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VISION

To achieve a culture and environment of safety and quality patient care meeting national standards and addressing the needs of the community in a fiscally responsible, autonomous hospital.

CORE VALUES | ACES + Q

- ACCOUNTABILITY,
- COST EFFICIENCY,
- EXCELLENCE IN SERVICE,
- SAFETY +
- QUALITY

STRATEGIC GOALS

- Achieve Financial Stability
- Leadership Team Development
- Establish & Sustain Safety & Quality Culture
- Training & Education Assessment & Implementation
- Capital Improvement, Planning, & Implementation



**“PROVIDING QUALITY PATIENT CARE IN
A SAFE ENVIRONMENT.” - MISSION**

WHO WE ARE

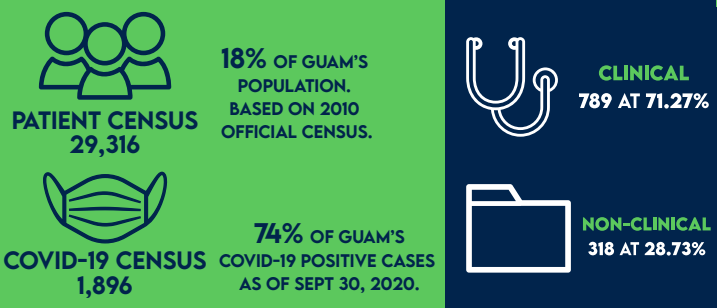
The Guam Memorial Hospital Authority (GMHA) was created by Public Law 14-29 in 1977 as a Government of Guam autonomous agency. The hospital provides acute, outpatient, longterm, urgent care, maternal child health, and emergency care treatment and serves as a “safety net” hospital for every individual. GMHA is Guam’s only civilian, public acute care hospital. The hospital has 161 licensed acute care beds and 40 long-term care beds at its Skilled Nursing Unit.

BOARD OF TRUSTEES

- Theresa Obispo**
Chairperson
- Melissa Waibel**
Vice Chairperson
- Sarah Thomas-Nededog**
Secretary
- Byron Evaristo**
Treasurer
- Sharon Davis**
Glynis Almonte
Sonia Siliang **Dr. Michael Um**
Evangeline Allen
Trustees

EXECUTIVE MANAGEMENT

- Lillian Perez-Posadas, RN, MN**
CEO/Administrator
- Annie Bordallo, M.D.**
Assoc. Admin., Medical Services
- Joleen Aguon, M.D.**
Assoc. Admin., Clinical Services
- William N. Kando, MSM**
Assoc. Admin., Operations
- Don Rabanal**
Asst. Admin., Admin. Services
- Jemmabeth Simbillo, BSN, RN**
Asst. Admin., Nursing Services
- Christine Tuquero, MSN, RN**
Dep. Asst. Admin., Nursing Services
- Yuka Hechanova, MACC**
Chief Financial Officer
- Danielle Manglona, MSN, MBA, RN-C, CPPS, CPHRM**
Compliance Administrator
- Dr. Dustin Prins**
Medical Staff President



OUR TEAM

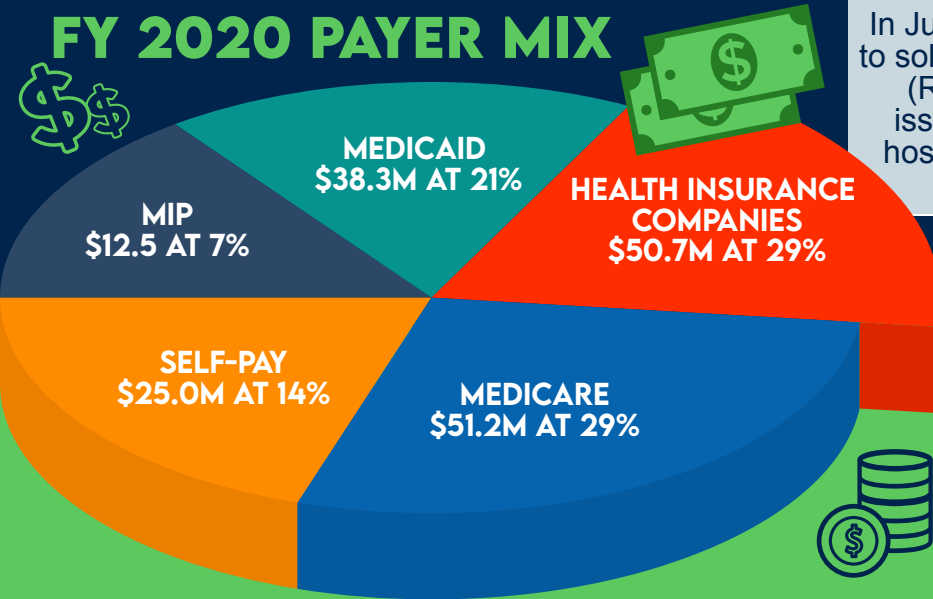
	FY2018	FY2019	FY2020
Total FTE Count	947	1,025	1,107
Total Personnel Costs	\$69 M	\$79 M	\$90 M

Increase in personnel due to additional staff hiring, especially during the 2019 COVID-19 health emergency, and increase pay to recruit nurses, allied health professionals, and non-clinical staff.



ACHIEVING FINANCIAL STABILITY

FY 2020 PAYER MIX



In July 2020, GMHA issued a Request for Proposals to solicit the specialized Revenue Cycle Management (RCM) services to address perennial cash flow issues. RCM is an extremely critical function of a hospital for medical billing, coding, reimbursement and revenue enhancement.

THERE HAD NOT BEEN A SIGNIFICANT CHANGE IN PAYER MIX SINCE FY 2018.

As a Medicare provider, GMHA is reimbursed at a per discharge limit of **\$11,117**, which is less than the cost of treating Medicare patients of **\$15,246**. Medicaid and Medically Indigent Program (MIP) mirror Medicare payment methodology. Meanwhile, GMHA expects to collect an average of **\$0.32** per dollar billed to self-pay patients.

SUSTAINING SAFETY & QUALITY CULTURE

The Quality & Safety Committee assures compliance with accrediting, certifying standards and licensing bodies concerned with the quality and safety of patient care. Of 9 scheduled meetings in FY 2020, the Committee met 5 times due to limitations imposed by COVID-19.



	GOAL	FY 2019	FY 2020
Average time of Patient Holding in the Emergency Room	< 4 Hours	16 hrs. 55 mins.	11 hrs. 25 mins.
Fire Alarms Tested	100%	100%	100%
Radiologists Reports Turn-around Within 24 hours	≥ 90%	93%	100%
Inpatient Lab Reports Available by 9AM	≥ 90%	93%	96%

TRAINING & EDUCATION - LEADERSHIP TEAM DEVELOPMENT

In FY 2020, GMHA developed a Training Needs Assessment Survey that was sent to management and employees in January 2021. Responses are currently being analyzed with plans of addressing training needs within FY 2021 and 2022.

UPGRADED ELEVATORS

Elevators 1 & 2 were upgraded in FY 2020 after the system components surpassed their usage.



CAPITAL IMPROVEMENT, PLANNING, & IMPLEMENTATION

REDESIGNED, RETROFITTED FACILITY, & CARE UNITS

After the Governor of Guam declared a state of emergency in March 2020, GMHA was designated as Guam's COVID-19 care facility to provide medical services to COVID-19 patients.

GMHA immediately redesigned the Emergency Room, and entry points regardless of COVID-19 positivity status. Major redesigns took place to create COVID-19 "CARE Units" to treat COVID-19 patients at different levels of care (CARE 1 to 6).

MIGRATION TO A NEW ELECTRONIC HEALTH RECORD

Amidst the PANDEMIC, GMHA began its transition to Care-View, a new EHR technology that will meet the requirements of "Promoting Interoperability Program." Target to go-live is October 2021.



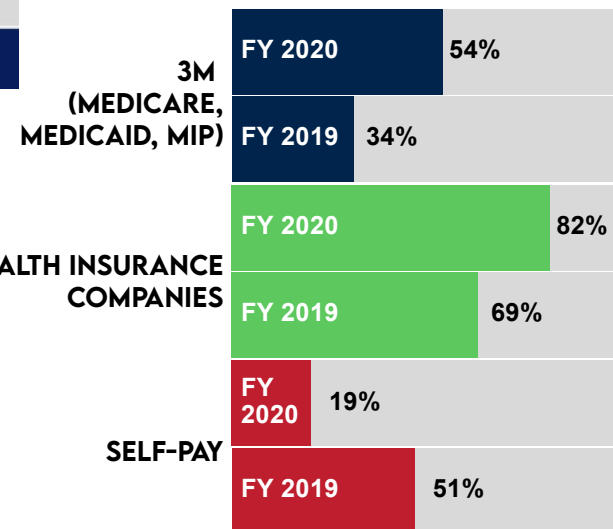
REVENUES

(In millions)	FY 2018	FY 2019	FY 2020	Δ from PY
Operating revenues:				
Net patient revenues	\$87.1	\$99.1	\$91.3	(\$7.8)
Other operating revenues	3.4	1.2	3.1	1.8
Total Operating Revenues	90.4	100.3	94.4	(5.9)
Non-Operating revenues	24.6	38.6	38.9	0.3
Capital grants and contributions	5.8	1.0	2.1	1.1
Total revenues	\$120.7	\$140.2	\$135.4	(\$4.8)

Decrease of \$7.8M in net patient revenues was due to increased allowance to (1) a particular health insurance company with ongoing collection disputes, and (2) selfpay with accounts over 360 days.

On the other hand, allowance for 3Ms was adjusted favorably due to improved collections.

% OF COLLECTIONS TO BILLINGS



Other operating revenues increased by \$1.8M because all billings to Department of Corrections have been fully realized, as opposed to FY 2019 when \$1.7M allowance had to be provided due to uncollectibility. The increase in capital grants and contributions was due to \$1.5M federal grants used to defray expenses in providing services to citizens of the Freely Associated States.

CARES ACT FINANCIAL RELIEF FUNDS

Non-Operating revenues include local government subsidy and federal grants. In FY 2020, the decrease in local government subsidy was offset by Coronavirus Aid, Relief, and Economic Securities Act funds from the federal government. Total amount recognized in FY 2020 was \$7.0M.

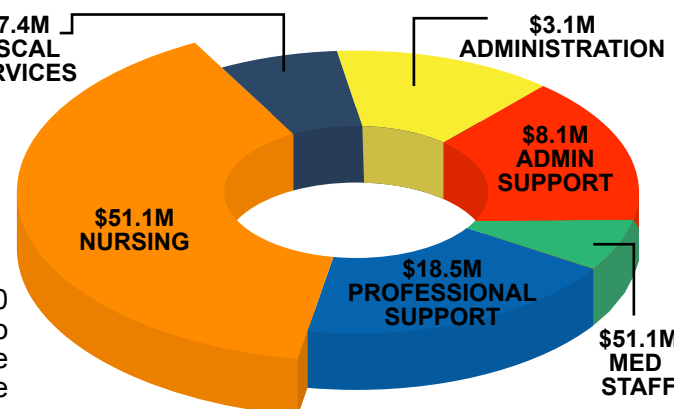
EXPENSES

(in millions)	FY 2018	FY 2019	FY 2020	Δ from PY
Operating Expenses:				
Nursing	\$55.2	\$38.3	\$43.6	\$5.3M
Professional support	26.0	29.8	29.9	0.1
Retiree healthcare costs and other pension benefits	16.3	6.3	10.9	4.6
Administrative support	12.3	15.4	15.7	0.3
Fiscal services	6.2	7.9	9.4	1.5
Depreciation	4.0	3.5	3.7	0.2
Administration	2.9	3.6	4.2	0.6
Medical Staff	0.8	25.8	28.2	2.4
Loss on impairment of building	0.0	0.4	0.0	(0.4)
Total operating expenses	\$123.7	\$130.8	\$145.6	\$14.8

FY 2020 operating expenses increased by \$14.8M from FY 2019 due to increases in expenses to prevent, prepare for, and respond to COVID-19. Salaries and other pays combined for Nursing and Medical Staff (including physicians) increased because of differential pay and additional hiring to care for patients infected with COVID-19 and persons under investigation (PUI). Retiree healthcare costs were actuarially valued.



\$7.4M FISCAL SERVICES



FY 2020 FINANCIAL AUDIT

Deloitte & Touché, LLP, rendered a clean audit opinion on GMHA's FY 2020 financial statements. The auditors emphasized a going concern due to recurring losses and negative cash flows from operations and possible negative impact to financial statements from COVID-19. You may view the audit in its entirety at <https://www.gmha.org/financial-reports-center/>.



SUCCESSFUL RECOVERY FROM COVID-19

The COVID-19 pandemic dramatically changed GMHA's landscape and established a new normal that continues to require a tremendous amount of resources. Numerous protocols were carefully enacted and many lessons learned from the novel experiences of caring for COVID-19 patients as well as ensuring the protection of patients and staff. Protocols and redesigns ensured the CARE units are maintained in a state of readiness for immediate occupancy in the event of another surge. One such protective measure is committing to a 90% vaccination rate for all GMHA staff, a vital factor in sustaining the recovery. Another measure is providing the telemedicine technologies in the Intensive Care Unit. This essential service allows real time telecommunications through video communications systems for face-to-face services such as consultations and inpatient doctor's visits.

COMPLETING THE EHR TRANSITION

Migrating to the CareVue system is ongoing in FY 2021 and is anticipated to be completed by October 2021. This system is expected to comply with documentation requirements for service providers reimbursable by Medicare and Medicaid.

CAPITAL IMPROVEMENT PROJECTS

In December 2020, FEMA approved \$15.3M for GMHA's plan for an Alternate Care Site or "warm site" to address immediate and projected needs from COVID-19 for temporary and expanded medical facilities that are minimally operational when COVID-19 cases diminish. This is currently in the design phase.

Other projects will be funded through available operational funds and include communications center relocation, Skilled Nursing Facility chiller replacement, full implementation of Pyxis medication management system, Z-Wing abatement/demolition/parking, and upgrades of roofing/envelope system and ventilation/air conditioning system.

CONCEPTUALIZING THE NEW HOSPITAL FACILITY

After an extensive onsite facilities condition assessment of the Hospital, the Army Corps of Engineers (ACOE) recommended, in November 2019, to replace the existing facility. In FY 2021, the very early stages of developing a task force with other Government of Guam agencies and partners will begin for this monumental project. Initial discussions will involve pursuing federal grant funding for design and construction.

IMPROVING CASH FLOWS

Preliminary work has started to improve revenue cycle management. The RCM is expected to maximize revenue generating processes/services and monitor/track cost saving opportunities. GMHA is also exploring how to reduce billing errors, claim rejections, and denials with claims scrubbing software and tools.

NEW & IMPROVED GMHA WEBSITE

In January 2021, GMHA launched its new website promoting transparency and better experiences for patients and staff.

PURSuing ACCREDITATION

Although GMHA lost accreditation with The Joint Commission in 2018, GMHA management agreed and decided to explore reclaiming accreditation, including looking at other accrediting organizations that are primarily based on CMS conditions of participation, which are more aligned with GMHA's framework. The accreditation will validate GMHA's dedication and compliance with standards devoted to quality management, patient and employee safety, and continual improvement.

WE WANT TO HEAR FROM YOU!

Was this report helpful? Would you like to see other information? Please let us know by contacting our Public Information Officer, Mai Habib at (671) 647-2555 or by email at mai.habib@gmha.org. For additional information, visit our new and improved website at <https://www.gmha.org/>

