MEETING IN PROGRESS

GMHA Board of Trustees

Monday, August 31, 2026 | 3:00 p.m.
Zoom Video Conference

GMHA Board of Trustees Meeting

ATTENDANCE SHEET

Monday, August 31, 2026| 3:00 p.m. | Zoom Video Conference

	NAME:	TITLE:	SIGNATURE:
Board of Trustees	Sharon J. Davis	Chairperson	
	Melanie R. Mendiola	Vice-Chairperson & Treasurer	
	Suzanne D. Lobaton	Secretary	
	Krista L. Blankenship	Trustee	Zoom
	Matthew Limtiaco	Trustee	
	Ramona Domen, PhD	Trustee	
Executive Management/Medical Staff	Joleen M. Aguon, MD	Interim Hospital Administrator/CEO	
	Ricardo Eusebio, MD	Associate Administrator of Medical Services/CMO	
	Jesse Quenga	Acting Associate Administrator of Operations/Personnel Services Administrator	
	Rodalyn Gerardo	Assistant Administrator, Operations	
	Jannica Taimanglo	Deputy Assistant Administrator, Operations	
	Christine Tuquero	Assistant Administrator, Nursing Services	Zoom
	Liezl Concepcion	Interim Oversight of Professional Support Div. & Special Services Dept.	Zoom
	Yukari Hechanova	Chief Financial Officer	
	Carlos Pangelinan	Assistant Chief Financial Officer	Zoom
	Danielle Manglona	Administrator of Quality, Patient Safety and Regulatory Compliance	
	Jeffery Shay, MD	Medical Staff President	
	Manny Gabriel	Administrator, Information Technology	
	Joseph McDonald	Legal Counsel	
	Robert Weinberg	Legal Counsel	
	NAME:	**TITLE:**	**SIGNATURE:**

GMHA Board of Trustees Meeting

ATTENDANCE SHEET

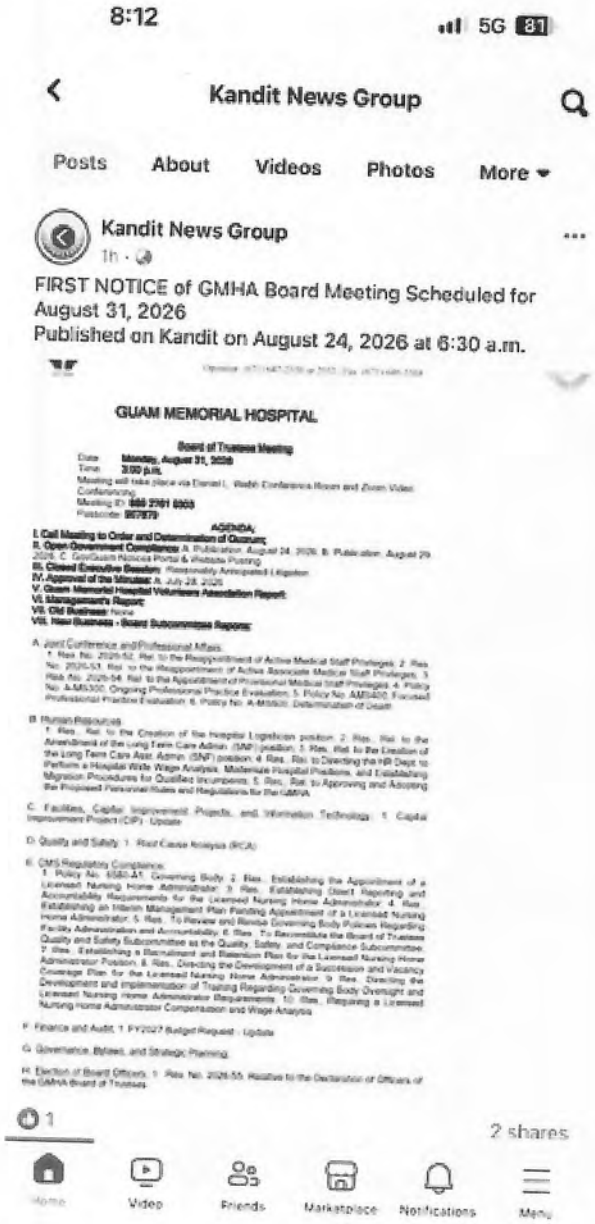
Monday, August 31, 2026| 3:00 p.m. | Zoom Video Conference

Guest (s)	Tihu Lujan	Public Info. Officer	[signature]
	Amy Legaspi	Gen. Acq. Spr.	Zoom
	Sydie Jocson	Gen. Acq. Spr./RCM	Zoom
	Vince Taitingfong	IT	Zoom
	Augusto Sablan	Public	Zoom
	Janet Mandapat	BOT Secretary	[signature]
	George Castro Jr.	Court Reporter	-Present-

Janet Mandapat

From: Janet Mandapat <jmandapat@hotmail.com>
Sent: Monday, August 24, 2026 8:52 AM
To: janet.mandapat@gmha.org

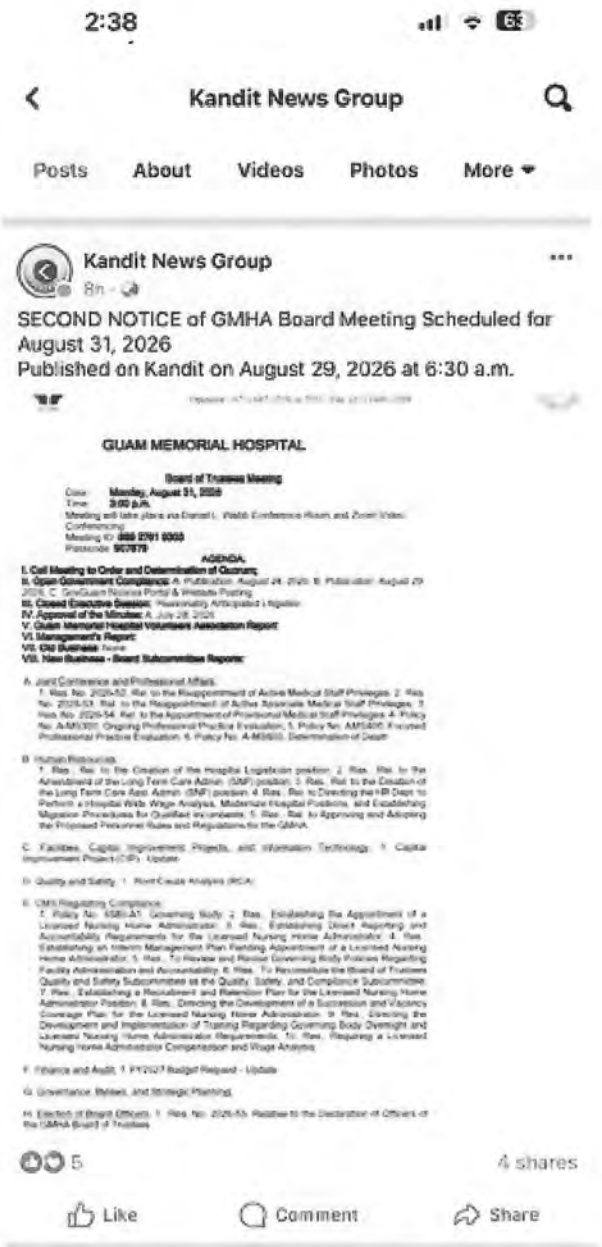
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Sent from my iPhone

Janet Mandapat

From: Janet Mandapat <jmandapat@hotmail.com>
Sent: Monday, August 31, 2026 9:09 AM
To: Janet Mandapat
Subject: Kandit News August 29, 2026



Sent from my iPhone

GMHA Board of Trustees Meeting

PRINT

GMHA Board of Trustees Meeting

MEETING

Posted on: 08/24/2026 11:39 AM

Posted by: Janet Mandapat, BOT Secretary - Janet Mandapat

Meeting Date: 08/31/2026 03:00 PM

Department(s):
GUAM MEMORIAL HOSPITAL AUTHORITY (/notices?department_id=51)

Division(s): HOSPITAL ADMINISTRATION (/notices?division_id=178)

Notice Topic(s): BOARD MEETING (/notices?topic_id=76)

Types of Notice: MEETING (/notices?type_id=5)

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

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Board of Trustees Meeting

Date: **Monday, August 31, 2026**
Time: **3:00 p.m.**
Meeting will take place via Daniel L. Webb Conference Room and Zoom Video Conferencing.
Meeting ID: **889 2761 9303**
Passcode: **907879**

AGENDA:

I. Call Meeting to Order and Determination of Quorum;
II. Open Government Compliance: A. Publication, August 24, 2026, B. Publication, August 29, 2026, C. GovGuam Notices Portal & Website Posting
III. Closed Executive Session: Reasonably Anticipated Litigation
IV. Approval of the Minutes: A. July 28, 2026
V. Guam Memorial Hospital Volunteers Association Report:
VI. Management's Report:
VII. Old Business: None
VIII. New Business - Board Subcommittee Reports:

A. Joint Conference and Professional Affairs;
1. Res. No. 2026-52, Rel. to the Reappointment of Active Medical Staff Privileges; 2. Res. No. 2026-53, Rel. to the Reappointment of Active Associate Medical Staff Privileges; 3. Res. No. 2026-54, Rel. to the Appointment of Provisional Medical Staff Privileges; 4. Policy No. A-MS300, Ongoing Professional Practice Evaluation; 5. Policy No. AMS400, Focused Professional Practice Evaluation; 6. Policy No. A-MS600, Determination of Death

B. Human Resources;
1. Res., Rel. to the Creation of the Hospital Logistician position; 2. Res., Rel. to the Amendment of the Long Term Care Admin. (SNF) position; 3. Res., Rel. to the Creation of the Long Term Care Asst. Admin. (SNF) position; 4. Res., Rel. to Directing the HR Dept. to Perform a Hospital Wide Wage Analysis, Modernize Hospital Positions, and Establishing Migration Procedures for Qualified Incumbents; 5. Res., Rel. to Approving and Adopting the Proposed Personnel Rules and Regulations for the GMHA

C. Facilities, Capital Improvement Projects, and Information Technology; 1. Capital Improvement Project (CIP) - Update

D. Quality and Safety; 1. Root Cause Analysis (RCA)

E. CMS Regulatory Compliance;
1. Policy No. 6580-A1, Governing Body; 2. Res., Establishing the

1. Policy No. 0580-A1, Governing Body; 2. Res., Establishing the Appointment of a Licensed Nursing Home Administrator; 3. Res., Establishing Direct Reporting and Accountability Requirements for the Licensed Nursing Home Administrator; 4. Res., Establishing an Interim Management Plan Pending Appointment of a Licensed Nursing Home Administrator; 5. Res., To Review and Revise Governing Body Policies Regarding Facility Administration and Accountability; 6. Res., To Reconstitute the Board of Trustees Quality and Safety Subcommittee as the Quality, Safety, and Compliance Subcommittee; 7. Res., Establishing a Recruitment and Retention Plan for the Licensed Nursing Home Administrator Position; 8. Res., Directing the Development of a Succession and Vacancy Coverage Plan for the Licensed Nursing Home Administrator; 9. Res., Directing the Development and Implementation of Training Regarding Governing Body Oversight and Licensed Nursing Home Administrator Requirements; 10. Res., Requiring a Licensed Nursing Home Administrator Compensation and Wage Analysis

F. Finance and Audit; 1. FY2027 Budget Request - Update

G. Governance, Bylaws, and Strategic Planning;

H. Election of Board Officers; 1. Res. No. 2026-55, Relative to the Declaration of Officers of the GMHA Board of Trustees

IX. Public Comment
X. Adjournment

Link to Join Zoom Meeting:
https://gmha-org.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1 (https://gmha-org.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1)
Meeting ID: 889 2761 9303
Passcode: 907879

For special accommodations, please contact the EEO Office, at (671) 922-0076, Monday through Friday from 8:00 a.m. to 5:00 p.m.

/s/ Joleen M. Aguon, MD
Interim Hospital Administrator/CEO
This advertisement is paid with government funds by the GMHA.

ATTORNEY'S WRITTEN RECOMMENDATION TO
ENTER EXECUTIVE SESSION
at the
August 31, 2026, GMHA Board of Trustees Meeting

I, Joseph McDonald, attorney for the Guam Memorial Hospital authority (GMHA), hereby expressly recommend that the GMHA Board of Trustees enter into executive session to discuss ongoing and/or a reasonably anticipated litigation involving the interests of GMHA.

This 31st day of August 2026.

Joseph McDonald, Legal Counsel
Attorney for the GMHA Board of Trustees

DECLARATION UNDER PENALTY OF PERJURY

My Name is Joseph McDonald. I am over the age of eighteen and fully competent to make these statements from my own personal knowledge. I am Guam Memorial Hospital Authority (GMHA)'s in-house legal counsel whose responsibility it is to represent and advise the GMHA, its Board of Trustees, Executive Leadership, and its employees.

On August 31, 2026, upon my written recommendation as its attorney, the GMHA Board of Trustees entered into executive session from which the public was excluded. The Subject of discussion was pending and/or a reasonably anticipated litigation against GMHA. No other matters were discussed during that portion of the meeting from which the public was excluded.

SWORN TO UNDER PENALTY OF PERJURY this 31st day of August 2026.

Joseph McDonald, Legal Counsel
Attorney for the GMHA Board of Trustees

Regular Meeting of the Guam Memorial Hospital Authority Board of Trustees

Tuesday, July 28, 2026 | 3:00 p.m.
Zoom Video Conference

ATTENDANCE

Board Members
Present: Sharon Davis, Suzanne Lobaton, Melanie Mendiola, Matthew Limtiaco, Ramona Domen & Krista Blankenship
Absent:

Leadership
Present: Dr. Joleen M. Aguon, Dr. Ricardo Eusebio, Jesse Quenga, Rodalyn Gerardo, Jannica Taimanglo, Christine Tuquero, Liezl Concepcion, Yukari Hechanova, Carlos Pangelinan, Manny Gabriel & Joseph McDonald

Absent: Ana Belen Rada, Danielle Manglona, Robert Weinberg & Dr. Jeffery Shay

Guests: George Castro, Theo Pangelinan, Sydie Taisacan, Janet Mandapat, Tihu Lujan

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, Open Government Law, Section 8107(a) and with a quorum present, Chairwoman Davis called to order the closed executive session and regular meeting of the GMHA Board of Trustees at 3:08 p.m. on Tuesday, July 28, 2026, via Zoom Video Conferencing.	Chairwoman - Sharon Davis	None	None
II. OPEN GOVERNMENT COMPLIANCE A. Publication, July 17, 2026 B. Publication, July 26, 2026 C. GovGuam Notices Portal & Website Posting	The Announcement of the Open Government Compliance was made.	Board of Trustees Secretary - Janet Mandapat	None	Informational
III. CLOSED EXECUTIVE SESSION A. Reasonably Anticipated Litigation	Following the conclusion of the Closed Executive Session, the Chair called for a motion to return to the regular session of the Board meeting. A motion was made by Trustee Lobaton and seconded by Trustee Mendiola to exit the Executive Session and return to regular session.	All Trustees - Legal Counsel (J. McDonald)	None	Approved
IV. REVIEW AND APPROVAL OF MINUTES				
A. June 24, 2026	Chairwoman Davis motioned, and it was seconded by, Trustee Lobaton to approve the June 24, 2026 minutes as presented. The motion carried with all ayes.	All Trustees	None	Approved

V. GUAM MEMORIAL HOSPITAL VOLUNTEERS ASSOCIATION REPORT				
A. GMHVA Report	No substantive Volunteers Association report was presented during the portion of the recording available.	GMHVA President - Terese Calvo	None	None
VI. MANAGEMENT'S REPORT				
A. Accreditation Readiness and Facility Improvements	Dr. Joleen Aguon provided a brief management update and identified accreditation as one of the hospital's most important current priorities. **<u>Accreditation Readiness and Facility Improvements</u>** Operations was working closely with the Guam National Guard on facility and operational projects identified through the U.S. Army Corps of Engineers assessment and CIHQ mock survey, as well as outstanding work orders. Management estimated approximately 12 weeks to complete the identified operational and facility projects. The work was expected to be completed around September 18, 2026, after which the hospital would be reassessed in connection with its application for full accreditation. Clinical staff, including Nursing and Professional Support, were also working on patient-care readiness.	Interim Hospital Administrator/CEO - Joleen M. Aguon, MD	None	Informational
B. Revenue Cycle Management	**<u>Revenue Cycle Management</u>** Management reported that GMHA's bridge Revenue Cycle Management arrangement with MicroHealth was producing positive results. June 2026 billing had increased substantially, with approximately $7 million more billed than the hospital would normally bill. Management anticipated that the increased			

C. Value Capture / Lean Management Implementation Update	billing activity would begin translating into cash collections within approximately two to three months. **<u>Value Capture / Lean Management</u>** Management reported a government briefing with GMHA's strategic partners, Value Capture. Value Capture will assist GMHA in developing an enterprise design system focused on patient and staff safety, including both physical and psychological safety, with the goal of creating "habitual excellence." A five-day workshop was being planned for executive leadership. Management invited members of the Board to participate if their schedules permitted. Management explained that the approach was intended to create a systemic effect throughout the hospital and empower employees to identify and improve processes. The presentation emphasized safety-first practices and reducing incidents through systematic improvement. The Value Capture presentation had been recorded. GMHA's Public Information Officer Mr. Tihu Lujan advised that the presentation was available on the GMHA Facebook page and that a higher-quality Zoom recording could also be shared with Board members.	Interim Hospital Administrator/CEO - Joleen M. Aguon, MD	None	Informational
VII. OLD BUSINESS None	There were no old business matters to discuss.	All Board Members	None	None

VIII. NEW BUSINESS - BOARD SUBCOMMITTEE REPORTS A. Joint Conference and Professional Affairs 1. Res. No. 2026-49, Relative to the Reappointment of Active Medical Staff Privileges 2. Res. No. 2026-50, Relative to the Appointment of Provisional Medical Staff Privileges	Trustee Dr. Domen motioned, and it was seconded by Trustee Mendiola to approve Res. No. 2026-49 & 2026-50 as presented. The motion carried with all ayes.	All Trustees Chairperson JCPA - Trustee Ramona Domen, Phd	None	Approved
B. Human Resources	**<u>Long-Term Care Administrator position</u>** Management reported that a candidate had been selected and was currently in the negotiation process. Management had met with the candidate and was awaiting a final response. The Board discussed how long the position had remained vacant, with comments indicating that it had been open for several years. The candidate's required police clearance and licensure requirements were also being addressed. **<u>Hospital Administrator/CEO Search</u>** Management reported that the announcement for the Hospital Administrator/CEO position had closed. The next step was to assemble the CEO Search Committee and schedule a meeting with the appropriate parties.	Chairperson, Human Resources - Trustee Suzanne Lobaton	None	Informational

C. Facilities, Capital, Improvement Projects, and Information Technology 1. ISSQUARED Cybersecurity - Update 2. Res. No. 2026-51, Resolution Authorizing the GMHA to Submit Grant and Funding Applications in Support of Seventeen (17) Interrelated CIP's	The Board was advised that the ISSQUARED cybersecurity update had already been discussed. No additional substantive discussion was held during the regular session. The Board considered a resolution authorizing GMHA to submit grant and funding applications supporting 17 interrelated Capital Improvement Projects. The resolution identified critical infrastructure and facility improvement needs that align with eligible activities under the Community Development Block Grant Disaster Recovery (CDBG-DR) program administered by the Guam Housing and Urban Renewal Authority (GHURA). The projects identified in the resolution included: 1. Maternal Child Health Renovation and Expansion Project; 2. Z-Wing Renovation Project; 3. Above-Ground Fuel Storage; 4. GMHA Digital Infrastructure Modernization and Resiliency Project; 5. HVAC improvement projects; 6. Building-envelope hardening; 7. Roof repair and replacement; 8. Kitchen/cafeteria electrical rebuild; 9. Water intrusion and remediation; 10. Boiler and hot-water tank replacement; 11. On-site liquid oxygen plant; 12. Emergency generator upgrade; 13. On-site water storage and redundant supply; 14. Exterior corridor and stairwell enclosure; 15. IT/EHR network resiliency; 16. Access-control and security systems; and 17. Autoclave and sterilization replacement.	Chairperson, FAC, CIP, & IT - Chairwoman Sharon Davis Acting Associate Administrator of Operations/Personnel Services Administrator - Jesse Quenga	None None	Informational Informational

	The resolution authorized Joleen M. Aguon, MD Interim Hospital Administrator/CEO, to act as GMHA's authorized representative in connection with the CDBG-DR application, including signing required forms, assurances, certifications, and related documentation.	Acting Associate Administrator of Operations/Personnel Services Administrator - Jesse Quenga	None	Informational
	Trustee Mendiola motioned, and it was seconded by Trustee Lobaton to approve Res. No. 2026-51 as presented. The motion carried with all ayes.	All Trustees	None	Approved
	Additional Grant Discussion Management reported that GMHA was also awaiting several other funding opportunities. A $17 million FEMA application had been resubmitted for the hospital's main distribution panel and electrical components. Management reported that the application had advanced farther than it had previously, having passed a major program review and proceeding to final environmental review.	Acting Associate Administrator of Operations/Personnel Services Administrator - Jesse Quenga	None	Informational
	The hospital was also awaiting a USDA telemedicine grant and had received information regarding another facilities grant opportunity potentially ranging from $500,000 to $1.5 million. Management credited the hospital's ability to articulate its organizational capacity, systems, measures, and strategic initiatives as strengthening its grant applications.	Interim Hospital Administrator/CEO - Joleen M. Aguon, MD	None	Informational
3. Capital Improvement Project (CIP) - Update	Management reported the current CIP portfolio as: • 47 completed projects • 45 ongoing projects • 7 projects on the launching pad	Assistant Administrator of Operations - Rodalyn Gerardo	None	Informational

	The parking lot project was nearing completion. Asphalt had been placed and was being allowed time to cure, after which parking stops and striping/markings would be completed. Management also reported continued work with the Guam National Guard on improvements throughout the hospital. The partnership was described as instrumental in completing projects in various areas of the facility. GMHA was also working on several Requests for Proposals (RFPs) and invitations for bids, including laundry services and an Environmental Services outsourcing RFP. The Environmental Services RFP was nearing completion of its evaluation process.	Assistant Administrator of Operations - Rodalyn Gerardo	None	Informational
D. Quality and Safety	The Professional Support Services departments had met the majority of their CY2026 first-quarter performance indicator goals. Where departments did not meet established targets, improvement efforts and corrective actions had been implemented. **Surgery** Surgery maintained strong first-quarter performance. One indicator was slightly below 100%, with identified gaps addressed. Other Surgery performance indicators remained at 100% compliance. **Anesthesia** Anesthesia met its established targets for the majority of its CY2026 performance indicators. One indicator remained below goal.	Chairperson, Quality & Safety - Trustee Krista Blankenship	None	Informational

	Emergency Department The Emergency Department's new aggregated indicator, for which monitoring began in November 2025, continued to demonstrate 100% compliance. **Leadership Safety Walk Rounds** The next Leadership Safety Walk Rounds were scheduled for August 4, 2026, with recognition of "good catches."	Chairperson, Quality & Safety - Trustee Krista Blankenship	None	Informational
E. Finance and Audit 1. FY2027 Budget Request - Update	Trustee Melanie Mendiola reported that the Finance and Audit Committee had met several weeks earlier and had no motions for consideration at the Board meeting. Management provided an update on June 2026 financial performance.	Chairperson, Finance & Audit - Trustee Melanie Mendiola	None	Informational
	June Financial Performance June budget-to-actual expenditures were trending positively. GMHA was approximately $6.6 million ahead of budgeted operating expenditures for the first three quarters of the fiscal year. Management attributed part of the financial pressure to the recent typhoon, which resulted in increased staffing requirements, hazard pay, and other emergency-related personnel costs. **Revenue Cycle Management** The MicroHealth partnership was producing significant improvements. When the project began, GMHA's un-coded claims were approximately $17–18 million. The balance had been reduced to approximately $3 million.	Chief Financial Officer - Yukari Hechanova	None	Informational

	Coding was reported to be occurring on time and at a much improved pace. In June 2026, GMHA generated approximately $35 million in claims, compared with an average of approximately $25 million. Billing staff were working overtime to keep pace with the increased coding output. Staff also continued coding and billing during the typhoon, avoiding downtime in the revenue cycle. Management also discussed the possibility of developing a billing/coding boot camp in partnership with other healthcare organizations to increase the available workforce. GMHA was already using grant funding to support higher-level coding and billing certification for some employees.	Chief Financial Officer - Yukari Hechanova	None	Informational
	FY2027 Budget The Guam Legislature passed its proposed FY2027 budget. The amounts provided for GMHA's General Fund and Pharmaceutical Fund were above the Governor's request. GMHA had originally identified a $36 million gap between the Governor's proposed funding level and the amount the hospital believed was necessary. The Legislature provided approximately $14 million above the Governor's level, reducing the gap to approximately $22 million. A medical tax credit program added another $1 million, bringing the remaining operational gap to approximately $21 million gap.	Acting Associate Administrator of Operations/Personnel Services Administrator - Jesse Quenga	None	Informational

	Budget Amendments Several GMHA-requested amendments were included in the legislation. ❖ *$20 Million Appropriation* An amendment addressed technical language concerning the $20 million appropriation. The amendment removed the word "net" from the provision concerning excess collections, allowing the first $20 million in excess collections to be provided to GMHA. ❖ *Medical Tax Credit* The medical tax credit language was amended to eliminate a $500,000 annual spending cap where $1 million had been appropriated, allowing GMHA to potentially utilize the full $1 million. ❖ *Advance Payments* A procurement amendment authorized greater flexibility for advance payments to vendors. The discussion referenced a situation in which generator repairs were needed before an upcoming typhoon, but a vendor was unwilling to send technicians without payment. Existing Guam law had restricted advance payment. The amendment would provide GMHA greater flexibility if enacted.	Acting Associate Administrator of Operations/Personnel Services Administrator - Jesse Quenga	None	Informational

	❖ *Small Purchase Threshold* The small purchase threshold was increased from $25,000 to $250,000 and further amended to align with the federal small acquisition threshold. The federal threshold referenced during the discussion was approximately $350,000. The amendment also provided for a potentially higher threshold in catastrophic situations affecting continuity of operations. ❖ *Cooperative/Mutual Contract Rider* Another amendment would allow GMHA to utilize a competitively procured contract established by another government or nonprofit entity, rather than duplicating the competitive procurement process. Management characterized this amendment as a significant improvement and a potential "game changer" for the hospital. ❖ *Status of FY2027 Budget* At the time of the meeting, the budget bill was under review by the Governor. Management reported that the Governor had publicly indicated an intention to veto the bill. GMHA was advocating that, if the Governor vetoed the bill and submitted another version, the amendments benefiting GMHA should be retained.	Acting Associate Administrator of Operations/Personnel Services Administrator - Jesse Quenga	None	Informational

	❖ *Staffing and Personnel Costs* The Board also discussed public comments concerning whether GMHA was overstaffed. Management explained that payroll savings depend upon how payroll is defined. Straight-time and overtime costs had been reduced, and travel nurse expenditures had also been reduced. However, management emphasized that a blanket assertion that GMHA has hundreds of excess employees was not supported by a comprehensive workload analysis.	Chairperson, Finance & Audit - Trustee Melanie Mendiola	None	Informational
	Value Capture was expected to assist GMHA in determining the actual staffing requirements for each area by observing workflows and empowering staff to identify opportunities for efficiency. Management emphasized that the objective was to improve quality and efficiency and reduce costs through improved systems rather than immediately eliminating positions.	Interim Hospital Administrator/CEO - Joleen M. Aguon, MD	None	Informational
F. Governance, Bylaws, and Strategic Planning	There were no business matters to discuss under the Governance, Bylaws, and Strategic Planning Subcommittee. This Subcommittee is currently vacant, with no Board member assigned to lead the Subcommittee. Chairwoman Sharon Davis volunteered to lead the September 2026 Governance, Bylaws, and Strategic Planning Subcommittee meeting. It was further discussed that, until a permanent Board member is designated to lead this Subcommittee, the Board members will alternate on a quarterly rotation to ensure this Subcommittee continues to meet and conduct its business.	All Trustees	None	Informational

G. Election of Board Officers	Initially, discussion was held concerning whether the election should be tabled until all Board members were present and the newer members had an opportunity to understand the officer responsibilities. The Board then discussed the need to fill the Vice-Chairperson and Treasurer positions. The Treasurer's responsibilities were discussed, including oversight of GMHA's financial affairs. It was noted that the Treasurer role was closely related to the Finance and Audit Subcommittee. The Board discussed whether one Trustee could hold both offices and determined, after consultation with legal counsel, that there was no prohibition identified during the meeting against serving in both capacities. Trustee Melanie Mendiola agreed to serve as both Vice-Chairperson and Treasurer. A motion was made for Trustee Mendiola to serve as Vice-Chairperson and Treasurer of the Guam Memorial Hospital Authority Board of Trustees. The motion was approved and carried with all ayes.	All Trustees	None	Informational/ Approved
IX. PUBLIC COMMENT				
			None	None
X. ADJOURNMENT				
	There being no further business matters for discussion, Chairwoman Davis declared the meeting adjourned at 6:25 p.m., motioned by Trustee Lobaton and seconded by Trustee Mendiola. The motion carried with all ayes.	All Board Members	None	Approved

Transcribed by: _____
Janet U. Mandapat
BOT - Secretary

Submitted by: _____
Suzanne D. Lobaton
Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the June 24, 2026 regular session meeting were accepted and approved by the GMHA Board of Trustees on this 28th day of July 2026.

Certified by: _____
Sharon J. Davis
Chairperson

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT 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. 2026-52
"RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Eric Meininger, MD	Ped/Medicine	Peds/Medicine	July 31, 2028
Andrew Ormond, MD	Pediatric	Pediatric	July 31, 2028
Thomas Shieh, MD	OB/Gyn	Obstetrics and Gynecology	July 31, 2028

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 email voted July 29, 2026 and the Joint Conference and Professional Affairs Committee recommended approval of Active Medical Staff Membership reappointment for the above listed practitioners; and

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

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

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

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

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT 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. 2026-53
"RELATIVE TO THE REAPPOINTMENT OF ACTIVE ASSOCIATE MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Jesse Giffhorn, MD	Pediatric	Pediatric (Telemedicine)	July 31, 2028
Shiva Gupta, MD	Medicine	Internal Medicine (Tele)	July 31, 2028
Srinivasareddy Vuyyuru, MD	Medicine	Internal Medicine (Tele)	July 31, 2028
Lawrence Williams, MD	Surgery	Otolarlyngology	July 31, 2028
Gregory Snyder, MD	Radiology	Radiology (Tele-rad)	July 31, 2028
Loretta Settoni, MD	Radiology	Radiology (Tel-rad)	July 31, 2028
Nathan Bennington, MD	Radiology	Radiology (Tele-rad)	July 31, 2028
Scott Logan, MD	Radiology	Radiology (Tele-rad)	July 31, 2028

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 4.6; and

WHEREAS, the Medical Executive Committee met on July 29, 2026 and the Joint Conference and Professional Affairs Committee recommended approval of Active Medical Staff Membership reappointment for the above listed practitioners; and

WHEREAS, all reappointments to Active 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 Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN
850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT 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. 2026-54
"RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Christopher Carbullido, DO	Medicine	Family Medicine	July 31, 2027
Adel Abdalla, MD	Radiology	Radiology (Tele-rad)	July 31, 2027

WHEREAS, the above listed practitioners met the basic requirements for Provisional Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.3; and

WHEREAS, the Medical Executive Committee email voted on July 29, 2026 and the Joint Conference and Professional Affairs Committee recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioner; and

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

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

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

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

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:
Sharon J. Davis
Chairperson

Attested by:
Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

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

Submitted by Department/Committee: Medical Staff Office (Credentials Committee)

☐ Bylaws ☐ Rules & Regulations ☒ Policies & Procedures ☐ Rescinding

Policy Number	Policy Title	Justification (If rescinding)
A-MS300	Ongoing Professional Practice Evaluation	

Reviewed/Endorsed	**Date**	**Signature**
	Jeffrey Cruz, M.D. *Chairperson, Credentials Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	Jeffery D. Shay, M.D. *Chairperson, Medical Executive Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	Joleen M. Aguon, M.D. *Interim Hospital Administrator/Chief Executive Officer*	
Reviewed/Endorsed	**Date**	**Signature**
	9/3/2026	Ramona Domen
	Ramona Domen, PhD./APRN-CRNA *Chairperson, Joint Conference and Professional Affairs Subcommittee*	
Reviewed/Endorsed	**Date**	**Signature**
	Sharon Davis *Chairperson, Board of Trustees*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	

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GUAM MEMORIAL HOSPITAL AUTHORITY
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Policy Number	Policy Title	Justification (If rescinding)
A-MS300	Ongoing Professional Practice Evaluation	

Reviewed/Endorsed	**Date**	**Signature**
	2/24/2026	
	Jeffrey Cruz, M.D. *Chairperson, Credentials Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	2/26/26	
	Jeffery D. Shay, M.D. *Chairperson, Medical Executive Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	4/21/26	
	Joleen M. Aguon, M.D. *Interim Hospital Administrator/Chief Executive Officer*	
Reviewed/Endorsed	**Date**	**Signature**
	Michael Um, M.D. *Chairperson, Joint Conference and Professional Affairs Subcommittee*	
Reviewed/Endorsed	**Date**	**Signature**
	Sharon Davis *Chairperson, Board of Trustees*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	

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GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.:	PAGE:
Joleen M. Aguon, M.D., Interim Hospital Administrastor/CEO	Medical Staff		A-MS300	1 of 3
TITLE: ONGOING PROFESSIONAL PRACTICE EVALUATION				
LAST REVIEWED/REVISED: 02/2026				
ENDORSED: CC: 02/24/2026; MEC: 02/26/2026 ; EMC: 04/21/2026; JCPA 08/04/2026 ; BOT / /				

PURPOSE:

1. To clearly define the process utilized for facilitating the continuous evaluation of each practitioner's professional practice;

2. To define the type of data (criteria/indicators) to be collected for the ongoing professional practice evaluation. (*Note: The criteria defined for Ongoing Professional Practice Evaluation, may be utilized as screening triggers for a Focused Professional Practice Evaluation).*

3. To ensure the information resulting from the ongoing professional practice evaluation is used to determine to continue, limit or revoke any existing privileges.

4. To ensure reported concerns regarding a privileged practitioner's professional practice are uniformly investigated and addressed.

5. To define those circumstances in which an external review or focused review may be necessary; and

6. To define the medical staff's leadership role in the organization's performance improvement activities related to practitioner performance and ensure the findings in the ongoing evaluations of competence are evaluated in accordance with recognized standards.

DEFINITIONS:

- **Focused Professional Practice Evaluation (Focused Review)** – A time-limited evaluation of practitioner competence in performing a specific privilege. This process is implemented for:

  - All initially requested privileges; and;
  - Whenever a question arises regarding a practitioner's ability to provide safe, high quality patient care. **See Focused Professional Practice Evaluation Policy** for specifics.

- **Ongoing Professional Practice Evaluation** – A documented summary of ongoing data collected for the purpose of assessing a practitioner's clinical competence and professional behavior. The information gathered during this process factors into decisions to continue, limit or revoke any existing privileges;

- **Practitioner** – For purposes of this policy, practitioner is defined as individuals with Medical Staff privileges at GMHA.

POLICY:

1. The information used in the ongoing professional practice evaluation may be acquired through the following:
   a. Periodic chart review;
   b. Direct observation;
   c. Monitoring of diagnostic and treatment techniques; and
   d. Discussions with other individuals, involved in the care of the patient, including consulting physicians, assistants at surgery, nursing and administrative personnel.
   e. Data collected by the Performance Improvement Coordinator, Quality Management Administrator, and other relevant GMHA Staff.

2. Criteria/indicators may be added or deleted at the recommendation of the Medical Executive Committee, Department Chairperson, and/or Credentials Committee.

3. The applicable Medical Staff Department and the MEC will approve indicator criteria and threshold parameters.

4. The list of criteria/indicators will be reviewed on an ongoing basis and in conjunction with this policy.

5. Relevant information from the practitioner performance review process will be integrated into performance improvement initiatives and will be utilized to determine whether to continue, limit or revoke existing privileges

6. Reported concerns regarding privileged practitioner's professional performance will be uniformly addressed as defined by the organization. If there is serious concern regarding the practitioner's professional performance, the course of action defined in the Medical Staff Bylaws for further evaluation should be followed. It is not intended that this policy supersede any provisions of the Medical Staff Bylaws.

7. The activities of the ongoing professional practice evaluation are considered privileged and confidential.

8. This policy applies to all Medical Staff and Allied Health privileged through medical staff mechanisms at GMHA.

RESPONSIBILITY:

The department chair or designee shall be responsible for overseeing the evaluation process for all applicants and staff members assigned to their department. The Department Chair shall be responsible to review and sign off on the OPPE reports for his department members. The Department Vice-Chair shall be responsible for signing off on the OPPE report of the Chair.

The Credentials Committee is charged with the responsibility of monitoring compliance with this policy. It accomplishes this by receiving regular status reports on the progress of all practitioners undergoing focused evaluation as well as any issues regarding the implementation of this policy.

INTERVENTIONS:

Depending upon the findings of the ongoing professional practice review, interventions may be implemented. The criteria utilized to determine the type of intervention includes severity, frequency of occurrence and threshold level exceeded. The department chair shall develop an improvement plan which will at least contain the following elements:

- Improvement action
- Performance expected to be measured
- Improvement goals/or milestones
- Method of monitoring
- Time frame for achieving the goals or milestones
- The department chair will report to the MEC regarding practitioner improvement plans developed
- The support staff will track results and report regularly on the status to the department chair
- If the results of the improvement plan monitoring indicate concerns regarding competency for specific privileges or maintaining membership, the department chair will inform the MEC of the need for a formal investigation or corrective action as determined in the medical staff bylaws

PERFORMANCE IMPROVEMENT

1. Members of each medical staff department are involved in activities to measure, assess, and improve performance on an organization wide basis, including the ongoing professional practice review process defined herein.

2. The review process involves monitoring, and analyzing; and understanding those special circumstances of practitioner performance which require further evaluation.

3. When findings of this process are relevant to an individual's performance, the medical staff is responsible for determining their use in the ongoing evaluation of a practitioner's competence; in accordance with the Medical Staff Bylaws, Rules and Regulations, and applicable Policies on renewing or revising clinical privileges.

RESCISSION:

Policy A-MS300 Ongoing Professional Practice Evaluation made effective January 23, 2017.

Supporting Documents

- Ongoing Professional Practice Evaluation Screening Criteria/Indicators

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

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Submitted by Department/Committee: Medical Staff Office (Credentials Committee)

☐ Bylaws ☐ Rules & Regulations ☒ Policies & Procedures ☐ Rescinding

Policy Number	Policy Title	Justification (If rescinding)
A-MS400	Focused Professional Practice Evaluation	

Reviewed/Endorsed	**Date**	**Signature**
	Jeffrey Cruz, M.D. *Chairperson, Credentials Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	Jeffery D. Shay, M.D. *Chairperson, Medical Executive Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	Joleen M. Aguon, M.D. *Interim Hospital Administrator/Chief Executive Officer*	
Reviewed/Endorsed	**Date**	**Signature**
	9/3/2025	Ramona Domen
	Ramona Domen, PhD./APRN-CRNA *Chairperson, Joint Conference and Professional Affairs Subcommittee*	
Reviewed/Endorsed	**Date**	**Signature**
		for:
	Sharon Davis *Chairperson, Board of Trustees*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	

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Policy Number	Policy Title	Justification (If rescinding)
A-MS400	Focused Professional Practice Evaluation	

Reviewed/Endorsed	**Date**	**Signature**
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	Jeffrey Cruz, M.D. *Chairperson, Credentials Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	2/26/26	
	Jeffery D. Shay, M.D. *Chairperson, Medical Executive Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	4/21/26	
	Joleen M. Aguon, M.D. *Interim Hospital Administrator/Chief Executive Officer*	
Reviewed/Endorsed	**Date**	**Signature**
	Michael Um, M.D. *Chairperson, Joint Conference and Professional Affairs Subcommittee*	
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Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	
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GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
Joleen M. Aguon, M.D., Interim Hospital Administrator/CEO	Medical Staff		A-MS400	1 of 12
TITLE: FOCUSED PROFESSIONAL PRACTICE EVALUATION				
LAST REVIEWED/REVISED: 2/10/2026; 2/11/2026				
ENDORSED: CC: 02/24/26; MEC: 02/26/26; EMC: 04/21/26; JCPA: 08/04/2026; BOT / /				

OVERVIEW:

Focused Professional Practice Evaluation (FPPE) is a process whereby the organization evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization. This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care. Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the practitioner's professional performance.

Initial competency of practitioners new to the Guam Memorial Hospital Authority (GMHA) Medical Staff shall have privileges specific competency evaluated by review of competency information obtained from current and former institutions, where privileged, followed by a focused review during the provisional period.

FPPE will occur under the following circumstances:

1. The practitioner is new to GMHA (during the provisional period, as defined by the GMHA Medical Staff Bylaws), or the practitioner is requesting new/additional privilege(s) and does not have documented evidence of competently performing the requested privilege
2. When there is a question regarding a currently privileged practitioner's ability to provide safe, high quality patient care.

PURPOSE:

To establish a systematic proctoring process to ensure that there is sufficient information available to confirm the current competence of practitioners who initially request privileges at GMHA, as part of a FPPE.

SCOPE:

This policy applies to all practitioners who request initial privileges, including initial applicants for Medical or Allied Staff appointment and current members of the Medical or Allied Staff who request new or additional clinical privileges.

Practitioners requesting membership but not exercising specific privileges do NOT need to be proctored.

The scope of the proctoring plan shall be as indicated above. However, each department shall define the appropriate proctoring method to determine what constitutes a practitioner's current specialty specific competency.

FPPE METHODOLOGY:

Proctoring may utilize a combination of the following methods to obtain the best understanding of the care provided by the practitioner. The appropriate methods for proctoring for each individual practitioner will be determined by the Department Chairperson or his/her designee for a specific practitioner situation. The hospital's proctoring forms must be utilized.

Proctoring includes one or more of the following as part of a FPPE:

- *Prospective Proctoring:* presentation of cases with planned treatment outlined for treatment concurrence or review of case documentation for treatment concurrence.

- *Concurrent Proctoring:* Direct observation of the procedure being performed or medical management either through real-time observation of practitioner interactions with patients and staff or review of clinical history and physical and review of treatment orders during the patients hospital stay.

- *Retrospective Proctoring:* review of a case after care has been completed, which may include interviews with personnel directly involved in the care of the patient.

In situations where a practitioner has skills that are needed at GMHA on an occasional basis, where the skills and reputation the practitioner in question are known to members of the medical staff of GMHA and in situations where practitioners are needed from healthcare organizations to provide occasional coverage at GMHA Reciprocal Evaluation (documented evidence of proctoring from an area hospital) may be used. The practitioner is responsible for providing such evidence to Guam Memorial Hospital.

Evaluation by an External Source may be used in situations where a proctor is unavailable (for example, when there is no available proctor with privileges at GMHA in the specialty area relative to the privileges(s) to be evaluated).

FPPE used for practitioners under review: in cases where the department has completed a case review that has resulted in a concern that any specific case where a practitioner's knowledge or skills and practice are deemed to be unsafe or outside of the standard of care, the following procedure specifics may be adjusted as determined by the responsible department. This only applies for practitioners who have already completed the initial FPPE onboarding process.

OVERSIGHT/RESPONSIBILITIES:

Each Department Chair is charged with the responsibility of monitoring departmental compliance with this policy. It accomplishes this oversight by submitting regular reports related to the progress of each practitioner, who is required to be proctored, as well as any issues or problems involved in implementing this policy to the Medical Staff Office. This report will then be made a part of the Medical Staff Office's standing report at the Joint Conference and Professional Affairs Committee.

The Department Chairperson, or his/her designee, will determine changes to improve performance based on results of FPPEs, including proctoring, and implementation of practitioner-specific

performance improvement plans, if appropriate, for practitioners who complete the FPPE. Practitioner specific improvement plans will be submitted to the CC for review and approval.

The Department Chair involved with Ongoing Physician Performance Evaluation (OPPE) will provide the CC with data that is systematically collected through the OPPE processes for those practitioners, as appropriate, to confirm current competence during the FPPE period.

SELECTION OF PROCTOR(S):

The Department Chairperson shall be responsible for selecting the proctor(s). Proctors must be members in good standing of the active GMHA Medical Staff and must have unrestricted privileges in the specialty area relative to the privilege(s) to be evaluated.

SOURCES OF DATA:

FPPE data may include any of the following:

- Documented personal interaction with the practitioner by proctor
- Documented discussion(s)/interview(s) with other individuals interacting with the practitioner
- Chart audits by non-medical staff personnel based on defined criteria
- Detailed medical record review by proctor
- Monitoring clinical practice patterns
- Proctoring as described above
- Simulation
- External source evaluation

The data obtained by the proctor will be recorded on the approved proctoring form for consistency and inter-rater reliability.

PROCTORING PERIOD:

Proctoring shall begin when a practitioner is informed of appointment to the medical or allied health staff or upon being granted a new privilege. Based on the specialty of the practitioner, newly granted privileges shall be considered under FPPE for either a specific period of time (no less than six months) or for a specific number of patients/procedures.

The proctoring period may be extended for a period not to exceed a total of 12 months from the granting of the privilege(s) that require proctoring if either initial concerns are raised that require further evaluation or if there is insufficient activity during the initial period.

The provider will remain on Provisional Status until successful completion of proctoring requirements. Provisional Status will not last beyond two years.

The medical staff may take into account the practitioner's previous experience in determining the approach and extent of proctoring needed to evaluate and confirm current competency.

RESPONSIBILITIES OF PROCTORS:

A. The proctor's role is that of an evaluator, to review and observe cases, not of a supervisor or consultant. The practitioner who is serving solely as a proctor is an agent of the hospital. The proctor receives no compensation directly or indirectly from any patient for this service.

B. Proctors will monitor those portions of the medical care rendered by the practitioner that are sufficient to be able to judge the quality of care provided in relationship to the privilege(s) requested. The performance of a specific procedure shall be reviewed, or in the situation that the privilege encompasses cognitive care, then the relative components of the patients chart must also be reviewed for that aspect of care.

C. Proctors will ensure the confidentiality of the proctoring results and forms. The proctor will deliver the completed proctoring form(s) to the CC.

D. If at any time during the proctoring period, the proctor has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), the proctor should promptly notify the respective Department Chairperson. One of the following may be recommended:

1. The Department Chairperson will intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for the patient.
2. The QI Coordinator will review the case for possible peer review at the next department meeting.
3. Additional or revised proctoring requirements may be imposed upon the practitioner until the proctor can make an informed judgment and recommendation regarding the clinical performance of the individual being proctored.

E. If during the initial period of proctoring the proctor feels there may be imminent danger to the health and safety of any individual, the continuation of the privilege(s) requested and proctoring are subject to being discontinued by Hospital Administrator/Chief Executive Officer at the recommendation from the Department Chairperson or Associate Administrator of Medical Services.

F. All members of the medical staff with relevant privileges, within each department, must serve as proctors when asked to do so.

G. In addition to specialty and privilege specific issues, proctoring also will address the general competencies.

RESPONSIBILITIES OF THE PROCTORED PRACTITIONERS:

A. For concurrent proctoring, the practitioner shall make every reasonable effort to be available to the proctor including notifying the proctor of each patient where care is to be evaluated in sufficient time to allow the proctor to concurrently observe or review the care provided. For elective surgical or invasive procedures where direct observation is required, and the department requires proctoring be completed before the practitioner can perform the procedure without a proctor present, the practitioner must secure agreement from the proctor to attend the procedure.

B. The practitioner shall provide the proctor with information about the patient's clinical history, pertinent physical findings, pertinent lab and radiology results, the planned course of treatment or management and direct delivery to the proctor of a copy of all histories and

physicals, operative reports, consultation reports and discharge summaries documented by the proctored practitioner.

C. The practitioner shall have the prerogative of requesting from the Department Chairperson a change of proctor if disagreements with the current proctor may adversely affect his or her ability to satisfactorily complete the proctorship timely and satisfactorily.

D. Inform the proctor of any unusual incident(s) associated with his/her patients.

E. It is the responsibility of the practitioner to ensure documentation of the satisfactory completion of his/her proctorship, including the completion and delivery of proctorship forms is submitted to the medical staff office to forward to the Department for review. The proctoring period will be automatically extended if the summary proctor report is not completed and submitted at the end of the initial proctoring period. The automatic extension under this section shall be until the date that is 3 months from the expiration of the initial period.

F. If the summary proctor report is not completed and submitted to the CC when due, or if the practitioner fails to complete the proctoring requirements prior to the expiration of the proctoring period, the additional or new privileges that are the subject of proctoring shall be deemed to be voluntarily relinquished by the practitioner and the practitioner shall immediately stop performing these privileges.

RESPONSIBILITIES OF DEPARTMENT CHAIRPERSONS:

Each medical staff depat1ment chairperson shall be responsible for:

A. Assignment of proctors as noted above.

B. Assist in establishing a minimum number of cases/procedures to be proctored and determining when the proctor must be present. The minimum number of cases to be proctored and type of proctoring required is defined by the department specific rules and regulations. When there are interdepartmental privileges, the CC each department shall determine the minimum number of cases/procedures to be reviewed.

C. Identifying the names of practitioners eligible to serve as proctors as noted above.

D. If at any time during the proctoring period, the proctor notifies the Department Chairperson that he/she has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient(s), based on the recommendations of the proctor, the Department Chairperson shall then review the medical records of the patient(s) treated by the practitioner being proctored and shall:

1. Intervene and adjudicate the conflict if the proctor and the practitioner disagree as to what constitutes appropriate care for a patient;
2. Review the case for possible referral to the peer review committee;
3. Recommend to Medical Executive Committee that:
   a. Additional or revised proctoring requirements be imposed upon the practitioner;
   b. Corrective action be undertaken pursuant to applicable corrective action procedures.

E. The Department Chairperson will review both the case-specific and aggregate data and provide the CC with an interpretation as to whether a practitioner's performance was acceptable, in need of further data to complete the evaluation or unacceptable.

RESPONSIBILITIES OF MEDICAL STAFF OFFICE:

Medical Staff Office shall assure that the following steps are taken.

A. Direct correspondence to the practitioner being proctored and to the assigned proctor containing the following information:

1. A copy of the privilege form of the practitioner being proctored
2. The name, address and telephone numbers of the practitioner being proctored and the proctor
3. A copy of this FPPE Policy and Procedure
4. Proctoring forms to be completed by the Proctor

B. Provide information to appropriate hospital units/departments about practitioners being proctored including the name of the proctor and a supply of proctoring forms as needed.

C. Contact both the proctor and practitioner being proctored on a monthly basis to ensure that proctoring and chart reviews are being conducted as required.

D. Submit a report to the CC and EMC related to proctorship activity for all practitioners being proctored every six months.

RESPONSIBILITIES OF THE CREDENTIALS COMMITTEE:

The Credentials Committee shall:

A. Receive regular status reports related to the progress of all practitioners required to be proctored as well as any issues or problems involved in implementation of this policy and procedure if any issues or problem arise. The Department Chair will make recommendation to the Credentials Committee as appropriate.

PROCEDURE:

The specifics steps needed to perform proctoring by the proctor and practitioner undergoing proctoring are outlined in table below:

TASK	ACTIVITY	TIMEFRAME	RESPONSIBILITY
Determination of Proctoring Period/Volume and Methods	Applicant's FPPE plan based on his/her experience and available data and trending	At the time privileges are recommended by the Department Chair	Department Chair
Proctor Assignments	Members from appropriate specialty are contacted	Prior to privileges granted by Board	Department Chair
Initiation of proctoring	Proctor and practitioner informed of proctoring plan	At orientation and activation of privileges	Department Chair and Medical Staff Office

Scheduling of proctoring sessions	Proctor and practitioner determine schedule if concurrent methods are used	Within one week following privilege activation	Proctor and Practitioner
Distribution of proctoring forms	Forms for proctoring sent to proctor	Prior to or at the time privileges are activated	Medical Staff Office
Completion of proctoring forms	Proctor submits completed forms to Medical Staff Office	Ongoing for duration of proctoring period	Proctor or Practitioner
Notify Department Chair of any evolving issues	Medical Staff Office reviews proctoring forms and alerts the Department Head if there are negative ratings or comments	As needed for the duration of the proctoring period	Proctor and Medical Staff Office
Proctoring Chart Audits	Staff performs audits required by proctoring plan and submits data to Medical Staff Office (and to the Department Chair if negative information is identified during audits)	Ongoing for duration of proctoring period	Appropriate staff
Department Chair Recommendation	Department Chair provide Medical Staff Office (MSO transmits to the Credentials Committee) with assessment of proctoring data and recommendation to end or extend proctoring or terminate privileges	Any time for during initial proctoring plan proctor's raise substantial concerns or proctor reports as submitted raise concerns, Medical Staff Office will contact Department Chair to develop action plan	Proctor, Department Chair and Medical Staff Office
Final Recommendations and Decision-making	Credentials Committee reviews proctor data and Department Chair recommendation and submits recommendation to Medical Executive Committee. Medical Executive Committee submits recommendation to the Joint Conference and Professional Affairs Committee	At next scheduled meetings of the Medical Executive Committee and the Joint Conference and Professional Affairs Committee	Medical Staff Office, Credentials Committee, Medical Executive Committee, and Joint Conference and Professional Affairs Committee

REFERENCES:

Medical Staff Rules and Regulations, Section IX, Proctorship and FPPE/OPPE

RECISION(S):

Policy A-MS400 Focused Professional Practice Evaluation made effective 06/08/2018.

ATTACHMENTS:

I. Focused Professional Practice Evaluation Plan
II. Department Review and Medical Staff Committee Approval Form

ATTACHMENT I

FOCUSED PROFESSIONAL PRACTICE EVALUATION PLAN		
Practitioner: _____ Dates Privileges Assigned: _____ Department: _____ Specialty: _____		
PLANNED TIME PERIOD[1]	**SOURCES OF DATA[2]**	**WHAT IS TO BE EXPECTED[3]**
	☐ Documented personal interaction with practitioner ☐ Documented discussion(s)/interview(s) with other individuals interacting with practitioner ☐ Chart audit(s) by non-medical staff ☐ Chart review by proctor ☐ Monitoring clinical practice patterns proctoring ☐ Simulation ☐ External review	
	☐ Documented personal interaction with practitioner ☐ Documented discussion(s)/interview(s) with other individuals interacting with practitioner ☐ Chart audit(s) by non-medical staff ☐ Chart review by proctor ☐ Monitoring clinical practice patterns proctoring ☐ Simulation ☐ External review	
	☐ Documented personal interaction with practitioner ☐ Documented discussion(s)/interview(s) with other individuals interacting with practitioner ☐ Chart audit(s) by non-medical staff ☐ Chart review by proctor ☐ Monitoring clinical practice patterns proctoring ☐ Simulation ☐ External review	
	☐ Documented personal interaction with practitioner ☐ Documented discussion(s)/interview(s) with other individuals interacting with practitioner ☐ Chart audit(s) by non-medical staff ☐ Chart review by proctor ☐ Monitoring clinical practice patterns proctoring ☐ Simulation ☐ External review	
[1]Insert time period for evaluation (e.g., 1 month, 3 months, 6 months) [2]Check all sources of data to be used [3]Insert number of cases and types of cases (BE SPECIFIC: e.g. first 10 admissions; 2 major or high risk procedures such as....)		

FPPE Plan Developed by Department Chairperson: _____
(PRINT NAME)

Signature: _____ Date: _____

ATTACHMENT II

DEPARTMENT REVIEW AND MEDICAL STAFF COMMITTEE APPROVAL
FOCUSED PROFESSIONAL PRACTICE EVALUATION

Practitioner: _____ Dates Privileges Assigned: _____

Department: _____ Specialty: _____

SOURCES OF DATA USED *(check all that apply)*

- ❑ Documented personal interaction with practitioner
- ❑ Documented discussion(s)/interview(s) with other individuals interacting with practitioner
- ❑ Chart audit(s) by non-medical staff
- ❑ Stimulation
- ❑ Chart review by proctor
- ❑ Monitoring clinical practice patterns proctoring
- ❑ External review

DEPARTMENT EVALUATION *(check one box)*

❑ **Satisfactory Completion**
Based on utilization of the method(s) indicated above and review of the proctor and departmental report(s), the practitioner demonstrated the ability and competency to perform effectively and has satisfactorily completed the FPPE Plan. The practitioner may continue privileges.
Comments: _____

❑ **NOT Satisfactorily Completed**
Based on utilization of the method(s) indicated above and review of the proctor and departmental report(s), the practitioner has not demonstrated the ability and competency to perform effectively and has not satisfactorily completed the FPPE Plan.

The following is recommended *(select one)*:

- ❑ Satisfactory completion of supplementary FPPE Plan *(attached)*
- ❑ Voluntary relinquishment of privileges for failure to comply with FPPR Plan
- ❑ Restriction of privileges _____
- ❑ Revocation of privileges _____

Comments: _____

_____ _____ _____

PRINT: Department Chairperson **Signature** **Date**

CREDENTIALS COMMITTEE *(Check one box)* Meeting Date: _____

- ❑ Concur with department evaluation
- ❑ Do NOT concur with department evaluation _____

_____ _____ _____

PRINT: Credentials Chairperson **Signature** **Date**

MEDICAL EXECUTIVE COMMITTEE *(Check one box)*

Meeting Date: _____

- ❑ Approve Credentials Committee recommendation
- ❑ Do NOT approve Credentials Committee recommendation _____

_____

_____	_____	_____
PRINT: MEC President	**Signature**	**Date**

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

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

Submitted by Department/Committee: Medical Executive Committee

☐ Bylaws ☐ Rules & Regulations ☐ Policies & Procedures ☐ Rescinding

Policy Number	Policy Title	Justification (If rescinding)
A-MS600	Determination of Death	

Reviewed/Endorsed	**Date**	**Signature**
	11/26/2025	
	Jeffrey Cruz, M.D. *Vice President, Medical Executive Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	Joleen Aguon, M.D. *Interim, Hospital Administrator/CEO*	
Reviewed/Endorsed	**Date**	**Signature**
	Joleen Aguon, M.D. *Chairperson, Executive Management Council*	
Reviewed/Endorsed	**Date**	**Signature**
	9/2/2026	Ramona Domen
	Ramona Domen, PhD./APRN-CRNA *Chairperson, BOT-Joint Conference and Professional Affairs Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	Sharon J. Davis *Chairperson, Board of Trustees*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	

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

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

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

Submitted by Department/Committee: Medical Executive Committee

☐ Bylaws ☐ Rules & Regulations ☐ Policies & Procedures ☐ Rescinding

Policy Number	Policy Title	Justification (If rescinding)
A-MS600	Determination of Death	

Reviewed/Endorsed	**Date**	**Signature**
	10/29/2025	
	Jeffrey Cruz, M.D. *Vice President, Medical Executive Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	3/13/2026	
	Joleen Aguon, M.D. *Chairperson, Executive Management Council*	
Reviewed/Endorsed	**Date**	**Signature**
	Michael Um, M.D. *Chairperson, BOT-Joint Conference and Professional Affairs Committee*	
Reviewed/Endorsed	**Date**	**Signature**
	Sharon J. Davis *Chairperson, Board of Trustees*	
Reviewed/Endorsed	**Date**	**Signature**
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	
Reviewed/Endorsed	**Date**	**Signature**
	Name *Title*	

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

GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.:	PAGE:
Joleen Aguon, MD., Interim Hospital Administrator/CEO	Medical Staff	DRAFT	A-MS600	1 of 2
TITLE: DETERMINATION OF DEATH				
LAST REVIEWED/REVISED: 09/2017; 04/2018, 04/2024				
ENDORSED: MEC: 10/29/2025, EMC: 03/13/2026, JCPA: 08/04/2026, BOT _____				

PURPOSE

To establish guidelines for the determination of death.

POLICY

I. DEFINITION OF DEATH

Death may be declared in an individual who has sustained either:

- irreversible cessation of circulatory and respiratory functions; or
- irreversible cessation of all functions of the entire brain including the brainstem; or
- the essential requirements of this definition, whether applied to the cardiorespiratory system or brain, are both cessation of function and irreversibility.

II. DETERMINATION OF DEATH

A. A person may be pronounced dead by a physician who determines that there is irreversible cessation of spontaneous circulatory and respiratory functions based on Guam Law 10 GCA Health Safety CH. 83B Uniform Determination of Death (Cessation of Life).

B. A person may be also be pronounced dead if it is determined based on accepted medical standards from the American Academy of Neurology (AAN) that there is irreversible cessation of all functions of the entire brain including the brainstem by an attending physician and confirmed independently by a consulting physician.

III. NEUROLOGICAL CRITERIA FOR THE ESTABLISHING DEATH – CESSATION OF BRAIN FUNCTION:

The following clinical conditions must be met:

- Cerebral function must be absent;
- brainstem functions must be absent.

IV. IRREVERSIBILITY OF LOSS OF BRAIN FUNCTION

A. The cause of coma should be established and sufficient to account for the loss of brain function. Examples might include documented structural disease (massive intracranial hemorrhage or head trauma), or an irreversible systemic metabolic cause, such as, severe anoxia resulting from cardiopulmonary arrest.

B. Reversible condition (specifically hypothermia, [core temperatures less than 32°C] and drug intoxication must be excluded. If sufficient cause for coma cannot be established, excluding these reversible conditions, further laboratory testing for drug intoxication may be required as well as a more extended period of observation.

C. Loss of all brain function should persist for a period of twenty-four (24) hours.

REFERENCE:

Policy No. 6301-II E-5, Pronouncement of Death by Registered Nurse, of the Nursing Services Manual made effective September 28, 2012.

Guam Law 10 GCA Health Safety CH. 83B Uniform Determination of Death (Cessation of Life).

American Academy of Neurology (AAN) Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Practice Guideline as of website reviewed on 10/17/2025.
https://www.aan.com/Guidelines/Home/GuidelineDetail/1085?utm_source=chatgpt.com

RESCISSION:

Policy No. 6170-1, Determination of Death, of the GMHA Administrative Manual made effective June 17, 1992.

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BOARD OF TRUSTEES
Official Resolution No. 2026-56

"RESOLUTION RELATIVE TO APPROVING AND ADOPTING THE PROPOSED PERSONNEL RULES AND REGULATIONS FOR THE GUAM MEMORIAL HOSPITAL AUTHORITY"

WHEREAS, 10 GCA § 80109 (f) gives the Guam Memorial Hospital Authority ("GMHA") or ("Authority") the power to establish its internal organization and management;

WHEREAS, 10 GCA § 80113, the Board of Trustees ("BOT") shall establish and administer, under and pursuant to, its own lawful powers, rules and regulations governing the compensation and classification of health and administrative professionals of the hospital, without being subject to the provisions of the Administrative Adjudication Law ("AAL");

WHEREAS, 10 GCA § 80110 (c) (10) the Hospital Administrator/CEO shall have full charge and control of the operations and maintenance of GMHA, including the power to plan, organize, coordinate, and control the services of the Hospital's employees, in the exercise of the powers of the Hospital, under the general direction of the BOT;

WHEREAS, the Board of Trustees has, in past meetings and through lawful action, granted authority to the Hospital Administrator/CEO to organize and establish internal organization and management, and or has instructed or ratified the Hospital Administrator/CEO's actions taken with regard to hospital personnel;

WHEREAS, 10 GCA § 80112 provides that no provision of any law with respect to employment of personnel, shall be applicable to the GMHA unless *I Liheslaturan Guåhan* shall specifically state; provided, however, that GMHA may utilize in its operations the procedures and facilities provided by any such law or by the executive agencies of the government of Guam;

WHEREAS, 10 GCA § 80109 (o) authorizes GMHA to do any and all other things necessary to the full and convenient use of its powers;

WHEREAS, GMHA's existing Personnel Rules and Regulations require a comprehensive overhaul and modernization to align with current healthcare industry standards, statutory mandates, and operational necessities; and

WHEREAS, a finalized draft of the Proposed Personnel Rules and Regulations has been thoroughly developed and submitted to the Board of Trustees for review and formal approval to ensure operational efficiency, regulatory compliance, and consistent administrative governance; and

WHEREAS, the Board of Trustees desires to formally adopt and approve the Proposed Personnel Rules and Regulations to govern all employment, compensation, classification, and administrative operations across the Authority;

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NOW, THEREFORE, BE IT RESOLVED THAT, the Board of Trustees does hereby formally approve and adopt the Proposed Personnel Rules and Regulations for the Guam Memorial Hospital Authority, subject to full compliance with the statutory rulemaking and administrative adjudication requirements under 5 GCA Chapter 9 and Title 4 of the Guam Code Annotated; and

BE IT FURTHER RESOLVED THAT, the Board of Trustees authorizes and instructs the Hospital Administrator/CEO to submit the proposed Personnel Rules and Regulations concurrently to the Department of Administration (DOA) for review and written statement of approval pursuant to 5 GCA § 9301(d)-(e), Governor of Guam and to the Office of the Attorney General (OAG) for review; and

BE IT FURTHER RESOLVED THAT, upon review and receipt of the written statement of approval from the Department of Administration, Governor of Guam, and OAG, the Hospital Administrator/CEO, is authorized to transmit the final proposed Personnel Rules and Regulations, alongside the completed administrative record to *I Liheslaturan Guåhan* for legislative consideration pursuant to 5 GCA § 9301(e); and

BE IT FURTHER RESOLVED THAT, upon successful completion of the legislative review process and final enactment pursuant to law, the newly adopted Personnel Rules and Regulations shall take effect and shall supersede and replace all prior personnel rules, administrative orders, and conflicting personnel policies previously enacted by the Authority.

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES
Official Resolution No. 2026-57

"RELATIVE TO THE AMENDMENT OF THE LONG-TERM CARE ADMINISTRATOR AND THE ESTABLISHMENT OF THE LONG-TERM CARE ASSISTANT ADMINISTRATOR FOR THE SKILLED NURSING FACILITY (SNF) "

WHEREAS, the amendment of the Long-Term Care Administrator strengthens and clarifies the classification to more accurately reflect the position's overarching responsibility and authority for administering the SNF; and

WHEREAS, the establishment of the Long-Term Care Assistant Administrator will enhance operational leadership and ensure the sustained delivery of high-quality services in the SNF; and

WHEREAS, both the Long-Term Care Administrator and Long-Term Care Assistant Administrator have designations within the Unclassified Service; and

WHEREAS, the transparency and disclosure requirements for the creation and amendment of the positions have been fulfilled; and

WHEREAS, the proposed class specifications of the positions are Guam Memorial Hospital Authority (GMHA) specific and do not affect any other agency outside the Authority; and

WHEREAS, the Executive Management Council on July 14, 2026 voted to move forward with the amendment and establishment of positions for SNF; and

WHEREAS, the Human Resources Subcommittee on August 18, 2026 recommended approval to accept the Interim Hospital Administrator/CEO's petition to create and establish the Long-Term Care Assistant Administrator and amend the Long-Term Care Administrator; 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, and be it further

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

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanna D. Lobaton
Secretary

LONG-TERM CARE ADMINISTRATOR (SNF)
(UNCLASSIFIED)

NATURE OF WORK IN THIS CLASS:

The Long-Term Care Administrator serves as the head of the Skilled Nursing Facility (SNF) at Guam Memorial Hospital Authority (GMHA), providing leadership and strategic direction to ensure the integration, coordination, and effective performance of the facility's programs, services, and operations. Appointed by resolution of the GMHA Board of Trustees, this position reports directly to and is accountable to the GMHA Board of Trustees and is responsible for all aspects of facility governance, regulatory compliance, resident care systems, staffing, Quality Assurance and Performance Improvement (QAPI) activities, survey readiness, and corrective-action progress.

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.)

Oversees administrative, clinical, facilities, compliance, and operational functions, leading strategic initiatives that promote excellence, collaboration, and continuous improvement across the SNF.

Leads the implementation of resident care strategies by setting executive priorities for strategic planning, development, and resource coordination to achieve organizational goals and enhance standards of care.

Ensures the planning, implementation, and evaluation of nursing services to optimize resident quality of life and quality of care, integrating resident rights into all aspects of care.

Maintains facility compliance with current healthcare regulations and standards. Monitors and evaluates all programs, policies, and procedures to verify effectiveness and drive high-quality organizational performance.

Fosters collaboration with healthcare teams to coordinate the development and evaluation of resident care goals and policies, ensuring alignment with organizational objectives and the standards of care.

Oversees various federally regulated documentation and clinical requirements, ensuring compliance, quality assurance, and continuous improvement in the administration of the Minimum Data Set (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.

Maintains fiscal accountability and management of the SNF in conjunction with Hospital Administration/CEO and Fiscal Services.

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.

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 in a healthcare environment; 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 in a healthcare environment; 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:

Active license to practice as a Nursing Home Administrator by the Guam Board of Allied Health Examiners.

ESTABLISHED: June 01, 2017
AMENDED: September 30, 2021; August 31, 2026

PAY GRADE/PLAN: S/General Pay Plan

HAY EVALUATION:

KNOW HOW	F II 3	400
PROBLEM SOLVING	F 4 (50%)	200
ACCOUNTABILITY	E 4 S	264
TOTAL POINTS:		864

for **Sharon J. Davis, Chairperson**
GMHA Board of Trustees

Long-Term Care Assistant Administrator (SNF)
(UNCLASSIFIED)

NATURE OF WORK IN THIS CLASS:

The Long-Term Care Assistant Administrator is responsible for ensuring effective operations within the Skilled Nursing Facility (SNF) by providing leadership and strategic direction in accordance with federal and local laws and other regulatory requirements. This position is accountable for integrating, coordinating, and delivering programs and services to ensure compliance with quality assurance and performance standards.

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.)

Supports the Long-Term Care Administrator by overseeing, coordinating, and monitoring all operational functions of the SNF. Provides leadership in optimizing processes, resource utilization, and service delivery to uphold regulatory standards and organizational objectives.

Maintains compliance with federal, local, and applicable regulatory requirements. Monitors and enforces adherence, ensuring operations alignment with regulations and policies. Supports audit processes, survey preparation, development of corrective action plans, and policy maintenance.

Leads and coordinates designated personnel to achieve strategic goals and departmental objectives. Provides training and guidance to ensure compliance with the highest standards of care.

Fosters collaboration within the SNF and Guam Memorial Hospital to improve communication, address operational challenges, and maintain a resident-centered care environment.

Prepares data-driven reports, maintains comprehensive facility records, coordinates Quality Assurance and Performance Improvement (QAPI), and assists the Long-Term Care Administrator in implementing quality improvement and strategic operational initiatives.

Performs related work as assigned.

MINIMUM KNOWLEDGE, ABILITIES, AND SKILLS:

Knowledge in Long-Term Care operational standards and compliance expectations governing resident care, facility processes, documentation practices, and safety protocols.

Knowledge of Centers for Medicare and Medicaid Services, Health Insurance Portability and Accountability Act, and other applicable governing requirements and regulations.

Knowledge of trends and current developments that will contribute to and support the success of operational excellence in a healthcare setting.

Knowledge of quality improvement methodologies and techniques to identify opportunities, implement solutions, and enhance operational efficiency.

Ability to interpret and apply pertinent laws, rules, regulations, and program guidelines to make sound management decisions.

Ability to direct and perform administrative, consultative, and managerial functions towards a medium to large team within a hospital setting.

Ability to compile, analyze, and interpret complex data to support informed decision-making to achieve targeted objectives.

Ability to establish and maintain effective working relationships with internal and external personnel.

Ability to communicate, both orally and in writing.

MINIMUM EXPERIENCE AND TRAINING:

A. Bachelor's degree in Public Health Administration, Health Care Administration, Health Science, Public Administration, Business Administration, or a related field; and three (3) years of experience in hospital or nursing home administration, including two (2) years in a supervisory or administrative role within a healthcare setting; or

B. Master's degree in Long-Term Care Administration, Public Health Administration, Health Care Administration, Health Science, Public Administration, Business Administration, or a related field; and two (2) years of experience in hospital or nursing home administration, including one (1) year in a supervisory or administrative role within a healthcare setting.

NECESSARY SPECIAL QUALIFICATIONS:

Must obtain a license to practice as a Nursing Home Administrator from the Guam Board of Allied Health Examiners.

ESTABLISHED: August 31, 2026

PAY GRADE/PLAN: R/General Pay Plan

HAY EVALUATION

KNOW HOW	E+ II 3	350
PROBLEM SOLVING	E 4 (43%)	152
ACCOUNTABILITY	D+ 4 S	200
TOTAL POINTS:		702

for **Sharon J. Davis, Chairperson**
GMHA Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES
Official Resolution No. 2026-58

"RELATIVE TO ESTABLISHMENT OF THE HOSPITAL LOGISTICIAN POSITION FOR THE MATERIALS MANAGEMENT DEPARTMENT WITHIN THE OPERATIONS DIVISION"

WHEREAS, the creation of this position is centered on identifying personnel who can efficiently coordinate medical and non-medical supplies, equipment, and materials hospital-wide, supporting patient care, emergency response, and overall hospital operations; and

WHEREAS, the Human Resources Office conducted the position classification study and submitted its recommendation to the Hospital Administrator/CEO to create the Hospital Logistician in the classified service; and

WHEREAS, the provisions of 4 GCA, Chapter 6 § 6303 (d)(2) - Transparency and Disclosure for the creation of the position have been met; and

WHEREAS, the proposed class specification of the position is Guam Memorial Hospital Authority (GMHA) specific and does not affect any other agency outside the Authority; and

WHEREAS, the Executive Management Council on July 14, 2026 voted to move forward with the creation of the Hospital Logistician; and

WHEREAS, the Human Resources Subcommittee on July 14, 2026, recommended approval to accept the Interim Hospital Administrator/CEO's petition to create and establish the Hospital Logistician; now therefore be it

RESOLVED, that the GMHA Board of Trustees accepts the Human Resources Subcommittee's recommendation and approves the attached proposed class specification for the Hospital Logistician, and be it further

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

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanna D. Lobaton
Secretary

Hospital Logistician

NATURE OF WORK IN THIS CLASS:

This professional work supports patient care, emergency response, and hospital operations by coordinating medical and non-medical supplies, equipment, and materials within the Materials Management Department at Guam Memorial Hospital Authority (GMHA).

Employees in this class monitor inventory, maintain accurate records, support emergency and surge supply needs, and collaborate with internal and external stakeholders to maintain operational readiness.

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.)

Coordinates inventory forecasting and monitoring within assigned activities to ensure uninterrupted hospital operations. Reviews supply usage, stock levels, backorders, expiration dates, and consumption trends. Oversees distribution activities within assigned activities to resolve logistics issues and maintain service continuity promptly.

Tracks the movement and accountability of equipment and supplies, and coordinates asset management activities to maintain accurate control, documentation, and uninterrupted hospital operations.

Collaborates effectively with departments and vendors to coordinate logistics activities and support continuous supply availability.

Analyzes logistics and inventory for assigned activities; prepares reports to support operational planning, resource utilization, and cost-efficient decision-making.

Develops improvement strategies for assigned activities to strengthen procurement planning, inventory management, and supply chain efficiency.

Monitors adherence to healthcare regulations, accreditation standards, and internal policies related to logistics and supply chain management.

Performs related work as assigned.

MINIMUM KNOWLEDGE, ABILITIES, AND SKILLS:

Knowledge of inventory management, supply chain operations, and related procurement processes in a healthcare setting.

Knowledge of operational processes involved in the lifecycle management of supplies, equipment, and materials.

Knowledge of computer systems and applications used to manage inventory, ordering, and supply chain activities.

Ability to recognize operational issues, analyze contributing factors, and implement timely and effective solutions.

Ability to interpret and apply relevant laws, regulations, accreditation standards, and policies governing materials management functions.

Ability to gather and analyze operational data and prepare informative reports.

Ability to establish and maintain effective working relationships with internal and external stakeholders.

Ability to communicate effectively, both verbally and in writing.

MINIMUM EXPERIENCE AND TRAINING:

A. Bachelor's degree in logistics, supply chain management, business administration, or related field from a recognized educational institution; or

B. Three (3) years of professional experience in supply chain operations; or

C. Any equivalent combination of experience and training that provides the minimum knowledge, abilities, and skills.

ESTABLISHED: August 31, 2026

PAY GRADE/PLAN: L/General Pay Plan

HAY EVALUATION

KNOW HOW	D+ I 2	175
PROBLEM SOLVING	D 3 (33%)	57
ACCOUNTABILITY	D 1 C	66
TOTAL POINTS:		298

for **Sharon J. Davis, Chairperson**
GMHA Board of Trustees

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BOARD OF TRUSTEES
Official Resolution No. 2026-59

"RESOLUTION RELATIVE TO DIRECTING THE HUMAN RESOURCES DEPARTMENT TO PERFORM A HOSPITAL WIDE WAGE ANALYSIS, MODERNIZE POSITIONS AND ESTABLISHING MIGRATION PROCEDURES FOR QUALIFIED INCUMBENTS"

WHEREAS, 10 GCA § 80109 (f) gives the Guam Memorial Hospital Authority ("GMHA") the power to establish its internal organization and management;

WHEREAS, 10 GCA § 80113, the Board of Trustees ("BOT") shall establish and administer, under and pursuant to, its own lawful powers, rules and regulations governing the compensation and classification of health professionals of the hospital, without being subject to the provisions of the Administrative Adjudication Law ("AAL");

WHEREAS, 10 GCA § 80110 (c) (10) the Hospital Administrator/CEO shall have full charge and control of the operations and maintenance of GMHA, including the power to plan, organize, coordinate, and control the services of the Hospital's employees, in the exercise of the powers of the Hospital, under the general direction of the BOT;

WHEREAS, the Board of Trustees has, through its adoption of BOT Resolution No. 2026-45, granted authority to the Hospital Administrator/CEO to organize and establish internal organization and management, and has instructed or ratified the Hospital Administrator/CEO's actions taken with regard to health professionals;

WHEREAS, 10 GCA § 80112 provides that no provision of any law with respect to employment of personnel, shall be applicable to the GMHA unless *I Liheslaturan Guåhan* shall specifically state; provided, however, that GMHA may utilize in its operations the procedures and facilities provided by any such law or by the executive agencies of the government of Guam;

WHEREAS, 10 GCA § 80109 (o) authorizes GMHA to do any and all other things necessary to the full and convenient use of its powers;

WHEREAS, GMHA's existing positions, many of which rely on historic standard descriptions maintained by the Department of Administration (DOA) or Civil Service Commission (CSC), require modernization and tailoring to align with healthcare standards and operational necessities; and

WHEREAS, forcing incumbent employees who are successfully performing current operational duties to undergo an open-competitive recruitment process solely due to administrative position creation, title modernization, or pay grade amendment creates operational disruption, administrative inefficiency, and retention risks; and

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WHEREAS, the Board of Trustees desires to establish a clear mandate directing the Human Resources department to modernize job standards and position descriptions and directly slot qualified incumbent employees into newly created or amended positions;

NOW, THEREFORE, BE IT RESOLVED THAT, the Board of Trustees does hereby empower and direct the Human Resources department, under the direction of the Hospital Administrator/CEO, perform a hospital wide wage analysis and to pursue the creation, updating, and amending of hospital personnel positions to reflect modern operational, clinical, and administrative requirements tailored to GMHA;

BE IT FURTHER RESOLVED THAT, the Board of Trustees authorize and instruct the Human Resources department to process the placement of existing qualified incumbents into newly created or amended positions via direct slot-in/reallocation procedures in accordance with Guam statutes and regulations, provided that the incumbent meets the minimum qualification standards of the newly created or amended position;

BE IT FURTHER RESOLVED THAT, this Resolution are Board-driven initiatives executed pursuant to the Board's statutory rulemaking and organizational authority under 10 GCA Chapter 80.

BE IT FURTHER RESOLVED THAT, a copy of this Resolution be transmitted to the Hospital Administrator/CEO, the Personnel Services Administrator, and posted appropriately within the Authority.

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
SKILLED NURSING FACILITY MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
Sharon J. Davis, Governing Body Chairperson	Governing Body	08/18/2026	6580-A1	1 of 1
TITLE: GOVERNING BODY				
LAST REVIEWED/REVISED: 08/2026				
ENDORSED: BOT __/2026				

PURPOSE:

To define the Governing Body's responsibilities for facility operations, administrator appointment and accountability, regulatory compliance, and quality assurance and performance improvement.

POLICY:

The Governing Body is legally responsible for establishing and implementing policies regarding the management and operation of the facility.

The Governing Body shall appoint and maintain an administrator who is licensed as a Nursing Home Administrator in the Territory of Guam by the Guam Board of Allied Health Examiners, is responsible for management of the facility, and reports to and is accountable to the Governing Body.

The Governing Body is responsible and accountable for the facility's Quality Assurance and Performance Improvement program in accordance with 42 CFR § 483.75(f).

RESCISSION:

Policy 6580-A1, *Governing Body* of the GMHA Skilled Nursing Facility Manual made effective July 2009.

REFERENCES:

Centers for Medicare and Medicaid Services: 42 CFR 483.70, Administration. https://www.ecfr. gov/current /title-42/section-483.70

Centers for Medicare and Medicaid Services: 42 CFR 483.75, Quality assurance and performance improvement. https://www.ecfr.gov/current/title-42/section-483.75

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BOARD OF TRUSTEES

Official Resolution No. 2026-60

"RESOLUTION ESTABLISHING THE APPOINTMENT OF A LICENSED NURSING HOME ADMINISTRATOR"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board of Trustees ("Board"), acting as the Governing Body, recognizes the importance of appointing a properly licensed Nursing Home Administrator ("LNHA") who is responsible and accountable to the Governing Body for the management and operation of the Facility;

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby appoints the following individual as the Facility's Licensed Nursing Home Administrator, subject to applicable Guam licensing requirements:

Name of Licensed Nursing Home Administrator:
_____

License Number: _____
License Expiration Date: _____

Effective Date of Appointment: _____

BE IT FURTHER RESOLVED, that the LNHA shall be responsible for the management and operation of the Facility and shall report directly to and be accountable to the Board, as the Governing Body;

BE IT FURTHER RESOLVED, that the Board shall maintain documentation verifying the LNHA's current licensure and appointment and shall ensure that the appointment, reporting

relationship, and scope of authority remain consistent with applicable Federal and Guam requirements;

BE IT FURTHER RESOLVED, that the **Board of Trustees Quality, Safety, and Compliance Subcommittee** shall assist the Board in monitoring matters relating to the Facility's quality, safety, regulatory compliance, corrective actions, and other matters relevant to the LNHA's responsibilities and accountability to the Governing Body;

BE IT FURTHER RESOLVED, that the Board directs that **Bylaws governing the appointment, authority, responsibilities, reporting relationship, and accountability of the LNHA shall be developed and presented to the Board for adoption**, consistent with applicable Federal and Guam requirements;

BE IT FURTHER RESOLVED, that until such Bylaws are adopted, the requirements established by this Resolution shall remain in effect; and

BE IT FURTHER RESOLVED that this Resolution and supporting documentation of the LNHA's appointment shall be maintained as part of the Facility's governance and compliance records to demonstrate compliance with the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

As:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
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BOARD OF TRUSTEES

Official Resolution No. 2026-61

"RESOLUTION ESTABLISHING DIRECT REPORTING AND ACCOUNTABILITY REQUIREMENTS FOR THE LICENSED NURSING HOME ADMINISTRATOR"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring the Governing Body to establish a written process requiring the Licensed Nursing Home Administrator ("LNHA") to report directly to the Governing Body regarding facility operations, regulatory compliance, resident care systems, staffing, Quality Assurance and Performance Improvement ("QAPI") activities, survey readiness, and corrective action progress; and

WHEREAS, the Board of Trustees recognizes the need for a clear and direct reporting relationship between the LNHA and the Governing Body to ensure effective oversight, accountability, regulatory compliance, resident safety, and quality of care;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees hereby establishes a **direct reporting and accountability process** requiring the LNHA to report directly to the Full Board of Trustees, as the Governing Body;

BE IT FURTHER RESOLVED, that the LNHA shall provide the Board with a **written report monthly**, or more frequently as circumstances warrant, addressing facility operations, regulatory compliance, resident care systems, staffing, QAPI activities, survey readiness, corrective action progress, and significant matters requiring Board awareness or action;

BE IT FURTHER RESOLVED, that the LNHA shall provide an oral report at regularly scheduled Board meetings and shall be available to respond directly to questions from the Board;

BE IT FURTHER RESOLVED, that LNHA reports and presentations shall be appropriately documented in the official records or minutes of the Board, including significant findings, recommendations, and actions or direction taken by the Board;

BE IT FURTHER RESOLVED, that the LNHA shall have the opportunity to communicate directly with the Board regarding significant concerns relating to resident care, safety, staffing, regulatory compliance, facility operations, or other matters within the LNHA's responsibility;

BE IT FURTHER RESOLVED, that the **Quality, Safety, and Compliance Subcommittee** shall assist the Board in monitoring matters reported by the LNHA, including quality, safety, compliance, QAPI activities, survey readiness, and corrective action progress;

BE IT FURTHER RESOLVED, that the appropriate **Bylaws and/or governing documents shall be developed and presented to the Board for adoption** to formally establish and memorialize the LNHA's direct reporting relationship, responsibilities, accountability to the Governing Body, reporting frequency, required content, communication procedures, and documentation requirements;

BE IT FURTHER RESOLVED that this Resolution and the subsequently adopted governing documents shall be maintained as part of the Facility's governance and compliance records to demonstrate compliance with the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

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BOARD OF TRUSTEES

Official Resolution No. 2026-62

"RESOLUTION ESTABLISHING AN INTERIM MANAGEMENT PLAN PENDING APPOINTMENT OF A LICENSED NURSING HOME ADMINISTRATOR"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board of Trustees ("Board"), acting as the Governing Body, recognizes the need for continuous, legally responsible administrative oversight of the Facility during any period in which a permanent Licensed Nursing Home Administrator ("LNHA") has not yet been appointed;

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby directs GMHA Administration and Human Resources Department to **develop a written Interim Management Plan** to ensure continuous administrative oversight and effective operation of the Facility during any period in which a permanent LNHA has not yet been appointed;

BE IT FURTHER RESOLVED, that the proposed Interim Management Plan shall identify the individual responsible for daily operational oversight, the licensed administrator consultant or interim LNHA, if applicable, the frequency of onsite or remote administrative oversight, procedures for escalating significant operational, resident care, safety, or regulatory concerns, and the Board's role in monitoring progress toward the appointment of a permanent LNHA;

BE IT FURTHER RESOLVED, that the proposed Interim Management Plan shall clearly define the authority, duties, and responsibilities of the individual designated to provide interim oversight as necessary to maintain the Facility's operations and compliance with applicable Federal and Guam requirements;

BE IT FURTHER RESOLVED, that the proposed Interim Management Plan shall be reviewed by the **Board of Trustees Quality, Safety, and Compliance Subcommittee**, which shall provide recommendations to the Board regarding the Plan's adequacy and compliance with applicable requirements;

BE IT FURTHER RESOLVED, that the **Interim Management Plan shall be presented to the Board for formal review, approval, and adoption prior to implementation**, and any subsequent material amendments or revisions to the Plan shall likewise be presented to the Board for formal approval and adoption;

BE IT FURTHER RESOLVED, that the Board shall receive periodic updates regarding the status of the permanent LNHA appointment and shall take appropriate action to address delays, barriers, or risks affecting the Facility's continued administrative oversight;

BE IT FURTHER RESOLVED, that GMHA Administration and Human Resources Department shall develop proposed **Bylaw provisions** addressing the Interim Management Plan, including interim administrative authority, oversight responsibilities, reporting requirements, escalation procedures, and Governing Body monitoring, and such proposed Bylaw amendments shall be presented to the Board for **formal review, approval, and adoption** in accordance with applicable requirements governing amendments to the Bylaws;

BE IT FURTHER RESOLVED, that **no Interim Management Plan, Bylaw amendment, or related governing document developed pursuant to this Resolution shall be considered finally adopted or effective solely by virtue of its preparation or review**, but shall be subject to formal approval and adoption by the Board, as applicable;

BE IT FURTHER RESOLVED, that following formal approval and adoption by the Board, the Interim Management Plan and any related Bylaw amendments shall be implemented in accordance with their terms and applicable Federal and Guam requirements; and

BE IT FURTHER RESOLVED that the approved Interim Management Plan, Bylaw amendments, Board approvals, and related documentation shall be maintained as part of the Facility's governance and compliance records to demonstrate implementation of the corrective actions required by the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
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BOARD OF TRUSTEES

Official Resolution No. 2026-63

"RESOLUTION TO REVIEW AND REVISE GOVERNING BODY POLICIES REGARDING FACILITY ADMINISTRATION AND ACCOUNTABILITY"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board of Trustees ("Board"), acting as the Governing Body, recognizes the need to ensure that the Facility's governing policies and related governing documents clearly establish the Board's responsibilities for the management and operation of the Facility, including the appointment, oversight, and accountability of a properly licensed Nursing Home Administrator ("LNHA"); and

WHEREAS, the Board recognizes that such policies, plans, Bylaw provisions, and other governing documents must accurately reflect the Governing Body's responsibilities and be consistent with applicable Federal and Guam requirements;

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby directs GMHA Administration to **review and prepare proposed revisions** to the policy entitled "Governing Body" and any related policies, plans, procedures, Bylaws, or other governing documents addressing Facility administration, administrator appointment and accountability, regulatory compliance, and Quality Assurance and Performance Improvement ("QAPI");

BE IT FURTHER RESOLVED, that the proposed revisions shall clearly establish the Governing Body's responsibilities for establishing and implementing policies governing the management and operation of the Facility and for appointing an administrator who is properly licensed where required, responsible for Facility management, and directly accountable to the Governing Body;

BE IT FURTHER RESOLVED, that the proposed policies, plans, procedures, and other governing documents shall be consistent with applicable Federal and Guam requirements and shall

clearly address the Governing Body's oversight and accountability responsibilities regarding Facility administration, regulatory compliance, and QAPI;

BE IT FURTHER RESOLVED, that the **Board of Trustees Quality, Safety, and Compliance Subcommittee** shall review the proposed revisions and provide recommendations to the Board regarding their adequacy and compliance with applicable requirements;

BE IT FURTHER RESOLVED, that any proposed amendments or revisions to the **Bylaws** addressing the Governing Body's responsibilities for Facility administration, LNHA appointment and accountability, regulatory compliance, and QAPI oversight shall be presented to the Board for review and **formal approval and adoption** in accordance with applicable requirements governing amendments to the Bylaws;

BE IT FURTHER RESOLVED, that **no proposed policy, plan, procedure, Bylaw amendment, or other governing document developed pursuant to this Resolution shall be considered finally adopted or effective solely by virtue of its preparation or review**, but shall be presented to the Board for **formal approval and adoption**, as applicable, prior to implementation;

BE IT FURTHER RESOLVED, that following formal approval and adoption by the Board, the Facility shall implement the approved policies, plans, procedures, Bylaw amendments, and related governing documents and shall maintain appropriate documentation demonstrating such approval, adoption, and implementation as part of the Facility's governance and compliance records and in support of the corrective actions required by the CMS Directed Plan of Correction; and

BE IT FURTHER RESOLVED, that GMHA Administration is directed to present the proposed revisions and related documents to the Board for consideration and formal approval within a reasonable timeframe necessary to support timely compliance with the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

AS:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
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BOARD OF TRUSTEES

Official Resolution No. 2026-64

"RESOLUTION TO RECONSTITUTE THE BOARD OF TRUSTEES QUALITY AND SAFETY SUBCOMMITTEE AS THE QUALITY, SAFETY, AND COMPLIANCE SUBCOMMITTEE"

WHEREAS, the Board of Trustees ("Board") of the Guam Memorial Hospital Authority ("GMHA") maintains a Quality and Safety Subcommittee as a standing subcommittee to assist the Board in fulfilling its governance and oversight responsibilities relating to quality, safety, performance improvement, and identified deficiencies; and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction from CMS requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board recognizes the need for strengthened governing-body oversight of quality, safety, regulatory compliance, performance improvement, risk management, and corrective action, including Root Cause Analysis ("RCA"), monitoring, and prevention of recurring deficiencies; and

WHEREAS, the Board finds that reconstituting its Quality and Safety Subcommittee as the **Quality, Safety, and Compliance Subcommittee** will provide a more comprehensive framework for the Board's oversight of these matters;

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby renames and reconstitutes the **Board of Trustees Quality and Safety Subcommittee** as the **Board of Trustees Quality, Safety, and Compliance Subcommittee** ("Subcommittee");

BE IT FURTHER RESOLVED, that the Subcommittee shall continue the functions previously assigned to the Quality and Safety Subcommittee and shall assist the Board in overseeing matters relating to quality, safety, regulatory compliance, risk management, corrective action, and performance improvement, including the review and monitoring of regulatory findings, corrective action plans, Root Cause Analyses, Quality Assurance and Performance Improvement ("QAPI") activities, survey readiness, and significant risks or deficiencies, and shall report its findings, recommendations, and matters requiring Board action to the Board of Trustees.

BE IT FURTHER RESOLVED, that the Subcommittee shall provide periodic reports and recommendations to the Board regarding the Facility's quality, safety, compliance, QAPI activities, and progress in implementing and sustaining CMS-required corrective actions;

BE IT FURTHER RESOLVED, that the Subcommittee shall operate under the authority and direction of the Board and shall not assume the day-to-day administrative or operational responsibilities of GMHA management;

BE IT FURTHER RESOLVED, that the existing **Board of Trustees Quality and Safety Subcommittee Bylaws** shall be reviewed and **amended and revised as necessary** to reflect the reconstitution of the Subcommittee as the **Board of Trustees Quality, Safety, and Compliance Subcommittee**, including its updated composition, authority, duties, reporting responsibilities, meeting requirements, and procedures, consistent with applicable law and regulatory requirements;

BE IT FURTHER RESOLVED, that the proposed amendments and revisions to the existing Bylaws shall be presented to the Board of Trustees for review and formal adoption;

BE IT FURTHER RESOLVED, that until the amended and revised Bylaws are formally adopted by the Board, the existing Bylaws shall remain in effect to the extent they are not inconsistent with this Resolution, and the responsibilities established herein shall govern the reconstituted Subcommittee;

BE IT FURTHER RESOLVED, that all references to the "Quality and Safety Subcommittee" in the existing Bylaws and applicable Board or GMHA governance documents shall, upon adoption of this Resolution, be updated to reflect the **Board of Trustees Quality, Safety, and Compliance Subcommittee**, subject to the formal adoption of the corresponding Bylaw amendments.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
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BOARD OF TRUSTEES

Official Resolution No. 2026-65

"RESOLUTION ESTABLISHING A RECRUITMENT AND RETENTION PLAN FOR THE LICENSED NURSING HOME ADMINISTRATOR POSITION"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board of Trustees ("Board"), acting as the Governing Body, recognizes that the recurring nature of the LNHA deficiency requires a structured and sustained approach to the recruitment, appointment, and retention of a qualified and properly licensed Nursing Home Administrator ("LNHA");

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby directs GMHA Administration and the Human Resources Department to **develop a written Recruitment and Retention Plan for the LNHA position** designed to attract, select, appoint, and retain a qualified and properly licensed LNHA;

BE IT FURTHER RESOLVED, that the proposed Recruitment and Retention Plan shall establish recruitment sources and outreach efforts, position posting and recruitment timelines, responsible personnel, interview and selection procedures, applicable salary and benefit considerations, and escalation procedures when a qualified candidate is not selected within established timeframes;

BE IT FURTHER RESOLVED, that the proposed Recruitment and Retention Plan shall include ongoing retention strategies and contingency measures to ensure continuity of qualified administrative oversight in the event of an LNHA vacancy, resignation, leave, or termination;

BE IT FURTHER RESOLVED, that the **Board of Trustees Human Resources Subcommittee** shall review the proposed Recruitment and Retention Plan and provide recommendations to the Board regarding its adequacy, effectiveness, and compliance with applicable requirements;

BE IT FURTHER RESOLVED, that the **Recruitment and Retention Plan shall be presented to the Board for formal review, approval, and adoption prior to implementation**, and any subsequent material amendments or revisions to the Plan shall likewise be presented to the Board for formal approval and adoption;

BE IT FURTHER RESOLVED, that significant delays, barriers, or circumstances that may prevent the timely recruitment, appointment, or retention of a qualified LNHA shall be promptly escalated to the Board for appropriate action;

BE IT FURTHER RESOLVED, that the **Board of Trustees Quality, Safety, and Compliance Subcommittee** shall, as appropriate, monitor matters relating to regulatory compliance, corrective actions, and continuity of administrative oversight associated with the LNHA position and shall provide recommendations to the Board as necessary;

BE IT FURTHER RESOLVED, that GMHA Administration and Human Resources Department shall develop proposed **Bylaw provisions** governing the recruitment, retention, succession, vacancy, and accountability processes for the LNHA position, and such proposed Bylaw amendments shall be presented to the Board for **formal review, approval, and adoption** in accordance with applicable requirements governing amendments to the Bylaws;

BE IT FURTHER RESOLVED, that **no Recruitment and Retention Plan, Bylaw amendment, or related governing document developed pursuant to this Resolution shall be considered finally adopted or effective solely by virtue of its preparation or review**, but shall be subject to formal approval and adoption by the Board, as applicable;

BE IT FURTHER RESOLVED, that following formal approval and adoption by the Board, the Recruitment and Retention Plan and any related Bylaw amendments shall be implemented in accordance with their terms and applicable Federal and Guam requirements; and

BE IT FURTHER RESOLVED, that the approved Recruitment and Retention Plan, Bylaw amendments, Board approvals, and supporting documentation shall be maintained as part of the Facility's governance and compliance records to demonstrate implementation of the corrective actions required by the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
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BOARD OF TRUSTEES

Official Resolution No. 2026-66

"RESOLUTION DIRECTING THE DEVELOPMENT OF A SUCCESSION AND VACANCY COVERAGE PLAN FOR THE LICENSED NURSING HOME ADMINISTRATOR"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board of Trustees ("Board"), acting as the Governing Body, recognizes the need for a structured succession and vacancy process to prevent the Facility from operating without a properly licensed Nursing Home Administrator ("LNHA") and to ensure continuity of legally responsible administrative oversight;

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby directs GMHA Administration and Human Resources Department to **develop a written Succession and Vacancy Coverage Plan** for the LNHA position to ensure continuity of administrative oversight in the event of a vacancy, resignation, leave, termination, or other loss of the LNHA;

BE IT FURTHER RESOLVED, that the proposed Succession and Vacancy Coverage Plan shall establish the actions to be taken upon notice of an LNHA vacancy, including timely notification to the Board, notification to applicable regulatory or licensing entities, designation of interim administrative coverage, use of qualified consultant LNHA services when necessary, recruitment and appointment timelines, and monitoring through the Facility's Quality Assurance and Performance Improvement ("QAPI") program;

BE IT FURTHER RESOLVED that the proposed Plan shall establish clear responsibilities, timelines, and escalation procedures to ensure that any vacancy is promptly addressed and does not result in the Facility operating without legally responsible administrative oversight;

BE IT FURTHER RESOLVED, that the **Board of Trustees Quality, Safety, and Compliance Subcommittee** shall review the proposed Succession and Vacancy Coverage Plan and provide

recommendations to the Board regarding its adequacy and compliance with applicable requirements;

BE IT FURTHER RESOLVED, that the **Succession and Vacancy Coverage Plan shall be presented to the Board for formal review, approval, and adoption prior to implementation**, and any subsequent material amendments or revisions to the Plan shall likewise be presented to the Board for formal approval and adoption;

BE IT FURTHER RESOLVED, that any existing **Bylaws, policies, or governing documents addressing administrator succession, vacancy coverage, or administrative oversight shall be reviewed and, as necessary, amended or revised** to incorporate the requirements of the Succession and Vacancy Coverage Plan, and any proposed amendments or revisions shall be presented to the Board for **formal review, approval, and adoption** in accordance with applicable requirements;

BE IT FURTHER RESOLVED, that **no Succession and Vacancy Coverage Plan, policy revision, Bylaw amendment, or related governing document developed pursuant to this Resolution shall be considered finally adopted or effective solely by virtue of its preparation or review**, but shall be subject to formal approval and adoption by the Board, as applicable;

BE IT FURTHER RESOLVED, that following formal approval and adoption by the Board, the Succession and Vacancy Coverage Plan and any related policy or Bylaw amendments shall be implemented in accordance with their terms and applicable Federal and Guam requirements; and

BE IT FURTHER RESOLVED that the approved Succession and Vacancy Coverage Plan, policy revisions, Bylaw amendments, Board approvals, and related documentation shall be maintained as part of the Facility's governance and compliance records to demonstrate implementation of the corrective actions required by the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
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BOARD OF TRUSTEES

Official Resolution No. 2026-67

"RESOLUTION DIRECTING THE DEVELOPMENT AND IMPLEMENTATION OF TRAINING REGARDING GOVERNING BODY OVERSIGHT AND LICENSED NURSING HOME ADMINISTRATOR REQUIREMENTS"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board of Trustees ("Board"), acting as the Governing Body, recognizes the need to ensure that individuals responsible for governance, administration, human resources, recruitment, appointment, supervision, and regulatory compliance understand their responsibilities relating to the appointment and oversight of a properly licensed Nursing Home Administrator ("LNHA");

NOW, THEREFORE, BE IT RESOLVED, that the Board directs GMHA Administration to **develop and implement a documented training and education program** for Board members, members of the Board of Trustees Quality, Safety, and Compliance Subcommittee, executive leadership, Human Resources personnel, the Director of Nursing, Administrative Officer, and other individuals involved in LNHA recruitment, appointment, supervision, or regulatory compliance;

BE IT FURTHER RESOLVED, that the training shall address applicable Federal and Guam requirements governing nursing home administration, the Governing Body's responsibilities regarding LNHA appointment and accountability, the Facility's Governing Body policy and administrator reporting process, recruitment, retention and succession planning, Root Cause Analysis ("RCA") findings and corrective actions, and Quality Assurance and Performance Improvement ("QAPI") monitoring responsibilities;

BE IT FURTHER RESOLVED, that training may be provided by qualified GMHA personnel, including the Compliance Officer or licensed administrator, or by legal counsel, a qualified

consultant, or other qualified individual, and shall be provided in a language or through appropriate means reasonably understood by individuals with limited English proficiency, as applicable;

BE IT FURTHER RESOLVED, that completion of the required training shall be documented through an **attestation of completion** and that competency shall be validated through a post-training assessment or other documented competency validation;

BE IT FURTHER RESOLVED, that appropriate corrective action shall be documented for any individual who does not successfully complete the required competency validation, and that completion and competency records shall be maintained as part of the Facility's compliance records;

BE IT FURTHER RESOLVED, that the **Board of Trustees Quality, Safety, and Compliance Subcommittee** shall monitor implementation of the training program and report significant compliance concerns or deficiencies to the Board;

BE IT FURTHER RESOLVED, that any existing **Bylaws, policies, or governing documents addressing Board education, regulatory compliance, QAPI, or administrator oversight shall be reviewed and, as necessary, amended or revised** to incorporate the training and competency requirements established by this Resolution, with proposed amendments presented to the Board for consideration and formal adoption; and

BE IT FURTHER RESOLVED, that the training program, attendance and attestation records, competency validations, and any corrective actions shall be maintained as part of the Facility's governance and compliance records to demonstrate implementation of corrective actions required by the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
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BOARD OF TRUSTEES

Official Resolution No. 2026-68

"RESOLUTION REQUIRING A LICENSED NURSING HOME ADMINISTRATOR COMPENSATION AND WAGE ANALYSIS"

WHEREAS, the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility") is subject to Federal requirements established by the Centers for Medicare & Medicaid Services ("CMS"); and

WHEREAS, on June 6, 2026, Healthcare Management Solutions, LLC, on behalf of the Centers for Medicare & Medicaid Services ("CMS"), completed a survey of the Guam Memorial Hospital Authority – Skilled Nursing Facility ("Facility"); and

WHEREAS, the Facility received a Directed Plan of Correction requiring corrective action and sustained compliance with applicable Federal requirements; and

WHEREAS, the Board of Trustees ("Board"), acting as the Governing Body, recognizes the importance of maintaining a competitive and appropriate compensation package to attract and retain a qualified and properly licensed Nursing Home Administrator ("LNHA");

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby directs the **GMHA Human Resources Department**, with oversight from the **Board of Trustees Human Resources Subcommittee**, to conduct and document a formal **LNHA Compensation and Wage Analysis** to determine whether the salary and benefits package offered for the LNHA position is competitive, appropriate, and sufficient to attract qualified candidates;

BE IT FURTHER RESOLVED, that the Compensation and Wage Analysis shall consider relevant regional and national LNHA compensation benchmarks, comparable Pacific Island and U.S. territory markets, the Facility's current advertised compensation, Guam's cost of living, Facility size, and the scope and responsibilities of the LNHA position, and shall include a written determination regarding whether the advertised compensation is competitive and appropriate for the Guam market;

BE IT FURTHER RESOLVED, that upon completion, the Compensation and Wage Analysis shall be submitted to the **Board of Trustees Human Resources Subcommittee** for review and recommendation and thereafter presented to the Board for **formal review, approval, and adoption**;

BE IT FURTHER RESOLVED, that any recommendation to modify the LNHA salary, benefits, or other compensation, or to amend any applicable **Bylaws, policies, or governing documents**,

shall be separately presented to the Board for **formal consideration, approval, and adoption**, consistent with applicable GMHA policies, compensation requirements, and Federal and Guam law;

BE IT FURTHER RESOLVED, that no Compensation and Wage Analysis, compensation recommendation, policy revision, Bylaw amendment, or related governing document developed pursuant to this Resolution shall be considered finally adopted or effective solely by virtue of its preparation or review, but shall become effective only upon formal approval and adoption by the Board, as applicable;

BE IT FURTHER RESOLVED, that if the Board determines, based upon the approved Compensation and Wage Analysis, that the advertised compensation is below the applicable market rate and authorizes a revised compensation package, the LNHA position shall be **re-posted with the updated compensation within fourteen (14) days of completion of the wage analysis**, consistent with the requirements of the CMS Directed Plan of Correction;

BE IT FURTHER RESOLVED, that the **Board of Trustees Quality, Safety, and Compliance Subcommittee** may coordinate with the Human Resources Subcommittee, as appropriate, regarding regulatory compliance and the Facility's progress toward appointment of a qualified LNHA;

BE IT FURTHER RESOLVED, that following formal approval and adoption by the Board, the approved Compensation and Wage Analysis, authorized compensation changes, and any approved policy or Bylaw amendments shall be implemented in accordance with the Board's action and applicable Federal and Guam requirements; and

BE IT FURTHER RESOLVED, that the approved Compensation and Wage Analysis, recommendations, Board approvals and authorizations, and any resulting policy or Bylaw amendments shall be maintained as part of the Facility's governance and compliance records to demonstrate implementation of the corrective actions required by the CMS Directed Plan of Correction.

DULY AND REGULARY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT 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. 2026-55

RELATIVE TO THE DECLARATION OF OFFICERS OF THE GUAM MEMORIAL HOSPITAL AUTHORITY BOARD OF TRUSTEES

WHEREAS, at the July 28, 2026 regular meeting of the GMHA Board of Trustees open floor nominations were made for and accepted by the following individuals to serve as officers of the Guam Memorial Hospital Authority Board of Trustees.

Name	Position
Sharon J. Davis	Chairperson
Melanie R. Mendiola	Vice-Chairperson
Suzanne D. Lobaton	Secretary
Melanie R. Mendiola	Treasurer

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees directs the Interim Hospital Administrator/CEO to duly notify the hospital and medical staff of this election of officers; and

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

DULY AND REGULARLY ADOPTED ON THIS 31st DAY OF AUGUST, 2026.

Certified by:

Sharon J. Davis
Chairperson

Attested by:

Suzanne D. Lobaton
Secretary

MEETING WILL RECONVENE

GMHA Board of Trustees

Thursday, September 03, 2026 | 9:00 a.m.
Zoom Video Conference

AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

September 03, 2026 | 9:00 a.m. | Zoom Video Conference

BOARD MEMBERS: Sharon Davis, Chairperson; Melanie Mendiola, Vice-Chairperson & Treasurer; Suzanne Lobaton, Secretary; Krista Blankenship, Trustee, Matthew Limtiaco, Trustee & Ramona Domen, Trustee

Item		Owner
I.	**Welcoming | Call Meeting to Order and Determination of Quorum**	Chairperson Davis
II.	**Open Government Compliance** A. ~~Publication, August 24, 2026~~ B. ~~Publication, August 29, 2026~~ C. ~~GovGuam Notices Portal & Website Posting~~	
III.	**Closed Executive Session** A. ~~Reasonably Anticipated Litigation~~	All Trustees Legal Counsel (J. McDonald)
IV.	**Review and Approval of the Minutes** A. ~~July 28, 2026~~	All Trustees
V.	**Guam Memorial Hospital Volunteers Association Report**	GMHVA President - T. Calvo
VI.	**Management's Report**	Executive Management
VII.	**Old Business** None	All Trustees
VIII.	**New Business - Board Subcommittee Reports**	
	A. Joint Conference and Professional Affairs 1. ~~Res. No. 2026-52, Relative to the Reappointment of Active Medical Staff Privileges~~ 2. ~~Res. No. 2026-53, Relative to the Reappointment of Active Associate Medical Staff Privileges~~ 3. ~~Res. No. 2026-54, Relative to the Appointment of Provisional Medical Staff Privileges~~ 4. ~~Policy No. A-MS300, Ongoing Professional Practice Evaluation~~ 5. ~~Policy No. A-MS400, Focused Professional Practice Evaluation~~ 6. ~~Policy No. A-MS600, Determination of Death~~	Trustee Domen
	B. Human Resources 1. ~~Res., Relative to the Creation of the Hospital Logistician position~~ 2. ~~Res., Relative to the Amendment of the Long Term Care Administrator (SNF) position~~ 3. ~~Res., Relative to the Creation of the Long Term Care Asst. Administrator (SNF) position~~ 4. ~~Res., Relative to Directing the Human Resources Department to Perform a Hospital Wide Wage Analysis, Modernize Hospital Positions, and Establishing Migration Procedures for Qualified Incumbents~~ 5. ~~Res., Relative to Approving and Adopting the Proposed Personnel Rules and Regulations For the GMHA~~	Trustee Lobaton
	C. Facilities, Capital Improvement Projects, and Information Technology 1. ~~Capital Improvement Project (CIP) - Update~~	Chairwoman Davis, Trustee Limtiaco
	D. Quality and Safety 1. Root Cause Analysis (RCA)	Trustee Blankenship
	E. CMS Regulatory Compliance 1. ~~Policy No. 6580-A1, Governing Body~~ 2. ~~Res., Establishing the Appointment of a Licensed Nursing Home Administrator~~	Danielle Manglona

Item		Owner
	~~3. Res., Establishing Direct Reporting and Accountability Requirments for the Licensed Nursing Home Administrator~~ ~~4. Res., Establishing and Interim Management Plan Pending Appointment of a Licensed Nursing Home Administrator~~ ~~5. Res, To Review and Revise Governing Body Policies Regarding Facility Administration and Accountability~~ ~~6. Res., To Reconstitute the Board of Trustees Quality and Safety Subcommittee as the Quality, Safety, and Compliance Subcommittee~~ ~~7. Res., Establishing a Recruitment and Retention Plan for the Licensed Nursing Home Administrator Position~~ ~~8. Res. Directing the Development of a Succession and Vacancy Coverage Plan for the Licensed Nursing Home Administrator~~ ~~9. Res., Directing the Development and Implementation of Training Regarding Governing Body Oversight and Licensed Nursing Home Administrator Requirements~~ ~~10. Res., Requiring a Licensed Nursing Home Administrator Compensation and Wage Analysis~~	
F.	Finance and Audit ~~1. FY2027 Budget Request - Update~~	Trustee Mendiola
G.	Governance, Bylaws, and Strategic Planning	Vacant
H.	Election of Board Officers ~~1. Res. No. 2026-55, Relative to the Declaration of Officers of the Guam Memorial Hospital Authority Board of Trustees~~	All Trustees
IX.	**Public Comment**	
X.	**Adjournment**	Chairperson Davis

CMS DIRECTED PLAN OF CORRECTION

The facility failed to ensure that its governing body appointed a Long Term Care Administrator (LTCA) who was licensed and responsible for the management of the facility, reporting to and being accountable to the governing body.

The Root Cause Analysis Team must specifically evaluate why prior corrective actions were ineffective in preventing recurrence of this deficiency, including but not limited to barriers related to recruitment, hiring authority, escalation to the Governing Body, interim coverage, budgetary approval, licensing requirements, succession planning, and accountability for follow-through.

Barriers Related to Recruitment:

During the period of recruitment from August 2024 through July 30, 2026, only two individuals present on the island held Long Term Care Administrator licensure, both of whom were fully employed. The extremely limited availability of individuals holding the required licensure created a significant recruitment barrier, necessitating recruitment from off-island through various recruitment platforms.

Guam's geographic isolation and cost of living presented a significant barrier related to recruitment.

Recruitment advertising was initially limited by the GG-1 classified pay scale. Recruitment efforts were broadened in 2025 to include Indeed, the University of Guam job opportunities page, the HRSA/Bureau of Health Workforce Platform and HireGuam. In January 2026, through the utilization of a paid Indeed subscription, GMHA successfully hired a qualified, licensed Long Term Care Administrator.

During the time period of August 2024 through July 30, 2026, five qualified, licensed applicants were interviewed and negotiated with for the Long Term Care Administrator position. Three of these applicants were extended offers after negotiation. One applicant accepted their offer.

To achieve the successful hire of a Long Term Care Administrator, GMHA amended its salary negotiation strategy to incorporate wage analysis and Medical Staff Office input to ascertain an appropriate and competitive salary range for the position, inclusive of relocation assistance and a housing allowance.

Hiring Authority:

The RCA Team found no barriers with regard to Hiring Authority.

Escalation to the Governing Body:

There is documented evidence that the recruitment of a Long Term Care Administrator and the citation related to the outstanding appointment of a Long Term Care Administrator were communicated and discussed on multiple occasions at the BOT Human Resources Subcommittee, BOT Quality & Safety Subcommittee, and full Board of Trustees. However, documented communication did not convey the Governing Body's ownership of, and accountability for, resolution of the cited deficiency.

Interim Coverage:

Interim coverage was attempted with four Acting Administrators during four different periods of time, and accepted as plans of correction by CMS, all of whom were unlicensed Long Term Care Administrators.

Budgetary Approval:

The RCA Team found no barriers with regard to Budgetary Approval.

Licensing Requirements:

The team found this to be a significant barrier. Guam Law does not allow reciprocity from other jurisdictions. GMHA Hospital Administration plans to continue to pursue legislative amendment to this requirement in the future.

Succession Planning:

Interim coverage was attempted with four Acting Administrators during four different periods of time, and accepted as plans of correction by CMS, all of whom were unlicensed Long Term Care Administrators.

Accountability for Follow Through:

The Governing Body is accountable for ensuring follow-through. There is documented evidence that the recruitment of a Long Term Care Administrator and the citation related to the outstanding appointment of a Long Term Care Administrator were communicated and discussed on multiple occasions at the BOT Human Resources Subcommittee, BOT Quality & Safety Subcommittee, and full Board of Trustees. However, documented communication did not convey the Governing Body's ownership of, and accountability for, resolution of the cited deficiency.

CORRECTIVE ACTIONS

ACTION 1: In the recruitment of the Skilled Nursing Facility's Long Term Care Administrator moving forward, permanently adopt the Medical Staff Personnel Services Agreement recruitment strategy.

ACTION 2: Include CMS conditions of participation for Hospitals and Skilled Nursing Facilities in all Board of Trustees Members orientation and training for the position.

ACTION 3: Amend the Board of Trustees Bylaws to include responsibility, governance, and oversight of the Skilled Nursing Facility.

ACTION 4: Add permanent standing report for the Long Term Care Administrator, or designee, at our full Board of Trustees meetings.

ACTION 5: Add permanent standing agenda item related to Governing Body citations at our full Board of Trustees meetings.

ACTION 6: Board of Trustees Members shall define a standardized reporting structure for expectations of Subcommittee reports to the full Board of Trustees.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI) PLAN

1.

$$\frac{\text{Number of Full Board of Trustees Meetings With LTCA Administrator Standing Report}}{\text{Number of Full Board of Trustees Meetings}} \times 100$$

2.

$$\frac{\text{Number of Full Board of Trustees Meetings With Governing Body Citation Agenda Item}}{\text{Number of Full Board of Trustees Meetings}} \times 100$$

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October 05, 2026

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 August 31, 2026 and September 03, 2026 GMHA Board of Trustees Meeting via Google Drive as guided by your office.

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

Sincerely,

Joleen M. Aguon, MD
Interim Hospital Administrator/CEO

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850 Governor Carlos Camacho Road, Tamuning, Guam 96913
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October 05, 2026

VIA ELECTRONIC MAIL
Honorable Frank Blas Jr.
Speaker of I Mina'trentai Ocho Na Liheslaturan Guåhan
163 Chalan Santo Papa
Hagåtña, GU 96910

RE: Reporting Requirements for Boards and Commissions

Dear Speaker Blas:

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 August 31, 2026 and September 03, 2026 Meeting of the GMHA Board of Trustees.

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

Sincerely,

Joleen M. Aguon, MD
Interim Hospital Administrator/CEO

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October 05, 2026

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 August 31, 2026 and September 03, 2026 Meeting of the GMHA Board of Trustees.

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