GUAM MEMORIAL HOSPITAL AUTHORITY
BOARD OFFICE
850 Governor Carlos Camacho Road
Tamuning, GU 96913
(P) 671-647-2415 | (F) 671-649-0145

VIA HAND DELIVERY

February 27, 2017

Honorable Benjamin J. F. Cruz
Speaker of I Minatrentai Kuattro Na Liheslaturan Guåhan
155 Hesler Place
Hagåtña, GU 96910

RE: REPORTING REQUIREMENTS FOR BOARDS AND COMMISSIONS

Dear Speaker Cruz:

In accordance with Ch. 8 of Title 5 GCA, Section 38, §8113.1, Reporting Requirements for Boards and Commissions, enclosed is a compact disc containing electronic copies of all materials presented and discussed at the GMHA Board of Trustees meeting held on February 23, 2017 at 6:00 p.m. in the Daniel L. Webb Conference Room.

Please contact me directly at 647-2415/2367 if you have any questions.

Respectfully,

Theo M. Pangelinan
Administrative Assistant – Board Office

2017 MAR -1 PM 1:06

Acknowledged Receipt:

_____

Date: _____

Speaker Benjamin J.F. Cruz
FEB 28 2017
Time: 2:52 (1) AM/PM File No _____
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Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
850 Gov. Carlos Camacho Road
Tamuning, Guam 96913

PUBLIC NOTICE

BOARD OF TRUSTEES MEETING

Date: Thursday, February 23, 2017
Time: 6:00 p.m.
Place: 1st Floor, Daniel L. Webb Conference Room

An executive session will take place before regular business.

Please contact Toni Tenorio, EEO Officer/ ADA Coordinator at 647-2218/2418 for special accommodations, auxiliary aids, or other services.

/s/ PeterJohn D. Camacho, M.P.H.
Hospital Administrator/CEO

12TH FESTIVAL OF PACIFIC ARTS
GUAM 2016
DIKULÅTIA SUNIDOS SINA GUYA PASIFIKU

The Guam FestPac 2016 Coordinating Committee will meet at **11 a.m. on Friday, February 24, 2017 in the Large Conference Room at the Ricardo J. Bordallo Governor's Complex, Adelup**. Any individuals needing special accommodations are requested to contact GVB at 646-5278 for assistance.

GUAM HOUSING AND URBAN RENEWAL AUTHORITY

Board of Commissioners Meeting
12:00 P.M., Friday, February 24, 2017
GHURA Main Office
1st floor Conference Room
117 Bien Venida Avenue, Sinajana

Agenda

I. ROLL CALL
II. APPROVAL OF PREVIOUS BOARD MINUTES – February 10, 2017
III. CORRESPONDENCE AND REPORTS
IV. OLD BUSINESS
V. NEW BUSINESS
VI. GENERAL DISCUSSION/ ANNOUNCEMENT
VII. ADJOURNMENT

For special accommodation, contact Ms. Kathy Taitano
Tele No. 475-1322 or TTY #472-3701

Jose Rios Middle School (JRMS)
Parents Administrator Student Teacher Association (PASTA)

Financial Report

Beginning Balance as of January 1, 2013			**$ 1,723.42**
INCOME			
Interests	$ 22.00		
Deposit	$ 200.00		
Sub-Total Deposits		**$ 222.00**	
Total Deposits			**$ 1,945.42**
EXPENSES:			
Bank Fees	$ 60.00		
Faculty & Staff Appreciation Luncheon	$ 665.84		
Sub-Total Expenses		**$ 725.84**	
Total Expenses			**$ 725.84**
End of Year Balance, December 31, 2013			**$ 1,219.58**

Jose Rios Middle School (JRMS)
Parents Administrator Student Teacher Association (PASTA)

Financial Report

Beginning Balance as of January 1, 2014			**$ 1,885.52**
INCOME			
Interests	$ 17.40		
Sub-Total Deposits		**$ 17.40**	
Total Deposits			**$ 1,902.92**
EXPENSES:			
Bank Fees	$ 60.00		
Faculty & Staff Appreciation Luncheon	$ 623.34		
Sub-Total Expenses		**$ 683.34**	
Total Expenses			**$ 683.34**
End of Year Balance, December 31, 2014			**$ 1,219.58**

PORT OF GUAM
PORT OF GUAM
ATURIDÅT I PUATTON GUÅHAN
Jose D. Leon Guerrero Commercial Port
1026 Cabras Highway, Suite 201, PIti, Guam 96925
Telephone: 671-477-5931/35 Facsimile: 671-477-2689/44 45
Website: www.portguam.com

Eddie Baza Calvo
Governor of Guam
Ray Tenorio
Lieutenant Governor

REQUEST FOR PROPOSAL

RFP-PAG-017-002
ARCHITECT AND ENGINEERING DESIGN CONSULTING SERVICES

The Port Authority of Guam (PAG) , a public corporation and an autonomous instrumentality of the Government of Guam, is soliciting proposals from qualified professional individuals, or companies (Offerors) to provide Medical Examination Services to the Commercial Port.

A Pre-Proposal Conference will be held in the Port Authority of Guam Board of Directors Conference Room at 10:00 a.m., Wednesday, February 22, 2017. (Chamorro Standard Time/Guam Time).

Deadline for Request for Inquiries (RFI), is on or before 4:00 p.m., Friday, February 24, 2017 (Chamorro Standard Time/Guam Time). All Offerors are encouraged to submit any questions, concerns, or inquiries in writing

Request for Proposal (RFP) packages may be obtained at the PAG Procurement and Supply Division Office located on the 2nd floor of the PAG Administration Building, from Monday through Friday, excluding holidays, between 8:00 a.m. and 5:00 p.m. A non-refundable fee of Fifty U.S. Dollars ($50.00) will be charged for each printed package or Twenty-Five U.S. Dollars ($25.00) for an electronic file (in PDF format) in compact disc, payable in cash, cashier's check, or certified check payable to Port Authority of Guam

Deadline for submission of all proposals is 4:00 p.m., Monday, March 6, 2017. (Chamorro Standard Time/Guam Time). All proposals must be submitted to the attention of the PAG General Manager.

PAG shall have the right to reject, in whole or in part, proposals or offers which have been submitted in response to this RFP, and/or cancel this RFP if it is determined to be in the best interest of the PAG and/or for whatever reason allowed by law and/or regulation. This right to reject and/or cancel is pursuant to GSA Procurement Regulation 3115 (d)(2)(A).

For additional information, contact Mr. Steven P. Muna, Contract Management Administrator at (671) 477-5931/35 ext. 269 or email at: spmuna@portguam.com.

/s/ JOANNE M.S. BROWN
General Manager

This Advertisement is paid with government funds by: PORT AUTHORITY OF GUAM

GUAM VISITORS BUREAU

REQUEST FOR PROPOSAL
DATA ANALYTICS SOFTWARE & INTERACTIVE DASHBOARD DEVELOPMENT
GVB RFP #2017-006

The Guam Visitors Bureau (GVB), a public non-stock, non-profit, Membership Corporation, issues this **Request for Proposal ("RFP") GVB RFP 2017-006 DATA ANALYTICS SOFTWARE & INTERACTIVE DASHBOARD DEVELOPMENT** soliciting proposals from established firms or individuals for the purpose of acquiring a data analytic software program that would effectively manage, analyze and present data derived from the Guam Customs Forms into customizable reports.

The **Request for Proposal** (USB format) may be obtained at the GVB Office, 401 Pale San Vitores Road, Tumon, Guam, beginning **Friday, February 17, 2017, 8:00 AM - 5:00 PM, Monday - Friday. A non-refundable $25.00 fee is required for each packet picked up at the GVB office.** Methods of payment are:

(1) US$ Cash
(2) Bank Wire Transfer
(3) Major Credit Card (Visa, MasterCard, Discover, JCB)

The packet can also be downloaded at no cost from GVB's website at www.guamvisitorsbureau.com.

Submission deadline is 5:00 p.m. Chamorro Standard Time on Monday, March 13, 2017. Proposals shall be submitted to the attention of the President and CEO. Questions, if any, should be made in writing to the President and CEO, which can be dropped off at the GVB office; emailed to procurement@visitguam.org; or sent by fax to 646-8861 according to the timeline provided in the RFP.

GVB reserves the right to reject any or all proposals, solicit new proposals, waive minor informalities or irregularities or award **GVB RFP 2017-006 DATA ANALYTICS SOFTWARE & INTERACTIVE DASHBOARD DEVELOPMENT**, in whole or in part. Except to the above person named, direct or indirect contact with the GVB Management or Staff, Board Member, or any person participating in the selection process is prohibited.

/s/ JON NATHAN DENIGHT
President and CEO

This advertisement was paid for by the Tourist Attraction Fund.

GUAM VISITORS BUREAU | BISEDIKSIONAT BISITAHE GUAHAN
401 Pale San Vitores Road | Tumon, Guam 96913 | TEL (671) 646-5278 | Fax (671) 646-8861 | www.visitguam.com

GUAM

Norma McCorvey, Jane Roe of Roe v. Wade decision legalizing abortion, dies at 69

By Emily Langer
The Washington Post

Norma McCorvey, who was 22, unwed, mired in addiction and poverty, and desperate for a way out of an unwanted pregnancy when she became Jane Roe, the pseudonymous plaintiff in the 1973 U.S. Supreme Court decision that established a constitutional right to an abortion, died Feb. 18 at an assisted-living facility in Katy, Texas. She was 69.

Her death was confirmed by Joshua Prager, a journalist working on a book about Roe v. Wade. The cause was a heart ailment.

McCorvey was a complicated protagonist in a legal case that became a touchstone in the culture wars, celebrated by champions as an affirmation of women's freedom and denounced by opponents as the nationwide legalization of murder of the unborn.

When she filed suit in 1970, she was looking not for a sweeping ruling for all women from the highest court in the land, but rather, simply, the right to legally and safely end a pregnancy that she did not wish to carry forward. In her home state of Texas, as in most other states, abortion was prohibited except when the mother's life was at stake.

On Jan. 22, 1973, the Supreme Court handed down its historic 7-to-2 ruling, written by Justice Harry Blackmun, articulating a constitutional right to privacy that included the choice to terminate a pregnancy.

The ruling established the trimester framework, designed to balance a woman's right to control her body and a state's compelling interest in protecting unborn life. Although later modified, it was a landmark of American jurisprudence and made Jane Roe a figurehead - championed or reviled - in the battle over reproductive rights that continued into the 21st century.

Her story

According to the most sympathetic tellings of her story, Norma McCorvey was a victim of abuse, financial hardship, drug and alcohol addiction, and personal frailty. For much of her life, she subsisted at the margins of society, making ends meet, according to various accounts, as a bartender, a maid, a roller-skating carhop and a house painter. She found a measure of stability with a lesbian partner, Connie Gonzalez, but even that relationship reportedly ended in bitterness after 35 years.

McCorvey fully shed her courtroom pseudonym in the 1980s, lending her name first to supporters of abortion rights and then, in a stunning reversal, to the cause's fiercest critics as a born-again Christian. But even after two memoirs, she remained an enigma, as difficult to know as when she shielded her identity behind the name Jane Roe.

She admitted that she peddled misinformation about herself, lying about even the most crucial juncture in her life: For years, she claimed that the Roe pregnancy was the result of a rape. In 1987, she recanted, saying that she had become pregnant "through what I thought was love." Although the details of her account were legally unimportant, abortion foes pointed to the lie to discredit McCorvey and her case.

According to the most sympathetic tellings of her story, she was a victim of abuse, financial hardship, drug and alcohol addiction, and personal frailty. For much of her life, she subsisted at the margins of society, making ends meet, according to various accounts, as a bartender, a maid, a roller-skating carhop and a house painter. She found a measure of stability with a lesbian partner, Connie Gonzalez, but even that relationship reportedly ended in bitterness after 35 years.

GUAM ELECTION COMMISSION
Kumision Ileksion Guåhan
2nd Floor, Suite 200 GCIC Building
414 West Soledad Avenue, Hagåtña, Guam 96910
Tel: (671) 477-9791 • Fax: (671) 477-1895
E-Mail: vote@gec.guam.gov Website: www.gec.guam.gov

GUAM ELECTION COMMISSION REGULAR MEETING

The Guam Election Commission has scheduled its monthly meeting for **Wednesday, February 23, 2017 at 5:30 p.m.**, at the Guam Election Commission Conference Room 200, 414 W. Soledad Ave., GCIC Building, Hagåtña, Guam.

The public is invited. For individuals requiring special accommodations, auxiliary aids or services please contact the Guam Election Commission. For more information, you may call Helen M. Atalig at (671) 477-9791 or send an email to vote@gec.guam.gov.

This advertisement is paid with Government funds.

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
850 Gov. Carlos Camacho Road
Tamuning, Guam 96913

PUBLIC NOTICE

BOARD OF TRUSTEES MEETING

Date: Thursday, February 23, 2017
Time: 6:00 p.m.
Place: 1st Floor, Daniel L. Webb Conference Room

An executive session will take place before regular business.

Please contact Toni Tenorio, EEO Officer/ ADA Coordinator at 647-2218/2418 for special accommodations, auxiliary aids, or other services.

/s/ PeterJohn D. Camacho, M.P.H.
Hospital Administrator/CEO

NOTICE OF PUBLIC MEETING

The Public Defender Service Corporation Board of Trustees will conduct its regular scheduled board meeting on **Monday, February 27, 2017 at 12:30 p.m.** at the Conference Room of the Public Defender Service Corporation, located at the MVP Sinajana Commercial Building, Unit B, 779 Route 4, Sinajana, Guam 96910.

Copies of the agenda will be available prior to the meeting at the Public Defender Service Corporation.

Individuals requiring special accommodations are asked to contact Ms. Cathy Gogue at 475-3100.

/s/ KATHERINE A. MARAMAN
Chairman

This public notice is paid for with government funds.

Sen. Thomas Ada
Committee on Land

Public Hearing
Tuesday, February 28, 2017
Barrigada Community Center

AGENDA

6:00pm

Bill No. 13-34 (COR) – T.C. Ada and J.V. Espaldon
An act to add a new § 61218 to Article 2 of Chapter 61, Title 21, Guam Code Annotated, relative to **rezoning Lot Naval Air Station Agaña 17 (EDC parcel 1) and Lot Naval Air Station Agaña 20 (EDC parcel 2) from Agricultural (A) to Light Industrial Zone (M1).**

Bill No. 18-34 (COR) – T.C. Ada
An act to transfer a portion of Lot No. 5412-R11, Municipality of Mangilao, from the **Chamorro Land Trust Inventory to the University of Guam,** for expansion of the GADTC.

Individuals requiring special accommodations should submit request to Rick Salas at 473-3301.
Paid for by funds of the Committee on Land.
www.senatorada.org

AFFIDAVIT OF ATTORNEY
5 Guam Code Ann. §8111(c)(5)

I, THOMAS J. FISHER, hereby declare that:

1. I am an adult over the age of eighteen and otherwise competent to testify in a court of law.

2. I attended an executive session of the Board of Directors, Guam Memorial Hospital Authority on January 19, 2017.

3. In accordance with 5 Guam Code Ann. §8111(c)(5), I swear or affirm that only matters relating to ongoing litigation and personnel matters were discussed.

I swear of affirm under penalty of perjury that the foregoing is true to the best of my knowledge or belief.

FURTHER your Affiant sayeth naught,

IN WITNESS WHEREOF, I have hereunto set my hand this 23 day of Feb, 2017

Thomas J. Fisher, Esq.
Fisher & Associates, P.C.
Suite 101 De La Corte Building
167 East Marine Corp. Drive
Hagåtña, Guam 96910

02/23/17 - 6:00PM
rcvd by: Theo Paraglamas

GMHA Board of Trustees

Thursday, February 23, 2017 | 6:00 p.m. | Daniel L. Webb Conference Room

AGENDA

I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM
Note: Five (5) members establish a quorum.

II. EXECUTIVE SESSION

III. ACCEPTANCE OF REGULAR SESSION MINUTES
A. January 19, 2017

IV. NEW BUSINESS

V. OLD BUSINESS
A. GMH We Care Charity Fund Updates
B. Nutrition Care Manual for Adults and Pediatrics

VI. BOARD SUBCOMMITTEE REPORTS
A. Joint Conference and Professional Affairs
   1. Resolution 2017-021, Relative to the Reappointment of Active Medical Staff Privileges
   2. Resolution 2017-022, Relative to the Appointment of Provisional Medical Staff Privileges
   3. Resolution 2017-023, Relative to the Reappointment of Active Associate Medical Staff Privileges

B. Quality and Safety

C. Human Resources
   1. Staffing Summary: January 2017
   2. Resolution 2017-24, Relative to the Creation of the Hospital Medical Staff Office Supervisor and the Amendment of the Hospital Credentials Coordinator Positions

D. Facilities, Capital Improvement, and Information Technology

E. Governance, Bylaws, and Strategic Planning

F. Finance and Audit
   1. Financials: December 2016

VII. ADMINISTRATORS REPORTS
A. Hospital Administrator/CEO
B. Associate Administrator of Medical Services
C. Associate Administrator of Professional Support Services (Acting)
D. Assistant Administrator of Nursing Services
E. Chief Financial Officer
F. Medical Staff President

VIII. PUBLIC COMMENT

IX. ADJOURN MEETING

GMHA Board of Trustees
EXECUTIVE SESSION ATTENDANCE

Thursday, February 23, 2017 | 6:00 p.m. | Daniel L. Webb Conference Room

NAME	TITLE	SIGNATURE
Board Members:		
Eloy S. Lizama	Chairperson	
Lillian Perez-Posadas	Vice-chairperson	
Melissa Waibel	Secretary	
Valentino Perez	Treasurer	
Sharon Davis	Trustee	
Ricardo M. Terlaje	Trustee	
Others:		
Atty. Fisher	Legal Counsel	Present
George Castro	Court Reporter	

GMHA Board of Trustees
REGULAR SESSION ATTENDANCE

Thursday, February 23, 2017 | 6:00 p.m. | Daniel L. Webb Conference Room

NAME	TITLE	SIGNATURE
Board Members:		
Eloy S. Lizama	Chairperson	
Lillian Perez-Posadas	Vice-chairperson	
Melissa Waibel	Secretary	
Valentino Perez	Treasurer	
Sharon Davis	Trustee	
Ricardo M. Terlaje	Trustee	
Jeanine "Jenny" Cruz	Ex-officio Member	
Executive Management:		
PeterJohn D. Camacho ✓	Hospital Administrator/CEO	
Benita A. Manglona	Chief Financial Officer	Excused (off-island)
Zennia C. Pecina ✓	Assistant Administrator of Nursing Services	
Vincent A. Duenas, MD ✓	Associate Hospital Administrator of Medical Services	excused
Kozue Shimabukuro, MD ✓	Assistant Associate Hospital Administrator of Medical Services	
Friedrich C. Bieling, MD	Medical Staff President	F. C. Bieling MD
Guests:		
Edward M Buck	NGF	
Vince Quidachay	FT Administrator	
Paula Manzon	Nursing	

Note: More space on reverse side

FISHER & ASSOCIATES

ATTORNEYS AT LAW

23 February 2017

VIA HAND DELIVERY

Board of Trustees
Guam Memorial Hospital Authority
850 Gov. Carlos G. Camacho Rd.
Tamuning, GU 96913

Re: Request for Executive Session

Dear GMHA Board of Trustees Members:

Pursuant to Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111(c)(1) and (2), this letter serves as written recommendation from the law firm of Fisher & Associates – as counsel for GMHA – that the Board hold an executive session to discuss ongoing litigation.

Sincerely,

Thomas J. Fisher, Esq.

02/23/17 - GMHA
received by: Theo M. Pangelinan

SUITE 101 DE LA CORTE BUILDING
167 EAST MARINE CORPS DRIVE HAGÅTÑA, GUAM 96910

TEL (671)472-1131
FAX (671)472-2886

GUAM MEMORIAL HOSPITAL AUTHORITY

FINANCIAL STATEMENTS AS OF DECEMBER 31, 2016

FINANCIAL REPORTING PACKAGE

February 17, 2017

GUAM MEMORIAL HOSPITAL AUTHORITY
BALANCE SHEET AS OF

	Dec 2016	Nov 2016	Change	Dec 2015	Notes
	$	$	$	$	
CURRENT ASSETS					
Cash - Operations	2,203,543	3,501,665	(1,298,122)	(1,612,870)	
Cash - Restricted	-	-	-	209,267	
Patient Accts Receivable-Net	34,572,714	27,618,933	6,953,781	20,225,858	1
Due from GovGuam	-	-	-	134,190	
Other Receivables	-	-	-	74,890	
Inventories	3,408,964	3,103,129	305,835	3,536,368	
Prepaid Expenses	162,421	170,811	(8,390)	298,260	
Total Current Assets	40,347,642	34,394,538	5,953,104	22,865,963	
Property, Plant and Equipment	34,518,296	34,678,641	(160,345)	38,059,919	
Deferred outflows from pension	15,526,535	17,010,467	(1,483,932)	14,033,945	
Total Assets & Deferred Outflows	**$ 90,392,473**	**$ 86,083,646**	**$ 4,308,827**	**$ 74,959,827**	
LIABILITIES, DEFERRED INFLOWS & FUND BALANCE					
CURRENT LIABILITIES					
Deferred Revenue	49,421	328,478	(279,057)	239,290	
Accounts Payable, Trade	3,698,348	2,821,270	877,078	25,017,659	3
Accounts Payable, Government	401,644	937,604	(535,960)	4,449,146	3
Other Accrued Liabilities	2,310,000	2,615,000	(305,000)	1,721,550	4
Accrued Payroll & Benefits	1,283,533	2,909,870	(1,626,337)	896,448	
Current Portion of accrued Annual leave	1,732,713	1,734,010	(1,297)	-	
Total Current Liabilities	9,475,659	11,346,232	(1,870,573)	32,324,093	
Notes Payable, net of curent portion	-	-	-	21,071,398	2
Accrued Annual leave, net of current portic	3,937,983	2,206,922	1,731,061	3,874,310	
Accrued Sick leave	4,408,168	4,375,020	33,148	4,049,302	
Net pension liability	127,034,931	127,034,931	-	107,746,620	
Total Long-Term Liabilities	135,381,082	133,616,873	1,764,209	136,741,630	
Deferred inflows from pension	11,487,930	9,460,899	2,027,031	9,460,899	
Unrestricted Fund Balance	(65,952,198)	(68,340,358)	2,388,160	(103,566,794)	
Total Liabilities, Deferred Inflows & Fun	**$ 90,392,473**	**$ 86,083,646**	**$ 4,308,827**	**$ 74,959,827**	

GUAM MEMORIAL HOSPITAL AUTHORITY
STATEMENT OF REVENUES, EXPENSES AND CHANGE IN NET POSITION

	Dec 2016	%	Dec 2015	%	YTD 2017	%	YTD 2016	%	Budget YTD 2017	Variance %
	$		$		$		$		$	
STATEMENT OF REV AND EXP										
Gross Patient Revenues	12,291,097	95.8%	14,201,221	191.9%	38,250,603	141.5%	40,795,531	184.0%	43,772,031	
Contractual Adjustments	(3,434,446)	-26.8%	(5,455,296)	-73.7%	(12,006,328)	-44.4%	(14,413,132)	-65.0%	(12,656,760)	
Bad Debts Expense	3,876,295	30.2%	(1,496,660)	-20.2%	514,728	1.9%	(4,469,877)	-20.2%	(6,615,270)	
NET PATIENT REVENUES	12,732,946	99.3%	7,249,265	98.0%	26,759,003	99.0%	21,912,522	98.8%	24,500,001	9.2%
Other Operating Revenue										
Food Sales, Cafeteria	36,601	0.3%	39,742	0.5%	115,957	0.4%	129,326	0.6%	135,000	-14.1%
Other	55,086	0.4%	111,108	1.5%	153,310	0.6%	129,642	0.6%	151,500	1.2%
Total Other Oper Revenues	91,687	0.7%	150,850	2.0%	269,267	1.0%	258,968	1.2%	286,500	-6.0%
TOTAL REVENUES	**12,824,633**	**100.0%**	**7,400,115**	**100.0%**	**27,028,270**	**100.0%**	**22,171,490**	**100.0%**	**24,786,501**	**9.0%**
OPERATING EXPENSES:										
Salaries	4,707,789	36.7%	4,711,788	63.7%	13,997,824	51.8%	14,178,421	63.9%	13,294,869	5.3%
Fringe Benefits	1,486,626	11.6%	1,548,653	20.9%	4,260,663	15.8%	4,400,352	19.8%	3,971,196	7.3%
Travel & Mileage Reimbursement	479	0.0%	(404)	0.0%	5,337	0.0%	12,780	0.1%	65,310	-91.8%
Training	2,240	0.0%	1,520	0.0%	2,240	0.0%	3,686	0.0%	80,316	-97.2%
Contractual Services	1,201,356	9.4%	1,036,173	14.0%	3,417,518	12.6%	3,012,370	13.6%	4,752,528	-28.1%
Supplies & Materials	776,740	6.1%	1,461,614	19.8%	3,234,228	12.0%	3,311,523	14.9%	4,151,418	-22.1%
Minor Equipment	(11,288)	-0.1%	171,269	2.3%	83,492	0.3%	288,397	1.3%	480,471	-82.6%
Miscellaneous	(359,014)	-2.8%	21,596	0.3%	33,777	0.1%	90,241	0.4%	141,075	-76.1%
Utilities	246,036	1.9%	179,510	2.4%	633,925	2.3%	699,502	3.2%	544,251	16.5%
TOTAL OPERATING EXPENSES	8,050,964	62.8%	9,131,719	123.4%	25,669,004	95.0%	25,997,272	117.3%	27,481,434	-6.6%
OTHER EXPENSES:										
Interest Expense	86,547	0.7%	147,576	2.0%	137,595	0.5%	310,575	1.4%	-	
Retiree Health Cost	289,167	2.3%	230,833	3.1%	750,833	2.8%	692,499	3.1%	-	
Depreciation Expense	447,339	3.5%	426,466	5.8%	1,344,716	5.0%	1,282,884	5.8%	-	
Gain/Loss on Disposal	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	
Bioterrorism Expenses	47,493	0.4%	21,625	0.3%	72,142	0.3%	52,672	0.2%	-	
Guam Cancer Expenses	(14,098)	-0.1%	-	0.0%	1,149	0.0%	-	0.0%	-	
Compact Impact Expenses	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	
GO Bond PL 29-19 Expenses	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	
DOC Clinic/Pharmacy Expenses	153,517	1.2%	217,301	2.9%	718,116	2.7%	513,863	2.3%	-	
Expired/Surveyed Supplies	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	
Inventory Adjustment	(61,784)	-0.5%	11,201	0.2%	16,827	0.1%	28,463	0.1%	-	
TOTAL OTHER EXPENSES	948,181	7.4%	1,055,002	14.3%	3,041,378	11.3%	2,880,956	13.0%	-	
TOTAL EXPENSES	**8,999,145**	**70.2%**	**10,186,721**	**137.7%**	**28,710,382**	**106.2%**	**28,878,228**	**130.2%**	**27,481,434**	**4.5%**
OPERATING SURPLUS/(DEFICIT)	**3,825,488**	**29.8%**	**(2,786,606)**	**-37.7%**	**(1,682,112)**	**-6.2%**	**(6,706,738)**	**-30.2%**	**(2,694,933)**	**37.6%**
NON-OPERATING REVENUES										
GOVGUAM SUBSIDY	(2,141,052)		943,020		9,284,366		943,020		-	
DOC Contribution	153,517		-		718,116		843,786		-	
FEMA Reimbursement	(40,900)		-		-		22,679		-	
Trans GovGuam-Ret Health	289,167		230,833		750,833		692,499		-	
Labor & Delivery Project PL 32-179	300		87,404		-		87,404		-	
Guam Cancer T/F PL 30-80	160,182		52,408		160,182		52,408		-	
GO Bond Revenue	-		92,286		-		92,286		-	
Compact Impact	-		-		-		-		-	
Bioterrorism Grant	141,158		56,274		141,158		56,274		-	
Labor & Delivery Project	300		-		300		-		-	
Contributions	-		-		10		-		-	
TOTAL NON-OPERATING REVENUE	**(1,437,328)**		**1,462,225**		**11,054,965**		**2,790,356**		**-**	
CHANGE IN NET POSITION	**$ 2,388,160**		**$ (1,324,381)**		**$ 9,372,853**		**$ (3,916,382)**		**$ (2,694,933)**	**447.8%**
NET POSITION										
Net position at beginning of period	(68,340,358)		(102,242,413)		(75,325,051)		(99,650,412)			
Change in net position	2,388,160		(1,324,381)		9,372,853		(3,916,382)			
Net position at end of period	**$ (65,952,198)**		**$ (103,566,794)**		**$ (65,952,198)**		**$ (103,566,794)**			

Doc. No. 34GL-17-0253.*

GUAM MEMORIAL HOSPITAL AUTHORITY
MONTHLY STATEMENT OF REVENUES AND EXPENSES

	TOTAL YTD	Sep-17	Aug-17	Jul-17	Jun-17	May-17	Apr-17	Mar-17	Feb-17	Jan-17	Dec-16	Nov-16	Oct-16
	$	$	$	$	$	$	$	$	$	$	$	$	$
Gross Patient Revenues	38,250,603										12,291,097	12,430,345	13,529,161
Contractual Adjustments	(12,006,328)										(3,434,446)	(4,332,824)	(4,239,058)
Bad Debts Expense	514,728										3,876,295	(1,345,865)	(2,015,702)
NET PATIENT REVENUES	26,759,003	-	-	-	-	-	-	-	-	-	12,732,946	6,751,656	7,274,401
Other Operating Revenue													
Food Sales, Cafeteria	115,957										36,601	36,459	42,897
Other	153,310										55,086	45,936	52,288
Total Other Oper Revenue	269,267	-	-	-	-	-	-	-	-	-	91,687	82,395	95,185
TOTAL REVENUES	**27,028,270**	-	-	-	-	-	-	-	-	-	**12,824,633**	**6,834,051**	**7,369,586**
OPERATING EXPENSES:	-												
Salaries	13,997,824										4,707,789	4,657,273	4,632,762
Fringe Benefits	4,260,663										1,486,626	1,365,442	1,408,595
Travel & Mileage Reimbursement	5,337										479	2,692	2,166
Training	2,240										2,240	-	-
Contractual Services	3,417,518										1,201,356	1,068,455	1,147,707
Supplies & Materials	3,234,228										776,740	1,249,003	1,208,485
Minor Equipment	83,492										(11,288)	(8,099)	102,879
Miscellaneous	33,777										(359,014)	393,161	(370)
Utilities	633,925										246,036	201,049	186,840
TOTAL OPERATING EXPENSES	25,669,004	-	-	-	-	-	-	-	-	-	8,050,964	8,928,976	8,689,064
OTHER EXPENSES:													
Interest Expense	137,595										86,547	6,873	44,175
Sick & Annual Leave Expense	-												
Trans GovGuam-Ret Health	750,833										289,167	230,833	230,833
Depreciation Expense	1,344,716										447,339	447,649	449,728
Gain/Loss on Disposal	-											-	-
Bioterrorism Expenses	72,142										47,493	24,649	-
Guam Cancer Trust Expenses	1,149										(14,098)	14,098	1,149
Compact Impact Expenses	-											-	-
GO Bond PL 29-19 Expens	-											-	-
DOC Clinic/Pharmacy Expenses	718,116										153,517	271,003	293,596
Expired/Surveyed Supplies	-											-	-
Inventory Adjustment	16,827										(61,784)	62,186	16,425
TOTAL OTHER EXPENSES	3,041,378	-	-	-	-	-	-	-	-	-	948,181	1,057,291	1,035,906
TOTAL EXPENSES	**28,710,382**	-	-	-	-	-	-	-	-	-	**8,999,145**	**9,986,267**	**9,724,970**
OPERATING (DEFICIT)/SURPLUS	**(1,682,112)**	-	-	-	-	-	-	-	-	-	**3,825,488**	**(3,152,216)**	**(2,355,384)**
NON-OPERATING REVENUES			-										
GOVGUAM SUBSIDY	9,284,366										(2,141,052)	6,947,897	4,477,521
DOC Contribution	718,116										153,517	271,003	293,596
FEMA Reimbursement	(40,900)										(40,900)	(40,900)	40,900
Trans GovGuam-Ret Health	750,833										289,167	230,833	230,833
Labor & Delivery Project	600										300	300	-
Guam Cancer T/F PL 30-80	160,182										160,182	-	-
GO Bond Revenue	-											-	-
Compact Impact	-											-	-
Bioterrorism Grant	141,158										141,158	-	-
GovGuam Reimbursement	-											-	-
Contributions	10										300	-	(290)
TOTAL NON-OPERATING REVENUES	**11,014,365**	-	-	-	-	-	-	-	-	-	(1,437,328)	7,409,133	5,042,560
CHANGE IN NET POSITION	**$ 9,332,253**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2,388,160**	**$ 4,256,917**	**$ 2,687,176**

Doc. No. 34GL-17-0253.*

Unaudited - Draft 02/17/17

GUAM MEMORIAL HOSPITAL AUTHORITY
MONTHLY STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

	Total YTD	Dec-16	Nov-16	Oct-16
	$	$	$	$
CASH - Beginning balance	1,586,282	3,501,664	3,742,991	1,586,282
CASH RECEIPTS				
Patient Revenues	13,954,661	5,687,384	4,022,683	4,244,594
Other Receipts	305,789	165,531	97,494	42,764
Compact Impact Fund	-			-
UPCA Settlement	10,407	3,469	3,469	3,469
Labor & Delivery Project	-			-
Bioterrorism Grant	106,200	24,400		81,800
Donation	-			-
Gen Fund Subsidy	-			-
PL 33-233 Drawdown	-			
GO Bond	17,093,613	3,838,525	6,948,190	6,306,898
DOC-MOU	-			-
Cancer Center of Guam	-			
UOG Cancer Grant	-			-
TOTAL CASH RECEIPTS	31,470,670	9,719,309	11,071,836	10,679,525
CASH DISBURSEMENTS				
Operational Expenses:				
Salaries & Benefits	21,335,768	7,524,462	7,973,150	5,838,156
Travel & Training	39,977	1,412	2,887	35,678
Contractual Services	4,155,730	1,553,497	1,489,969	1,112,264
Supplies & Materials	4,450,291	1,705,979	1,487,860	1,256,452
Miscellaneous	219,131	32,820	119,707	66,604
Utilities - Power	427,386	138,963	146,583	141,840
Water	80,156	6,358	37,876	35,922
Telephone	118,220	27,190	55,131	35,899
Boiler Fuel	26,750	26,750		-
TOTAL DISBURSEMENTS	30,853,409	11,017,431	11,313,163	8,522,815
CASH-ENDING BALANCE	$ 2,203,543	$ 2,203,542	$ 3,501,664	$ 3,742,991

GUAM MEMORIAL HOSPITAL AUTHORITY
PATIENT REVENUES, CONTRACTUAL ADJUSTMENTS AND COLLECTIONS
YEAR TO DATE DECEMBER 2016

	Gross Revenues		Contractual/ Bad debt		Net Revenues		Collections	
	$		$		$		$	
Medicare	11,695,357	31%	6,198,551	53%	5,496,806	47%	3,841,971	33%
Medicaid	7,575,909	20%	3,866,797	51%	3,709,112	49%	829,542	11%
MIP	2,288,264	6%	912,901	40%	1,375,363	60%	570,430	25%
	21,559,530	56%	10,978,249	51%	10,581,281	49%	5,241,943	24%
Takecare	3,778,177	10%	453,383	12%	3,324,794	88%	2,433,202	64%
Staywell	886,563	2%	106,388	12%	780,175	88%	675,661	76%
Selectcare	4,597,591	12%	551,716	12%	4,045,875	88%	2,996,030	65%
Netcare	548,175	1%	65,781	12%	482,394	88%	389,496	71%
Other	1,350,944	4%	441,313	33%	909,631	67%	483,651	36%
	11,161,450	29%	1,618,581	15%	9,542,869	85%	6,978,040	63%
Self Pay	5,595,166	15%	4,155,039	74%	1,440,127	26%	1,734,681	31%
Total	$ 38,316,146	100%	$ 16,751,869	44%	$ 21,564,277	56%	$ 13,954,664	36%

PUBLIC LAW 31-36
December 31, 2016

DESCRIPTION	UNBILLED	1 00-30	2 31-60	3 61-90	4 91-120	5 121.-150	6 151.-180	7 181-360	8 361-9999	TOTALS	ALLOWANCE	NET TOTALS	YTD 2017 BILLINGS	YTD 2017 CONTRACTUAL ADJUSTMENT	YTD 2017 COLLECTIONS
	$	$	$	$	$	$	$	$	$	$	$	$			
GOV GUAM DEPARTMENTS	252,156	189,302	85,832	39,690	116,050	107,303	25,684	170,729	1,069,103	2,055,849	1,553,942	501,907	11,695,357	6,198,551	3,841,971
MEDICARE	3,323,810	2,078,146	2,763,997	1,865,064	940,410	1,320,444	730,927	5,772,454	22,053,608	40,848,860	32,608,639	8,240,221	2,288,264	912,901	570,430
MEDICALLY INDIGENTS	347,771	340,697	846,881	683,470	679,813	100,434	70,714	411,176	3,582,140	7,063,097	5,664,096	1,399,001	7,575,909	3,866,797	829,542
MEDICAID	1,521,968	1,178,755	2,885,743	2,152,841	1,291,390	602,696	304,928	1,632,618	5,742,981	17,313,920	13,898,221	3,415,699			
OTHER GOVERNMENT CNMI	2,792	-	103,884	606	-	4,228	-	2,021	2,029,273	2,142,805	1,619,668	523,136			
SUB TOTAL	5,448,497	3,786,900	6,686,338	4,741,672	3,027,662	2,135,105	1,132,253	7,988,998	34,477,106	69,424,531	55,344,566	14,079,964	21,559,530	10,978,249	5,241,943
INSURANCE															
COMMERCIAL PRIVATE	65,917	165,458	110,441	70,017	104,318	138,137	25,731	299,671	4,115,967	5,095,658	4,111,650	984,008	858,961	280,597.00	307,516
FEDERAL GOV(TRICARE,VA,CHAM)	108,423	25,523	52,889	130,029	80,218	39,564	209,144	104,182	1,837,373	2,587,345	2,023,740	563,605	491,983	160,716.00	176,135
NETCARE	125,761	64,514	171,718	21,386	7,864	24,018	1,161	39,278	558,196	1,013,897	688,388	325,509	548,175	65,781	389,496
TAKECARE	1,258,054	706,285	1,170,856	933,843	927,253	1,377,984	710,985	1,405,768	3,259,446	11,750,472	5,306,297	6,444,176	3,778,117	453,383	2,433,202
STAYWELL	269,103	175,658	87,802	44,856	19,630	27,564	9,155	122,392	1,649,122	2,405,282	1,430,938	974,343	886,563	106,388	675,661
SELECTCARE	479,885	1,029,693	1,704,767	1,304,251	364,811	120,277	77,782	497,083	1,548,374	7,126,923	5,592,883	1,534,040	4,597,591	551,716	2,996,030
SUB TOTAL	2,307,144	2,167,132	3,298,473	2,504,381	1,504,094	1,727,543	1,033,957	2,468,374	12,968,478	29,979,577	19,153,895	10,825,681	11,161,390	1,618,581	6,978,040
SELF PAY															
SELF PAY	1,079,531	1,102,482	2,109,213	2,118,215	1,866,310	1,692,801	601,384	2,997,455	11,130,000	24,697,392	15,030,513	9,666,879	5,595,166	4,155,039	1,734,681
BAD AND DOUBTFUL DEBT			1,103,061	1,002,308	1,317,387	4,395	1,648,394	12,219,450	182,118,803	199,413,798	199,413,798	0			
SUB TOTAL	1,079,531	1,102,482	3,212,274	3,120,523	3,183,697	1,697,197	2,249,778	15,216,905	193,248,803	224,111,191	214,444,311	9,666,879	5,595,166	4,155,039	1,734,681
GRAND TOTAL	8,835,172	7,056,515	13,197,085	10,366,576	7,715,453	5,559,845	4,415,988	25,674,278	240,694,387	323,515,298	288,942,773	34,572,524	38,316,086	16,751,869	13,954,664

DISCLAIMER: Draft includes unbilled and in-house patient data as well as ongoing reconciliation.

Notes on financial statement items

1. Accounts Receivable
   The increase in accounts receivable in December compared with November can be attributed mainly to a continued lag in payments for Medicaid and MIP billings. There was also a delay in Medicare receipts due to a change to CMS billing software, causing a rejection of submissions. This change has now been resolved in all required software and payments are being brought current. Accounts receivable in December 2015 were significantly over-reserved, mainly in the self-pay category, and that was reflected in the valuation in the balance sheet

2. Long- term debt
   The loan was paid off in FY 2016.

3. Accounts payable
   The accounts payable balance at the end of December 2016 reflects normal trading patterns. In December 2015, a lack of funds led to a significant increase in payables.

4. Other accrued liabilities
   The increase in other accrued liabilities is due to an assessment at the end of FY 2016 of estimated settlements and legal costs associated with claims filed against GMHA in 2016 and prior years.

5. Gross and net revenues
   Although the impact of patients treating at GRMC can be seen in a decrease in gross revenues, this is offset by improved billing and collecting activity.

6. Salaries, fringe benefits, contractual services
   The increase in contractual services, offset by a reduction in payroll is attributable to an increase in hospital physicians paid as independent contractors, rather than employees and to additional software purchases needed to keep computer systems up to date.

Minutes of the Regular Meeting of the Guam Memorial Hospital Authority (GMHA) Board of Trustees

January 19, 2017 | 6:00 p.m.
Daniel L. Webb Conference Room

ATTENDANCE

Board Members:	**Executive Management**:
Eloy Lizama	PeterJohn Camacho
Melissa Waibel	Benita Manglona
Valentino Perez	Dr. Vincent Duenas
Sharon Davis	Dr. Kozue Shimabukuro
Dr. Edna Santos	Dr. Friedrich Bieling
Dr. Ricardo Terlaje	Zennia Pecina (Excused)
Lillian Posadas (Off-island)	
Jeanine Cruz (Excused)	**All Other(s)**:

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 and timely issued pursuant to *Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8107(a)* and with a quorum present, Trustee Lizama called to order the regular meeting of the GMHA Board of Trustees at 6:10 p.m. on Thursday, January 19, 2017 in the Daniel L. Webb Conference Room of the GMHA located in Tamuning, Guam.	Trustee Lizama	None	Informational
II. EXECUTIVE SESSION				
	At the written request of legal counsel, Trustee Lizama called the meeting into executive session. Trustee Perez motioned and it was seconded by Trustee Terlaje. The motion carried with all ayes. *Note: The minutes of the Executive Session are confidential and kept under separate cover in accordance with Title 5 Guam Code Annotated, Chapter 8 Open Government Law, Section 8111(c)(7).*			
III. ACCEPTANCE OF REGULAR SESSION MINUTES				
A. <u>December 6, 2016</u>	A draft of the December 6, 2016 meeting minutes was reviewed.	All Trustees	None	Approved/ Closed

	Trustee Terlaje motioned and it was seconded by Trustee Perez to approve the minutes as printed. The motion carried with all ayes.			
IV. NEW BUSINESS				
A. <u>01/18/17 Letter from the Office of Senator Rodriguez</u> Trustee Lizama stated that his intent for including this item on the agenda was to inquire with Mr. Camacho whether or not he had already reached out to Senator Rodriguez. In particular, the unused space at the Skilled Nursing Unit was discussed. Mr. Camacho informed the Board that the Senator had expressed interest in utilizing the available space in the past. A couple of options were to set-up an assisted living complex or a VA clinic. He stated that the hospital was considering the proposal and hoped that it would be able to lease the space as an additional source of income.	Mr. Camacho was scheduled to meet with Senator Rodriguez on Monday, January 23, 2017 where he will inquire the Senator's expectations. A second meeting, extended to all executive managers and Board members, was scheduled for Thursday, January 26, 2017 at the Senator's office. Trustee Lizama tasked the Facilities, Capital Improvement, and Information Technology Committee to assess the unused space at the Skilled Nursing Unit.	All Trustees Trustee Davis	None	Informational/ Closed
V. OLD BUSINESS				
A. <u>GMH We Care Charity Fund Updates</u> Dr. Shimabukuro reported that the original proposal had been revamped and that she was in the process of addressing a few more issues, including: reimbursement of funds from DPHSS and the creation of a reserved fund. Since the last Board meeting a taskforce was developed with members from the pediatrics medical department, guest relations, social services and the GMHVA.	Dr. Kozue would present a final draft to the Board once completed.	Dr. Shimabukuro	Updates to be provided at the next scheduled meeting.	Open

VI. BOARD SUB-COMMITTEE REPORTS				
A. <u>Joint Conference and Professional Affairs (JCPA) Subcommittee</u> 1. Medical Staff Peer Review Policy Dr. Duenas explained that the purpose of the medical staff peer review policy was to provide comprehensive guidelines on how to properly address any occurrences among the medical staff. 2. Ongoing Professional Practice Evaluation (OPPE) Policy *Note: These policies were previously reviewed and approved by all appropriate departments/committees.*	Trustee Waibel motioned and it was seconded by Trustee Davis to approve the Medical Staff Peer Review Policy as presented. The motion carried with all ayes. Trustee Waibel motioned and it was seconded by Trustee Davis to approve the OPPE Policy as presented. The motion carried with all ayes.	Trustee Terlaje	Reports to be provided at the next scheduled meeting.	Approved/ Closed
B. <u>Quality and Safety Subcommittee</u> Trustee Posadas was not present to provide her report. • (5) Nutrition Care Manual for Adults and Pediatrics	Printed copies of the CY-2016, 3rd Quarter dashboards and Patient Safety Dashboard were provided to all Board members for their reference. (5) This item was tabled at Trustee Lizama's request.	Trustees Posadas	Reports to be provided at the next scheduled meeting.	Informational Tabled
C. <u>Human Resources Subcommittee</u> Trustee Waibel reported the following: 1. Staffing Summary: • There were 281 vacancies as of the December 2016 staffing report, 44 of which were unfunded. • The hospital was looking at offering a differential pay to entice nurses to work in the specialty areas. • Critical positions: (1) Lab Administrator – contract pending Governor's signature, expected start date was in February 2016 (2) Facilities Manager – awaiting further		Trustees Waibel and Posadas	Reports to be provided at the next scheduled meeting.	Informational

processing (3) Deputy Assistant Administrator of Nursing Services – no applicants • The hospital was looking at developing and adopting guidelines to hire nurse practitioners (NP) and physician assistants (PA) which would help with the physician staffing and workload. 2. Res. 2017-20, Relative to the Creation of IT Positions and Amendment if the Hospital IT Administrator Position Trustee Waibel explained that after reviewing standards for IT positions in the mainland, the hospital determined that it was necessary to bring the upgrade the IT positions due to the high level of productivity that it expected from these individuals. She stated that the financial impact for all positons totaled $26,754 per annum. Others: Trustee Waibel noted that the human Resources subcommittee was not aware of other staff/department's requesting for similar action with regard to compensation for their workload.	Trustee Terlaje motioned and it was seconded by Trustee Davis to approve Resolution 2017-20 as presented. The motion carried with all ayes.	All Trustees	None	Approved
D. <u>Facilities, Capital Improvement Projects (CIP), and Information Technology Subcommittee</u> Trustee Davis reported the following: • monitoring continued for meaningful use attestation; • a Notice to Proceed (NTP) was issued to G4S Security on November 16, 2016 for the replacement of the main facility's nurse call system; • the vendor for the VOIP phone system was in the process of obtaining trenching permits; • testing for the on-line bill payment system began on January 23, 2017 and was expected to go-live in March 2017 • (1) Resolution 2017-18, SNU Exterior	Trustee Waibel motioned and it was	Trustees Davis and Perez All Trustees	Reports to be provided at the next scheduled meeting. None	Informational Approved/

Emergency Walkway Project Mr. Camacho explained that the Skilled Nursing Unit was cited by CMS for the lack of access in the event of an emergency and had until May 2017 to comply. Mr. Kando noted that the resolution also authorized the use residual funds from 2009 GOB proceeds.	seconded by Trustee Terlaje to approve Resolution 2017-18 as presented. The motion carried with all ayes.			Closed
E. <u>Governance, Bylaws and Strategic Planning Subcommittee</u>	A copy of the Strategic Plan of Corrective Action Executive Summary was provided to all members for reference. Trustee Waibel went over the overall scores for each indicator. She stated that the planning department was in the process of compiling data as part of the environmental assessment in order to revise the 2013 Strategic Plan.	Trustees Waibel and Terlaje	Reports to be provided at the next scheduled meeting.	None
F. <u>Finance and Audit Subcommittee</u>		Trustees Perez and Lizama		
1. Financials: October and November 2016	The financials were deferred to the CFO's report.		None	Deferred
2. Res. 2017-19, Relative to Approving Thirty-six (36) New Fees	Trustee Perez motioned and it was seconded by Trustee Waibel to approve Resolution 2017-19 as presented. The motion carried all ayes.	All Trustees	None	Approved/ Closed
<u>Others</u>: Trustee Perez stated that the hospital did not meet all requirements for Meaningful Use – Stage II Attestation and would not be entitled to the incentive. Dr. Kozue clarified that compliance for all indicators were met, with the exception of CPOE which was 27% (3% less than the minimum requirement of 30%). She stated that there was some leniency from CMS to become compliant	As reported at the January 13, 2017 Facilities, Capital Improvement and Information Technology Subcommittee meeting, Mr. Quichocho had a conference call with CMS to go over the guidelines for report submission. During the call, Mr. Quichocho was also able to obtain clarification on the reporting timeframes for each phase of Meaningful Use.	Mr. Quichocho, IT Administrator	Updates to be provided at the next scheduled meeting.	Informational

by a certain time and that she will be working closely with the medical staff on achieving that goal. Trustee Perez expressed his frustration over the inaccurate information that had been reported at the subcommittee level in past meetings. Mrs. Manglona explained that the IT department may have misinterpreted the monitoring and reporting timeframes for each phase of meaningful use.	The Hospital's deadline to submit its report to the Guam State Medicaid Office was February 28, 2017, according to Mr. Kando. Further clarifications would be sought from Mr. Quichocho, IT Administrator and updates will be provided to the Board at the next meeting.			
VI. ADMINISTRATORS' REPORTS				
A. <u>Hospital Administrator/CEO</u> Mr. Camacho provided his written report and highlighted the following: • The contract for solar project was delivered to the Attorney General's Office on January 13, 2017, thereafter; it will be routed to the Governor's office for review and approval. • A laboratory consultant with the U.S. Department of Health and Human Services arrived at GMH on January 9, 2017 and inspected Respiratory Services' arterial blood gas (ABG) program. The hospital was verbally informed that there were no findings. • Supply chain opportunities were being explored with a Group Purchasing Organization (GPO). The next step was to compile a 12-month spend history of GMH's capital equipment, consumables, and other non-labor expendables.	No decisions or actions taken.	Mr. Camacho	Reports to be provided at the next scheduled meeting.	Informational
B. <u>Associate Administrator of Medical Services</u> • Dr. Duenas reported that the medical staffs' focus was on accreditation compliance activities and that they were on track with their action plans. • Dr. Duenas reported that management was in the process of addressing the follow-up care needed for tuberculosis patients treated at GMH and ready for discharge. He stated the GMH was not a sanitarium and that the responsibility should lie with the Department of Public health and Social Services.	A meeting with DPHSS was scheduled for the first week in February.	Dr. Duenas	Reports to be provided at the next scheduled meeting.	Informational

Placement for DOC patients and the homeless were also an issue. • Dr. Duenas reported that the Joint Commission recommended a hospital-based physician to oversee the infection control program and antibiotic stewardship program. • Dr. Duenas reported that there was an increase in treatment of patients with opioid addiction.	Dr. Duenas would work on quantifying the time and responsibilities that would be required of this individual. There will be discussions on the development of a medically assisted opioid withdrawal program.			
C. <u>Associate Administrator of Professional Support Services</u> Dr. Shimabukuro reported that she had tasked all department heads within her division to develop mission statements for their respective departments.	Dr. Shimabukuro provided a synopsis of each department's functions, challenges and future plans for improvement.	Dr. Shimabukuro	Reports to be provided at the next scheduled meeting.	Informational
D. <u>Assistant Administrator of Nursing Services</u> Mrs. Pecina was not present to provide her report.	No decisions or actions taken.	Mrs. Pecina	Reported to be provided at the next scheduled meetings.	Informational
E. <u>Chief Financial Officer</u> Mrs. Manglona provided her written report and highlighted the following: • field work was ongoing for the independent audit of the hospital's financials; • all servicing department have been trained on Craneware for the merger of the chargemaster; • there are a total of three certified coders and certified billers working under the fiscal services division; • departments heads were given until January 17, 2017 to review and submit their budgets for FY-2018; • there was an increase in self-pay accounts receivable which may be attributed to the decrease in payments from Medicaid and MIP; • accounts payables increased in October 2016 due to contractual commitments usually procured in October. • there was a decrease in salary costs which was off-set by an increase in physician contractual costs and purchases for additional software needed for the upgrades.	No decisions or actions taken.	Mrs. Manglona	Reports to be provided at the next scheduled meeting.	Informational

F. Medical Staff President • Dr. Bieling reported that he would be inviting Dr. Shimabukuro to the medical department meetings to discuss the action plans meaningful use compliance. He will also be addressing the two-midnight rule and inpatient vs. outpatient dilemmas. • Dr. Bieling expressed that he would like to champion the expansion of outpatient services.	No decisions or actions taken.	Dr. Bieling	Reports to be provided at the next scheduled meeting.	Informational
VII. ADJOURNMENT				
	There being no further matters for discussion, Trustee Lizama declared the meeting adjourned at 8:24 p.m.	Trustee Lizama	None	Approved

Transcribed by: _____
Theo M. Pangelinan
Administrative Assistant

Submitted by: _____
Melissa Waibel
Secretary, Board of Trustees

CERTIFICATION OF APPROVAL OF MINUTES: The minutes of the January 19, 2017 regular session meeting was accepted and approved by the GMHA Board of Trustees on this 23rd day of February 2017.

Certified by: _____
Eloy S. Lizama
Chairman, Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY

REVIEW AND ENDORSEMENT CERTIFICATION

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

Submitted by Department/Committee: **Dietetic Services**
Policy No./Title: **Nutrition Care Manual for Adults and Pediatrics**

Reviewed/Endorsed	**Date**	**Signature**
	7/11/16	JAlingog
Title	Jessica Alingog, MS, RDN, LD, Hospital Food Services Assistant Administrator	
Reviewed/Endorsed	**Date**	**Signature**
	8/2/14	
Title	Dr. Florencio Lizama. MD Associate Administrator of Professional Services	
Reviewed/Endorsed	**Date**	**Signature**
	12/1/2016	
Title	James Nozaki, MD Chief, Family/General Practice Department	
Reviewed/Endorsed	**Date**	**Signature**
	11/30/16	
Title	Friedrich Bieling, MD President, Medical Executive Committee	
Reviewed/Endorsed	**Date**	**Signature**
	12/02/16	
Title	PeterJohn D. Camacho Hospital Administrator/CEO	
Reviewed/Endorsed	**Date**	**Signature**
	01/17/17	
Title	Chair, Board of Trustees Quality Improvement Committee	
Reviewed/Endorsed	**Date**	**Signature**
	2/23/17	
Title	(insert named here) (insert title here)	

Approved by Board of Trustees on _____ day of _____, 2016.

_____
Chair, Board of Trustees

GUAM MEMORIAL HOSPITAL'S DIET ORDER, ENTERAL NUTRITION AND SUPPLEMENT FORMULARY

Diet	Indication	Diet	Indication
NPO	Nothing by Mouth	Vegan	This diet is a variation of the regular diet excluding all foods of animal origins.
Clear Liquid	Not a nutritionally adequate diet. Provides fluids and calories as clear liquids. Cannot be ordered with any other diet. Clear supplements allowed.	Vegetarian	Cannot be ordered with Renal diets. No animal based food products. No stimulants (coffee, tea, cocoa, soda pop. Eggs, milk, fish or white meat can be added, per patient preference with MD order.
Full Liquid	Not for those with lactose intolerance. Clear liquid diet with dairy products, cream of wheat, and cream soups. Cannot be ordered with any other diet.	BrstfdgMom Tray (Reg diet)	A regular tray sent to the mother of a breastfeeding patient. This is not a diet, but a service from the Dietary Department.
Mechanical Soft	Indicated for individuals who have difficulty with mastication due to conditions such as absence of teeth, loose dentures, and sore gums.	Neutropenic	Low microbial diet. Only cooked or processed foods are provided. (No fresh fruit or vegetable).
Regular	Well Balanced and promotes eating competence. Usually a ~2000 Calorie diet.	Low Sodium	Low sodium cooking. Processed foods avoided.
Consistent Carbohydrate (replaces ADA diet)	Provides consistent amount of carbohydrate based on caloric level to allow for optimal blood glucose control.	Dysphagia Evaluation Tray	This tray is only for swallow evaluation and not to be ordered as diet.
Cardiac	This diet order is typical for patients with cardiovascular illnesses. Its purpose is to reduce lipid levels, to avoid and prevent excessive sodium intake and to reduce heart disease risk.	Level 1 (Pureed)	Smooth pureed, homogenous, very cohesive, pudding-like foods that require very little chewing ability.
Renal Pre-Dialysis	~56g protein. Limits protein, potassium, sodium, phosphorus. Meant for patients NOT on dialysis. Fluid restriction to be indicated.	Level 2 (Ground)	Cohesive, moist, semi-solid foods that require some chewing ability. Included in this level are fork-mash-able fruits and vegetables. Excluded are most bread products, crackers, and other dry foods.
Renal Dialysis	~90g protein. Limits potassium, sodium, phosphorus. Fluid restriction to be indicated.	Level 3 (Chopped)	Soft-solid foods which require more chewing ability. This level is nearly regular textures. Included are easy-to-cut whole meats, fruits, and vegetables. Excluded are hard, crunchy fruits and vegetables, sticky foods, and very dry foods.
Low Fat	This diet is indicated for individuals with maldigestion, malabsorption and disorders in transport of dietary lipids.	Low Fiber	Used for certain GI conditions when high fiber diets can aggravate symptoms. Also used for post GI surgeries.
Low Purine	High purine foods avoided. Low to moderate purine foods provided.		

Doc. No. 34GL-17-0253.*

GUAM MEMORIAL HOSPITAL'S DIET ORDER, ENTERAL NUTRITION AND SUPPLEMENT FORMULARY

Supplement/Formula	Indication	Supplement/Formula	Indication
Standard Oral Supplement	Milk-based supplement for patients with inadequate oral intake, reduced appetite or malnutrition, 1.0-1.06kcal/mL, 9-10g protein, Lactose free, Gluten free. Acceptable products: **Ensure Shake, Boost**	Standard 1.0 Tubefeeding Formula	Indicated for patients with normal digestive and absorptive capacity, 1 kcal/mL, 9-10g protein, Lactose free, Gluten free, contains fiber. Acceptable products: **Nutren 1.0 with Fiber, Jevity 1.0**
Clear Liquid Oral Supplement	Supplement for patients receiving clear liquid diet, patients with fat mal-absorption, post-surgical procedure or general protein supplementation. 1.0 kcal/mL, Lactose free, Gluten free, Low residue. Acceptable products: **Boost Breeze, Ensure Clear**	Standard 1.2 Tubefeeding Formula	Concentrated calories and high protein to help patients gain and maintain healthy weight, 1.2 kcal/ml, Lactose free, Gluten free, contains fiber. Acceptable products: **Jevity 1.2, Fibersource 1.2**
Renal-specific Oral Supplement/ Tube feeding Formula	For patient with electrolyte restriction or fluid restriction due to Acute Kidney Injury or Chronic Kidney Disease. 1.8-2.0 kcal/mL, Low in electrolyte levels, Moderate to high protein (15-25 g/8 oz), Lactose free, Gluten free. Acceptable products: **Nepro, Novasource Renal**	Standard 1.5 Tubefeeding Formula	Calorically dense for patients requiring volume restriction and/or with respiratory distress. 1.5 kcal/mL, Lactose free, Gluten free, Low residue. Acceptable products: **Nutren 1.5, Osmolite 1.5**
Diabetes-specific Oral Supplement/ Tube feeding Formula	Specialized formula for patients with impaired or abnormal glucose tolerance, 1.0-1.06 kcal/mL, Low carbohydrate (<28 g/8 oz), Moderate protein (10-15 g/8 oz), may contain fiber, Lactose free, Gluten free. Acceptable products: **Glucerna, Boost Glucose Control, Glytrol**	Elemental / Semi-Elemental Tubefeeding Formula	Peptide-based formula for patients with impaired GI function and/or GI intolerance with fluid/volume restriction, 1.5 kcal/mL, Lactose free, Gluten free, Low residue. Acceptable products: **Peptamen 1.5, Vital 1.5**
Pediatric Oral Supplement/ Tube feeding Formula	Specially designed formula for children ages 1-13, indicated for use in failure to thrive or to encourage growth. 1.0kcal/mL, Lactose free, Gluten free. Accetable products: **Pediasure with Fiber, Nutren Jr. with Fiber**	Modular: Protein Enhancer	High quality protein in powder or liquid form to be mixed with medical nutritional products, beverage or foods. Indicated for use in patients with increased protein needs. For oral and enteral use. Acceptable products: **Beneprotein, Pro Mod Liquid Protein**.
		Modular: Calorie-protein Enhancer	Highly concentrated calories and protein. Mixes easily into most foods and beverages. Indicated for use in patients with increased energy requirements. For oral use only, not recommended for tube feeding administration. Acceptable product: **Benecalorie**

3/2016 LY,JA,SFA; 7/2016 LY,SFA

Doc. No. 34GL-17-0253.*

GUAM MEMORIAL HOSPITAL'S DIET ORDER, ENTERAL NUTRITION AND SUPPLEMENT FORMULARY

Updated Diet Order panel in Optimum Imed as of July 29, 2016

Order Panel Service

Order Panel DIET ORDERS

ORAL DIETS	DYSPHAGIA DIET	ORAL SUPPLEMENT	NUTRITION CONSULT
NPO	Dysphagia Evaluation Tray	Standard (Ensure)	Nutrition Education
Clear Liquid	Level 1 (Pureed)	Diabetes - Specific (Glucerna, Glytrol)	Enteral Feeding Consult
Full Liquid	Level 2 (Ground)	Renal - Specific (Nepro, Novasource)	Parenteral Feeding Consult
Mechanical Soft	Level 3 (Chopped)	Clear Liquid Oral Supplement(Boost Breeze)	Calorie Count
Regular	**PEDIATRIC**	Pediatric (Pediasure, Nutren Jr.)	Outside Food Authorization
Consistent Carbohydrate (Replaces ADA Diet)	Diet for Age 4-6months	**ENTERAL FEEDING**	Other
Low Sodium	Diet for Age 7-9months	Standard 1.0 (Nutren 1.0, Jevity 1.0)	
Cardiac	Diet for Age 10-12months	Standard 1.2 (Fibersource, Jevity 1.2)	
Renal Pre-Dialysis	Diet for Age 13-24months	Standard 1.5 (Nutren 1.5, Osmolite 1.5)	
Renal Dialysis	Diet for Age 3-6years	Diabetes - Specific (Glucerna, Glytrol)	
Low Purine	Diet for Age 7-12years	Renal - Specific (Nepro, Novasource)	
Low Fat	Diet for Age 13-16yrs	Elemental/Semi-elemental (Peptamen, Vital)	
Low Fiber		Pediatric (Pediasure, Nutren Jr.)	
Vegan		**MODULAR**	
Vegetarian		Calorie/Protein Enhancer (Benecalorie)	
Neutropenic		Protein Enhancer (Beneprotein, Promod)	
BrstfdgMom Tray(Reg diet)			

Doc. No. 34GL-17-0253.*

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan
850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL.: (671) 647-2444 or (671) 647-2330
FAX: (671) 649-0145

FOREWORD

The Guam Memorial Hospital Authority Dietetic Services Department uses the Nutrition Care Manual Online and the Pediatric Nutrition Care Manual Online as the foremost references for routine and therapeutic diet orders.

This manual is updated by the Academy of Nutrition and Dietetics on a yearly basis with the most current scientific evidence available. It has numerous interactive features for clinical dietetic staff. It also has nutrition education handouts that can be personalized and areready to print for our patient population.

- Nutrition Care Manual® products are consistent with the Centers for Medicare & Medicaid Services' Interpretive Guidelines for the Hospital Conditions of Participation.
- Nutrition Care Manual® products meet the Joint Commission's Hospital Accreditation Standards.
- Nutrition Care Manual® products are consistent with the Academy's Evidence Analysis Library, Academy position papers, and the Nutrition Care Process.

Jessica Alingog, MS, RDN, LD
Hospital Food Services Assistant Administrator
Guam Memorial Hospital Authority
07/11/2016

eat right. NCM
Nutrition Care Manual

PNCM TOC

Pediatric Nutrition Care Manual Outline

The PNCM has been reorganized and is broken into five (5) distinct sections: **(1) Nutrition Care, (2) Client Ed/Diets, (3) Calculators, (4) Formulary**, and **(5) Resources**. Below you will find a description of each section and what information can be found within each section.

1. **Nutrition Care:** This section includes information on conditions, normal nutrition, and pediatric nutrition. Each condition topic covers risk screen and overview and background information, as well as the Nutrition Care Process specific to each disease/condition. This section also houses the reference lists for each topic. Abstract and/or full text links are provided for all possible reference citations.
2. **Client Ed/Diets:** This section includes all nutrition therapies and menus available in the NCM. Handouts are created at a 6th- or 7th-grade reading level to be understandable for as many clients/patients as possible.
3. **Calculators:** The calculators in this section are useful when performing a nutritional assessment or planning nutrition intervention.
4. **Formulary**: This section contains nutritional information about various types of oral and tube feeding nutritional solutions, used with permission of the manufacturers. You can customize your subscription to highlight the nutritional solutions found in your facility.
5. **Resources:** This section contains additional resources for your practice, including information about the Nutrition Care Process, Dietary Reference Intakes, growth charts, medical nutrition therapy, and more.

Nutrition Care

The following topics are available within **Nutrition Care**:

Conditions

- **Anemia**
  - Iron deficiency anemia
  - Sickle cell disease
- **Behavioral Health**
  - Eating disorders
  - Mood disorders
- **Burns**
- **Cardiology**
  - Congenital heart disease
  - ECMO
  - Prevention of adult cardiovascular disease
- **Cleft Lip and Palate**

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- **Critical Care**
- **Developmental Disabilities**
    - Autism spectrum disorders
    - Cerebral palsy
    - Down syndrome
    - Spina bifida
    - Prader-Willi syndrome
- **Diabetes Mellitus**
    - Carbohydrates and other nutrients
    - Type 1
    - Type 2
- **Disorders of Lipid Metabolism**
- **Epilepsy**
    - Pharmacologic Management
    - Dietary Management
        - General Guidance
        - Low Glycemic Index Treatment Diet
        - Modified Atkins Diet
        - Classic Ketogenic Diet
        - MCT Oil Ketogenic Diet
- **Failure to Thrive**
- **Food Allergic Disorders**
    - Eosinophilic esophagitis
    - General guidance
- **Gastrointestinal Diseases**
    - Celiac disease
    - Constipation
    - Inflammatory Bowel Disease
    - Diarrhea
    - Gastroesophageal reflux
    - Irritable bowel syndrome
    - Short bowel syndrome
- **Hepatic Diseases**
- **HIV/AIDS**
- **Inborn Errors of Metabolism**
    - General Guidance
    - PKU
- **Oncology**
    - General Guidance
    - Medications for GI Problems
    - Survivorship

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- Treatment Modalities
- **Pulmonary Diseases**
  - Asthma
  - Bronchopulmonary Dysplasia
  - Cystic Fibrosis
  - Ventilator Issues
- **Renal Diseases**
  - Chronic Kidney Disease
  - Nephrotic Syndrome
- **Transplantation**
  - Organ Transplant
    - Immunosuppressive Medications and Food Safety for Transplant Patients
    - Intestine Transplant
    - Lung Transplant
    - Cardiac Transplant
    - Kidney Transplant
    - Liver Transplant
  - Hematopoietic Stem Cell Transplant
    - Complications Of HSCT
    - General Information
- **Weight Management**
  - Overweight/obesity
  - Underweight

Normal Nutrition

- Breastfeeding and Lactation support
- Full-term Infants
- Toddlers
- Preschool Children
- School-age Children
- Adolescents
- Child Athletes
- Vegetarian Children

Preterm Infants

- Condition Overview
- Risk Screen
- Nutrition Care
- Parental Nutrition
- Enteral Nutration
- Human Milk
- Discharge/Follow-up

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Client Ed/Diets

The **Client Ed/Diets** section contains materials for the following topics:

- Anemia
- Burns
- Cardiovascular
- Developmental Disabilities
- Diabetes
- Disorders of Lipid Metabolism
- Epilepsy
- Failure to Thrive
- Food Allergies
- Gastrointestinal
- Hepatic Disease
- HIV/AIDS
- Inborn Errors of Metabolism
- Modified Consistency
- Normal Nutrition
- Oncology
- Preterm Infants
- Pulmonary
- Renal
- Transplant
- Weight Management

Calculators

- BMI
- Metric Converter
- Milligram to Milliequivalent Converter
- Gestational Age
- Formulary
- EERs For Healthy Infants & Children
- EERs For Pregnant Or Lactacting Adolescents
- TEE For Weight Maintenance In Overweight Boys And Girls
- Catch-Up Growth
- Schofield Equations For REEs
- WHO Equations For REEs

Resources

The following topics are available within **Resources**:

- Contributors
- Nutrition Care Process (NCP)

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- Spanish Language Resources
- Arm Anthropometry
- Common Nutrient-Drug Interactions
- Cultural Food Practices
- Dietary Guidelines for Americans, 2010
- Dietary Reference Intakes
- MyPlate Food Guidance System
- Growth Charts
- Fluoride Supplementation
- Malnutrition
- Physical Signs Of Malnutrition
- Preterm Infants Terminology and Abbreviations
- Specialty Food Manufacturers

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eat right. NCM
Nutrition Care Manual

Pediatric Nutrition Care Manual 2015 Update Summary

The Pediatric Nutrition Care Manual (PNCM) is an Internet-based diet and professional practice manual for registered dietitian nutritionists; nutrition and dietetics technicians, registered; and allied health professionals. PNCM is purchased by annual subscription and gives you online access to evidence- and knowledge-based nutrition information that keeps you current and compliant.

The annual update to PNCM was published on May 21, 2015. A summary of the updates is given below.

- Updated Burns section
- Updated Cardiology section, including new malnutrition criteria
- Updated Critical Care section
- Updated Developmental Disabilities section that includes updates to Autism Spectrum Disorder per DSM-5 diagnostic criteria
- Updated Diabetes Mellitus section with new Eating Disorders and Diabetes subtopic
- Extensive revision of Disorders of Lipid Metabolism section
- Expanded Eating Disorders section that contains:
    - Explanation of the new DSM-5 diagnostic criteria and rationale
    - Evidence-based treatment strategies
    - Criteria for hospital admission
    - Explanation of medical complications
    - Evaluation and determination of goal weights
    - Discussion of refeeding and calorie recommendations
- Updated Failure to Thrive section
- Updated Full-Term Infants section
- Updated Hepatic Diseases section
- Updated Inborn Errors of Metabolism section
- Extensive revision of Weight Management section
- New Client Education materials:
    - Examples of Alternatives to Cow's Milk
    - Feeding Cues
    - Weight Management Portion Size Tips
- New Spanish Translations for the following Client Education materials:
    - Heart Healthy Cooking Tips for Dyslipidemia
    - Examples of Alternatives to Cow's Milk
    - Feeding Cues
    - Breastfeeding Tips
    - Phenylalanine Hydroxylase (PAH) Deficiency Nutrition Therapy
    - Phenylalanine Hydroxylase (PAH) Deficiency Tips

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- High Calorie Nutrition Therapy
- Tips for Caring for Underweight Children
- Weight Management Portion Size Tips
- Weight Management Nutrition Therapy for Children Ages 1 to 3 Years
- Weight Management Nutrition Therapy for Children Ages 4 to 8 Years
- Weight Management Nutrition Therapy for Children Ages 9 to 13 Years
- Weight Management Nutrition Therapy for Children Ages 14 to 18 Years
- Weight Management Goal Tracker

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Nutrition Care Manual

NCM TOC

Nutrition Care Manual Outline

The NCM has been reorganized and is broken into five (5) distinct sections: **(1) Nutrition Care**, **(2) Client Ed/Diets**, **(3) Calculators**, **(4) Formulary**, and **(5) Resources**. Below you will find a description of each section and what information can be found within each section.

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2. **Client Ed/Diets:** This section includes all nutrition therapies and menus available in the NCM. Handouts are created at a 6th- or 7th-grade reading level to be understandable for as many clients/patients as possible.
3. **Calculators:** The calculators in this section are useful when performing a nutritional assessment or planning nutrition intervention. You can print any calculator results, and results can be saved for a maximum of 7 days.
4. **Formulary**: This section contains nutritional information about various types of oral and tube feeding nutritional solutions, used with permission of the manufacturers. You can customize your subscription to highlight the nutritional solutions found in your facility.
5. **Resources:** This section contains additional resources for your practice, including information about the Nutrition Care Process, how to order nutrition prescriptions, medical nutrition therapy, and more.

Nutrition Care

The following topics are available within **Nutrition Care**:

Conditions

- Anemia
  - Iron Deficiency Anemia
  - Sickle Cell Disease
- Behavioral Health
  - Alzheimer's
  - Dementia
  - Eating Disorders
    - General Guidance for Eating Disorders
    - Anorexia Nervosa
    - Binge Eating Disorder
    - Bulimia
    - Body Dysmorphia
    - Body Image Distortion

        - Eating Disorders Not Otherwise Specified
        - Muscle Dysmorphia
        - Night Eating Syndrome
    - Mood Disorders
    - Psychotic Disorders
        - Schizophrenia
    - Alcoholism
    - Drug Addiction
- Burns
- Cardiovascular Disease
    - Nutrition Assessment for Clients with Cardiovascular Disease
    - Cerebrovascular Disease
    - Coronary Artery Disease
        - Coronary Artery Bypass Graft (CABG)
        - Myocardial Infarction (MI)
    - Disorders of Lipid Metabolism
        - General Guidance for Disorders of Lipid Metabolism
        - Hypercholesterolemia
        - Hypertriglyceridemia
    - Heart Failure
    - Hypertension
- Critical Illness
- Developmental Disabilities
    - General Guidance and Resources
    - Autism Spectrum Disorders
    - Cerebral Palsy
    - Down Syndrome
    - Fragile X
    - Prader-Willi Syndrome
    - Rett Syndrome
    - Spina Bifida
- Diabetes Mellitus
    - General Guidance
        - Carbohydrate Counting
        - Choose Your Foods: Food Lists for Diabetes and Count Your Carbs: Getting Started
        - Glucose Testing
        - Glycemic Index
        - Goal Setting and Effectiveness of Medical Nutrition Therapy for Diabetes
        - Vegetarian Approaches for Diabetes
    - Prediabetes
    - Type 1
    - Type 2
    - Gestational Diabetes
    - Celiac Disease and Diabetes

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- Cystic Fibrosis–Related Diabetes
- Gastroparesis
- Advanced Diabetes Practice: Insulin Management
  - Determining Initial Meal Plan
  - Determining Initial Insulin Doses
  - Adjusting Treatment Plan (Insulin/Food) to Meet Glucose Targets
  - Insulin Pumps
  - Self-Management of Glucose Monitoring
  - Continuous Glucose Monitoring
  - Closed-Loop System
- Hypoglycemia (Nondiabetic)

- Drug-Nutrient Interactions
  - Anti-Inflammatory
  - Anticoagulant
  - Biphosphonate
  - CYP450
  - MAOI
  - Potassium-Sparing Diuretic
  - Non-Potassium Sparing Diuretic
- Dysphagia/Modified Consistency
  - Dysphagia
  - Level 1 Pureed
  - Level 2 Mechanically Altered
  - Level 3 Advanced
- Food Allergies
  - Food Allergies
  - Latex Allergy
  - Oral Allergy Syndrome
  - Sulfite Sensitivity
    - Radioallergosorbent Test (RAST)
- Food Safety
- Gastrointestinal Disease
  - Bowel Resection
  - Celiac Disease
  - Cirrohsis
  - Colostomy
  - Constipation
  - Crohn's Disease
  - Diarrhea
  - Diverticular Conditions
  - Esophageal Surgery
  - Gallbladder Disease
  - Gastric Surgery
  - Gastroesophageal Reflux Disease (GERD)

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- Gastroparesis
- Hepatitis
- Ileostomy
- Irritable Bowel Syndrome
- Jaw Fracture
- Lactose Intolerance
- Nausea & Vomiting
- Pancreatitis
- Peptic Ulcers

- HIV/AIDS
- Hydration
- Inborn Errors of Metabolism
  - Galactosemia
  - Fructose Intolerance
  - Maple Syrup Urine Disease
  - Phenylketonuria (PKU)
  - Urea Cycle Disorders
- Metabolic Syndrome
- Modified Consistency
  - Clear Liquids
  - Full Liquid
  - Pureed Foods
  - Mechanically Altered Foods
- Musculoskeletal Conditions
  - Amputations
  - Gout
  - Osteoarthritis
  - Osteoporosis
  - Rheumatoid Arthritis
- Neurological
  - Epilepsy
  - Huntington's Disease
  - Parkinson's Disease
- Nutrition Support
  - Enteral Nutrition
  - Parenteral Nutrition
- Oncology
  - Oncology General Guidance
  - Cancer Care Continuum
  - Treatment Modalities
  - Side Effect Management
    - Anorexia & Cachexia
    - Chlyous Effusion
    - Constipation

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        - Diarrhea
        - Dysphagia
        - Fatigue
        - Mucostitis & Stomatitis
        - Nausea & Vomiting
        - Neutropenia
        - Oncology Emergencies
        - Steroid-Induced Hypoglycemia
        - Taste & Smell Alterations
        - Xerostomia
    - Cancer Sites
        - Brain
        - Breast
        - Bladder
        - Carcinoid Tumor
        - Colorectal
        - Esophageal
        - Gastric
        - Head & Neck
        - Hematological
        - Hepatobiliary
        - Liver
        - Lung
        - Neuroendocrine Tumor
        - Ovarian
        - Pancreatic
        - Prostate
        - Small Intestine
        - Renal
        - Testicular
        - Vaginal & Endometrial
- Organ Transplant
    - General Guidance
    - Bowel
    - Heart
    - Hematopoetic Stem Cell Transplant
    - Kidney
    - Liver
    - Lung
    - Pancreas
- Oral Health
- Pulmonary
    - General Guidance
    - Acute Respiratory Distress Syndrome (ARDS)

Doc. No. 34GL-17-0253.*

    - Aspiration Pneumonia
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Cystic Fibrosis
    - Pneumonia
    - Tuberculosis
- Renal
    - Acute Renal Failure
    - Chronic Kidney Disease (CKD) Stage 1-5 Non-Dialysis
    - Chronic Kidney Disease (CKD) Stage 5 Dialysis
    - Kidney Stones
    - Nephrotic Syndrome
    - Renal Replacement Therapy
    - Urinary Tract Infections
- Reproduction
    - General Guidance
    - Breastfeeding/Lactation
    - Fibrocystic Breast Conditions
    - Gestational Diabetes
    - Hyperemesis Gravidarum/Morning Sickness
    - Infertility
    - Multiple Gestation
    - Normal Pregnancy
    - Pica
    - Polycystic Ovarian Syndrome (PCOS)
    - Preeclampsia & Eclampsia
- Surgical and Chronic Wounds
    - Pressure Ulcers
    - Surgical and Chronic Wounds
- Vegetarian Nutrition
    - Vegetarian
    - Lacto-ovo Vegetarians & Lacto vegetarians
    - Red Meat Avoidance
    - Vegan
- Weight Management
    - Bariatric Surgery
    - Overweight & Obesity
    - Underweight

Normal Nutrition

- Aging and Nutrition
- General Healthful Diet
    - Background for Professionals
    - Standards for Planning General, Healthful Diet

Doc. No. 34GL-17-0253.*

    - General, Healthful Nutrition Client Resources and Forms
- Lactation and Breastfeeding
- Oral Health
- Pregnancy
- Vegetarian Nutrition

Older Adult Nutrition

- Geriatrics
- Background Information
- Nutrition Screening
- Conditions
    - Alzheimer's Disease
    - Cardiovascular Disease
    - Chronic Kidney Disease
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Constipation
    - Depression
    - Diabetes
    - Obesity
    - Oral Health
    - Osteoporosis
    - Pressure Ulcers and Other Skin Conditions
    - Unintended Weight Loss
- Nutrition Care
    - Anthropometric Measurements
    - Appropriateness of Food Intake
    - Client History
    - Diagnostic Tests
    - Dietary Adjustments to Address the Aging Process
    - Food History / Recall / Frequency
    - Hunger and Food Insecurity
    - Laboratory
    - Laboratory Value Norms
    - Dental & Oral Health Issues
    - Depression & Alcohol Intake
    - Indirect Calorimetry
    - Physical Inactivity or Impaired Functional Status
    - Quality of Life
    - Sensory Impairment
    - Physical Changes with Age
    - Physical Observations
    - Social Isolation
    - Use of Prescribed & Over the Counter Medication (OTC)

- End of Life Nutrition
- Swallowing/Nutritional Status
    - MDS 3.0
    - MDS 3.0 Section K: Swallowing/Nutritional Status
    - What Is a Care Area Assessment and What Does It Trigger?
    - Nutrition Prescription for Long-Term Care
- Older Adult Nutrition References/Resources

Client Ed/Diets

The **Client Ed/Diets** section contains materials for the following topics:

- Addiction
- Amputations
- Anemia
- Arthritis
- Bariatric Surgery
- Burns
- Cardiovascular Disease
- Diabetes
- Dysphagia
- Eating Disorders
- Food Allergies
- Gastrointestinal Disease
- General, Healthful Nutrition Therapy
- HIV/AIDS
- Inborn Errors of Metabolism
- Modified Consistency
- Metabolic Syndrome
- Mood Disorders
- Neurological
- Nutrient Lists
- Older Adults
- Oncology
- Oral Health
- Organ Transplant
- Osteoporosis
- Overweight & Obesity
- Pulmonary
- Renal
- Reproduction
- Surgical and Chronic Wounds
- Vegetarian Nutrition
- Weight Management

Doc. No. 34GL-17-0253.*

Resources

The following topics are available within **Resources**:

- Contributor and Publication Information
- Cultural Food Practices
- Dietary Guidelines for Americans
- Disaster Preparedness
- Evidence Analysis Library
- Energy Metabolism
- Equations
- ICD-10 Resources
- Malnutrition Coding
- Medical Nutrition Therapy (MNT)
- Nutrition Care Process (NCP)
- Nutrition Screening
- Obsolete Diets
- Ordering Nutrition Prescriptions

Doc. No. 34GL-17-0253.*

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

BOARD OF TRUSTEES
Official Resolution No. 2017-21

"RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Aaron Johansen, MD.	Emergency Med.	Emergency Med.	January 31, 2019
Seung Huh, MD.	Emergency Med.	Emergency Med.	January 31, 2019
Gene McColgin, MD.	Emergency Med.	Emergency Med.	January 31, 2019
Esther Park-Hwang, MD.	Ob/Gyn	Ob/Gyn	January 31, 2019
Milliecor Fojas, MD.	Pediatrics	Pediatrics	January 31, 2019
Tim Arakawa, MD.	Medicine	Endocrinology	January 31, 2019
Chen Huang, MD.	Medicine	Hema/Oncology	January 31, 2019
Qi Chen, MD.	Radiology	Radiology	January 31, 2019

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 on January 25, 2017 and the Joint Conference and Professional Affairs Committee on February 20, 2017 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 23rd DAY OF FEBRUARY 2017.

Certified by:

Eloy S. Lizama
Chairman, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Guam Memorial Hospital Authority
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BOARD OF TRUSTEES
Official Resolution No. 2017-22

"RELATIVE TO THE APPOINTMENT OF PROVISIONAL MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Eric LeVeen, MD.	Surgery	General Surgery	January 31, 2018
Michael Lee, MD.	Emergency Med.	Emergency Med.	January 31, 2018
Ratchnee France, MD.	Emergency Med.	Emergency Med.	January 31, 2018
Alexandra Iacob, MD.	Pediatrics	Pediatrics	January 31, 2018
Brinda Rengaraju, MD.	Medicine	Internal Medicine	January 31, 2018
Rengaraju Ramasamy, MD.	Medicine	Internal Medicine	January 31, 2018
Marcin Czerniakow, MD.	Medicine	Internal Medicine	January 31, 2018
Brigido Legaspi, MD.	Medicine	Internal Medicine	January 31, 2018

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 on January 25, 2017 and the Joint Conference and Professional Affairs Committee on February 20, 2017, recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioners; and

WHEREAS, all reappointments 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 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 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 23rd DAY OF FEBRUARY 2017.

Certified by:

Eloy S. Lizama
Chairman, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Guam Memorial Hospital Authority
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BOARD OF TRUSTEES
Official Resolution No. 2017-23

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

Practitioner	Department	Specialty	Expiration Date
Marlon Ramilo, MD	Medicine	Cardiology	January 31, 2019

WHEREAS, the above listed practitioners met the basic requirements for Active Associate Medical Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article IV, Section 4.6; and

WHEREAS, the Medical Executive Committee on January 25, 2017 and the Joint Conference and Professional Affairs Committee on February 20, 2017 recommended approval of Active Associate Medical Staff Membership reappointment for the above listed practitioner; and

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

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

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

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

DULY AND REGULARLY ADOPTED ON THIS 23rd DAY OF FEBRAURY 2017.

Certified by:

Eloy S. Lizama
Chairman, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

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BOARD OF TRUSTEES
Official Resolution No. 2017-24

"RELATIVE TO THE CREATION OF THE HOSPITAL MEDICAL STAFF SUPERVISOR AND AMENDMENT OF THE HOSPITAL CREDENTIALS COORDINATOR POSITIONS"

WHEREAS, the current incumbent is in a position that is not properly classified and thus does not depict the duties and responsibilities of the new position, Hospital Medical Staff Office Supervisor; and

WHEREAS, due to the creation of the Hospital Medical Staff Office Supervisor position changes to the Hospital Credentials Coordinator position is necessary; and

WHEREAS, the changes and the creation of the Hospital Medical Staff Office Supervisor position will properly align the positions within the Medical Staff Office; and

WHEREAS, with the creation of the Hospital Medical Staff Office Supervisor position, the incumbent will be reclassified into the position provided the minimum qualification requirements are met. As for the Hospital Credentials Coordinator, there is no impact on the incumbent of the position; and

WHEREAS, the provisions of §6303.1, Chapter 6, Title 4 of the Guam Code Annotated have been met and no comments from the public were received; and

WHEREAS, the Board of Trustees Human Resources Subcommittee on January 17, 2017 recommended approval of the creation of the Hospital Medical Staff Office Supervisor position and the amendment of the Hospital Credentials Coordinator, now, therefore be it

RESOLVED, that the Board of Trustees accepts the recommendation of the Board of Trustees Human Resources Subcommittee and approves the creation of the Hospital Medical Staff Office Supervisor position and the amendment of the Hospital Credentials Coordinator position; and, be it further

RESOLVED, that the Hospital Administrator/CEO is directed to initiate the administrative processes to bring to fruition the utilization of this position; 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 23rd DAY OF FEBRUARY 2017.

Certified by:

Eloy S. Lizama
Chairman, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Hospital Medical Staff Office Supervisor

NATURE OF WORK:

Plans, organizes and controls the functions within the Medical Staff Office to provide assistance to the medical staff which enables them to fulfill their duties as outlined in the Medical Staff Bylaws, Rules and Regulations. This position reports to the Associate Administrator Medical Services.

ILLUSTRATIVE EXAMPLES OF WORK:

Oversees and ensures that Medical Staff and Allied Health credentialing and reappointment process is performed according to established procedures and in compliance with Medical Staff Bylaws and Rules and Regulations, JCAHO standards, and state and federal law.

Maintains primary responsibilities for the direction and coordination of all medical staff support services, monitoring functions, credentialing, re-credentialing, privileging, peer review, ongoing professional practice evaluations and medical education.

Assures compliance with regulatory and accreditation requirements; federal and local requirements; and CMS and Joint Commission standards; and identifies areas of non-compliance to medical staff and administrative leadership.

Identifies need for changes to medical staff bylaws, rules and regulations, and departmental rules and regulations or to current practices in order to assure compliance. Advises medical staff leadership on matters pertaining to these documents.

Coordinates, arranges, and attends medical staff department and Committee/Executive meetings. Maintain close communication with Medical Staff Officers and Department Chairpersons to insure expeditious follow-through of actions and changes that were approved.

Assures that medical staff meetings are appropriately staffed and content of meetings meet regulatory and accreditation requirements.

Develop and oversees the processes and timely performance of the Focused Professional Practice Evaluations and Ongoing Professional Practice Evaluations and works with the Education Department regarding training for Physicians and prepares improvement plans.

Serves as a liaison between Medical Staff and the Hospital's executive management, alerting both to opportunities for improvement or hospital/physician issues that need to be addressed.

Supervises the establishment and maintenance of a complete credentials file for each applicant and member of the Medical Staff and Allied Health Staff.

Assists with identifying, analyzing and responding to physician concerns, implementing strategies to enhance communications with physicians and other health care providers.

Acts as system administrator for Healthstream ECHO Medical staff Database.

Supervises preparation of applications for review by Credentials Committee.

Manages and supervises credentials and administrative support staff.

Responsible for creation and oversight of the GMH House Call/Consultation schedule.

Participate in Quality Improvement (QI) activities and assist in the formulation of QI indicators.

Identifies need for revisions and additions to Medical Staff documentation through knowledge of regulatory standards and requirements and Hospital requirements and brings them to the attention of the Hospital and Medical Staff Director.

Responsible for assisting in the development and maintenance of a close working relationship between the medical staff and administration to provide unity of purpose in the accomplishment of short and long-range goals.

Recognizes legal implications of committee and department actions regarding medical staff membership and/or privileging, quality improvement or risk management issues and brings to the attention of the Hospital Administrator and/or Chief of Staff.

Assists the Medical Staff Director and President Elect; prepares reports and coordinates preparation of agenda items for Committee meetings.

Prepares and monitors the annual Medical Staff Office budget.

Serves as a resource during medical staff committee meetings.

Responsible for orientation and training of all medical staff office personnel.

Prepares and submits reports regarding departmental activity.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge and understanding of the mission statement of Guam Memorial Hospital.

Knowledge of accreditation standards, medicolegal issues, medical terminology, state and federal regulations, management and supervision, medical organization and medical staff and department bylaws, rules and regulations, credentialing procedures, hospital policies and procedures.

Knowledge of all applicable regulatory and accreditation requirements, including federal and state requirements and Joint Commission standards.

Knowledge of Joint Commission and Centers for Medicare and Medicaid Services requirements.

Knowledge and ability to prepare and review budgets.

Knowledge of computer usage.

Ability to analyze and handle administrative details, schedule and plan the work of others, and anticipate secretarial/administrative needs.

Ability to supervise the work of others.

Ability to deal effectively and tactfully with various levels of hospital personnel and the Medical Staff.

Ability to make decisions in accordance with appropriate program guidelines.

Ability to interpret and apply pertinent laws, regulations and other program guidelines.

Ability to work effectively with the public and employees.

Ability to communicate effectively, orally and in writing.

MINIMUM EXPERIENCE AND TRAINING:

(A) Two (2) years of progressively responsible experience in medical staff credentialing and graduation from a recognized college or university with Bachelor's degree in Public Administration, Business Administration or related field; or

(B) Three (3) years of progressively responsible experience in hospital office experience and two (2) years of supervisory experience and graduation from high school; or

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

Established: FEBRUARY 2017

JOB EVALUATION:

Know How:	EI3	175
Problem Solving:	D3 (33%)	66
Accountability:	D2C	76
Total Points:		317
Pay Grade:	L	

Approved:

Eloy S. Lizama
Chairman, Board of Trustees

Date: 2/23/17

Hospital Credentials Coordinator

NATURE OF WORK IN THIS CLASS

This is highly responsible work in coordinating and providing support of Medical Staff and Allied Health Care Professional credentialing including the processing of new applications, request for temporary privileges, proctoring of new members and biennial reappointments.

An employee in this class reports to the Hospital Medical Staff Office Supervisor.

ILLUSTRATIVE EXAMPLES OF WORK (Any one position may not include all the duties listed, nor do the examples cover all duties which may be performed).

Processes all medical staff credentialing and re-credentialing/privileging documents in accordance with Medical Staff Bylaws, rules and regulations, Joint Commission and CMS standards, and hospital policy and procedures.

Obtains required primary verification and schedules interviews as requested by appropriate department Chairs.

Maintains current medical staff credential and committee files; and prepares status reports for the Credentials Committee.

Maintains individual files for all medical staff members and allied health professionals regarding citizenship and professional conduct issues.

Prepares reports as requested by medical staff leadership and/or hospital administration.

Provides staff support to credentials committee to which she/he has been assigned including correspondence, staffing and scheduling of meetings, agenda preparation, minutes recording, follow up, and interdepartmental communication.

Establishes and maintains effective working relationships with personnel throughout the hospital and community (administration, officers of the medical staff, department/committee chairpersons, and quality assurance reviewers, nursing staff, physicians' office staff and representative from outside agencies).

Works on and maintains ECHO computerized credentialing system. Prepares and maintains up-to-date medical staff and allied health professionals roster to include addresses, telephone numbers, and specialty and staff status; distributes same to appropriate departments.

Performs other related duties as assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of politically and legally sensitive issues and hospital organizational structure and protocol.

Knowledge of computers, data entry, retrieval and report formatting.

0.209

Ability to work effectively, to interface and communicate in an articulate manner with medical staff and administrators.

Ability to maintain confidentiality.

Ability to record and transcribe minutes.

Ability to maintain records and prepare reports.

Ability to communicate effectively, both orally and in writing.

MINIMUM EXPERIENCE AND TRAINING

A) One year of hospital credentialing experience; one year of administrative/secretarial experience; graduation from a two year business school or two years of college education with courses in administrative/business or related field and graduation from high school; or

B) Four (4) years of administrative/secretarial experience and graduation from high school; or

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

Established: OCTOBER 1991
Amended: FEBRUARY 2017

JOB EVALUATION:

Know How:	DI2	132
Problem Solving:	C3 (25%)	33
Accountability:	C1C	43
Total Points:		208

Pay Grade: I

Approved:

Eloy S. Lizama
Chairman, Board of Trustees

Date: 2/23/17

Guam Memorial Hospital Authority - Human Resources

Staffing Summary

Health Care Professional

	Filled FTE(s)	Vacant FTE(s)	Actual Filled	Actual Vacant
Sum	*363.68*	*102.32*	*389*	*120*
Percentage	*29.93%*	*8.42%*	*29.97%*	*9.24%*

Non Health Care Professional

	Filled FTE(s)	Vacant FTE(s)	Actual Filled	Actual Vacant
Sum	*210.01*	*30.99*	*212*	*33*
Percentage	*17.28%*	*2.55%*	*16.33%*	*2.54%*

Physician

	Filled FTE(s)	Vacant FTE(s)	Actual Filled	Actual Vacant
Sum	*37.08*	*21.92*	*52*	*29*
Percentage	*3.05%*	*1.80%*	*4.01%*	*2.23%*

Support

	Filled FTE(s)	Vacant FTE(s)	Actual Filled	Actual Vacant
Sum	*359.16*	*89.84*	*364*	*99*
Percentage	*29.56%*	*7.39%*	*28.04%*	*7.63%*

	Filled FTE(s)	*Vacant FTE(s)*	*Total FTE(s)*	*Actual Filled*	*Actual Vacant*	*Total Actual*
Grand Total	*969.93*	*245.07*	*1215*	*1017*	*281*	*1298*
	79.83%	*20.17%*	*100.00%*	*78.35%*	*21.65%*	*100.00%*

NOTE

Health Care Professionals - RN's, Technologists, Pharmacists, and Therapists

Non-Health Care Professionals - LPN's, NA's, and Technicians

Physicians - Staff Physicians, EMS, Pathologists, and Anesthesiologists

Support - All Other Positions

Oveall Summary
January 2017

A	B	C	D	E	F	G	H	I		J	K	L
DIVISION	CURRENT ACTIVE EMP (WB)	PART TIME ACTIVE (WB)	FTE EQUIV	FULL TIME ACTIVE (WB)	CURRENT VACANT	PART TIME	FTE EQUIV	FULL TIME		TOTAL FTE VACANT	TOTAL POSITION COUNT	TOTAL FTE BUDGETED
Administration	14	0	0	14	4	0	0	4		4.0	18	18.00
Operations	150	0	0	150	35	0	0	35		35.00	185	185.00
Fiscal	99	0	0	99	28	10	5.00	18		23.00	127	122.00
Medical	64	25	10.08	39	30	12	4.92	18		22.92	94	72.00
Nursing	423	29	11.68	394	117	17	6.32	100		106.32	540	512.00
Professional Support	204	23	8.67	181	58	22	8.83	36		44.83	262	234.50
SNU Nursing	37	0	0	37	6	0	0	6		6.00	43	43.00
SNU Operation	11	0	0	11	1	0	0	1		1.0	12	12.00
SNU Professional	12	1	0.5	11	1	0	0	1		1.0	13	12.50
Urgent Care	3	0	0	3	1	0	0	1		1.0	4	4.00
TOTAL	1017	78	30.93	939.00	281.00	61	25.07	220		245.07	1298	1215.00

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LEGEND:

WB: WARM BODIES

TOTAL BUDGETED POSITIONS: 1215 (formula: column D+E+H+I=L)

TOTAL POSITION COUNT = 1298 INCLUDES PART TIME BODY COUNT (formula: column B+F=K)

Note: Column C and G reflect the total warm bodies which converts to full time equivalent in column D and H.

TOTAL FTE VACANT: 245.07 (formula: column H+I=J)

COVER SHEET REPORT

JANUARY 2017

	TOTAL WB CURRENT EMP	CURRENT WB PART TIME	CURRENT WB FULL TIME	TOTAL PRIOR MONTH EMP	PROMOTE	NEW HIRES	RESIGN/ TERM	RETIRE	CURRENT VACANT	PRIOR MONTH VACANT	TOTAL POSITIONS COUNT	TOTAL FTE BUDGETED
Administrative Support	**164**	**0**	**164**	**166**					**39**	**37**	**203**	**203**
Administration	14	0	14	14					4	4	18	18
Operations	150	0	150	152	1-HOSP SAFETY/SECRUITY ADMIN-SECURITY	1-GUARD,SECURITY	1-MAINT WRK, FAC/MAIN.	1-MAIN SUPVR-FAC/MAIN	35	33	185	185
Fiscal	**99**	**0**	**99**	**98**		2-PSR, PT. REG;	1-MED RECORD CLK, MED RECORDS.		**28**	**29**	**127**	**122**
Medical	**64**	**25**	**39**	**64**					**30**	**30**	**94**	**72**
Nursing	**423**	**29**	**394**	**423**	3-HSN2-CL2-MED-SURG,PEDS,ICU;2-HSN2-CL1-OB/GYN,URGENT.	2-SN1-SURGICAL;1-HSN2-CL1, ER.	1-SN2, LABOR; 1-SN2-ICU	1-NA2, MED SURG	**117**	**117**	**540**	**512**
Professional Support	**204**	**23**	**181**	**204**	1-HOSP REHAB TECH 3, REHAB.	1-HOSP REHAB TECH 3, REHAB.			**58**	**58**	**262**	**234.5**
Snu Facility	**63**	**1**	**62**	**62**					**9**	**10**	**72**	**71.5**
Nursing	37	0	37	37					6	5	43	43
Operations	11	0	11	11					1	2	12	12
Professional	12	1	11	11					1	2	13	12.5
Urgent Care	3	0	3	3					1	1	4	4
TOTAL	**1017**	**78**	**939**	**1017**	**7**	**7**	**4**	**2**	**281**	**281**	**1298**	**1215**
					FTE= 7 PTE= 0	**FTE=7 PTE=0**	**FTE=4 PTE=0**	**FTE= 2 PTE= 0**				

WB: Warm Bodies

Turn over rate: (Resign/Term+Retiree x 100 divided by Total WB Current Employees) **3**

**** Resignation/Term: (none for - Disciplinary reason)** **NONE**

**** Adverse Action - Disciplinary** **NONE**

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