# Guam Memorial Hospital Authority
# Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96911
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February 24, 2017

2017 MAR -1 PM 1:16

Senator Regine Biscoe Lee
Legislative Secretary
Thirty-fourth (34th) Guam Legislature
Suite 101
155 Hesler Place
Hagatna, Guam 969610

SUBJECT: Creation and Amendment of Positions
RE: Hospital Medical Staff Office Supervisor and
Hospital Credentials Coordinator

Buenas yan Hafa Adai! In compliance with Title 4 GCA, Chapter 6, §6303, the Guam Memorial Hospital Authority hereby submits the class specifications of the referenced positions for file.

PETERJOHN D. CAMACHO, MPH

Attachments

Speaker Benjamin J.F. Cruz
MAR 0 1 2017
Time: 11:05 [X] AM [ ] PM File No. ____
Received By: ____
34-17-25c

Office of the People
Senator Régine Biscoe Lee
Legislative Secretary
Date/Time: 2/28/17 05:24 pm
Initials: ____

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# Guam Memorial Hospital Authority
# Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
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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.

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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