

MEETING IN PROGRESS

GMHA Board of Trustees

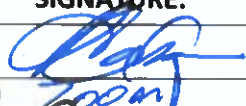
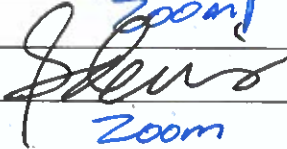





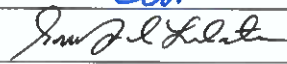
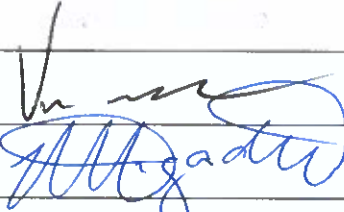
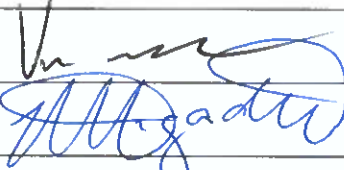









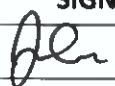
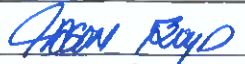



Wednesday, March 26, 2025 | 5:00 p.m.

Zoom Video Conference

GMHA Board of Trustees Meeting

ATTENDANCE SHEET

Wednesday, March 26, 2025 | 5:00 p.m. | Zoom Video Conference

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

ATTENDANCE SHEET

[illegible]

AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

March 26, 2025 | 5:00 p.m. | Zoom Video Conference

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

Item	Owner
I. Welcoming Call Meeting to Order and Determination of Quorum	Chairperson Obispo
II. Open Government Compliance <ul style="list-style-type: none">A. Publication, March 19, 2025B. Publication, March 24, 2025C. GovGuam Notices Portal & Website Posting	
III. Review and Approval of the Minutes <ul style="list-style-type: none">A. February 26, 2025	All Trustees
IV. Guam Memorial Hospital Volunteers Association Report	GMHVA President
V. Management's Report <ul style="list-style-type: none">A. Above-Step Recruitment Petition for Vincent J. Cruz	Executive Management
VI. Old Business <ul style="list-style-type: none">None	All Trustees
VII. New Business - Board Subcommittee Reports	
A. Joint Conference and Professional Affairs <ul style="list-style-type: none">1. Res. No. 2025-28, Relative to the Reappointment of Active Medical Staff Privileges2. Res. No. 2025-29, Relative to the Appointment of Provisional Medical Staff Privileges3. Res. No. 2025-30, Relative to the Appointment of Provisional Allied Health Professional Staff Privileges	Trustee Dr. Um
B. Human Resources <ul style="list-style-type: none">1. Organization Chart<ul style="list-style-type: none">• Safety to Compliance• Information Technology to Operations• Name Change Hospital Marketing and Communications Director to Communications and Public Relations2. Resolution Relative to Extending a 25% Working Differential pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Rehabilitation, Radiology, Social Work, Registered Dietary, Special Services, Respiratory Therapy, and Laboratory Science.3. Resolution Relative to Amending the Job Specifications for the Chief Hospital Pharmacist and Chief of Clinical Pharmacy.	Chairperson, Lobaton, Obispo
C. Facilities, Capital Improvement Projects, and Information Technology <ul style="list-style-type: none">1. 5-Year CIP Plan2. Hazardous Waste Management Annual Evaluation 20243. Safety Management Annual Evaluation 20244. Water Outage AAR/IP	Trustee Davis
D. Quality and Safety <ul style="list-style-type: none">1. Policy # A-PS820, Just Culture Response to Patient Safety Events	Trustee Kleiner
E. Finance and Audit <ul style="list-style-type: none">1. FY2026 Budget Request2. Resolution Relative to Approving Ninety-Nine (99) New Fees3. Resolution Relative to Approving Eighty-Seven (87) New Fees	Chairperson Obispo

Item	Owner
F. Governance, Bylaws, and Strategic Planning 1. Resolution Relative to Revising the GMHA's Vision Statement and Updating Policy A-110, Vision Statement, the Strategic Plan, and the Board of Trustees Bylaws	Trustee Dr. Damian-Borja, Siliang
VIII. Public Comment	
IX. Adjournment	Chairperson Obispo



GUAM MEMORIAL HOSPITAL AUTHORITY ATURIDAT ESPETAT MIHURIAT GUAHAN



Board of Trustees Meeting
Date: Wednesday, March 26, 2025
Time: 5:00 p.m.
Meeting will take place via Zoom Video Conferencing
Meeting ID: 889 2781 9303
Passcode: 907879

AGENDA:

I. Call Meeting to Order and Determination of Quorum; II. Open Government Compliance: A. Publication, March 19, 2025; B. Publication, March 24, 2025; C. GoGuam Notices Portal & Website Posting; III. Approval of the Minutes: A. February 26, 2025; IV. Guam Memorial Hospital Volunteers Association Report; V. Management's Report: A. Above-Step Recruitment Petition for Vincent J. Cruz; VI. Old Business: None; VII. New Business - Board Subcommittee Reports: A. Joint Conference and Professional Affairs: 1. Res. No. 2025-28, Reappointment of Active Medical Staff Privileges; 2. Res. No. 2025-29, Appointment of Provisional Medical Staff Privileges; 3. Res. No. 2025-30, Appointment of Provisional Allied Health Professional Staff Privileges; B. Human Resources: 1. Organizational Chart; 2. Resolution Relative to Extending a 25% Working Differential pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Rehabilitation, Radiology, Social Work, Registered Dietary, Special Services, Respiratory Therapy, and Laboratory Science; 3. Resolution Relative to Amending the Job Specifications for the Chief Hospital Pharmacist and Chief of Clinical Pharmacy; C. Facilities, Capital Improvement Projects, and Information Technology: 1. 5-Year CIP Plan; 2. Hazardous Waste Management Annual Evaluation 2024; 3. Safety Management Annual Evaluation 2024; 4. Water Outage AARAP; D. Quality and Safety: 1. Policy # A-PS820, Just Culture Response to Patient Safety Events; E. Finance and Audit: 1. FY2028 Budget Request; 2. Resolution Relative to Approving Ninety-Nine (99) New Fees; 3. Resolution Relative to Approving Eighty-Seven (87) New Fees; F. Governance, Bylaws, and Strategic Planning: 1. Resolution Relative to Revising the GMHA's Vision Statement and Updating Policy A-110, Vision Statement, the Strategic Plan, and the Board of Trustees Bylaws; VIII. Public Comment; IX. Adjournment

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

*Isa Lilian Perez-Pineda, MN, RN
Hospital Administrator/CEO
This advertisement is paid with government funds by the GMHA.*

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Hagatna, Guam 96910
Telephone: (671) 649-2392
Facsimile: (671) 649-2394
Email: jagb@jagb.com
Bar No.: 96003

Attorney for Plaintiff

IN THE SUPERIOR COURT OF GUAM
FIRST HAWAIIAN BANK,
Plaintiff,

v.
DAVE S. TAITANO,
Defendant.

CIVIL CASE NO. CV0577-24
SUMMONS

WARNING: This is an official document from the court that affects your rights. Read this carefully. If you do not understand it, contact a lawyer for help.

TO: DAVES. TAITANO

P.O. Box 11396
Yigo, Guam 96929

1. A lawsuit has been filed against you. A copy of the lawsuit and other court papers are served on you with this Summons.

2. If you do not want a judgement or order taken against you without your input, you must file an Answer in writing with the court, and pay the filing fee. If you do not file an Answer the other party may be given the relief requested in their Complaint. To file your Answer take, or send, the Answer to the:

- Office of the Clerk of the Superior Court of Guam 120 West O'Brien Drive Hagatna, Guam 96910-5174
- OR by electronic filing by sending to: efilecivil@guamcourts.org (or as modified by the Clerk of Court).

3. Deliver or mail a copy of your Answer to the other party at the address listed on the top of this Summons.

4. If this Summons and the other court papers were served on you by a registered process server or a Marshal, within Guam or other Jurisdictions of the United States, your Answer must be filed within TWENTY (20) CALENDAR DAYS from the date you were served, not counting the day you were served, except when a different time is prescribed by order of the court. Service by a registered process server or a Marshal is complete when made.

5. You can get a copy of the court papers filed in this case from the Plaintiff at the address listed the top of the preceding page, from the Clerk of the Superior Court's Record's Section

6. Requests for reasonable accommodation for persons with disabilities must be made to the Judiciary's ADA Coordinator at least ten (10) calendar days in advance of a scheduled proceeding.

ADA Coordinator
Phone: (671) 475-3375
E-mail: ada@guamcourts.gov
(or as modified by the Clerk of Court)

7. Requests for an interpreter for persons with limited English proficiency must be made to the Language Access Manager by the party needing the interpreter and/or translator or his/her counsel at least ten (10) calendar days in advance of a scheduled court proceeding.

Language Access Manager
Phone: (671) 475-3299
E-mail: lm@guamcourts.gov
(or as modified by the Clerk of Court)

DATED: OCT 29 2024

JANICE M. CAMACHO-PEREZ, ESQ.
Clerk of Court

LAW OFFICES OF JACQUES G. BRONZE

A Professional Corporation
173 Aspinall Avenue, Suite 206A
Hagatna, Guam 96910
Telephone: (671) 649-2392
Facsimile: (671) 649-2394
Email: jagb@jagb.com
Bar No.: 96003

Attorney for Plaintiff

IN THE SUPERIOR COURT OF GUAM
FIRST HAWAIIAN BANK,
Plaintiff,

v.
SYLVAN PATRICK C. OGO
Defendant.

CIVIL CASE NO. CV0629-24
SUMMONS

WARNING: This is an official document from the court that affects your rights. Read this carefully. If you do not understand it, contact a lawyer for help.

TO: SYLVAN PATRICK C OGO

P.O. Box 5389
Mangilao, Guam 96923

1. A lawsuit has been filed against you. A copy of the lawsuit and other court papers are served on you with this Summons.

2. If you do not want a judgement or order taken against you without your input, you must file an Answer in writing with the court, and pay the filing fee. If you do not file an Answer the other party may be given the relief requested in their Complaint. To file your Answer take, or send, the Answer to the:

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Phone: (671) 475-3375
E-mail: ada@guamcourts.gov
(or as modified by the Clerk of Court)

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Language Access Manager
Phone: (671) 475-3299
E-mail: lm@guamcourts.gov
(or as modified by the Clerk of Court)

DATED: NOV 15 2024

JANICE M. CAMACHO-PEREZ, ESQ.
Clerk of Court

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Hagåtña, Guam 96910
(671) 472-6848
(671) 477-5790

IN THE SUPERIOR COURT OF GUAM IN THE MATTER OF THE ESTATE OF

MAGDALENA BLAS LIZAMA,
Decedent.

PROBATE CASE NO. PR0028-25

NOTICE OF HEARING

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

1. NOTICE IS HEREBY GIVEN that Tano A.
Lizama has filed a Petition for Letters of
Administration.

2. A hearing on the petition will be heard on
Wednesday, April 2, 2025, at 11:10 a.m.

3. To attend or to participate in the hearing,
you may appear in person at the Guam Judicial
Center, appear remotely at [https://guamcourts-
org.zoom.us](https://guamcourts-
org.zoom.us) and enter Meeting ID: 864 4387
2213 and Passcode: JEMI; or call into the
courtroom at 671-300-6703 at the designated
hearing time. For connectivity issues, you may
contact Jannette Samson at (671) 475-0141 or
email jsamson@guamcourts.gov.

Dated: 24 FEB 2025.

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

PLUMBER HELPER NEEDED!

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Douglas B. Moylan
Attorney General of Guam
Family Section, General Crimes Division
590 S. Marine Corps Drive, ITC Bldg., Ste. 706
Tumonong, Guam 96913 • USA
(671) 475-2595 • (671) 475-3343 (fax)
douglas@doag.guam.gov
Attorneys for the People of Guam

IN THE SUPERIOR COURT OF GUAM

IN THE INTEREST OF:
E.J.F.S., IV (DOB: 02/23/2018),
Minor.

JUVENILE CASE NO. JPO207-24

Amended Summons

To: ERNIE PASCUAL SALONGA III, Natural Father
16403 Green Valley Ranch Blvd., Unit 102
Denver, Colorado 80239-6483

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

MONDAY, APRIL 7, 2025 at 11:30 A.M.

Zoom Meeting ID: 716 711 9213 / Password: 76504

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

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

Dated: FEB 14, 2025.

CLERK, SUPERIOR COURT OF GUAM
By: /s/ Nikole L.B. McDonald
Deputy Clerk



GUAM MEMORIAL HOSPITAL AUTHORITY ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN



Board of Trustees Meeting

Date: Wednesday, March 20, 2025
Time: 5:00 p.m.
Meeting will take place via Zoom Video Conferencing
Meeting ID: 889 2781 9303
Passcode: 907879

AGENDA:

I. Call Meeting to Order and Determination of Quorum; II. Open Government Compliance: A. Publication, March 19, 2025, B. Publication, March 24, 2025, C. GoGuam Notices Portal & Website Posting; III. Approval of the Minutes: A. February 26, 2025; IV. Guam Memorial Hospital Volunteers Association Report; V. Management's Report: A. Above-Step Recruitment Petition for Vincent J. Cruz; VI. Old Business: None; VII. New Business - Board Subcommittee Reports: A. Joint Conference and Professional Affairs: 1. Res. No. 2025-28, Reappointment of Active Medical Staff Privileges; 2. Res. No. 2025-29, Appointment of Provisional Medical Staff Privileges; 3. Res. No. 2025-30, Appointment of Provisional Allied Health Professional Staff Privileges; B. Human Resources: 1. Organizational Chart; 2. Resolution Relative to Extending a 25% Working Differential pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Rehabilitation, Radiology, Social Work, Registered Dietary, Special Services, Respiratory Therapy, and Laboratory Science; 3. Resolution Relative to Amending the Job Specifications for the Chief Hospital Pharmacist and Chief of Clinical Pharmacy; C. Facilities, Capital Improvement Projects, and Information Technology: 1. 5-Year CIP Plan; 2. Hazardous Waste Management Annual Evaluation 2024; 3. Safety Management Annual Evaluation 2024; 4. Water Outage AARIP; D. Quality and Safety: 1. Policy # A-PS820, Just Culture Response to Patient Safety Events; E. Finance and Audit: 1. FY2026 Budget Request; 2. Resolution Relative to Approving Ninety-Nine (99) New Fees; 3. Resolution Relative to Approving Eighty-Seven (87) New Fees; F. Governance, Bylaws, and Strategic Planning: 1. Resolution Relative to Revising the GMHA's Vision Statement and Updating Policy A-110, Vision Statement, the Strategic Plan, and the Board of Trustees Bylaws; VIII. Public Comment; IX. Adjournment

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

/s/ Lilian Perez-Posadas, MN, RN

Hospital Administrator/CEO

This advertisement is paid with government funds by the GMHA

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Tel No. 671 473 6285
Cell No. 671 488 6285

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE ESTATE
OF

LISA GOGUE VILLANUEVA,
Deceased.

PROBATE CASE NO. PR0015-25

NOTICE TO CREDITORS

NOTICE IS HEREBY GIVEN by Tommy D.
Villanueva Jr., Administrator of the Estate of
LISA GOGUE VILLANUEVA deceased, to the
creditors of, and all persons having claims
against said Estate or against said Decedent,
that within sixty (60) calendar days after the
date of the first publication of this notice, they
either file them with necessary vouchers in the
Office of Clerk of the Superior Court of Guam, or
exhibit them with the necessary vouchers to
said Administrator or his attorneys of record,
OFFICE OF MICHAEL J. GATEWOOD LLC, 330
Herman Cortez Avenue, Suite 300, Hagåtña, GU
96910, the same being the place for the
transaction of the business of said Estate.

DATED: Hagåtña, Guam, March 17, 2025.

/s/ MICHAEL J. GATEWOOD



Department of Agriculture Dipartimento Agrikotturan

163 Dairy Road, Mangilao, Guam 96913
TEL: (671) 300-7965 WEB: doag.guam.gov

NOTICE OF REGULAR AQUACULTURE ADVISORY BOARD MEETING

The Guam Department of Agriculture will be
holding its Regular Guam Aquaculture
Advisory Board (GAAB) meeting on Zoom
and in-person:

DATE: Monday, March 31, 2025

TIME: 10:00 a.m. - 12:00 p.m.

PLACE: Agriculture & Life Sciences Building,
Room 202, University of Guam, Mangilao, GU
96913

For the Zoom link request or for persons
requiring special accommodations, please contact
Ricardo Duenas at 671-647-4332 or email
ricardo.duenas@investguam.com by March 30,
2025. This meeting will be streamed live on
GEDA's YouTube Channel, investguam.com/live.

Pursuant to PL 26-12, this ad was paid for by GEDA General Fund.

AGENDA

- | | |
|--|---|
| <p>I. Preliminary Matters</p> <ol style="list-style-type: none"> a. Call to order b. Roll Call c. Adoption of Agenda <p>II. Old Business</p> <ol style="list-style-type: none"> a. Discussion on the by-laws for GAAB b. Updates from DOAG i. Hatchery/Aquaculture Innovation Center ii. Division of Aquaculture (DAQ) Budget <p>III. New Business</p> <ol style="list-style-type: none"> a. Guam Aquaculture Strategic Development Plan | <p>IV. Miscellaneous Announcements</p> <ol style="list-style-type: none"> a. Recent events i. DOAG's Listening Session ii. BSP's ANS Stakeholders Engagement b. Upcoming events i. CIS Conference <p>V. Public Comments/Other inquiries</p> <p>VI. Adjournment</p> |
|--|---|

/s/ CHELSA D. MUSA
GUAM DEPARTMENT OF AGRICULTURE DIRECTOR

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GMHA Board of Trustees Meeting


 PRINT

GMHA Board of Trustees Meeting MEETING



 **Posted on:** 03/20/2025 09:09 AM

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

 **Meeting Date:** 03/26/2025 05:00 PM

 **Department(s):**

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

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

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

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

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

 **Share this notice**

AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

March 26, 2025 | 5:00 p.m. | Zoom Video Conference

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

Item

Owner

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

Chairperson
Obispo

II. Open Government Compliance

A. Publication, March 19, 2025

B. Publication, March 24, 2025

C. GovGuam Notices Portal & Website Posting

III. Review and Approval of the Minutes

A. February 26, 2025

All Trustees

IV. Guam Memorial Hospital Volunteers Association Report

GMHVA
President

V. Management's Report

A. Above-Step Recruitment Petition for Vincent J. Cruz

Executive
Management

VI. Old Business

None

All Trustees

VII. New Business - Board Subcommittee Reports

A. Joint Conference and Professional Affairs

1. Res. No. 2025-28, Relative to the Reappointment of Active Medical Staff Privileges

2. Res. No. 2025-29, Relative to the Appointment of Provisional Medical Staff Privileges

3. Res. No. 2025-30, Relative to the Appointment of Provisional Allied Health Professional Staff Privileges

Trustee Dr.
Um

B. Human Resources

1. Organization Chart

Safety to Compliance

Information Technology to Operations

Name Change Hospital Marketing and Communications Director to Communications and Public Relations

2. Resolution Relative to Extending a 25% Working Differential pursuant to 4GCA, §6229.7 to GMHA Employees Certified or Licensed in Rehabilitation, Radiology, Social Work, Registered Dietary, Special Services, Respiratory Therapy, and Laboratory Science.

3. Resolution Relative to Amending the Job Specifications for the Chief Hospital Pharmacist and Chief of Clinical Pharmacy.

Chairperson,
Lobaton,
Obispo

C. Facilities, Capital Improvement Projects, and Information Technology

1. 5-Year CIP Plan

2. Hazardous Waste Management Annual Evaluation 2024

Trustee
Davis

1. Hazardous Waste Management Annual Evaluation 2021

3. Safety Management Annual Evaluation 2024

4. Water Outage AAR/IP

D. Quality and Safety

1. Policy # A-PS820, Just Culture Response to Patient Safety Events

Trustee
Kleiner**E. Finance and Audit**

1. FY2026 Budget Request

2. Resolution Relative to Approving Ninety-Nine (99) New Fees

3. Resolution Relative to Approving Eighty-Seven (87) New Fees

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

1. Resolution Relative to Revising the GMHA's Vision Statement and Updating Policy A-110, Vision Statement, the Strategic Plan, and the Board of Trustees Bylaws

Trustee Dr.
Damian-
Borja, Siliang**VIII. Public Comment****IX. Adjournment**Chairperson
Obispo**Link to Join Zoom Meeting:****[https://gmha-org.zoom.us/j/88927619303?](https://gmha-org.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1)****[pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1 \(https://gmha-org.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1\)](https://gmha-org.zoom.us/j/88927619303?pwd=UeujUY9x6BOvF4NfF4z4m6dEEhLifD.1)****Meeting ID: 889 2761 9303****Passcode: 907879**

<p align="center">Regular Meeting of the Guam Memorial Hospital Authority Board of Trustees</p> <p align="center">Wednesday, February 26, 2025 5:00 p.m. Zoom Video Conference</p>		ATTENDANCE		
		Board Members Present: Theresa Obispo Edgar Aguilar, Sharon Davis, Sonia Siliang, Dr. Michael Um, Dr. Teresa Damian-Borja, Antoinette Kleiner & Suzanne Lobaton Absent: Leadership Present: Lillian Perez-Posadas, Dr. Verrad Nyame, Rizaldy Tugade, Rodalyn Gerardo, Ana Belen Rada, Christine Tuquero, Liezl Concepcion, Yukari Hechanva, Danielle Manglona, Jesse Quenga, Robert Weinberg	Absent: Dr. Jeffery Shay & Jordan Pauluhn Guests: Amy Rose Edmonson, Colleen Bamba, Justine Camacho, Olivia Palacios, Angie Eustaquio, Alexa Adkins, Sydne Taisacan, Aida Yap, Rayna Cruz, Patty Camacho, Olivia Elliott, Tina, P. Garrido, Kyle Dallman, Vince Taitingfong, Wilson, Jizan (Pharmacy), Veronica Cummings, Margaret (Pharmacy), Janet Mandapat	
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 Obispo called to order the regular meeting of the GMHA Board of Trustees at 5:05 p.m. on Wednesday, February 26, 2025, via Zoom Video Conferencing.	Chairwoman - Theresa Obispo	None	None
II. OPEN GOVERNMENT COMPLIANCE A. Publication, February 19, 2025 B. Publication, February 24, 2025 C. GovGuam Notices Portal & Website Posting	The Announcement of the Open Government Compliance was made.	Admin. Assistant - Janet Mandapat	None	Informational
III. REVIEW AND APPROVAL OF MINUTES				
A. January 29, 2025	Trustee Dr. Um motioned, and it was seconded by Trustee Lobaton to approve the January 29, 2025 minutes as presented with corrections. The motion carried with all ayes.	All Trustees	None	Approved
IV. GUAM MEMORIAL HOSPITAL VOLUNTEERS ASSOCIATION REPORT				
	There were no updates to report.	GMHVA President - Terese Calvo	None	None
V. MANAGEMENT'S REPORT				
A. U.S. Department of Defense - Military Defense Systems (Guam)	The following are some of the highlights: ➤ The U.S. Department of Defense Military Defense Agency is proposing to put on Guam an enhanced integrated air and missile defense system. ➤ An Environmental Impact Statement Report was provided to the U.S. Department of Defense. ➤ Ongoing discussions are still in the process.	Administrator/CEO - Lillian Perez-Posadas	None	Informational

<p>B. The New York Institute of Technology -</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> • A meeting occurred with the representatives from the New York Institute of Technology (NYIT) regarding the Association of American Medical Colleges (AAMC) regarding the affiliation agreement. • This program allows the medical students that are enrolled in the program to come to Guam to finish off with their 3rd and 4th-year clinical locations. • There is one individual who is currently enrolled in this program as a medical technician and will be joining us to complete her 4th-year clinical orientation, upon graduation, she will take the National Medical Board Examination and if passed she would like to come back to join Team GMHA as one of our Physicians. • GMHA is filled with overjoy with this affiliation with the medical school. This will help with the recruitment of our physicians. • The affiliation agreement has been reviewed and edited by GMHA's Compliance and Legal Counsel and forwarded to NYIT's Legal Team for further review and its final signature. 	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>
<p>C. Travel Nurses - Update</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> ✓ GMHA continues to reduce our reliance on our Travel Nurses. ✓ Progress has been made by GMHA and are down to 24 Travel Nurses. ✓ From January 2025 to present the nursing recruitment and retention rate increased to 99%. GMHA recruited 11 new nurses and has lost 4. Continued efforts are underway to recruit more nurses. 	<p>Administrator/CEO - Lillian Perez-Posadas</p>	<p>None</p>	<p>Informational</p>

D. GCC - Associates Degree in Nursing (ADN) Program	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> ➤ The Guam Community College Nursing Program has launched the ADN Program. ➤ In collaboration with GCC, GMHA will work on recruiting those students who have completed the program requirements have earned an Associate's Degree in Nursing (ADN), and have passed the NCLEX-RN licensure granted by the Guam Board of Nurse Examiners. 	Administrator/CEO - Lillian Perez-Posadas	None	Informational
VI. OLD BUSINESS None	There were no old business to report.	All Trustees	None	None
VII. NEW BUSINESS - BOARD SUBCOMMITTEE REPORTS A. Joint Conference and Professional Affairs <ol style="list-style-type: none"> 1. Res. No. 2025-20, Relative to the Reappointment of Active Medical Staff Privileges 2. Res. No. 2025-21, Relative to the Appointment of Provisional Medical Staff Privileges 3. Res. No. 2025-22, Relative to the Reappointment of Active Associate Medical Staff Privileges 4. Res. No. 2025-23, Relative to the Appointment of Active Associate Medical Staff Privileges 	Trustee Dr. Um motioned, and it was seconded by Trustee Dr. Damian-Borja to approve Res. No. 2025-20 through Res. No. 2025-27 as presented. The motion carried with all ayes.	All Trustees Chairperson JCPA - Trustee Dr. Michael Um	None None	Approved Informational

5. Res. No. 2025-24, Relative to the Appointment of Provisional Allied Health Professional Staff Privileges		Chairperson JCPA - Trustee Dr. Michael Um	None	Informational
6. Res. No. 2025-25, Relative to the Reappointment of Full Allied Health Professional Staff Privileges				
7. Res. No. 2025-26, Relative to Approve Policy #A-MS500 Medical Staff Case Review	Trustee Lobaton motioned, and it was seconded by Trustee Davis to approve Res. No. 2025-26 as presented. The motion carried with all ayes.	All Trustees	None	Approved
8. Res. No. 2025-27, Relative to Approve Revisions to the Surgery Department Rules and Regulations	Trustee Kleiner motioned, and it was seconded by Trustee Dr. Damian-Borja to approve Res. No. 2025-27 as presented. The motion carried with all ayes.	All Trustees	None	Approved
9. CY2023 Strategic Goal: 5 Engage Physicians	A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.	All Committee Members	None	Informational
B. Human Resources				
1. Pharmacy Reorganization	The Committee Members have agreed to Table the Pharmacy Reorganization which will be forwarded to the BOT- Human Resources Subcommittee for further review and discussions.	All Committee Members	None	Tabled
2. CY2023 Strategic Goal: 4 Engage the Healthcare Workforce	A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.	Chairperson, Human Resources - Suzanne Lobaton	None	Informational
C. Facilities, Capital, Improvement Projects, and Information Technology	The following are some of the highlights:	Deputy Asst. Admin. of Operations - Rodalyn Gerardo	None	Informational
	<ul style="list-style-type: none"> ➤ A Table Top Exercise (TTX) was conducted for the Guam Memorial Hospital on December 06, 2024, and the Skilled Nursing Facility on December 10, 2024. ➤ The purpose of the TTX was to assess the 			

<p>1. 2024 After Action Report/Improvement Plan (AAR/IP) Guam Memorial Hospital Active Shooter/Hostage Situation (TTX) and 2024 Skilled Nursing Facility Hostage Situation (TTX)</p>	<p>effectiveness of our emergency response procedures in the event of a hostage situation.</p> <ul style="list-style-type: none"> ➤ The report provides a detailed overview of the exercise, highlights strengths and areas for improvement, and outlines an Improvement Plan (IP) to address identified gaps. ➤ Led by the Planning Department, the TTX simulated an active shooter/hostage scenario in which a distressed individual armed with a firearm took a hostage within the hospital. ➤ The exercise tested the emergency response capabilities of GMHA personnel and external partners, including members of the Healthcare Preparedness Program (HPP). ➤ Key participants included representatives from Safety & Security, the Fiscal Division, Communications, and other essential departments. 	<p>Chairperson FAC, CIP & IT - Trustee Sharon Davis</p>	<p>None</p>	<p>Informational</p>
	<p>The primary objectives of the exercise were to:</p> <ol style="list-style-type: none"> 1. Evaluate the activation and implementation of the Emergency Operations Plan (EOP). 2. Assess security procedures and access control measures. 3. Test staff response to an active shooter scenario. 4. Evaluate emergency procedures and lockdown protocols. 5. Coordinate emergency response with law enforcement. 6. Review post-incident response and recovery processes. <ul style="list-style-type: none"> ➤ The exercise provided a comprehensive evaluation of GMH's preparedness for an active shooter/hostage situation, identifying effective practices and opportunities for improvement within our emergency response framework. 	<p>Deputy Asst. Admin. of Operations - Rodalyn Gerardo</p>	<p>None</p>	<p>Informational</p>

2. Critical Infrastructure Projects (\$20M ARPA Funding)	<p>The Solar Panel System Removal and Replacement have been completed. Tests are being done and are being monitored by the Team.</p> <p>The following 5 projects are currently ongoing:</p> <ol style="list-style-type: none"> 1. The Triage Sliding Door entrance to the Triage and the Emergency Department Trauma area. 2. There are 2 HVAC projects the 450-ton and the cooling tower removal and replacement. 3. The 265-ton and the air-cooled condensing unit project. 4. The G4S access control system. 5. The Automated Medication System upgrade. 	Associate Administrator of Operations - Zaldy Tugade	None	Informational
	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> • Through the American Rescue Plan Act (ARPA) \$20M was allocated to GMHA to help with the Capital Improvement Projects. • The deadline to submit the obligated funds was on December 31, 2024. • GMHAs recent discovery is that instead of the full \$20M expected, only \$10M has been allocated for these critical projects. • GMHA has obligated almost all the \$20M on the ARPA funding list. • The funds were used to pay outstanding vendor bills, with some money directed toward the CIPs. • A total of 54 projects were being tracked. Purchase orders issued were for those that required contracts. The contracts were executed. • Of the 54 projects, 17 projects were already completed. • One vendor that did get paid from the \$10M ARPA funds was the vendor for the liquid oxygen. • The discrepancy was partly the result of confusion surrounding the procurement process and the specific requirements for obligating the funds. • GMHA is reviewing to see what other funding sources can be used to pay for some of the projects obligated under ARPA. 	Deputy Asst. Admin. of Operations - Rodalyn Gerardo	None	Informational
		Deputy Asst. Admin. of Operations - Rodalyn Gerardo	None	Informational

<p>3. CY2023 Strategic Goal 2: Enhance Infrastructure & Technology</p>	<p>A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.</p>	<p>All Committee Members</p>	<p>None</p>	<p>Informational</p>
<p>D. Quality and Safety</p>	<p>The Committee Members have agreed to Table Policy # A-PS820 will return to the BOT Quality & Safety Subcommittee for further review and then to the Main Board of Trustees in March 2025.</p>	<p>Chairperson Quality & Safety Trustee Antoinette Kleiner</p>	<p>None</p>	<p>Tabled</p>
<p>1. Policy # A-PS820, Just Culture to Patient Safety Events</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> For the 4 Quarter of 2024, Nursing Services reported a strong performance in the Emergency Room Department (ER) demonstrating a reduction in the ER holding times by 7 hours compared to 3rd Quarter. Continued improvements are ongoing it's a work in progress. In the Pediatrics Department, there were challenges regarding the pediatric early warning score documentation otherwise known as the Pediatric Early Warning Scoring (PEWS). Efforts are being conducted to get that more up to speed. 	<p>Chairperson Quality & Safety Trustee Antoinette Kleiner</p>	<p>None</p>	<p>Informational</p>
<p>2. CY2023 Strategic Goal 3: Transform Healthcare Services</p>	<p>A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.</p>	<p>Chairperson Quality & Safety Trustee Antoinette Kleiner</p>	<p>None</p>	<p>Informational</p>
<p>E. Finance and Audit</p>	<p>A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.</p>	<p>Chairperson F&A Trustee Edgar Aguilar</p>	<p>None</p>	<p>Informational</p>
<p>1. CY2023 Strategic Goal: 1 Achieve Financial Viability</p>	<p>A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.</p>	<p>Chairperson Gov.</p>	<p>None</p>	<p>Informational</p>
<p>F. Governance, Bylaws, and Strategic Planning</p>	<p>A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.</p>	<p>Chairperson F&A Trustee Edgar Aguilar</p>	<p>None</p>	<p>Informational</p>
<p>1. CY2023 Strategic Goal 6:</p>	<p>A Working Session to review and update the Strategic Plan Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.</p>	<p>Chairperson Gov.</p>	<p>None</p>	<p>Informational</p>

Engage & Partner with the Community	Objectives is ongoing. Together with the Planning Department Team they are currently updating and evaluating the plans objectives more updates will be forthcoming.	Bylaws & Strategic Planning Trustee Dr. Teresa Damian-Borja	None	Informational
VIII. PUBLIC COMMENT				
		Public Comment	None	Informational
IX. ADJOURNMENT				
	There being no further business matters for discussion, Chairwoman Obispo declared the meeting adjourned at 6:28 p.m. motioned and seconded. The motion carried with all ayes.	All Board Members	None	Approved

Transcribed by: Janet U. Mandapat
Janet U. Mandapat
Administrative Assistant

Submitted by: Sharon J. Davis
Sharon J. Davis
Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the January 29, 2025 closed executive session and regular session meeting were accepted and approved by the GMHA Board of Trustees on this 26th day of February 2025.

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



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

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



TO: Hospital Administrator/CEO

FROM: Personnel Services Administrator

DATE: March 11, 2025

SUBJECT: RECRUITMENT ABOVE-STEP PETITION
Re: HOSPITAL CLINICAL/SYSTEMS SUPPORT SUPERVISOR

Buenas Yan Hafa Adai! For your consideration, I respectfully request your approval for this Recruitment Above-Step Petition for Mr. Vincent J. Cruz, who was recently selected for the position of Hospital Clinical/Systems Support Supervisor. This Recruitment Above-Step Petition is based on Recruitment Difficulty, pursuant to 4 GCA, § 6205. During the announcement period, only one applicant applied and was rated.

Additionally, Mr. Cruz holds a Microsoft Certified Solutions Expert (MCSE) certification from University of Phoenix and a Network Technologies certification from ITT Technical Institute. In addition to his educational background, Mr. Cruz has extensive knowledge and over 20 years of specialized IT experience. Mr. Cruz's work experience is as follows: Guam Memorial Hospital Authority, Hospital Clinical/Systems Support Supervisor, Computer Systems Analyst II, DZSP 21 LLC, Systems and Lan Administrator, United Airlines, Senior Support Engineer, CXC Global, General Support Analyst, Sanford Technology Group, Customer Engineer, Apex Systems, Inc., Hardware Technician, HSBC Bank, Witness Systems Administrator, Collector II, Open Solutions Systems, Bench Technician, and at the Wells Fargo Bank as an Operations Analyst II. In addition to his extensive experience and educational background, Mr. Cruz also possesses a certification from CompTIA as an IT Technician.

Overall, the Guam Memorial Hospital Authority and the IT Department will benefit from Mr. Cruz's experience and he will be a great asset in improving our services to the people of Guam. Therefore, I am recommending a salary of \$76,093.00, which is Pay Grade O Step 7.

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

JESSE JOHN QUENGA, CM, LPEC
Personnel Services Administrator

☒ APPROVED ☐ DISAPPROVED

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



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MEDIA RELEASE

March 11, 2025

Pursuant to 4GCA § 6303.1 – Transparency and Disclosure

PETITION FOR ABOVE-STEP RECRUITMENT

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

HOSPITAL CLINICAL/SYSTEMS SUPPORT SUPERVISOR

(PG – O: Step 7 \$76,093.00 P/A)

This position is in the classified service within the GMHA Information/Communication Technology Department. To view the proposed above-step petition, please visit our website at www.gmha.org, under main page Important Public Notices.

Should you require additional information, please contact the GMHA Human Resources Department at 647-2171/2409.

JESSE JOHN QUENGA, CM, LPEC
Personnel Services Administrator



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BOARD OF TRUSTEES

Official Resolution No. 2025-28

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Daniel Medina, MD	Surgery	General Surgery	February 28, 2027
Daniel Oh, MD	Surgery	General Surgery	February 28, 2027
Kelli Jarret, MD	OB/GYN	FM/OB/GYN	February 28, 2027

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

WHEREAS, the Medical Executive Committee met on February 26, 2025 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 26th DAY OF MARCH, 2025.

Certified by:

Theresa C. Obispo
Chairperson

Attested by:

Sharon J. Davis
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES

Official Resolution No. 2025-29

“RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Filip Turcer, MD	Radiology	Radiology(Teleradiology)	February 28, 2026
Matthew Bourne, DO	Radiology	Radiology(Teleradiology)	February 28, 2026
Brandon Olivieri, MD	Radiology	Radiology(Teleradiology)	February 28, 2026
Eric Munoz, MD	Radiology	Radiology(Teleradiology)	February 28, 2026
John Scott, MD	Radiology	Radiology(Teleradiology)	February 28, 2026
Jonathan Reed, MD	Radiology	Radiology(Teleradiology)	February 28, 2026
Chad Barker, MD	Radiology	Radiology(Telerad)	February 28, 2026
Daniel Miner, MD	Radiology	Radiology(Telerad)	February 28, 2026
Vanessa Miller, MD	Ob/Gyn	Obstetrics/Gynecology	February 28, 2026
Jacqueline Sylvester, MD	Ob/Gyn	Obstetrics/Gynecology	February 28, 2026
Supanee Rassamechiran, MD	Medicine	Gastroenterology	February 28, 2026

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 February 26, 2025 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



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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 26th DAY OF March, 2025.

Certified by:

Theresa C. Obispo
Chairperson

Attested by:

Sharon J. Davis
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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Board of Trustees Official Resolution No. 2025-30

“RELATIVE TO THE APPOINTMENT OF PROVISIONAL ALLIED HEALTH PROFESSIONAL STAFF PRIVILEGES”

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Caressa Kasperbauer, PA-C	Ob/Gyn/Surgery	Certified Physician Assistant (SDAClinic)	February 28, 2026

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

WHEREAS, the Medical Executive Committee met on February 26, 2025 and the Joint Conference and Professional Affairs Committee recommended approval of Provisional Allied Health Staff Membership appointment for the above listed practitioner; and

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

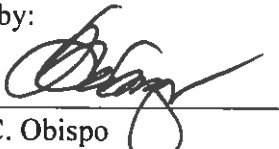
RESOLVED, that the Board of Trustees approves this recommendation to appoint the above named practitioners to Provisional Allied Health Professional Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioners listed above and all Hospital and Medical Departments of these 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.

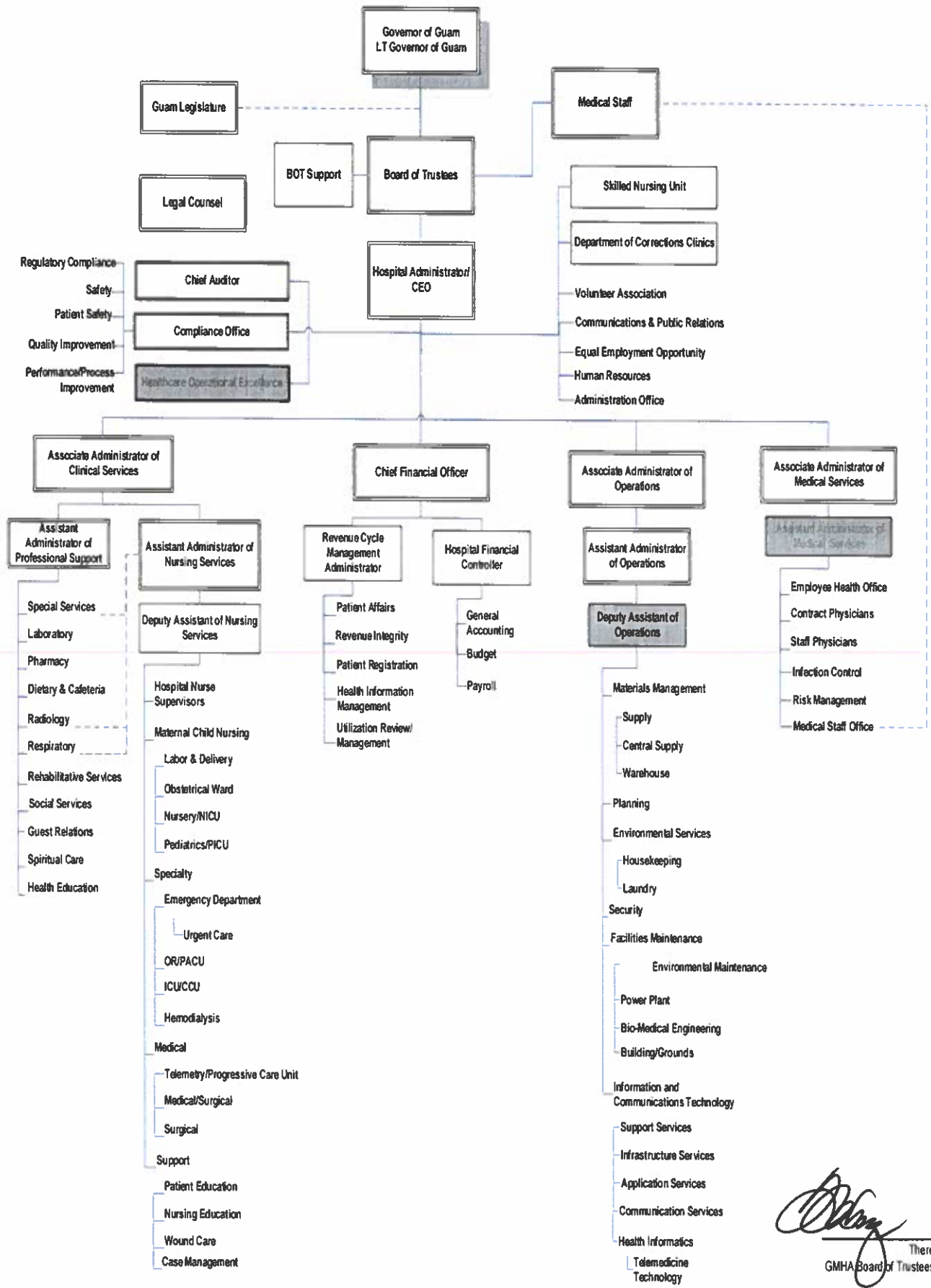
DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF MARCH, 2025.

Certified by:


Theresa C. Obispo
Chairperson

Attested by:


Sharon J. Davis
Secretary



Theresa C. Obispo
GMHA Board of Trustees Chairperson



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2025-31

“RELATIVE TO EXTENDING A 25% WORKING DIFFERENTIAL PURSUANT TO 4GCA, §6229.7 TO GMHA EMPLOYEES CERTIFIED OR LICENSED IN REHABILITATION, RADIOLOGY, SOCIAL WORK, REGISTERED DIETARY, SPECIAL SERVICES, RESPIRATORY THERAPY, AND LABORATORY SCIENCE”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) has experienced and continues to experience challenges with recruitment and retention of allied health professionals, especially in the specialty of rehabilitation, dietary, radiology, respiratory therapy, laboratory, special services, social work; and

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

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

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

WHEREAS, the employees of the Rehabilitation, Dietary, Radiology, Respiratory Therapy, Laboratory, Social Work and Special Services departments are being offered employment elsewhere with comparable salaries to National Wage estimates; and

WHEREAS, the latest (2023) data from U.S. Bureau of Labor Statistics and the wages from other local hospitals shows an experienced Physical Therapists wage at \$50.25 per hour (\$104,520.00 per annum); the latest (2023) data from U.S. Bureau of Labor Statistics and the wages from other local hospitals shows an experienced Occupational Therapists wage at \$47.51 per hour (\$98,850.00 per annum); and the latest (2023) data from the U.S. Bureau of Labor Statistics for an experienced Speech Language Pathologists shows a wage of \$49.60 per hour (\$103,160.00 per annum); and

WHEREAS, the actual salaries (as of December 2024) mean wage of GMHA Physical Therapist employees is \$31.78 per hour (\$66,108.65 per annum) which is 30% below the national wage estimate, and mean wage of GMHA Occupational Therapist employees is \$33.79 per hour (\$70,284.50 per annum) which is 30% below the national wage estimate, and the mean wage of GMHA Speech Language Pathologist employees is \$31.53 per hour (\$65,582.00 per annum) which is 37% below the national wage estimate; and

WHEREAS, the latest (2023) data from U.S. Bureau of Labor Statistics shows an experienced Diagnostic Medical Sonographer wage at \$43.72 per hour (\$90,940.00 per annum); and the latest (2023) data from U.S. Bureau of Labor Statistics shows an experienced Radiology Technologist wage at \$36.79 per hour (\$76,520.00 per annum); and



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
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WHEREAS, the actual salaries (as of August 2023) mean wage of GMHA Diagnostic Medical Sonographer employees is \$31.45 per hour (\$65,416.00 per annum), which is 39% below the national wage estimate, and mean wage of GMHA Hospital Radiologic Technologist employees is \$30.70 per hour (\$63,853 per annum) which 20% below the national wage estimate; and

WHEREAS, the latest (2023) data from U.S. Bureau of Labor Statistics shows an experienced Clinical Dietitian earning wage of \$37.10 per hour (\$77,180.00 per annum); and the latest (2023) data from U.S. Bureau of Labor Statistics shows Food Service Managers earning a mean wage of \$29.33 per hour (\$61,000.00 per annum); and

WHEREAS, the actual salaries (as of August 2021) mean wage of the GMHA dietary department supervisors and manager is \$22.92 per hour (\$47,666.67 per annum), which is 28% below the national mean wage; and

WHEREAS, the latest (2020) data average from U.S. Bureau of Labor Statistics and Medical Group Management Association shows a mean wage for Laboratory Technologist at \$27.56 per hour (\$55,597.00 per annum); and the latest (2020) data average from U.S. Bureau of Labor Statistics. Medical Group Management Association, Local Private Hospital, and GMHA Travelers shows a mean wage for respiratory therapists at \$38.75 per hour (\$80,600.00 per annum); and

WHEREAS, the actual salaries (as of August 2021) mean wage of GMHA medical laboratory technologist employees is \$25.31 per hour (\$36,943.00 per annum), and mean wage of GMHA Respiratory Therapist employees is \$30.70 per hour (\$63,853.00 per annum); and

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

RESOLVED, that the Board has determined it is in the best interest of the GMHA to extend a 25% working pay differential provided by Title 4 G.C.A., Section 6229.10 and PL 22-87 Section to certified or licensed rehabilitation therapists, echocardiogram technologists, respiratory therapist, laboratory technologists, radiologic technologists, clinical dietitians and food service supervisors and managers who are employed at the GMHA, to be effective when funds are available, to augment wages to be competitive with the national average and also for recruitment and retention; 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 26th DAY OF MARCH 2025.

Certified by:

Theresa C. Obispo
Chairperson

Attested by:

Sharon J. Davis
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2025-32

“RELATIVE TO AMENDING THE JOB SPECIFICATIONS FOR THE CHIEF HOSPITAL PHARMACIST AND CHIEF OF CLINICAL PHARMACY”

- WHEREAS,** the amendment of the Chief Hospital Pharmacist is in alignment with 42 C.F.R. § 482.25; and
- WHEREAS,** the Director of Pharmacy is responsible for the development, supervision, and coordination of all activities of the pharmacy services within the Guam Memorial Hospital Authority (GMHA); and
- WHEREAS,** the peripheral changes to the job specification have an impact on the Hay Evaluation and, therefore, require a pay grade reassignment; and
- WHEREAS,** the amendment of the job specification will update the minimum knowledge, abilities and skills, and minimum experience and training of the Chief of Clinical Pharmacy; and
- WHEREAS,** the provisions of 4 GCA § 6303(e)(2) have been met; and
- WHEREAS,** the positions are hospital-specific, and there is no impact on any other agency outside the Authority; and
- WHEREAS,** the Executive Management Council on January 27, 2025, voted to move forward with the amendment of said positions; and
- WHEREAS,** the Human Resources Subcommittee on February 11, 2025, recommended approval to amend the job specifications for the Director of Pharmacy and Chief of Clinical Pharmacy position; now therefore be it
- RESOLVED,** that the Board of Trustees accepts the Human Resources Subcommittee’s recommendation and approves the attached proposed amended job specifications, 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 26th DAY OF MARCH 2025.

Certified by:


Theresa C. Obispo
Chairperson

Attested by


Sharon J. Davis
Secretary

EXHIBIT A

DIRECTOR OF PHARMACY (PROPOSED AMENDMENT)

NATURE OF WORK IN THIS CLASS:

Administrative and professional pharmacy work involved in the administration of the pharmacy programs and services at Guam Memorial Hospital Authority. Work is performed under general direction following the practices and procedures of pharmacy.

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.)

Administers the development, implementation, and evaluation of all activities, programs, and services within the Pharmacy Department.

Formulates objectives, goals, and strategies aligned with the hospital's vision, mission, and core values.

Serves as the pharmacist in charge. Serves on all committees related to establishing and maintaining medication-related standards. Provides recommendations to executive leadership that will support and advocate for medication safety.

Establishes, maintains, and enforces professional standards for pharmacy practices in accordance with local and federal laws, accrediting bodies, United States Drug Enforcement Administration, Occupational Safety and Health Administration, Health Insurance Portability and Accountability Act, Centers for Medicare and Medicaid Services standards, and other regulatory requirements.

Demonstrates fiscal responsibility department-wide by managing the budget, overseeing financial performance, and ensuring compliance with related policies and procedures.

Keeps abreast with industry trends, regulatory changes, and advancements in pharmacy practice.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles, practices, and standards of hospital pharmaceutical services.

Knowledge of governing requirements and regulations relevant to the practice of pharmacy.

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

Knowledge of trends, current developments, and advancements in pharmacy practice that will continue and support the success of the pharmacy department.

Ability to make decisions in accordance with established policies and procedures, professional standards, rules, laws, and regulations.

Ability to direct and perform administrative, consultative, and supervisory functions.

Ability to effectively communicate, both orally and in writing.

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

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

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

MINIMUM EXPERIENCE AND TRAINING:

Doctor of Pharmacy degree from an accredited pharmacy program; six (6) years of hospital pharmacy experience, which includes three (3) years of managerial experience in a healthcare setting.

NECESSARY SPECIAL QUALIFICATION:

Possession of a current license as a registered Pharmacist from the Guam Board of Examiners for Pharmacy.

PREFERRED QUALIFICATION:

Completion of a residency program accredited by the American Society of Health-System Pharmacists (ASHP).

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

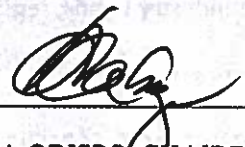
Established: 10/91

Amended:

PAY GRADE/PLAN: R (General Pay Plan)

HAY EVALUATION

KNOW HOW:	F II- 3	350
PROBLEM SOLVING:	E+ 4 (50%)	175
ACCOUNTABILITY:	D+ 2 P	152
TOTAL POINTS:		677



THERESA OBISPO, CHAIRPERSON
Board of Trustees

EXHIBIT C

CHIEF OF CLINICAL PHARMACY (PROPOSED AMENDMENT)

NATURE OF WORK IN THIS CLASS:

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

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.)

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

Provides direction for prioritization of clinical pharmacy projects.

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

Interacts with physicians, nursing staff, and other healthcare professionals to maintain interdisciplinary relationships.

Assists in the establishment, maintenance, and enforcement of professional standards for pharmacy practices in accordance with local and federal laws, accrediting bodies, United States Drug Enforcement Administration, Occupational Safety and Health Administration, Health Insurance Portability and Accountability Act, Centers for Medicare and Medicaid Services standards, and other regulatory requirements.

Arranges site coordination of advanced pharmacy practice experiences (APPE) and residency training programs.

Establishes and maintains hospital clinical pharmacy policies and procedures. Provides insightful pharmaceutical-related recommendations to support and advocate for medication-use safety.

Performs related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

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

Knowledge of the laws and regulations governing all hospital pharmacy operations.

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

Ability to make decisions in accordance with established policies and procedures, professional standards, laws, rules, and regulations.

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

Ability to effectively communicate both orally and in writing.

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

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

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

MINIMUM EXPERIENCE AND TRAINING:

Doctor of Pharmacy degree from an accredited pharmacy program; three (3) years of hospital pharmacy experience; one (1) year of direct patient care experience; and one (1) year of supervisory or managerial experience.

NECESSARY SPECIAL QUALIFICATION:

Possession of a current license as a registered Pharmacist from the Guam Board of Examiners for Pharmacy.

PREFERRED QUALIFICATION:

Completion of a residency program accredited by the American Society of Health-System Pharmacists (ASHP).

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

ESTABLISHED: February 24, 2021

AMENDED:

PAY GRADE/PLAN: Q (General Pay Plan)

HAY EVALUATION

KNOW HOW:	F 1+ 3	350
PROBLEM SOLVING:	E 4 (43%)	152
ACCOUNTABILITY:	D 2 P	132
TOTAL POINTS:		634



THERESA OBISPO, CHAIRPERSON
Board of Trustees

Hazardous Materials and Waste Management Plan Evaluation CY2024

Introduction

This evaluation assesses the effectiveness of the Hazardous Materials and Waste Management Plan at Guam Memorial Hospital Authority (GMHA) for the calendar year 2024. The review is based on the primary objectives, scope, performance monitoring activities, and improvements identified in the program, as well as compliance with local and federal regulations. The aim is to determine the strengths and weaknesses of the current plan and provide actionable insights for enhancing the safety and efficiency of hazardous materials and waste management in the coming year.

Objectives Review

The GMHA Hazardous Materials and Waste Management Plan consists of several objectives that aim to mitigate risks associated with hazardous materials and ensure the safety of staff, patients, and the environment. The evaluation of these objectives reveals:

- **Objective 1: Safe Environment and Risk Reduction**
 - **Status:** Not Met
 - **Issue:** Hazardous waste accumulation due to scheduling conflicts and delays in purchase order processing. Hazardous waste was last collected on June 28, 2024 and still pending removal as of December 31, 2024.
 - **Recommendation:** Establish a contract with a clear Scope of Work to enhance coordination with vendors and streamline procurement processes, ensuring timely disposal of hazardous waste in compliance with regulatory standards.
- **Objective 2: Health and Safety Compliance**
 - **Status:** Met
 - **Effectiveness:** Regular inspections and adherence to federal and local regulations.
- **Objective 3: Waste Reduction and Cost Containment**
 - **Status:** Met
 - **Effectiveness:** Consistent waste reduction strategies and ongoing training on waste segregation.
- **Objective 4: Hazardous Materials Awareness Training**
 - **Status:** Met
 - **Effectiveness:** Targeted training for departments handling hazardous materials, with general awareness for others.
- **Objective 5: Risk Monitoring and Minimization**
 - **Status:** Met
 - **Effectiveness:** Regular exposure monitoring ensures that acceptable levels are maintained for hazardous substances.
- **Objective 6: Multidisciplinary Team Review**
 - **Status:** Met
 - **Effectiveness:** The Environment of Care (EOC) Committee effectively reviews and acts on data and feedback from various departments.
- **Objective 7: Plan Implementation**
 - **Status:** Met
 - **Effectiveness:** Successful implementation and ongoing revisions to the plan as required.
- **Objective 8: HAZWOPER Training**
 - **Status:** Partially Met

- **Issue:** Only two staff members completed the required HAZWOPER training. GMHA continues to Lack of a decontamination team.
- **Recommendation:** Appoint a designated CBRNE decontamination team and ensure consistent training for all necessary staff.
- **Objective 9: Exposure Monitoring**
 - **Status:** Met
 - **Effectiveness:** Continuous monitoring for hazardous gases and chemicals, with data regularly reported.
- **Objective 10: Evaluation of Alternative Products**
 - **Status:** Met
 - **Effectiveness:** Ongoing research and review of alternative products to reduce risk and environmental impact.
- **Objective 11: Spill Response Team Implementation**
 - **Status:** Met
 - **Effectiveness:** Spill response and decontamination protocols are in place, though more regular drills are recommended.

Scope Evaluation

The scope of the Hazardous Materials and Waste Management Plan remains consistent with regulatory standards and has shown improvements in communication and proactive monitoring across departments. The appointment of Department Safety Coordinators ensures better tracking and reporting of hazardous materials management activities.

Strengths:

- Enhanced information sharing between departments.
- Regular departmental safety rounds and hazard inspections ensure active participation in safety practices.

Weaknesses:

- Lack of proactive drills for spill response teams and coordination gaps between units and vendors for waste disposal.
-

Performance Review

Monitoring Activities:

- Regular reports are generated to track hazardous waste volume, chemical spills, and radiation exposure. The volume of regulated medical waste and hazardous chemical waste has been closely monitored and recorded.
- **Key Metrics:**
 - **Hazardous Waste Removed:** Before June 2024, there were no significant issues to report. However, in the third quarter, hazardous materials disposal was delayed due to scheduling conflicts, and in the fourth quarter, the absence of a purchase order number caused further delays. The inventory of accumulated waste since June 28, 2024, is as follows:
 - 71kg Drum of Ethanol (Power plant)
 - 52kg Drum of Formalin (Power plant)
 - 1 Drum of Oil (Power plant)

- 3 Drums of Chemo waste (Autoclave)
 - 37 Gallons alcohol (Lab)
 - 11 Gallons formalin (Lab)
 - 7 Gallons citrisolv (Lab)
 - 15 Gallons formalin (Morgue)
 - 50 UPS batteries Each (Bio med)
 - 2-14 Gallons of dry cell batteries (Materials Management)
- **Chemical Spill Incidents:** Zero chemical spills occurred, indicating effective spill prevention measures.
 - **Regulated Medical Waste:** The volume of medical waste generated and processed remained stable throughout the year.
 - **Radiation Exposure:** No exposure incidents were recorded, reflecting effective safety protocols.

Performance Improvement Projects:

For 2025, new indicators, such as hazardous materials inventory reviews, will be included as part of the performance improvement efforts.

- The improvement of the waste segregation process to reduce cost and volume remains a priority.

Strengths of the Program

- **Proactive Monitoring:** The program excels in its consistent monitoring of hazardous materials, waste management, and exposure levels.
- **Collaboration:** There is strong collaboration between departments, including Facilities, Materials Management, and the Safety Department, to ensure that corrective actions are implemented.

Weaknesses of the Program

- **Inconsistent Spill Response Drills:** Spill response drills are not conducted regularly, potentially leaving gaps in the team's readiness. More frequent drills are recommended to ensure team preparedness and effective emergency response.
- **HAZWOPER Training:** While the training program has been partially met, there are gaps in the number of trained staff. Here is a list of staffed trained

Department	40hr HAZWOPER Training	Annual 8hr HAZWOPER Refresher
Safety	3	3
Environmental Services	5	5
Materials Management	1	0
Facilities Maintenance	1	0

A more comprehensive approach to training and certification is needed.

- **Staff Training:** While a general online training was sent out to all departments, no specific departments that handle hazardous material on daily basis was trained.

Recommendations for Improvement

- **Enhanced Spill Response Drills:** Conduct annual spill response drills to improve response time and effectiveness.
- **Procurement and Waste Disposal Process Optimization:** Address scheduling conflicts and procurement issues to ensure timely disposal of hazardous waste within the regulatory limits.
- **CBRNE Decontamination Team:** Appoint a designated decontamination team and ensure that all necessary staff receive regular HAZWOPER training.
- **Improved Inventory Management:** Conduct more frequent reviews of the hazardous materials inventory list to ensure up-to-date tracking and disposal of materials.

Conclusion

The GMHA Hazardous Materials and Waste Management Plan has largely met its objectives for 2024, with clear progress in ensuring a safe environment for staff, patients, and the community. However, there are areas that require attention, such as spill response drills and timely hazardous waste disposal. Addressing these weaknesses will ensure the program's continued effectiveness and compliance with safety and regulatory standards.

Moving forward, GMHA should continue to foster proactive communication across departments, increase training efforts, and optimize hazardous waste management practices to further enhance the safety and sustainability of the hospital's operations.

Submitted by:



Joseph Cruz, Hospital Safety Inspector I

Date:

3/25/2025

Reviewed by:



Dolores Pangelinan, Materials Management Administrator

Date:

3/25/25

Reviewed by:



Daniel Leon Guerrero, Program Coordinator IV, Safety Office

Date:

03/25/2025

Reviewed by:

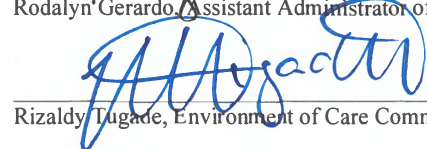


Rodalyn Gerardo, Assistant Administrator of Operations

Date:

03/31/2025

Reviewed by:



Rizaldy Tugade, Environment of Care Committee Chairperson

Date:

3.31.25

Safety Management Plan Evaluation CY2024

Introduction

This evaluation assesses the effectiveness of the Safety Management Plan at the Guam Memorial Hospital Authority (GMHA), as outlined in Policy 101A. The aim is to evaluate how the hospital manages safety and health-related risks, with an emphasis on identifying potential hazards and assessing the adequacy of response procedures. This report includes an analysis of the plan's scope, objectives, performance achievements, challenges, and provides recommendations for continued improvement.

Objectives Review

The evaluation of GMHA's Safety Management Plan objectives reveals the following:

- **Objective 1: GMHA Safety Policies**
 - **Status:** Met
 - **Effectiveness:** The hospital's safety policies comply with applicable regulations, including OSHA, CMS, NFPA, and EPA guidelines.
 - **Objective 2: Risk Minimization**
 - **Status:** Met
 - **Effectiveness:** The risk management processes are proactive, with physical and health hazards promptly identified and mitigated, as per the goals outlined.
 - **Objective 3: Workplace Injuries and Illnesses Minimization**
 - **Status:** Met
 - **Effectiveness:** GMHA effectively reports and investigates workplace injuries to reduce the potential of future risks of hazardous workplace conditions and to prevent unsafe work practices. All workplace injuries were submitted to the Department of Labor on time.
 - **Objective 4: Response to Immediately Dangerous To Life Or Health (IDLH) Situations**
 - **Status:** Met
 - **Effectiveness:** The hospital has a clear and practiced response plan for IDLH situations, ensuring a quick and effective response to potential hazards that endanger life, health, or equipment.
 - **Objective 5: Risk Identification and Control Measures**
 - **Status:** Met
 - **Effectiveness:** Engineering controls, safe work practices, administrative controls, and PPE are implemented to minimize risk to patients and staff.
 - **Objective 6: Education and Training**
 - **Status:** Partially Met
 - **Issue:** Training programs are in place to ensure staff are educated about safety practices, although there are areas for improvement, particularly in completing the Environment of Care Fair training and respirator certification.
 - **Recommendation:** Enhance collaboration with department managers to ensure that staff complete the required training within the designated timeframe.
-

Scope Evaluation

The scope of the Safety Management Plan addresses all aspects of risk management for GMHA (GMH and SNF). This includes identifying and mitigating safety hazards, ensuring regulatory compliance, and providing a safe environment for patients, staff, and visitors. The plan is comprehensive, focusing on proactive hazard assessments, incident reporting, safety inspections, and emergency preparedness.

Strengths:

- **Comprehensive Coverage:** The Safety Management Plan is extensive and covers all necessary areas, including risk identification, workplace safety, and emergency response.
- **Regulatory Compliance:** The plan is aligned with federal, local, and industry regulations, ensuring that GMHA meets the necessary standards for patient and staff safety.

Weaknesses:

- **Limited Training Participation:** While most goals were met, two goals had lower-than-target completion rates. The completion rate for Respirator fit test certification was at 85% completion and the Environment of Care Fair training was at 97% completion.
 - **Training Accessibility:** The respirator fit test training had challenges in reaching all staff, potentially due to limited training opportunities or scheduling issues.
-

Performance Review

Key Achievements:

- **Safe Environment:** All 55 comprehensive inspections were successfully completed, covering both clinical and non-clinical areas. However, recurring unsafe practices persist, including but not limited to placing gurneys on both sides of corridors, obstructing fire extinguishers, storing pallets in corridors, daisy-chaining extension cords, and using heating elements. Among these, the most frequent and persistent issues are the placement of gurneys and pallets in corridors, as well as the use of heating elements.
- **Risk Identification:** All 110 bi-weekly safety inspections were conducted and reported. Prompt corrective actions were taken for any deficiencies identified.
- **Incident Reporting:** 100% of workplace incidents were reported to the Department of Labor, ensuring compliance and transparency.
- **Fire Drills:** A total of 26 fire drills were conducted, successfully meeting the requirement of one drill per shift per quarter for each facility, ensuring continued preparedness for fire emergencies.

Areas Needing Improvement:

- **Respirator Fit Testing:** 982 out of 1204 staff completed the respirator fit test training, falling short of the 100% target.
 - **Safety Training Completion:** The goal of achieving a 100% completion rate for the Environment of Care Fair training was not fully met, with a 97% completion rate.
-

Challenges Identified

- **Training Accessibility:** The lower-than-target completion rates for respirator fit testing and safety training suggest that some staff members may face challenges accessing or scheduling training sessions.
 - **Repeat Unsafe Practices:** Despite thorough inspections, unsafe practices in both clinical and non-clinical areas persist. These issues are not always addressed promptly due to a lack of accountability, as department heads do not consistently enforce compliance among staff.
 - **Follow-up for Non-compliance:** Some non-compliant staff members were not tracked consistently, impacting overall training and certification rates.
-

Recommendations for Improvement


- **Recommendations for Respirator Fit Testing:**

- **Increase Training Frequency or Accessibility:** Expand the frequency of fit-testing sessions to ensure all staff members can easily attend. For example, adding additional sessions or offering more flexible hours could improve participation.
 - **Targeted Outreach:** Proactively track non-compliant staff and send reminders about the importance of respirator training, using direct communication from leadership to emphasize the need for compliance.
 - **Progress Monitoring:** Implement a real-time tracking system to monitor staff training progress, sending automated reminders and providing regular updates to managers for timely follow-up.
- **Recommendations for Safety Training Completion:**
 - **Improve Access to Training:** Ensure the online training platform is mobile-friendly and optimized for easy access by staff during breaks or off-shifts.
 - **Track Completion Rates:** Monitor staff participation closely and set individual goals for department heads to ensure 100% compliance. Automated reminders should be sent to employees who haven't completed the training.
 - **Gather Feedback:** Collect feedback from staff to assess the online training experience, making necessary adjustments based on their input to improve the platform and engagement.

Conclusion

Overall, the Safety Management Plan at GMHA has been largely successful in maintaining a safe environment for staff, patients, and visitors. The hospital has met most of its key objectives, including conducting thorough safety inspections, responding effectively to safety hazards, and reporting incidents to regulatory bodies. However, certain goals related to training completion and respirator fit testing fell short of expectations.

By addressing the identified areas for improvement—particularly in training accessibility, proactive tracking of non-compliant staff, and improving the user experience for safety-related education—GMHA can further enhance the safety culture and ensure continued compliance with regulatory standards. With these improvements, GMHA will be better equipped to mitigate risks and maintain a safe environment for all stakeholders.

Submitted by: 	Date: <u>03/25/25</u>
Franco Ishmael, Hospital Safety Inspector I	
Reviewed by: 	Date: <u>03/25/2025</u>
Daniel León Guerrero, Program Coordinator IV, Safety Office	
Reviewed by: 	Date: <u>03/31/2025</u>
Rodalyn Gerardo, Assistant Administrator of Operations	
Reviewed by: 	Date: <u>3-31-25</u>
Rizaldy Tugade, Environment of Care Committee Chairperson	

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

Guam Memorial Hospital Authority

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

**2025 GMHA Emergency Water Outage
Hospital-Wide Event**

Prepared by
Planning Department

Prepared for

GUAM MEMORIAL HOSPITAL (GMH)

Event Date:
February 7, 2025

Report Date:
February 17, 2025

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

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

ADMINISTRATIVE HANDLING INSTRUCTIONS

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

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

INTRODUCTION

The February 7, 2025 emergency water outage tested GMHA's ability to respond to an urgent infrastructure failure requiring immediate corrective action. This report provides an overview of the event, highlights key strengths and challenges encountered, and outlines an IP to address identified gaps and enhance future preparedness.

The outage was initiated as an emergency response to a critical leak in the Dietary Department, which posed a fire hazard and required immediate repairs. Due to the location of the leak, the repair necessitated a full shutdown of the hospital's main water supply, impacting all departments within the hospital, including patient care areas, surgical suites, and support services. Recognizing the urgency of the situation, GMHA activated a modified Incident Command (IC) structure, led by the Planning Department, to oversee response efforts, coordinate resources, and ensure operational continuity.

The hospital's primary objectives during the outage were to ensure patient safety and continuity of care, secure alternative water supply and distribution, implement sanitation and hygiene protocols, and maintain effective communication and situational awareness. Special attention was given to infection control, hemodialysis, emergency procedures, and patient hygiene, which were directly impacted by the water shutdown.

Throughout the event, the Planning Section documented all response actions, evaluating GMHA's emergency preparedness and identifying areas for improvement. This real-world experience provided critical insights into the hospital's infrastructure resilience, response coordination, and contingency planning for essential utilities. The findings from this After-Action Review (AAR) will be used to strengthen GMHA's emergency water outage protocols and long-term mitigation strategies.

SECTION 1: EXERCISE OVERVIEW

Exercise/Event Name: GMHA Emergency Water Outage

Exercise/Event Start Date: February 7, 2025

Exercise/Event End Date: February 8, 2025

Duration: One (1) day

Focus Area(s): Continuity of Operations, Infrastructure Systems, and Response

Type of Exercise/Event Completed:

Discussion-Based Exercise

☐Seminar ☐Workshop ☐Tabletop ☐Games

Operations-Based Exercise

☐Drill ☐Full-Scale Exercise ☐Functional Exercise

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

Emergency Event

☒ Event

1. Planning

The Emergency Management Plan (EMP) provides a structured framework for mitigation, preparation, response, and recovery to ensure GMHA remains operational during critical infrastructure failures, including water outages. This all-hazards approach ensures GMHA can sustain patient care and essential hospital functions despite disruptions to critical utilities.

Key components of the Emergency Preparedness Manual include the Emergency Operations Plan (EOP) and the Loss of Water Contingency Plan, which outline procedures for maintaining water supply, ensuring sanitation, and securing alternative resources. These plans are activated when an emergency water outage occurs, guiding hospital leadership and response teams through coordinated mitigation and recovery efforts.

For this event, the Planning Department oversaw the modified Incident Command (IC) structure, ensuring an organized response and resource coordination. Planning efforts focused on identifying alternative water sources, assessing operational impacts, implementing conservation measures, and ensuring staff awareness of contingency protocols.

The structured response process ensured critical hospital operations continued despite the outage, providing key insights into infrastructure vulnerabilities, resource dependencies, and areas for improving GMHA's emergency water outage response plan.

2. Communications

Effective communication was critical in ensuring a coordinated response during the emergency water outage at GMHA. Messaging was focused on information staff, updating the public, and coordinating with healthcare partners to mitigate disruptions to patient care and hospital operations.

GMHA prioritized timely and clear communication to staff regarding the water outage, operational adjustments, and resource management. Updates were disseminated through huddles, email notifications, and verbal briefings to ensure all units were aware of response measures. Department most affected by the outage received specific guidance on water conservation, modified workflows and contingency plans. Leaders ensured that essential personnel were informed of alternative water distribution methods and emergency protocols to minimize patient care disruptions.

GMHA issued a media release to inform the public about the emergency water outage and its potential impact on hospital operations.

Additionally, GMHA collaborated with emergency management agencies and healthcare partners, ensuring they were aware of the situation and coordinating contingency plans as

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needed. GMHA also issued a media release during the following morning to notify the public that water has been restored. Repairs were successful and visitation hours, along with, elective surgical procedures, were restored by Saturday morning, February 8, 2025.

3. Risk Management

To minimize disruptions and ensure patient safety, GMHA strategically scheduled the emergency water outage for after hours, allowing critical operations to proceed with minimal impact. Recognizing the essential role of water in clinical care, sanitation, and facility operations, GMHA took proactive measures to mitigate risks. Hemodialysis patients were dialyzed prior to the outage, ensuring that those requiring this life-sustaining treatment were not affected. Additionally, the Emergency Department (ED) diverted all incoming patients to other healthcare facilities to prevent any complications arising from limited water access.

To accelerate repairs and restore full functionality as quickly as possible, multiple repair teams were activated simultaneously, significantly reducing downtime. Backup repair parts were readily available, ensuring there were no delays in sourcing materials, and GMHA placed Guam Waterworks Authority (GWA) on standby in case additional support was required. GWA provided back-up water as contingency plans.

ANALYSIS OF CAPABILITIES

Guam Memorial Hospital Authority

- (a) Patient Safety and Continuity of Care: Maintained essential patient care services by implementing contingency measures to minimize disruptions and uphold infection control protocols.
- (b) Logistics Management and Resource Coordination: Coordinated repair efforts efficiently to restore operations quickly while ensuring the availability of necessary resources and external support if needed
- (c) Communication and Coordination: Facilitated timely communication across departments, with external partners, and to the public to ensure situational awareness and a well-coordinated response.

SECTION 2: EXERCISE/EVENT DESIGN SUMMARY

Event Purpose

The primary objective of the emergency water outage response was to assess GMHA's preparedness and operational resilience in managing a critical utility disruption. The event provided an opportunity to evaluate the effectiveness of GMHA's Emergency Operations Plan (EOP) in maintaining patient care, resource coordination, and communication strategies while sustaining essential hospital functions.

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Event Design

The emergency water outage was a planned response to an urgent infrastructure issue, requiring immediate action to prevent further risks. While the outage was temporary, GMHA activated emergency response protocols to ensure patient safety, sustain operations, and minimize disruptions. Key actions included:

- Coordinating repairs to restore water service as quickly as possible.
- Implementing contingency measures to maintain patient care and infection control.
- Communicating with staff and external partners to ensure situational awareness.

The event demonstrated GMHA's ability to effectively manage critical utility failures while maintaining operational continuity.

Scenario Details:

Date: February 7, 2025

Location: Guam Memorial Hospital (GMH)

Incident: Emergency Water Outage

OBJECTIVES AND CAPABILITIES

Patient Safety and Continuity of Care:

Objective No. 1 – Ensure Patient Safety and Continuity of Care

- Maintain uninterrupted care for all patients, prioritizing critical areas such as Intensive Care Unit (ICU), Labor and Delivery (L&D), ED, Operating Room and Hemodialysis.
- Implement contingency measures for sanitation, hydrations, and medical equipment that requires water.
- Ensure continued operation of critical utilities that affects patient safety.

Objective No. 2 – Implement Sanitation and Hygiene Protocol

- Distribute alternative hand hygiene solutions such as alcohol-based hand sanitizers and disinfectant wipes
- Ensure safe disposal of waste and adherence to infection control guidelines

Logistics Management and Resource Coordination:

Objective No. 3 – Secure Alternative Water Supply and Distribution

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- Coordinate with local emergency management and water suppliers for potable water deliveries.
- Deploy and monitor water storage tanks/containers, bottled water, and portable handwashing stations throughout the facility.

Communication and Coordination:

Objective No. 4 – Maintain Effective Communication and Situational Awareness

- Provide timely updates to hospital staff, patients, and visitors about the outage and contingency measures.
- Establish a liaison with GWA.

SCENARIO SUMMARY

On February 6, 2025, a critical infrastructure issue was reported by the Acting Facilities Maintenance Manager, Adrian Manuel, to CEO Lillian Perez-Posadas, identifying a leak in the Dietary Department that posed a fire hazard due to its proximity to an electrical component. Recognizing the immediate safety risk, executive management made the decision to proceed with an emergency repair, which required a hospital-wide water shutdown. In response, the Emergency Operations Plan (EOP) was activated per executive management, and a morning huddle was scheduled for February 7 to coordinate pre-outage mitigation efforts.

Following the huddle, the Hospital Chief Planner/EOC recommended the activation of a modified Incident Command (IC) structure to oversee response efforts and ensure the systematic implementation of mitigation measures prior to the shutdown. To guide the hospital's response, the Planning Department developed a checklist based on GMHA's Loss of Water policy and the outcomes of the morning huddle. An afternoon huddle was conducted to verify that all pre-outage tasks had been completed and that departments were fully prepared.

Key Actions Taken:

- ✓ Activation of IC to oversee response efforts
- ✓ Development of a response checklist to ensure all necessary actions were completed
- ✓ Conduct morning and afternoon huddles to enhance coordination and preparedness in implementing Interim Life Safety Measures (ILSM).
- ✓ Notification of GMHA leadership, healthcare partners, emergency management agencies and first responders
- ✓ Coordination with GWA for backup water supply
- ✓ Inventory and procurement of water resources, including potable water containers
- ✓ Distribution of potable water, bottled water, and hand sanitizers to maintain hygiene and sanitation
- ✓ Shutdown of ice machines and posting of "out of service" signs on ice machine and drinking fountains

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- ✓ Hemodialysis patients were dialyzed prior to the outage to prevent disruption of critical treatment
- ✓ Planned diversion of incoming patients to reduce the hospital water demand during the outage
- ✓ Implementation of hygiene training for clinical staff on proper water spout usage and conservation methods
- ✓ Issuance of informational circular and overhead announcements to keep staff and patients informed
- ✓ Press release to notify the public and maintain transparency

Response & Recovery of Sequence of Events

On February 7, 2025 at 2100, all mitigation procedures have been completed. IC communicated with each department to confirm delivery of potable water.

- At 2118 hours, Hemodialysis Unit had requested to postpone the shutoff until 2230.
- At 2140 hours, all restrooms, water fountain, ice machines were secured.
- At 2200 hours, cooling water prepped and hose connected to back up supply of water
- At 2217 hours, IC confirmed with Hemodialysis that there were no more patients in the unit.
- At 2224 hours, IC called Communication Center to announce the start of water outage. IC also notified Facilities Maintenance (FM) to wait for the announcement before shutting off the water.
- At 2237 hours, Communication Center announced after the water outage, FM shut off the water, and immediately started with the repairs. 30 min or less updates were provided to the IC by FM. IC also confirmed that GMH is on full divert.

On February 8, 2025 at 0000 hours, IC continue to monitor the repairs.

- At 0005 hours, 15% of repairs were complete.
- At 0127 hours, 100% repairs were complete. Leak test immediately followed.
- At 0257 hours, all areas were reported to be leak-free.
- At 0330 hours, all repair procedures were completed. EOC assessment was then conducted lead by Hospital Chief Planner & FM
- At 0350 hours, IC notified CEO of ALL CLEAR and announcement. “Dr. Clearwater” was announced overhead and on the leader’s chat.
- At 0430 hours, IC stood down.

During the outage, FM capitalized on the opportunity to execute supplementary infrastructure repairs across the hospital. To optimize efficiency, FM organized multiple repair teams, designating crew members to various areas to address outstanding maintenance tasks that could

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be accomplished while the water supply was temporarily suspended. This proactive strategy facilitated the resolution of several facility issues, thereby enhancing the overall resilience of the hospital's infrastructure and minimizing the necessity for future disruptions.

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SECTION 3: IMPROVEMENT PLAN

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

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Patient Safety and Continuity of Care & Logistics Management and Resource Coordination	(a) The Loss of Water policy is outdated and does not reflect current operational procedures.	(a) Update the policy to align with current response protocols and best practices.	(a) EOC led by the Planning Department	March 3, 2025	
Communication and Coordination	(a) The Communication Center lacked a ready-made script for emergency announcements, leading to uncertainty in messaging.	(a) Develop standardized emergency announcement scripts for all critical incidents.	(a) Information, Communication, & Technology (Communication Center) & Public Information Officer	Pending	

GUAM MEMORIAL HOSPITAL AUTHORITY
2025 GMH Emergency Water Outage



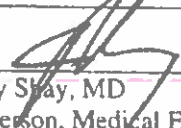
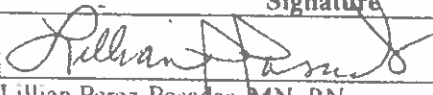

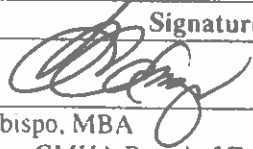
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**GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION**

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

- ☐ Bylaws Submitted by Department/Committee: Patient Safety Committee
- ☐ Rules & Regulations Policy No.: A-PS820

☒ Policies & Procedures Title Just Culture Response to Patient Safety

Reviewed/Endorsed	Date	Signature
	11/22/2024	
Title		Danielle Manglona, MSN, MBA, RN Acting, Chairperson, Patient Safety Committee
Reviewed/Endorsed	Date	Signature
	12/23/2024	
Title		Christine Taquero, MSN, RN Chairperson, Nursing Management Committee
Reviewed/Endorsed	Date	Signature
	12/27/2024	 1/2/25
Title		Jeffrey Shay, MD Chairperson, Medical Executive Committee
Reviewed/Endorsed	Date	Signature
	01/31/2025	
Title		Lillian Perez-Posadas, MN, RN Chairperson, Executive Management Council
Reviewed/Endorsed	Date	Signature
	3/31/25	
Title		Antoinette Kleiner, RN, MSN, FNP, IBCLC Chairperson, GMHA BOT Quality & Safety SC
Reviewed/Endorsed	Date	Signature
	4/3/25	
Title		Theresa Obispo, MBA Chairperson, GMHA Board of Trustees

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

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY	RESPONSIBILITY	EFFECTIVE DATE	POLICY NO.	PAGE
Lillian Perez-Posadas, MN, RN Hospital Administrator/CEO	Hospital-wide	Pending	A-PS820	1 of 10
TITLE: JUST CULTURE RESPONSE TO PATIENT SAFETY EVENTS				
LAST REVIEWED/REVISED: 11/2024				
ENDORSED: PSC:11/2024, NMC:12/2024, MEC:12/2024, EMC: 01/2025, Q&S: 03/2025, BOT: /2025				

PURPOSE:

This policy covers the key concepts of a *Just Culture* approach to investigating and following up on patient safety events, including the use of a Decision Tree to guide the investigator.

POLICY:

Guam Memorial Hospital Authority (GMHA) believes that a Just Culture is the cornerstone of a positive culture of patient safety. Attributes of a Just Culture include transparency, open and free communication around reporting of events, aligned objectives with the common goal of improving patient safety, appreciation of “Good Catches” and “No Harm Events” as opportunities and support for reporting any situation that threatens patient safety.

When patient safety events are investigated, including adverse events, no harm events and good catch events and it is determined that action(s) by a member of the GMHA care team contributed to the event, the assessment will include use of the Just Culture Decision Tree as a tool to assist in analysis and decision making. The Just Culture Decision Tree helps identify individual accountability and system failures. Responsibility for addressing failures lies with the appropriate leadership representatives. While the Just Culture Decision Tree is a tool to guide the investigation process, it is used in conjunction with other evidence such as past performance of individuals involved in the event.

The Risk Management Program Officer and the Patient Safety Officer are available to assist investigators with use of the Just Culture Decision Tree, as appropriate.

DEFINITIONS:

Just Culture: The following describes a Just Culture:

- Establishes a learning environment rather than a blaming environment
- Establishes accountability in the context of the system in which the incident occurs
- Is *not* a non-punitive (blame free) environment in that individuals are held accountable for their own performance *but not system flaws*
- Promotes a culture of reporting and learning from incidents
- Encourages open discussion of adverse events
- Commits to improving and implementing change based on patterns/trends
- Incident investigations are fair and free from bias over the outcome of the incident or from hindsight

Error: An act of commission (doing something wrong) or omission (failing to do the right thing) that leads to an undesirable outcome or significant potential for such an outcome.

Human Error: Inadvertent action; inadvertently doing other than what should have been done; slip, lapse, mistake.

At-Risk Behavior: Behavior that increases risk where risk is not recognized, or is mistakenly believed to be justified.

Reckless Behavior: Behavioral choice to consciously disregard a substantial and unjustifiable risk.

Adverse Event: An event [which may or may not have been preventable] that causes death or harm to a patient.

No Harm Event: An event or error that has the potential to cause death or harm to patients.

Good Catch Event: An event or error where harm to the patient was prevented because of discovery and action. Sometimes called a “near miss.”

PROCEDURE:

- A. The Just Culture Decision Tree (see Attachment I) is the tool used to identify acts deserving of personnel actions, such as coaching, counseling and discipline, and acts resulting from one or more system failures which demand systemic correction.
- B. The Just Culture Decision Tree should be used when a member of the GMHA care team is involved in a patient safety event. If more than one member of the care team is involved, it is essential to work through the Decision Tree separately for each person. Note: throughout the remainder of this procedure, the member of the care team under review will be referred to as “the individual” and the person leading the investigation will be referred to as the “investigator.”
- C. Ideally, the Just Culture Decision Tree should be used as soon as possible after the patient safety event, while facts are still fresh.
- D. The Just Culture Decision Tree guides the investigator through a series of structured questions about the individual’s actions, motives and behavior at the time of the event. The questions move through three sequential tests. Attachments II, III, and IV include additional information to guide the investigator in the use of the specific sections of the Decision Tree:
 1. The Deliberate Harm Test (Attachment II) – In few, exceedingly rare, cases, the intent of the individual was to cause harm. The Deliberate Harm test asks questions to help identify or eliminate this possibility at the earliest possible stage.
 2. The Foresight Test (Attachment III) – The Foresight Test examines whether protocols and safe working practices existed and were adhered to.
 3. The Substitution Test (Attachment IV) – The final Substitution Test helps to assess how a reasonable, prudent peer would have been likely to deal with the situation.

- E. When navigating through the Just Culture Decision Tree, it's important to answer the "yes/no" questions based on evidence, not assumptions. Never make assumptions about the incident, the individual or the protocols and safe procedures in place at the time. Record answers to the "yes/no" questions along with the facts/reasons why that decision was made.
- F. During the course of navigating through each "test" in the Just Culture Decision Tree, it is essential to also evaluate related or unrelated system failures that might have directly or indirectly contributed to the event. Just because personal accountability has been determined, it is equally important to assess system accountability in order to develop a fair and just action plan.
- G. For individuals who believe that a Just Culture approach to a patient safety event was not followed:
 - 1. Please refer to GMHA Grievance Procedure available from the Human Resources (HR) Office (non-contractual employees).
 - 2. Employees falling under a collective bargaining agreement may refer to their union contract's grievance process.
 - 3. At any phase in the Grievance Procedure, the employee, the manager/administrator, or HR representative may request a consultative review of the case by the Patient Safety Officer. The focus of this review is to assess the use of the Just Culture Decision Tree during the patient safety event investigation and render an opinion about the conclusions. This review will be considered by the manager/administrator, along with other pertinent facts, in determining appropriateness of the action taken as part of the Grievance process.

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RELATED POLICIES:

GMHA Administrative Policy No. A-PS800, Patient Safety Program

GMHA Administrative Policy No. A-LD500, Behaviors that Undermine Culture of Safety

RESCINDED POLICIES:

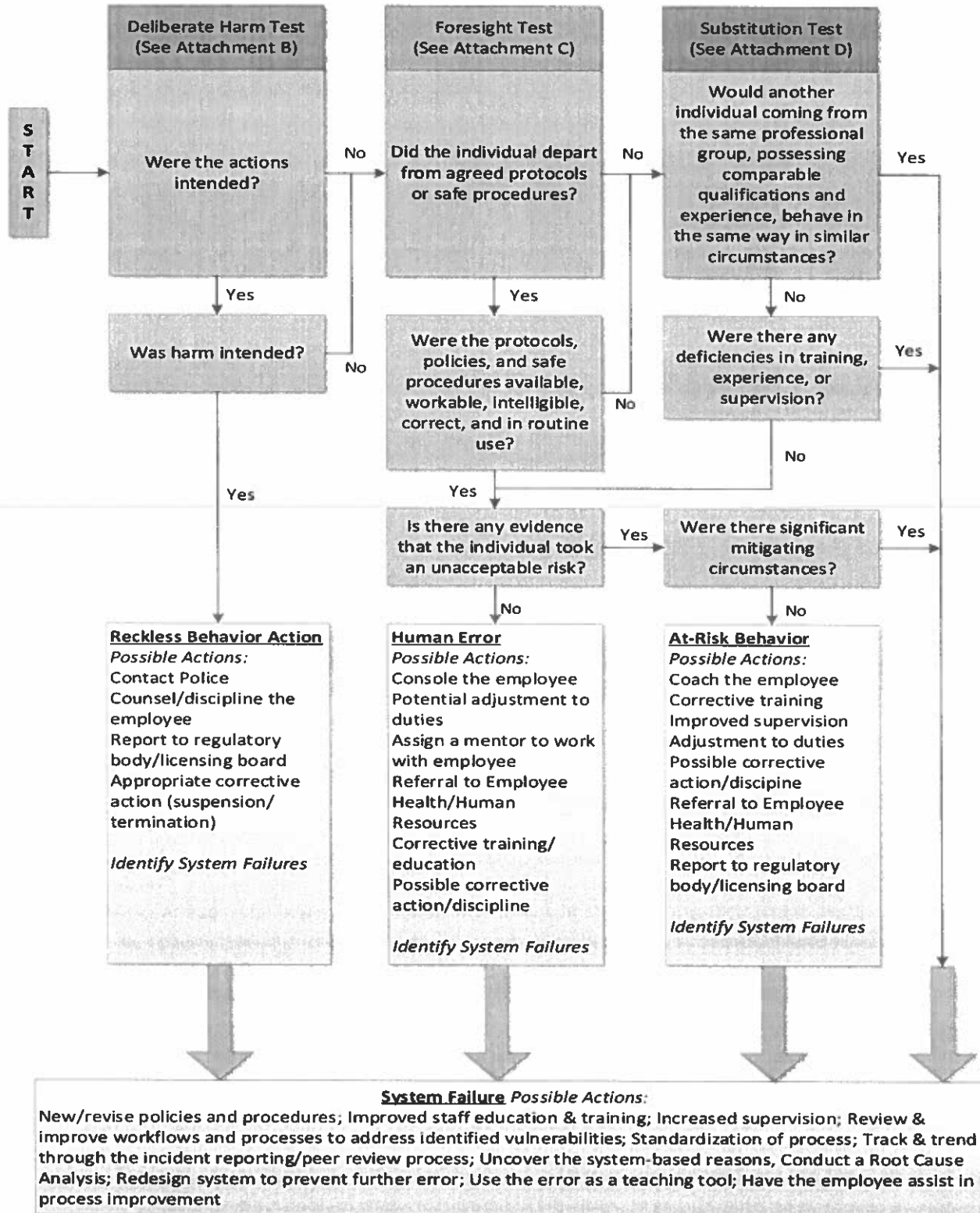
Policy A-PS820, Just Culture Response to Patient Safety Events, of the GMHA Administrative Manual, made effective October 24, 2017.

ATTACHMENTS:

- I. THE JUST CULTURE DECISION TREE
- II. DELIBERATE HARM TEST – SUPPLEMENTAL INFORMATION/ GUIDELINES
- III. FORESIGHT TEST – SUPPLEMENTAL INFORMATION/GUIDELINES
- IV. SUBSTITUTION TEST – SUPPLEMENTAL INFORMATION/GUIDELINES

ATTACHMENT I: The Just Culture Decision Tree

Note: Reference appropriate attachments for EACH question.



ATTACHMENT II:

**Deliberate Harm Test
Supplemental Information/Guidelines**

Overview: In the overwhelming majority of patient safety events, the individual had the patient's wellbeing at heart. However, in a few exceedingly rare cases, the intent was to cause harm. The Deliberate Harm Test asks questions to help identify or eliminate this possibility at the earliest possible stage.

Question #1: Were the actions intended?

This question asks whether the actions were as intended, not whether the outcome was as intended. This is an important distinction. Remember also that acts of omission are as important as acts of commission, so apply the question in the same way to cases that involve slips, lapses, general forgetfulness or a decision not to take action.

Scenarios	Guidelines for Assessment
A nurse injects a patient with drug X instead of drug Y.	The question is whether the nurse intended to administer drug X, not whether she intended the patient to die
A doctor carries out an operation on child A instead of child B, as a result of which child A is disfigured.	The question is whether the doctor intended to operate on child A, not whether he intended child A to be disfigured

Examples

- Failing to administer medication
- Failing to call the Code Blue Team
- Failing to write-up
- Deciding not to seek a second opinion in a difficult case
- Failing to check a patient's health record

Consider whether the individual:

- Forgot to take the action
- Was prevented from taking the action
- Decided not to take the action
- Refused to carry out an instruction

Question #2: Was harm intended?

This question tries to identify the individual's motives for taking the action they did. In most cases, where the actions were as intended, the individual did not mean the patient harm. Consider whether the individual actually meant the patient harm. The likelihood is that they did not. Examples of intended consequences:

- Deliberately giving a patient a wrong drug, with the aim of causing pain, disability or death
- Deliberately disconnecting an infusion pump
- Attacking a patient
- Deliberately withholding vital medications from a patient
- Deliberately failing to ventilate an elderly patient
- Using painkiller or mood-altering drugs prescribed for a patient on themselves or a third party
- Restraining a patient unnecessarily or for too long

ATTACHMENT III:

Foresight Test
Supplemental Information/Guidelines

Overview: The Foresight Test is used to determine whether policies & procedure and safe working practices existed and were properly adhered to. This test does not try to remove an individual's personal responsibility for their actions, but sets it in the context of potential problems with policies and procedures.

Question #1: Did the individual depart from agreed policies & procedures or safe working practices?

This question requires clarifying whether the action was governed by a policy/procedure (P/P). Do not:

- Assume a P/P exists—check for evidence
- Assume the individual received instruction on safe procedures during their professional training—check for evidence

Answer “yes” to this question if it is confirmed that a P/P exists and the individual failed to follow it (for whatever reason).

Question #2: Were the policies, procedures and safe procedures available, workable, intelligible, correct and in routine use?

If a P/P exists, do not assume that it is workable and in routine use. Consider the following when answering this question:

- Was the P/P clear?
- Was the individual unwittingly applying an outdated P/P?
- Were conflicting P/P's in circulation?
- Was the P/P technically accurate but too laborious to apply routinely?
- Did the P/P promote correct and sensible action?
- Had the individual received information/training about the P/P?
- Did the individual decide not to apply the P/P? If so, you need to establish their reason:
 - If their action stemmed from difficulties in applying the P/P, you would answer “no”
 - If there was another reason, you would normally answer “yes”
- Did the individual cut corners because they knew the P/P so well?
 - Sometimes the individual was so familiar with the P/P they felt over-confident about cutting corners. Corner cutting usually causes problems where the case concerned turns out to be atypical.
 - It should be determined whether the individual is alone in cutting corners or whether the corner cutting is routine in the work environment.

Scenario	Guidelines for Assessment
Following a theft, a cardiac unit introduced a locked-drugs policy. However, night duty staff thought it unsafe to leave patients in outlying beds long enough to obtain adrenaline from the new drug cabinet. After raising the issue to no avail, nurses started to store adrenaline ampoules in the desk drawer to gain speedier access. Some	In this case, a procedure introduced for a sound reason proved unworkable, leading to a dangerous situation. The investigator answered “no” to this question.

ampoules fell onto the floor and a visiting child was found playing with them.	
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Question #3: Is there evidence that the individual took an unacceptable risk?

This question asks you to consider whether the individual took a risk that would normally be considered unreasonable in the service concerned. It is probably the most difficult question to answer and careful judgment needs to be exercised. There are many reasons why an individual might violate a sound protocol. Sometimes the individual violates a protocol for no apparent or explicable reason. Generally, the more control the individual had over the situation, the more likely you are to decide they took an unacceptable risk.

The table below illustrates common reasons sound protocols are violated:

Habit	If the individual was working in an environment where cutting corners or ignoring protocols was endemic, it could be argued that they knew no different or that they should not be penalized for common practice
Someone else's benefit	Example: An ED physician gives priority to an adult friend with a minor cut over a child with a high fever.
Their own benefit	Examples: Cutting corners to leave work early; paying more attention to chatting with a colleague than to the task at hand.
Arrogance	Example: a midwife took it upon herself to deliver a baby via suction, despite the hospital's policy that this procedure be carried out by an obstetrician. Subsequently, the midwife explained that she knew she could perform this type of delivery as well as any doctor.
Failure to exercise self-discipline	Examples: physical or verbal retaliation; refusing to work collaboratively with a member of the health care team because of a personality conflict

Other factors to take into account when answering the questions include:

- Information available to the individual at the time
- Choices in front of them
- Speed with which they had to make a decision
- Degree of awareness they had of the risk being created

Scenario 1	Scenario 2
A staff nurse working on a busy unit was called to deal with a violent relative and forgot to give a diabetic patient their insulin.	Another staff nurse forgot to give a patient their diabetic insulin because she popped into the day room to catch an episode of her favorite television show.
NO, this nurse did not take an unacceptable risk.	YES, this nurse took an unacceptable risk.

ATTACHMENT IV:

Supplemental Information/Guidelines

Overview. The Substitution Test assesses how a peer would have been likely to deal with the situation. This test also highlights any deficiencies in training, experience and supervision that may have been involved in the patient safety event.

Question #1: Would another individual coming from the same professional group, possessing comparable qualifications and experience, behave in the same way in similar circumstances?

- When answering this question, consider what a “reasonable” peer acting sensibly, maturely and sensitively would have done.
- Example: A patient told a radiographer that she was feeling heat from the x-ray equipment. The radiographer dismissed the concerns and continued with the procedure, as the protocol advised switching off the machine only if the malfunction warning light appeared. It transpired that the warning system had failed and the patient suffered burns as a consequence.
- The investigator decided that a peer would have been likely to heed the patient’s concerns and answered “no” to this question.

Question #2: Were there any deficiencies in training, experience or supervision?

This question considers whether the individual was properly equipped to deal with the situation. If not, a system failure is indicated. Factors to consider:

- Gaps or deficiencies in the individual’s training
- Insufficient experience to handle the situation
- Inadequate supervision

Training	Look into any training the individual received and make sure it was comprehensive; well-designed; and effectively delivered.
Supervision	Check that supervision was both active and supportive. Do not make assumptions about the standards of training or supervision received. Sometimes, a lack of training or supervision can affect an individual’s ability to apply common sense and “think on their feet.” If this is the case, additional coaching or support may be necessary.

Example: A newly qualified nurse was asked by another nurse to “draw up a syringe of erythromycin” and give it to a sick child. The new recruit assumed this meant an IV syringe and duly injected the child with the drug. The child died as a consequence. The drug was in syrup form and the nurse meant for an oral medicine syringe to be used but the senior nurse did not confirm with the new nurse that she understood the instruction. This case involved both inadequate supervision and deficiencies in training. In this case, the investigator answered “yes” to this question and addressed system failures.

Question #3: Were there significant mitigating circumstances?

If you decide the individual took an unacceptable risk, you next need to consider any mitigating circumstances. Mitigating circumstances may or may not be significant enough to affect the action plan, but they must be set in the context of all the other factors involved in the case. Mitigating circumstances fall into four broad categories: Work pressures; external pressures; environmental factors; personal physical/mental health factors

The table below illustrates common mitigating circumstances:

Work pressures	<p>Tiredness; short-staffing; bullying; anxiety about job security; lack of management support</p> <p>Example: A clinical lab technologist failed to notice a critical lab results which should have been called immediately to a practitioner. As a result, the patient's condition deteriorated and resulted in the need for resuscitation. The individual maintained that tiredness had impaired her judgment and observation. She had been on duty for 15 hours without a break and had worked a total of 65 hours over the previous five days to cover colleagues' absences. The investigator decided that the individual took an unacceptable risk, but that mitigating circumstances pointed to a system failure.</p>
External pressures	<p>Anxiety or preoccupation about events or problems outside of work. They might involve needing to leave work promptly or early to care for dependents or to deal with a personal issue.</p> <p>Example: A nurse connected the wrong IV drip just after receiving news that her son had been involved in a serious traffic accident.</p>
Environmental factors	<p>Distraction; difficult working conditions; shortage of supplies</p> <p>Example: A Code Blue team had difficulties defibrillating a patient because the patient's bed was jammed against the wall and they could not reach her easily.</p>
Personal Physical/Mental Health Factors	<p>Consider any known facts or observations about the individual's physical or mental health that might be pertinent to the investigation. <u>Always</u> confer with HR if there is any possibility that this may be a factor.</p>



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. 2025-33

“RELATIVE TO APPROVING NINETY-NINE (99) NEW FEES”

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

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

WHEREAS, a Public Hearing was held on December 20, 2024 and oral comments and written testimony have been solicited regarding the Ninety-Nine (99) new fees comprised of the following Hospital departments: Cardiology, Gastroenterology, Interventional Radiology, Laboratory, Obstetric Acute, OR (Surgery & Recovery), Pharmacy, Podiatry, Pulmonary, Special Services and Surgery, MD; and


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

RESOLVED, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to continue to proceed with the adjudication process of these 99 new fee items, and be it further

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

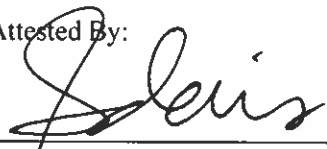
DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF MARCH, 2025.

Certified By:



Theresa C. Obispo
Chairperson

Attested By:



Sharon J. Davis
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

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BOARD OF TRUSTEES Official Resolution No. 2025-34

“RELATIVE TO APPROVING EIGHTY-SEVEN (87) NEW FEES”

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

WHEREAS, Public Law 29-02 requires all government departments and agencies to conduct an annual public hearing prior to April 1 on existing fee schedules and shall regularly adjust existing fees;

WHEREAS, the GMHA Board of Trustees has reviewed the Public Law 26-66 and Public Law 29-02; and

WHEREAS, a Public Hearing was held on March 10, 2025 and oral comments and written testimony have been solicited regarding the eighty-seven (87) new fees comprised of the following Hospital departments: Cardiology, Gastroenterology, Interventional Radiology, Laboratory, Operating Room (Surgery & Recovery), Pharmacy, Pulmonary, and Respiratory; and

WHEREAS, a total of 10,502 existing Hospital facility fees were also presented at the public hearing, which fees were already adjudicated by the Legislature; and

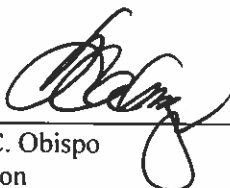
WHEREAS, the GMHA Board of Trustees has reviewed the list of new fees and found the same to be in order; now therefore be it,

RESOLVED, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to continue to proceed with the adjudication process of these 87 new fee items, and be it further

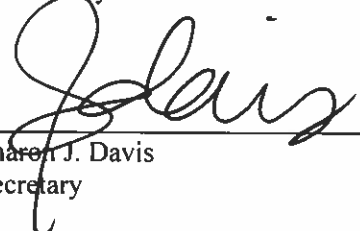
RESOLVED, that the Chairperson certifies and the Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 26th DAY OF MARCH, 2025.

Certified By:


Theresa C. Obispo
Chairperson

Attested By:


Sharon J. Davis
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

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BOARD OF TRUSTEES

Official Resolution No. 2025-35

“RELATIVE TO REVISING THE GUAM MEMORIAL HOSPITAL AUTHORITY’S (“GMHA”) VISION STATEMENT AND UPDATING POLICY A-110, VISION STATEMENT, THE STRATEGIC PLAN, AND THE BOARD OF TRUSTEES BYLAWS”

WHEREAS, the Guam Memorial Hospital Authority (GMHA) is dedicated to delivering high-quality healthcare services that align with national standards and address community needs; and

WHEREAS, the Board of Trustees recognizes the importance of a clear vision to guide the hospital’s strategic direction, operational goals, and commitment to safety, quality care, and financial responsibility; and

WHEREAS, the updated vision statement reflects GMHA’s evolving mission, values, and goals, inspiring and motivating employees while attracting and retaining talent; and

WHEREAS, this vision has been endorsed by executive leadership and accepted by the Executive Management Council on November 7, 2024, and presented to the BOT-Governance, Bylaws, and Strategic Planning Subcommittee on March 21, 2024; now, therefore be it

RESOLVED, that the Board of Trustees approves the BOT-Governance, Bylaws, and Strategic Planning’s recommendation and approves the GMHA’s new vision statement: To be Guam’s Trusted Hospital; and be it further

RESOLVED, that the Board of Trustees approves revisions to policy A-110, Vision Statement, the Strategic Plan, and the Board of Trustees Bylaws to reflect this new vision; 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 26th DAY OF MARCH 2025.

Certified By:

Theresa C. Obispo
Chairperson

Attested By:

Sharon J. Davis
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

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April 10, 2025

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 March 26, 2025 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,


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



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
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March 31, 2025

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 March 26, 2025 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,


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

✓ Sent to OPA via Google Drive on 3/31/2025



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April 10, 2025

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 March 26, 2025 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,

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