carried with all ayes.</p> <p>Per CMS, the regulatory requirement is that the Hospital has a high-level credential manager and leader to oversee the dietary services for patients and their specialized needs in addition to providing cafeteria services for employees and visitors.</p> <p>The Hospital has struggled to recruit someone with the credentials to oversee both sides. The recommendation is to create a Food & Beverage Manager and Clinical Nutrition Manager and abolish the Hospital Food Services Assistant Administrator,</p>	<p>Chair & Vice-chair, HR</p>	<p>None</p>	<p>Informational</p>

<p>3. <u>Res. 2021-12, Relative to Creating the Position of Hospital Materials Management Assistant Administrator</u></p>	<p>Administrator for Food Services, and Administrator for Hospital Dietary Services positions.</p> <p>Trustee Davis motioned, and it was seconded by Trustee Dr. Um to approve Resolution 2021-11. The motion carried with all ayes.</p> <p>HR conducted a review of the responsibilities and upgraded it to a pay grade of O which corrects the disparity. The role is occupied.</p> <p>Trustee Evaristo motioned, and it was seconded by Trustee Davis to approve Resolution 2021-12. The motion carried with all ayes.</p>			
<p>D. <u>Facilities, Capital Improvement Projects, and Information Technology</u></p>	<p>SNF Chiller Removal and Replacement: Bid package remains with the Attorney General's Office. The Hospital continues to follow-up on the matter.</p> <p>CT Scanners Injectors and other associated equipment: The remaining balance from the \$1.6M in appropriated funds to remove and replace the two 64 slice CT scanners and other remaining items such as the injectors is \$22.6k.</p> <p>The Intelerad upgrade to complete cloud-based backup storage for patient archiving images is pending.</p> <p>Communication Center Relocation Project: GTA suggested that they run the active lines/conduits up to the sub-panels on all the floors.</p> <p>The Hospital determined that the best course of action is to work with the demolition designer to salvage 1/3 of the Z-Wing where the lines are located. From there, GTA can connect the lines and do a conduit to the new communication center electrical room. The project should be completed by the end of January if this route is taken.</p>	<p>Chair & Vice-chair, Fac, CIP, & IT</p>	<p>None</p>	<p>Informational</p>

	<p>Roof Upgrade: The hospital is routing the RFP package for A&E design. Project will be done in phases.</p> <p>ACF: The \$15M grant was awarded. The Hospital is working to isolate the B-Wing HVAC system to bring the SNU patients back to the facility. Aside from the HVAC upgrade, architectural aspects were done, such as putting in a nurse's station and isolating the nurse call system. The project is estimated at \$500k.</p> <p>The Hospital is collaborating with the grantor to determine if the architectural aspects can be part of the \$15M grant or fall under FEMA public assistance.</p> <p>Critical Equipment: The \$910k critical equipment list was sent to Homeland Security for emergency procurement as recommended by the Governor's Office and Homeland Security. About 50% of the purchase orders have been issued for those line items. GSA is doing procurement, so there are delays.</p> <p>Electronic Health Record (EHR): Mr. Rabanal reported the significant impacts to the project:</p> <ol style="list-style-type: none"> 1. Entire project is being done remotely. 2. Lost majority of the clinical SME's that would help build and decide the workflow of their respective solutions because they're needed on the floors. 3. Inclusion of LIS migration from Cerner to Softlab LIS is expected to take ten months, so the new Go-Live date is October 2021. <p>A detailed review of the various activities that will lead towards a new go-live date was requested and is expected by January. The Hospital is still trying to push for on-site training. Unfortunately, there are travel restrictions within Medsphere and their stateside locations.</p>			
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<p>E. <u>Finance and Audit</u></p>	<p>Mrs. Hechanova reported the following:</p> <ul style="list-style-type: none"> • The Hospital received \$2M for phase 3 of Provider Relief Funds in December. • Money is slowly coming in from the Uninsured Program. Despite issues in the past, the Hospital is now able to upload and receive payments. It's a helpful program for Covid patients that have no insurance. The federal government will pay their bills at Medicare rates. • Cares funds are depleting, and according to an email from the Bureau of Statistics and Plans, they may not be able to provide all the money allocated for the Hospital. Mrs. Hechanova responded to the email and explained that the money was already obligated for differential pay and REDI kits. <p>Additionally, the Hospital found out on January 27, 2021, that some differential pay reimbursements are pending from the Department of Administration (DOA) at about \$2M.</p> <ul style="list-style-type: none"> • Medicare Cost Report: The Hospital has an RFP package for a consultant. The goal is to evaluate at the beginning of 2021, get started on the cost report, and hire a consultant to avoid doing a quotation annually. • Takecare Insurance Company: The Hospital received \$177k from Takecare on December 28, 2020. The finance department is still having issues with them, causing a significant administrative burden on the staff. Take care is not paying their portion of patient bills, so their members call the Hospital, and staff up having to follow up with the company. 	<p>Chair & Vice-chair, F&A</p>	<p>None</p>	<p>Informational</p>
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	<p>Trustee Davis suggested that the Hospital look into automation and see if the EHR can help.</p> <ul style="list-style-type: none"> Expenses increased mainly due to differential pay and travel nurses. <p>About \$3M has been paid for travel nurses as of November. The cost for travel nurses is about \$500k-\$600k a week.</p> <p>The Hospital submitted the cost for payroll and invoices for travel nurses to FEMA for public assistance reimbursement.</p> <p>The Hospital is also looking to get reimbursed for laundry services. Launderable gowns and other PPEs were purchased because disposable PPEs became scarce at the beginning of the pandemic, thus causing an increase in laundry services.</p> <ul style="list-style-type: none"> The Hospital has started paying invoices for Remdesivir. Allotments are coming in from DOA. The financial audit is ongoing, and the Hospital started the budget process for FY2022. All requests made by Deloitte and Touche are done on time. Trustee Obispo expressed that she would like to see a report on how the Hospital will achieve a collection rate of 75% and inquired of the \$13M in collections pending, how much of that is due from companies like the insurance companies. Ms. Hechanova explained that the most significant part of the receivables is Medicare. The RCM project will help tremendously, but the 			
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	<p>contract is still with the Attorney General's Office.</p> <ul style="list-style-type: none"> • Travel Nurses: Trustee Allen asked if there is still a need for additional nurses and are there still travel nurses working at the Guam Regional Medical City Hospital (GRMC). <p>Mrs. Posadas explained that if the census continues to stay low, the Hospital can let NuWest know to hold off on requests for additional staff.</p> <p>Travel nurses are currently being utilized to administer vaccines, assist in the units and give the organic nurses some time off. As for the travel nurses working at GRMC, the four remaining ICU nurses have returned, but there is still one telemetry nurse there. The Hospital is in discussions with GRMC nursing management to bring the NuWest nurse back.</p> <p>Invoices were sent to GRMC for the nurses, but the Hospital has not been reimbursed. They currently owe over \$100k.</p>			
<p>F. <u>Quality and Safety</u></p>	<p>Trustee Allen reported the following:</p> <ul style="list-style-type: none"> • Ethics and Fraud Training <ul style="list-style-type: none"> ➤ Training is ongoing, and staff will be completing the conflict of interest form. ➤ Ms. Hechanova, Mr. Rabanal, and Dr. Bordallo attended a free ethics training funded by the Department of Interior. ➤ Ethics training will be incorporated into the board orientation on January 13, 2021. ➤ Executive management will need to initiate a review of the policy on ethics and get hospital-wide feedback with final review by legal counsel. Mr. Kando will pick someone to be the point of contact for the initiative. 	<p>Chair & Vice-chair, Q&S</p>	<p>None</p>	<p>Informational</p>

	<p>Trustee Obispo requested for the board to complete the Annual Disclosure of Interest form.</p> <ul style="list-style-type: none"> • Leadership Safety Walk Rounds <ul style="list-style-type: none"> ➤ Executive management is doing their walk rounds individually because of the restrictions in place due to the pandemic. Mr. Dallman will be following executive management when they do their rounds to facilitate the implementation of the process. • Health Quality Innovation Network <ul style="list-style-type: none"> ➤ Executive management and the board's chairwoman decided for the Hospital to participate in the HQIN Program. The paperwork has been completed, and the Hospital will have a meeting with HQIN to lay the groundwork and get an equal understanding of the Hospital's participation before moving forward. • Patients Complaints and Grievances: <ul style="list-style-type: none"> ➤ No grievances reported. ➤ 43 reported complaints (19% decrease from the previous qtr.) Top 3 complaints were negative staff behavior, long wait times, and miscommunication. All were resolved either utilizing a letter from the CEO or direct discussion via telephone with the complainants reassuring them that retraining will be completed as well as counseling to address their concerns. ➤ Patient Satisfaction Survey Report: Telephone surveys were conducted post discharge by Guest Relations Dept. Patients and family members submitted numerous praises recognizing Hospital staff for their dedication commitment and professionalism. Top performers including physicians were listed and recognized. ➤ Patients are accustomed to receiving a paper receipts. They do not need an appointment to 			
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	<p>make payments. An online appointment system for medical records and patient affairs will be launching on December 18, 2020.</p> <ul style="list-style-type: none"> ➤ Risk management emphasized importance of posting and sharing positive surveys via daily brief and team Facebook page. Surveys are posted at the respective departments and shared with the unit supervisors. <ul style="list-style-type: none"> • Discharge Planning Committee: <ul style="list-style-type: none"> ➤ Readmission Rate Contributing factors include inability to meet necessary needs post discharge(22%), inability to obtain specialized equipment (18%), and home or physical environment challenges(17%). ➤ Discharge planning effectiveness slight increase from 10% to 16%, but remain at the current goal of less than or equal to 20%. ➤ Potential Preventable readmissions (37% compared to 57% in the previous Qtr.) Goal is 12% or less ➤ Discharge Planning Process Reassessment is trending down with the exception of the appropriate discharge planning which remains at 100%. • Environment of Care: <ul style="list-style-type: none"> ➤ After-Action Report for Typhoon Wutip: 83% the procurement of emergency sleeping cots and recliners for the expectant mothers during tropical cyclones was still pending. The hospital has purchase orders for the issued items on December 3, 2019, for approximately \$43k and December 4, 2019, for about \$68k. Procurement is underway. ➤ Hazardous Materials and Waste Management: The Safety Department was unable to complete surveys due to focusing on the pandemic. Operations is working with Mr. Gil from the OR to ensure exposure badges are 			
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	<p>submitted to the contractor. This matter is being monitored until the program is back on track.</p> <ul style="list-style-type: none"> ➤ Employee Injuries/Exposures: None to report. ➤ Equipment Preventive Maintenance: Facilities Maintenance Department's non-critical preventive maintenance significantly declined, but does not involve the critical equipment requiring preventive maintenance. ➤ Emergency Generator Testing: The 650kw generator was inoperable due to needing repair parts. The contractor could not come to Guam because of the pandemic, so the hospital received assistance from GPA and the Army Corps of Engineers. ➤ SNF Emergency Generators: Load testing was done on both generators in early September when the hospital procured a temporary chiller. ➤ Contracts being monitored: <ul style="list-style-type: none"> ○ Laundry Contract ○ Electronic Health Records- New Go-live date is October 2021 <ul style="list-style-type: none"> • Skilled Nursing Facility: <ul style="list-style-type: none"> ➤ All areas are 100% compliant for critical indicators. ➤ CMS has developed new indicators for nursing home/long-term care facilities to incorporate into the upcoming annual QAPI report. • Strategic Goal: Establishing and Sustaining a Safety and Quality Culture: <ul style="list-style-type: none"> ➤ Mr. Kando informed the subcommittee that some of the goals require the Hospital to establish clear metrics, but some are dependent on establishing a training and education needs assessment. ➤ The subcommittee was presented with 6 metrics that can be measured for the strategic plan. 			
	<p>Other Discussion: Trustee Obispo informed the board that she would like to meet with the Chairperson of each subcommittee to</p>	All Trustees	None	Informational

	<p>discuss how they report to the full board. She wants to ensure that the subcommittees discuss performance metrics and high-level matters aligned with the expectations of the board.</p> <p>She will also meet with Mr. Kando and Mrs. Posadas to discuss the strategic plan and will work closely with Trustees Nededog and Siliang from the Governance, Bylaws, and Strategic Planning Subcommittee.</p>			
VI. PUBLIC COMMENT				
	<p>Mr. Santo Tomas, from the Pacific Daily News asked if there will be any restrictions when the New Year baby arrives and if a Zoom presentation will take place. Mrs. Posadas explained that there will be some limitations due to the ongoing pandemic.</p>	None	None	None
VII. ADJOURNMENT				
	<p>There being no further business matters for discussion, Trustee Obispo declared the meeting adjourned at 7:30 p.m., motioned by Trustee Evaristo and seconded by Trustee Almonte. The motion carried with all ayes.</p>	All Board members	None	Approved

Transcribed by: 
 Justine A. Camacho
 Acting Administrative Officer

Submitted by: 
 Sarah Thomas-Nededog
 Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the December 30, 2020 regular session meeting were accepted and approved by the GMHA Board of Trustees on this 24th day of February 2021.

Certified by: 
 Melissa Waibel
 Vice-Chairperson

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

Wednesday, January 27, 2021 | 5:00 p.m.
Zoom Video Conference

ATTENDANCE

Board Members

Present: Theresa Obispo, Melissa Waibel, Byron Evaristo, Sarah Thomas-Neddog, Sharon Davis, Sonia Siliang, Glynis Almonte, Dr. Michael Um

Absent: Evangeline Allen

Leadership

Present: William Kando, Dr. Annie Bordallo, Dr. Joleen Aguon, Don Rabanal, Ana Belen Rada, Christine Tuquero, Yukari Hechanova

Absent : Lillian Perez-Posadas, Jemmabeth Simbillo, Dr. Dustin Prins

Guests

Jordan Pauluhn, James Canto, Gerry Partido, Steve Limtiaco, Paula Manzon, Natasha Charfauros, Edlyn Dalisay

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM				
	After notices were duly issued pursuant to Title 5 GCA, Chapter 8, <i>Open Government Law</i> , Section 8107(a) and with a quorum present, Trustee Obispo called to order the regular meeting of the GMHA Board of Trustees at 5:03 p.m. on Wednesday, January 27, 2021 via Zoom Video Conferencing.	Trustee Obispo	None	None
II. EXECUTIVE SESSION				
	<p>At the written requests of Assistant Attorney General, Jordan Lawrence Pauluhn, and Hospital Administrator, Mrs. Posadas, Trustee Davis motioned and it was seconded by Trustee Waibel to hold an executive session to discuss matters pending litigation. The Motion carried with all ayes.</p> <p>The Board of Trustees went into executive session at 5:04 p.m.</p> <hr/> <p>At 6:02 p.m., the Board reconvened for regular session.</p> <ul style="list-style-type: none"> ➤ Trustee Waibel motioned, and it was seconded by Trustee Dr. Um, to authorize the Hospital Administrator or designee, to engage in discussions relative to the matter pending litigation. The motion carried with all ayes. 	All Board Members	None	Approved Approved

	<ul style="list-style-type: none"> ➤ Trustee Waibel motioned, and it was seconded by Trustee Evaristo, to approve the settlement for the claim submitted by Ammanabat Corporation. With the exception of Trustee Davis who recused herself, the motion carried with all ayes. ➤ Trustee Waibel motioned, and it was seconded by Trustee Almonte, to approve the settlement for the claim submitted by Catholic Social Services. The motion carried with all ayes. 			<p>Approved</p> <p>Approved</p>
III. REVIEW AND APPROVAL OF MINUTES				
A. December 30, 2020	The minutes from December 30, 2020 were tabled.	All Board Members	None	Tabled
B. January 13, 2021	Trustee Davis motioned, and it was seconded by Trustee Evaristo to approve the January 13, 2021 minutes as presented. The motion carried with all ayes.			Approved
IV. OLD BUSINESS				
	There were no old business matters for discussion.	None	None	None
V. NEW BUSINESS				
	There were no new business matters for discussion.	None	None	None
VI. MANAGEMENT'S REPORT				
A. Patient Census	<ul style="list-style-type: none"> • Covid Census (As of January 27, 2021 at 12:15 p.m.): 9 (2 ICU, and of the 2, 1 is on ventilator support) • Non-Covid Census: 108 (7 ICU, and of the 7, 5 are on ventilator support including one person under investigation relative to Covid) • Positive inpatient admissions from January 1-7, 2021: 26 compared to 54 from December 1-29, 2020. • Cumulative positive cases from March 15, 2020 to January 27, 2021: 722 	Executive Management	None	Informational
B. Vaccination Program	As of 9:00 a.m., January 27, 2021: <ul style="list-style-type: none"> • Doses administered for the clinic: 3,697 • Persons vaccinated: 2,681 			

	<ul style="list-style-type: none"> • Staff (including licensed independent practitioners) that have received one or both doses: 895 (73%) out of 1,423 • Staff and licensed independent practitioners who received both doses: 767 (54%) out of 1423 • Elderly and Non-GMHA staff such as law enforcement: 1773 • Skilled Nursing Unit patients: 6 • Inpatients: 4 to-date <p>Vaccinations are given to those that are eligible and are well enough at time of discharge.</p> <p>There are 200 individuals due for the 2nd dose from February 1-5, 2021.</p> <p>The Hospital will be scaling the vaccination clinic back for a couple of weeks and then stop the program after the first week of February.</p> <p>Mr. Kando explained that the program has been challenging. Vaccinations are given on the 4th floor and is running contrary to the Hospital visitation policy. The program is being run by infection control and employee health staff. The Hospital needs them to get refocused on infection control and employee health programs; otherwise, CMS guidelines will be compromised.</p> <p>The Hospital submitted vaccine clinic labor costs of approximately \$75k to Homeland Security because FEMA needs the information for reimbursement.</p>			
C. Covid Project Worksheet for Travel Nurses	<p>FEMA was satisfied with the submitted worksheet for travel nurses. The first ten invoices were paid in the amount of \$3.6M.</p> <p>Final approval for reimbursement is pending. FEMA is aware that the Hospital is having cash flow challenges and are trying to expedite the process.</p> <p>The second set of unpaid invoices is for \$2.3M.</p>	Executive Management	None	Informational

D. Alternate Care Facility (ACF)	According to FEMA representative Mr. Bryant Trang, the additional scope pending approval for the isolation of the B-Wing at the skilled nursing unit is allowable and would be addressed for reimbursement at the close-out of the grant.	Executive Management	None	Informational
E. Revenue Cycle Management (RCM)	The Hospital is still working with the Attorney General's Office to get the RCM contract cured.	Executive Management	Updates to be provided at the next scheduled meeting.	Informational
F. Takecare Insurance Company	The Hospital has received \$20k from Takecare Insurance Company for Covid Hospitalizations. The Ernst and Young reconciliation audit outcome is pending with regard to the \$6.3M credit. The Hospital and its legal counsel are scheduled to meet with Takecare on January 29, 2021, regarding the reconciliation.	Executive Management	None	Informational
G. Staffing	NuWest Staff: 46 (8 ER, 4 Hemodialysis, 15 ICU, and 19 Telemetry) Medical Solutions Staff: 17 (3 ER, 1 Hemodialysis, 10 ICU, 3 Telemetry) Some assignments will be expiring in January and February. The Hospital will request replacements depending on the census. Eleven medics were pulled from the Hospital to support the community vaccination program.	Executive Management	None	Informational
H. Telehealth/Telemedicine	Dr. Switzer and Dr. Britton ended their medical mission assignment on January 4, 2021. However, they have signed a contractual agreement with the Hospital in mid-January for telemedicine services. Physical rounders arrived from Innovator Health, and the full launch is expected to take place in a couple of weeks. The Hospital is communicating with the Governor's Office because it is a big success story. The ICU will	Executive Management	None	Informational

	<p>have a state-of-the-art telemedicine system, and the Hospital hopes to use the rounders in other departments in the future.</p> <p>The telemedicine program with San Diego Medical Center will be expiring at the end of January.</p> <p>Ms. Manzon informed the board that three telemedicine technicians were hired on January 4, 2021. They are undergoing orientation on the ICU unit.</p>			
I. General Supply Schedule	<p>The Hospital is exploring the federal supply schedule with General Services Agency (GSA) to submit an order for physician intensivists.</p> <p>The Hospital has used the system for years to get supplies but did not know that it can be used for human resources.</p>	Executive Management	None	Informational
J. CY2021 Strategic Plan	<p>The strategic plan was submitted to the Bureau of Statistics and Plans (BSP), but they sent an email requesting specific months for each objective to be completed.</p> <p>Mr. Kando will submit the updated plan by Monday, February 1, 2021.</p>	Executive Management	None	Informational
	<p>Other discussions:</p> <p>Dr. Aguon thanked the board for approving the changes made for the Assistant Administrator of Professional Support and informed them that Ms. Ana Belle Rada assumed the position on January 25, 2021.</p>	Administrator of Professional Support	None	Informational
V. BOARD SUBCOMMITTEE REPORTS				
<p>A. <u>Joint Conference and Professional Affairs</u></p> <p>1. <u>Res. 2021-13, Relative to the Appointment of Provisional Medical Staff Privileges</u></p>	<p>Trustee Evaristo motioned, and it was seconded by Trustee Davis to approve Resolution 2021-13 as presented. The motion carried with all ayes.</p> <ul style="list-style-type: none"> Dr. Um informed the board that physicians go through a process before they are granted privileges. The department that wants to hire a physician checks their credentials, then it gets presented to the Medical Executive Committee, Credentials Committee, Joint Conference and 	Chair & Vice-chair, JCPA	None	Informational


	<p>Professional Affairs Subcommittee, and then the full board for final approval.</p> <ul style="list-style-type: none"> The medical records project was done. The goal was to standardize the billing process and decrease the number of notifications given to doctors. Billings are no longer in the backlog. Strategic goal #3 - Establish and Sustain Safety and Quality Culture Peer review data is pending. 			
<p>B. <u>Human Resources</u></p> <p>1. <u>GFT/CBA Negotiations</u></p> <p>2. <u>Human Resources Taskforce</u></p>	<p>Trustee Waibel reported that the Hospital negotiation team is doing its due diligence to continue negotiations with the union, and there are no delays on the Hospitals part.</p> <p>The HR taskforce continues to meet to create rules and regulations specific to the Hospital, such as hiring and nurse's pay rates.</p>	Chair & Vice-chair, HR	None	Informational
<p>C. <u>Facilities, Capital Improvement Projects, and Information Technology</u></p>	<p>Electronic Health Record (EHR): Mr. Rabanal and Ms. Manzon reported the following:</p> <ul style="list-style-type: none"> Training has continued for the clinical services. Softlab LIS kicked off on January 21, 2021, and weekly meetings will be occurring. Medsphere gave a go-live date of October 4, 2021. There are about 700 line items in the project timeline. The project management team from the Hospital and Medsphere are working on auditing items as they are completed. <p>Central Monitors and REDI Kits: The Hospital is close to getting the central monitors needed to activate REDI kits 5 and 6 which will be used for the ER and ICU.</p> <p>The Hospital budgeted \$2.5M for this project, but it exceeded a little. Cares Funds were used to fund this project.</p>	Chair & Vice-chair, Fac, CIP, & IT	None	Informational

	<p>Roof Upgrade: The hospital is close to advertising the RFP for A&E design.</p> <p>Demolition of the Z-Wing: The hospital determined that the best course of action is to salvage about half of the Z-wing where the active Telco lines are located and for extra space that is needed.</p> <p>The demolition design team determined that they are able to retrofit the Z-Wing, make it structurally sound so that there are no life safety issues, fix the roof, and beautify it.</p>			
<p>D. <u>Governance, Bylaws, and Strategic Planning</u></p>	<p>Trustee Nededog reported the following:</p> <ul style="list-style-type: none"> The January 20, 2021, Legislative Orientation did not take place. <p>Trustee Nededog reached out to Speaker Terlaje's Office and was given a new date of February 25, 2021, from 4:00 p.m. to 6:00 p.m. The Committee on Health will be present, and other members of the legislature will be given an open invitation.</p> <p>Executive management will prepare a presentation on the board's structure and organization and the vision and priorities of the hospital.</p> <p>Trustee Nededog suggested meeting a week prior to prepare.</p> <ul style="list-style-type: none"> The training and need assessment survey is expected to be done by mid-February. Staff will be informed of the survey via an informational circular. 	<p>Chair & Vice-chair, GBSP</p>	<p>None</p>	<p>Informational</p>

	<p>Trustee Obispo informed the board that the strategic updates should be communicated to the subcommittee for review and then presented to the full board quarterly.</p> <p>The first quarterly report to the board will be in April 2021.</p>			
<p>E. <u>Quality and Safety</u></p> <p>1. Ethics and Fraud Training</p> <p>2. Leadership Safety Walk Round</p> <p>3. Quality Assessment & Performance Improvement - 3rd Qtr. Reports</p>	<p>Trustee Almonte reported the following:</p> <ul style="list-style-type: none"> • Some executives have already attended a free online ethics training provided by the Department of Defense. • There will be another free training on February 2, 2021, from 11:00 a.m. to 1:00 p.m. All board members and executive management are encouraged to attend. • The Hospital is in the process of hiring a Chief Auditor who may become the point of contact to handle all other issues related to ethics and fraud. • Executive management have done walk rounds on January 4, 2021, and January 21, 2021. They visited the Incident Commander, Pharmacy Department, Pediatrics Department, and the SNU (located at the Catholic Social Services facility). <p>Top Five reported SLS events:</p> <ol style="list-style-type: none"> 1. Disorderly Persons The Hospital saw a decrease in events due to visitation restrictions and a reduction in the patient census. The Hospital has implemented training in crisis prevention and intervention. 2. Rude, Hostile, and Inappropriate Staff There was a decrease relative to rude, hostile, and inappropriate staff. The Hospital provides anti-bullying and Covid-19 education for clinical and non-clinical staff to better respond to questions or concerns from patients, visitors, and family members. 	Chair & Vice-chair, Q&S	None	Informational

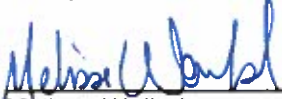
	<p>3. Medication Errors Events did not reach patients and did not cause any harm. Most were resolved. Discussion with staff and reeducation training on safe medication administration is available. Pharmacy and nursing are working to prevent future events.</p> <p>4. Falls There was an increase in falls. Contributing factors included loss of balance due to medical problems and also disregarding instruction to call if help is needed to move about. Nursing has been doing post-call huddles, and reports are shared with supervisors for actions in their respective areas.</p> <p>5. Transfusion Events Transfusion checklists were submitted incomplete or not turned in at all. There was no direct harm to patients.</p> <p>Nursing and lab have developed a process to make sure the checklist is completed to prevent future events.</p> <p>Professional Support Services:</p> <ul style="list-style-type: none"> • 2 out of 9 pro-support departments had indicators that did not meet goals. • Pharmacy: Dr. Aguon reported that as the Hospital got busier, reports for medication errors were much less, and the metric was already below the goal. Discussions took place to review the process in place and see how to make it easier to make reports to meet the goal. • Infection Control Committee: Reports will be presented to the subcommittee in March because the staff are focusing on the vaccination program. 			
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F. <u>Finance and Audit</u>	Trustee Evaristo reported the following: <ul style="list-style-type: none"> • The next scheduled subcommittee meeting is scheduled in February to go over December and January Financials. • The hospital is spending a lot more than it's generating. • Expenses are high due to the travel nurses. • There was a decrease in Medicare and Medicaid collections, and it's down year to year. Trustee Evaristo requested for the board to review the financials and email any questions or concerns to him so that he can discuss it with Mrs. Hechanova.	Chair & Vice-chair, F&A	None	Informational
VI. PUBLIC COMMENT				
There were no public comments made.		None	None	None
VII. ADJOURNMENT				
There being no further business matters for discussion, Trustee Obispo declared the meeting adjourned at 7:03 p.m., motioned by Trustee Waibel and seconded by Trustee Almonte. The motion carried with all ayes.		All Board members	None	Approved

Transcribed by: 
 Justine A. Camacho
 Acting Administrative Officer

Submitted by: 
 Sarah Thomas-Nededog
 Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the January 27, 2021 regular session meeting were accepted and approved by the GMHA Board of Trustees on this 24th day of February 2021.

Certified by: 
 Melissa Waibel
 Vice Chairperson

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

Wednesday, February 10, 2021 | 5:00 p.m.
Zoom Video Conference

ATTENDANCE

Board Members

Present: Theresa Obispo, Sarah Thomas-Nededog, Byron Evaristo, Sharon Davis, Sonia Siliang, Glynis Almonte, Dr. Michael Um, Evangeline Allen

Absent: Melissa Waibel

Leadership

Present: William Kando, Dr. Annie Bordallo, Dr. Joleen Aguon, Ana Belen Rada, Christine Tuquero, Yukari Hechanova

Absent: Lillian Perez-Posadas, Don Rabanal, Jemmabeth Simbillo, Dr. Dustin Prins

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM				
	After notices were duly issued pursuant to Title 5 GCA, Chapter 8, <i>Open Government Law</i> , Section 8107(a) and with a quorum present, Trustee Obispo called to order the regular meeting of the GMHA Board of Trustees at 5:00 p.m. on Wednesday, February 10, 2020 via Zoom Video Conferencing.	Trustee Obispo	None	None
II. COVID-19 UPDATES				
A. Guam's 130 th Covid Related Death	<p>Mr. Kando informed the board that he and Dr. Bordallo, in collaboration with Governor Leon Guerrero and the Joint Information Center, have been addressing questions and concerns from the various media outlets relative to the recent 18-year-old female that passed away on Sunday, February 7, 2021. She was Guam's 130th Covid related death.</p> <p>The Hospital communicated with the family on Sunday, February 7, 2021, and provided additional information on February 9, 2021, relative to the Hospital's Covid testing and Public Health Covid testing.</p> <p>The media was given general information relative to the ongoing Covid response as the Hospital is legally bound by HIPAA to maintain and protect the confidentiality and privacy rights of all patients.</p> <p>The Hospital did a rapid test on the patient, and the results were negative; however, the PCR test with Public health was positive.</p> <p>There were no known underlying conditions of the 18-year old female.</p>	Executive Management	None	Informational

B. Staff in Quarantine	There is five staff in quarantine as a result of potential exposure from working in the emergency department. (2 RNs, 1 physician, 1 patient courier, and 1 RT)	Executive Management	None	Informational
C. Cash Flow	<ul style="list-style-type: none"> Cash flow is being monitored. As of February 10, 2021, the Hospital is down to approximately \$1.03M. The Hospital continues to coordinate with Guam Homeland Security, FEMA, and HHS relative to expediting reimbursements from FEMA for approved public assistance project worksheets that include travel nurse expenses. To date, the Hospital has paid invoices totaling \$3.6M and has an unpaid balance of \$4.1M. Cares Funds: The Hospital was short about \$3M in obligated funds that were diverted for other government Covid response expenses. \$20B HHS Provider Relief Funds: The application was submitted two weeks before the November 2020 deadline, and the Hospital received \$2M in December. 	Executive Management	None	Informational
D. Patient Census	<ul style="list-style-type: none"> Covid Census (As of February 10, 2021.): 8 (2 ICU, both on ventilator support) Non-Covid Census: 123 (5 ICU, and of the 5, 3 are on ventilator support, and two are telemetry patients) The Hospital has two in the ED holdings and both are Non-Covid medical. 	Executive Management	None	Informational
E. Vaccination Program	<p>Data as of 2:00 p.m. February 10, 2021:</p> <ul style="list-style-type: none"> Doses administered for the clinic: 4,787 Persons vaccinated: 3,129 Staff (including licensed independent practitioners) that have received one or both doses: 949 (70%) Staff and licensed independent practitioners who received both doses: 843 (62%) SNU patients: 9 Inpatient vaccinations to date: 8 Vaccinations are given to those that are eligible and are well enough ot get it at discharge Total others vaccinated: 2,167 	Executive Management	None	Informational

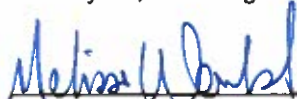
	<p>The vaccination clinic closed on Friday, February 5, 2021. The vaccination program continues in-house for employees and eligible patients at discharge.</p> <p>Dr. Bordallo explained that the goal is to vaccinate 100% of staff that want to be vaccinated. The hospital is making efforts to visit the departments, encourage staff to get the vaccine and determine why they are hesitant.</p> <p>Infection control has proved a list of departments throughout the hospital where not many employees are vaccinated. Dr. Bordallo explained that the newness of the vaccine is one of the top reasons people are hesitant.</p>			
F. Alternate Care Facility Application	<p>The \$15M grant was approved for the Alternate Care Facility. \$11.5M has already been obligated and is in the Hospital's account to begin getting equipment and additional supplies to provide sub-acute care.</p> <p>The isolation of the B-Wing was approved and will be included in the project scope of work to be reimbursed at the closeout. The A&E design team is working towards finalizing the design of the B-Wing isolation.</p>	Executive Management	None	Informational
G. Staffing	<ul style="list-style-type: none"> • Medical Solutions Staff: 14 (8 ICU, 3 ED, 2 Telemetry, 1 Hemodialysis) The Hospital will be requesting for additional ICU and telemetry nurses. • NuWest Staff: 34 (12 ICU, 12 Telemetry, 7 ED , 3 Hemodialysis) 	Executive Management	None	Informational
H. Telehealth/Telemedicine Services	<p>Telemedicine services are being offered by the following: Innovator Health with Dr. Sommers Dr. Switzer and Dr. Britton</p> <p>There are three telemedicine technicians providing support for the rounder program, which was fully launched on February 5, 2021. The program is operational Friday through Sunday.</p> <p>The Hospital is looking to expand the services to other areas/departments in the future.</p>	Executive Management	None	Informational

	As a result of the telemedicine program and current census, the Hospital has suspended further efforts to bring in more intensivists. Dr. Aguon continues to create a semi-closed unit for the ICU, restructuring the hospitalist to allow for a dedicated team to provide daily rounds.			
I. Visitation	Visitation remains suspended and is being monitored. The Hospital will be the last agency to lessen restrictions.	Executive Management	None	Informational
J. Medical Staff Lodging	The Hospital informed the Guam Emergency Operations Center and Homeland Security that staff will no longer need lodging. Medical staff lodging was ceased at the end of January.	Executive Management	None	Informational
	Other discussion: Trustee Obispo informed the board that at the next scheduled meeting, they will discuss whether or not they want to continue the mid-month meeting, especially since things are calming down.	Trustee Obispo	None	Open
III. PUBLIC COMMENT				
	There were no public comments.	None	None	None
IV. ADJOURNMENT				
	There being no further business matters for discussion, Trustee Obispo declared the meeting adjourned at 5:32 p.m., motioned by Trustee Davis and seconded by Trustee Evaristo. The motion carried with all ayes.	All Board members	None	Approved

Transcribed by: 
Justine A. Camacho
Acting Administrative Officer

Submitted by: 
Sarah Thomas-Nededog
Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the February 10, 2021 regular session meeting were accepted and approved by the GMHA Board of Trustees on this 24th day of February 2021.

Certified by: 
Melissa Waibel
Vice-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. 2021-18

“RELATIVE TO CREATING THE POSITIONS OF CHIEF OF CLINICAL PHARMACY AND CLINICAL PHARMACIST FOR THE PHARMACY DEPARTMENT”

WHEREAS, the request for the creation of the Chief of Clinical Pharmacy and the Clinical Pharmacist positions was received by the Human Resources Department on July 20, 2020 at the recommendation of the Chief Hospital Pharmacist and Associate Administrator of Clinical Services; and

WHEREAS, the Human Resources Department conducted the position classification study and submitted its recommendation to the Hospital Administrator/CEO on January 7, 2021 to create the positions of Chief of Clinical Pharmacy and Clinical Pharmacist; and

WHEREAS, on January 15, 2021, the Acting Hospital Administrator/CEO, Mr. William Kando, approved the Human Resources Department’s recommendation to create the positions; and

WHEREAS, the provisions of 4 GCA, Chapter 6, § 6303.1(a) - Transparency and Disclosure for the creation of positions have been met; and

WHEREAS, the proposed class specifications of the positions are hospital specific and that there is no impact on any other agency outside the Authority; and

WHEREAS, the Human Resources Subcommittee on February 9, 2021 recommended approval to accept the Hospital Administrator’s petition to create and establish the Chief of Clinical Pharmacy and the Clinical Pharmacist positions; now, therefore be it

RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee’s recommendation and approves the attached proposed class specifications for the Chief of Clinical Pharmacy and the Clinical Pharmacist; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF FEBRUARY 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary

CHIEF OF CLINICAL PHARMACY

NATURE OF WORK IN THIS CLASS:

This position is administrative and professional clinical pharmacy work involved in the administration of the clinical pharmacy programs and services at Guam Memorial Hospital Authority. Work is performed under general direction following the practices and procedures of hospital pharmacy. This position reports to the Assistant Administrator of Professional Support Services.

ILLUSTRATIVE EXAMPLES OF WORK: (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Performs direct supervision of clinical pharmacists who provide patient-focused pharmaceutical care including: training and staff development, scheduling and assignments, team building and recruitment, performance evaluations of clinical pharmacists.

Provides oversight and support for the development and advancement of clinical pharmacy services with a focus on standardization and optimization of clinical workflow, identification of staff competency needs, process improvements that optimize clinical efficiency and medication utilization and staff education and communication.

Provides direction for prioritization of clinical pharmacy projects.

Provides drug information and in-services to physicians, nursing staff and other health professionals.

Interacts with physicians and nursing staff to maintain interdisciplinary relationships.

Assists in the development and implementation of best practice standards, established clinical guidelines and quality improvement initiatives.

Assists in prioritizing daily workflow of unit-based pharmacists to achieve departmental goals.

Arranges site coordination of pharmacy experiential (APPE) and residency training programs.

Develops and revises/updates hospital clinical pharmacy policies and procedures.

Performs related work as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of best practice standards and clinical guidelines for acute and chronic disease management, as well as concepts of modern pharmacology and pharmacotherapeutics.

Knowledge of the laws and regulations that govern all aspects of hospital pharmacy operations.

Knowledge of the principles and practices of administration, supervision and management including budgeting, personnel management, and quality assessment and performance improvement.

CHIEF OF CLINICAL PHARMACY

Ability to ensure compliance with state and federal regulatory requirements related to medication use systems.

Ability to implement new systems and procedures, develop and implement clinical protocols and policies.

Ability to communicate effectively both written and verbal.

Ability to analyze, think critically, and solve problems.

Skill in prioritization, problem solving, team building, decision making, time management and strategic planning.

MINIMUM EXPERIENCE AND TRAINING:

Doctor of Pharmacy degree from an accredited or recognized college or university, five (5) years of hospital pharmacy experience, one (1) year of direct patient care experience, and one (1) year of supervisory or managerial experience.

NECESSARY SPECIAL QUALIFICATION:

Must be a registered Pharmacist with a current license to practice in Guam.

Completion of an accredited American Society of Health-system Pharmacists (ASHP) Clinical Residency Program is preferred.

Board Certification by the Board of Pharmacy Specialties (BPS) is preferred.

ESTABLISHED: February 24, 2021

PAY GRADE/PLAN: Q (GPP)

HAY EVALUATION

KNOW HOW:	F13	350
PROBLEM SOLVING:	E3 (38%)	132
ACCOUNTABILITY:	E2P	175
TOTAL POINTS -		657


MELISSA WAIBEL, Vice-Chairperson
Board of Trustees

CLINICAL PHARMACIST

NATURE OF WORK IN THIS CLASS:

Implements, maintains, and provides clinical pharmacy services including: clinical, educational, informational, and distributional functions for patients of the Guam Memorial Hospital Authority.

ILLUSTRATIVE EXAMPLES OF WORK: (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Demonstrates comprehensive clinical competence including clinical problem solving, judgment, and decision making.

Assesses and prioritize patient-specific medical problems and organize, interpret and analyzed patient-specific data in order to implement and manage patient pharmacotherapy and educate patients and other providers.

Assists in the development and implementation of best practice standards, established clinical guidelines and quality improvement initiatives.

Monitors drug therapy and consult with other patient care providers to improve patient outcomes.

Designs a comprehensive drug therapy plan for patient specific problems, select optimal drug dose, route, frequency, and duration of therapy, select strategies for prevention of disease, incorporate significance of potential drug interactions into the recommended plan, and persuasively justify recommendations based on pharmacokinetic, pharmacoeconomic, ethical, legal, and evidence-based medicine.

Assists the Chief of Clinical Pharmacy in developing clinical pharmacy services, critical pathways, and clinical policies and procedures in accordance with the guidelines of the Joint Commission and CMS.

Performs medication use evaluations and adverse drug reaction reporting.

Participates in preceptorship coordination of pharmacy experiential (APPE) and residency training programs.

Provides drug information and in-services to physicians, nursing staff and other health professionals.

Interacts with physicians and nursing staff to maintain interdisciplinary relationships.

Performs related work as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of best practice standards and clinical guidelines for acute and chronic disease management, as well as concepts of modern pharmacology and pharmacotherapeutics.

Knowledge of laws and regulations that govern all aspects of pharmacy operations.

CLINICAL PHARMACIST

Ability to ensure compliance with state and federal regulatory requirements related to medication use systems.

Ability to implement new systems and procedures, develop and implement clinical protocols and policies.

Ability to communicate effectively both written and verbal.

Ability to analyze, think critically, and solve problems.

Ability to work effectively with patients, employees, and the public.

Ability to maintain records and prepare reports.

MINIMUM EXPERIENCE AND TRAINING:

Doctor or Pharmacy degree from an accredited or recognized college or university and three (3) years of hospital pharmacy experience.

NECESSARY SPECIAL QUALIFICATION:

Must be a registered Pharmacist with a current license to practice in Guam.

Possession of a current Basic Life Support (BLS) certification.

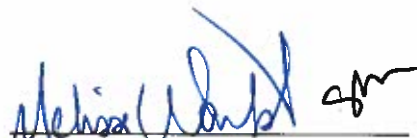
Possession of a current Advanced Cardiac Life Support) certification.

DESIRABLE CERTIFICATIONS:

Completion of an accredited American Society of Health-system Pharmacists (ASHP) Clinical Residency Program is preferred.

Board Certification by the Board of Pharmacy Specialties (BPS) is preferred.

ESTABLISHED:	February 24, 2021
PAY GRADE/PLAN:	P (GPP)
<u>HAY EVALUATION</u>	
KNOW HOW:	F12 304
PROBLEM SOLVING:	E3 (38%) 115
ACCOUNTABILITY:	E2C 132
TOTAL POINTS -	551



**MELISSA WAIBEL, Vice-Chairperson
Board of Trustees**



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. 2021-19

“RELATIVE TO ESTABLISHING A PROGRESSIVE JOB DIFFERENTIAL PAY PROGRAM FOR NURSES IN THE ADULT INTENSIVE CARE UNIT”

WHEREAS, in its efforts to implement recruitment and retention strategies for nurses, the Guam Memorial Hospital Authority is proposing the establishment of a progressive job differential pay plan, specifically, to attract new nurses or to incentivize incumbents to work in the Adult Intensive Care Unit (“ICU/CCU”) where the staffing shortage remains critical; and

WHEREAS, remuneration for nurses under the government of Guam’s Nurse Pay Plan (“NPP”) structure is significantly lower than the national averages in salaries for nurses in general, which attributes to the difficulty in the recruitment and the high turn-over rates; and

WHEREAS, the NPP provides an across the board approach for the remuneration of nurses rather than the area of placement, level of care, or specialty; and

WHEREAS, working in the ICU/CCU requires specialized training, advanced skillsets and proficiency in performing the complex care and psychomotor skills needed for patients who are critically ill, have a higher acuity, and/or who are at a higher risk for complex, multi-organ, and life threatening medical conditions; and

WHEREAS, pursuant to 4GCA §6229.10, *Job Incentives*, which states “Whenever possible, nursing and other healthcare professionals shall be given job incentives, including, but not limited to, educational opportunities and improved work environment;” and

WHEREAS, after thorough discussions at its February 9, 2021 meeting, the Human Resources Subcommittee came to the consensus that action was needed to address these matters; respectively, recommending the Board of Trustees’ approval to implement a progressive job differential pay plan for registered nurses who work in the ICU/CCU as follows:

- Job differential pay from fifteen percent (15%) to forty percent (40%) applies to all **full-time** nurses assigned to the ICU/CCU who meet the following criteria:
 - successful completion of ICU/CCU clinical competencies (includes, but not limited to, Lippincott Procedures); **and** satisfactory completion of two years as a full-time nurse assigned to the ICU/CCU; **plus** Critical Care Registered Nurse (CCRN) certification; **or**
 - successful completion of ICU/CCU clinical competencies (includes, but not limited to, Lippincott Procedures); **and** satisfactory completion of three years as a full-time nurse assigned to the ICU/CCU.

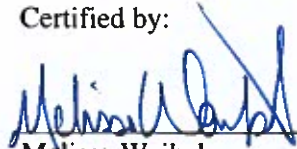
- The change in differential pay is subject to the concurrence of the Administrators of Nursing Services and ICU/CCU Medical Director, and approval by the Hospital Administrator/CEO, or his or her designee.
- Differential pay only applies to hours of actual work.
- Differential pay is subject to the availability of funds.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees, in accordance with 4GCA §6229.10, authorizes the Guam Memorial Hospital Authority to implement a progressive job differential pay plan for registered nurses who work in the ICU/CCU as described above, and made effective February 28, 2021; and

BE IT FURTHER RESOLVED, that the Vice-Chairperson certifies and the Secretary attests to the adoption of this resolution.


DULY AND REGULARY ADOPTED ON THIS 24th DAY OF FEBRUARY 2021.

Certified by:



Melissa Waibel
Vice-Chairperson

Attested by:



Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUĀHĀN

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BOARD OF TRUSTEES

Official Resolution No. 2021-20

“RELATIVE TO INCREASING THE INCENTIVE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES FROM SIXTEEN (16) TO TWENTY (20) PERCENT”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) has experienced and continues to experience challenges with recruitment and retention of nursing professionals, especially in the specialty units; and

WHEREAS, data obtained through the hospital’s exit interview surveys indicate compensation as one of the top recommendations made by nurses to improve retention of employees; and

WHEREAS, the scope of nursing practice and skillsets in hospital settings are vastly different as compared to school, community health and behavioral health nursing; hospital nurses are required to be certified in Advanced Cardiac Life Support (ACLS), Neonatal Advanced Life Support (NALS), Pediatrics Advanced Life Support (PALS), Intravenous (IV) Therapy, and other various treatment modalities and bedside procedures; and

WHEREAS, the latest (2019) data from the U.S. Bureau of Labor Statistics shows that the median pay for registered nurses is \$35.24 per hour (\$73,300 per year) compared to the government of Guam’s base starting salary of \$17.37 per hour (\$36, 129 per year), which is 67.9% lower than the national average; and

WHEREAS, the latest (2019) data from the U.S. Bureau of Labor Statistics shows that the median pay for licensed practical nurses is \$22.83 per hour (\$47,480 per year) compared to the government of Guam’s base starting salary of \$13.42 per hour (\$27,911 per year), which is 51.9% lower than the national average; and

WHEREAS, as a recruitment and retention strategy in response to data from the Exit Interview Survey and, in show of management’s good faith effort to address nurse salaries and disparities in compensation for nurses compared to the national averages, and remuneration for travel nurses and foreign workers, the Guam Memorial Hospital Authority proposes an increase in the incentive for nurses from sixteen (16%) to twenty (20%); and

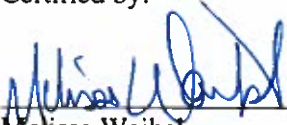
WHEREAS, after thorough discussions at its February 9, 2021 meeting, the Human Resources Subcommittee recommend the Board of Trustees’ approval to increase the incentive for registered nurses and licensed practical nurses from sixteen (16%) to twenty (20%), pursuant to 4 GCA, Ch.6, §6229.10, *Job Incentives*.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees authorizes the Guam Memorial Hospital Authority to implement an increase in incentive pay for nurses from sixteen (16) to twenty (20) percent based on the availability of funds, effective February 28, 2021; and

BE IT FURTHER RESOLVED, that the Vice-Chairperson certifies and the Secretary attests to the adoption of this resolution.


DULY AND REGULARY ADOPTED ON THIS 24th DAY OF FEBRUARY 2021.

Certified by:



Melissa Waibel
Vice-Chairperson

Attested by:



Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2021-14

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Maria Blancaflor, MD.	Pediatrics	Pediatric	January 31, 2023
Jose Hernandez, MD.	Pediatrics	Pediatric	January 31, 2023
Ricardo Eusebio, MD.	Surgery	General Surgery	January 31, 2023
Verrad Nyame, MD.	Surgery	Neurosurgery	January 31, 2023
Fernan De Guzman, MD.	Anesthesia	Anesthesia	January 31, 2023
Hugo Koo, MD.	Medicine	Cardiology	January 31, 2023

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 January 27, 2021 and the Joint Conference and Professional Affairs Committee met on February 3, 2021 and 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 Vice-Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF FEBRUARY 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

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BOARD OF TRUSTEES Official Resolution No. 2021-15

“RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Juan Quiros, MD.	Medicine	Cardiology	January 31, 2022
Weerawat Tananusont, MD.	Medicine	IM/Hospitalist	January 31, 2022

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 met on January 27, 2021 and the Joint Conference and Professional Affairs Committee met on February 3, 2021 and 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 Vice-Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF FEBRUARY 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÑ

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
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BOARD OF TRUSTEES Official Resolution No. 2021-16

“RELATIVE TO THE REAPPOINTMENT OF FULL ALLIED HEALTH PROFESSIONAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Monica Webb, CNM	Ob/Gyn	Certified Nurse Midwife	January 31, 2023
Romona Domen, CRNA	Anesthesia	Certified Registered Nurse Anesthetist	January 31, 2023

WHEREAS, the above listed practitioners met the basic requirements for Allied Health Professional Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article VII, Section 7.2; and

WHEREAS, the Medical Executive Committee met on January 27, 2021 and the Joint Conference and Professional Affairs Committee met on February 3, 2021 and recommended approval of Full Allied Health Staff Membership appointment for the above listed practitioner; and

WHEREAS, all reappointments to Full Allied Health Professional 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 Full Allied Health Professional 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 Vice-Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF FEBRUARY 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2021-17

“RELATIVE TO APPROVING NINETY-EIGHT (98) NEW FEES”

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 December 18, 2020 and oral comments and written testimony have been solicited regarding the Ninety-Eight (98) new fees comprised of the following Hospital departments: Nursing, ICU, Central Supply Room, Radiology, Pharmacy, and Operating Room; and

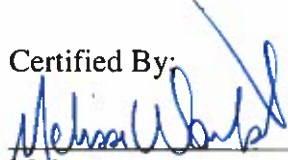
WHEREAS, the GMHA Board of Trustees has reviewed the list of new fees and the updated professional fees and found the same to be in order; now therefore be it,

RESOLVED, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to continue to proceed with the adjudication process of these 98 new fee items, and be it further

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


DULY AND REGULARLY ADOPTED ON THIS 24th DAY OF FEBRUARY 2021.

Certified By:



Melissa Waibel
Vice-Chairperson

Attested By:



Sarah Thomas-Nededog
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 35th Guam Legislature
Public Hearing on December 18, 2020

NO	CHARGE CODE	DESCRIPTION	FEE MODEL		DEPARTMENT
				RATE	
1	1400239	BAMLANIVIMAB IV INFUSE/MONITOR	\$	309.60	NURSING
2	1732475	PAD ARMBORAD 2"	\$	17.95	ICU
3	1732501	SPECIMEN TRAP 40CC	\$	10.37	CSR
4	1750994	MULTI-RING HEAD POSITIONER	\$	16.35	ICU
5	2100406	AZUR COIL PUSH .035 4MMX6CM	\$	861.99	RADIOLOGY
6	2100617	AZUR COIL DETACH .035 6MMX17CM	\$	2,190.50	RADIOLOGY
7	2100700	BAL PTA METCR .035 8X40MMX65CM	\$	687.45	RADIOLOGY
8	2100702	BAL PTA METR .035 10X40MMX65CM	\$	687.45	RADIOLOGY
9	2100703	BAL PTA METR .035 12X40MMX65CM	\$	687.45	RADIOLOGY
10	2100704	BAL PTA METCR .035 6X80MMX90CM	\$	687.45	RADIOLOGY
11	2100705	BAL PTA METCR .035 8X80MMX90CM	\$	687.45	RADIOLOGY
12	2100706	PTA OPTA 6F .035 7MMX60MMX80CM	\$	728.33	RADIOLOGY
13	2100707	BAL PTA METR .035 4X60MMX135CM	\$	687.45	RADIOLOGY
14	2100708	BAL PTA METR .035 5X60MMX135CM	\$	687.45	RADIOLOGY
15	2100709	BAL PTA METR .035 6X60MMX135CM	\$	687.45	RADIOLOGY
16	2100711	AZUR HEL DETACH .018" 3MMX5CM	\$	1,481.64	RADIOLOGY
17	2100712	AZUR HEL DETACH .018" 5MMX10CM	\$	1,481.64	RADIOLOGY
18	2100713	AZUR HEL DETACH .035" 8MMX12CM	\$	2,190.50	RADIOLOGY
19	2100717	AZUR HEL DETACH .035" 10MMX19CM	\$	2,190.50	RADIOLOGY
20	2100718	HYDRO MICROSP 78+/-30UM ORANGE	\$	953.10	RADIOLOGY
21	2100719	HYDRO MICROSP 200+/-75UM YELLW	\$	953.10	RADIOLOGY
22	2100720	HYDRO MICROSP 400+/-75UM BLUE	\$	953.10	RADIOLOGY
23	2100721	HYDRO MICROSP 600+/-75UM RED	\$	953.10	RADIOLOGY
24	2100722	HYDRO MICROSP 800+/-75UM GREEN	\$	953.10	RADIOLOGY
25	2100723	AZUR HEL PUSH .035" 5MMX10CM	\$	923.34	RADIOLOGY
26	2100724	AZUR HEL PUSH .018" 2MMX2CM	\$	684.06	RADIOLOGY
27	2100725	AZUR HEL PUSH .018" 3MMX2CM	\$	684.06	RADIOLOGY
28	2100726	AZUR HEL PUSH .018" 4MMX2CM	\$	684.06	RADIOLOGY
29	2100727	AZUR HEL PUSH .018" 3MMX4CM	\$	745.41	RADIOLOGY
30	2100728	AZUR HEL PUSH .018" 4MMX4CM	\$	745.41	RADIOLOGY
31	2100729	AZUR HEL PUSH .018" 4MMX6CM	\$	806.76	RADIOLOGY
32	2100730	AZUR HEL PUSH .018" 8MMX10CM	\$	868.12	RADIOLOGY
33	2100731	AZUR HEL PUSH .018" 2MMX4CM	\$	1,481.64	RADIOLOGY
34	2100732	AZUR HEL PUSH .018" 6MMX6CM	\$	806.76	RADIOLOGY
35	2100812	AZUR COIL DETACH .035 8MMX12CM	\$	2,190.50	RADIOLOGY
36	2100823	SET PICC TURBO 4FR 60CM	\$	724.25	RADIOLOGY
37	2101014	AZUR COIL PUSH .035 10MMX14CM	\$	984.69	RADIOLOGY
38	2101020	AZUR COIL PUSH .035 10MMX20CM	\$	984.69	RADIOLOGY
39	2101514	AZUR COIL PUSH .035 15MMX14CM	\$	984.69	RADIOLOGY
40	2102006	PTA SABR 4F .018 2MMX60MMX150CM	\$	835.80	RADIOLOGY
41	2103006	PTA SABR 4F .018 3MMX60MMX90CM	\$	835.80	RADIOLOGY

42	2105610	AZUR COIL PUSH .035 6MMX10CM	\$ 923.34	RADIOLOGY
43	2105810	AZUR COIL PUSH .035 8MMX10CM	\$ 923.34	RADIOLOGY
44	2113720	AZUR SYSTEM 18P 2MMX2CM	\$ 684.06	RADIOLOGY
45	2123720	AZUR SYSTEM 18P 3MMX2CM	\$ 684.06	RADIOLOGY
46	2127350	AZUR COIL DETACH .018 2MMX4CM	\$ 1,592.50	RADIOLOGY
47	2130260	AZUR SYSTEM 18P 3MMX4CM	\$ 1,592.50	RADIOLOGY
48	2140520	AZUR COIL PUSH .035 4MMX4CM	\$ 800.63	RADIOLOGY
49	2152730	AZUR SYSTEM 18P 4MMX6CM	\$ 806.76	RADIOLOGY
50	2160700	BAL PTA METR .035 10X80MMX90CM	\$ 687.45	RADIOLOGY
51	2182503	AZUR SYSTEM 18P 6MMX6CM	\$ 806.76	RADIOLOGY
52	2196060	PTA OPTA 5F.035 6MMX60MMX110CM	\$ 718.10	RADIOLOGY
53	2196080	PTA OPTA 6F.035 6MMX80MMX80CM	\$ 718.10	RADIOLOGY
54	2197080	PTA OPTA 6F.035 7MMX80MMX80CM	\$ 718.10	RADIOLOGY
55	2197250	AZUR SYSTEM 18P 8MMX10CM	\$ 868.12	RADIOLOGY
56	4221717	CAVILON BARRIER CREAM 1OZ	\$ 10.74	PHARMACY
57	4271119	FENTANYL 2,500MCG/50ML INJ	\$ 27.42	PHARMACY
58	4233770	VITAMIN D3 5000IU TAB	\$ 0.91	PHARMACY
59	7000500	SCREW PINN CAN 6.5MMX20MM	\$ 460.83	OPERATING ROOM
60	7001217	SCREW PINN CAN 6.5MMX15MM	\$ 460.83	OPERATING ROOM
61	7001732	PIN SECTOR W/ GRIPTION 50MM	\$ 2,110.00	OPERATING ROOM
62	7001750	SCREW PINN CAN 6.5MMX50MM	\$ 460.83	OPERATING ROOM
63	7002048	LINER ALTRX NEUTRAL 32MMX48MM	\$ 1,247.50	OPERATING ROOM
64	7002050	LINER ALTRX NEUTRAL 32MMX50MM	\$ 1,247.50	OPERATING ROOM
65	7002052	LINER ALTRX NEUTRAL 32MMX52MM	\$ 1,247.50	OPERATING ROOM
66	7002054	PIN SECTOR W/ GRIPTION 54MM	\$ 2,110.00	OPERATING ROOM
67	7002056	LINER ALTRX NEUTRAL 32MMX56MM	\$ 1,247.50	OPERATING ROOM
68	7002058	PIN SECTOR W/ GRIPTION 58MM	\$ 2,110.00	OPERATING ROOM
69	7002062	PIN SECTOR W/ GRIPTION 62MM	\$ 2,110.00	OPERATING ROOM
70	7002064	PIN SECTOR W/ GRIPTION 64MM	\$ 2,110.00	OPERATING ROOM
71	7002066	PIN SECTOR W/ GRIPTION 66MM	\$ 2,110.00	OPERATING ROOM
72	7002148	LINER ALTRX +4 10D 32MMX48MM	\$ 1,247.50	OPERATING ROOM
73	7002222	LINER ALTRX +4 10D 32MMX50MM	\$ 1,247.50	OPERATING ROOM
74	7002550	SCREW PINN CAN 6.5MMX25MM	\$ 460.83	OPERATING ROOM
75	7003050	SCREW PINN CAN 6.5MMX30MM	\$ 460.83	OPERATING ROOM
76	7003204	PIN SECTOR W/ GRIPTION 48MM	\$ 2,110.00	OPERATING ROOM
77	7003205	PIN SECTOR W/ GRIPTION 52MM	\$ 2,110.00	OPERATING ROOM
78	7003206	PIN SECTOR W/ GRIPTION 56MM	\$ 2,110.00	OPERATING ROOM
79	7003254	LINER ALTRX NEUTRAL 32MMX54MM	\$ 1,247.50	OPERATING ROOM
80	7004050	SCREW PINN CAN 6.5MMX40MM	\$ 460.83	OPERATING ROOM
81	7005051	SCREW PINN CAN 6.5MMX55MM	\$ 460.83	OPERATING ROOM
82	7005060	SCREW PINN CAN 6.5MMX60MM	\$ 460.83	OPERATING ROOM
83	7006062	LINER ALTRX NEUTRAL 36MMX62MM	\$ 1,247.50	OPERATING ROOM
84	7006064	LINER ALTRX NEUTRAL 36MMX64MM	\$ 1,247.50	OPERATING ROOM
85	7006066	LINER ALTRX NEUTRAL 36MMX66MM	\$ 1,247.50	OPERATING ROOM
86	7006152	LINER ALTRX +4 10D 36MMX52MM	\$ 1,247.50	OPERATING ROOM
87	7006154	LINER ALTRX +4 10D 36MMX54MM	\$ 1,247.50	OPERATING ROOM

88	7006156	LINER ALTRX +4 10D 36MMX56MM	\$ 1,247.50	OPERATING ROOM
89	7006158	LINER ALTRX +4 10D 36MMX58MM	\$ 1,247.50	OPERATING ROOM
90	7006160	LINER ALTRX +4 10D 36MMX60MM	\$ 1,247.50	OPERATING ROOM
91	7006162	LINER ALTRX +4 10D 36MMX62MM	\$ 1,247.50	OPERATING ROOM
92	7006164	LINER ALTRX +4 10D 36MMX64MM	\$ 1,247.50	OPERATING ROOM
93	7006166	LINER ALTRX +4 10D 36MMX66MM	\$ 1,247.50	OPERATING ROOM
94	7007355	SCREW PINN CAN 6.5MMX35MM	\$ 460.83	OPERATING ROOM
95	7007455	SCREW PINN CAN 6.5MMX45MM	\$ 460.83	OPERATING ROOM
96	7020600	PIN SECTOR W/ GRIPTION 60MM	\$ 2,110.00	OPERATING ROOM
97	7052200	PATCH HERNIA W/STRAP LGE	\$ 812.48	OPERATING ROOM
98	7060600	LINER ALTRX NEUTRAL 36MMX60MM	\$ 1,247.50	OPERATING ROOM

***** 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.




Frumen A. Patacsil
 Hospital Quality Improvement Specialist

12/8/20

 Date

1st Endorsement of Concurrence:

I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and in compliance with Title 10 GCA Part 2 Division 4 Chapter 80 §80109



Yukari Hechanova, MAcc, CPA, CIA, CGFM
 Chief Financial Officer

12/8/2020

 Date

**Guam Memorial Hospital Authority
Financial Highlights – January 2021**

	01/31/2021	09/30/2020	Inc (Dec)	%
Cash	\$4,213,475	\$12,103,083	(\$7,889,608)	(65%)

Net decrease of \$7.9M due to:

- The \$7.7M CARES Act Provider Relief Funds via UHHS received in prior year is now depleted.
- GMH received another \$2M CARES Act Provider Relief Funds from UHHS in December 2020.
- Since October 2020, GMH received \$5.2M from GovGuam’s Cares Act Funds.
- On a monthly average, cash outlay is \$1.3M more in FY 2021 than in FY 2020. This is mainly due to NuWest traveling nurses (\$4.3M paid to date) and purchase of Remdesivir drug (\$1.2M paid to date), which GMH started paying in October 2020.

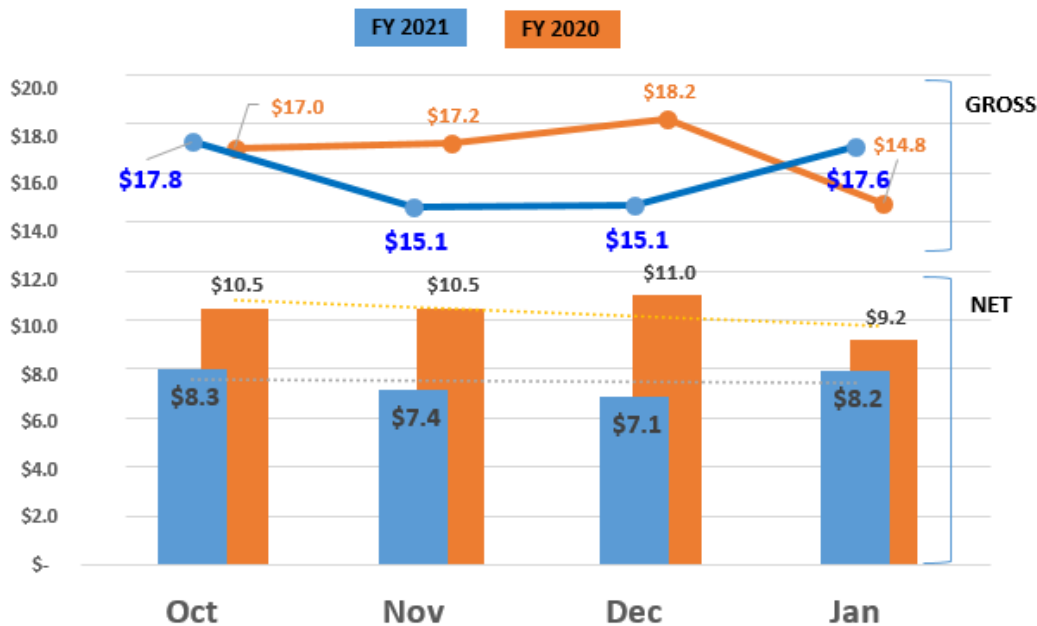
	01/31/2021	09/30/2020	Inc (Dec)	%
Trade Payables	\$14,493,376	\$5,516,865	\$8,976,511	163%

- With depleting cash starting October 2020, vendor payables had increased. Top five vendors, which account for \$7.3M (or 50%) of total trade payables, are: (1) NuWest - \$2.9M; (2) M.D. Wholesale - \$1.4M; (3) JMI-Edison - \$1.1M, (4) AETNA for employees’ health insurance premiums - \$1M; and (5) ASD Specialty Healthcare for Remdesivir drug - \$791K.

	01/31/2021	01/31/2020	Inc (Dec)	%
Net Patient Revenues	\$31,028,771	\$41,168,424	(\$10,139,653)	(25%)

- In June 2020, bad debts rate for self-pays was increased to 80% from 59%, thereby decreasing **net** patient revenues. Four months of net revenue is under budget by \$4.2M. In addition, **gross** patient revenue was lower by \$1.5M compared to prior year. This appears to be the effect of limiting outpatient services. However, in January 2021 revenue starts to pick up.

Chart 1. GROSS and NET Patient Revenues (in millions)



Billings & Collections:

	01/31/2021		01/31/2020		Inc (Dec)
Gross Revenues	\$65,653,722		\$67,169,432		(\$1,515,710)
Collections	29,199,771		29,688,335		(488,564)
Collection %	45%		44%		
Breakdown of collections:					
Medicare	3,441,297	} 45%	5,759,139	} 61%	(4,801,967)
Medicaid	6,281,837		8,879,965		
MIP	3,541,811		3,427,809		
Third Party Payers	11,953,804	41%	8,499,927	29%	3,453,877
Selfpays	3,981,022	14%	3,121,495	11%	859,527
Total	<u>\$29,199,771</u>		<u>\$29,688,335</u>		

- Patient collection is only \$489K lower than prior year despite \$1.5M dip in gross revenue.
- Medicare withheld \$1.0M due to settlement adjustment for FY2018 cost report audit.
- Medicaid matching was increased to 100% in 1st quarter of FY 2020 but not in FY 2021.
- About half (48%) of collections from third parties for four months ended 01/31/21 was from AETNA. The lowest collection was from TakeCare at \$415K.
- DRT garnishments from self-pays totaled \$2.7M for four months ended 01/31/21. This was more than three times the prior year of the same period.

	01/31/2021	01/31/2020	Inc (Dec)	%
Operating expenses	\$60,223,760	\$44,337,598	\$15,886,162	36%

Increase of \$15.9M mainly due to:

- Personnel costs grew by \$4.8M. On average, headcount was higher by 92 compared to prior year. Current year personnel cost includes \$2.4M in COVID-19 employees' differential pays.
- Current year contractual services include \$6.8M NuWest traveling nurses and \$1.5M in COVID-19 contract physicians' pay.
- Supplies and materials increased by \$2.4M mainly due to issuances of Remdesivir drug to COVID-19 patients and scrub suits used as personal protective equipment.

Status of COVID-19 Funds, Usage, Encumbrances as of 2/12/21:

	Fund Amount	Expenses & Encumbrances	Balance	
HHS Provider Relief Funds – 1	\$7,777,905	(\$6,336,750)	\$1,441,155	A
HHS Provider Relief Funds - 2	\$1,961,999	-	\$1,961,999	A
GovGuam CARES Act	11,921,782	(11,921,782)	-	B
Total	<u>\$21,661,686</u>	<u>(\$18,258,532)</u>	<u>\$3,403,154</u>	

- A- Reserved for current requisitions for COVID related supplies, services, equipment, lost revenues.
- B- Fully exhausted for COVID doctors pay and differential pay, employee differential pays, and REDI kits (central monitoring upgrades). Although \$2.8M in differential pay reimbursements were submitted, GMHA will not receive payment due to BBMR's reallocation of \$3.0M to other GovGuam COVID-related purposes.

- Notified on 1/16/21 by Guam State Clearinghouse that GMH is allocated \$1.1M DOI TAP grant available for COVID-related payroll.
- Pending FEMA grant funding for travel nurses.

Status of GovGuam Appropriations as of 2/12/21:

	FY 2021		
	Appropriation	Received	Balance
Pharmaceutical Fund	\$18,844,806	\$4,711,206	\$14,133,600
General Fund (Operations)	8,208,795	3,078,300	5,130,495
Healthy Futures Fund	1,729,597	432,400	1,297,197
Total	\$28,783,198	\$8,221,906	\$20,561,292

- As of 1/15/21, we are yet to receive the remaining \$1.1M for FY 2020 Pharmaceutical Fund. Likewise, GMH has not received two months of Pharmaceutical Fund amounting to \$3.1M for FY 2021 allotment due to declines in business privilege tax collections.

Others:

- TakeCare reconciliation ongoing. TakeCare contract signed by Governor in January 2021.
- Aetna contract sent to legal for review.
- Medicaid audit ongoing and documentation due to Qlarant postmarked by February 28, 2021.
- FY 2022 budget ongoing and due to Legislature by March 30, 2021.
- FY 2020 financial audit ongoing and on schedule to release by March 31, 2021.
- FY 2020 Medicare Cost Report ongoing to submit to CMS by April 30, 2021 (extended 2 months).

GUAM MEMORIAL HOSPITAL AUTHORITY
 Statements of Net Position
 January 31, 2021 and September 30, 2020

	Unaudited January 31, 2021	Unaudited September 30, 2020	Change	% +/-
ASSETS				
Current assets:				
Cash	\$ 4,213,475	12,103,083	(7,889,608)	-65.2%
Patient accounts receivable, net	42,884,982	39,794,170	3,090,812	7.8%
Due from the Government of Guam	862,598	2,892,971	(2,030,373)	-70.2%
Other receivables	117,105	138,069	(20,964)	-15.2%
Inventory, net	4,589,392	3,825,085	764,307	20.0%
Prepaid expenses	-	-	-	-
Total current assets	<u>52,667,552</u>	<u>58,753,378</u>	<u>(6,085,826)</u>	<u>-10.4%</u>
Capital assets:				
Depreciable assets, net	28,136,181	26,280,649	1,855,532	7.1%
Construction in progress	1,295,008	1,295,008	-	0.0%
Total noncurrent assets	<u>29,431,189</u>	<u>27,575,657</u>	<u>1,855,532</u>	<u>6.7%</u>
Total assets	<u>82,098,741</u>	<u>86,329,035</u>	<u>(4,230,294)</u>	<u>-4.9%</u>
Deferred outflows of resources:				
Pension	15,984,072	15,984,072	-	0.0%
OPEB	14,515,198	14,515,198	-	0.0%
Total deferred outflows of resources	<u>30,499,270</u>	<u>30,499,270</u>	<u>-</u>	<u>0.0%</u>
Total assets and deferred outflows of resources	<u>\$ 112,598,011</u>	<u>116,828,305</u>	<u>(4,230,294)</u>	<u>-3.6%</u>
LIABILITIES AND NET POSITION				
Current liabilities:				
Accounts payable-trade	\$ 14,493,376	5,516,865	8,976,511	162.7%
Accounts payable-other	64,612	8,940	55,672	622.7%
Due to Noridian	4,501,120	4,501,120	-	-
Other accrued liabilities	560,000	560,000	-	0.0%
Accrued payroll and benefits	3,524,503	4,253,743	(729,240)	-17.1%
Current portion of accrued annual leave	2,213,840	2,140,785	73,055	3.4%
Total current liabilities	<u>25,357,451</u>	<u>16,981,453</u>	<u>8,375,998</u>	<u>49.3%</u>
Accrued annual leave, net of current portion	2,817,616	2,724,635	92,981	3.4%
Accrued sick leave	3,985,603	4,046,946	(61,343)	-1.5%
Net pension liability	126,135,550	126,135,550	-	0.0%
OPEB liability	134,276,729	134,276,729	-	0.0%
Total liabilities	<u>292,572,949</u>	<u>284,165,313</u>	<u>8,407,636</u>	<u>3.0%</u>
Deferred inflows of resources:				
Pension	5,583,805	5,583,805	-	0.0%
OPEB	56,220,601	56,220,601	-	0.0%
Total deferred inflows of resources	<u>61,804,406</u>	<u>61,804,406</u>	<u>-</u>	<u>0.0%</u>
Net position:				
Net position in capital assets	29,431,189	27,575,657	1,855,532	6.7%
Unrestricted	(271,210,533)	(256,717,071)	(14,493,462)	-5.6%
Total net position	<u>(241,779,344)</u>	<u>(229,141,414)</u>	<u>(12,637,930)</u>	<u>-5.5%</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 112,598,011</u>	<u>116,828,305</u>	<u>(4,230,294)</u>	<u>-3.6%</u>

GUAM MEMORIAL HOSPITAL AUTHORITY
Statements of Revenues, Expenses and Changes in Net Position
For the month ended January 31, 2021 and 2020

	Actual (Unaudited) January 31, 2021	Actual (Audited) January 31, 2020	Change	% +/-
Operating Revenues:				
Net Patient Revenues	\$ 8,216,478	9,164,322	(947,844)	-10.3%
Other operating revenues:				
DOC	258,013	183,410	74,603	-40.7%
Cafeteria food sales	47,899	26,756	21,143	79.0%
Other revenues	7,113	17,042	(9,929)	-58.3%
Total operating revenues	<u>8,529,503</u>	<u>9,391,530</u>	<u>(862,027)</u>	<u>-9.2%</u>
Operating Expenses:				
Salaries	6,533,897	5,098,066	1,435,831	28.2%
Fringe Benefits	1,722,522	1,450,239	272,283	18.8%
Total personnel costs	<u>8,256,419</u>	<u>6,548,305</u>	<u>1,708,114</u>	<u>26.1%</u>
Contractual Services	2,883,096	2,323,434	559,662	24.1%
Supplies & Materials	1,054,405	1,047,648	6,757	0.6%
Depreciation	303,035	300,721	2,314	0.8%
Retiree health care costs	253,211	253,211	-	0.0%
Utilities	199,883	235,563	(35,680)	-15.1%
DOC Clinic Expenses	218,745	160,409	58,336	36.4%
Miscellaneous	33,961	25,363	8,598	33.9%
Minor Equipment	129,211	71,254	57,957	81.3%
Travel & Mileage Reimbursement	-	2,401	(2,401)	-100.0%
Training	5,865	39,972	(34,107)	-85.3%
Total operating expenses	<u>13,337,831</u>	<u>11,008,281</u>	<u>2,329,550</u>	<u>21.2%</u>
Income (loss) from operations	<u>(4,808,328)</u>	<u>(1,616,751)</u>	<u>(3,191,577)</u>	<u>-197.4%</u>
Nonoperating revenues (expenses):				
Transfers from GovGuam	1,620,180	2,202,244	(582,064)	-26.4%
Federal grants	1,367,824	10,309	1,357,515	#####
Contributions	253,211	253,211	-	0.0%
Federal program expenditures	(2,650)	7,464	(10,114)	-135.5%
Interest and penalties	-	(72)	72	100.0%
Loss from disposal of fixed asset	-	-	-	#DIV/0!
Other	(11,982)	(8,875)	(3,107)	-35.0%
Total nonoperating revenues (expenses)	<u>3,226,583</u>	<u>2,464,281</u>	<u>762,302</u>	<u>30.9%</u>
Income (loss) before capital grants and contributions	<u>(1,581,745)</u>	<u>847,530</u>	<u>(2,429,275)</u>	<u>-286.6%</u>
Capital grants and contributions:				
Government of Guam	-	-	-	
Federal grants	-	-	-	
Total capital grants and contributions	<u>-</u>	<u>-</u>	<u>-</u>	
Change in net position	<u>\$ (1,581,745)</u>	<u>847,530</u>	<u>(2,429,275)</u>	<u>-286.6%</u>

Monthly Statements of Revenues, Expenses and Changes in Net Position (Unaudited)														
FY 2021														
	YTD	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21	Dec-20	Nov-20	Oct-20	
Operating Revenues:														
Net Patient Revenues	\$ 31,028,771									8,216,478	7,116,812	7,413,837	8,281,644	
Other operating revenues:														
DOC	849,307									258,013	189,970	214,993	186,331	
Cafeteria food sales	205,056									47,899	18,452	99,584	39,121	
Other revenues	29,920									7,113	8,976	6,175	7,656	
Total operating revenues	32,113,054	-	-	-	-	-	-	-	-	8,529,503	7,334,210	7,734,589	8,514,752	
Operating Expenses:														
Salaries	24,974,698									6,533,897	5,659,466	6,642,262	6,139,073	
Fringe Benefits	6,616,739									1,722,522	1,628,492	1,568,669	1,697,056	
Total personnel costs	31,591,437	-	-	-	-	-	-	-	-	8,256,419	7,287,958	8,210,931	7,836,129	
Contractual Services	16,572,195									2,883,096	6,462,733	3,263,371	3,962,995	
Supplies & Materials	7,557,310									1,054,405	2,362,655	1,665,378	2,474,872	
Depreciation	1,203,851									303,035	298,757	300,086	301,973	
Retiree health care costs	1,012,844									253,211	253,211	253,211	253,211	
Utilities	846,249									199,883	228,419	199,435	218,512	
DOC Clinic Expenses	712,505									218,745	158,368	178,078	157,314	
Miscellaneous	177,951									33,961	75,270	25,550	43,170	
Minor Equipment	519,028									129,211	163,808	87,318	138,691	
Travel & Mileage Reimbursement	844									-	1,055	(211)	-	
Training	29,546									5,865	756	-	22,925	
Total operating expenses	60,223,760	-	-	-	-	-	-	-	-	13,337,831	17,292,990	14,183,147	15,409,792	
Income (loss) from operations	(28,110,706)	-	-	-	-	-	-	-	-	(4,808,328)	(9,958,780)	(6,448,558)	(6,895,040)	
Nonoperating revenues (expenses):														
Transfers from GovGuam	7,293,575									1,620,180	2,254,466	2,686,872	732,057	
Federal grants	7,219,323									1,367,824	4,758,260	1,093,239	-	
Contributions	1,021,174									253,211	253,211	253,211	261,541	
Federal program expenditures	(63,178)									(2,650)	-	(2,492)	(58,036)	
Interest and penalties	(12,560)									-	(12,491)		(69)	
Loss from disposal of fixed asset	-										-		-	
Other	14,442									(11,982)	(37,867)	59,227	5,064	
Total nonoperating revenues (expenses)	15,472,776	-	-	-	-	-	-	-	-	3,226,583	7,215,579	4,090,057	940,557	
Income (loss) before capital grants and contributions	(12,637,930)	-	-	-	-	-	-	-	-	(1,581,745)	(2,743,201)	(2,358,501)	(5,954,483)	
Capital grants and contributions:														
Government of Guam	-	-	-	-	-	-	-	-	-	-	-	-	-	
Federal grants	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total capital grants and contributions	-	-	-	-	-	-	-	-	-	-	-	-	-	
Change in net position	\$ (12,637,930)	-	-	-	-	-	-	-	-	(1,581,745)	(2,743,201)	(2,358,501)	(5,954,483)	

GUAM MEMORIAL HOSPITAL AUTHORITY
Statements of Revenues, Expenses and Changes in Net Position
For the four months ended January 31, 2021 and 2020

	Actual (Unaudited) January 31, 2021	Actual (Audited) January 31, 2020	Change	% +/-
Operating Revenues:				
Net Patient Revenues	\$ 31,028,771	41,168,424	(10,139,653)	-24.6%
Other operating revenues:				
DOC	849,307	764,494	84,813	11.1%
Cafeteria food sales	205,056	136,394	68,662	50.3%
Other revenues	29,920	43,570	(13,650)	-31.3%
Total operating revenues	<u>32,113,054</u>	<u>42,112,882</u>	<u>(9,999,828)</u>	<u>-23.7%</u>
Operating Expenses:				
Salaries	24,974,698	21,156,782	3,817,916	18.0%
Fringe Benefits	6,616,739	5,605,222	1,011,517	18.0%
Total personnel costs	<u>31,591,437</u>	<u>26,762,004</u>	<u>4,829,433</u>	<u>18.0%</u>
Contractual Services	16,572,195	8,130,322	8,441,873	103.8%
Supplies & Materials	7,557,310	5,127,470	2,429,840	47.4%
Depreciation	1,203,851	1,202,535	1,316	0.1%
Retiree health care costs	1,012,844	1,014,850	(2,006)	-0.2%
Utilities	846,249	1,038,988	(192,739)	-18.6%
DOC Clinic Expenses	712,505	683,120	29,385	4.3%
Miscellaneous	177,951	116,138	61,813	53.2%
Minor Equipment	519,028	190,072	328,956	173.1%
Travel & Mileage Reimbursement	844	15,848	(15,004)	-94.7%
Training	29,546	56,251	(26,705)	-47.5%
Total operating expenses	<u>60,223,760</u>	<u>44,337,598</u>	<u>15,886,162</u>	<u>35.8%</u>
Income (loss) from operations	<u>(28,110,706)</u>	<u>(2,224,716)</u>	<u>(25,885,990)</u>	<u>-1163.6%</u>
Nonoperating revenues (expenses):				
Transfers from GovGuam	7,293,575	7,584,163	(290,588)	-3.8%
Federal grants	7,219,323	198,400	7,020,923	3538.8%
Contributions	1,021,174	1,027,600	(6,426)	-0.6%
Federal program expenditures	(63,178)	(30,637)	(32,541)	-106.2%
Interest and penalties	(12,560)	(2,873)	(9,687)	-337.2%
Loss from disposal of fixed asset	-	-	-	#DIV/0!
Others	14,442	188,420	(173,978)	92.3%
Total nonoperating revenues (expenses)	<u>15,472,776</u>	<u>8,965,073</u>	<u>6,507,703</u>	<u>72.6%</u>
Income (loss) before capital grants and contributions	<u>(12,637,930)</u>	<u>6,740,357</u>	<u>(19,378,287)</u>	<u>-287.5%</u>
Capital grants and contributions:				
Government of Guam	-	-	-	
Federal grants	-	-	-	
Total capital grants and contributions	<u>-</u>	<u>-</u>	<u>-</u>	
Change in net position	<u>\$ (12,637,930)</u>	<u>6,740,357</u>	<u>(19,378,287)</u>	<u>-287.5%</u>

GUAM MEMORIAL HOSPITAL AUTHORITY														
Monthly cash receipts and disbursements														
FY 2021														
		Total YTD	Sep-21	Aug-21	Jul-21	Jun-21	May-21	Apr-21	Mar-21	Feb-21	Jan-21	Dec-20	Nov-20	Oct-20
Cash - beginning balance	\$	12,103,083	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	3,614,173	3,948,066	5,549,898	12,103,083
Cash receipts														
Patient revenues		29,199,771									8,339,967	7,705,289	6,706,032	6,448,483
General fund subsidy		7,596,286									1,403,441	2,254,466	2,686,872	1,251,507
DOC		789,666									183,175	-	205,154	401,337
GBHWC - Meals services		62,825									-	21,687	-	41,138
GovGuam CARES Act		5,228,802									1,359,027	2,792,286	1,077,489	-
UHHS CARES Act		1,961,999									-	1,961,999	-	-
Cafeteria sales		72,958									20,244	18,943	16,546	17,225
Miscellaneous receipts:		-												-
CATScan Allotment		260,447									212,449	-	-	47,998
Others		250,593									51,422	16,472	81,732	100,967
Total cash receipts		45,423,347	-	-	-	-	-	-	-	-	11,569,726	14,771,141	10,773,825	8,308,655
Cash disbursements														
Payroll Payables		31,759,243									7,218,468	8,166,933	6,960,026	9,413,817
Net Pay Fund Transfers		19,440,330									4,134,738	4,227,065	4,430,616	6,647,911
Payroll Payables		12,318,912									3,083,730	3,939,868	2,529,409	2,765,905
Contract Doctors		6,744,462									1,541,664	1,539,720	1,787,564	1,875,514
Other Contractual Services		6,883,390									1,310,919	2,171,859	1,665,602	1,735,010
Supplies and Materials		4,804,126									627,612	1,695,517	1,035,986	1,445,011
IT Software, Licenses, etc.		280,316									8,448	62,034	120,949	88,885
Power		580,106									147,253	149,424	254,372	29,057
Water		116,368									37,473	1,272	38,031	39,591
Boiler		53,681									8,199	8,656	18,267	18,560
Telephone		762									-	-	-	762
Minor Equipment/Fixed Assets		1,734,496									-	1,251,133	443,098	40,265
Miscellaneous		356,005									70,388	58,487	51,763	175,366
Total cash disbursements		53,312,955	-	-	-	-	-	-	-	-	10,970,424	15,105,034	12,375,657	14,861,840
Cash - ending balance		4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	4,213,475	3,614,173	3,948,066	5,549,898
		(0) check												

Guam Memorial Hospital Authority

Patient Revenues, Contractual Adjustments and Collections

Year to Date - January 2021

	Gross revenues ¹		Contractual / Bad debt ²		Net revenues ²		Collections ²		
Medicare	\$ 16,449,451	25%	\$ 10,692,143	65%	\$ 5,757,308	35%	\$ 3,441,297	21%	12%
Medicaid	11,128,139	17%	5,786,632	52%	5,341,507	48%	6,281,837	56%	22%
MIP	5,735,939	9%	2,753,251	48%	2,982,688	52%	3,541,811	62%	12%
	<u>33,313,529</u>	<u>51%</u>	<u>19,232,026</u>	<u>58%</u>	<u>14,081,503</u>	<u>42%</u>	<u>13,264,945</u>	<u>40%</u>	45.4%
Takecare	3,195,352	5%	862,745	27%	2,332,607	73%	415,152	13%	1%
Staywell	2,892,776	4%	867,833	30%	2,024,943	70%	1,805,275	62%	6%
Selectcare	3,425,076	5%	890,520	26%	2,534,556	74%	2,832,831	83%	10%
Aetna	6,482,863	10%	1,750,373	27%	4,732,490	73%	5,702,636	88%	20%
Netcare	767,137	1%	161,098	21%	606,039	79%	681,394	89%	2%
Other	4,707,336	7%	2,165,374	46%	2,541,962	54%	516,516	11%	2%
	<u>21,470,540</u>	<u>33%</u>	<u>6,697,943</u>	<u>31%</u>	<u>14,772,597</u>	<u>69%</u>	<u>11,953,804</u>	<u>56%</u>	40.9%
Self pay	10,869,803	17%	8,694,980	80%	2,174,823	20%	3,981,022	37%	13.6%
Total	<u>\$ 65,653,872</u>	<u>100%</u>	<u>\$ 34,624,950</u>	<u>53%</u>	<u>\$ 31,028,923</u>	<u>47%</u>	<u>\$ 29,199,771</u>	<u>44%</u>	<u>100%</u>

¹ % of total

² % of gross

For registration information, please contact SGSWCD Programs Manager Erica Pangelinan at southernnguamswcd@gmail.com.

4:00 PM - Alcoholic Beverage Control Board

The Alcoholic Beverage Control (ABC) Board will hold its Regular Meeting on Wednesday, February 24, 2021 at 4:00 p.m. This Board Meeting is open to the public via Zoom Video Conference.

AGENDA: Call to Order, Roll Call, Old Business, New Business, Other Discussion, Adjournment.

Zoom Meeting

<https://zoom.us/j/6982555129> (<https://zoom.us/j/6982555129>)

Meeting ID:

698 255 5129

Telephonic Public Participation and/or Individuals requiring special accommodations, please contact: (671) 635-1806

5:00 PM - Guam Memorial Hospital Authority Board of Trustees

The GMHA Board of Trustees will convene for a meeting via Zoom Video Conferencing on Wednesday, February 24, 2021 at 5:00 p.m.

To join the meeting, you may enter this link (<https://zoom.us/j/92343392850?pwd=UmZ5a3FPU2V1MW1yYjdUaDdoYnRlZzo9> (<https://zoom.us/j/92343392850?pwd=UmZ5a3FPU2V1MW1yYjdUaDdoYnRlZzo9>)) into your browser or download the app on your mobile device, and enter Meeting ID: 923 4339 2850; Password: 156657

Please note that the first order of business will be an executive session to discuss matters pending litigation. Only Board members and the court reporter will be “admitted” at the start of the conference call. All other participants will remain in the “Waiting Room” and admitted when executive session ends and the Board reconvenes for regular session. For further inquiries, please contact the Board Desk at 648-7997.

Tuesday, February 23, 2021

8:30 AM - Guam Board of Examiners for Optometry



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



Date: **022621**

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 February 24, 2021 Meeting of the GMHA Board of Trustees.

Please contact Justine Camacho, Acting Administrative Officer – Board Office, at 648-7997 or by email at justine.camacho@gmha.org for any questions or clarifications.

Kindest Regards,

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

sent via electronic mail 02/26/210x



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



Date: 022621

VIA ELECTRONIC MAIL

Honorable Therese M. Terlaje
Speaker of I Minatrentai Sais 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 February 24, 2021 Meeting of the GMHA Board of Trustees.

Please contact Justine Camacho, Acting Administrative Officer – Board Office, at 648-7997 or by email at justine.camacho@gmha.org for any questions or clarifications.

Kindest Regards,

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

sent via electronic mail 02/26/21 gq



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



Date: **022621**

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 February 24, 2021 GMHA Board of Trustees Meeting via Google Drive as guided by your office.

Please contact Justine Camacho, Acting Administrative Officer – Board Office, at 648-7997 or by email at justine.camacho@gmha.org for any questions or clarifications.

Sincerely,

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

sent via electronic mail 02/26/21 gc