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

GL# 34-18-1796
Speaker Benjamin J.F. Cruz

April 23, 2018

APR 2 4 2018
Time: 2:59 [ ] AM [ ] PM File No. 34-1827
Received By:

VIA HAND DELIVERY
Honorable Benjamin J. F. Cruz
Speaker of I Minatrentai Kuattro Na Liheslaturan Guåhan
163 Chalan Santo Papa
Hagåtña, GU 96910

RE: Reporting Requirements for Boards and Commissions

Dear Speaker Cruz:

Hafa Adai! 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 April 19, 2018 at 6:00 p.m. in the Daniel L. Webb Conference Room.

Please contact Mr. Theo Pangelinan from our Board Office at 647-2104 if you have any questions.

Regards,

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

2018 APR 24 PM 4:59

1796

RFP includes requirement to list GRMC in network

By Kevin Kerrigan
kevin@postguam.com

Health insurance companies competing for the government of Guam health insurance contract must cover care at both Guam Regional Medical City and Guam Memorial Hospital if the insurance company wants to be considered the "exclusive provider" for GovGuam.

That requirement is stated in the request for proposals.

Of the three health insurance providers that have been bidding for the government of Guam health insurance contract in recent years, only TakeCare Insurance has not placed GRMC in its network. NetCare and SelectCare have included the private hospital in the health plans they have been offering to GovGuam employees.

> "To be considered as the exclusive provider, offeror (the insurance company) must have both Guam Regional Medical City and Guam Memorial Hospital in your provider network."
>
> – *Request for proposals' Requirement No. 34*

If TakeCare wants to submit a bid again this year, the RFP requires that, at least in the "exclusive provider" proposal, it must include GRMC in its network.

TakeCare has not responded to a request for comment.

The same requirement also states that based on the law, a bidder must submit two offers: a valid exclusive bid; and a nonexclusive bid, to qualify.

A nonexclusive bid is priced assuming that subscribers would have the choice of different health care providers, as in years past.

Exclusive and nonexclusive bid submissions are required, even though Public Law 34-83 mandates only the most "economical and beneficial" health provider will be selected to provide health coverage for the roughly 11,000 employees and 5,000 retirees and their families.

The new law took effect in February after senators overrode the governor's veto of Bill 3-34, a measure introduced by Speaker Benjamin Cruz in an effort to cut the skyrocketing cost of health insurance. Health insurance has been costing GovGuam at least $80 million annually. Requiring the selection of the "most economical" health insurance provider could save $20 million, Cruz said.

The RFP was issued April 6 and bids are due May 7.

Complaint: Man threatens woman with machete

By Alana Chargualaf
alana@postguam.com

A man was charged Saturday in the Superior Court of Guam after allegedly threatening a woman known to him with a machete.

Police on Thursday met with the victim who said 28-year-old Tomas John Sablan began to argue with her, which she avoided by going to sit in the living room.

While in the living room, Sablan reportedly walked in with a machete and asked the victim, "Is this what you want?"

The victim told police Sablan was about to hit her with the machete but decided to stop.

Sablan allegedly proceeded to hold the machete by the blade and struck the victim's left eye with the machete's handle. It was also alleged he struck her left thigh with the machete.



Charged
Tomas John Sablan, 28, was charged with family violence as a misdemeanor.

Officers confirmed a lump over the victim's eye and a bruise on her left thigh.

Sablan admitted to arguing with the victim and only holding the machete.

An officer conducted a search for the machete and found it on the bedroom floor under a T-shirt and shorts.

Sablan was charged with family violence as a misdemeanor.

Police arrest 2 accused of stealing wine

By Alana Chargualaf
alana@postguam.com

Two men were charged Monday in the Superior Court of Guam, accused of theft at the 76 gas station in Sinajana.

Police reportedly saw 18-year-old Drake Serem and 19-year-old Iaski Nickot take two bottles of red wine from the gas station and run away, court documents state.

Charged
Drake Serem, 18, and Iaski Nickot, 19, were both charged with theft as a petty misdemeanor.

A witness supposedly saw the two stash the bottles near a trash can.

Police found Serem and Nickot and confronted them.

Nickot reportedly blurted, "That's mine. That's mine," but after looking at Serem, he said, "It's ours. It's ours."

Serem and Nickot were both charged with theft as a petty misdemeanor.

Woman allegedly dragged girl by hair

By Alana Chargualaf
alana@postguam.com

A woman was charged Saturday in the Superior Court of Guam after being accused of violently handling a female known to her over stolen money.

Police on Friday met with 45-year-old Martha Duenas Cruz, who said the victim was "beyond control," and admitted to yanking the victim by her hair and throwing her to the ground, court documents state.

Officers then met with the victim, who said Cruz accused her of stealing $5 to pay for a pair of shorts, which the victim denied.

Cruz reportedly grabbed the girl's hair, yanked her off her chair and threw her to the floor. She allegedly proceeded to drag the victim by her hair causing her to hit her head on the refrigerator.

A man known to Cruz supposedly separated Cruz from the victim.

Officers noted four scratches to the victim's arm, and bruises and redness on her left knee.

Cruz was charged with family violence as a misdemeanor.

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

PUBLIC NOTICE

BOARD OF TRUSTEES MEETING

Date: Thursday, April 19, 2018
Time: 6:00 p.m.
Place: 1st Floor, Daniel L. Webb Conference Room

Please note that an executive session will take place before regular business.

You may contact Toni Tenorio at 647-2218, Monday through Friday from 8:00 a.m. to 5:00 p.m. for special accommodations, auxiliary aids, or other services.

/s/ PeterJohn D. Camacho, M.P.H.
Hospital Administrator/CEO
This advertisement was paid for with government funds.

EMERGENCY MEDICAL SERVICES COMMISSION MEETING

on **Thursday, April 19, 2018 at 9:00 AM** at the Health Professional Licensing Office Board Conference Room, Terlaje Professional Bldg, 2nd Floor Suite 209, Hagatna.

For more information contact Board office at 735-7405/11, persons with diabilities needing special accommodations may call Jimmy Sian at 735-7102 or the Telecommunication Device for the Hearing/Speech Impaired (TDD) at 649-1801.

GUAM BOARD OF EXAMINERS FOR PHARMACY

Regular Session Meeting, Thursday, April 19, 2018 at 7:30 AM at the Terlaje Professional Building, 194 Hernan Cortez Avenue, 2nd Floor, Suite 209 Health Professional Licensing Office Board Conference Room, Hagatna, Guam.

For more information please contact the Board office at 735-7405 thru 12. Persons with disabilities needing special accommodations may call Jimmy Sian at 735-7172 or the telecommunication device for the Hearing/Speech Impaired (TDD) at 649-1801. Executive meeting may be called if necessary.

Puerto Rico to get $18.5B to rebuild housing market

SAN JUAN (Reuters) – Puerto Rico will receive $18.5 billion from the U.S. Department of Housing and Urban Development to help rebuild its battered housing stock and infrastructure after September's Hurricane Maria, the island's governor and HUD officials said on Tuesday.

But the award was significantly less than the $46 billion requested by Gov. Ricardo Rossello in November.

HUD is awarding a total of roughly $28 billion to nine states, the U.S. Virgin Islands and Puerto Rico that have been recently affected by major disasters, including Hurricanes Irma, Harvey and Maria, as well as the recent California wildfires.

The funds are part of a $90 billion disaster aid package signed by Trump in February. The Virgin Islands is set to receive $1.6 billion in HUD disaster recovery funds, a department media advisory said on Tuesday.

Puerto Rico is navigating the largest bankruptcy in U.S. government history, and the plan is meant to establish economic projections that will serve as a basis for forthcoming restructuring talks with creditors owed $120 billion in bond and pension debt.

The HUD funds can be used for housing, economic development and infrastructure, and could be used to help repair the island's crippled power grid. While local authorities determine where funds will be used, HUD provides technical assistance and guidelines, said HUD Deputy Secretary Pam Patenaude.

Facebook's Zuckerberg deters regulation talk

WASHINGTON/SAN FRANCISCO (Reuters) – Facebook Inc. shares posted their biggest daily gain in nearly two years on Tuesday as CEO Mark Zuckerberg fended off questions from U.S. senators on how the world's largest social network might be regulated more closely.

Zuckerberg repeated apologies made on Monday for a range of problems that have beset Facebook, from data privacy to foreign attempts to influence U.S. elections, but the 33-year-old internet mogul managed to deter any specific talk about new laws and made no new promises.

"I'll have my team follow up with you so that way we can have this discussion across the different categories where I think this discussion needs to happen," Zuckerberg told a joint hearing by the U.S. Senate's Commerce and Judiciary committees, when asked what regulations he thought were necessary.

He denied that Facebook, which has more than 2 billion monthly users across the world, was a monopoly. "It certainly doesn't feel that way to me," Zuckerberg said.

Wearing a dark suit and tie instead of his typical T-shirt and jeans, Zuckerberg appeared largely unruffled as senators questioned him. Investors welcomed his performance.

"Zuckerberg is conciliatory in his presentation," said Mariann Montagne, portfolio manager at Gradient Investments in Arden Hills, Minnesota. "The stock is running up on his comments. Maybe people like seeing Zuckerberg in a suit."

Facebook shares closed up 4.5 percent at $165.04, their highest level in almost three weeks. It was their largest daily gain since April 28, 2016.



TESTIFY: *Facebook CEO Mark Zuckerberg testifies before a Senate Judiciary and Commerce committees joint hearing regarding the company's use and protection of user data on Capitol Hill in Washington, D.C., April 10. Alex Brandon/Pool/Reuters*

The shares fell steeply last month after it came to light that millions of users' personal information was harvested from Facebook by Cambridge Analytica, a political consultancy that has counted U.S. President Donald Trump's election campaign among its clients. The latest estimate of affected users is up to 87 million.

Crisis of confidence

That disclosure pitched Facebook into a crisis of confidence among users, advertisers, employees and investors who were already struggling with Facebook's reaction to fake news and its role in the 2016 election.

Facebook disclosed in September that Russians under fake names used the social network to try to influence U.S. voters in the months before and after the 2016 election, writing about inflammatory subjects, setting up events and buying ads.

"We believe it is entirely possible that there will be a connection there," Zuckerberg said when asked if there was overlap between Cambridge Analytica's harvested user data and the political propaganda pushed by the Kremlin-linked Internet Research Agency during the 2016 presidential election, which Facebook has said was seen by some 126 million people.

In February, U.S. special counsel Robert Mueller, who is investigating possible links between Russia and Trump's campaign, charged 13 Russians and three Russian companies with interfering in the election by sowing discord on social media.

On Tuesday, Zuckerberg said he believed Facebook employees have been interviewed by Mueller's office.

Zuckerberg, who founded Facebook in his Harvard University dorm room in 2004, is fighting to prove to critics that he is the right person to go on leading what has grown into one of the world's largest companies.

On Friday, Zuckerberg threw his support behind proposed legislation requiring social media sites to disclose the identities of buyers of online political campaign ads.

GSA General Services Agency
(Ahensian Setbision Hinirat)
Department of Correction
Government of Guam
148 Route 1 Marine Drive, Piti, Guam 96915
Tel: 475-1707-13 Fax: 475-1716/475-1727

Eddie Baza Calvo, Governor — Ray Tenorio, Lt. Governor

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DEPARTMENT OF AGRICULTURE

A non-refundable fee of $10.00 per bid package will be assessed.
Certified Check, Cashier's Check or Cash will be accepted. No personal or company check.
Bid package may be picked up 8:00 am - 3:00 pm, Payment(s) will not be accepted after 3:00 pm.

INVITATION FOR BID

BID NO.:	GSA-011-18
FOR:	CARGO / BOX TRAILER RENOVATION RETROFITTING
Submission Date:	Monday, April 30, 2018 Time: 2:00 PM
Place:	GENERAL SERVICES AGENCY, PITI GUAM
Note:	MANDATORY SITE INSPECTION
Date:	Wednesday, April 18, 2018 Time: 9:30 AM
Place:	Department of Agriculture 163 Dairy Road, Mangilao 96913 (Limtiaco Building, across Price Elementary)

Location of the General Services Agency is located next to the Piti Fire Station.

The bid package will be available at GSA in Piti commencing on date of advertisement up to the opening date and time stated above or can be downloaded from the GSA website: gsa.doa.guam.gov from the date of advertisement.

GSA recommends that prospective bidders register current contact information with GSA to ensure they receive any notices regarding any changes or updates to the IFB. The procuring agency and GSA will not be liable for failure to provide notice to any party who did not register current contact information.

/s/ CLAUDIA S. ACFALLE
Chief Procurement Officer

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

PUBLIC NOTICE

BOARD OF TRUSTEES MEETING

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

This advertisement was paid for with government funds.

GMHA Board of Trustees
AGENDA

Thursday, April 19, 2018 | 6:00 p.m. | Daniel L. Webb Conference Room

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I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM

Five (5) members establish a quorum.

II. EXECUTIVE SESSION

III. ACCEPTANCE OF REGULAR SESSION MINUTES

A. March 28, 2018

IV. OLD BUSINESS

V. NEW BUSINESS

VI. BOARD SUBCOMMITTEE REPORTS

A. Joint Conference and Professional Affairs
   1. Resolution No. 2018-35, Relative to the Reappointment of Active Medical Staff Privileges
   2. Resolution No. 2018-36, Relative to the Appointment of Allied Health Provisional Staff Privileges

B. Quality and Safety
   1. Policy No. A-PS810, Disclosure of Unanticipated Outcomes
   2. Policy No. A-PS820, Just Culture Response to Patient Safety Events

C. Human Resources
   1. Resolution No. 2018-37, Relative to Approving the Decrease of the Total Number of Vacant Budgeted FTE Physician Positions for FY-2018 in the Unclassified Service for the Guam Memorial Hospital Authority
   2. Resolution No. 2018-38, Relative to the Guam Memorial Hospital Authority' s Furlough Plan A and Plan B of 2018

D. Facilities, Capital Improvement, and Information Technology

E. Governance, Bylaws, and Strategic Planning

F. Finance and Audit
   1. Resolution No. 2018-39, Relative to Approving 98 New Fees and Updating 8,608 Professional Fees

VII. ADMINISTRATORS REPORTS

A. Hospital Administrator/CEO

B. Associate Administrator of Medical Services
C. Acting Associate Administrator of Professional Support Services
D. Assistant Administrator of Nursing Services
E. Chief Financial Officer
F. Medical Staff President

VIII. PUBLIC COMMENT

IX. ADJOURN MEETING

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

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

☐ Bylaws Submitted by Department/Committee: Patient Safety Committee

☐ Rules & Regulations Policy No.: A-PS810

■ Policies & Procedures Title: Disclosure of Unanticipated Outcomes

	Date	Signature
Reviewed/Endorsed	10-27-2017	
Title		Danielle Manglona, MSN, MBA, RNC, CPPS, CPHRM Chairperson, Patient Safety Committee
Reviewed/Endorsed	1/24/18	
Title		James Last, MD Chairperson, Medical Executive Committee
Reviewed/Endorsed	03/27/18	
Title		PeterJohn D. Camacho, MPH Chairperson, Executive Management Council
Reviewed/Endorsed	04/12/18	
Title		Lillian Perez-Posada, MSN Chairperson, Quality and Safety Subcommittee

***Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**

4/19/2018
DATE

Eloy S. Lizama, BOT Chairman

GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
PeterJohn D. Camacho, MPH Hospital Administrator/CEO	Hospital-wide	Pending	A-PS810	1 of 4
TITLE: DISCLOSURE OF UNANTICIPATED OUTCOMES				
LAST REVIEWED/REVISED: 10/2017				
ENDORSED: PSC __/2017, MEC __/2017, EMC __/2017, BOT Q&S __/2017				

PURPOSE:

To define the policy and outline the procedure for informing patients and their families or legally authorized representatives about results of a treatment or procedure that differ significantly from what was anticipated ("unanticipated outcomes"). Guam Memorial Hospital Authority ("GMHA") recognizes the importance of effectively communicating with patients and their families to foster better decision-making and transparency.

Please note: this policy refers to a patient's right to know their medical condition and unanticipated outcomes. The reasons or causes for unanticipated outcomes are not always readily apparent and may not be quickly understood. This policy should not compel attending physicians or staff members to speculate as to causes or reasons for unanticipated outcomes before those causes are fully understood. Under those circumstances, it is best to defer explanations until comfortably understood.

POLICY:

It is the policy of the GMHA that patients be treated with openness and honesty at all times, and that their right to know their medical status is respected. A factual summary of the results of a patient's care, treatment and services, including unanticipated outcomes, shall be disclosed to the patient to enable informed decisions regarding future medical care.

DEFINITIONS:

Disclosure: Communication of information regarding the results of a diagnostic test, medical, surgical or other interventional treatment.

Unanticipated Outcome: An outcome, whether positive or negative, and whether from error or not, that significantly differs from what was the desired outcome of care.

Factual Summary: A brief description of *known* facts regarding the patient care outcome, which is not speculative and does not assume that fault or error caused the unanticipated outcome.

RESPONSIBILITIES:

A. Risk Management Program Officer

It is the responsibility of the Risk Management Program Officer to ensure that disclosure of unanticipated outcomes occurs in a timely and appropriate manner. The Risk Management Program Officer may be present for the initial disclosure and/or subsequent discussions as appropriate.

Please note: information gathered as parts of quality assurance processes must be kept separately within the quality assurance process by law and cannot be disclosed.

B. Attending Physician / Staff Members

The patient's attending physician has the primary responsibility to determine if the result and/or response to a treatment or procedure should be identified as an unanticipated outcome and, if so, shall manage the disclosure of information and subsequent discussions with the patient, their family, or legally authorized representative to assure continuity and appropriate perspective during discussions. If more than one service is involved, attending physicians should collaborate in discussing unanticipated outcomes of care as appropriate. staff members involved in the patient's care may be present during the discussion to provide support and assistance to the attending physician, as appropriate.

In the event that the attending physician is unavailable, his/her designee responsible for the patient's care shall manage the disclosure of information and documentation. The attending physician and/or appropriate staff member is also responsible for ensuring that disclosure occurs in a timely and appropriate manner, and shall adhere to the procedure for disclosure as outlined.

C. Hospital Administrator/CEO

In some instances, the Hospital Administrator/CEO may designate another individual as the primary person to communicate with the patient, their family, or legally authorized representative.

PROCEDURE:

I. PREPARATION FOR DISCLOSURE

Upon discovery of an unanticipated outcome in a non-emergent situation, or after an emergent situation has been addressed, staff shall report the unanticipated outcome to their immediate supervisor or the head of their department within 24 hours. Before the disclosure of an unanticipated outcome is made to the patient, their family, or legally authorized representative, it should first be determined by the attending physician that significant potential for adverse outcome has occurred. If there is no significant potential for adverse outcome, disclosure to the patient may not be not required.

If disclosure is deemed appropriate, the patient, their family, or legally authorized representative shall be provided the option of having another support person present during the discussion.

Please note: there are occasions when the sharing of unanticipated outcomes can put a patient at risk of harm either due to the potential for psychological trauma or exposure to physical harm. Professional judgment will determine when and how information will be shared. Reasons for withholding information should be documented in the medical record. Disclosure may be deferred to a more appropriate time, but should be completed no later than the time of discharge/completion of care at the hospital.

II. INFORMATION FOR DISCLOSURE

A. Each situation is unique and shall be handled on a case-by-case basis. At a minimum, the following information shall be disclosed:

1. A truthful, factual, and compassionate account of the unanticipated outcome;
2. Any short or long-term effects expected as a result of the unanticipated outcome;
3. Any medical care or treatment available to the patient required as a result of the unanticipated outcome, including but not limited to, the risks, benefits and alternatives of such care and treatment;
4. An expression of regret that the unanticipated outcome occurred;
5. Assurance that the unanticipated outcome will be evaluated so steps may be taken to reduce the likelihood of similar risk to other patients;
6. Time for the patient and/or family to ask questions or raise concerns; and
7. Name of the individual(s) responsible for managing ongoing communications with the patient and the patient's family members regarding additional questions, complaints and follow-up.

B. The person making the disclosure:

1. Shall not blame or criticize GMHA facility, leadership, policies, physicians or staff members in any way;
2. Shall not speculate as to how event occurred;
3. Shall not make any statement of fault or liability for causing the unanticipated outcome;
4. Shall not make any statements that could be construed as promises or guarantees regarding future medical services or bills; and
5. Shall not discuss financial issues with the patient (such financial issues or questions should be directed to the appropriate personnel).

III. DOCUMENTATION

A. The disclosure of an unanticipated event that directly affects the patient should be documented in a clear, concise, and accurate manner in the patient's medical record. Documentation shall include the following:

1. A factual summary of what was disclosed including:

   a. the nature of the event and contents of discussion on the unanticipated outcome, including the time, place, actions taken, and planned actions to identify process issues as appropriate; and

   b. a statement of an offer of support or assistance and identification of individual to handle subsequent discussions. Psychiatric or ethics evaluations should be recorded in accordance with hospital policy.

2. The persons present during the disclosure and their relationships to the patient. The time, date, and place of the discussion.

B. Documentation shall not include suspicions, opinions and other non-clinical information regarding the unanticipated outcome. Any follow-up discussions shall be noted in the same manner.

Please note: any information based on peer review for the purpose of monitoring, assessing, or documenting the quality of diagnostic or treatment services is confidential medical quality assurance information and cannot be disclosed to patient or document in their medical record.

REFERENCE:

The Joint Commission. *Rights and Responsibilities of the Individual.* Standard RI.01.02.01 effective September 2017.

RELATED POLICY:

GMHA Administrative Policy A-PS800, *Patient Safety Program*

GUAM MEMORIAL HOSPITAL AUTHORITY
REVIEW AND ENDORSEMENT CERTIFICATION

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

☐ Bylaws Submitted by Department/Committee: Patient Safety Committee

☐ Rules & Regulations Policy No.: A-PS820

■ Policies & Procedures Title: Just Culture Response to Error

	Date	Signature
Reviewed/Endorsed	10-27-2017	
Title		Danielle Manglona, MSN, MBA, RNC, CPPS, CPHRM Chairperson, Patient Safety Committee
Reviewed/Endorsed	11/7/17	
Title		Zennia C. Pecina, MSN/ADM, RN, CCHP Assistant Administrator of Nursing Services
Reviewed/Endorsed	1/24/18	
Title		Friedrich Chris Bieling, MD, FACOG Chairperson, Medical Executive Committee
Reviewed/Endorsed	03/27/18	
Title		PeterJohn D. Camacho, MPH Chairperson, Executive Management Council
Reviewed/Endorsed	04/12/18	
Title		Lillian Perez-Posadas, MSN, RN Chairperson, Board of Trustees: Quality & Safety Committee

***Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**

4/19/2018
DATE

Eloy S. Lizama BOT Chairman

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
PeterJohn D. Camacho, MPH Hospital Administrator/CEO	Hospital-wide	Interim Approved: October 24, 2017	A-PS820	1 of 9

TITLE: JUST CULTURE RESPONSE TO PATIENT SAFETY EVENTS

LAST REVIEWED/REVISED: 10/2017

ENDORSED: PSC: 10/2017, **NMC:** __/2017, **MEC:** __/2018, **EMC:** __/2017, **Q&S** __/2017

PURPOSE:

This policy covers the key concepts of a *Just Culture* approach to investigating and following up on patient safety events, including the use of a Decision Tree to guide the investigator.

POLICY:

Guam Memorial Hospital Authority (GMHA) believes that a Just Culture is the cornerstone of a positive culture of patient safety. Attributes of a Just Culture include transparency, open and free communication around reporting of events, aligned objectives with the common goal of improving patient safety, appreciation of "Great Catches" and "No Harm Events" as opportunities and support for reporting any situation that threatens patient safety.

When patient safety events are investigated, including adverse events, no harm events and great catch events and it is determined that action(s) by a member of the GMHA care team contributed to the event, the assessment will include use of the Just Culture Decision Tree as a tool to assist in analysis and decision making. The Just Culture Decision Tree helps identify individual accountability and system failures. Responsibility for addressing system failures lies with the appropriate leadership representatives. While the Just Culture Decision Tree is a tool to guide the investigation process, it is used in conjunction with other evidence such as past performance of individuals involved in the event.

The Risk Management Program Officer and the Patient Safety Officer are available to assist investigators with use of the Just Culture Decision Tree, as appropriate.

DEFINITIONS:

Just Culture: The following describes a Just Culture:

- Establishes a learning environment rather than a blaming environment
- Establishes accountability in the context of the system in which the incident occurs
- Is *not* a non-punitive (blame free) environment
- Holds individuals accountable for their own performance *but not system flaws*
- Promotes a culture of reporting and learning from incidents
- Ensures open discussion of adverse events
- Commits to improving and implementing change based on patterns/trends
- Incident investigations are fair and free from bias over the outcome of the incident or from hindsight

Error: An act of commission (doing something wrong) or omission (failing to do the right thing) that leads to an undesirable outcome or significant potential for such an outcome.

Human Error: Inadvertent action; inadvertently doing other than what should have been done; slip, lapse, mistake.

At-Risk Behavior: Behavior that increases risk where risk is not recognized, or is mistakenly believed to be justified.

Reckless Behavior: Behavioral choice to consciously disregard a substantial and unjustifiable risk.

Adverse Event: An event [which may or may not have been preventable] that causes death or harm to a patient.

No Harm Event: An event or error that has the potential to cause death or harm to patients.

Great Catch Event: An event or error where harm to the patient was prevented because of discovery and action. Sometimes called a "near miss."

PROCEDURE:

A. The Just Culture Decision Tree (see Attachment A) is the tool used to identify acts deserving of personnel actions, such as coaching, counseling and discipline, and acts resulting from one or more system failures which demand systemic correction.

B. The Just Culture Decision Tree should be used when a member of the GMHA care team is involved in a patient safety event. If more than one member of the care team is involved, it is essential to work through the Decision Tree separately for each person. Note: throughout the remainder of this procedure, the member of the care team under review will be referred to as "the individual" and the person leading the investigation will be referred to as the "investigator."

C. Ideally, the Just Culture Decision Tree should be used as soon as possible after the patient safety event, while facts are still fresh.

D. The Just Culture Decision Tree guides the investigator through a series of structured questions about the individual's actions, motives and behavior at the time of the event. The questions move through three sequential tests. Attachments B, C and D include additional information to guide the investigator in the use of the specific sections of the Decision Tree:

   1. The Deliberate Harm Test (Attachment B) – In few, exceedingly rare, cases, the intent of the individual was to cause harm. The Deliberate Harm test asks questions to help identify or eliminate this possibility at the earliest possible stage.

   2. The Foresight Test (Attachment C) – The Foresight Test examines whether protocols and safe working practices existed and were adhered to.

   3. The Substitution Test (Attachment D) – The final Substitution Test helps to assess how a reasonable, prudent peer would have been likely to deal with the situation.

E. When navigating through the Just Culture Decision Tree, it's important to answer the yes/no" questions based on evidence, not assumptions. Never make assumptions about

the incident, the individual or the protocols and safe procedures in place at the time. Record answers to the "yes/no" questions along with the facts/reasons why that decision was made.

F. During the course of navigating through each "test" in the Just Culture Decision Tree, it is essential to also evaluate related or unrelated system failures that might have directly or indirectly contributed to the event. Just because personal accountability has been determined, it is equally important to assess system accountability in order to develop a fair and just action plan.

G. For individuals who believe that a Just Culture approach to a patient safety event was not followed:

1. Please refer to GMHA Grievance Procedure available from the Human Resources (HR) Office (non-contractual employees).

2. Employees falling under a collective bargaining agreement may refer to their union contract's grievance process.

3. At any phase in the Grievance Procedure, the employee, the manager/administrator, or HR representative may request a consultative review of the case by the Administrator of Quality, Patient Safety, and Regulatory Affairs. The focus of this review is to assess the use of the Just Culture Decision Tree during the patient safety event investigation and render an opinion about the conclusions. This review will be considered by the manager/administrator, along with other pertinent facts, in determining appropriateness of the action taken as part of the Grievance process.

REFERENCES:

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Khantri, N., Brown, G.D., and Hicks, L.L. (2009). From a Blame Culture to a Just Culture in Health Care. Health Care Manage Review, 34(4). Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19858916.

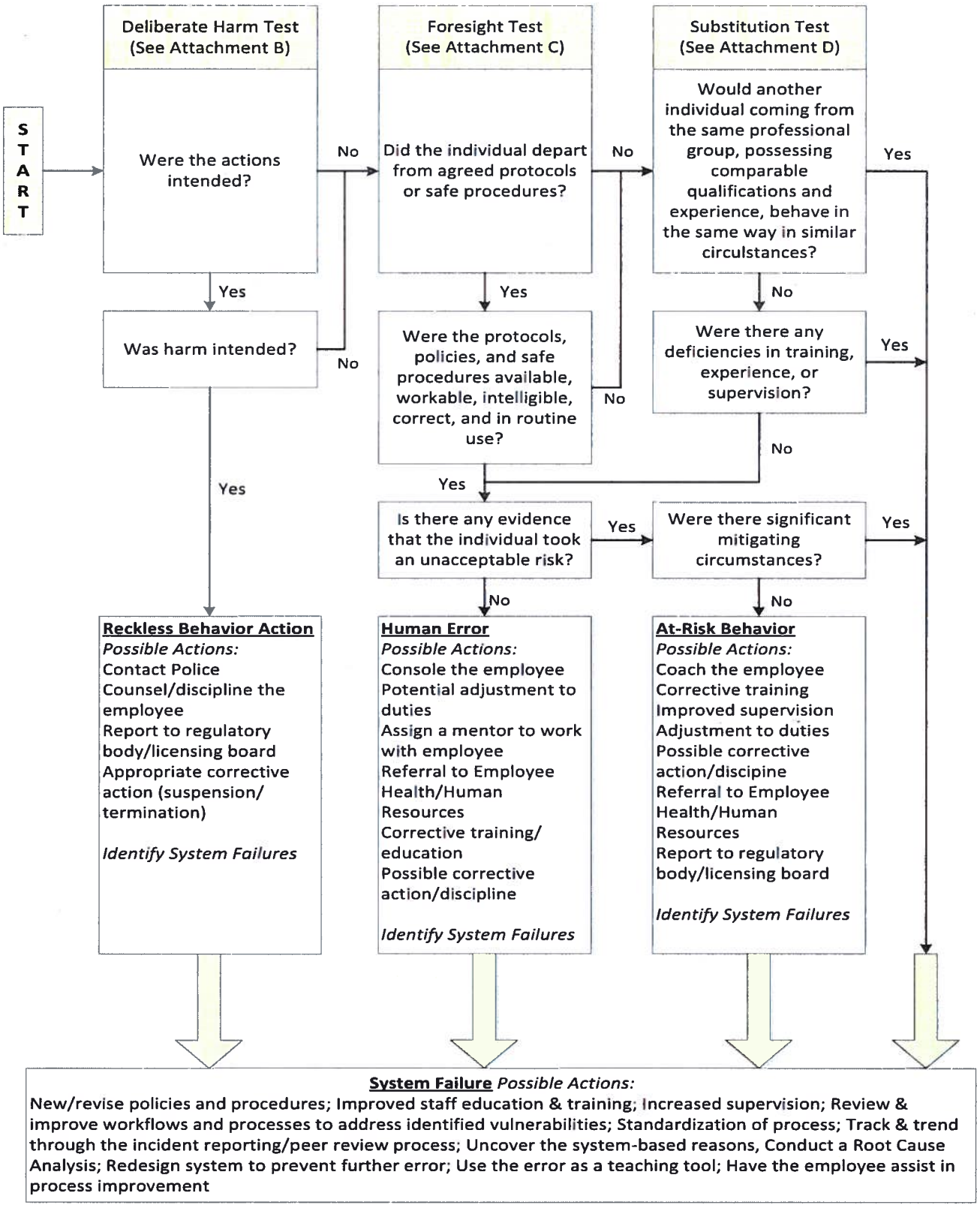
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RELATED POLICIES:

GMHA Administrative Policy No. A-PS800 Patient Safety Program

ATTACHMENT A:

The Just Culture Decision Tree



ATTACHMENT B:

Deliberate Harm Test
Supplemental Information/Guidelines

Overview: In the overwhelming majority of patient safety events, the individual had the patient's wellbeing at heart. However, in a few exceedingly rare cases, the intent was to cause harm. The Deliberate Harm Test asks questions to help identify or eliminate this possibility at the earliest possible stage.

Question #1: Were the actions intended?

This question asks whether the actions were as intended, not whether the outcome was as intended. This is an important distinction. Remember also that acts of omission are as important as acts of commission, so apply the question in the same way to cases that involve slips, lapses, general forgetfulness or a decision not to take action.

Scenarios	Guidelines for Assessment
A nurse injects a patient with drug X instead of drug Y.	The question is whether the nurse intended to administer drug X , not whether she intended the patient to die
A doctor carries out an operation on child A instead of child B, as a result of which child A is disfigured.	The question is whether the doctor intended to operate on child A, not whether he intended child A to be disfigured

Examples

- Failing to administer medication
- Failing to call the Code 72 Team
- Failing to write-up
- Deciding not to seek a second opinion in a difficult case
- Failing to check a patient's health record

Consider whether the individual:

- Forgot to take the action
- Was prevented from taking the action
- Decided not to take the action
- Refused to carry out an instruction

Question #2: Was harm intended?

This question tries to identify the individual's motives for taking the action they did. In most cases, where the actions were as intended, the individual did not mean the patient harm. Consider whether the individual actually meant the patient harm. The likelihood is that they did not. Examples of intended consequences:

- Deliberately giving a patient a wrong drug, with the aim of causing pain, disability or death
- Deliberately disconnecting an infusion pump
- Attacking a patient
- Deliberately withholding vital medications from a patient
- Deliberately failing to ventilate an elderly patient
- Using painkiller or mood-altering drugs prescribed for a patient on themselves or a third party
- Restraining a patient unnecessarily or for too long

ATTACHMENT C:

Foresight Test
Supplemental Information/Guidelines

Overview: The Foresight Test is used to determine whether policies & procedure and safe working practices existed and were properly adhered to. This test does not try to remove an individual's personal responsibility for their actions, but sets it in the context of potential problems with policies and procedures.

Question #1: Did the individual depart from agreed policies & procedures or safe working practices?

This question requires clarifying whether the action was governed by a policy/procedure (P/P). Do not:

- Assume a P/P exists—check for evidence
- Assume the individual received instruction on safe procedures during their professional training—check for evidence
  Answer "yes" to this question if it is confirmed that a P/P exists and the individual failed to follow it (for whatever reason).

Question #2: Were the policies, procedures and safe procedures available, workable, intelligible, correct and in routine use?

If a P/P exists, do not assume that it is workable and in routine use. Consider the following when answering this question:

- Was the P/P clear?
- Was the individual unwittingly applying an outdated P/P?
- Were conflicting P/P's in circulation?
- Was the P/P technically accurate but too laborious to apply routinely?
- Did the P/P promote correct and sensible action?
- Had the individual received information/training about the P/P?
- Did the individual decide not to apply the P/P? If so, you need to establish their reason:
  - If their action stemmed from difficulties in applying the P/P, you would answer "no"
  - If there was another reason, you would normally answer "yes"
- Did the individual cut corners because they knew the P/P so well?
  - Sometimes the individual was so familiar with the P/P they felt over-confident about cutting corners. Corner cutting usually causes problems where the case concerned turns out to be atypical.
  - It should be determined whether the individual is alone in cutting corners or whether the corner cutting is routine in the work environment.

Scenario	Guidelines for Assessment
Following a theft, a cardiac unit introduced a locked-drugs policy. However, night duty staff thought it unsafe to leave patients in outlying beds long enough to obtain adrenaline from the new drug cabinet. After raising the issue to no avail, nurses started to store adrenaline ampoules in the desk drawer to gain speedier access. Some	In this case, a procedure introduced for a sound reason proved unworkable, leading to a dangerous situation. The investigator answered "no" to this question.

ampoules fell onto the floor and a visiting child was found playing with them.	

Question #3: Is there evidence that the individual took an unacceptable risk?

This question asks you to consider whether the individual took a risk that would normally be considered unreasonable in the service concerned. It is probably the most difficult question to answer and careful judgment needs to be exercised. There are many reasons why an individual might violate a sound protocol. Sometimes the individual violates a protocol for no apparent or explicable reason. Generally, the more control the individual had over the situation, the more likely you are to decide they took an unacceptable risk.

The table below illustrates common reasons sound protocols are violated:

Habit	If the individual was working in an environment where cutting corners or ignoring protocols was endemic, it could be argued that they knew no different or that they should not be penalized for common practice
Someone else's benefit	Example: An ED physician gives priority to an adult friend with a minor cut over a child with a high fever.
Their own benefit	Examples: Cutting corners to leave work early; paying more attention to chatting with a colleague than to the task at hand.
Arrogance	Example: a midwife took it upon herself to deliver a baby via suction, despite the hospital's policy that this procedure be carried out by an obstetrician. Subsequently, the midwife explained that she knew she could perform this type of delivery as well as any doctor.
Failure to exercise self-discipline	Examples: physical or verbal retaliation; refusing to work collaboratively with a member of the health care team because of a personality conflict

Other factors to take into account when answering the questions include:

- Information available to the individual at the time
- Choices in front of them
- Speed with which they had to make a decision
- Degree of awareness they had of the risk being created

Scenario 1	Scenario 2
A staff nurse working on a busy unit was called to deal with a violent relative and forgot to give a diabetic patient their insulin. NO, this nurse did not take an unacceptable risk.	Another staff nurse forgot to give a patient their diabetic insulin because she popped into the day room to catch an episode of her favorite television show. YES, this nurse took an unacceptable risk.

ATTACHMENT D:

Substitution Test
Supplemental Information/Guidelines

Overview. The Substitution Test assesses how a peer would have been likely to deal with the situation. This test also highlights any deficiencies in training, experience and supervision that may have been involved in the patient safety event.

Question #1: Would another individual coming from the same professional group, possessing comparable qualifications and experience, behave in the same way in similar circumstances?

- When answering this question, consider what a "reasonable" peer acting sensibly, maturely and sensitively would have done.
- Example: A patient told a radiographer that she was feeling heat from the x-ray equipment. The radiographer dismissed the concerns and continued with the procedure, as the protocol advised switching off the machine only if the malfunction warning light appeared. It transpired that the warning system had failed and the patient suffered burns as a consequence.
- The investigator decided that a peer would have been likely to heed the patient's concerns and answered "no" to this question.

Question #2: Were there any deficiencies in training, experience or supervision?

This question considers whether the individual was properly equipped to deal with the situation. If not, a system failure is indicated. Factors to consider:

- Gaps or deficiencies in the individual's training
- Insufficient experience to handle the situation
- Inadequate supervision

Training	Look into any training the individual received and make sure it was comprehensive; well-designed; and effectively delivered.
Supervision	Check that supervision was both active and supportive. Do not make assumptions about the standards of training or supervision received. Sometimes, a lack of training or supervision can affect an individual's ability to apply common sense and "think on their feet." If this is the case, additional coaching or support may be necessary.

Example: A newly qualified nurse was asked by another nurse to "draw up a syringe of erythromycin" and give it to a sick child. The new recruit assumed this meant an IV syringe and duly injected the child with the drug. The child died as a consequence. The drug was in syrup form and the nurse meant for an oral medicine syringe to be used but the senior nurse did not confirm with the new nurse that she understood the instruction. This case involved both inadequate supervision and deficiencies in training. In this case, the investigator answered "yes" to this question and addressed system failures.

Question #3: Were there significant mitigating circumstances?

If you decide the individual took an unacceptable risk, you next need to consider any mitigating circumstances. Mitigating circumstances may or may not be significant enough to affect the action plan, but they must be set in the context of all the other factors involved in the case. Mitigating circumstances fall into four broad categories: Work pressures; external pressures; environmental factors; personal physical/mental health factors

The table below illustrates common mitigating circumstances:

Work pressures	Tiredness; short-staffing; bullying; anxiety about job security; lack of management support Example: A clinical lab technologist failed to notice a critical lab results which should have been called immediately to a practitioner. As a result, the patient's condition deteriorated and resulted in the need for resuscitation. The individual maintained that tiredness had impaired her judgment and observation. She had been on duty for 15 hours without a break and had worked a total of 65 hours over the previous five days to cover colleagues' absences. The investigator decided that the individual took an unacceptable risk, but that mitigating circumstances pointed to a system failure.
External pressures	Anxiety or preoccupation about events or problems outside of work. They might involve needing to leave work promptly or early to care for dependents or to deal with a personal issue. Example: A nurse connected the wrong IV drip just after receiving news that her son had been involved in a serious traffic accident.
Environmental factors	Distraction; difficult working conditions; shortage of supplies Example: A Code 72 team had difficulties defibrillating a patient because the patient's bed was jammed against the wall and they could not reach her easily.
Personal Physical/Mental Health Factors	Consider any known facts or observations about the individual's physical or mental health that might be pertinent to the investigation. Always confer with HR if there is any possibility that this may be a factor.

GMHA Board of Trustees
EXECUTIVE SESSION ATTENDANCE

Thursday, April 19, 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	Excused
	Treasurer	
Sharon Davis	Trustee	
Sonia Siliang	Trustee	
Ricardo M. Terlaje	Trustee	
Others:		
Fisher and Associates	Legal Counsel	
Depo Resources	Court Reporter	

GMHA Board of Trustees
ATTENDANCE SHEET
Thursday, April 19, 2018 | 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	Excused
	Treasurer	
Sharon Davis	Trustee	
Sonia L. Siliang	Trustee	
Ricardo M. Terlaje	Trustee	
Hospital Management:		
PeterJohn D. Camacho	Hospital Administrator/CEO	
Benita A. Manglona	Chief Financial Officer	
Zennia C. Pecina	Assistant Administrator of Nursing Services	Excused (on Leave)
Vincent A. Duenas, MD	Associate Hospital Administrator of Medical Services	
Kozue Shimabukuro, MD	Assistant Associate Hospital Administrator of Medical Services	Excused
James Last, MD	Medical Staff President	
Guests:		

April 19, 2018

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

Re: Request for Executive Session

Dear GMHA Board of Trustees,

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 matters.

Sincerely,

Rachel Taimanao-Ayuyu

Suite 101 De La Corte Building
167 East Marine Corps Drive Hagatna, Guam 96910

Guam Memorial Hospital Authority
ADMINISTRATION OFFICE

APR 19 2018

Received By

Respository No.

Minutes of the Regular Meeting of the Guam Memorial Hospital Authority Board of Trustees

March 28, 2018 | 6:00 p.m.
Daniel L. Webb Conference Room

ATTENDANCE

Board Members:
Eloy Lizama
Lillian Posadas
Melissa Waibel
Sharon Davis
Dr. Ricardo Terlaje
Sonia Siliang

Executive Management:
PeterJohn Camacho
Benita Manglona
Zennia Pecina
Dr. Vincent Duenas
Dr. James Last
Dr. Kozue Shimabukuro – Excused

Guests:
Carlos Pangelinan, Lourdes Cruz, Dr. Larry Lizama

ISSUE/TOPIC/DISCUSSIONS	DECISION(S)/ACTION(S)	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
I. CALL MEETING TO ORDER AND DETERMINATION OF QUORUM				
	After notices were duly issued pursuant to *Title 5 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, March 28, 2018 in the Daniel L. Webb Conference Room of the GMHA located in Tamuning, Guam.	Trustee Lizama	None	Informational
II. ACCEPTANCE OF REGULAR SESSION MINUTES				
A. <u>March 8, 2018</u>	A draft of the March 8, 2018 meeting minutes was distributed and reviewed. Trustee Waibel motioned and it was seconded by Trustee Terlaje to approve the minutes as printed. The motion carried with all ayes.	All Trustees	None	Approved
III. OLD BUSINESS				
There were no old business matters for discussion.	No decisions or actions taken.	None	None	None
IV. NEW BUSINESS				
A. FY-2019 GMHA Budget Proposal	Mrs. Manglona provided a copy of the Prioritized Needs List and Consolidated Budget Report for the Board's reference. She explained that the initial request was $257M, but with the removal of nursing positions to support the clinical ladder the figure reduced to $242,981,609. The nursing positions were removed because management felt it was too	All Board members	None	Approved

	premature to budget for them while the clinical ladder was still being developed. Other actions taken were the reduction of capital outlay needs to $103M, operational contractual adjustments, the elimination of certain physicians from employee status to independent contractors with no benefits, the reduction of utility costs due to the recent installations of solar panels and VOIP phones, and inclusion of the Department of Corrections operations. For FY-2019, personnel services totaled $89.5M and operations totaled $46.8M bringing the total appropriations to $242.9M. After thorough discussions, Trustee Posadas motioned and it was seconded by Trustee Waibel to approve the FY-2019 GMHA Budget Proposal with changes, including, the breakdown of prioritized needs into three priority levels and removing from the Department of Corrections from projected revenues and placing it under a more appropriate category. <u>Other discussions</u>: Dr. Lizama informed the Board of his concerns over the pharmacy operations at the Department of Corrections (DOC). He stated that the DOC-Pharmacy operated with a $500K budget and that some medications used to treat severe illnesses were high-priced. His suggestion was to discontinue the agreement for the DOC-Pharmacy and to exclude it from the FY-2019 Budget. Another option was to continue providing pharmacy services for medications that were a part of the hospital's formulary and requiring upfront payment from the DOC for medications that were not. Trustee Lizama acknowledged Dr. Lizama's concerns but noted that the matter was more operational and suggested for management to			

	review the collaborative agreement.			
V. BOARD SUB-COMMITTEE REPORTS				
A. <u>Joint Conference and Professional Affairs (JCPA) Subcommittee</u> 1. Resolution No. 2018-16, Reappointment of Active Medical Staff Privileges (exp. 02/28/20) for: • Darius Richardson, MD • Kimberly Walton, MD • Vincent S. Duenas, DO	Trustee Posadas motioned and it was seconded by Trustee Waibel to approve Resolution No. 2018-16 as presented. The motion carried with all ayes.	All Board members	None	Approved
2. Resolution No. 2018-17, Relative to the Reappointment of Active Associate Medical Staff Privileges (exp.02/28/20) for: • John Merillat, M.D.	Trustee Waibel motioned and it was seconded by Trustee Posadas to approve Resolution No. 2018-17 as presented. The motion carried with all ayes.	All Board members	None	Approved
3. Resolution No. 2018-18, Relative to the Appointment of Provisional Medical Staff Privileges (exp. 02/28/19) for: • Jacqueline Michaud, DO • Edgar Magcalas, MD • Daniel Hafner, MD	Trustee Waibel motioned and it was seconded by Trustee Davis to approve Resolution No. 2018-18 as presented. The motion carried with all ayes.	All Board members	None	Approved
4. Resolution No. 2018-19, Relative to the Appointment of Active Medical Staff Privileges (exp. 02/28/20) for: • Rachael Consoli, MD • Kenneth Tan, MD	Trustee Waibel motioned and it was seconded by Trustee Davis to approve Resolution No. 2018-19 as presented. The motion carried with all ayes.	All Board members	None	Approved
5. Resolution No. 2018-20, Relative to the Reappointment of Allied Health Provisional Staff Privileges (exp. 02/28/20) for: • Kevin Sullivan, CRNA	Trustee Waibel motioned and it was seconded by Trustee Davis to approve Resolution No. 2018-20 as presented. The motion carried with all ayes.	All Board members	None	Approved
6. Resolution No. 2018-21, Relative to the Appointment of Allied Health Provisional Staff Privileges (exp. 02/28/19) for: • Kirsten Blomberg, CNM	Trustee Posadas motioned and it was seconded by Trustee Waibel to approve Resolution No. 2018-20 as presented. The motion carried with all ayes.	All Board members	None	Approved

B. <u>Quality and Safety Subcommittee</u> 1. Regulatory Compliance Updates	Trustee Posadas reported the following: • the patient safety program policy was still under review; • to date, the GMHA has not received a response from the Joint Commission regarding its submission of corrective action plans relative to the Jan. 4-5, 2018 survey; • the patient satisfaction survey results showed that of 196 respondents, 83% were satisfied with their overall experience at the hospital. One comment worth mentioning was a respondent's suggestion that the hospital conduct background checks for medical staff candidates. The Q&S subcommittee discussed this matter and will inquire the extent of back grounds checks conducted by the licensing board and whether it would suffice. The Board will be informed of the subcommittee's findings. • The Grievance Review Committee received an appeal of the Hospital Administrator/CEO's response to a patient's complaint relative to the treatments given and billing. It was noted that the Grievance Review Committee denied the patient's appeal based on the outcome of the Medical Director's investigation which determined that the treatments were necessary; thereby, validating the charges. Mr. Camacho mentioned that if the patient decided to appeal further, it would be to the Board of Trustees.	Trustees Posadas	Updates to be reported at the next scheduled meeting.	Informational

	Notes: • Clarification will be sought on whether the hospital was required to report its patient satisfaction survey results to CMS, as per Trustee Waibel's inquiry. • Mr. Camacho informed the Board that the IT and Guest Relations departments had begun the process of developing an online survey for patients' convenience.			
2. Policy No. A-PI100, Quality Assessment and Performance Improvement Plan	Trustee Waibel motioned and it was seconded by Trustee Terlaje to approve Policy No. A-PI100 as printed. The motion carried with all ayes.	All Board members	None	Approved
C. <u>Human Resources Subcommittee</u>				
1. Resolution No. 2018-22, Relative to Approving the Creation of the Accreditation Coordinator Position for the Compliance Office	Trustee Posadas motioned and it was seconded by Trustee Davis to approve Resolution No. 2018-22 as printed. The motion carried with all ayes.	All Board members	None	Approved
2. Resolution Nos. 2018-23 through 2018-33, Relative to Retirements for: • Augustina C. Salas • Alfonsina S.N. Reyes • Edith A. Palma • Lorenzo D. Develles • Maria Teresa A. Palad • Winston G. Villaruel • Josephine A. Eustaquio • Cecilia S.N. Campos • Eddie C. Meno • Fely N. De Vera • Enrie M. Abaya	Trustee Terlaje motioned and it was seconded by Trustee Davis to approve Resolution Nos. 2018-23 through 2018-33 as printed. The motion carried with all ayes.	All Board members	None	Approved
	<u>Other discussions</u>: Trustee Waibel informed the Board that the subcommittee was still reviewing cost-saving measures in response to the Governor's Executive Order. Once finalized, the proposal will be presented to the Board for review and approval.	Trustee Waibel	Updates to be reported at the next scheduled meeting.	Informational

D. Facilities, Capital Improvement Projects (CIP), and Information Technology Subcommittee	There were no significant updates to be reported to the Board with respect to capital improvement projects. No decisions or actions taken.	Trustee Davis	Updates to be reported at the next scheduled meeting.	Informational
E. Governance, Bylaws and Strategic Planning Subcommittee	There were no significant updates to be reported to the Board with respect to the development of the 2018-2020 GMHA Strategic Plan. No decisions or actions taken.	Trustees Waibel and Terlaje	Updates to be reported at the next scheduled meeting.	Informational
F. Finance and Audit Subcommittee 1. Resolution No. 2018-34, Relative to Approving Forty (40) New Fees	Trustee Waibel motioned and it was seconded by Trustee Posadas to approve Resolution No. 2018-34 as printed. The motion carried with ayes.	All Board members	None	Approved
VI. ADMINISTRATORS' REPORTS				
A. Hospital Administrator/CEO	Mr. Camacho provided his written report to the Board for reference. He informed the Board of recent legislative actions that affect the hospital, including: the recent passage of Bill 248-34 that identified a dedicated funding source for the hospital, the introduction of Bill 260-34 which proposes tax increases for alcohol and tobacco to provide subsidy for the hospital, and several bills introduced that seeks to undo Public Law 34-87 before it can be implemented. His report indicated that the hospital had dealt with an influx of Freedom of Information Act requests with the most recent having a special interest in the recruitment of physicians.	Mr. Camacho	Updates to be reported at the next scheduled meeting.	Informational
B. Associate Administrator of Medical Services	Dr. Duenas informed the Board that action was being taken to merge the Urgent Care Clinic with the Emergency Room as a "fast-track ER." Pending were a walk-through of the space identified and the determination of feed that would be used to charge for the service. Although the Board gave management consent	Dr. Duenas	Updates to be reported at the next scheduled meeting.	Informational

	to consider implementation of the merger of the UCC and Emergency Room, the proposal will be presented for final Board review and approval.			
C. Associate Administrator of Professional Support Services	Dr. Shimabukuro was not present to provide her report.	Dr. Shimabukuro	Updates to be reported at the next scheduled meeting.	Informational
D. Assistant Administrator of Nursing Services	Ms. Pecina reported the following: • there were 4.5 nurses recruited this past month; • there were 8.5 resignations from the hemodialysis and intensive care units, two of which resigned due to relocations and 6 were hired by GRMC; • the hospital was looking into hire travel nurses to fill the vacancies in the specialty units; • there was a shortage of licensed and unlicensed staff (nurse aides, ward clerks, etc.); • 36 nursing students were expected to graduate this year from the University of Guam; • the hospital will be partnering with UOG and the Department of Labor to sponsor an NCLEX review course for individuals who are nurse prepared but have not passed the examination.	Ms. Pecina	Updates to be reported at the next scheduled meeting.	Informational
E. Chief Financial Officer	There were no further discussions with respect to the hospital's finances. No decisions or actions taken.	Mrs. Manglona	Updates to be reported at the next scheduled meeting.	Informational
F. Medical Staff President	Dr. Last mentioned that the Medical Executive Committee developed an ad-hoc committee to investigate an incident regarding two physicians. He was asked to refrain from providing any details until such time the ad-hoc committee arrives at and implements its decision. No decisions or actions taken.	Dr. Last	Updates to be reported at the next scheduled meeting.	Informational

VII.PUBLIC COMMENT				
	None	None	None	None
VIII. ADJOURNMENT				
	There being no further business matters for discussion, Chairman Mr. Lizama declared the meeting adjourned at 9:16 p.m., motioned by Trustee Posadas and seconded by Trustee Davis. The motion carried with all ayes.	Chairman 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 March 28, 2018 regular session meeting was accepted and approved by the GMHA Board of Trustees on this 19th day of April 2018.

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

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. 2018-35

"RELATIVE TO THE REAPPOINTMENT OF ACTIVE MEDICAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Jerry Castro, M.D.	Surgery	Otolaryngology	March 31, 2020
Golda Sol Fernandez, M.D.	Medicine	Internal Medicine	March 31, 2020
William Graf, M.D.	Radiology	Radiology	March 31, 2020
Miran Ribati, M.D.	Radiology	Interventional Radiology	March 31, 2020
David Weingarten, M.D.	Surgery	Neurosurgery	March 31, 2020

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 March 28, 2018 and the Joint Conference and Professional Affairs Committee on April 5, 2018 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 19th DAY OF APRIL, 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
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BOARD OF TRUSTEES
Official Resolution No. 2018-36

"RELATIVE TO THE APPOINTMENT OF ALLIED HEALTH PROVISIONAL STAFF PRIVILEGES"

Practitioner	Department	Specialty	Expiration Date
Bradley Patrick, CRNA	Anesthesiology	Certified Nurse Anesthetist	March 31, 2020

WHEREAS, the above listed practitioners met the basic requirements for Allied Health Professional Staff Membership as determined by the appropriate Medical Staff Departments and Committees pursuant to the GMHA Medical Staff Bylaws, Article VII, Section 7.2; and

WHEREAS, the Medical Executive Committee on March 28, 2018; and the Joint Conference and Professional Affairs Committee on April 5, 2018, recommended approval of Provisional Medical Staff Membership appointment for the above listed practitioner; and

WHEREAS, all appointments to Allied Health Professional Staff Membership require Board approval; now, therefore be it

RESOLVED, that the Board of Trustees approves this recommendation to appoint the above named practitioner to Allied Health Professional Staff as recommended; and, be it further

RESOLVED, that the Board of Trustees directs the Hospital Administrator to duly notify the practitioner listed above and all Hospital and Medical Departments of this appointment; 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 19th DAY OF APRIL, 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

for Melissa Waibel
Secretary, Board of Trustees

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. 2018-37

"RELATIVE TO THE DECREASE OF THE TOTAL NUMBER OF VACANT BUDGETED FTE PHYSICIAN POSITIONS FOR FY-2018 IN THE UNCLASSIFIED SERVICE FOR THE GUAM MEMORIAL HOSPITAL AUTHORITY"

WHEREAS, the Guam Memorial Hospital has been publicly criticized that the current Staffing Pattern listing of Physicians still reflected physicians who were no longer working and/or have left the authority for many years and did not reflect the true number of active physicians; and

WHEREAS, based on the current need to streamline the physician staffing by the Associate Administrator of Medical Services in collaboration with the Chief Financial Officer and the Hospital Administrator/CEO; and

WHEREAS, the budgeted Staffing Pattern for the Guam Memorial Hospital Authority was at 1,225 FTEs, it is requested by the Associate Administrator of Medical Services to reduce the number of budgeted physician vacancies by 28 FTEs inclusive of full-time and part-time positions; and

WHEREAS, the request to reduce the total number of full-time and part-time vacant physician equivalency also reduces the total warm bodies by (45) forty-five impacting a decrease from 1,315 to 1,270; and

WHEREAS, favorable reviews were made by the BOT–Human Resources Subcommittee at the April 3, 2018 meeting, respectively recommending approval by the full Board of Trustees; now, therefore be it

RESOLVED, that the Board of Trustees accepts the recommendation of the BOT–Human Resources Subcommittee to reduce the budgeted total FTEs from 1,225 to 1,197 for the remainder of FY-2018 budget; and, be it further

RESOLVED, that the Hospital Administrator/CEO is directed to initiate other administrative processes to reduce the total staffing to 1,197 FTEs beginning the month ending April 30, 2018; and be it further

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

DULY AND REGULARLY ADOPTED ON THIS 19th DAY OF APRIL, 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

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. 2018-38

"RELATIVE TO GUAM MEMORIAL HOSPITAL AUTHORITY'S FURLOUGH PLAN A AND PLAN B OF 2018"

WHEREAS, Executive Order 2018-04 dated March 2, 2018 ordered the planning of a furlough to begin in compliance with Appendix H of the Personnel Rules and Regulations, as adopted; and

WHEREAS, in compliance with Appendix H, a review of the Hospital's administrative costs was assessed keeping in mind the mandated mission of the Hospital in maintaining and operating a facility that provides acute, chronic, and all other health care services for the people of Guam; and

WHEREAS, in order to achieve this mission, the Hospital shall sustain a culture and environment of safe, quality patient care in compliance with national standards that addresses the needs of our community; and

WHEREAS, collectively the positions of those in nursing, respiratory, laboratory, rehabilitation, dietary, radiology, pharmacy; special services including those in environmental, facilities, risk management, regulatory and compliance, patient registration, etc. types of positions the mandated mission of the Hospital will be fully achieved; and

WHEREAS, BBMR Circular 18-04 dated January 23, 2018 requested the identification of cost saving measures; and

WHEREAS, and in accordance with the policy statement of Appendix H, these procedures will be used only after all other efforts have been explored to cut operating costs; and

WHEREAS, cost saving measures have been explored as presented in the attached Furlough Plan A resulting in about $2,634,077 closely meeting the targeted savings goal of $2.7M; and

WHEREAS, Plan B identifies the need to implement a furlough; and

WHEREAS, it was recommended to and approved by the Human Resources Subcommittee at the April 3, 2018 meeting that the need to furlough is not required based on Plan A however, should there be a need to furlough, Plan B may take effect; now, therefore be it

RESOLVED, that the Board of Trustee's accepts the Human Resource Subcommittee's recommendation and approves the attached Furlough Plans as appropriate; and, be it further

RESOLVED, that the Hospital Administrator/CEO is directed to see the cost saving measures identified in the attached Furlough Plan A to fruition or Plan B as appropriate; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 19th DAY OF APRIL, 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

Guam Memorial Hospital Authority
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Guam Memorial Hospital Authority
Furlough Plan A
July-September 2018

The budget allocation for FY 2018 is $107m and the amount required to save in order to complete FY2018 within the allocated budget is $2.7m.

The Guam Memorial Hospital Authority pursuant to §80109, Chapter 80, Title 10 of the Guam Code Annotated is mandated to maintain and operate a facility providing acute, chronic, and all other health care services for the people of Guam. In order to achieve this it is imperative that the Hospital sustains a culture and environment of safe, quality patient care in compliance with national standards that addresses the needs of our community.

The budget requirement is in inclusive of positions critical to essential services is $129m reduced to $107m for FY2018. The positions include those in nursing, respiratory, laboratory, rehabilitation, dietary, radiology, pharmacy and special services. However, collectively, along with environmental, facilities, risk management, regulatory and compliance, patient registration, etc. types of positions the mandated mission of the Hospital will be fully achieved.

Cost savings will be realized from the non-processing of salary increments beginning February 6, 2018 through September 30, 2018. This time period is a result of the provisions of BBMR Circular 18-04. This savings is estimated at about $613,105(approx. 431 employees); the elimination of any further straight time pay for both department managers and non-managers, in which $87,096(est. future cost @5mths, $36,290) and $190,531 (est. future cost @5mths, $79,387), respectively were incurred in CY2017; the implementation of the Interim Compensation Policy for Exempt and Non-Exempt Employees, effective April 29, 2018; and the hiring freeze of non-licensed positions resulting in a savings of about $1,905,299(March through September @approx. 129 positions).

The hiring freeze of non-licensed positions is to avoid a furlough of all Hospital employees occupying both non-licensed and licensed positions which collectively should achieve the mandated mission of the hospital. However, consequences may arise surrounding the decision not to fill vacancies albeit the targeted savings of $2.7m being closely met. These are the increase of both employee call outs and burnout; lack of quality work; and the continued increase of overtime hours among other things. Be that as it may, the total cost savings of about $2,634,077 is close to the expected target savings goal of $2.7m. Therefore, the need to furlough is not required.

Guam Memorial Hospital Authority
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Guam Memorial Hospital Authority
Furlough Plan B
July-September 2018

The budget allocation for FY 2018 is $107m. The amount required to save in order to complete FY2018 within the allocated budget is $2.7m.

The Guam Memorial Hospital Authority pursuant to §80109, Chapter 80, Title 10 of the Guam Code Annotated is mandated to maintain and operate a facility providing acute, chronic, and all other health care services for the people of Guam. In order to achieve this it is imperative that the Hospital sustains a culture and environment of safe, quality patient care in compliance with national standards that addresses the needs of our community.

The budget requirement is in inclusive of positions critical to essential services is $129m reduced to $107m for FY2018. These positions include nursing, respiratory, laboratory, rehabilitation, dietary, radiology, pharmacy and other specialized health services. However, without the collective efforts, of environmental, facilities, risk management, regulatory and compliance, patient registration, etc. types of positions the mandated mission of the Hospital will not be fully achieved.

Proposed cost savings considered may be realized from the non-processing of salary increments beginning February 6, 2018 through September 30, 2018. This time period is a result of the provisions of BBMR Circular 18-04. This savings is estimated at about $613,105 (approx.. 431 employees); the elimination of any further straight time pay for both department managers and non-managers, which in CY 2017 cost $87,096 (est. future cost @5mths, $36,290) and $190,531(est. future cost @5mths, $79,387), respectively; and the implementation of the Interim Compensation Policy for Exempt and Non-Exempt Employees, effective April 29, 2018.

The target savings goal of $2.7m will not be met based on the figure of $613,105 above, thus the need to implement Layoff and Furlough provisions. Therefore, the termination of non-clinical unclassified appointments shall be considered. With that, approval of this Plan is requested to conduct a furlough of employees occupying non-licensed positions and those licensed healthcare positions solely performing administrative type work. (This action is covered by H.2. of Appendix H –Furlough Procedures).

Services not involved in the direct delivery of patient care are those provided by positions in

operational, administrative and fiscal areas of the Hospital. However, it is important to note that the services provided by positions in these areas although not in direct patient care are essential to meeting fully the mission and mandated requirements of the Hospital.

Furlough of employees in the occupational areas associated with operational, administrative and fiscal type positions is recommended. The number of employees and their corresponding positions affected by this furlough plan is approximately 500 and shall be furloughed upon approval of this Plan as appropriate. These positions are affected due to the nature of their jobs absence functions associated with the direct delivery of patient care.

The duration of this furlough will be for three (3) months from July 1, 2018 to September 30, 2018. Employees affected will have their work hours reduced from forty (40) hours per week down to thirty-six (36) hours per week for a total of seventy-two (72) hours per pay period. This is equivalent to a ten (10%) reduction in work hours. To reduce to anything less than 72 hours per pay period will have devastating effects on the mandated requirements of the Hospital and the community we were established to serve.

The additional potential savings to be achieved as a result of reducing the work hours of operational, administrative and fiscal type positions across-the-board by 10% per pay period for the duration of three (3) months is approximately $517,582 including the $613,105 (S/I freeze) savings for a total of $1,130,687. However, this action will not meet the target savings goal. An additional savings of $1,569,313is required to meet our target savings goal of $2.7m.

Upon approval of this Plan, a written ninety (90) day "Notice of Furlough" to all employees will be issued with all necessary information including the encouragement of voluntary furloughs. Additionally, at least sixty (60) days prior to the commencement of the furlough, a second such notice will be issued to affected employees.

BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932

EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

DIRECTOR

LESTER L. CARLSON JR.
DEPUTY DIRECTOR

JAN 23 2018

BBMR CIRCULAR NO. 18-04

To: All Executive and Autonomous Department and Agency Heads

From: Acting Director, Bureau of Budget and Management Research (BBMR)

Subject: General Fund Reduction

Hafa Adai! As all of you are aware President Trump signed the "Tax Cuts and Jobs Act of 2017 (the "Act")" into law at the end of 2017. The passage of this Act will have a negative effect on the Government of Guam's General Fund revenues specifically with the reduction in Corporate Taxes, Withholding Taxes and Individual Income Taxes.

BBMR has conferred with Governor Calvo and the Governor's Fiscal Team and the impact on the General Fund will begin this fiscal year with an estimated loss of approximately $47.9 Million of projected General Fund revenue for the remainder of Fiscal Year 2018. Further, in Fiscal Year 2019 our projections show approximately $66.1 Million in General Fund Revenue will be lost.

Your immediate attention in identifying areas of cost cutting within your respective department/agency is requested as well as your suggestions for ***revenue enhancements to offset this revenue loss***. A quick review of the General Fund level of appropriations to each department/agency (excludes debt service and miscellaneous appropriations) shows the following:

DEPARTMENT	LEVEL OF FY 2018 GF APPROPRIATIONS
1. Legislature	$ 8,966,564
2. Judiciary	$ 34,696,443
3. Public Defender	$ 4,341,373
4. University of Guam	$ 35,077,747
5. Guam Community College	$ 19,750,031
6. Guam Memorial Hospital	$ 2,770,616
7. Mayor's Council	$ 788,931
8. Office of Public Accountability	$ 1,396,898
9. Department of Education	$225,826,664
10. Office of the Attorney General	$ 16,249,713
11. Executive Branch Operations	$200,819,614

Absent an immediate upward adjustment in General Fund revenues, your department/agency can expect to see a pro rata reduction, of the cuts required, in disbursements as early as February, 2018. Additionally, all options will be considered in addressing the revenue shortfall including those departments/agencies that are funded by Special Funds.

Your assigned BBMR Analyst will be in contact with your department/agency shortly with further details.

Your urgent attention and immediate response to this matter is greatly appreciated, thank you.

BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
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EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

DIRECTOR

LESTER L. CARLSON JR.
DEPUTY DIRECTOR

JAN 23 2018

BBMR CIRCULAR NO. 18-04

To: All Executive and Autonomous Department and Agency Heads

From: Acting Director, Bureau of Budget and Management Research (BBMR)

Subject: General Fund Reduction

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10. Office of the Attorney General	$ 16,249,713
11. Executive Branch Operations	$200,819,614

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Your assigned BBMR Analyst will be in contact with your department/agency shortly with further details.

Your urgent attention and immediate response to this matter is greatly appreciated, thank you.

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EDDIE BAZA CALVO
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RAY TENORIO
LIEUTENANT GOVERNOR

LESTER L. CARLSON JR.
ACTING DIRECTOR

FEB 05 2018

BBMR CIRCULAR NO. 18-05

To: All Executive and Autonomous Department and Agency Heads

From: Acting Director, Bureau of Budget and Management Research (BBMR)

Subject: 2018 General Fund Reduction in Revenues and Expenditures

Hafa Adai!

At the meeting of the Special Economic Service (SES) held on Wednesday, January 31, 2018, the Office of the Public Auditor and the Legislature's Office of Finance and Budget confirmed BBMR's estimate of $47.9 Million as the amount of FY 2018 General Fund revenues that will be reduced as a result of the Tax Cuts and Jobs Act of 2017 (TCAJA). As such, appropriation levels will be affected and overall General Fund appropriation allotments must be adjusted to reflect reductions in anticipated revenues for FY 2018.As a result, BBMR will be strictly enforcing the cost cutting provisions outlined in Executive Order 2012-01 (Attachment #1). Additionally, BBMR will coordinate allotment controls with the Department of Administration with respect to cash disbursements.

The Speaker recessed the SES meeting and I expect the SES will reconvene sometime during the week of February 5, 2018 in order to discuss revenue enhancements which could temper the negative fiscal impact.

BBMR will be calling upon departments and agencies to discuss their responses to BBMR's Circular 18-04 (Attachment #2) regarding the implementation of the cost cutting measures submitted, as well as any additional measures necessary to address this revenue shortfall. Please be prepared to present details and timelines for execution of proposed cost reductions particularly for reductions/shutdown of services and/or programs. In addition, the impact of such reductions on the public must be included in your presentation.

Your urgent attention and participation at the upcoming meetings is mandatory. You will be contacted by your respective BBMR Budget Analyst for your scheduled date and time.

Thank you.

Attachments

OFFICE OF THE GOVERNOR
HAGÅTÑA, GUAM
U.S.A.

EXECUTIVE ORDER NO. 2012-01

RELATIVE TO ESTABLISHING GUIDELINES IN SUPPORT OF THE FISCAL STABILIZATION, DEFICIT REDUCTION, COST-CONTAINMENT AND FOR IMPROVED EFFICIENCY IN GOVERNMENT OPERATIONS.

WHEREAS, the Government of Guam presently faces difficult financial challenges which stem from the cumulative deficit, unfunded/unbudgeted obligations in current and prior fiscal years, the impact of inflation on the costs of government operations, delay in planned economic development activity such as the relocation of U.S. Armed Services personnel to Guam and its effect on revenue growth, the recent natural disasters affecting Japan and other economies of the region, growth in the number of migrants to the island, and recession related factors constraining local business opportunities and trade; and

WHEREAS, the Government of Guam's ability to provide essential and efficient services to the residents of our island is highly dependent upon the optimum allocation of financial resources to the departments, agencies and instrumentalities of the government; and

WHEREAS, the consistent enforcement and monitoring of cost-containment guidelines applicable to all departments, agencies and instrumentalities is essential to improving the financial position of the government; and

WHEREAS, it is the government's intent to continue increasing the allocation of resources to the priority programs including but not limited to education, health and public safety; and

WHEREAS, the audited FY 2010 Financial Statements indicate a $71M increase in the General Fund deficit from $265M to $336M; and

WHEREAS, the Department of Administration (DOA) continues to liquidate prior year accounts payable using current fiscal year revenue collections thus contributing substantially to the present negative cash flow position while adding great stress on the General Fund's ability to sustain monthly operating cash requirements and sufficient account balances; and

WHEREAS, the unfunded General Fund obligations and expenditures, inclusive of court-ordered payments, further exacerbates financial stabilization efforts; and

WHEREAS, the current cash demands create the potential for recurring shortfalls if such resources are not properly collected and allocated in a manner that reflects controlled spending and adherence to corrective management initiatives; and

WHEREAS, raising the level of fiscal integrity and stability of the Government of Guam is a priority of the Administration and the implementation of remedial financial measures is essential to this aim; and

WHEREAS, the Executive branch of the government of Guam intends to stringently adhere to authorized spending thresholds that are sustained by annual operating revenue collections with the aim of improving the overall financial health and stability of the General Fund;

NOW, THEREFORE, I, EDWARD J. B. CALVO, *I Maga'lahen Guåhan*, Governor of Guam, by virtue of the authority vested in me by the Organic Act of Guam, do order:

I. **General Cost-containment Measures:**

A. **Power Usage and Consumption:** The requirement of agency-wide conservation practices is mandatory and electricity usage shall be maintained at a minimum level. Cost-saving technologies to help reduce power demand shall be acquired through prescribed procurement practices. Cost saving initiatives to include weatherization, the use of optimum energy efficient air conditioners, alternative energy programs, and conservation measures shall be adhered to by all departments and agencies. Government offices shall maintain room temperature at seventy-six degrees Fahrenheit (76ºF) during working hours. The Guam Energy Office shall monitor power usage and consumption by the departments/ agencies/instrumentalities and provide quarterly reports to *I Maga'lahen Guåhan* on any non-compliance no later than 20 days after the close of each quarter. The Bureau of Budget and Management Research (BBMR) shall sequester a percentage of the non-compliant agency's annual appropriation for each quarter of non-compliance.

B. **Maximized Use of Office Space:** Minimum standard floor space requirements, as prescribed by OSHA, shall be determined by each entity leasing office space and shall identify excess lease space and negotiate leases accordingly. Such entity shall submit a report to BBMR as an attachment to office space lease agreements, detailing its findings. BBMR shall review all office space lease agreements, inclusive of amendments, and consider the minimum space requirements in its review and recommend consolidation/reduction of office space where applicable.

C. **Reorganization:** Adaptive reorganization plans are currently being developed for agencies of the government of Guam to generate cost containment and or reduction in operating costs. Organizational design and restructuring best suited to meet the operational needs of an agency shall be developed. Certain environmental and technological changes or requirements are key factors guiding reorganization initiatives. Achieving economies of scale, maintaining or enhancing efficiencies, improving service delivery and quality of services, at the optimum level of resource allocation shall be instituted and affected government entities shall ensure compliance with all laws, rules, regulations and policies in implementation of the reorganization.

D. **Fuel Consumption:** Trends in the price of fuel, require departments and agencies to employ conservation practices throughout the government. Agencies maintaining rolling assets including equipment and machinery that are engaged in operations and support services and, who are major consumers of fuel such as the Guam Mass Transit Authority, Department of Public Works, Department of Public Health and Social Services, Department of Education, the Guam Police Department, Guam Fire Department and any agency that maintains an inventory of five (5) or more vehicles, equipment or machinery and other similar inventory are subject to this order. The primary objective of

this government is to reduce current fuel consumption by two to five percent in FY 2012 and subsequent fiscal years.

E. **Government Procurement:** DOA shall provide periodic training on procurement procedures to all departments, agencies and instrumentalities in order to ensure compliance with procurement laws, rules, regulations and guidelines. Year-end procurement requests shall be monitored by BBMR and DOA to identify excessive acquisition and storage practices or stock-piling tendencies. Such amounts identified in such practices shall be reported by DOA to BBMR who shall then sequester these funds.

F. **Consolidated Training and Staff Development:** During the course of the fiscal year, staff development and training programs are offered without full regard for maximized delivery and participation. Certain departments and agencies have provided internal training programs solely for the benefit of its employees. Agencies that lack resources or expertise to provide similar training programs for its staff shall be considered for joint participation to the extent feasible with the objective of facilitating or promoting staff development and training opportunities on a *government-wide basis*.

G. **Fleet Management and Maintenance:** Reducing fuel costs associated with vehicle fleet maintenance and operation is a perennial budgetary challenge of the government of Guam in years past. The Department of Public Works (DPW) is tasked to develop recommendations in this regard, to include government vehicles in line agencies that are not currently maintained by DPW, and will incorporate findings in subsequent departmental budget requests. Subsequent to presenting it findings and recommendations, DPW will recommend cost effective program/strategies to attain reduction in costs.

II. **Personnel Actions and Initiatives:**

A. **Filling of Vacancies:** All Executive branch agencies desiring to fill a vacant position or create a new position shall submit a request for recruitment to the BBMR for approval to ensure that only positions essential to public health, safety and welfare or vital to government operations are filled. Any action taken contrary to or in violation of this Executive Order shall be voidable. Approval of filling any vacancy or a new position may be granted if one or more of the stipulated requirements below are met:

(1) the position is critical to the agency's operation and failure to fill will cause the inability of such agency to fulfill mandates or major mission responsibilities;

(2) the position is vital to providing essential government functions directly related to public health, safety or welfare;

(3) the position is fully funded by the federal government in accordance with the federal grant award and as evidenced by the federal granting official or authority;

(4) the position is essential to the collection of government revenue;

(5) the position is mandated by local or federal law or a contract;

(6) the position is necessary to reduce personnel or operational costs such as accrual of overtime and or special pay.

B. **Promotions:** Any promotion or position upgrading by any Executive branch agency shall be submitted to BBMR for review and approval provided that the criteria established in subsection IIA of this Executive Order are met.

C. **Authority to Detail Employees:** The Director of BBMR shall have final approval of all planned detail appointments within and between Executive branch programs and departments to include General Fund, Federal and Special Fund programs consistent with the Personnel Rules and Regulations, applicable statutes, guidelines, and terms and conditions of federal grant awards.

III. **Travel Requests:**

A. **BBMR Approval:** Executive branch travel requests shall be subject to BBMR's final approval. All air travel by persons authorized to travel at government expense for official business shall be at the lowest fare possible. Unless otherwise justified and approved by BBMR, no more than one traveler shall attend the same seminar or training session. All travel requests shall be submitted to BBMR for approval at least fifteen (15) working days prior to the commencement date of travel. The guidelines for approval shall be, but not be limited to the following:

1) The travel is essential to the conduct of important government business. (This includes the accompanying of patients or inmates to off-island institutions); or
2) The travel will result in securing additional revenues for the government of Guam, achieve current or future cost-savings for government operations and programs, or relate to the agency's priority work program activities; or
3) The travel is required pursuant to existing contracts, public law, rule or federal program; or
4) The travel is paid by a federal grant;

B. **Travel to Participate in Personnel Certification, Training and Staff Development or Educational Programs:** BBMR and DOA shall review all travel requests to determine if it is financially feasible to conduct periodic staff education and training programs locally by:

1) Requiring government agencies to promote, host or sponsor a person, business, institution or qualified entity to conduct educational and training programs on island;
2) Maximizing the number of employee participants who can benefit from available educational and training opportunities on island;
3) Eliminating redundant travel requests by employees who are repeat participants in certain educational and training opportunities which do not provide optimal cost-benefit return to departments and agencies;
4) Consolidating costs of travel by one or more government entities to fund local training opportunities that foster greater employee participation and benefits;
5) Allowing department and agency heads to afford greater scrutiny of travel requests and recommend to BBMR where greater cost benefit impacts can be attained.

IV. **Overtime and Night Differential Pay:**

All Executive branch agencies shall minimize work schedule of employees to reduce the accrual of overtime or night differential payment which shall be compensated only if such expenditures are documented, approved and submitted for processing within two weeks of the date

on which the work is performed. Each Executive branch agency shall adopt an overtime plan. The plan is due no later than thirty (30) days from the promulgation of this Executive Order with any future plans or amendments to be approved by BBMR. Overtime shall be an optional management tool or measure of last resort.

V. **Contracts:**

All contracts with any Executive branch agency shall require the review and approval of BBMR. All contracts shall be submitted to BBMR at least thirty (30) days prior to its effective date. Each agency must certify the contract complies with all laws and regulations of Guam. Upon obtaining BBMR approval, all contracts shall be submitted to the Attorney General's Office for its disposition.

A. Office Space: All Executive branch agency contracts or renewals for office space shall not be approved unless the following criterion are met:
   1) Adequate space is not available at any public building; and
   2) The space requested is determined the minimum space required; and
   3) The lowest responsible bidder is selected; and
   4) Funding is allocated for the entire length of the contract; and
   5) The space is in compliance with the American Disabilities Act.

B. Procurement: All Executive branch agencies shall submit each procurement contract for approval by BBMR. Such contracts shall be accompanied by:
   1) Copy of the bid specifications; and
   2) A copy of prior year's agreement, if applicable; and
   3) Evidence of funding to meet the obligations; and
   4) Justification showing that the procurement from the supplier is the most cost-effective means.

C. Off-island Recruitment and Consultant Contracts: Prior to recruitment, all contracts for off-island recruitment shall be submitted to BBMR for approval. Such contracts shall comply with the laws and regulations of Guam applicable to such. Departments, agencies, bureaus and other instrumentalities of the government of Guam shall provide proof that funding is available throughout the entire contract period.

D. Services and Contractual Agreements: Executive branch agencies seeking contractual arrangements shall submit proposals to BBMR for approval. The proposals shall indicate:
   (1) The agencies inability to perform the services sought in-house; and
   (2) Cost-savings analysis or assessment; and
   (3) Funding is available for the entire contractual period.

E. Multi-year Contracts: Prior to the commencement of each respective fiscal year, departments and agencies shall submit proposed contract(s) requiring *multiple fiscal year* expenditures or appropriations to the Director of BBMR for approval. Such submittals shall occur no less than thirty (30) days prior to the proposed commencement date of the contract(s) unless otherwise accepted by the Director of BBMR for justifiable circumstance. Each contract submitted pursuant to this provision shall require the signature of the Director of BBMR to enable any department or agency to issue notice to proceed. Failure to meet BBMR review requirements established herein shall result in the non-release of funds for payment of contract(s) not in compliance with the provisions of this section.

VI. Indirect Cost Recapture (Federal Sourced Programs):

Department heads, program managers, administrators and other personnel who manage or oversee federally funded programs are directed to comply with Guam State Clearing-house (GSC) mandates and applicable federal program provisions concerning the recapture of indirect cost outlay. Formal documentation and application for indirect cost reimbursement to respective federal funding entities shall be a standard requirement (annually) of federally funded program recipients. The recapture of indirect cost entitlements authorized by federal law shall be monitored by GSC who shall report the total Indirect Cost applied for by department and program. Departments that do not apply for Indirect Cost shall submit evidence of Grantor notification, indicating the reason why Indirect Cost will not be reimbursed/funded.

VII. Authorization To Release Funds

The Director of BBMR shall make appropriation releases to government of Guam entities only upon compliance with the requirements set forth in this Executive Order.

VIII. Monitoring of Non-General Fund Sourced Entities

All Executive branch agencies regardless of funding, shall submit at minimum, quarterly financial statements and quarterly staffing patterns to BBMR. Such agencies, department, bureaus and other instrumentalities, shall in addition, submit copies of their current fiscal year's budget, and all other information as requested, to BBMR.

IX. Non-Compliance

Non-compliance with the requirements herein, inclusive of deadlines, shall result in the immediate return/disapproval of such requests. All departments/agencies are liable and responsible for the accuracy and compliance with all rules/regulations and policies governing the respective requests/expenditures. BBMR/DOA shall promptly return/disapprove such requests once identified.

This Executive Order hereby rescinds Executive Order No. 2007-02.

X. Implementation Date

This Executive Order shall take effect on January 25, 2012.

SIGNED AND PROMULGATED at Hagåtña, Guam this 25th day of **January, 2012.**

EDWARD J. B. CALVO
I Maga'lahen Guåhan
Governor of Guam

COUNTERSIGNED:

RAYMOND S. TENORIO
I Segundu na Maga'lahen Guåhan
Lieutenant Governor of Guam

OFFICE OF THE GOVERNOR
HAGÅTÑA, GUAM 96910
U.S.A.

EXECUTIVE ORDER NO. 2018-04

RELATIVE TO AMENDING EXECUTIVE ORDER NO. 2018-03 AND TO IMPLEMENT A 32-HOUR WORK WEEK FOR THE ENTIRE EXECUTIVE BRANCH

WHEREAS, on February 28, 2018, Executive Order No. 2018-03 relative to implementing a 32-hour work week for executive branch agencies funded or partially funded by the General Fund was signed; and

WHEREAS, Executive Order No. 2018-03 provided for an implementation date to be effective on Tuesday, March 6, 2018; and

WHEREAS, on March 1, 2018, the Attorney General of Guam advised that the Governor "may implement a furlough program by Executive Order across the government of Guam provided the due process and other procedural requirements of Appendix H of the DOA Personnel Rules and Regulations are complied with.";

WHEREAS, unless and until the 34th Guam Legislature takes decisive and effective action to resolve the very real financial crisis that is facing the government and the island, no alternative remains but to institute whatever austerity measures are necessary and available; and

WHEREAS, Section § 1422 of the Organic Act of Guam (Title 48, United States Code) provides that the executive power of Guam is vested in the Governor of Guam "who shall have general supervision and control of all the departments, bureaus, agencies, and other instrumentalities of the executive branch of the government of Guam."

NOW, THEREFORE, I, EDDIE BAZA CALVO, Governor of Guam, by the authority vested in me by the Organic Act and laws of Guam, do hereby order and direct as follows:

(1) **Furlough and Layoff Procedures to Begin.** In accordance with the requirements of Appendix H of the DOA Personnel Rules and Regulations and the laws of Guam, the Department of Administration shall begin the furlough and layoff procedures set forth therein.

(2) **Across the Board Application.** This Executive Order shall apply, regardless of the funding source, to all Government of Guam departments, bureaus or agencies, including autonomous and semi-autonomous agencies or other instrumentalities of the Executive Branch of the government of Guam based on their respective furlough and layoff personnel rules and regulations; and shall further apply to federally-funded positions, whether fully or partially funded.

SIGNED AND PROMULGATED at Hagåtña, Guam, this 2nd day of March, 2018.

EDDIE BAZA CALVO
I Maga'Låhen Guåhan
Governor of Guam

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. 2018-39

"RELATIVE TO APPROVING NINETY-EIGHT (98) NEW FEES AND UPDATING EIGHT THOUSAND SIX HUNDRED AND EIGHT (8,608) PROFESSIONAL FEES"

WHEREAS, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the GMHA Board of Trustees; and

WHEREAS, the GMHA Board of Trustees has reviewed the Public Law 26-66; and

WHEREAS, a Public Hearing was held on March 21, 2018 and oral comments and written testimony have been solicited regarding the ninety-eight (98) new fees comprised of the following Hospital departments: Pediatrics, Central Supply Room, Pharmacy, Operating Room and Special Services; and

WHEREAS, the Public Hearing held was also for updating Eight Thousand Six Hundred and Eight (8,608) Professional Fees; and

WHEREAS, the GMHA Board of Trustees has reviewed the list of new fees and the updated professional fees and found the same to be in order; now, therefore be it,

RESOLVED, that the GMHA Board of Trustees directs the Hospital Administrator/CEO to continue to proceed with the adjudication process of these 98 new fee items and the updated 8,608 professional fees; and, be it further

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

DULY AND REGULARLY ADOPTED ON THIS 19th DAY OF APRIL, 2018.

Certified by:

Eloy S. Lizama
Chairperson, Board of Trustees

Attested by:

Melissa Waibel
Secretary, Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 34th Guam Legislature
Public Hearing on March 21, 2018

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT
1	1701921	FILTERLINE H ADULT/PEDS	$ 96.22	PEDIATRICS
2	1701923	FILTERLINE H INFANT/NEONATE	$ 123.68	PEDIATRICS
3	1704681	CAPNOLINE H O2 NASAL PEDS	$ 101.50	PEDIATRICS
4	1704689	CAPNOLINE H ADULT	$ 90.44	PEDIATRICS
5	1704691	CAPNOLINE H INFANT/NEONATE	$ 90.44	PEDIATRICS
6	1708640	CAPNOLINE H O2 NASAL ADULT	$ 101.50	PEDIATRICS
7	1711126	DRESSING TEGADERM F-A 5.5"X5.5"	$ 27.68	CENTRAL SUPPLY ROOM
8	1711127	DRESSING TEGADERM HDC 5.25"X6"	$ 20.46	CENTRAL SUPPLY ROOM
9	1711128	DRESSING TEGADERM 6 3/4X6 3/8"	$ 43.44	CENTRAL SUPPLY ROOM
10	1748768	CANNULA SHILEY 8.0MMM DIC	$ 14.48	CENTRAL SUPPLY ROOM
11	4233069	PROTHROMBIM COMPLEX 500IU VIAL	$ 1,212.50	PHARMACY
12	4233070	PROTHROMBIM COMPLEX 1000IU VL	$ 2,225.00	PHARMACY
13	4233410	TICAGRELOR 90MG TAB UD	$ 12.65	PHARMACY
14	4233415	ABCIXIMAB 10MG/5ML VIAL	$ 1,579.45	PHARMACY
15	4233420	EPTIFIBATIDE 20MG/10ML VIAL	$ 284.16	PHARMACY
16	4233421	EPTIFIBATIDE 75MG/100ML VIAL	$ 545.00	PHARMACY
17	4233422	EPTIFIBATIDE 200MG/100ML VIAL	$ 1,311.55	PHARMACY
18	4233425	ENTRESTO 24MG/26MG TAB	$ 19.46	PHARMACY
19	4233426	ENTRESTO 49MG/51MG TAB	$ 19.46	PHARMACY
20	7001035	SHEATH URETERAL 10/12FR 35CM	$ 738.20	OPERATING ROOM
21	7001235	SHEATH URETERAL 12/14FR 35CM	$ 738.20	OPERATING ROOM
22	7009530	PLATE DIS/RAD LCP NRW RT 2.4MM	$ 4,295.00	OPERATING ROOM
23	7009531	PLATE DIS/RAD LCP NRW LT 2.4MM	$ 4,295.00	OPERATING ROOM
24	7009630	PLATE DIS/RAD LCP 6HH RT 2.4MM	$ 4,295.00	OPERATING ROOM
25	7009631	PLATE DIS/RAD LCP 6HH LT 2.4MM	$ 4,295.00	OPERATING ROOM
26	7009730	PLATE DIS/RAD LCP 7HH RT 2.4MM	$ 4,295.00	OPERATING ROOM
27	7009731	PLATE DIS/RAD LCP 7HH LT 2.4MM	$ 4,295.00	OPERATING ROOM
28	7085849	SCREW LOCKING TI 5.0MMX26MM	$ 765.35	OPERATING ROOM
29	7085863	SCREW LOCKING TI 5.0MMX28MM	$ 765.35	OPERATING ROOM
30	7085887	SCREW LOCKING TI 5.0MMX30MM	$ 765.35	OPERATING ROOM
31	7085900	SCREW LOCKING TI 5.0MMX32MM	$ 765.35	OPERATING ROOM
32	7085924	SCREW LOCKING TI 5.0MMX34MM	$ 765.35	OPERATING ROOM
33	7085948	SCREW LOCKING TI 5.0MMX36MM	$ 765.35	OPERATING ROOM
34	7085962	SCREW LOCKING TI 5.0MMX38MM	$ 765.35	OPERATING ROOM
35	7085986	SCREW LOCKING TI 5.0MMX40MM	$ 765.35	OPERATING ROOM
36	7086006	SCREW LOCKING TI 5.0MMX42MM	$ 765.35	OPERATING ROOM
37	7086020	SCREW LOCKING TI 5.0MMX44MM	$ 765.35	OPERATING ROOM

38	7086044	SCREW LOCKING TI 5.0MMX46MM	$ 765.35	OPERATING ROOM
39	7086068	SCREW LOCKING TI 5.0MMX48MM	$ 765.35	OPERATING ROOM
40	7086082	SCREW LOCKING TI 5.0MMX50MM	$ 765.35	OPERATING ROOM
41	7086105	SCREW LOCKING TI 5.0MMX52MM	$ 765.35	OPERATING ROOM
42	7086129	SCREW LOCKING TI 5.0MMX54MM	$ 765.35	OPERATING ROOM
43	7086143	SCREW LOCKING TI 5.0MMX56MM	$ 765.35	OPERATING ROOM
44	7086167	SCREW LOCKING TI 5.0MMX58MM	$ 765.35	OPERATING ROOM
45	7086181	SCREW LOCKING TI 5.0MMX60MM	$ 765.35	OPERATING ROOM
46	7086228	SCREW LOCKING TI 5.0MMX64MM	$ 765.35	OPERATING ROOM
47	7086266	SCREW LOCKING TI 5.0MMX68MM	$ 765.35	OPERATING ROOM
48	7086303	SCREW LOCKING TI 5.0MMX72MM	$ 765.35	OPERATING ROOM
49	7086341	SCREW LOCKING TI 5.0MMX76MM	$ 765.35	OPERATING ROOM
50	7086389	SCREW LOCKING TI 5.0MMX80MM	$ 765.35	OPERATING ROOM
51	7086402	SCREW LOCKING TI 5.0MMX85MM	$ 765.35	OPERATING ROOM
52	7086426	SCREW LOCKING TI 5.0MMX90MM	$ 765.35	OPERATING ROOM
53	7089862	BLADE HELICAL TFNA 85MM	$ 1,506.04	OPERATING ROOM
54	7098900	BLADE HELICAL TFNA 70MM	$ 1,506.04	OPERATING ROOM
55	7098924	BLADE HELICAL TFNA 75MM	$ 1,506.04	OPERATING ROOM
56	7098948	BLADE HELICAL TFNA 80MM	$ 1,506.04	OPERATING ROOM
57	7098986	BLADE HELICAL TFNA 90MM	$ 1,506.04	OPERATING ROOM
58	7099006	BLADE HELICAL TFNA 95MM	$ 1,506.04	OPERATING ROOM
59	7099020	BLADE HELICAL TFNA 100MM	$ 1,506.04	OPERATING ROOM
60	7099044	BLADE HELICAL TFNA 105MM	$ 1,506.04	OPERATING ROOM
61	7099068	BLADE HELICAL TFNA 110MM	$ 1,506.04	OPERATING ROOM
62	7099082	BLADE HELICAL TFNA 115MM	$ 1,506.04	OPERATING ROOM
63	7099105	BLADE HELICAL TFNA 120MM	$ 1,506.04	OPERATING ROOM
64	7099129	BLADE HELICAL TFNA 125MM	$ 1,506.04	OPERATING ROOM
65	7099143	BLADE HELICAL TFNA 130MM	$ 1,506.04	OPERATING ROOM
66	9300385	GUIDEWIRE CRN NS .014"X180CM	$ 621.90	SPECIAL SERVICES
67	9301510	BALLOON SPRINTER 1.5MMX10MM	$ 770.00	SPECIAL SERVICES
68	9302251	STENT COR DES 2.25MMX14MM	$ 2,000.00	SPECIAL SERVICES
69	9302512	STENT COR DES 2.5MMX12MM	$ 2,000.00	SPECIAL SERVICES
70	9302514	STENT COR DES 2.5MMX14MM	$ 2,000.00	SPECIAL SERVICES
71	9302518	STENT COR DES 2.5MMX18MM	$ 2,000.00	SPECIAL SERVICES
72	9302520	BALLOON SPRINTER 2.5MMX20MM	$ 770.00	SPECIAL SERVICES
73	9303015	STENT COR DES 3.0MMX15MM	$ 2,000.00	SPECIAL SERVICES
74	9303026	STENT COR DES 3.0MMX26MM	$ 2,000.00	SPECIAL SERVICES
75	9303415	GUIDEWIRE CRN MG 130CM 1.8FR	$ 621.90	SPECIAL SERVICES
76	9303512	STENT COR DES 3.5MMX12MM	$ 2,000.00	SPECIAL SERVICES
77	9303518	STENT COR DES 3.5MMX18MM	$ 2,000.00	SPECIAL SERVICES
78	9303526	STENT COR DES 3.5MMX26MM	$ 2,000.00	SPECIAL SERVICES
79	9303851	GUIDEWIRE NS EXT .014"X150CM	$ 130.26	SPECIAL SERVICES
80	9304001	CATHETER GUIDE SBS4 2 S-H 6FR	$ 284.79	SPECIAL SERVICES
81	9304015	STENT COR DES 4.0MMX15MM	$ 2,000.00	SPECIAL SERVICES

82	9307042	GUIDEWIRE FC JTIP .035"X145CM	$	680.00	SPECIAL SERVICES
83	9308631	GUIDEWIRE FC JTIP .035"X280CM	$	680.00	SPECIAL SERVICES
84	9310016	CATHETER GUIDE AL1 LT 2S-H 6FR	$	284.79	SPECIAL SERVICES
85	9310038	CATHETER HOCKEY STICK	$	86.02	SPECIAL SERVICES
86	9310225	BALLOON SPRINTER 2.25MMX10MM	$	770.00	SPECIAL SERVICES
87	9310259	BALLOON SPRINTER NC 2.5MMX9MM	$	770.00	SPECIAL SERVICES
88	9310309	STENT COR DES 3.0MMX9MM	$	2,000.00	SPECIAL SERVICES
89	9310312	BALLOON SPRINTER NC 3MMX12MM	$	770.00	SPECIAL SERVICES
90	9310325	BALLOON SPRINTER NC 3.25MMX12MM	$	770.00	SPECIAL SERVICES
91	9310351	BALLOON SPRINTER NC 3.5MMX12MM	$	770.00	SPECIAL SERVICES
92	9310415	BALLOON SPRINTER NC 4MMX15MM	$	770.00	SPECIAL SERVICES
93	9330016	CATHETER GUIDE AL3 LT 6FR	$	284.79	SPECIAL SERVICES
94	9352023	CATHETER SONES 6FR 100CM	$	77.42	SPECIAL SERVICES
95	9353001	CATHETER GUIDE 3.5 2 S-H 6FR	$	284.79	SPECIAL SERVICES
96	9379109	BALLOON SPRINTER NC 4MMX9MM	$	770.00	SPECIAL SERVICES
97	9381830	INTRODUCER SHTH .038"X11CM 6FR	$	70.97	SPECIAL SERVICES
98	9391039	BALLOON SPRINTER NC 3MMX9MM	$	770.00	SPECIAL SERVICES

********** LAST ITEM **********

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

Frumen A. Patacsil
Hospital Quality Improvement Specialist

3/12/18
Date

1st Endorsement of Concurrence:
I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and in compliance with Title10 GCA Part 2 Division 4 Chapter 80 §80109

Benita A. Manglona
Chief Financial Officer

3/12/18
Date