MEETING IN PROGRESS

GMHA Board of Trustees
Thursday, September 30, 2021 | 5:00 p.m.
Zoom Video Conference
GMHA Board of Trustees Meeting
ATTENDANCE SHEET
Thursday, September 30, 2021 | 5:00 p.m. | Zoom Video Conference

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>Theresa Obispo</td>
<td>Chairperson</td>
<td></td>
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<tr>
<td>Melissa Waibel</td>
<td>Vice-chairperson</td>
<td></td>
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<tr>
<td>Sarah Thomas-Nededog</td>
<td>Secretary</td>
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<tr>
<td>Byron Evaristo</td>
<td>Treasurer</td>
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<td>Sharon Davis</td>
<td>Trustee</td>
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<tr>
<td>Sonia Siliang</td>
<td>Trustee</td>
<td>2021m</td>
</tr>
<tr>
<td>Glynis Almonte</td>
<td>Trustee</td>
<td>2021m</td>
</tr>
<tr>
<td>Michael Um</td>
<td>Trustee</td>
<td>2021m</td>
</tr>
<tr>
<td>Evangeline Allen</td>
<td>Trustee</td>
<td>2021m</td>
</tr>
<tr>
<td>Lillian Perez-Posadas</td>
<td>Hospital Administrator/CEO</td>
<td></td>
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<tr>
<td>William N. Kando</td>
<td>Associate Administrator, Operations</td>
<td>2021m</td>
</tr>
<tr>
<td>Annie Bordallo, MD</td>
<td>Associate Administrator, Medical Services</td>
<td></td>
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<tr>
<td>Joleen Aguon, MD</td>
<td>Associate Administrator, Clinical Services</td>
<td></td>
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<tr>
<td>Don Rabanal</td>
<td>Assistant Administrator, Administrative Services</td>
<td>2021m</td>
</tr>
<tr>
<td>Ana Belen Rada</td>
<td>Assistant Administrator, Professional Support Services</td>
<td>2021m</td>
</tr>
<tr>
<td>Christine Tuquero</td>
<td>Assistant Administrator, Nursing Services</td>
<td>2021m</td>
</tr>
<tr>
<td>Liezl Concepcion</td>
<td>Acting, Deputy Asst. Administrator, Nursing Services</td>
<td>2021m</td>
</tr>
<tr>
<td>Yukari Hechanova</td>
<td>Chief Financial Officer</td>
<td></td>
</tr>
<tr>
<td>Dustin Prins, DPM</td>
<td>Medical Staff President</td>
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Executive Management/Medical Staff

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>Mai Habib</td>
<td>P10</td>
<td></td>
</tr>
<tr>
<td>Reyna Cresy</td>
<td>Program Coordinator</td>
<td>2021m</td>
</tr>
<tr>
<td>Paula Marcon</td>
<td>Clinical Informatics Supervisor</td>
<td>2021m</td>
</tr>
<tr>
<td>PNC Digital</td>
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## AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting  
September 30, 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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Owner</th>
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<tbody>
<tr>
<td>I.</td>
<td>Welcoming</td>
<td>Call Meeting to Order and Determination of Quorum</td>
</tr>
<tr>
<td>II.</td>
<td>Review and Approval of the Minutes</td>
<td>All Trustees</td>
</tr>
<tr>
<td>A.</td>
<td>August 25, 2021</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Old Business</td>
<td>All Trustees</td>
</tr>
<tr>
<td>IV.</td>
<td>New Business</td>
<td>All Trustees</td>
</tr>
<tr>
<td>V.</td>
<td>Management’s Report</td>
<td>Executive Management</td>
</tr>
<tr>
<td>VI.</td>
<td>Board Subcommittee Reports</td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Joint Conference and Professional Affairs</td>
<td>Trustees Dr. Um, Waibel</td>
</tr>
<tr>
<td>1.</td>
<td>Res. 2021-50, Relative to Approving Renewal of the Medical Staff Rules and Regulations for the Emergency Medicine Department and Pediatrics Department</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Res. 2021-51, Relative to the Reappointment of Active Medical Staff Privileges</td>
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<tr>
<td>3.</td>
<td>Res. 2021-52, Relative to the Appointment of Active Associate Medical Staff Privileges</td>
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<td>4.</td>
<td>Res. 2021-53, Relative to the Appointment of Provisional Medical Staff Privileges</td>
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</tr>
<tr>
<td>B.</td>
<td>Human Resources</td>
<td>Trustees Waibel, Obispo</td>
</tr>
<tr>
<td>1.</td>
<td>Res. 2021-54, Relative to Extending a 25% Working Differential Pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Medical Laboratory Science and Respiratory Therapy</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Res. 2021-55, Relative to the Amending the Position of Long Term Care Administrator</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Finance and Audit</td>
<td>Trustees Evaristo, Nededog</td>
</tr>
<tr>
<td>1.</td>
<td>August 2021 Financial Dashboard</td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Quality and Safety</td>
<td>Trustees Almonte, Allen</td>
</tr>
<tr>
<td>E.</td>
<td>Facilities, Capital improvements Projects, and Information Technology</td>
<td>Trustees Davis, Evaristo</td>
</tr>
<tr>
<td>F.</td>
<td>Governance, Bylaws, and Strategic Planning</td>
<td>Trustees Nededog, Siliang</td>
</tr>
<tr>
<td>VII.</td>
<td>Public Comment</td>
<td></td>
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<tr>
<td>VIII.</td>
<td>Adjournment</td>
<td>Trustee Obispo</td>
</tr>
<tr>
<td>ISSUE/TOPIC/DISCUSSIONS</td>
<td>DECISION(S)/ACTION(S)</td>
<td>RESPONSIBLE PARTY</td>
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<tr>
<td>I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM</td>
<td>After notices were duly issued pursuant to Title 5 GCA, Chapter 8, Open Government Law, Section 8107(a) and with a quorum present, Chairwoman Obispo called to order the regular meeting of the GMHA Board of Trustees at 5:03 p.m. on Wednesday, August 25, 2021 via Zoom Video Conferencing.</td>
<td>Chairperson</td>
</tr>
<tr>
<td>II. EXECUTIVE SESSION</td>
<td>At the written request of Chairwoman Obispo, Trustee Davis motioned, and it was seconded by Trustee Allen to hold an executive session to discuss a personnel matter. The Motion carried with all ayes.</td>
<td>All Board Members</td>
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<td></td>
<td>The Board of Trustees went into executive session at 5:04 p.m.</td>
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<td>At 5:26 p.m., the Board reconvened for regular session.</td>
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<td>III. REVIEW AND APPROVAL OF MINUTES</td>
<td>A. July 30, 2021</td>
<td>Trustee Evaristo motioned, and it was seconded by Trustee Davis, to approve the July 30, 2021 minutes with corrections. The motion carried with all ayes.</td>
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<tr>
<td>IV. OLD BUSINESS</td>
<td></td>
<td>There were no old business matters for discussion.</td>
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<td>V. NEW BUSINESS</td>
<td></td>
<td>There were no new business matters for discussion.</td>
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</table>
### VI. MANAGEMENT’S REPORT

| A. Patient Census | Covid Census (as of August 25, 2021): 14 (3 ICU, 7 Telemetry, 1 Med-Surg, 1 OB, 1 Peds)  
Non-Covid Census (as of August 25, 2021): 129 | Executive Management | None | Informational |
| B. Covid Care Units | Care 1 was opened and is being used for Regencov infusion therapy for Covid positive individuals who meet the monoclonal antibody infusion eligibility. The area can also be used for ER overflow if needed.  
Care unit 2 is an ICU extension for Covid patients and is ready if needed. It can also be used for other services.  
Care 4 (3rd-floor telemetry) is where most of the Covid Adult patients are located. | Executive Management | None | Informational |
| C. Vaccination Clinic | Percentage of vaccinated employees and physician providers: 95.7% Increased rate is attributed to the implementation of mandatory vaccination.  
GMHA launched weekly swabbing and is using the PCR for those who do not want to get vaccinated for reasons such as medical or religious reasons.  
GMHA plans to roll out the Pfizer booster shot for employees in September.  
Dr. Aguon reported that the Pfizer vaccine received FDA approval for individuals 12 years and older. The Public Health Vaccine Committee approved the third shot for those that have moderate or are severely immunocompromised. Guidelines are forthcoming, and GMHA is planning to start offering the third shot to patients upon discharge. GMHA has over 266 patients that have been vaccinated prior to discharge, so the new criteria will be added. | Executive Management | None | Informational |
<p>| D. Travel Nurses | GMHA continues to rely on staffing solutions for travel nurses, mainly because the census continues to rise. However, GMHA is up against the rest of the nation, and the hourly rate is now $175. | Executive Management | None | Informational |
| E. Skilled Nursing Facility | Capacity was increased from 14 to 26 and possibly will be at 28 by the end of the day to decompress acute care beds to accommodate the influx of Covid and Non-Covid acute care patients. | Executive Management | None | Informational |</p>
<table>
<thead>
<tr>
<th>F. Outpatient Services</th>
<th>GMHA has suspended cardiac cath lab, interventional radiology, rehab, respiratory outpatient services, and special services. GMHA continues to do elective and emergent surgeries.</th>
<th>Executive Management</th>
<th>None</th>
<th>Informational</th>
</tr>
</thead>
<tbody>
<tr>
<td>G. GMH Volunteers Association</td>
<td>The volunteers will be opening their gift shop on August 26, 2021, with limited hours. The association donated two vehicles, and GMHA is excited and pleased that they continue to help.</td>
<td>Executive Management</td>
<td>None</td>
<td>Informational</td>
</tr>
<tr>
<td>H. U.S. Army Corps Meeting</td>
<td>Mrs. Perez-Posadas reported that she has had meetings with the Governor; Army Corps Commander, Honolulu District Commander, Lt. Coronel Eric Marshall; Congressman Michael San Nicolas; and some senatorial leadership to discuss the plans for the new hospital. They gave their input for the new hospital and want to see how they could support it. They were also given a tour of the current acute facility.</td>
<td>Executive Management</td>
<td>None</td>
<td>Informational</td>
</tr>
</tbody>
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V. BOARD SUBCOMMITTEE REPORTS

A. Joint Conference and Professional Affairs

1. Res. 2021-45, Relative to the Reappointment of Active medical Staff Privileges
   a. Gilbert Lopez, MD
   b. Annie Bordallo, MD
   c. Robert Leon Guerrero, MD
   d. Frank Reda III, MD
   e. Martin Springer, MD
   f. Tedd G. Groshong, DO
   g. Ronald Kobayashi, MD
   h. Faraz Ouhadi, MD
   i. Florencio Lizama, MD
   j. Pichet Iampornpipopchai, MD

2. Res. 2021-46, Relative to the Appointment of Provisional Medical Staff Privileges
   a. Heidi Griffiths, MD

Trustee Dr. Um motioned, and it was seconded by Trustee Davis to approve Res. 2021-45 through 47. The motion carried with all ayes.  

Chair & Vice-chair, JCPA | None | Approved
3. Res. 2021-47, Relative to the Reappointment of Full Allied Health Professional Staff Privileges  
   a. Sangwook Kang, CRNA  
   b. Page Kimball, CRNA  
   c. Tina Heinrich, PA-C

<table>
<thead>
<tr>
<th>B. Facilities, Capital Improvement Projects, and Information Technology</th>
<th>Trustee Davis motioned, and it was seconded by Trustee Dr. Um, to accept the Medical Equipment Management Program and Utilities Management Plan/Program Evaluations for CY2020. The motion carried with all ayes.</th>
</tr>
</thead>
</table>
| 1. Evaluation of Effectiveness for CY2020  
   • Medical Equipment Management Program  
   • Utilities System Management Plan/Program | Ms. Cruz reported the following highlights:  
   • Project Status: 74% complete  
   • SoftLab LIS: The team finished up some training and are currently doing unit testing for various aspects.  
   • The integrated testing event took place in July. Test scripts yielded a total of 865 steps (671 passed, and 194 failed), resulting in a grade of 78%. The team identified 54 issues to date and has closed 40. The team continues to work daily to resolve the issues.  
   • The clinical team was pulled from the project because of the ongoing Covid surge. The top priority is patient care. The small group that remains continues to do what they can to keep the project moving forward. Typhoon season is another project risk because the classroom is used for expectant mothers when needed.  
   • The wound care team went live with Net Health.  
   • Goals:  
     - August: Resolving integrated testing issues. |
| 2. Electronic Health Record (EHR) | Chair & Vice-chair, Fac, CIP, & IT |

| None | Informational |
3. **Capital Improvement Projects (CIPs)**

Mr. Kando reported the following:

**Roof and Envelope Upgrade**

The project is in the design phase. The first areas of focus are the laboratory and HVAC systems on the rooftops. The package for the first phase is being prepared for bid and will be launched as soon as possible.

Other phases are slowly being designed at the same time to launch each phase as quickly as possible.

When the full assessment is complete, the typhoon shutters replacement will be packaged as well. GMHA may not have enough funding but wants to package it because there may be a possibility to go after a hazard mitigation grant through Guam homeland security.

**Z-Wing Demolition, Retrofit and Parking Project**

The abatement phase was completed in August. Medi Inc. removed all the lead paint on the walls and asbestos under the flooring on the 2nd floor.
Design for demolition is expected to be complete by the end of October.

The A&E design firm was asked to package pre-demolition work that would have been a part of the demolition and provide the work scope so it could be launched.

**HVAC, Heating Ventilation, AC Upgrades**
Upgrades are ongoing. 2 out of 64 AHUs have been completed.

GMHA is ready to launch a smaller package for the procurement of one-to-one replacements.

C. Human Resources
1. Res. 2021-48, Relative to Appointing Mrs. Lillian Perez-Posadas as Hospital Administrator/CEO of the GMHA in the Unclassified Service
   - Trustee Waibel explained that Mrs. Lillian Perez-Posadas will no longer be on a contract and will be hired in the unclassified service.
   - It was noted that there will be no change in the financial impact and benefits will remain the same.
   - Trustee Davis motioned, and it was seconded by Trustee Allen to approve Resolution 2021-48. The motion carried with all ayes.

2. Res. 2021-49, Relative to Amending the Minimum Qualification Requirements for the Hospital Laboratory Phlebotomist I and II
   - Trustee Waibel reported that adjustments were made to minimum qualification requirements in order to try and fill the positions.
   - Trustee Davis motioned, and it was seconded by Trustee Dr. Um to approve Resolution 2021-49. The motion carried with all ayes.
<table>
<thead>
<tr>
<th>D. <strong>Quality and Safety</strong></th>
<th>Trustee Allen reported the following highlights based on the August 20, 2021 Subcommittee Meeting:</th>
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<tr>
<td></td>
<td>- Quality data collection and analysis of indicators is conducted on an ongoing basis at department and division levels.</td>
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<td>- The top three QAPI themes discussed monthly by the subcommittee are CMS QAPI online training for employees, QAPI program updates to meet CIHQ accreditation standards, and the patient safety updates &amp; SLS events.</td>
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<td></td>
<td>- Ms. Danielle Manglona and the A-Team continue to move forward with the CIHQ Accreditation process. A virtual CIHQ webinar took place a couple of weeks ago.</td>
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<tr>
<th>E. <strong>Governance, Bylaws, and Strategic Planning</strong></th>
<th>Trustee Nededog and Trustee Siliang reported the following:</th>
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<tbody>
<tr>
<td></td>
<td>- Annual Board Review/Orientation is expected to be done in January 2022.</td>
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<td>- Board members must complete their Board Self-Evaluations by September 10, 2021.</td>
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<td>- The Education Department continues to work on a training plan for leadership and staff and is researching various platforms for the training.</td>
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<td>- The committee encourages board members to participate in leadership walkthroughs at least twice a year.</td>
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<td>- The committee would like to see that an annual or bi-annual meeting with the Governor is arranged.</td>
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<td>- The Hospital will need to start preparing to do a new five-year strategic plan. Leadership continues to update actions that have been taken and submits them to the Bureau of Statistics and Plans.</td>
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<td>- PIO maintains her communications tracker and provides information to the media and the public if they have concerns.</td>
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<td>- Dan Dor will be on-island to give a 5-day advance leadership training October 20-24, 2021.</td>
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</table>
Mrs. Perez-Posadas will find out if Board members can join the training.

- Mrs. Perez-Posadas informed the Board that she is waiting for Mr. Clifford Guzman to provide his availability to discuss strategic thinking and planning.
- The Board is actively engaged in the CEO’s evaluation.
- The subcommittee hopes to collaborate with regional hospital boards and CEOs, discuss challenges, and share ideas and resources.
- The subcommittee recommended that the Board meet with the Legislative Committee on Health bi-annually. The second meeting should take place before the end of the year.

| F. **Finance and Audit** | Trustee Evaristo informed the board that the subcommittee will meet in September. There were no updates to report. | Chair & Vice-Chair, F&A | None | None |

| VI. **PUBLIC COMMENT** | Ms. Oyaol Ngirairikl asked where the Hospital is with overall capacity, both in staff and in beds. Has GRMC approached the Hospital about either taking on more folks with Covid patients or maybe transferring COVID patients to GMHA, considering that GMHA is the primary Covid Hospital for Guam? | Public | None | None |

Mrs. Perez-Posadas reported that Care 1 (Urgent Care Unit) has four beds and is used as an overflow for ER and patients who need Regeneron. Urgent Care services are suspended. Care 2 is four-bed unit primarily used for ICU that is available if needed. Care 4 is the telemetry unit with a 26-bed capacity.

GMHA is challenged with staffing, continues to use travel nurses, and has requested additional travel nurses, particularly for ICU and ER. Travel nurses are in high demand throughout the nation, and the market rate has increased. The Hospital is getting inquiries and applicants because of the recent base salary adjustment.
The Hospital is working collaboratively with the Department of Labor as they start an apprenticeship program to train more individuals to become nurse aides because support staff is also needed.

As for GRMC, they are getting slammed with an influx of Covid and Non-Covid patients. They have asked if GMHA can take some of their patients who do not need to be in an acute care bed but can be transferred over to the SNF. Capacity has been increased at SNF to 26-28.

Trustee Evaristo expressed that aside from the challenge of getting travel nurses, there are also financial constraints and having to pay for them. GMHA has been dealing with a budget that has been the same since pre-COVID. Yet our expenses and cost of these travel nurses are much, much higher.

Ms. Oyacl Ngorairki inquired if GMHA has been working with Senator Torres to push her bill to increase salaries for nurses.

Mrs. Perez Posadas explained that the Governor’s proposal of a 15% salary adjustment to the base pay of nurses went into effect and has been implemented. She will take a look at the senator’s bill.

VII. ADJOURNMENT

There being no further business matters for discussion, Chairwoman Obispo declared the meeting adjourned at 6:46 p.m. motioned by Trustee Davis and seconded by Trustee Walibel. The motion carried with all ayes.

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<tr>
<th>All Board members</th>
<th>None</th>
<th>Approved</th>
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</table>

Transcribed by: Justine A. Camacho Administrative Officer

Submitted by: Sarah Thomas-Nededog Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the August 25, 2021, regular session meeting were accepted and approved by the GMHA Board of Trustees on this 30th day of September 2021.

Certified by: Theresa Obispo Chairperson
BOARD OF TRUSTEES
Official Resolution No. 2021-50

“Relative to Approving Renewal of the Medical Staff Rules and Regulations for the Emergency Medicine Department and Pediatrics Department”

WHEREAS, the Medical Staff Bylaws and Medical Executive Committees had reviewed the Medical Staff Rules and Regulations; and

WHEREAS, as a result of the review, the committees accept and approve the renewal of the Medical Staff Rules and Regulations; and

WHEREAS, on September 15, 2021, the Joint Conference and Professional Affairs subcommittee reviewed and recommended that the Board of Trustees approve the renewal to the Medical Staff Rules and Regulations for the Emergency Medicine Department and Pediatrics Department; now, therefore, be it

RESOLVED, that the Board of Trustees accepts and approves the Joint Conference and Professional Affairs subcommittee’s recommendation; 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 30th day of September 2021.

Certified by:

Melissa Waibel
Vice-Chairperson

Attested by:

Sarah Thomas-Nededog
Secretary
MEDICAL STAFF RULES AND REGULATIONS

EMERGENCY MEDICINE DEPARTMENT

SECTION I: GENERAL

A. This Department shall be under the direction of the elected Chairperson, Department of Emergency Medicine who shall be responsible to the President of the Medical Staff, the Medical Executive Committee, and the Board of Trustees.

B. All full-time emergency physicians shall be members of the Emergency Medicine Department (EMD). Part-time (at least 30 hours per month) physicians may be members of the Department. Should you not work for 6 months you will not have voting rights.

C. All patients who present to the EMD will be seen by the EMD physician. Exceptions are on a case by case basis and at the discretion of the ED attending.

SECTION II: RESPONSIBILITIES OF THE CHAIRPERSON

A. Please see Medical Staff Bylaws Article VI, Section 2.

B. The Chair shall prepare scheduling of the physician duty roster.

SECTION III: DEPARTMENT CHAIRPERSON QUALIFICATIONS

A. See Medical Staff Bylaws Article VI, Section 2- "Qualifications, Selection and Tenure, and Removal of Department Chairperson".

B. Have demonstrated administrative skills and experience.

C. The Chairperson of the Emergency Medicine Department is also the Hospital Disaster Committee Chairperson.

SECTION IV: QUALIFICATIONS AND PRIVILEGES

A. The physician must qualify for Hospital privileges based on the Medical Staff Bylaws and Rules & Regulations.

B. Eligibility for emergency privileges must be based on an individual's education, training, experience, and demonstrated current clinical competence and shall be delineated on the Emergency Medicine Department Privilege form approved by the Department of
Emergency Medicine, Credentials Committee, Medical Executive Committee and the Board of Trustees.

C. Acceptable education will consist of graduation from a medical school approved by the Council on Medical Education of the American Medical Association, or graduation from an osteopathic school approved by the Bureau of Professional Education of the American Osteopathic Association, or from a foreign school acceptable to the Guam Board of Medical Examiners, plus post graduate training leading to qualification as an Emergency Physician.

D. An Emergency Physician is defined as a physician who:

1. Is board certified by the American Board of Emergency Medicine as approved by the American Board of Medical Specialties; or

2. By reason of his/her education, training, and/or experience, has been judged eligible for board certification by the American Board of Emergency Medicine; or

3. Has completed an approved U.S. residency in Surgery, Family Practice, Internal Medicine, or Pediatrics, has documented Emergency Medicine Department experience and current clinical competence in emergency medicine, whose primary clinical role is in the Emergency Department, and who shows a commitment to emergency medicine.

E. The granting and continuation of emergency medicine privileges will be based upon the staff member's record of demonstrated performance as evaluated by an established hospital peer review mechanism and as specified in the Department's Quality Improvement Plan.

F. Requests for privileges not generally associated with the field in which the applicant has been trained must be specifically requested and documented with evidence of appropriate training, experience, and current clinical competence.

G. All non-boarded physician members of this Department must be certified in Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS). It is highly recommended that physician members of this Department are Advanced Trauma Life Support (ATLS) certified. All physicians board-certified or board eligible in Emergency Medicine are not required to be certified in ACLS or PALS.

Other Department members with Emergency Department Privileges may be called to work in the ER under emergency staffing situations only. It is highly recommended that these physicians be certified in ACLS and PALS.

H. Upon initial application all applicants requesting for privileges under the Emergency
Rules and Regulations
Emergency Medicine Department
Page 3

Medicine Department must complete the delineation form column pertaining to the number of cases performed over the past two years. Applicants for Re-Appointment may not be required to indicate the number of cases performed over the past two years.

**SECTION V: PROCTORSHIP**

A. Requirements

1. The Department Chairperson shall assign one or more EMD physicians with active privileges the responsibility of proctoring the services rendered by the newly appointed physician.

2. The proctoring physician(s) shall review the first thirty (30) patients attended to in the Emergency Department, and the proctorship shall include at least 5 pediatric cases, one Code 72, and one trauma case. The newly appointed physician has the responsibility of notifying his/her proctor of the cases for review. After the first thirty (30) patient encounters are proctored, or the first two months of practice, the Chair shall confer with the proctor(s) and submit a written recommendation to the Emergency Medical Service Department for extension or removal of proctorship.

3. The proctoring physician(s) shall assist the newly appointed physician in becoming familiar with Hospital policies and will review the clinical performance of the newly appointed physician.

B. Reporting

1. The proctoring physician is encouraged to exercise professional judgment and to completely review the medical care, documentation, and outcomes of the patients.

2. The proctorship report forms shall be confidential and shall not be photocopied nor shared with anyone except the proctored physician and the Department Chairperson. Summaries of proctorship activities shall be forwarded by the Chairperson of the Department to Credentials Committee and Medical Executive Committee.

**SECTION VI: FUNCTIONS OF THE DEPARTMENT**

A. As a Level II Emergency Department, emergency care will be offered 24 hours a day, with at least one physician experienced in emergency medicine on duty in the Department. Specialty consultation will be available within approximately twenty (20) minutes by members of the Medical Staff.

B. If the emergency patient requires admission, a private physician will write orders for admission.
C. For house patients, the appropriate physician or consulting specialist on-call will be contacted for consultation. If a patient requests a certain physician or physician specialist who is not on-call, the physician or physician specialist may or may not accept the case if he/she is not on-call. A house patient is defined as a patient presenting to the EMD who does not have a private physician and does not request or is unable to identify a physician.

SECTION VII: ATTENDING AND CONSULTANT RESPONSIBILITIES

A. The attending physician shall be defined as the physician who follows the patient on a regular basis and is identified by both the patient and the physician as such.

B. The attending physician will be notified by the EMD physician of the possible admission of the patient. If there are questions regarding admission, the attending physician may be asked to evaluate the patient in the Emergency Department.

C. The EMD Consultant shall be defined as any physician from the GMHA Medical Staff who is contacted by the EMD physician for consultation. This may be the on-call physician, a specialist with consulting privileges, or the attending physician. The physician, on-call physician, or consulting specialist must accept the case or arrange for appropriate follow-up care by another physician. The EMD physician shall generate the appropriate documentation.

D. In the event the EMD patient requests a physician who is not on call or not his/her attending physician, the EMD physician may discuss the case with the requested physician. The requested physician may or may not accept the case.

E. The Emergency Department will display an on-call list for Consultants as determined by the Medical Staff Departments. The EMD patient will be referred to consultants on this list if they have not have an attending physician and they do not request a specific consultant, unless they belong to a managed care plan which has its own call list.

F. Both the attending physician and the EMD consultant shall respond to calls from the EMD within a reasonable amount of time. Both shall have the capability (e.g., phone, beeper) to receive emergency calls from the Emergency Department.

G. It is the responsibility of the attending physician and the EMD Consultant to notify the GMHA Operator of vacation schedules and when another physician will be answering calls for them.
SECTION VIII: READMISION OF OB/GYN AND SURGERY PATIENTS

A. The private OB/GYN physician for “private patients”, or on call OB/GYN house staff physician for “house patients” will be notified and/or consulted by the EMD physician for the readmission of any returning post-partum or GYN post-op patient who presents to the ED within six weeks of their delivery or surgery. If there are questions regarding readmission, attending OB/GYN physician may be asked to examine the patient in the Emergency Department.

B. Except in cases of emergencies, all OB/GYN patients who are within six weeks following delivery or GYN surgery and who present to the Emergency Department for readmission with post-partum or post-operative complications, will be admitted under their original Attending OB/GYN physician for private patients or the on call OB/GYN hospitalist for “house patients”. The attending OB/GYN will then oversee their clinical management as appropriate. Such patients may be readmitted to the OB unit if there are no contraindications.

C. These rules and regulations will be at all times in accord with the Emergency Medical Treatment & Active Labor Act (EMTALA) and all other federal and local Guam laws.
MEDICAL STAFF RULES AND REGULATIONS

PEDIATRICS DEPARTMENT

SECTION I: GENERAL

A. This Department shall be under the direction of the Chairperson, Department of Pediatrics who shall be responsible to the President of the Medical Staff of Guam Memorial Hospital Authority.

B. Patients from birth through seventeen (17) years of age will be attended in this Department.

SECTION II: DEPARTMENT CHAIRPERSON QUALIFICATIONS

A. See Medical Staff Bylaws Section 11.6-2, "Qualifications of Department Chairpersons".

B. Be Board Certified by the American Board of Pediatrics or possess the knowledge and skills comparable to those expected of a corresponding American Board Certified physician in Pediatrics.

C. Have demonstrated administrative skills and experience or be board eligible.

SECTION III: QUALIFICATIONS AND PRIVILEGES

A. Eligibility for pediatric privileges must be based on an individual's education, training, experience, and demonstrated current clinical competence and shall be delineated on the Pediatric Department Privilege form approved by the Department of Pediatrics, Credentials Committee, Medical Executive Committee and the Board of Trustees.

B. Acceptable education will consist of graduation from a medical school approved
by the Council on Medical Education of the American Medical Association, or graduation from an osteopathic school approved by the Bureau of Professional Education of the American Osteopathic Association, or from a foreign school acceptable to the Guam Board of Medical Examiners, plus education leading to qualification as a Pediatrician.

C. A Pediatrician is defined as a physician who:

1. Is certified by an American Pediatric specialty board approved by the American Board of Medical Specialties; or

2. By reason of his/her education, training, and experience, has been judged eligible by such a board for its examination; or

3. Is a Fellow of the American Academy of Pediatrics or American Board of Pediatrics; or

4. Has obtained in a country outside the United States, graduate Pediatric education which satisfies the training requirements for Fellowship in the American Academy of Pediatrics or American Board of Pediatrics.

D. It is recognized that pediatric privileges may also be granted to physicians who do not meet this definition, under the following conditions:

1. A physician who renders pediatric care in an emergency or an area of limited population where a pediatrician is not available; or

2. A physician who has just completed formal training in an approved pediatric residency program as defined in his/her specialty, but has not passed the Board. This would not exceed one year plus the Board's practice requirement, if any; or

3. A physician, who by reason of his/her education, training and experience in another specialty, is granted selective pediatric privileges within the scope of that specialty. These selective pediatric privileges must be delineated in the physician's clinical privileges and must be approved by the Credentials Committee of the Medical Staff.

4. Family Practice Physicians who are American Board Certified in Family Practice or equivalent may request core pediatric privileges as delineated on the Family/General Practice privileges form. These core pediatric privileges will be under the auspices of the Pediatrics department and will be proctored by the
Pediatric physicians with privileges. Any additional pediatric privileges outside the core privileges will be delineated on the Family/General Practice privileges form and also reviewed and proctored by the Pediatric Department. All pediatric privileges for Family/General Practice Physicians must be approved by the Credentials Committee of the Medical Staff.

E. The granting and continuation of pediatric privileges will be based upon the staff member’s record of demonstrated performance as evaluated by an established hospital peer review mechanism and as specified in the Department’s Quality Improvement Plan.

F. Requests for privileges not generally associated with the field in which the applicant has been trained must be specifically requested and documented with evidence of appropriate training, experience, and current clinical competence.

G. All staff members with privileges under the Pediatrics Department must be certified in Basic Life Support (BLS). All staff members with PICU admitting privileges must be certified in Pediatric Advance Life Support (PALS). All staff members with NICU admitting privileges must be certified in Neonatal Resuscitation Program (NRP). All staff members who attend deliveries are required to maintain current NRP. Members without current PALS or NRP need to maintain separate BLS certification.

SECTION IV: PROCTORSHIP

A. Requirements

1. Pediatricians

The Department Chairperson shall assign one or more pediatricians with active privileges the responsibility of monitoring/proctoring the services rendered by a pediatrician to the first twenty (20) patients admitted to GMHA. The monitoring shall include a minimum of five (5) newborn, five (5) pediatric, and five (5) patients admitted to NICU/PICU, if NICU/PICU privileges are desired by the proctored physician. Except for NICU/PICU patients, proctorship should be completed within the first six months of practice.
B. Procedure and Reporting

1. For each admission, the proctoring physician will review the chart and complete the appropriate proctor form. The form shall be returned to the Medical Staff Office. The proctoring physician will be encouraged to exercise professional judgment and to completely review the medical care, documentation, and outcomes of the patients.

2. Upon review of the proctorship worksheet forms and consultation with the proctors, the Chair will submit a written recommendation or progress report to the Medical Executive Committee for extension or satisfactory completion of proctorship, after the first 6 months of practice.

3. The proctorship report forms shall be confidential and shall not be photocopied nor shared with anyone except the proctored physician and the Department Chairperson. Summaries of proctorship activities shall be forwarded to the Credentials Committee and Medical Executive Committee.

SECTION V: NICU/PICU PHYSICIAN DIRECTOR

A. Qualifications

1. The Medical Director of the NICU/PICU (Neonatal Intensive Care Unit and Pediatric Intensive Care Unit) should be currently U.S. Board Certified in Pediatrics and be a member of the Department of Pediatrics in accordance with Section III of the Department of Pediatric Rules & Regulations and the Medical Staff Bylaws.

   Fellowship training in NICU and/or PICU is recommended but not required. In lieu of such Fellowship, training in a Pediatrics Residency Program followed by at least two years of demonstrated competence and privileges in NICU and PICU plus current NICU/PICU privileges are required.

2. The Director should also have demonstrated administrative ability.

B. Appointment Process

   The Medical Director of the NICU/PICU is recommended by the Associate Administrator of Medical Services with the concurrence of the Department of Pediatrics and approval of the Hospital Administrator.
C. Duties and Responsibilities

1. Ensures that the NICU and PICU policies and procedures established by the medical staff and the appropriate standards of the current Joint Accreditation of Healthcare Organization's "Accreditation Manual for Hospitals" for the continuing operation of the units are implemented through close liaison with the NICU and PICU head nurses and nursing administration.

2. Ensures that good medical care is rendered through the above methods and through regular communication with attending physicians when appropriate. Assists in the development and implementation of NICU and PICU Quality Improvement (QI) Plan.

3. Documents review of the hospital QI activities as they apply to the NICU and PICU and ensures the identified problems are properly addressed, corrected and evaluated for effectiveness of corrective actions. Reports monthly to the Department of Pediatrics on the above matter and any other issues.

4. Monitors to ensure appropriate utilization management of the NICU and PICU. Determines bed priority in consultation with the appropriate head nurse or Nursing Supervisor and the physician(s) responsible for the patient for the disposition of a patient when patient load exceeds optimal operational capacity, when necessary.

5. Approves, with consultation with the Nursing Supervisor(s), the identification and implementation of planned appropriate orientation, in-service training and continuing education programs for the physician, registered nurses and support staff who perform patient care services in NICU and PICU.

6. Provides appropriate information to the Pediatrics Department Chairperson and Vice-Chairperson to assist with the delineation of privileges for physicians at initial appointment and reappointment who request NICU/PICU and Pediatric privileges.
SECTION VI: ALLIED HEALTH PROFESSIONAL: ADVANCED PRACTICE
REGISTERED NURSE (APRN)

A. These rules and regulations will define the scope of practice for pediatric nurse practitioners under the oversight of the pediatric department.

B. A pediatric nurse practitioner is an Advanced Practice Registered Nurse (APRN) who is a registered nurse who is certified to practice as an APRN as set out in the Nurse Practice Act as defined in section §12313 in the Act.

C. Furthermore, a pediatric nurse practitioner is an APRN who has either completed specific training or has previous experience in the care of pediatric patients and newborns, specifically within an inpatient environment, for a period of not less than 6 months.

D. Supervision of pediatric nurse practitioners shall be the responsibility of the attending pediatrician on-call scheduled concurrently with the nurse practitioner.

E. No pediatric nurse practitioner at GMH shall be authorized to practice independently without oversight from an attending pediatrician.

F. All orders and notes by pediatric nurse practitioners shall require a countersign by a supervising pediatrician. Subject to this limitation, the scope of practice of pediatric nurse practitioners shall be defined as follows:

G. Pediatric Nurse Practitioners are authorized to perform the initial assessment of pediatric patients and newborns, enter admission orders and write an admission history and physical.

H. Pediatric Nurse Practitioners are authorized to do daily rounds on pediatric patients and newborns, enter orders and write daily notes.

I. Pediatric Nurse Practitioners are authorized to discharge pediatric patients and newborns.

J. Pediatric Nurse Practitioners are authorized to attend newborn deliveries requiring the presence of an attending physician in their stead to supervise advance resuscitation as needed.
SECTION VII: ALLIED HEALTH PROFESSIONAL: OTHER

A. Qualifications/Privileges

Qualifications and privileges for other Allied Health Professionals shall be defined and developed by the department as the need arises.

SECTION VIII: ON CALL COVERAGE

The Pediatric Department has implemented a Hospitalist Program that will provide on-call coverage and care for all pediatric patients admitted to GMHA. In the event that there is insufficient Hospitalist coverage, other active members of the Department will be placed on the Pediatric On-Call Schedule on a rotating basis unless exempted by the Department.

The On Call Hospitalist is responsible for providing care to all newborn and pediatric patients regardless of their insurance status and whether or not they have an identified primary care physician.

A. Responsibilities of the Pediatric Hospitalist:

With regards to section 3.3-1 the GMHA Medical Staff Rules and Regulations which, as a basic requirement of membership, requires medical staff to:

“Provide patients with care at the professionally highest level of quality, safety and efficiency and with care and compassion.”

The Pediatric department has defined the following parameters by which quality, safety and efficient care is minimally defined:

1. Initiation of patient rounds before 12 p.m.
2. Discharge orders entered for well normal newborns who are eligible for discharge by 3 p.m.
3. Not refusing transfers from outside facilities on the basis of bed space availability and nursing staffing. Bed space and nursing staffing are the concerns of the nursing supervisor and are thus not reasonable grounds for the pediatrician on call to refuse accepting transfers.
Failure to repeatedly comply with the above defined parameters, defined as 3 incidents within the space of 12 months, will result in the initiation of corrective action, which is defined in section 8.1-1 of the GMHA Medical Staff Rules and Regulations as follows:

“Whenver the activities or professional conduct of any Staff member are believed to be detrimental to patient safety or to the delivery of quality patient care, or believed to be disruptive to hospital operations, or are believed to be in violation of these Bylaws, Staff Rules and Regulations, Department Rules or other hospital policies, corrective action against such staff member may be initiated by any officer of the Staff, by the Chairperson of any department of standing committee of the Staff, by the Administrator or by the Board.”

The pediatric department will specifically request that corrective action will take the form of revocation of staff appointment and termination of employment. The department will also consider submitting a report to the National Physician Data Bank.
**BOARD OF TRUSTEES**  
**Official Resolution No. 2021-51**

"**RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES**"

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Department</th>
<th>Specialty</th>
<th>Expiration Date</th>
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</thead>
<tbody>
<tr>
<td>Steven Hayashida, MD</td>
<td>Surgery</td>
<td>Neurosurgery</td>
<td>August 31, 2023</td>
</tr>
<tr>
<td>Doris Sophia Li, MD</td>
<td>Surgery</td>
<td>General Surgery</td>
<td>August 31, 2023</td>
</tr>
<tr>
<td>Ma. Elizabeth Hernandez, MD</td>
<td>Pediatric</td>
<td>Pediatric/Pulmonary</td>
<td>August 31, 2023</td>
</tr>
<tr>
<td>Amanda River, MD</td>
<td>ER</td>
<td>Emergency Medicine</td>
<td>August 31, 2023</td>
</tr>
<tr>
<td>William Vercio, MD</td>
<td>OB/Gyn</td>
<td>Obstetrics/Gynecology</td>
<td>August 31, 2023</td>
</tr>
<tr>
<td>Jeffrey Gabel, DO</td>
<td>OB/Gyn</td>
<td>Obstetrics/Gynecology</td>
<td>August 31, 2023</td>
</tr>
</tbody>
</table>

**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 August 25, 2021 and the Joint Conference and Professional Affairs Committee met on September 15, 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 30th DAY OF SEPTEMBER 2021.**

Certified by:  
[Signature]

Attested by:  
[Signature]

Melissa Waibel  
Vice-Chairperson

Sarah Thomas-Nededog  
Secretary
BOARD OF TRUSTEES  
Official Resolution No. 2021-52

"RELATIVE TO THE APPOINTMENT OF ACTIVE ASSOCIATE MEDICAL STAFF PRIVILEGES"

<table>
<thead>
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<th>Practitioner</th>
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<th>Expiration Date</th>
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<tbody>
<tr>
<td>August Uwah, MD.</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>August 31, 2023</td>
</tr>
<tr>
<td>Susie White, MD.</td>
<td>Emergency Room</td>
<td>Emergency Medicine</td>
<td>August 31, 2023</td>
</tr>
</tbody>
</table>

WHEREAS, the above listed practitioners met the basic requirements for Active Associate Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.2; and

WHEREAS, the Medical Executive Committee met on August 25, 2021 and the Joint Conference and Professional Affairs Committee met on September 15, 2021 and recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioner; and

WHEREAS, all reappointments to Active Associate 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 Associate Medical Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioners listed above and all Hospital and Medical Departments of these 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 30th DAY OF SEPTEMBER 2021.

Certified by: [Signature]  
Melissa Waibel  
Vice-Chairperson

Attested by: [Signature]  
Sarah Thomas-Nededog  
Secretary
BOARD OF TRUSTEES  
Official Resolution No. 2021-53

“RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES”

<table>
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<tbody>
<tr>
<td>Nadia B. Pietrzykowska, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>August 31, 2022</td>
</tr>
<tr>
<td>Kevin Brady, MD</td>
<td>Medicine</td>
<td>Telemedicine</td>
<td>August 31, 2023</td>
</tr>
<tr>
<td>Patrick Smith, DO</td>
<td>Medicine</td>
<td>Telemedicine</td>
<td>August 31, 2023</td>
</tr>
</tbody>
</table>

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 August 25, 2021 and the Joint Conference and Professional Affairs Committee met on September 15, 2021 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 30th DAY OF SEPTEMBER 2021.

Certified by:  
Melissa Waibel  
Vice-Chairperson

Attested by:  
Sarah Thomas-Nedegod  
Secretary
BOARD OF TRUSTEES
Official Resolution No. 2021-54

“RELATIVE TO EXTENDING A 25% WORKING DIFFERENTIAL PURSUANT TO 4GCA, §6229.7 TO GMHA EMPLOYEES CERTIFIED OR LICENSED IN MEDICAL LABORATORY SCIENCE AND RESPIRATORY THERAPY”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) has experienced and continues to experience challenges with recruitment and retention of allied health professionals, especially in the specialty of medical laboratory sciences and respiratory therapy; and

WHEREAS, Title 4 G.C.A., Section 6229.7 provides for additional compensation as it relates to work essential to the delivery of patient care services such as overtime pay, weekend pay, holiday leave and work pay, leave accumulation, and monetary compensation as applicable; and

WHEREAS, Title 4 G.C.A., Section 6229(c) defines healthcare professionals as employees essential to the delivery of patient/client care services as defined in Title 10 G.C.A., Section 10101 and PL 22-87 Section 5; and

WHEREAS, Title 10 G.C.A., Section 10101(b) defines healthcare professionals as any person licensed or certified to practice the healing arts within the territory of Guam; and

WHEREAS, the employees of the laboratory and respiratory departments are being offered employment elsewhere with comparable salaries to the National Average; and

WHEREAS, the latest (2020) data average from U.S. Bureau of Labor Statistics and Medical Group Management Association shows a mean wage for Laboratory Technologists at $27.56 per hour ($55,597 per annum); and the latest (2020) data average from U.S. Bureau of Labor Statistics, Medical Group Management Association, Local Private Hospital, and GMHA Travelers shows a mean wage for respiratory therapists at $38.75 per hour ($80,600 per annum); and

WHEREAS, the actual salaries (as of August 2021) mean wage of GMHA medical laboratory technologist employees is $25.31 per hour ($36,943 per annum), and mean wage of GMHA Respiratory Therapist employees is $30.70 per hour ($63,853 per annum); and

WHEREAS, the 2021 Nurse Pay Plan and Structure Differential (the “2021 NPPSD”) implemented and effective August 1, 2021 has increased the wages of the licensed and certified nursing staff to be comparable to the national average; and

RESOLVED, that the Board has determined it is in the best interest of the GMHA to extend a 25% working pay differential provided by Title 4 G.C.A., Section 6229.10 to certified or licensed medical laboratory technologists and respiratory therapists who are employed at the GMHA, be it further

GMHA BOT Resolution No. 2021-54
Page 1 of 2
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 30th DAY OF SEPTEMBER 2021.

Certified by:  
Melissa Waibel  
Vice-Chairperson

Attested by:  
Sarah Thomas-Nededog  
Secretary
“RELATIVE TO AMENDING THE POSITION OF LONG TERM CARE ADMINISTRATOR”

WHEREAS, the Human Resources Department coordinated efforts with the Assistant Administrator, Nursing Services and the Hospital Quality Management Administrator in recommending changes to the minimum experience and training requirements and the necessary special qualification requirements for the position of Long Term Care Administrator (SNF); and

WHEREAS, the Human Resources Department submitted its recommendation to the Hospital Administrator/CEO on August 5, 2021 to amend the minimum experience and training requirements and the necessary special qualification requirements of the Long Term Care Administrator position; and

WHEREAS, on August 5, 2021, the Hospital Administrator/CEO, Lillian Perez-Posadas, approved the Human Resources Department’s recommendation to amend the position; and

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

WHEREAS, the proposed amended 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 September 14, 2021 recommended approval to accept the Hospital Administrator’s petition to amend the position of Long Term Care Administrator (SNF); now, therefore be it

RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee’s recommendation and approves the final proposed class specification for the Long Term Care Administrator (SNF) position; 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 30th DAY OF SEPTEMBER 2021.

Certified by:       Attested by:
Méllisa Waibel     Sarah Thomas-Nededog
Vice-Chairperson   Secretary
LONG TERM CARE ADMINISTRATOR (SNF)

NATURE OF WORK IN THIS CLASS:

The Long Term Care Administrator is responsible for the administrative and clinical supervisory work in the coordination of program services, facility maintenance, compliance and operational aspects of the Skilled Nursing Facility.

An employee in this class manages all departments by providing leadership and strategic direction and will report directly to the Hospital Administrator/CEO 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.)

Manages the daily operations of the administrative, clinical, facilities, compliance and operational aspects of the Skilled Nursing Facility.

Plans, organizes, supervises and monitors the delivery of care to residential patients and establishes priorities for strategic planning and development, and coordinates activities and resources necessary to achieve objectives.

Ensures that nursing services are planned, implemented, and evaluated to maximize resident quality of life and quality of care with the integration of resident rights with all aspects of resident care.

Ensures that the facility is in compliance with and adheres to the latest healthcare regulations for high-quality service.

Coordinates the development and evaluation of resident care goals and policies with healthcare teams.

Oversees various federally regulated documentation and clinical requirements of the MDS and Restorative Nursing Programs.

Attends meetings and collaborates with physicians, therapists, families, and local governing boards; establishes and implements new and existing policies and procedures ensuring the quality of care for residents admitted to the Skilled Nursing Facility.

Observes, monitors, and evaluates outcomes of all the facility programs, policies and procedures to ensure effectiveness and to fulfill administrative and professional responsibility.

Ensures the coordination and collection of data for performance and quality improvement activities of the facility.

Maintains the fiscal accountability and management of the Skilled Nursing Facility in conjunction with Hospital Administration and the Budget and Accounting Offices.

Conducts and chairs staff and department meetings, and attends resident care conferences and medical staff meetings.

Responds to calls for emergencies.

Performs related work as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of Long Term Care operational standards set forth in Federal and State regulations. Knowledge of performance management and effective leadership skills.
LONG TERM CARE ADMINISTRATOR (SNF)

Knowledge of Centers for Medicare and Medicaid Services (CMS) regulations.

Knowledge of budget and financial processes.

Knowledge of basic computer systems and Microsoft Office Suite.

Excellent verbal and written communication skills.

Skill in effective supervision and conflict management.

Skill in interpersonal relations and team building; self-directed and flexible in fulfilling obligations.

Ability to develop and administer skilled nursing programs of the hospital.

Ability to evaluate program effectiveness and implement recommended changes in organizational policies and procedures to enhance effectiveness.

Ability to maintain records, reports and other statistical data.

MINIMUM EXPERIENCE AND TRAINING:

A. Five (5) years of hospital or nursing home administration work experience including two (2) years in a supervisory or administrator capacity and a Bachelor's degree in public health administration, health care administration, health science, public administration, business administration or other related field; or

B. Four (4) years of hospital or nursing home administration work experience including two (2) years in a supervisory or administrator capacity and a Master's degree in long term care administration, public health administration, health care administration, health science, public administration, business administration or other related field.

NECESSARY SPECIAL QUALIFICATIONS:

Current license to practice as a Nursing Home Administrator by the Guam Board of Allied Health Examiners or from another U.S. jurisdiction provided that the standards for licensure are equivalent to those prevailing on Guam, and a valid Basic Life Saving (BLS) certification.

ESTABLISHED: June 1, 2017
AMENDED: September 30, 2021
PAY GRADE/PLAN: Q (GPP)
HAY EVALUATION
KNOW HOW: F13 304
PROBLEM SOLVING: E4 (43%) 132
ACCOUNTABILITY: E1P 152
TOTAL POINTS - 588

Melissa Waibel, Vice-Chairperson
Board of Trustees
### Financial Dashboard

**Guam Memorial Hospital Authority**

**August 2021**

(Comparing to July 2021)

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>GMHA</th>
<th>Total Margin</th>
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<td>1.8%</td>
<td>-16.6% (-15.0%)</td>
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<th>Days in A/R</th>
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<table>
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<th>Days Cash on Hand</th>
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### Gross Revenue (in millions)

- **FY 2021**: 17.8, 17.2, 18.2, 17.6, 17.5, 16.5, 14.9, 14.7, 18.6, 17.4, 18.8
- **FY 2020**: 15.1, 15.1, 15.1, 15.1, 15.1, 15.1, 15.1, 15.1, 15.1, 15.1, 15.1

### Other Financial Snapshots

- **Cash Balance**: $1.3M ($576K)
- **Vendor Payables**: $14.2M ($16.4M)
- **Change in Net Position**: $-2.8M ($-2.6M)
- **FTEs**: 1,055 (1,041)

### Collection Per Payor Group (in millions)

- **3Ms**: Purple
- **Third Parties**: Orange
- **Self-Pays**: Green

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<thead>
<tr>
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<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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<th>May</th>
<th>Jun</th>
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<td>Self-Pays</td>
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### Benchmarks

- **Vendor Payables**: 61 (62)
- **Change in Net Position**: $2.6M (2.8M)
- **FTEs**: 1,055 (1,041)

### Additional Notes

- **Gross Revenue (in millions)**
- **Payment Days**
- **Days Cash on Hand**
- **Collection Per Payor Group**
- **Other Financial Snapshots**

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*Note: The image contains a graph and tables with financial data for various benchmarks and comparisons between FY 2021 and FY 2020.*
Week 49: Lasagna

Adapted from the AllRecipes.com recipe for “World’s Best Lasagna.”

Serves 10

**Ingredients**

<table>
<thead>
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<th>Item</th>
<th>Quantity</th>
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</thead>
<tbody>
<tr>
<td>1 pound ground turkey or lean ground beef</td>
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<tr>
<td>12 ounces sweet Italian sausage</td>
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</tr>
<tr>
<td>3/4 cup minced onions</td>
<td></td>
</tr>
<tr>
<td>3 cloves garlic</td>
<td></td>
</tr>
<tr>
<td>1/2 (28-ounce) can crushed tomatoes</td>
<td></td>
</tr>
<tr>
<td>1 (12-ounce) can of tomato paste</td>
<td></td>
</tr>
<tr>
<td>1 (15-ounce) can of tomato sauce</td>
<td></td>
</tr>
</tbody>
</table>

**Directions**

1. Preheat oven to 375 degrees F.
2. Bring a large pot of lightly salted water to a boil, then turn stove to simmer and cook covered for about 1 1/2 hours, stirring occasionally.
3. Bring a large pot of lightly salted water to a boil. Cook lasagna noodles for 8-10 minutes. Drain noodles and rinse with cold water. In a medium bowl, combine the ricotta cheese and the egg, remaining 2 tablespoons of parsley and 1/2 teaspoon of salt.
4. To assemble, spread 1 3/4 cups meat sauce over the bottom of a 9 x 13-inch baking dish. Arrange 6 noodles lengthwise over the meat sauce. Spread with one-half of the ricotta cheese mixture. Top with a third of the mozzarella cheese slices. spoon 1/2 cup of meat sauce over mozzarella and sprinkle with 1/3 cup of Parmesan cheese. Arrange the remaining 6 noodles over the meat sauce and repeat the layering – add the other half of ricotta cheese mixture, 1/3 of the mozzarella cheese slices and remaining meat sauce. Top with remaining mozzarella cheese slices and Parmesan cheese.
5. Cover pan with foil, but before you do, spray the foil with cooking spray so it won’t stick to the cheese.

**Notes**

- The sauce will thicken as it cools. I usually serve this with a loaf of my No-Knead Bread or Breadsticks. It’s a good idea to cook a few extra noodles, because sometimes some will catch on the bottom of the pot and break apart.
Residents must explain religious reason to get vaccine exemption

By Phill Leon Guerrero
phil@postguam.com

Those seeking a religious exemption from workplace COVID-19 vaccination requirements will be asked to prove their "bona fide" beliefs that prevent them from receiving the vaccination.

Beginning Monday, employees of certain businesses, including restaurants, bars and fitness centers, are required to show proof they have received at least one dose of an approved COVID-19 vaccine.

Employees can receive an exemption from the Department of Public Health and Social Services for medical or religious reasons, but will be subject to weekly testing for the disease, just like their co-workers who decline to be vaccinated as a personal choice.

Official applications for the exemptions were released over the weekend. For religious exemptions, residents are asked to provide supporting statements that indicate the vaccine “is against bona fide doctrines/tenets” of their religious beliefs or practices. Applicants may explain for themselves, instead of attaching documents such as religious orders or testimony from church leaders.

Residents seeking this exemption also are asked to affirm a number of statements, including: “I understand that by not taking the COVID-19 immunization, I am susceptible to the COVID-19 disease.”

The affirmation also explains the exemption does not prevent exclusion from vaccine-mandated activities such as dining-in at restaurants or attending organized sports.

While medical exemptions don’t part during the public hearing.

During session Monday, Sen. Jose Terlaje said he also didn’t want to be restricted from carrying his own weapon in his office, making a reference to a potential active-shooter situation.

Sen. Telo Taitague said she was concerned that Bill 106 only refers to certain carrying licenses and not the firearm itself. Moylan said the bill would apply to registered weapons when coming into GPD, except when coming in to register a weapon. A non-registered firearm is already illegal, he added.

Taitague objected to placing the bill into the third reading file.
FOR IMMEDIATE RELEASE – September 23, 2021

NOTICE OF PUBLIC MEETING

In accordance with the Open Government Law relative to notice of meetings and, in addition to notices published on the Government of Guam Public Notices Portal and in The Guam Daily Post, this serves as public notice for the regular meeting of the GMHA Board of Trustees on Thursday, September 30, 2021 at 5:00 p.m. via Zoom Video Conferencing. Meeting ID: 913 5266 3119; Password: 556240.

Agenda:

I. Call to Order;
II. Approval of the Minutes:
   A. August 25, 2021 Regular Board Meeting
III. Old Business
IV. New Business
V. Management’s Report
VI. Board Subcommittee Reports:
   A. Joint Conference and Professional Support
      1. Res. 2021-50, Relative to Approving Renewal of the Medical Staff Department Rules and Regulations for Emergency Medicine and Pediatrics
   2. Res. 2021-51, Relative to the Reappointment of Active Medical Staff Privileges
   3. Res. 2021-52, Relative to the Appointment of Active Associate Medical Staff Privileges
   4. Res. 2021-53, Relative to the Appointment of Provisional Medical Staff Privileges
   B. Human Resources
      1. Res. 2021-54, Relative to Extending a 20% Working Differential Pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Medical Laboratory Science and Respiratory Therapy
      2. Res. 2021-55, Relative to the Amendment of Position for Long Term Care Administrator
C. Finance and Audit
   1. August 2021 Financial Dashboard
D. Quality and Safety
E. Facilities, CIP and IT
F. Governance, Bylaws, and Strategic Planning
VII. Public Comment
VIII. Adjournment

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

Thank you,
the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), PL 104-191; 43 CFR Parts 160 and 164; it is confidential and privileged. If you are not the intended recipient, any disclosure, copying, forwarding, printing, distribution, or use of information is strictly PROHIBITED. (GMHA Policy No. 6420-2)
GMHA Board of Trustees Meeting | 5:00 p.m.,
September 30, 2021

The GMHA Board of Trustees will hold its regular meeting on Thursday, September 30, 2021 at 5:00 p.m. via Zoom Video Conferencing.
Meeting ID: 913 5266 3119
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For special accommodations, please contact Theo Pangelinan, EEO Officer, at 647-2104, Monday through Friday from 8:00 a.m. to 5:00 p.m.
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 September 30, 2021 Meeting of the GMHA Board of Trustees.

Please contact Justine Camacho, Program Coordinator – 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 10/19/21
Date: 10/19/21

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 September 30, 2021 Meeting of the GMHA Board of Trustees.

Please contact Justine Camacho, Program Coordinator – 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

Submitted via electronic mail 10/19/21
Date: 10/11/21

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 September 30, 2021 GMHA Board of Trustees Meeting via Google Drive as guided by your office.

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

Sincerely,

[Signature]
Lillian Perez-Podadas, RN, MN
Hospital Administrator/CEO

Submitted via electronic mail 10/11/21.