Guam Memorial Hospital Authority
Aturidat Espetat Mimuriat Guahan

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

GLH 34-18-1727

Office of the People
Senator Régine Biscoe Lee
Legislative Secretary
Date/Time: 4.9.18 - 3:19p.
Initials:

April 2, 2018

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

Speaker Benjamin J.F. Cruz

APR 09 2018
Time: 4:31 [ ] AM [ ] PM File No. 34-1576
Received By:

SUBJECT: Creation of Position

Ref: Accreditation 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 position for file.

PETERJOHN D. CAMACHO, MPH

Attachment

2018 APR -9 PM 4:53

Office of the People
Senator Régine Biscoe Lee
Legislative Secretary
Date/Time: 04/09/18 @ 330pm
Initials: Alan, Jim

1727

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96911
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

BOARD OF TRUSTEES
Official Resolution No. 2018-22

"RELATIVE TO APPROVING THE CREATION OF THE ACCREDITATION COORDINATOR POSITION FOR THE COMPLIANCE OFFICE"

WHEREAS, the Compliance Office provides support to medical and hospital staff for the improvement of clinical care, patient safety and compliance and regulatory requirements; and

WHEREAS, this area coordinates activities to assure compliance with The Joint Commission, the Centers for Medicare and Medicaid Services (CMS) and other regulatory programs in order to make a difference in patient care and healthcare quality; and

WHEREAS, the Compliance Office is staffed with an incumbent holding a position that may not be properly classified; and

WHEREAS, the creation of the Accreditation Coordinator position for the Compliance Office is proposed for better operational efficiency; 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 November 21, 2017, recommended approval of the creation of the Accreditation Coordinator position; 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 Accreditation 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 Trustee Chairperson certifies and the Board of Trustee Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 28th DAY OF MARCH, 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Accreditation Coordinator

NATURE OF WORK IN THIS CLASS:

This is complex technical work involved in coordinating and monitoring the hospital-wide compliance of accreditation regulations and standards for continual readiness with all aspects of accreditation.

An employee in this class will coordinate the overall assessment, design/development and implementation of the hospital-wide regulatory compliance and continuous survey readiness plan.

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

Assist in all accreditation and regulatory activities.

Coordinate and facilitate functional chapter teams to determine compliance and recommend improvements in operational processes.

Coordinate the hospital's tracer program and develop, communicate, implement and track action plans identifying gaps in care or compliance.

Review and prepare response for purposes of the Joint Commission and CMS Surveys.

Review and recommend changes, additions, or deletions of policies and/or procedures, performance improvement plan, patient safety plan, management of information plan, environment of care management plan, and other organization plans.

Monitor regulatory websites for new information and is involved in the development, assessment and achievement of the hospital's readiness for compliance.

Participate in providing consultation and education of the hospital's regulatory and accreditation issues.

Prepare reports on findings, outcomes and recommendations.

Coordinate the annual Joint Commission Focused Standards Assessment (FSA), and compile and disseminate pertinent survey information.

Participate and make recommendations related to root cause analyses.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Skill in writing Evidence of Standard Compliance (ESC) responses.

Skill in developing and maintaining interpersonal relationships with healthcare professionals and hospital leadership.

Skill in direct patient care in a hospital setting.

Basic computer and technological skills.

Knowledge of The Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS), Conditions of Participation (CoP) standards; and survey preparation.

Knowledge of healthcare accreditation process.

Ability to collect and organize data.

Ability to evaluate and recommend and initiate changes to improve program effectiveness.

Ability to work effectively with employees and the public.

Ability to communicate effective, orally and in writing.

Ability to work independently and within teams.

MINIMUM EXPERIENCE AND TRAINING REQUIREMENTS:

A. Six (6) months of experience in regulatory compliance and or accreditation work in a hospital setting; Two (2) years and six (6) months of experience in clinical and or ancillary care services in a hospital setting and a Bachelor's degree in healthcare or health sciences field; or

B. One year of experience in regulatory compliance and or accreditation standards in a hospital setting; four (4) years of clinical and or ancillary care services in a hospital setting; and an Associate's degree in healthcare or health sciences field; or

C. Six years of experience in clinical and or ancillary care services in a hospital setting; and graduation from high school or its equivalent.

SPECIAL QUALIFICATION REQUIREMENT:

Employee must complete ten (10) contact hours of continuing education per year in the field of hospital accreditation in order to maintain competency; or
Obtain and maintain Certified Joint Commission Professional Certification within three years of hire into the position. Employee must maintain status of being a Certified Joint Commission Professional Certification-Eligible by the end of the second year of hire as a condition of employment.

Established:	MARCH 2018	
Job Evaluation:		
Know How:	EI2	230
Problem Solving:	E3 (33%)	76
Accountability:	D2C	87
Total Points:		393
Pay Grade:	N (General Pay Plan)	

Approved:

Eloy S. Lizama, Chairman, Board of Trustees

Date: 3/28/18