

MEETING IN PROGRESS

GMHA Board of Trustees


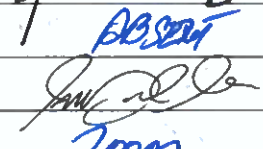
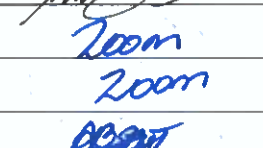
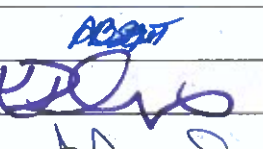
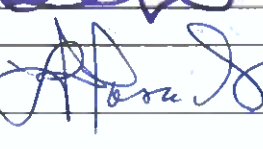
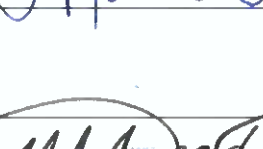

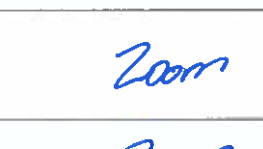
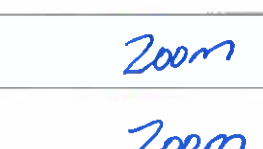



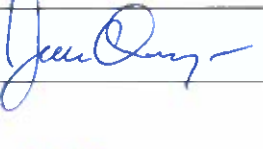
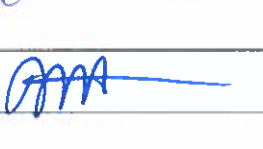

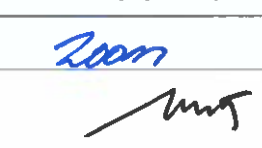




Wednesday, July 30, 2025 | 5:00 p.m.

Zoom Video Conference

GMHA Board of Trustees Meeting

ATTENDANCE SHEET

Wednesday, July 30, 2025 | 5:00 p.m. | Zoom Video Conference

	NAME:	TITLE:	SIGNATURE:
Board of Trustees	Sharon Davis	Chairperson	
	Teresa Damian-Borja, DPM	Vice-Chairperson	
	Suzanne Lobaton	Secretary	
	Sonia Siliang	Treasurer	
	Michael Um, MD	Trustee	
	Antoinette Kleiner	Trustee	
	Krista Blankenship	Trustee	
Executive Management/Medical Staff	Lillian Perez-Posadas, MN, RN	Hospital Administrator/CEO	
	Vincent Duenas, MD	Acting 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	
	Jesse Quenga	Personnel Services Administrator	
	Manny Gabriel	Information Technology Administrator	
	Jordan Pauluhn	Legal Counsel	
	Robert Weinberg	Legal Counsel	
Guest (s)	NAME:	TITLE:	SIGNATURE:
	 Rayna	 Sydne	 Gen. Asst. Sup.

ATTENDANCE SHEET

[illegible]

AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

July 30, 2025 | 5:00 p.m. | Zoom Video Conference

BOARD MEMBERS: Sharon Davis, Chairperson; Teresa Damian-Borja, DPM, Vice-Chairperson; Suzanne Lobaton, Secretary; Sonia Siliang, Treasure; Michael Um, MD, Trustee; Antoinette Kleiner, Trustee; Krista Blankenship, Trustee

Item	Owner
I. Welcoming Call Meeting to Order and Determination of Quorum	Chairperson Davis
II. Open Government Compliance A. Publication, July 23, 2025 B. Publication, July 28, 2025 C. GovGuam Notices Portal & Website Posting	
III. Review and Approval of the Minutes A. June 25, 2025	All Trustees
IV. Guam Memorial Hospital Volunteers Association Report	GMHVA President
V. Management's Report	Executive Management
VI. Old Business None	All Trustees
VII. New Business - Board Subcommittee Reports	
A. Joint Conference and Professional Affairs 1. Res. No. 2025-49, Relative to the Reappointment of Active Medical Staff Privileges 2. Res. No. 2025-50, Relative to the Appointment of Provisional Medical Staff Privileges	Trustee Dr. Um
B. Human Resources 1. Resolution Relative to Affirming the Divisions of GMHA and Organizational Chart Review 2. Res. No. 2025-32, Relative to Amending the Job Specifications for the Chief Hospital Pharmacist and Chief of Clinical Pharmacy 3. HA/CEO - Search Committee Update 4. Operational Report and Financial Review of Guam Memorial Hospital	Trustee Lobaton
C. Facilities, Capital Improvement Projects, and Information Technology 1. ISSQUARED Risk Management Plan 2. Capital Improvement Project (CIP) - Update 3. Annual Evaluation of the Effectiveness of the Medical Equipment Management Program (MEMP) CY2024 4. Annual Evaluation of the Effectiveness of the Utility Systems Management Plan/Program CY2024 5. Emergency Management Program Annual Evaluation Report	Chairperson Davis
D. Quality and Safety	Trustee Kleiner
E. Finance and Audit 1. Resolution Relative to Approving Thirty-Six (36) New Fees	
F. Governance, Bylaws, and Strategic Planning	Vice-Chairperson Dr. Damian-Borja, Trustee Siliang
VIII. Public Comment	
IX. Adjournment	Chairperson Davis



The University Of Guam Solicits Applications To Establish A List Of Eligibles For The Following Position (Subject to the Availability of Funds):

#084-25 VICE PRESIDENT, ADMINISTRATION AND FINANCE/ CHIEF BUSINESS OFFICER

Contact the Human Resources Office at (671)735-2350 for additional information regarding requirements, qualifications and application deadline, 8:00 a.m. to 5:00 p.m., Monday through Friday, except holidays. View the Human Resources Office website at <http://www.uog.edu/hro> for detailed information on the job announcement. For further information please email Dr. Sbarlees Q. Santos-Bamba, Search Committee Chair at sbamba@uog.edu.

The University of Guam is a U.S. accredited institution and an Equal Opportunity Employer and Provider and complies with the Americans with Disabilities Act. For assistance, please contact the Director, EEO and Title IX/ADA Coordinator at (671)735-2244; (671)735-2243 (TTY).

/s/ JOSEPH B. GUMATAOTAO
Chief Human Resources Officer

THIS AD IS PAID FOR BY UNIVERSITY OF GUAM FUNDS



GUAM ENVIRONMENTAL PROTECTION AGENCY AGENSIA PROTeksion LINA LA GUAMAN

PUBLIC NOTICE:

Seeking Public Comment on
Proposed Onsite Wastewater Treatment and Disposal System Regulations

Pursuant to 5 GCA Ch 9, Sec 9301, Guam EPA issues this public notice to seek public comment on the Guam EPA's proposed new and amended regulations of onsite wastewater treatment and disposal systems in 22 GAR Div 2, Ch 12. This notice also serves to notify the general public that a public hearing will be held to seek public comment on the same proposed rules.

PUBLIC COMMENT PERIOD:

TUESDAY, JULY 15, 2025 - WEDNESDAY, JULY 30, 2025

Draft proposed regulations may be viewed at the Agency's administration building located at 17-3304 Mariner Avenue Tiyan Barrigada, GU 96913 from 8:00 a.m. to 4:30 p.m. on business days on or after Tuesday, July 15, 2025 through 4:30 p.m., Wednesday, July 30, 2025. Proposed regulations will also be available for viewing at www.epa.guam.gov.

Written comments must be addressed to: Administrator, c/o Guam EPA, 17-3304 Mariner Avenue Tiyan Barrigada, GU 96913. E-mail submissions may be sent to: elizabeth.degrange@epa.guam.gov with the subject line: "22 GAR Ch12 Public Comment." Facsimile submissions will not be accepted. Written, E-mail, and Oral comments will be received through 11:59 pm ChST on Wednesday, July 30, 2025.

PUBLIC HEARING:

WEDNESDAY, JULY 30, 2025 • 4:00 P.M.

at the Guam EPA Administration Building Conference Room located at 17-3304 Mariner Avenue Tiyan Barrigada, GU 96913. For more information, contact Guam EPA at (671) 588-4751/2.

The hearing will be livestreamed on youtube.com/guamepa, where a recording of the hearing will also be available after the hearing.

In compliance with the American with Disabilities Act (ADA), individuals requiring assistance or accommodations, should contact Guam EPA at 671-588-4751 or email: arlene.acfalle@epa.guam.gov.

/s/ MICHELLE C.R. LASTIMOZA, Administrator

GUAM EPA | 17-3304 Mariner Avenue Tiyan Barrigada, Guam 96913-1811 | Tel: (671) 588-4751/2 | Fax: (671) 588-4533 | epa.guam.gov
TODU Y NIALA Y TANDU MAN UNO - ALL LIVING THINGS ARE ONE

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GUAM PAROLE BOARD

Government of Guam
P.O. Box 4330 Hagåtña, Guam 96933
Tel: 671-735-4132/33 • Fax: 671-735-4071
Email: guamparoleboard@dm.guam.gov

Stephen J. Chastain
Chairman
Liam M.B. Juchancho-Wong
Vice Chairman
James D. Smith
James Q. Llanusa
Members

The regular meetings of the Guam Parole Board and the Guam Pardon Review Board originally scheduled for June have been rescheduled to July 31, 2025 to include the July agenda. The Guam Parole Board hearing will begin at 4:00 p.m. The Guam Pardon Review Board meeting will follow at 5:00 p.m. Both meetings will be held at the Parole Services Division Office #203 Aspinall Ave., Hagåtña, Guam.

Guam Parole Board AGENDA for June 1. Call to Order, II. Roll Call, III. Old Business (Parole Desirability Cases for Jose Baza, Robert James, Kerryan Coker, KR Rousan, Joseph Perez, (Parole Desirability Cases for John Neco, Tommy Peter, Joseph Perez, Erson Reselap, Dustin Tedtaotao, Benjamin Ferrer, Jr., Benny Nauta, Kerryan Coker, Heather Castro), (Preliminary Revocation Cases for John Haas, Edward Mena, Keone Diaz, Ralph Chigüana, Feleti Tamalia).

Guam Pardon Review Board AGENDA I. Call to Order, II. Roll Call, III. Old Business June 26, 2025 (Pardon Request Case for Richard Quinata, Zandae Patrick, Christopher Fejeran), IV. New Business (Pardon/Commutation Case for Alvin Quinata, Donny Nededog, Victor Bilon), V. Deliberation, VI. Adjourn.

Guam Parole Board July AGENDA I. Call to Order, II. Roll Call, III. Old Business (Parole Desirability Cases for Jose Baza, Robert James, Kerryan Coker, KR Rousan Cases for John Neco, Tommy Peter, Joseph Perez, Erson Reselap, Dustin Tedtaotao, Heather Castro), (Parole Desirability for Sam Kosam, Davidson Oichy, Bryan Mathews, Vincent Toparna, John Quichoch, Jr., Rolando Jackson, Chaz Fernandez, Darrell Adelle, Jeremiah Peredo, Matthew Schnep, (Preliminary Revocation Cases for Jacky Chutaro, Franklin Hartin, Jered Reselap, Eric Fortes, Richard Martinez, Ricky Shimizu, Heric Andrew).

Meeting ID: 856 8877 1596 Passcode: 556746. To attend the hearing, we ask that you register via guamparoleboard@dm.guam.gov. For individuals requiring special accommodations, please contact the Parole Services Division at (671)735-4132/33 for assistance. This ad was paid for by the Corrections Revolving Fund.

Guam Cancer Trust Fund Council Meeting

The Guam Cancer Trust Fund Council will hold
its monthly meeting online
on **Thursday, JULY 31, 2025, at 4:00 p.m.**

If interested in attending the meeting, please register
at gctf@uog.edu.

AGENDA

- I. CALL TO ORDER
- II. REPORT FROM THE CHAIR
- III. REPORT FROM GCTF PROGRAM MANAGER
- IV. OLD BUSINESS
- V. NEW BUSINESS
- VI. OPEN DISCUSSION/INFORMATION
- VII. ADJOURNMENT



GUAM MEMORIAL HOSPITAL AUTHORITY ATURIDAT ESPETAT MIMURIAT GUAHAN



Board of Trustees Meeting

Date: Wednesday, July 30, 2025
Time: 5:00 p.m.
Meeting will take place via Zoom Video Conferencing
Meeting ID: 880 2761 9303
Passcode: 907878

AGENDA:

- I. Call Meeting to Order and Determination of Quorum;
- II. Open Government Compliance: A. Publication, July 23, 2025, B. Publication, July 28, 2025, C. Gov-Guam Notices Portal & Website Posting;
- III. Approval of the Minutes: A. June 25, 2025
- IV. Guam Memorial Hospital Volunteers Association Report;
- V. Management's Report;
- VI. Old Business: None
- VII. New Business - Board Subcommittee Reports: A. Joint Conference and Professional Affairs, 1. Res. No. 2025-49, Relative to the Reappointment of Active Medical Staff Privileges; 2. Res. No. 2025-50, Relative to the Appointment of Provisional Medical Staff Privileges; B. Human Resources: 1. Resolution Relative to Affirming the Divisions of GMHA and Organizational Chart Review; 2. Res. No. 2025-32, Relative to Amending the Job Specifications for the Chief Hospital Pharmacist and Chief of Clinical Pharmacy; 3. HAV CEO - Search Committee Update; 4. Operational Report and Financial Review of Guam Memorial Hospital; C. Facilities, Capital Improvement Projects, and Information Technology: 1. ISSQUARED Risk Management Plan; 2. Capital Improvement Project (CIP) - Update; 3. Annual Evaluation of the Effectiveness of the Medical Equipment Management Program (MEMPP) CY2024; 4. Annual Evaluation of the Effectiveness of the Utility Systems Management Plan/Program CY2024; 5. Emergency Management Program Annual Evaluation Report; D. Quality and Safety; E. Finance and Audit: 1. Resolution Relative to Approving Thirty-Six (36) New Fees; F. Governance, Bylaws, and Strategic Planning;
- VIII. Public Comment;
- IX. Adjournment

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

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

This advertisement is paid with government funds by the GMHA

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THE GUAM
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GMHA Board of Trustees Meeting

 PRINT

GMHA Board of Trustees Meeting MEETING



AGENDA

Guam Memorial Hospital Authority – Board of Trustees Meeting

July 30, 2025 | 5:00 p.m. | Zoom Video Conference

BOARD MEMBERS: Sharon Davis, Chairperson; Teresa Damian-Borja, DPM, Vice-Chairperson; Suzanne Lobaton, Secretary; Sonia Siliang, Treasure; Michael Um, MD, Trustee; Antoinette Kleiner, Trustee; Krista Blankenship, Trustee

Item**Owner****I. Welcoming | Call Meeting to Order and Determination of Quorum**Chairperson
Davis**II. Open Government Compliance**

A. Publication, July 23, 2025

B. Publication, July 28, 2025

C. GovGuam Notices Portal & Website Posting

III. Review and Approval of the Minutes

A. June 25, 2025

All Trustees

IV. Guam Memorial Hospital Volunteers Association ReportGMHVA
President**V. Management's Report**Executive
Management**VI. Old Business**

None

All Trustees

VII. New Business - Board Subcommittee Reports**A. Joint Conference and Professional Affairs**Trustee Dr.
Um

1. Res. No. 2025-49, Relative to the Reappointment of Active Medical Staff Privileges

2. Res. No. 2025-50, Relative to the Appointment of Provisional Medical Staff Privileges

B. Human ResourcesTrustee
Lobaton

1. Resolution Relative to Affirming the Divisions of GMHA and Organizational Chart Review

2. Res. No. 2025-32, Relative to Amending the Job Specifications for the Chief Hospital Pharmacist and Chief of Clinical Pharmacy

3. HA/CEO - Search Committee Update

4. Operational Report and Financial Review of Guam Memorial Hospital

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

1. ISSQUARED Risk Management Plan

2. Capital Improvement Project (CIP) - Update

3. Annual Evaluation of the Effectiveness of the Medical Equipment Management Program (MEMP) CY2024

4. Annual Evaluation of the Effectiveness of the Utility Systems Management Plan/Program CY2024

5. Emergency Management Program Annual Evaluation Report

Trustee
Kleiner**D. Quality and Safety**

Regular Meeting of the Guam Memorial Hospital Authority Board of Trustees

Wednesday, June 25, 2025 | 5:00 p.m.
Zoom Video Conference

ATTENDANCE

Board Members

Present: Sharon Davis, Sonia Siliang, Dr. Michael Um, Antoinette Kleiner, Edgar Aguilar & Krista Blankenship
Absent: Teresa Damian-Borja, DPM, Suzanne Lobaton

Leadership

Present: Dr. Vincent Duenas, Rodalyn Gerardo, Rizaldy Tugade, Ana Belen Rada, Christine Tuquero, Liezl Concepcion, Yuka Hechanova, Danielle Manglona, Jesse Quenga

Absent: Lillian Perez-Posadas, Dr. Jeffery Shay, Jordan Pauluhn & Robert Weinberg

Guests: Sydnie Taisacan, Terese Calvo (GMHVA), Walter Ulloa (GDP), Aida Yap, P. Garrido, Vince Taitingfong, Juliana Hernandez (PDN), Rayna Cruz, Aida Yap & Public 671

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM				
	After notices were duly issued pursuant to Title 5 GCA, Chapter 8, Open Government Law, Section 8107(a) and with a quorum present, Chairwoman Davis called to order the regular meeting of the GMHA Board of Trustees at 5:00 p.m. on Wednesday, June 25, 2025, via Zoom Video Conferencing.	Chairwoman - Sharon Davis	None	None
II. OPEN GOVERNMENT COMPLIANCE A. Publication, June 18, 2025 B. Publication, June 23, 2025 C. GovGuam Notices Portal & Website Posting	The Announcement of the Open Government Compliance was made.	Administrative Assistant - Janet Mandapat	None	Informational
III. REVIEW AND APPROVAL OF MINUTES				
A. May 28, 2025	The May 28, 2025 minutes were accepted as presented.	All Trustees	None	Accepted
IV. GUAM MEMORIAL HOSPITAL VOLUNTEERS ASSOCIATION REPORT				
	The upcoming Annual Thanksgiving Raffle Fundraiser for 2025 has begun. It is GMHVA's plan to fulfill GMHA's wish list, which is to purchase the much-needed equipment for the cafeteria dietary department. More updates will be forthcoming.	GMHVA President - Terese Calvo	None	Informational

V. MANAGEMENT'S REPORT				
A. Above-Step Recruitment Petition for Manny M. Gabriel & Shiina Yasukawa	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> ➤ A recommended above-step recruitment for Manny M. Gabriel & Shiina Yasukawa was made. ➤ Based on exceptional qualifications, Mrs. Perez-Posadas has recommended a Salary of \$92,235.00 Grade Q Step 7 for Manny M. Gabriel and \$92,933.00 Grade P Step 10 for Shiina Yasukawa, respectively. 	Personnel Services Administrator - Jesse Quenga	None	Informational
B. Governor of Guam & Department of Youth Affairs Summer Youth Employment Program 2025	<p>This year's Summer Youth Employment Program began on June 9, 2025, and will end on July 18, 2025. It will be a 6-week program.</p> <p>GMHA received ten (10) Summer Youth Trainees. The Summer Trainees are placed in the various departments that accept students throughout the hospital and are based on the interest of the student and what fields they would like to explore.</p>	Acting Hospital Administrator/CEO - Zaldy Tugade	None	Informational
C. U.S. Department of Health & Human Services/Office for Civil Rights (HHS/OCR)	The HHS resolution agreement settlement of phase one is complete. GMHA is currently working on phase two. The deadline to complete this is on July 22, 2025.			
D. GEDA Consultant - Andy Leeka	The Draft copy of the Operational and Financial Review Report was received from Mr. Leeka. The GMHA Executives are currently reviewing the report.			
E. Staffing Solution Agencies (Travel Nurses)	<p>GMHA continues to utilize NuWest and Medical Solutions for Travel Nurses. GMHA currently has 14 travel nurses at the \$95 per hour rate and is slowly tapering down on the reliance on travel nurses and would like to get that down to at least 50%. NuWest has accepted GMHA's payment plan of \$150K every other week. Mrs. Yukari Hechanova and her Team continue to locate/allocate the needed funds to make payment due to them.</p> <p>The nursing recruitment retention rate as of reporting day today is at 96% compared to 87% last year.</p>			
F. Hospital Administrator/CEO Search Committee	<p>The composition of the Search Committee is as follows:</p> <ul style="list-style-type: none"> ○ Recommendation of five (5) individuals to serve as voting members. 	Personnel Services Administrator - Jesse Quenga	None	Informational

	<ul style="list-style-type: none"> - Board of Trustees Chairperson - Human Resources Subcommittee Chairperson - Chief Medical Officer or other Senior Physician - Personnel Services Administrator - Chief Financial Officer - * One Community Member (e.g., Veterans Affairs, Patient Safety Com., GMHVA). <p>The Search Committee's primary objective is to adopt the job standard, or what will be solicited for the type of applicant GMHA is looking for, and to provide opportunities for engagement from all the stakeholders, including our community as well as our internal stakeholders.</p>	Personnel Services Administrator - Jesse Quenga	None	Informational
VI. OLD BUSINESS None	There was no old business matters to discuss.	All Trustees	None	None
VII. NEW BUSINESS - BOARD SUBCOMMITTEE REPORTS A. Joint Conference and Professional Affairs	Trustee Dr. Um motioned, and it was seconded by Trustee Kleiner to approve Policy No. A-MS700-C-01 as presented. The motion carried with all ayes.	All Trustees Chairperson JCPA - Trustee Dr. Michael Um	None	Approved
1. Policy No. A-MS700-C-01, Closed Adult ICU Critical Care				
2. Res. No. 2025-44, Relative to the Reappointment of Active Medical Staff Privileges	Trustee Dr. Um motioned, and it was seconded by Trustee Kleiner to approve Resolution No. 2025-44, 2025-45, 2025-46 & 2025-47 as presented. The motion carried with all ayes.	All Trustees	None	Approved
3. Res. No. 2025-45, Relative to the Appointment of Provisional Medical Staff Privileges	Trustee Dr. Um has shared great news, a New PEDS Hospitalist will soon be joining Team GMHA. Plans for a Neonatologist are also in the works.			
4. Res. No. 2025-46, Relative to the Reappointment of Active Associate Medical Staff Privileges				
5. Res. No. 2025-47, Relative to the Reappointment of Active Associate Medical Staff Privileges				

<p>B. Human Resources</p> <p>1. Organizational Chart</p>	<p>The Organizational Chart has been revised with a proposal request to have two departments, EEO & Medical Staff Office, move under the Personnel Services Administrator.</p> <p>Trustee Siliang motioned, and it was seconded by Trustee Blankenship to approve the Revised Organizational Chart as presented. The motion carried with all ayes.</p>	<p>Personnel Services Administrator - Jesse Quenga</p>	<p>None</p>	<p>Informational</p>
<p>C. Facilities, Capital, Improvement Projects, and Information Technology</p> <p>1. Capital Improvement Project (CIP) - Update</p>	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> • One Transport Vehicle has been delivered to GMHA and is pending CPLO clearance. • The Cooling Tower parts were delivered on June 24, 2025, pending installation. • Emergency Room Triage Automatic Sliding Doors are expected to be completed no later than June 30, 2025. • The Access Control System's projected completion date has moved up from November 2025 to September 2025. The Vendor has completed approximately 90% of wiring throughout the facility. All the equipment is currently on the island and ready for installation, testing, and commissioning. • The Central Island Parking project is underway; the vendor is in the process of securing permits. • The Pyxis (Automated Medication Dispensing System) components are expected to arrive this week, and the "Go Live" is expected by August 2025. • The Fluoroscopy project is ongoing with a projected "Go Live" of September 2025. • The PACS-RIS project is ongoing with a projected "Go Live" of October 2025. 	<p>All Trustees</p> <p>Chairperson, Human Resources - Trustee Suzanne Lobaton</p> <p>Assistant Administrator of Operations - Rodalyn Gerardo</p> <p>Chairperson FAC, CIP & IT - Trustee Sharon Davis</p>	<p>None</p>	<p>Approved</p>
<p>D. Quality and Safety</p> <p>1. A-LD500, Behaviors that Undermine a Culture of Safety</p>	<p>Trustee Kleiner motioned, and it was seconded by Trustee Aguilar to approve Policy No. A-LD500 as presented. The motion carried with all ayes.</p>	<p>All Committee Members</p>	<p>None</p>	<p>Approved</p>

2. SAFE-101, Safety Management Plan	Trustee Kleiner motioned, and it was seconded by Trustee Dr. Um to approve Policy No. SAFE-101 as presented. The motion carried with all ayes.	All Committee Members Chairperson Quality & Safety - Trustee Antoinette Kleiner	None	Approved
E. Finance and Audit	Trustee Aguilar motioned, and it was seconded by Trustee Blankenship to approve Res. No. 2025-48 as presented. The motion carried with all ayes.	All Committee Members	None	Approved
1. Resolution Relative to Approval of Payment Authorizations by Salaried Hospital Employees as Bank Accounts Signatories	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> ❖ For the month of May 2025, GMHA was able to bill \$31.1M normally, we are able to do \$28M. ❖ For the next three months, May, June, and July 2025, GMHA will be receiving 100% of the Medicaid reimbursement. In the past, the Department of Administration was holding back 50% to help pay back money that was borrowed in 2023. ❖ This helped bump up cash for May 2025. Payments are being made on our obligations to vendors and payroll obligation. ❖ This also helped to pay obligations for CIPs. ❖ The process for denials and reimbursement has been improving. 	<p>Chief Financial Officer - Yukari Hechanova</p> <p>Chairperson F&A - Trustee Edgar Aguilar</p>	None	Informational
F. Governance, Bylaws, and Strategic Planning	<p>The following are some of the highlights:</p> <ul style="list-style-type: none"> ➤ Skilled Nursing Facility (SNF) Business Plan - Task force will reconvene to discuss/explore options such as: <ul style="list-style-type: none"> ○ "Alternate Care Wing" for non-medical/social cases. ○ Inpatient Rehab Facility (IRF). ➤ Board Self-Evaluations - due August 2025. ➤ Employee Pulse Survey - will focus on the hospital's overall: <ul style="list-style-type: none"> ○ Communication Processes and Transparency ○ Leadership Accountability, Commitment to a Safe & Secure Work Environment ○ Trust in Leadership 	<p>Administrative Assistant - Janet Mandapat</p> <p>Chairperson Gov. Bylaws & Strategic Planning - Trustee Dr. Teresa Borja</p>	None	Informational

	<p>➤ CIHQ Self-Assessment</p> <ul style="list-style-type: none"> ○ Some Chapters of Accreditation are 100% compliant. ○ There are still many other chapters & elements of performance that need more work to be done in preparation for accreditation. <p>These chapters include:</p> <ul style="list-style-type: none"> ▪ Infection Control and Prevention ▪ Environment of Care ▪ Emergency Preparedness <ul style="list-style-type: none"> ○ The biggest constraint for accreditation is the hospital's finances. 	<p>Administrative Assistant - Janet Mandapat</p> <p>Chairperson Gov, Bylaws & Strategic Planning Trustee Dr. Teresa Borja</p>	None	Informational
VIII. PUBLIC COMMENT				
	There were no public comments made.	None	None	None
IX. ADJOURNMENT				
	There being no further business matters for discussion, Chairwoman Davis declared the meeting adjourned at 6:23 p.m., motioned by Trustee Aguilar and seconded by Trustee Blankenship. The motion carried with all ayes.	All Board Members	None	Approved

Transcribed by: 
Janet U. Mandapat
Administrative Assistant

Submitted by: 
Suzanne D. Lobaton
Secretary

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the May 28, 2025 regular session meetings were accepted and approved by the GMHA Board of Trustees on this 25th day of June 2025.

Certified by: 

Sharon J. Davis
Chairperson



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
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BOARD OF TRUSTEES Official Resolution No. 2025-49

“RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
William Vercio, MD	OB/GYN	Obstetrics/Gynecology	June 30, 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 June 25, 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

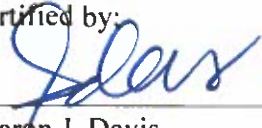
RESOLVED, that the Board of Trustees approves this recommendation to reappoint the above named practitioners to Active Medical Staff as recommended; and, be it further

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.

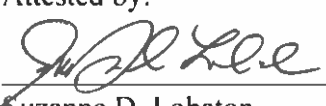
DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF JULY, 2025.

Certified by:



Sharon J. Davis
Chairperson

Attested by:



Suzanne D. Lobaton
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES

Official Resolution No. 2025-50

"RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES"

<u>Practitioner</u>	<u>Department</u>	<u>Specialty</u>	<u>Expiration Date</u>
Karl Meier, MD	Emergency Room	Emergency Medicine	June 30, 2026
Jonathan Rojas, MD	Emergency Room	Emergency Medicine	June 30, 2026
Shawn Reed, MD	Emergency Room	Emergency Medicine	June 30, 2026
Antonio Fargiano, MD	Radiology	Tele-radiology	June 30, 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 June 25, 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


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 30th DAY OF JULY, 2025.

Certified by:


Sharon J. Davis
Chairperson

Attested by:


Suzanne D. Lobaton
Secretary



GUAM MEMORIAL HOSPITAL AUTHORITY

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BOARD OF TRUSTEES Official Resolution No. 2025-52

“RELATIVE TO AFFIRMING AND RESTRUCTURING THE DIVISIONS OF THE GUAM MEMORIAL HOSPITAL AUTHORITY”

WHEREAS, Title 10, Chapter 80, § 80109(f) of the Guam Code Annotated grants the Guam Memorial Hospital Authority (GMHA) Board of Trustees the authority to establish the internal organization and management of the hospital; and

WHEREAS, the GMHA currently operates with five primary divisions: Administration, Operations, Fiscal, Clinical Services, and Medical Services; and

WHEREAS, four of these divisions are led by an Associate Administrator or Chief Officer, while the Administration Division is led by the Hospital Administrator/Chief Executive Officer (CEO), who also serves as the agency head overseeing all divisions; and

WHEREAS, the Board of Trustees recognizes the need to adopt a new divisional structure to enhance operational efficiency, improve oversight, and align with the hospital’s strategic goals; and

WHEREAS, the Board of Trustees wishes to affirm the role of the Hospital Administrator/CEO as the agency head responsible for overseeing all divisions within the GMHA; and

WHEREAS, to achieve this objective, the Board of Trustees intends to dissolve the current Administration and Clinical Services Division and establish the following new divisions:

1. Division on Information Technology
 - To oversee and manage the hospital’s technological infrastructure and digital transformation initiatives.
2. Division on Quality, Safety, and Regulatory Compliance
 - To ensure adherence to healthcare quality standards, patient safety protocols, and regulatory requirements.
3. Division on Personnel Services
 - To manage human resources, employee relations, and workforce development.
4. Division on Nursing Services
 - To oversee the hospital nursing services
5. Division on Professional Support Services
 - To manage the hospital’s professional support (ancillary) services.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees of the Guam Memorial Hospital Authority hereby affirms the authority granted under Title 10, Chapter 80, § 80109(f) to establish the internal organization and management of the hospital; and be it further



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RESOLVED, that the Board of Trustees formally adopts the new divisional structure for the GMHA, as follows:

Division	Division Head
Operations	Associate Administrator of Operation Services; or successor or designee
Fiscal	Chief Financial Officer; or successor or designee
Medical Services	Associate Administrator of Medical Services (Chief Medical Officer); or successor or designee
Information Technology	Chief Technology Officer; or Associate Administrator of Operation Services or successor or designee
Quality, Safety, Regulatory Compliance	Administrator of Quality, Patient Safety, and Regulatory Compliance; or successor or designee
Personnel Services	Personnel Services Administrator; or successor or designee
Nursing Services	Assistant Administrator of Nursing Services or successor or designee
Professional Support Services	Assistant Administrator of Professional Support; or successor or designee

RESOLVED, that the Hospital Administrator/CEO shall continue to serve as the agency head, with oversight of all divisions, to ensure the effective and efficient operation of the hospital; and be it further

RESOLVED, that in the event of a vacancy in any division of the Guam Memorial Hospital Authority, the Hospital Administrator/CEO is hereby authorized to appoint an administrator to serve in an acting or interim capacity until such time as the position is permanently filled.

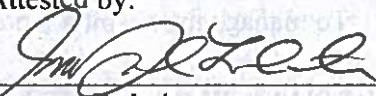
RESOLVED, that this resolution shall take effect immediately upon its adoption, and the Hospital Administrator/CEO is directed to implement the necessary organizational changes to operationalize the new divisional structure.

DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF JULY, 2025.

Certified by:


Sharon J. Davis
Chairperson

Attested by:


Suzanne D. Lobaton
Secretary



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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”

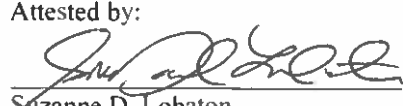
- WHEREAS,** the amendment of the Chief Hospital Pharmacist is in alignment with 42 C.F.R. § 482.25; and
- WHEREAS,** the Director of Pharmacy is responsible for the development, supervision, and coordination of all activities of the pharmacy services within the Guam Memorial Hospital Authority (GMHA); 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 30th DAY OF JULY 2025.

Certified by:


Sharon J. Davis
Chairperson

Attested by:


Suzanne D. Lobaton
Secretary



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Annual Evaluation of the Effectiveness of the Medical Equipment Management Program (MEMP) Calendar Year 2024

I. INTRODUCTION

This evaluation assesses the effectiveness of the Guam Memorial Hospital Authority's (GMHA) Medical Equipment Management Program (MEMP) for 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 program.

II. OBJECTIVES

The program (AM6480-202) is a comprehensive initiative aimed at safeguarding all GMHA patients, staff, equipment, property, and the environment. Its key goal is to ensure the safe and reliable operation of medical equipment and related components, thereby upholding compliance with regulatory requirements, industry standards, guidelines, and equipment manufacturer recommendations.

The MEMP is designed to comprehensively address the safety and operational effectiveness of medical equipment within GMHA. Each objective plays a critical role in achieving the program's goal of safeguarding patients while ensuring compliance and reliability. This evaluation will serve as a foundation for identifying strengths and areas for improvement in the program moving forward.

The primary objectives of this program are as follows:

1. **Selecting and acquiring safe medical equipment:** This involves careful consideration and vetting of medical equipment to guarantee its safety and efficacy in healthcare settings.
2. **Carrying out an effective preventive maintenance program:** Regular maintenance schedules and procedures are established to prevent potential breakdowns, ensuring the continuous functionality of vital medical equipment.
3. **Providing equipment technician and end-user training:** Training programs are implemented to educate both technicians responsible for maintenance and end-users utilizing the medical equipment, promoting safe and correct usage.
4. **Ensuring backup equipment and plans are readily available:** Contingency measures are put in place to swiftly address any equipment failures or malfunctions, minimizing disruptions in patient care.
5. **Monitoring hazard notices/product recalls:** Continuous monitoring of potential hazards and product recalls ensures that relevant information is promptly disseminated to equipment users, enabling proactive steps to be taken to mitigate risks.
6. **Implementing quality assurance measures:** In addition to selecting safe medical equipment, ensuring its quality and performance is crucial. Implementing quality assurance processes involves rigorous testing, validation, and adherence to standards to guarantee the reliability of the equipment in clinical settings.
7. **Enforcing equipment calibration protocols:** Calibration plays a vital role in maintaining the accuracy and precision of medical devices. Establishing and enforcing calibration

protocols as part of the preventive maintenance program ensures that equipment remains calibrated to deliver accurate results and optimal performance.

8. **Establishing asset management procedures:** Effective asset management involves tracking, maintaining records, and optimizing the lifecycle of medical equipment. By establishing clear procedures for asset management, the program can ensure efficient utilization of resources, timely maintenance, and cost-effective equipment replacement when needed.
9. **Conducting risk assessments:** Regular risk assessments help identify potential safety hazards associated with medical equipment operation. By conducting thorough risk assessments, the program can proactively address risks, implement control measures, and enhance overall safety within the healthcare facility.
10. **Promoting a culture of safety and compliance:** Fostering a culture of safety and compliance is essential for the successful implementation of the program objectives. This involves continuous training, communication, and reinforcement of safety protocols to ensure that all stakeholders prioritize safe practices and adhere to regulatory requirements.

These objectives are accomplished and completed through the following processes:

A. Criteria and Inventory

1. The Biomedical Shop utilizes Smartsheet Software as the foundation of their comprehensive medical equipment program and to continue on FY2025. This system is aligned and defined by the FDA and the Association for the Advancement of Medical Instrumentation (AAMI) to comply with accrediting organizations such as the Centers for Medicare & Medicaid Services (CMS).
2. Equipment evaluation is based on various Risk Factors, including function, clinical application, maintenance requirements, and environmental use. Based on these factors, equipment is included in the equipment management database.
3. Each included equipment is assigned a unique Biomedical Shop control number for tracking and preventive maintenance purposes.

B. Preventative Maintenance (PM) Strategies

1. Technical inspections, pre-operational verification, and safety checks are conducted on new medical equipment before patient or staff use.
2. Routine inspections, testing, and preventive maintenance activities are carried out monthly, quarterly, semi-annually, or annually, as per the MEMP. This includes safety and operational checks, calibration, system verification, repairs, and recertifications.
3. Biomedical Shop Staff perform all inspections according to the MEMP's five-point risk assessment before equipment use.

C. Hazard Notices and Product Recalls.

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

D. Equipment Failures

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

III. SCOPE

What are the results of the review and evaluations of the objectives of the MEMP 2024?

1. Selecting and acquiring safe medical equipment.

a. Status: Partially Met

b. Issue(s):

- i. Building upon the objective of selecting and acquiring safe medical equipment, the integration of Policy No. A-LD1320 and the collaboration between the FM-Biomedical Shop, Materials Management Department (MMD), and end-users signifies a structured approach to equipment acquisition. This collaboration framework ensures a meticulous review process and comprehensive evaluation of potential medical equipment acquisitions.
 - ii. The strategic partnership between the FM-Biomedical Shop, MMD, and end-users underscores a multi-disciplinary approach aimed at not only selecting medical equipment but also recommending products that align with safety standards, inter healthcare facility operation and operational requirements. By leveraging this collaborative effort, the facility enhances its capacity to choose equipment that is not only safe but also efficient for patient care delivery.
 - iii. Furthermore, the response to the last pandemic highlights the resilience and agility of the program in addressing emergent healthcare needs. The thorough testing and safety assessments conducted on equipment intended for COVID-19 support demonstrate a commitment to maintaining high standards of safety during critical situations. This proactive approach has been essential in ensuring optimal patient outcomes and operational efficacy, showcasing our ability to adapt and respond effectively to the challenges faced in the healthcare landscape.
- c. Recommendation:** The ongoing initiatives to improve collaboration and standardization in equipment acquisitions represent a proactive strategy to optimize the selection process continually. By involving Biomedical personnel and end-users in decision-making processes, the program aims to tailor equipment selections to specific operational demands, thus ensuring that medical devices align closely with the facility's operational requirements.

This objective is partially met and will rollover to CY 2025.

2. Carrying out an effective preventive maintenance program.

a. Status: Partially Met

b. Issue(s): The preventive maintenance program is executed by a dedicated team of five (5) FM-Biomedical Shop staff members, comprised of one (1) Electronic Supervisor, three (3) Electronic Technician II, and one (1) Electrician I. The Electronic Supervisor is currently detailed as FM Manager with AAMI-CABT certification. The team possesses a diverse skill set to handle various maintenance tasks effectively. The inclusion of Specialty Service Providers further supports the team in managing critical equipment, ensuring that required services are met. There has been a dramatical decrease in the reliance on outside specialty contractors since GMHA has in-house certified biomedical technician. The team continuously works with the GMHA administration towards acquiring additional certifications in their respective fields, demonstrating a commitment to professional development and expertise in healthcare setting.

c. Recommendation: Recruit two (2) additional Electronics Technician I in the near future to meet the staff requirements fully and to enhance the program's effectiveness. This step would bolster the team's capacity to handle preventive maintenance tasks efficiently and maintain the upkeep of medical equipment. In addition, outsourcing Specialty Service Providers for specialized systems such as Hemodialysis and

Radiological Systems demonstrates a strategic approach to ensuring comprehensive maintenance for complex equipment types, leveraging external expertise where necessary.

This objective is partially met and will rollover to CY 2025.

3. Providing equipment technician and end-user training.

a. Status: Not Met

b. Issue(s):

- i. Competency and Certification Training: The integration of competency and certification training is crucial for ensuring that staff members possess the necessary skills and knowledge to operate and maintain medical equipment effectively. Formal training programs provide structured learning experiences that equip individuals with the expertise required to handle equipment safely and efficiently.
- ii. Challenges in the Current Training Approach: The absence of integrated training within the equipment acquisition process poses challenges in fostering a standardized skill set among staff members. Without formal training protocols, there may be inconsistencies in how equipment is operated and maintained, potentially leading to suboptimal performance or safety risks.
- iii. Proactive Measures by the Biomedical Shop Team: Despite the lack of formal training integration, the Biomedical Shop team's proactive approach to fulfilling responsibilities is commendable. Their commitment to leveraging personal knowledge, critical thinking, and resources like online materials and service manuals demonstrates a dedication to upholding equipment functionality through self-directed learning and research.
- iv. Collaboration with External Service Providers: Seeking assistance from external service providers for specialized training indicates a recognition of the importance of expert guidance in enhancing technical competencies. External training opportunities can offer valuable insights, best practices, and hands-on experience that contribute to improving the team's proficiency in managing and maintaining critical medical equipment.
- v. Significance of End-User Training: Providing end-user training from certified individuals is essential for ensuring that equipment is operated correctly and safely. Certified technicians play a vital role in maintaining equipment functionality and optimizing performance, underscoring the need for continuous professional development and formal training programs tailored to specific equipment types and operational requirements.
- vi. Focus on Continuous Improvement: The emphasis on the importance of formal training programs reflects a commitment to continuous improvement in equipment management practices. By recognizing training gaps and addressing them through collaboration, self-study, and external support, the team demonstrates a proactive stance towards enhancing operational capabilities and upholding safety standards in equipment operations.
- vii. The table below lists all new equipment acquired in calendar year 2024. Applicable local in-service training sessions have been conducted for end users and biomedical personnel. However, there continues to be a gap in providing equipment maintenance and repair training specifically for the FM-Biomedical staff concerning identified critical equipment.

Equipment received in CY 2024

				Training Provided to Biomedical Electronic Technicians		
	Equipment Description	Qty	End User	Local	Manufacturer	Recommended
1	Endoscopy Tower Cart	2	OR	N	N	N
2	Endoscopy Flat Monitor	2	OR	N	N	N
3	Endoscopy Processor	2	OR	N	N	N
4	Insufflator	2	OR	N	N	N
5	Arthroscopic Pump	2	OR	N	N	N
6	Arthroscopic Power Drive	2	OR	N	N	N
7	Endoscopy Video Camera	2	OR	N	N	N
8	Endoscopy Light Source	2	OR	N	N	N
9	Printer	2	OR	N	N	N
10	Centrifuge	1	Laboratory	N	N	N
11	Adult Crash Cart	1		N	N	N
12	Infant Crash Cart	1		N	N	N
13	Irrigation Pump	1	Care 2	N	N	N
14	Monitor	1	OR	N	N	N
15	Light Source	1	OR	N	N	N
16	Video Processor	1	OR	N	N	N
17	Printer	1	OR	N	N	N
18	Ultrasonic Processor	1	OR	N	N	N
19	Carbon Dioxide (CO ₂) Regulator	1	OR	N	N	N
20	Irrigation Pump	1	OR	N	N	N
21	New Born Hearing Screening	2	Nursery, OBW	Y	N	N
22	Portable Thermal Printer	2	Nursery, OBW	Y	N	N
23	VOCSN (Ventilator, Oxygen Concentrator, Suction, and Nebulizer.)	3	Respiratory	Y	Y	Y
24	Ultrasound	1	SSD	Y	Y	Y
25	Glidescope	1	ER	N	N	N
26	Criticare Care Crib	1	Pediatrics	N	N	N
27	Panda Warmer	1	Pediatrics	Y	N	N
28	Bladder Scanner	2	ER, ICU	N	N	N
29	Sentec DMS (Digital Monitoring Software)	2	Nursery	N	N	N
	Total	44				

viii. While formal training for critical equipment has not always been provided, the FM-Biomedical Shop has taken proactive measures to address this shortfall by leveraging institutional knowledge, experience, and review of available manufacturer's manuals. The Biomedical Shop team then conducts in-service training sessions for the end users. Additionally, staff members have taken the initiative to enhance their skills and knowledge through collaboration with local experts, online learning resources, and research efforts.

- ix. Although structured maintenance and repair training for critical equipment have not been implemented, the team's resourcefulness and dedication to self-improvement demonstrate a commitment to ensuring that equipment are used effectively and maintained appropriately. Collaborative learning and leveraging available resources have enabled the FM-Biomedical Shop staff to bridge the training gap and continue to provide quality service to end users.
- c. **Recommendation:** Implement a comprehensive and integrated equipment training program at GMHA. This program should establish a formal training framework that incorporates competency and certification training for both GMHA Biomedical equipment technicians and end-users, making it a mandatory part of the equipment acquisition process. The focus should be on prioritizing training for critical equipment, especially those acquired in 2024 and previous years beyond, and allocating resources to provide specialized maintenance and repair training for FM-Biomedical staff on these critical items. The program should also encourage continuous learning by supporting and formalizing the team's existing self-directed learning initiatives and providing access to online learning platforms. Regular assessments of staff competency and equipment performance, coupled with a system for cross-training and knowledge sharing, will contribute to ongoing improvement. By implementing these recommendations, GMHA can address current training gaps, standardize skill sets among staff, enhance equipment performance and safety, and foster a culture of continuous learning and improvement in equipment management.

This objective is not met and will rollover to CY 2025.

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

a. Status: Partially Met

b. Issue(s):

- i. The increased demand has necessitated immediate procurement or borrowing from multiple healthcare sources/facilities on island through MOU to meet the critical equipment needs. The Rapid Emergency Deployment Inventory (REDI) Kits have played a significant role by providing essential cardiac monitoring for all Care Areas, addressing a crucial aspect of patient care during these demanding circumstances. However, the absence of local specialty service providers in certification training for this type of equipment. Obtaining system certification training is essential for ensuring the proper maintenance and operation of such critical equipment. In the absence of local providers, exploring alternative training options or seeking remote training opportunities could be considered to address this gap and ensure the continued reliability and functionality of the equipment.
- ii. The Equipment Management reports are submitted monthly to the Environment of Care (EOC) Committee, as outlined in the Medical Equipment Failure Intervention (MEFI) Policy (EM6480-004). All employees are required to address the following aspects in the event of equipment malfunction, disruption, or failure:
 - 1. What actions to take in the event of equipment malfunction, disruption, or failure.
 - 2. When and how to perform emergency clinical interventions in the case of medical equipment failures.
 - 3. Knowledge of the availability and location of Backup Equipment.
 - 4. Proper procedures for reporting all equipment failures using the Equipment and Utility Failure report.

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

- c. **Recommendation:** Implement a comprehensive backup equipment and contingency planning strategy. GMHA should formalize and strengthen its Memorandums of Understanding (MOUs) and other agreements with other healthcare facilities on the island to ensure rapid access to backup equipment when needed. Copies of those agreement must fully furnish to each department such as nursing department, materials management department and facilities maintenance department. Additionally, the hospital should invest in procuring essential backup equipment for its most critical systems, prioritizing those with the highest impact on patient care and safety.

This objective is partially met and will rollover to CY 2025.

5. Monitoring hazard notices/product recalls.

- a. **Status:** Met
- b. **Issue(s):** The Medical Equipment Management Program (MEMP) outlines clear processes for monitoring hazard notices and product recalls, following guidelines issued by the FDA, manufacturers, and other regulatory bodies. The Biomedical Shop actively reviews incoming notices and ensures appropriate actions are taken, including equipment evaluations, corrective measures, and user notifications when necessary. Communication of recalls and hazards is effectively integrated and reported during monthly Environment of Care (EOC) Committee meetings. Throughout 2024, the Biomedical Shop successfully managed and responded to all received hazard notices and recalls, ensuring timely intervention and compliance with manufacturer recommendations and regulatory expectations. No major incidents but there are delays recorded related to hazard notices during this period specially for the Zenition 50 and 70, and V60 ventilator. At the moment, end-user is advice to follow recommended mitigation as we are waiting for the corrective action needed.
- c. **Recommendation:** It is recommended that the Biomedical Shop continues to strengthen its hazard notice and product recall monitoring process by enhancing follow-up communication and documentation, especially in cases where corrective actions are delayed. Given the delays experienced with the Zenition 50, Zenition 70, and V60 ventilator, it would be beneficial to implement a more formalized interim mitigation tracking system to ensure end-users consistently follow manufacturer-recommended temporary measures. Additionally, maintaining closer coordination with vendors and manufacturers for quicker updates on corrective actions can further minimize risk to patient care. Strengthening these practices will ensure continued compliance with regulatory expectations, improve response times, and enhance overall equipment safety management.

This objective is considered met and will rollover to CY 2025.

6. Implementing quality assurance measures.

- a. **Status:** Partially Met
- b. **Issue(s):** Quality assurance (QA) measures are integrated into the daily operations of the Biomedical Shop through daily reports, preventive maintenance (PM) inspections, equipment safety checks, calibration verifications, work order post-repair corrective maintenance testing, with performance validated against manufacturer specifications and regulatory standards. Specialty service providers are also engaged for high-risk and complex systems to ensure specialized QA oversight. However, opportunities exist to further strengthen the QA program through formalized audits, trend analysis of equipment failure rates, and expanded benchmarking against industry standards. Monthly EOC reports, Trending Analysis and QAPI are submitted to EOCC Management for review and action. Additionally, delays in parts procurement — often linked to budget constraints and prolonged approval processes impact the timeliness of maintenance and repairs, posing challenges to sustaining optimal equipment performance.

- c. **Recommendation:** To further advance the Quality Assurance (QA) program, GMHA should formalize internal audit processes similar to those utilized by Compliance, conduct regular trend analyses of equipment failures, and expand benchmarking efforts against national industry standards. Strengthening the integration and use of Trending Analysis, Environment of Care (EOC) reports, and Quality Assurance and Performance Improvement (QAPI) reviews will help identify systemic issues and drive targeted corrective actions. Additionally, expediting the parts procurement process by streamlining approval workflows and securing dedicated budget allocations for critical components is essential to minimize maintenance delays and sustain consistent equipment reliability. Investing in predictive maintenance technologies and enhancing collaboration with specialty service providers will further bolster the program's overall effectiveness and support continuous quality improvement across GMHA's medical equipment operations.

This objective is partially met due to parts delay and will rollover to CY 2025.

7. Enforcing equipment calibration protocols.

- a. **Status:** Partially Met
- b. **Issue(s):** While the FM Biomedical Shop maintains established calibration protocols consistent with the Medical Equipment Management Program (MEMP), challenges remain in fully meeting calibration compliance. A primary concern is the lack of OEM-specific training at the point of procurement, which sometimes results in incomplete calibration practices and impacts the accuracy and reliability of critical medical equipment. Additionally, variability in staff understanding regarding calibration importance and procedure adherence has led to inconsistent execution. Documentation gaps, especially for radiology equipment calibrated by third-party vendors, hinder proper tracking and verification of calibration status. Although the FM Biomedical Shop captures general preventive maintenance records within the CMMS (Smartsheet), more comprehensive calibration records are necessary to ensure full compliance with regulatory and accreditation requirements.
- c. **Recommendation:** To strengthen compliance and ensure alignment with GMHA's Medical Equipment Management Program (MEMP), GMHA must process requiring OEM calibration training as part of procurement contracts for all high-risk equipment. Staff training should also be enhanced to emphasize the importance of calibration and to ensure consistent, standardized documentation practices. FM Biomedical has established a dedicated calibration tracking system within the CMMS (Smartsheet), which includes calibration records and schedules, including vendor-serviced equipment (excluding radiology equipment). Regular internal audits of calibration documentation should be conducted to maintain accountability and ensure preparedness for regulatory inspections. Strengthening these processes will enhance medical device reliability, safeguard patient safety, and support overall regulatory compliance.

This objective is partially met and will rollover to CY 2025.

8. Establishing asset management procedures.

- a. **Status:** Partially Met
- b. **Issue(s):** The establishment of asset management procedures at the Guam Memorial Hospital Authority (GMHA) is currently only partially met. While there are manual processes in place for tracking and managing medical equipment assets, several challenges impede full effectiveness. A primary issue is the lack of a comprehensive inventory management system that allows for real-time tracking of equipment utilization, maintenance, and location. Additionally, staff may not be fully trained on how to use the existing systems, leading to inconsistencies in data entry and reporting. Furthermore, the absence of a standardized protocol for equipment lifecycle management including acquisition, maintenance, and disposal can result in

inefficiencies and increased costs associated with equipment ownership. This lack of clear procedures can also hinder compliance with regulatory requirements and lead to potential gaps in equipment availability when needed.

- c. **Recommendation:** To enhance asset management procedures at the Guam Memorial Hospital Authority (GMHA), it is recommended that the organization develop and implement a comprehensive asset management framework. This framework should include the adoption of a real-time inventory management system to track the status, location, and usage of all medical equipment and assets. Establishing standardized protocols for the entire asset lifecycle including acquisition, maintenance scheduling, and disposal will ensure consistency and regulatory compliance. Regular audits, such as the existing scheduled monthly program, should be conducted to identify inefficiencies and areas for improvement. Additionally, GMHA should implement a feedback mechanism that allows end-users to report challenges such as "Unable to Locate" (UTL) incidents and suggest improvements. This approach will promote a culture of continuous improvement in asset management practices. By implementing these strategies, GMHA can strengthen its asset management processes, improve operational efficiency, maximize equipment utilization, and ultimately support better patient care outcomes.

This objective is partially met and will rollover to CY 2025.

9. Conducting risk assessments.

- a. **Status:** Partially Met
- b. **Issue(s):** At Guam Memorial Hospital Authority (GMHA), the process for conducting risk assessments related to biomedical equipment verification is well-established. The FM Biomedical Shop promptly takes out of service any equipment that fails verification. However, a critical issue persists in the radiology department where equipment issues often go unreported, and preventive maintenance (PM) reports are not submitted to the FM Biomedical Shop by administrators and contractors. These parties manage contracts for the repair and upkeep of radiology equipment. This poor communication results in inconsistent identification and documentation of risks concerning equipment safety and operational standards. Moreover, radiology department staff might lack proper training to assess and prioritize risks related to non-compliant equipment, leading to inadequate follow-up and resolution. Such issues raise considerable concerns about the potential ongoing use of unsafe medical equipment.
- c. **Recommendation:** To address these challenges, it is recommended that GMHA strengthen communication protocols between the radiology department and the FM Biomedical Shop. This protocol should mandate timely reporting of equipment failures and ensure the submission of all preventive maintenance reports. Establishing clear guidelines for documentation and communication will help eliminate gaps in risk identification and facilitate better tracking of equipment status. By implementing these measures, GMHA can enhance its risk assessment practices for biomedical and radiological equipment, improve compliance with safety standards, and ultimately safeguard patient safety.

This objective is partially met and will rollover to CY 2025.

10. Promoting a culture of safety and compliance.

- a. **Status:** Met
- b. **Issue(s):** The Guam Memorial Hospital Authority (GMHA), through its Medical Equipment Management Program (MEMP), has effectively promoted a culture of safety and compliance. Staff consistently follow established policies and procedures regarding equipment management, preventive maintenance, recall response, and incident reporting. Importantly, there were no recorded operator errors or incidents impacting patient care during the review period, demonstrating a strong commitment to safety protocols and operational standards. Staff are actively engaged in the

incoming inspection processes, preventive maintenance schedules, and safety verifications, ensuring medical equipment is safe and functional prior to clinical use. Compliance with regulatory requirements, such as electrical safety testing, operational checks, and proper documentation into the Computerized Maintenance Management System (CMMS) at SmartSheet, is being maintained across departments. The Biomedical Shop proactive management of hazard notices, recalls, and trending analysis further supports GMHA's organizational commitment to patient safety. Regular communication during Environment of Care (EOC) meetings and timely corrective actions have strengthened the hospital's overall safety culture. Continued leadership support, ongoing education, and adherence to best practices will help sustain and build upon this high standard of compliance and patient care excellence.

- c. **Recommendation:** To sustain and further enhance the strong culture of safety and compliance, GMHA should continue reinforcing regular staff education and refresher training programs focused on safety protocols, equipment management, and regulatory updates. Establishing periodic internal audits of safety practices and CMMS documentation will ensure continuous alignment with accrediting body standards. Strengthening cross-department collaboration through interdisciplinary safety drills and encouraging proactive reporting of near-misses or potential hazards even when no incidents occur will foster an even more transparent and preventive safety culture. Recognition programs that acknowledge staff contributions to patient safety and compliance efforts can also motivate continued excellence.

This objective is met and will continue to CY 2025.

Summary

Maintaining the current scope of the Medical Equipment Management Plan (MEMP) for 2024 into 2025 is essential for achieving its goals and objectives. This consistency ensures continued effectiveness without the need for revisions. Active engagement and proactive participation from end users are crucial to the MEMP's success. Their involvement is vital for effectively monitoring hazard notices, managing product recalls, and sharing crucial information with equipment users. The program's effectiveness significantly relies on their commitment and collaboration.

IV. PERFORMANCE

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

1. Biomedical staff conduct refresher in-service trainings for all end users, focusing on the function and operation of the affected medical equipment, with particular attention given to new employees/staff. In 2024, despite having one certified AAMI biomedical technician on staff, small portion of external Biomedical Services are retained to complement the shop's current capacities. This arrangement will persist until staffing certification requirements are adequately addressed, ensuring that training is provided, and staff members are certified. This practice will continue through 2025 to maintain operational standards.
2. The participation and assistance of end users are emphasized as crucial factors in reducing or eliminating equipment being labeled as unable to locate (UTL). Uncontrolled and undocumented equipment transfers between wards contribute to this issue. Despite these challenges, the shop diligently locates equipment to the best of their abilities and ensures that necessary preventive maintenance is completed.

Were problems or opportunities for improvement identified?

1. Promotions and Leadership Consideration:
 - a. The promotion of staff members within the Electronic Technician roles indicates internal growth and development within the team. However, the consideration of an

- Electronic Technician Supervisor instead of a Biomedical Superintendent suggests a potential rethink in leadership structure.
- b. Clarifying roles, responsibilities, and leadership positions within the team to ensure effective coordination and decision-making.
2. Maintenance Success and Patient Care Impact:
 - a. The absence of medical equipment failures impacting patient care in 2024 indicates successful maintenance practices and contributes to sustained patient care delivery.
 - b. Continual emphasis on robust maintenance practices to uphold equipment reliability and patient safety.
 3. Equipment Tracking Challenges:
 - a. The ongoing issue of Unable to Locate (UTL) medical equipment signals a persisting challenge with equipment tracking among end users. Moreover, the lack of reporting UTL incidents in the required Bi-weekly reports highlights a procedural gap.
 - b. Problems identified:
 - i. Inadequate equipment tracking leading to UTL instances such as RTLS System.
 - ii. Lack of compliance with reporting requirements affecting visibility and resolution of equipment location issues.
 - c. Enhancing equipment tracking mechanisms, addressing UTL challenges with the help of end-users and ensuring consistent and accurate reporting procedures to better manage equipment inventory.

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

1. By maintaining a monthly schedule for UTL and scheduled preventive maintenance program of medical equipment across various wards and areas, the facility is proactively monitoring equipment status and ensuring timely upkeep.
2. The regular communication of the UTL list to all Clinical and Support Department Heads and Supervisors showcases a commitment to transparency and proactive management of equipment visibility.
3. Sending the UTL list to affected wards, forwarding FM policies, and engaging in direct communications with Department Heads signify a multi-faceted mitigation approach that aims to minimize UTL numbers and enhance equipment tracking.
4. The enhancement of direct communication with Department Heads across the organization indicates a positive trend towards improved collaboration and alignment in equipment management practices. However, there remains an issue with end users not responding to inquiries regarding their inventory of medical equipment. This lack of action could hinder effective management and tracking of equipment, impacting overall safety and operational efficiency. Addressing this communication gap is critical for ensuring that all departments are engaged in inventory management and proactive in their responsibilities.

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

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

Equipment Management 2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
No. of Equipment Failures	93	65	101	93	105	104	125	154	127	101	116	102	1286
No. of Equipment Failures due to Operator Errors	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of Equipment Failures that Impacted Patient Care	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of Equipment w/ PM Completed	45	533	317	307	457	239	67	639	365	353	448	15	3785
No. of Equipment Scheduled for PM	45	652	261	284	373	217	67	514	308	328	413	15	3477

Equipment Management 2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Unable to locate (UTL)	0	120	56	23	83	22	0	121	48	48	79	0	600
Seen UTL from Previous Months	5	6	5	0	0	0	0	28	32	42	44	0	162
Completed Percentage (%)	100	81.91	82.01	92.5	81.61	90.79	100	81.30	84.38	92.92	92.18	100	81.63

V. PLAN/PROGRAM EFFECTIVENESS

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

A. Strengths

1. Monitoring, assessment and reporting of equipment failures continues. Hospital-wide information collected allows updating equipment list through submission of work orders, equipment failure reports, and inventory from Materials Management/Accounting on surveyed equipment. Consistently continues implementation of the MEMP by retaining outside biomedical service providers to augment the technical and miscellaneous needs in line with the intent of complying with the CMS and accreditation requirements. The staff are relentless, though understaffed and undertrained, in fulfilling the program and striving to meet their goals.
2. Monthly reports, trending and quarterly QAPI are submitted to EOC Committee.

B. Weaknesses

1. **Understaffing and Undertraining in the Biomedical Shop:** Challenges persist due to understaffing and undertraining in the Biomedical Shop. Recruitment difficulties are compounded by the lack of available electronics and biomedical courses on the island, hindering the acquisition of qualified staff with specialized training.
2. **End User Policy Compliance:** Ensuring adherence to policies such as EC400 and EC600 by end-users is crucial for efficient maintenance processes. Non-compliance may lead to delays in reporting equipment issues and maintenance requests, potentially impacting operational efficiency.
3. **Lack of In-Service Training for Procured Equipment:** Absence of in-service training for FM-Biomedical Staff following equipment procurement results in knowledge gaps that affect equipment operation and maintenance. This gap may hinder staff effectiveness and utilization of newly acquired equipment.
4. **Limited Planning for Equipment End of Life:** Equipment procurement lacking in-service training and planning for aging equipment may lead to difficulties as items near the end of their useful life. Without proper planning, the facility risks encountering maintenance challenges and service interruptions.
5. **Delays in Procurement of Requested Parts:** The procurement processes for acquiring necessary parts for medical equipment are notably slow, affecting both patient care and business operations. These delays can cause extended downtimes for critical equipment, hindering timely maintenance and impacting the delivery of healthcare services. Improving procurement efficiency is crucial to ensuring that equipment remains functional and service disruptions are minimized, thereby supporting effective patient care and business continuity.

What are the goals for the MEMP for Calendar Year 2025?

- A. **Addressing Staffing Shortages:** Resolving severe skilled and certified staffing shortages in the Biomedical Shop is critical for ensuring adequate support for equipment maintenance and management. Strategies to achieve this goal may include expanding recruitment efforts, exploring relevant training programs, and potentially outsourcing services to maintain operational efficiency and compliance with regulatory standards. Recommend opening a position for skilled Biomedical Technician and newly hired biomedical technicians must be certified as biomedical technicians or certified electronics

technicians and possess efficient soft skills or technical skills to enhance team functionality and facility performance.

- B. Mandatory Biomedical Trainings with Equipment Acquisition:** Integrating mandatory biomedical trainings with new equipment acquisitions ensures that staff members receive essential training on operating, maintaining, and ensuring the safety of the equipment. This proactive approach enhances staff proficiency, minimizes errors, and optimizes equipment utilization, contributing to improved patient care outcomes.
- C. Manufacturer's Trainings for Staff Certification:** Providing manufacturer's trainings to update and re-certify qualifications of biomedical staff is crucial for ensuring that the team remains current with industry best practices. By maintaining up-to-date technical skills and certifications, staff can effectively manage equipment, troubleshoot issues, and uphold compliance with regulatory requirements.
- D. Procurement Planning for Aging Equipment:** Working with the end users to plan for the acquisition, replacement, or schedule the procurement of aging equipment is essential for mitigating risks associated with obsolete or unreliable devices. By proactively addressing end-of-life equipment, GMHA can minimize disruptions, ensure the availability of critical equipment, and maintain high standards of patient care.
- E. Acquisition of Inspection, Testing, and Maintenance Testing Equipment:** Investing in new inspection, testing, and maintenance equipment (Special Biomedical Equipment/Simulator/Tester), along with repair parts and Preventive Maintenance (PM) kits, is vital for maintaining the reliability and safety of critical medical devices. These resources will enable thorough equipment maintenance, facilitate timely repairs, and promote adherence to preventive maintenance schedules, thereby enhancing overall equipment performance.
- F. Enhanced Departmental Coordination and Accountability:** Strengthening coordination among Department Heads and Supervisors, along with increasing end-user accountability, will foster a culture of ownership and responsibility in equipment management. Ensuring active participation and cooperation across departments can improve equipment care, reduce neglect, and enhance equipment availability during maintenance activities. Same as reported last year.

What resources have been allocated toward these goals?

- A. Budget for Training:** The requested budget for mandatory biomedical training related to new equipment acquisitions includes costs for training materials, facilitator fees, venue rentals, and potentially external training providers. However, for FY2024, the allocated budget is insufficient, with only \$1,250 designated for outside training sessions and \$0 for travel expenses. Past requests for a minimum of \$6,000 have remained unfulfilled, highlighting a critical gap in funding necessary to meet training needs.
- B. Professional Development:** The budget currently does not support ongoing staff development, which limits opportunities for personnel to attend seminars, workshops, industry conferences, and certification programs. These initiatives are crucial for enhancing staff expertise in medical equipment management and ensuring they remain current with industry advancements.

VI. RECOMMENDATIONS FOR IMPROVEMENT:

The following as part of the 2025 goal is recommended for consideration and has been forwarded to the EOC Committee, Quality Assurance and Performance Improvement (QAPI) Committee and to Administration.

1. Technical Training and Certification for Biomedical Staff:

- a. Manufacturer-Specific Training:** Pursuing technical training and certification from equipment manufacturers for life support and diagnostic equipment is a strategic move to enhance staff proficiency and ensure the optimal performance of critical devices. Training provided by manufacturers delivers detailed insights into equipment operation, troubleshooting, and maintenance directly from the experts who designed the equipment.

- b. **Benefits of Manufacturer Training:** Manufacturer-provided training offers hands-on experience, in-depth technical knowledge, and up-to-date information on equipment operation and programming. Staff members gain valuable insights into preventive maintenance procedures, calibration techniques, and best practices, enabling them to better understand and address equipment issues effectively.
 - c. **Incentives for Certification:** To further motivate biomedical staff, implementing incentives such as salary increases for each certification, they successfully obtain would align with code compliance in the hospital setting. This reward system would not only encourage ongoing professional development but also promote a culture of excellence in equipment management and safety within the hospital.
- 2. **Procurement and Calibration of Testing and Calibration Equipment:**
 - a. **Equipment Modernization and Replacement:** The recommendation to procure and calibrate testing and calibration equipment emphasizes the importance of modernizing the equipment inventory in the Biomedical Shop. By replacing antiquated and obsolete testing tools with updated equipment, the facility ensures the accuracy and reliability of maintenance activities performed on medical devices.
 - b. **Enhanced Maintenance Practices:** Upgrading testing and calibration equipment enhances the shop's capability to conduct precise diagnostics and calibration procedures, critical for ensuring equipment accuracy and compliance with regulatory standards. Well-calibrated tools contribute to improved equipment performance, reduced downtime, and enhanced patient safety outcomes.
- 3. **Development of a Knowledge Transfer Program:**
 - a. **Mentorship and Shadowing Opportunities:** Create opportunities for experienced biomedical staff to mentor newer employees. This knowledge transfer initiative will help bridge skill gaps, preserve institutional knowledge, and promote a culture of continuous learning within the Biomedical Shop.
 - b. **Regular Training Sessions:** Schedule periodic in-house training workshops and discussions to keep the entire team informed about the latest developments in medical technology, best practices, and problem-solving strategies.
- 4. **Strengthening Vendor Relationships:**
 - a. **Regular Communication and Feedback:** Improve partnerships with equipment manufacturers and service providers by establishing regular communication channels for feedback and updates. Building strong relationships can lead to better support, timely access to resources, and improved training opportunities for staff.
 - b. **Service Agreements:** Negotiate service agreements that guarantee ongoing support for equipment maintenance and technical assistance, ensuring prompt responses to equipment issues and minimizing operational disruptions.
- 5. **Enhancing Safety Protocols and Compliance:**
 - a. **Reinforcement of Safety Standards:** Review and reinforce safety protocols related to equipment operation and maintenance to ensure compliance with all regulatory standards. Regular audits and training sessions on safety practices will contribute to a safer working environment and better patient safety outcomes.
 - b. **Emergency Preparedness Planning:** Develop comprehensive emergency preparedness plans related to equipment failures, ensuring that protocols are in place to respond to critical situations effectively.
- 6. **Increased Budget for Tools, Test, and Calibration Equipment, and Replacement Equipment Parts:**
 - a. **Tools and Equipment:** The current budget allocation is minimal and allows only limited purchases of specialized tools, testing equipment, and calibration devices necessary for accurate maintenance and calibration of medical equipment. This includes specific biomedical tools tailored for different types of medical devices, which are critical for ensuring operational efficiency.

- b. **Replacement Parts:** Funding designated for acquiring replacement parts necessary for routine maintenance is also minimal. This includes essential components such as sensors, circuit boards, batteries, and other critical parts. Availability of these replacement parts is vital for addressing equipment breakdowns promptly and maintaining functionality, which directly impacts service delivery and patient safety.
- c. **Preventive Maintenance Kits:** The budget should include provisions for acquiring Preventive Maintenance (PM) kits customized for specific types of medical equipment. These kits consist of essential tools, consumables, and components required for regular maintenance tasks. By equipping staff with PM kits, the facility can enhance the longevity and reliability of medical devices, ultimately contributing to improved patient care outcomes.


VII. CONCLUSION:

The annual evaluation of the Medical Equipment Management Program (MEMP) at GMHA for calendar year 2024 highlights both the strengths and areas requiring improvement within the program. The overarching goal of the MEMP is to ensure the safe and reliable operation of medical equipment, subsequently promoting patient safety and operational efficiency across the facility.


While several objectives of the MEMP have been met or are on track, such as monitoring hazard notices and fostering a culture of safety, other areas reveal significant gaps that need to be addressed moving into 2025. These include the need for enhanced training and certification for biomedical staff, improved asset management procedures, and a strengthened approach to handling equipment procurement and maintenance.

Despite the commendable dedication and resilience of the Biomedical Shop team, challenges such as understaffing, inadequate training provisions, and delays in the procurement of parts have been identified as critical obstacles affecting the program's effectiveness. Additionally, the ongoing issue of "Unable to Locate" (UTL) equipment underscores the necessity for better tracking mechanisms and compliance among end users.

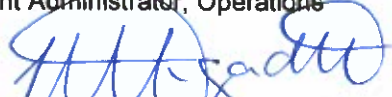
To achieve the goals for 2025, it is crucial to secure increased budget allocations for training, tools, and equipment maintenance, as well as to implement comprehensive strategies that encourage collaboration among departments. The recommendations outlined in this evaluation serve as a roadmap for aligning resources with operational needs, ultimately leading to improved patient care outcomes and adherence to regulatory standards.


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Annual Evaluation of the Effectiveness of the Utility Systems Management Plan/Program Calendar Year 2024

INTRODUCTION:

This evaluation assesses the effectiveness of the Utilities Management Plan/Program 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 program.

OBJECTIVES REVIEW:

The objectives of the Utilities Management Program are to establish a safe, comfortable patient care and treatment environment by managing the risks associated with safe operations and functional reliability of the GMHA's hospital utility systems to include inventory of critical operating components and systems.

The Facilities Maintenance Department, in a concerted effort with the Environment of Care Committee and Planning Department, established twenty-eight (28) objectives for calendar year 2024. Twenty-five (25) scheduled and three (3) added through the course of the year. The intent of these objectives is in line with improving the overall effectiveness of the Utilities Management Plan. These following bulleted objectives listed below are followed by an assessment of the degree to which they were met:

- **Objective 1: Vertical Transportation Elevator Modernization Project**
 - **Status:** Met
 - **Effectiveness:** Hoist Rope for #4 replaced in May 2024. Hoist Rope for #3 maintained.
- **Objective 2: Boiler Refurbishment and Steam Line Replacement**
 - **Status:** Partially Met
 - **Effectiveness:** Project Plan was completed in October 2024. Project implementation scheduled for 2025 as part of the five (5) year Capital Improvement Plan (CIP) Plan.
- **Objective 3: LOX (Liquid Oxygen) Tank**
 - **Status:** Met
 - **Effectiveness:** Project completed in April 2024.
- **Objective 4: LOX Annunciators**
 - **Status:** Met
 - **Effectiveness:** Installation completed in-house in July 2024 and was integrated to Communication Center and Biomed Shop Monitoring Annunciators.
- **Objective 5: Additional LOX Annunciator to be installed at Power Plant**
 - **Status:** Not Met
 - **Issue:** Not implemented due to budget constraints.
 - **Recommendation:** Rollover to FY2025
- **Objective 6: Fresh Air and Ventilation System Project**
 - **Status:** Partially Met
 - **Issue:** Continuance of 4th, 5th and 6th batches discontinued and opted for removal and replacement of 40 AHU instead. Project procurement completed in December 2024.
 - **Recommendation:** Project implementation to roll over in 2025 in line with the five (5) year CIP Plan.
- **Objective 7: ICU and ED – Heating, Ventilation and Air Conditioning (HVAC)**
 - **Status:** Not Met

- **Issue:** ED HVAC upgrade procurement process completed in 2024, but the project implementation will roll over to 2025.
- **Recommendation:** Project implementation to roll over to 2025 in line with the five (5) year CIP Plan.
- **Objective 8: Blue Med Tent Power Upgrade**
 - **Status:** Not Met
 - **Issue:** Power Upgrade from temporary to permanent Power for Blue Med Tent, Reefer Container, AC Split Units for ICU, Education ED and other areas was not implemented in 2024 due to staff resource shortages and financial constraints.
 - **Recommendation:** Considered to roll over in 2025 in line with the five (5) year CIP Plan.
- **Objective 9: MIS Server Room Ceiling Upgrade**
 - **Status:** Not Met
 - **Issue:** Project to include room Upgrade but not limited to HVAC+R System but also Fire Alarm System/Fire Suppression System (FAS/FSS). Not implemented in 2024 due to financial constraints.
 - **Recommendation:** Considered to roll over 2025 in line with the five (5) year CIP Plan.
- **Objective 10: Acquisition and Implementation of the CMMS (Computerized Maintenance Management System) software**
 - **Status:** Partially Met
 - **Effectiveness:** Implementation and adaption of Smartsheet Software started in 2023 and carried over from 2024 to 2025. Full implementation is to be completed by 2025.
- **Objective 11: Pharmacy – Heating, Ventilation and Air Conditioning System (HVAC)**
 - **Status:** Not Met
 - **Issue:** Not implemented in 2024 due to financial constraints.
 - **Recommendation:** Considered for 2025 for plan recertification and project implementation in line with the five (5) year CIP Plan.
- **Objective 12: Urgent Care Negative Pressure Capable**
 - **Status:** Partially Met
 - **Issue:** Grant approved in November 2024 and project implementation in progress and was not completed in 2024.
 - **Recommendation:** Roll over to 2025 and in line with the five (5) year CIP Plan.
- **Objective 13: Clocking System.**
 - **Status:** Not Met
 - **Issue:** Upgrade/Repair/Replacement of Clocking System was not implemented in 2024 due to financial constraints.
 - **Recommendation:** Not Considered for 2025
- **Objective 14: Upgrade of Decon Tank:**
 - **Status:** Not Met
 - **Issue:** Automation of content disposal and disposal to nearest catch basin and leaching field was not implemented in 2024 due to financial constraints.
 - **Recommendation:** This is not considered for 2025.
- **Objective 15: ICU and ED – Cardiac Monitoring System Upgrade**
 - **Status:** Not Met
 - **Issue:** System integration for one main central control monitor was considered, but not implemented in 2024 due to financial constraints.
 - **Recommendation:** This is not considered for 2025.
- **Objective 16: OR Department and Radiology Department – Heating, Ventilation and Air Conditioning (HVAC).**
 - **Status:** Not Met
 - **Issue:** The OR HVAC upgrade project was not implemented due to no bids received when the project was issued through an invitation for bid (IFB) solicitation. The Radiology Department HVAC project was not implemented due to financial constraints.
 - **Recommendation:** Considered for 2025 for plan recertification and project implementation in line with the five (5) year CIP Plan.

- **Objective 17: Care 4 Rooms 355 to 360 and Pediatrics Room 452**
 - **Status:** Not Met
 - **Issue:** These rooms remain negative pressure capable rooms. Design/build scheme is considered to upgrade these rooms for a permanent BUV system. Not implemented in 2024 due to financial constraints.
 - **Recommendation:** This will not be considered for 2025.
- **Objective 18: Underground Water Storage System Control**
 - **Status:** Not Met
 - **Issue:** Not implemented in 2024 due to financial constraints.
 - **Recommendation:** This project is recommended for implementation consideration in 2025.
- **Objective 19: Fresh Air and Ventilation System Project**
 - **Status:** Partially Met
 - **Issue:** 450 Ton and 265 Ton Chiller System Project procurement completed in December 2024, but the project will not begin until 2025.
 - **Recommendation:** Project implementation to roll over to 2025, in line with the five (5) year CIP Plan.
- **Objective 20: Removal and Replacement of existing Roof Ventilation and Exhaust System**
 - **Status:** Partially Met
 - **Issue:** Procurement completed in December 2024, but the project will not begin until 2025.
 - **Recommendation:** Project implementation to roll over to 2025, in line with the five (5) year CIP plan.
- **Objective 21: Vacuum System**
 - **Status:** Partially Met
 - **Issue:** Replacement of two existing vacuum pumps for immediate response completed in the middle of 2024. The removal and replacement of the existing Quadruplex Vacuum System was not implemented in 2024.
 - **Recommendation:** Project implementation to roll over into 2025.
- **Objective 22: OB Ward Air Conditioning Split Unit**
 - **Status:** Met
 - **Effectiveness:** Provision and installation of Patient Rooms Individual Air Conditioning Split Unit with new power source completed 2024.
 - **Recommendation:** Project completed.
- **Objective 23: ICU/CCU Air Conditioning Split Unit**
 - **Status:** Partially Met
 - **Issue:** Provision and installation of Patient Rooms Individual Air Conditioning Split Unit at 90% completion. Pending Design and installation of permanent power source.
 - **Recommendation:** Project implementation to roll over to 2025.
- **Objective 24: Bio-Waste Shredder Replacement**
 - **Status:** Partially Met
 - **Issue:** Procurement process completed in December 2024.
 - **Recommendation:** Project implementation to roll over to 2025 in line with the five (5) year CIP Plan.
- **Objective 25: Public Address (PA) System**
 - **Status:** Met
 - **Effectiveness:** Replacement of devices completed in 2024, which has improved our hospital-wide communication.
 - **Recommendation:** Met and has spare speakers if needed.
- **Objective 26: Replacement of Chilled Water Lines @ SNF**
 - **Status:** Partially Met
 - **Issue:** Procurement Process completed in December 2024.
 - **Recommendation:** Project implementation to roll over in 2025.
- **Objective 27: Completion of Chiller Pump System @ SNF**
 - **Status:** Partially Met

- **Issue:** One (1) Set of the required three (3) was completed in 2024. Procurement and project implementation for the remaining two (2) sets is in progress and will roll over to 2025.
- **Recommendation:** Project procurement and implementation to roll over to 2025.
- **Objective 28: Removal and Replacement of Existing Solar Grid-Tied Power System**
 - **Status:** Partially Met
 - **Issue:** Procurement process completed September 2024 and ongoing.
 - **Recommendation:** Project implementation to continue to 2025.

Summary:

Of the twenty-eight (28) objectives in 2024, five (5) have been met, twelve (12) have been partially met, and eleven (11) were not met. Eighteen (18) objectives will be carried over to 2025, of which Thirteen (13) were considered in alignment with the 5-year CIP Plan and GMHA Critical infrastructure Projects, funded by GMHA operational funds and federal funds (DCIP, DOI, etc.). Most of these projects are slated for startup and completion in 2025, while some will likely extend into 2026. The list of objectives is subject to change to address issues that may arise during the year.

SCOPE EVALUATION:

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

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

The scope of the utility systems management plan/program for the upcoming year 2025 include consideration of whether there are new added new services/responsibilities, physician practices, etc.

The following objectives rolled over to 2025 are:

1. Additional LOX Annunciator to be installed at Power Plant;
2. Boiler Refurbishment and Steam Line Replacement;
3. Fresh Air and Ventilation System Project: Removal and replacement of 40 AHU (HVAC Upgrade);
4. ICU and ED: Removal and Installation of AHU and DOAS (HVAC Upgrade);
5. Power Upgrade from temporary to permanent Power for Blue Med Tent, Reefer Container, AC Split Units for ICU, Education ED and other areas;
6. MIS Server Room and Ceiling Upgrade;
7. Pharmacy: Heating, Ventilation and Air Conditioning System (HVAC Upgrade);
8. Urgent Care Negative Pressure Capable (HVAC Upgrade);
9. OR Department and Radiology Department (HVAC Upgrade);
10. Underground Water Storage System Control;
11. Fresh Air and Ventilation System Project: Removal and Replacement of 450 Ton and 265 Ton Chiller System Project;
12. Removal and Replacement of existing Roof Ventilation and Exhaust System;
13. Vacuum System: Removal and Replacement of existing Quadraplex Vacuum System;
14. ICU/CCU Air Conditioning Split Unit: Provision and installation of Patient Rooms Individual Air Conditioning Split Unit;
15. Bio-Waste Shredder Replacement;
16. Replacement of Chilled Water Lines @ SNF;
17. Completion of Chiller Pump System @ SNF;
18. Removal and Replacement of Existing Solar Grid-Tied Power System; and
19. Remove and Replace Triage Sliding Door, Windows and Air Curtains (\$0.325M)

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

There are Fifteen (15) items considered for addition to the objectives of the Utilities Management Plan because they are beyond or have passed its useful life due to obsolescence and discontinuation of support

and are recommended for removal and replacement. Other projects also considered to address Mold issues:

1. Remove and Replace Boiler System (\$215K);
2. Remove and Replace Boiler Separators (\$25K);
3. Remove and Replace Fan Coil Units (FCU) (\$1.5M);
4. Remove and Replace Condenser units for our walk in refrigerator and freezer (\$0.5M);
5. Relocation/Removal of the Aboveground Water Storage Tank (\$0.8M);
6. Underground Water Storage Tank liner replacement (\$0.8M);
7. Replacement of one (1) of the 1.6-Megawatt Emergency Generator (~\$4.4M);
8. Replacement of Water Heater and relative System (\$0.4M);
9. Replacement of Sterilizer (\$0.26M);
10. Procuring Steam Generator for Sterilizers (\$0.4M);
11. UPS and Power Upgrade to Server rooms at SNF and GMHA (\$0.3M);
12. Roof and Envelop Upgrade – Package A & B (\$5M);
13. Real Time Location System (RTLS) for Medical Equipment (\$300K);
14. Fleet Vehicles (\$282K); and
15. UVC for AHU and Ducting System (\$?)

PERFORMANCE REVIEW:

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

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

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

There were no errors or accidents throughout the course of 2024 and no failures with our utility system. However, the age of the existing utility system is beyond their useful lives.

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

Work Orders (WO) and SLS deficiencies are received and responded to immediately. However, the sheer volume or quantity is large enough that it takes away and challenges the time for completion of scheduled preventive maintenance (PM). Areas of focus remains on failure and action plans covering Heating, Ventilation and Air Conditioning (HVAC), Steam Boiler, Fire Alarm System, Autoclave and Isolation Systems. These continue to 2025. To address other shortfalls, it is recommended that other maintenance contracts be outsourced same as in previous past years. Problem in procurement and payment of vendors impacted and delayed rendering of specialty services. These contribute to equipment failures. ***These are the Fire Alarm System (FAS), Fire Suppression System (FSS), Chemical Treatment Program, Kitchen equipment, Chiller and Condenser maintenance, Medical Air and Vacuum, Emergency Generator and Sterilizer System maintenance. Also affecting the retainage of off-island service providers for our Air Quality, Medical Gas and Trace Gas inspection, verifier, certification, service and repair that are not readily available on island. This also contributes withholding inspection reports required for accreditation.***

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

There was no impact to patient care as there was no loss of utility. The matrix below reflects Performance Improvement monitoring activities and indicators detailing them into specific categories.

UTILITIES MANAGEMENT 2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Volume of Regulated Waste (lbs.)	50,344	47,521	47,024	46,671	46,283	47,106	50,053	48,855	42,863	48,693	46,348	42,863	564,624
No. of Emergency Generator Testing Completed	20	22	25	27	25	19	19	19	18	20	23	18	255
No. of Emergency Generator Testing Scheduled	20	22	25	27	25	23	23	23	25	20	23	20	276
No. of Elevator Failures	4	7	6	9	7	3	5	6	1	6	2	1	57
No. of associated equipment/Utility Failures	149	134	131	166	227	108	196	218	205	93	118	157	1,902
No. of Utility Failures Due to Operator Errors	0	1	5	0	0	0	0	0	0	0	0	0	6
No. of Utility Failures that Impacted Patient Care	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of Utilities with PM Completed	1479	1545	1421	1359	1399	1501	1785	2312	1424	1348	1467	1483	18,523
No. of Utilities Scheduled for PM	1482	1555	1503	1367	1406	1512	1792	2389	1431	1355	1474	1509	18,775
No. of Completed Sterilizer Testing	67	62	68	63	57	54	55	76	77	82	73	60	794
No. of Sterilizer Testing Scheduled	67	62	68	63	57	54	55	76	77	82	73	60	794

a. Volume of Regulated Waste:

Monitoring activities indicate that the volume of medical infectious waste generated has remained relatively stable. The monthly average for 2024 is 47,052 pounds, reflecting similar levels to 2023. This consistency suggests effective waste management practices are in place, although ongoing monitoring is essential to identify any potential fluctuations.

b. Number of Emergency Generator Testing Scheduled/Completed:

The average completion rate for emergency generator testing in 2024 was 92%, which is a decline compared to the rates observed in 2023. Some of the testing performed was limited to dry runs due to operational issues such as Chiller 1 being down and one 1.6 Meg generator being non-operational in December 2024. Addressing these equipment failures will be crucial for improving future testing rates.

c. Number of Elevator Failures:

Elevator failures have increased, averaging 4.75 per month in 2024 compared to 3.3 per month in 2023. This uptick indicates the need for enhanced maintenance protocols or assessments of the aging infrastructure to reduce the frequency of failures.

d. Number of Utility Failures:

Utility failures totaled 1,902 in 2024, an increase from 1,129 in 2023. Fortunately, there have been no negative impacts on patient care as a result of these failures, which highlights effective contingency and risk management strategies in place.

e. Utility Failures Due to Operator Errors:

In 2024, there were 6 utility failures attributed to operator errors, a decrease from 13 in 2023. This reduction reflects improved training or protocols, contributing positively to operational reliability. Importantly, there have been no negative impacts on patient care.

f. Utility Failures That Impacted Patient Care:

Throughout the reporting period, there have been no utility failures that directly impacted patient care. This is a positive outcome, indicating effective management of utility operations and maintenance.

g. Utilities with Preventive Maintenance Scheduled/Completed:

In 2024, preventive maintenance for utilities reached a completion rate of 99%, which meets expectations given the aging equipment. Continued diligence in preventive maintenance is vital to mitigate the risks associated with aging systems.

h. Biological Growth Testing on Sterilizers Scheduled/Completed:

All Biological Integrator tests conducted on sterilizers throughout 2024 yielded negative results, indicating that sterilization processes are functioning effectively. Maintaining these standards is crucial for ensuring patient safety and compliance with health regulations.

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

Regulatory Monitors:

Indoor Air Quality Testing to include positive and negative air movement relationships are monitored continuously to ensure compliance with CDC, OSHA AIA and ASHRAE guidelines. Continues in 2025, negative pressure capable rooms converted by in-house (BUV System) and contractor (Exhaust System) are maintained and monitored. All monitored rooms successfully passed inspections using our ADM tester throughout the course of 2024. This consistent compliance indicates that our indoor air quality measures and protocols are effectively maintaining the necessary standards for safety and health. Ongoing monitoring and testing will continue to ensure that we uphold these standards moving forward.

Performance Monitors:

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

Fire Alarm/Fire Suppression System. This system has just gone through its annual inspection, testing and maintenance (ITM) for FY2024. ITM will continue to be pursued vigorously in conjunction with the intent or program for its upgrade and repair as it has reached the end of its useful life.

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

No proposed revisions. Continue same as 2024 for 2025.

PLAN/PROGRAM EFFECTIVENESS:

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

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

Strengths:

Despite ongoing financial difficulties and delays in vendor payments, FM has successfully maintained operational continuity within the hospital. This achievement is largely due to their effective management of projects, work orders, and preventive maintenance schedules, ensuring that crucial hospital services remain uninterrupted, an essential aspect of high-quality patient care.

FM has successfully implemented shift coverage with one personnel during holidays, weekends, and outside of normal working hours (8 am to 5 pm). This approach ensures that work orders (WOs) and trouble calls are promptly addressed, contributing to a responsive maintenance operation. However, GMHA leadership (BOT/EOCC) should revisit the recall and standby policies as they feel their time are restricted and to create a more stable program for responding to trouble calls. There is a noticeable decline in morale among FM personnel when they compare their compensation for on-call and standby duties with that of other departments, which could impact long-term job satisfaction and retention.

While there have been two staff additions this year, the team still faces a shortage, which places increased pressure on existing staff. As a result, the team has relied heavily on overtime (OT) to meet demands. This reliance on OT is further exacerbated by personal and sick leave hours taken and absences, contributing

to high overtime hours. Additionally, personnel cross-training has been postponed this year due to staffing shortages, further limiting flexibility in managing workloads.

In light of budget constraints and in lieu of having critical equipment maintenance contracts, FM has been conducting due diligence by handling repairs and maintenance in-house. This strategic decision aims not only to save costs but also to leverage the specialized skills and expertise of our personnel. The FM team possesses a diverse range of technical skills that allow them to effectively manage various types of repairs and maintenance tasks internally even out of job description duties, ensuring that quality standards are upheld and that repairs are tailored to the specific needs of our facilities.

A critical concern is the aging infrastructure across the hospital, which includes essential utilities, building systems, and equipment that are outdated and increasingly fragile. Many of these systems, including water, drainage, power distribution, and HVAC, all of which require proactive maintenance to ensure their reliability as failures in these areas can significantly disrupt hospital operations and compromise patient safety. The aging condition of these critical infrastructures necessitates that FM projects prioritize repairs and upgrades to prevent potential failures that could impact the delivery of care.

The FM team's ability to uphold service quality amidst these challenges demonstrates their dedication and adaptability. However, this situation highlights a critical need for addressing staffing constraints and exploring strategies to optimize workload distribution, which will help mitigate employee fatigue/burn-out and maintain long-term operational efficiency.

Addressing these infrastructure issues is vital for sustaining reliability and safety standards, and it underscores the importance of strategic planning and resource allocation in Facilities Maintenance.

Weaknesses:

The hospital's utilities, including water supply, drainage, waste piping, hvac and main electrical distribution systems, are aging and significantly fragile. This poses risks for operational disruptions due to unexpected failures, potentially impacting patient care and the overall facility operations. While there is an urgent plan to refurbish or replace some of these systems, budget constraints have limited the progress, causing some projects to roll over into FY 2025. Strategic planning and investment are needed to address these challenges effectively.

The Facilities Maintenance department is currently experiencing a shortage of Supervisors in key areas, such as Environmental, Mechanical, and Skilled Nursing Facility (SNF) Shops. These shops are temporarily managed by Leaders rather than fully designated Supervisors, which may impact operational efficiency and hinder staff development. Additionally, the Biomedical Shop is facing a leadership void. The Biomedical Superintendent position has been converted to a lower Electronic Technician Supervisor role, requiring specific qualifications such as a Biomedical Certification from AAMI, ETA, or an Associate degree in Biomedical Engineering. This shift reflects the challenges in recruitment and highlights a gap in leadership that needs to be addressed.

The recruitment process for these essential positions is challenging due to outdated compensation packages that are not competitive with industry standards. This disparity makes it difficult to attract and retain qualified candidates, affecting the department's ability to fill vital supervisory roles efficiently. As a result, senior staff members have often been tasked with additional supervisory responsibilities, including the development of soft skills alongside their technical duties. This dual workload increases pressure on them and may negatively impact their performance and morale over time.

FM's current workforce consists of 36 personnel. Approximately 36% of FM's workforce are in their late fifties to mid-sixties. These individuals possess critical institutional knowledge and technical expertise that are essential for smooth operations. With impending retirements, there is an urgent need for effective knowledge transfer plans to ensure continuity of FM's services. Supervisors and leaders are actively engaged in training their staff to equip them for potential leadership roles, fostering an environment that promotes the preservation of essential knowledge and ensures operational continuity. Additionally, the aging facility necessitates to create additional manpower to address frequent maintenance issues, further emphasizing the urgency of establishing effective knowledge transfer strategies.

RECOMMENDATIONS FOR IMPROVEMENT:

Infrastructure Planning: Conduct a comprehensive assessment of all utility systems to prioritize refurbishment and replacement projects. Explore financial options, including the submission of grant applications with or without local matching requirements to fund critical infrastructure needs and to ensure the operational reliability and safety of GMHA's infrastructure until a new Hospital can be built.

Compensation Review: Update compensation packages to align with market standards, thereby improving recruitment and retention of skilled personnel.

Role Optimization: Clearly define supervisory and technical roles to prevent dual workload impacts on senior staff. Provide support and mentorship to facilitate smooth transitions into higher levels of responsibility and prevent burnout.

Leadership Development: Invest in training and certification programs such as courses at the Guam Community College, Utilities and Equipment OEM training, national certifications to prepare existing staff for supervisory roles and to develop local talents. Establish a succession planning framework to ensure seamless leadership transitions and operational continuity.

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

The utility systems management plan for the upcoming year focuses on enhancing the program's effectiveness, aligning with the CIP 5-year Strategic Plan, and adhering to the Defense Community Infrastructure Program (DCIP) and Department of Interior (DOI) federally funded Capital Infrastructure Improvement Projects requirements. The specific goals include:

- Maintain rigorous performance monitoring activities to assess the effectiveness of utility systems, ensuring they meet operational standards and regulations.
- Work diligently towards achieving the specific objectives outlined for the upcoming year, ensuring alignment with long-term strategic goals and overall utility management enhancement.
- Develop and implement comprehensive procedures and controls geared towards minimizing risks associated with utility systems. This includes frameworks for risk identification, assessment, and mitigation.
- Enhance the process for proactively identifying risks related to utilities. Develop strategies for preemptive risk management to safeguard infrastructure and operations.
- Develop cross-training programs and staff education initiatives to enhance skillsets, improve operational flexibility, and support efficient recruitment processes. This ensures a resilient and versatile workforce capable of adapting to evolving operational needs.
- Ensure adherence to the implementation and completion of the Eighteen (18) objectives carried over from the prior year and pursue the Fifteen (15) additional objectives as resources permit. Prioritize these efforts based on their potential impact and feasibility within the context of available time and funding.

What resources have been allocated toward these goals?

- Continued financial benefits from federal programs such as grants from the Hospital Preparedness Program (HPP), a Cooperative Agreement federally administered by the US Department of Health and Human Services (HHS) / Assistant Secretary for Preparedness and Response (ASPR) to partially fund ongoing improvement efforts to support the Utilities Management Program/Plan at both the Hospital and the Skilled Nursing Facility.
- Receipt of other funding, such as federal Compact Impact Funding from the U.S. Department of the Interior (DOI), DCIP, and Federal Emergency Management Agency (FEMA) Public Assistance. These funding sources assist GMHA with improving, replacing or maintaining GMHA's critical infrastructure and key resources that positively impact the overall operations of the Utility Management Plan for both the Hospital and the Skilled Nursing Facility.

CONCLUSION:

Securing funding for the outlined objectives is imperative to ensure their prompt implementation. These projects are integral components of a broader strategy aimed at addressing the recommendations put forth by the United States Army Corps of Engineers (USACE) in 2019. These recommendations stem from comprehensive assessments designed to bring our facility to a state that guarantees the continuous provision of services essential for fulfilling our mission.

It is important to note that the recommended objectives are subject to change based on the availability of funds and resources. Without solidified funding, the progress of these initiatives may be compromised, limiting our ability to operate effectively.

Recent delays in payments to vendors have resulted in critical delays or complete halts in the delivery of specialty services and supplies, which are vital to our operations. Such disruptions jeopardize the overall functionality of our facility and the quality of care we provide. Most payments were only made in the last quarter of 2023, impacting our relationships with vendors throughout 2024. As we enter 2025, there is growing hesitance among vendors to render services, given the history of late payments. This may lead to uncertainties regarding our prioritization in their service schedules, potentially exacerbating the challenges we face in maintaining operations.

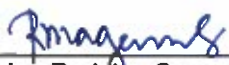
The aforementioned plans are proposed as priority initiatives for improvement and will be submitted for consideration to the following bodies:

- Environment of Care Committee
- Quality Assurance and Performance Improvement Committee
- Leadership Team

By presenting these recommendations to the relevant committees and leadership, we aim to reinforce the importance of these objectives and emphasize the need for strategic funding and operational support to address the challenges presently confronting our facility. This collective effort will contribute significantly towards achieving the desired condition of our utilities and ensuring the continuity of essential services.


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

Date: 6/17/25


Submitted by: Rodalyn Gerardo, CPA, CIA, CGFM, CGAP, CGMA, CICA
Assistant Administrator of Operations

Date: 06.17.2025


Approved by: Zaldy S. Tugade, PE
Chairperson, Environment of Care Committee

Date: 6.17.25

Emergency Management Program Annual Evaluation Report

Guam Memorial Hospital Authority (GMHA)

Reporting Period: January 1, 2024 – December 31, 2024

Prepared by: Therese Paula Pelayo, Hospital Chief Planner

Program Overview

The Emergency Management (EM) Program at GMHA is guided by an all-hazards framework and remains critical to ensuring the hospital's continuity of operations and patient safety during emergencies. In 2024, the program met several CMS emergency preparedness requirements despite staffing, funding, and resource limitations. No formal objectives were set at the start of the year; therefore, this evaluation uses the standards outlined in the CMS Conditions of Participation (42 CFR § 482.15) and CIHQ Emergency Preparedness (EP) standards as the benchmark for assessment.

2024 Program Evaluation

Program Foundations (EP-1 & EP-2)

GMHA maintains an active Emergency Preparedness Program that complies with all federal, state, and local regulations. The Hazard Vulnerability Assessment (HVA) was updated and used to guide planning and exercise development. The current Emergency Operations Plan (EOP) is based on an all-hazards risk assessment, but it has not been updated within the past two years, and does not fully address emerging infectious disease planning.

Policies and Procedures (EP-3)

GMHA has implemented several foundational policies in support of emergency response, including those related to shelter-in-place, continuity of operations, HIPAA compliance, staff tracking, and the use of volunteers. However, the program still requires focused attention in the following key areas to fully meet CMS expectations:

- **Evacuation Planning:** GMHA currently lacks a comprehensive, all-hazards evacuation plan that outlines staff responsibilities, transportation logistics, evacuation sites, and communication protocols.
- **Subsistence Needs:** Existing policies do not sufficiently address the long-term provision of food, water, and pharmaceutical supplies for staff, patients, and volunteers during extended emergencies.
- **Alternate Energy Sources:** Policies are needed to detail how critical systems—such as lighting, heating, sanitation, and medical equipment—will be maintained during primary power loss.
- **Transfer Agreements:** GMHA does not have formalized pre-arrangements with alternate care facilities to support patient continuity in the event that operations are disrupted.

Communication Plan (EP-4)

GMHA maintains alternate communication protocols and procedures to notify external agencies and report hospital status during emergencies. However, the communication plan needs:

- Up-to-date contact information for staff, contractors, and key emergency officials
- A system for sharing medical documentation with receiving facilities during evacuations and
- A formal review and update process annually.

Training and Exercises (EP-5 & EP-6)

In 2024, GMHA conducted:

- A multi-agency Full-Scale Exercise (FSE) simulating a mass casualty radiological event
- A Tabletop Exercise (TTX) focused on an active shooter scenario (Code Black)

After Action Reports (AARs) were completed and Improvement Plans were developed.

GMHA Staff participated in training on:

- ICS 300 (Intermediate ICS for Expanding Incidents) & 400 (Advanced ICS for Command and General Staff) – 22 Attendees
- Active Shooter/Code Black – ALL STAFF
- Decontamination Procedures – 10 Attendees
- Annual Preparedness Summit – 1 Attendee
- Risk Communication – 1 Attendee
- EOC/RAC Training – 1 Attendee
- CBRNE Training – 10 Attendees
- Critical Infrastructure Resilience and Community Lifelines – 1 Attendee
- Conducting Risk Assessment for Critical Community Assets – 1 Attendee
- THIRA Stakeholder Preparedness Review – 1 Attendee
- Critical Infrastructure Security and Resilience Awareness – 1 Attendee
- Physical and Cybersecurity for Critical Infrastructure – 1 Attendee
- Disaster Preparedness for Healthcare Organizations within the Community Infrastructure – 1 Attendee
- IS-00120.c: An Introduction to Exercises – 3 Attendees
- Homeland Security Exercise and Evaluation Program – 4 Attendees
- IS-00520: Introduction to Continuity of Operations Planning for Pandemic Influenzas – 3 Attendees
- IS-01300.a: Introduction to Continuity – 3 Attendee
- IS-00130 How to be an Exercise Evaluator – 2 Attendees
- IS-00551 Devolution Planning – 2 Attendees

GMHA remains in full compliance with EP-5 and EP-6. However, this requirement is not clearly stated in our current policies.

Emergency Power Systems (EP-7)

GMHA maintains emergency generators to support critical operations during power outages; however, current documentation does not demonstrate full compliance with CMS and NFPA code requirements. Specifically:

- Testing required under NFPA 110 and Life Safety Code (NFPA 101) are incomplete or inconsistently maintained.

Generator	Capacity	Non-Compliance Months	Compliance Months
Elec. 002	1.6 Meg	February, August to December 2024	January, March to July 2024
Elec. 005	1.6 Meg	September to December 2024	January to August 2024
Elec. 010	650 KW	September to December 2024	January to August 2024

- GMHA does not currently have a formal Mutual of Understanding (MOU) in place for emergency fuel supply during extended outages.

Challenges Identified

In 2024, several key gaps were identified in GMHA's Emergency Management Program:

- Outdated Emergency Operations Plan (EOP) and no formal Emerging Infectious Disease and evacuation plan, both of which are required under CMS and CIHQ standards.
- Incomplete compliance documentation for emergency power systems, including NFPA 110 testing logs and a formal fuel continuity plan.
- Missing or underdeveloped policies in key areas such as subsistence needs, alternate energy sources, and transfer agreements with external facilities.
- Communication plan gaps, including outdated contact lists and no structured review cycle.
- Emergency policies not reviewed biennially, and training requirements not clearly reflected in current documentation.
- Lack of dedicated EM funding, forcing reliance on out-of-pocket staff contributions to conduct exercises.
- GMHA relies heavily on free training opportunities offered through Guam Homeland Security, FEMA, and coalition partners due to budget limitations.

2025 Goals and Priorities

To strengthen alignment with CMS and CIHQ requirements, GMHA will pursue the following goals:

1. Plan Consolidation & Regulatory Alignment

- Fully update the EOP, COOP, and annexes by Q3 2025
- Incorporate CMS EP-2 standards and infectious disease preparedness
- Document collaborative planning with external agencies

2. Finalize and Implement the Evacuation Plan

- Ensure integration of logistics, command, transportation, and patient tracking
- Align with CIHQ and CMS evacuation planning standards

3. Complete a Comprehensive Communication Plan Update

- Update contact directories for staff, contractors, and emergency agencies
- Include patient information transfer protocols and reporting structures
- Implement an annual review schedule

4. Strengthen Emergency Power & Utility Preparedness

- Pursue funding for Main Distribution Panel and generator upgrades, NFPA compliance, and fuel continuity
- Integrate standby power strategy into future hazard mitigation applications

5. Expand Training & Decon Program

- Pursue broader training opportunities and expand access to staff beyond the Planning Department, with emphasis on role-specific preparedness and response capacity.
- Strengthen Decontamination Team participation by developing a structured, recurring training plan and encouraging hospital-wide engagement.

6. Host Emergency Preparedness Month Campaign

- Lead a facility-wide preparedness event in September 2025 for GMH & SNF

7. Facilitate a Community-Based Full-Scale Exercise

- Include multiple external partners and evaluate unified operations

8. Pursue Targeted Grant Funding

- Actively apply for FEMA HMGP/BRIC, CDGB, and other hazard mitigation grants
- Seek funding for FSEs, training, equipment, and policy development

9. Improve Internal Engagement and Visibility

- Launch a dashboard to track EM progress, compliance gaps, and upcoming events
- Conduct quarterly stakeholder briefings to maintain executive alignment

Conclusion

In 2024, GMHA's Emergency Management Program demonstrated strength in exercise coordination, training delivery, and inter-agency engagement. However, plan currency, policy

maintenance, and infrastructure readiness—particularly related to power and communication—require focused attention to meet regulatory standards.

With leadership support and targeted investments, GMHA is positioned to advance its emergency management program, achieve full compliance, and ensure the hospital's continued ability to respond effectively in any disaster scenario.



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

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BOARD OF TRUSTEES

Official Resolution No. 2025-51

"RELATIVE TO APPROVING THIRTY-SIX (36) 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 June 19, 2025 and oral comments and written testimony have been solicited regarding the Thirty-Six (36) new fees comprised of the following Hospital departments: Emergency Room, Radiology, Interventional Radiology, Podiatry, Cardiology, Pharmacy and OR (Surgery & Recovery); 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 36 new fee items, and be it further

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

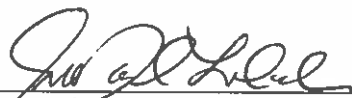
DULY AND REGULARLY ADOPTED ON THIS 30th DAY OF JULY, 2025.

Certified By:



Sharon J. Davis
Chairwoman

Attested By:



Suzanne D. Lobaton
Secretary

GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 38th Guam Legislature
Public Hearing on June 19, 2025.

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT	CPT CODE	REVENUE CODE	Description	Effective Date	Remarks
1	909002	SLING MEDLINE COOL MESH LGE	\$32.33	EMERGENCY ROOM	A4555	271	Supplies	03/24/25	New Charge Code
2	2076873	US PROSTATE VOLUME STUDY FO	\$300.30	ULTRASOUND	76873	402	Ultrasound	04/01/25	New Charge Code
3	2198189	EMBOSPHERE 100-300UM 2ML	\$736.92	INTERVENTIONAL RADIOLOGY	A4649	272	Supplies	04/01/25	New Charge Code
4	2198190	PTA BLN DLT 8F 7MMX40MMX65CM	\$733.45	INTERVENTIONAL RADIOLOGY	C1726	272	Supplies	03/19/25	New Charge Code
5	2198191	PTA BLN DLT 8F 8MMX40MMX65CM	\$733.45	INTERVENTIONAL RADIOLOGY	C1726	272	Supplies	03/19/25	New Charge Code
6	2198192	PTA BLN DLT 7F 9MMX40MMX65CM	\$733.45	INTERVENTIONAL RADIOLOGY	C1726	272	Supplies	03/19/25	New Charge Code
7	2198193	PTA BLN DLT 7F 10MMX40MMX65CM	\$733.45	INTERVENTIONAL RADIOLOGY	C1726	272	Supplies	03/19/25	New Charge Code
8	2198194	PTA BLN DLT 7F 12MMX40MMX65CM	\$733.45	INTERVENTIONAL RADIOLOGY	C1726	272	Supplies	03/19/25	New Charge Code
9	2198196	FEMALE FOLEY CONNECTOR	\$110.76	INTERVENTIONAL RADIOLOGY	A4649	272	Supplies	03/24/25	New Charge Code
10	2198196	CATH HEMO 3-LUMEN 13.5FX19CM	\$753.00	INTERVENTIONAL RADIOLOGY	A4649	272	Supplies	03/28/25	New Charge Code
11	2198197	CATH HEMO 3-LUMEN 13.5X24CM	\$753.00	INTERVENTIONAL RADIOLOGY	A4649	272	Supplies	03/28/25	New Charge Code
12	2198198	GUIDEWIRE FTHM 180CMX20CM .018"	\$1,100.00	INTERVENTIONAL RADIOLOGY	C1769	272	Supplies	04/01/25	New Charge Code
13	2198199	GUIDEWIRE FTHM 200CMX10CM .014"	\$1,100.00	INTERVENTIONAL RADIOLOGY	C1769	272	Supplies	04/01/25	New Charge Code
14	2198200	GUIDEWIRE FTHM 200CMX10CM .015"	\$1,100.00	INTERVENTIONAL RADIOLOGY	C1769	272	Supplies	04/01/25	New Charge Code
15	2198201	GUIDEWIRE BENTSON .035"X180CM	\$139.40	INTERVENTIONAL RADIOLOGY	C1769	272	Supplies	04/01/25	New Charge Code
16	2198202	GW AMPLATZ ULT STIF .035"X80CM	\$197.48	INTERVENTIONAL RADIOLOGY	C1769	272	Supplies	04/01/25	New Charge Code
17	2198203	THORA GRFT 20F 19.5 26MMX10CM	\$26,630.98	INTERVENTIONAL RADIOLOGY	C1769	272	Supplies	04/21/25	New Charge Code
18	2198204	ENDOPRO 15F 22-23MM 26MMX4.5CM	\$6,739.90	INTERVENTIONAL RADIOLOGY	C2625	272	Supplies	04/21/25	New Charge Code
19	2198205	FLX INTRO 5HTH 20F 8.7MMX7.5MM	\$1,739.70	INTERVENTIONAL RADIOLOGY	C1894	272	Supplies	04/21/25	New Charge Code
20	2216853	REMOVAL SUTR/STAPL XREG ANES	\$31.00	INTERVENTIONAL RAD - MD	16853	960	Professional Fee	03/08/25	New Charge Code
21	3931048	DEB MUSC/FASCIA ADD-ON	\$187.00	PODIATRY	11048	960	Professional Fee	03/01/24	New Charge Code
22	3943987	INSERT IA PERCUT DEVICE	\$988.00	CARDIOLOGY	33987	960	Professional Fee	04/22/25	New Charge Code
23	4300164	NAPROXEN 500MG TABLET	\$0.96	PHARMACY	J0499	251	Medicine	04/01/25	New Charge Code
24	4300165	AMINO ACID 15% 1000ML	\$277.10	PHARMACY	J3490	250	Medicine	03/26/25	New Charge Code
25	4300166	AMINO ACID 15% 2000ML	\$365.83	PHARMACY	J3490	250	Medicine	03/26/25	New Charge Code
26	4300167	SODIUM BICARB 4.2% 5ML VIAL	\$26.13	PHARMACY	J3490	250	Medicine	04/01/25	New Charge Code
27	7099891	STRYKER DRI-LOK CANNULA 5X75MM	\$258.07	OR(SURGERY & RECOVERY)	A4649	272	Supplies	04/01/25	New Charge Code
28	7099892	LAPAROS SYS KII FIO6 2.5-6CMH	\$904.65	OR(SURGERY & RECOVERY)	A4649	272	Supplies	04/01/25	New Charge Code
29	7099893	PERQ ENDOS GASTRO PEO KIT FR24	\$488.82	OR(SURGERY & RECOVERY)	A4649	272	Supplies	03/19/25	New Charge Code
30	7099894	LAPAROSCOPIC KITTYNER 6MMX380MM	\$353.17	OR(SURGERY & RECOVERY)	A4649	272	Supplies	03/19/25	New Charge Code
31	7099895	GLIDEWIRE TORQUE DEVICE	\$13.36	OR(SURGERY & RECOVERY)	A4649	272	Supplies	04/01/25	New Charge Code
32	7099896	VALVE, BACKCHECK STERILE	\$5.13	OR(SURGERY & RECOVERY)	A4649	272	Supplies	04/01/25	New Charge Code
33	7099897	TUBING UNIVERSAL JET	\$114.72	OR(SURGERY & RECOVERY)	A4649	272	Supplies	04/01/25	New Charge Code
34	9100323	BALLOON PUMP CATH 7.5FR 30CC	\$1,885.00	CARDIOLOGY	A4649	272	Supplies	04/01/25	New Charge Code
35	9100326	BALLOON PUMP CATH 7.5FR 40CC	\$1,889.50	CARDIOLOGY	A4649	272	Supplies	04/01/25	New Charge Code
36	9100327	GUIDEWIRE FIELDER XT 190X0.36	\$850.00	CARDIOLOGY	C1769	272	Supplies	04/21/25	New Charge Code

LAST ITEM

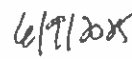
I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.


Sydie P. Tejedor
 General Accounting Supervisor

Concurred by:


Yulani B. Mehanova
 Chief Financial Officer


 Date


 Date

06/06/2025



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



August 11, 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 July 30, 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

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÑ

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



August 11, 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 July 30, 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

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



August 05, 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 July 30, 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

if sent to OPA via Google Drive on 8.5.2025